

INQUIRY

PROTECTING VICTORIA'S VULNERABLE CHILDREN

**SUBMISSION TO THE VICTORIAN
GOVERNMENT'S INDEPENDENT PANEL**

**ON BEHALF OF THE QUEEN ELIZABETH CENTRE
(QEC)**

Emailed to
childprotectioninquiry@cpi.vic.gov.au
28 April 2011

Introduction

The Queen Elizabeth Centre (QEC), a registered children's hospital, is making two submissions to the Inquiry.

As well as the organisational submission that follows, QEC has participated and contributed to a collaborative submission with two of the state's other leading Early Parenting Centres – Tweddle and O'Connell Family Services.

QEC's individual submission has focussed on the specific terms of reference that are relevant to its work and its sphere of influence. In anticipation of the Panel's heavy reading workload over the coming months, QEC has kept its comments brief with supporting examples, if and when pertinent.

QEC has a long and proud history that spans over 90 years. It is located where the population has the greatest need to access early parenting services. The Board of Management's objective is to move away from generalist support and reach out and engage the most vulnerable and at risk Victorian families in a non-threatening way.

Before reading the submission, it would be beneficial for the Panel to know QEC's strengths and what it offers the early parenting sector:

- Specialised quality services, offering consistency in challenging times for vulnerable families – antenatally, through infancy, and up to the age of 4 years
- Training and development that support adult focussed services that take account of children
- Innovation that is developed into practice models, tested through research or action learning, and then, shared with the sector
- Offers a bridge between Health, Tertiary and Universal Services
- A strong relationship-based, non-stigmatised partnership approach between staff and families
- It asks challenging questions and provides honest feedback
- It looks at the child through the lens of the family
- An ability to 'hold risk' and anxious or difficult feelings
- Offers reflective practice/supervision to build workforce capacity and skill up when workforce numbers are falling

QEC has an ability and willingness to offer avenues for change through innovative and proven programs that work with government and the sector generally to keep all children safe and provide them with the best start in life.

QEC welcomes the opportunity to participate in the Public Sitings. All correspondence should be directed to the office of the Chief Executive Officer.

Address: Queen Elizabeth Centre
53 Thomas Street
Noble Park Vic 3174
Telephone: 9549 2777
Email: theqec@qec.org.au Website: www.qec.org.au

Sue Couper (Acting)
Chief Executive Officer
Queen Elizabeth Centre

Terms of Reference 1:

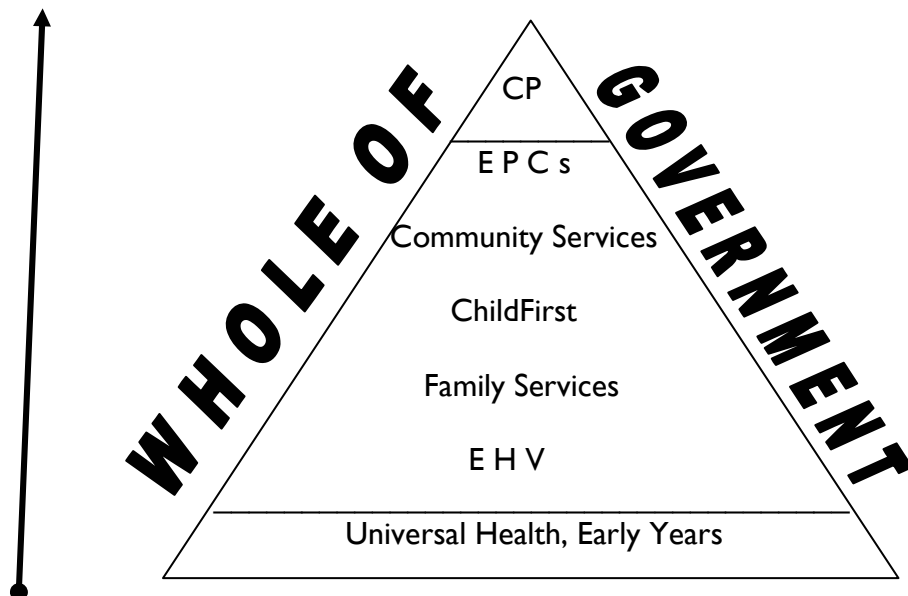
The factors that increase the risk of abuse and neglect occurring, and effective preventative strategies.

QEC's secondary level parenting interventions and strong links with universal health and early years' services enable access for families experiencing a broad range of risk factors involved in abuse and neglect of children to be supported in their early parenting experience in a non-stigmatised manner.

A robust and skilled universal system identifies families who are experiencing risk factors, but the capacity in the secondary service system often impedes access to more intensive levels of support. QEC is identified as a secondary level provider and is able to work in partnership with families who display complex life issues. It is QEC's expert skills in applying early parenting therapeutic interventions and knowledge alongside community sector providers and child protection in a non-threatening and non-stigmatised environment that make its programs so successful. Established referral pathways and strong links back to health and early years services reconnect families back into community after participation in the intensive care programs provided by QEC.

The public health model (diagram below) offers a targeted service with seamless bridging across the platforms.

TRIAGE



In this diagram, the Early Parenting Centres (EPCs) represent the intensive care unit for Early Years.

Help seeking versus capacity to assist. EPC's are safe and non-stigmatising. They are an integral part of the triage (diagram on previous page) where a strong universal platform engages with vulnerable families and where there is timely identification of risk and offering the 'right' service.

Early Parenting Services provide an ideal context for supporting the mental health of clients. The non stigmatising nature of parenting services and the family context of service delivery provides a unique opportunity to work therapeutically to support mental health of clients.

EPCs across Australia provide services to approximately 200,000 families per year, and therefore, are in a unique position to support families experiencing mental health difficulties in the postnatal and early childhood periods.

EPCs are in an ideal position to assess and identify mothers and fathers at risk of, or currently experiencing, mental health difficulties and link them into appropriate mental health support.

By reaching and engaging 'at risk' families for a longer period of time when considered in terms of cost effectiveness, it means that for every dollar spent now, there is a corresponding saving of \$17 across social services, juvenile justice, welfare system and the cost to the broader community.

James Heckman's and David Olds' evidence have been proven over many years yet in Victoria there is still resistance in adopting their methodologies and programs. If ever there was a time to embrace their philosophy it is now. New Zealand through its *Early Start* and South Australia's model – the *Family Home Visiting Program* for aboriginal families and mothers under the age of 20 offer enough localised research and outcomes to warrant adoption of the model of getting in early and for longer. This gives the child the greatest chance of reaching their optimum and a more positive outlook on life.

Examples of QEC's effective early intervention programs:

- Residential (RESI) Program (5 or 10 days) and the innovative *PlaySteps* (9 week program of learning through play) are two excellent examples of recognising and positively responding to address poor parent-child attachment.
- Linking with these families before birth using a program with earlier engagement and longer term support, such as the recently piloted, innovative *Tummies-to-Toddlers*.[®]

Terms of Reference 2

Strategies to enhance early identification of, and intervention targeted at, children and families at risk, including the role of adult, universal and primary services. This should include consideration of ways to strengthen the capability of those organisations involved.

QEC prides itself on its leadership role and ability to develop and test new models. As a hub of innovation QEC offers a direct link to tertiary research and vice-versa. There is a need for cross pollination between the sector and the research groups with support for organisations to be involved in research programs.

First you have to have the evidence that is being generated, then the ability to test it in a service delivery setting, and finally to share it more broadly with all child and adult services that are providing the services to the parents. QEC is well placed to become a leading conduit because it innovates, tests, and shares. QEC undertakes the early work, and is more than willing to impart its knowledge for the benefit of the entire sector.

Examples:

- The QEC biennial conference (500 plus delegates)
- The QEC training unit for its own staff and for use by the broader sector
- The development of practitioner manuals for use by the sector such as;
Parenting Plus and *PlaySteps*

How do you prepare multi-disciplinary workers to become accredited to work with families? Parenting UK provides training for parents who are going through the programs and this model could be adapted for Australia by also offering a new training program for workers who need to become better prepared for working with these highly vulnerable and at risk families. Workers need to understand infant health and development and how to work in partnership with families.

QEC is able to offer strategies to enhance early identification and improve the capabilities of the clients and develops a stronger bond leading to secure attachment between parent and child. QEC views part of its leadership role is to help educate (train) the workforce on its own proven programs and practice approaches so that they can return to their organisation and be better prepared to deal with the complexities and the challenges that will befall them when dealing with these families.

Should QEC have increased resources available to it then it can share its professional skills base and knowledge directly with those who interact with the most vulnerable in our society.

Program and Training examples:

PASDS is a program that QEC has run for over ten years.

It has become the largest provider of this service that assesses parenting capacity and impact on child outcomes.

The consistency and quality of QEC's PASD program has proven a valuable resource to assist judicial decision-making and case planning. Holding the tension between working in partnership and being clear on the impact on the child is vitally important.

Tummies-to-Toddlers. It is an antenatal program that engages and offers intensive care for highly vulnerable and at risk women during their third trimester of pregnancy. The care and learning continues one-on-one in a home setting, as well as involving each family in a group setting for a period of two years.¹

PlaySteps. This special care program of learning through play has evolved over a number of years. It is now highly regarded at federal and state government level for its 'reunification' opportunities, as well as the midwifery hospitals for its early intervention benefits.

QEC has recently embarked on a training program to expand the program across the sector. Participants are provided with a practice manual that guides them step-by-step and week-by-week. This has only been made possible through the generosity of philanthropic funding.

Terms of Reference 3:

The quality, structure, role and functioning of: family services; statutory child protection services, including reporting, assessment, investigation procedures and responses; and out-of-home care, including permanency planning and transitions; and what improvements may be made to better protect the best interests of children and support better outcomes for children and families..

It follows that developing a skilled workforce that is unique and specialised will ensure that EPCs offer parenting services that are relevant and effective. They translate into more cohesive relationships and decreased duplication of service delivery with the following:

- Family Services
- Child Protection
- Out-of-home care

As a result of an identified service gap to deliver intensive early parenting support to vulnerable families and prevent their progression to tertiary child protection intervention, QEC developed and piloted its *Parenting Plus* program in 2002 with Australian Government support.

¹ As a result of the action learning, QEC is adapting the program to run until the child turns two years of age rather than run the program for a total period of two years.

This program displayed great promise and as a result, it was funded through Innovations (forerunner to ChildFirst) to run two programs in regional areas. QEC's local (regional) teams developed an effective alliance with agencies in the regions of Gippsland and Upper Hume. In later years, as ChildFirst was extended across the state, funding was allocated elsewhere and thus there was no opportunity to integrate specialist early parenting expertise in other locations.

The effectiveness of integration of an early parenting specialty onto the family services platform resulted in QEC being offered to deliver the Senior Early Childhood Development role.

This pilot project proves that EPCs are excellent employers of this role and the strength of early parenting service delivery as part of the ChildFirst platform due to the in depth understanding of working with children at risk and ability to build the capacity of the universal services.

Terms of Reference 5:

The appropriate roles and responsibilities of government and non-government organisations in relation to Victoria's child protection policy and systems.

Currently, most cases involving children at risk are going through one funnel – that of child protection. The result is an overwhelmed system that cannot respond in an adequate and timely way and in fact families are delayed in accessing the support they deserve and need to bond with and nurture their child. This is rightfully due to concern about the ability of external agencies to manage risk to vulnerable infants and respond appropriately. Delays in access to support in the antenatal and early infancy period can greatly influence the ability of organisations to engage in a strengths based way, maximise capacity for positive change in families, and influence the development of secure attachment. Time taken to engage with support is critical and magnified in early childhood with 2 months representing 1% of their childhood.

The families who sit below the threshold for judicial intervention need to be connected straight through to systems that are able to work with this cohort of families and have a high level of acumen for working with infants at high risk. This also raises the cost associated with being able to respond in a timely manner and who has the capacity to do so – government or non-government agencies?

Capacity versus delivery is highlighted:

- As the number of births continues to grow there needs to be a greater focus on budgeting by government to factor in a greater capacity to meet demand by suitable external agencies and organisations. Without adequate funding of external service providers who play an important role, they will not be able to fund the gap to meet the demands placed on them. Vulnerable and at risk families will be turned away at the time of their greatest need. There is already a funding shortfall across the sector.
- A significant change in budget allocation and identification of suitable non-government agencies that can 'do the job' need to take place - urgently. It follows that as the population grows, the number of children entering child protection will continue to grow and place an unsustainable strain on an already overwhelmed system that could lead to a complete breakdown.
- Changes to court processes and general approaches are warranted. A change in focus is needed here as well, such as;
 - (i) The use of access therapeutically, regardless of placement outcomes
 - (ii) General practitioner conferencing to be introduced thereby assisting with the family decision making and in some instances offering mediation
 - (iii) The specialised knowledge of EPCs can contribute and assist government's decision making. It needs to be recognised that this process, whilst very worthwhile is extremely time consuming and needs to be factored into the budget (funding) allocation
 - (iv) Timely responses can make a huge difference. In the studies undertaken of early brain development, evidence has shown that the impact of waiting two months to act and the inaction and time taken to 'reunify' a parent and child can affect a child's development and attachment to their caregiver and take away 1% of their childhood.
 - (v) EPC's buy-in to the process should not end at the front end. They seek out and welcome feedback and outcomes for children who have gone through the court system.

Terms of Reference 7:

Measures to enhance the government's ability to: plan for future demand for family services, statutory child protection services and out-of-home care; and ensure the workforce that delivers services of a high quality to children and families.

Earlier on, we referenced the importance of high quality and consistent PASD reporting to support judicial decision making and child protection case planning. In order to plan for the future and adequately provide secure attachment for children and prevent disruptive attachment patterns, it's acknowledged that the very early period is critical for making timely decisions to place children in nurturing and stable care environments.

It is concerning that over the last decade there has been no effective increase in PASD service capacity (dollars and human resources) that recognises the increased workload and reporting required by the child protection system.

There is also a tension between the quality expected and required of the service providers yet the funding models to support this quality is inadequate and requires urgent addressing.

Regional access continues to be a challenge. The current funding models do not recognise the higher cost associated with service delivery in non-metropolitan locations and the need to support limited staff numbers with back-fill. There is very limited access to specialist early parenting residential facilities for the families and they often need to travel long distances to be admitted to an appropriate facility. This is a barrier to them engaging with the services they most need and thus many fall through the cracks – until it's too late.

Developing accredited frameworks for early parenting are required to develop the skills and knowledge of the child and family welfare sector – across the state.

Another challenge arising out of the population growth is the lack of ongoing support and training for existing staff, let alone new training methods

A reduction in the skilled workforce available to do this work is going to make it very necessary to provide on-the-job training. The development of accredited pathways that support career development and ensure staff retention rather than attrition is essential into the future.

To help build the capacity of other organisations in working effectively with parents, QEC has the ability to provide a stop-gap. A program that it introduced in 2009 can help stop the attrition of valuable worker knowledge and fill the training gap for new staff entering the sector. It offers its *Reflective Practice* Program as a proven strategy for the workforce to build capacity and individual strength in order to respond to the challenges of the work when dealing with complex families.

During this project period, QEC made a specific effort to engage with the Aboriginal organisations and their workforce. Working collaboratively with Aboriginal organisations and their workforce was essential to enhance QEC's knowledge and skills in developing and delivering culturally appropriate early parenting interventions.

An example of a successful partnership:

QEC's partnership with VACCHO (the Victorian Aboriginal Community Controlled Health Organisations) and DEECD delivered education to Aboriginal In-Home Support Service. The training programs were adapted and co facilitated with respected members of the community to meet the needs of the workers. On the basis of the strong links that were developed during this process, QEC was invited to facilitate reflective practice for the Aboriginal In-Home Support Workers and this is indicative of the level of trust and the depth of the relationship which has been established.

Should an opportunity arise, QEC is now in a state of readiness to build on the excellent relationships established with the major Aboriginal organisations in Victoria.

Terms of Reference 8:

The oversight and transparency of the child protection, care and support system and whether changes are necessary in oversight, transparency, and/or regulation to achieve an increase in public confidence and improved outcomes for children.

In terms of the work QEC undertakes privately with families, the use of non-verbal tools that engage and educate families are at the core of many of the successful program outcomes. The taking and retention of photos and video footage is of paramount importance. In many cases the families themselves have been keen for the information to be shared with others if it means they too can be empowered. The legislation currently prohibits the dissemination of pictorial and personal information.

Whilst QEC understands that it is imperative that we protect a child's identity when they are involved in the system, the limitation on using client stories to involve the community in the work and support change in others is proving a barrier to sharing the best practice and success stories.

This adds to the mistrust of the broader community and lack of understanding of the excellent work that goes on behind the scenes. The only time they hear about the work is when the system has failed, not excelled.

We thank the panel for the opportunity for QEC to provide its views to this very important Government Inquiry.

QEC would be pleased to provide additional information on any of the programs referred to herein, or individual research, and/or academic references.