



the women's
the royal women's hospital

Submission to the Protecting Victoria's Vulnerable Children Inquiry

To: INQUIRY PANEL
From: ROYAL WOMEN'S HOSPITAL
Date: 29TH APRIL 2011

OVERVIEW

Purpose

This submission argues for reforms to child protection that begin with recognising a greater role for Victoria's health system in prevention and early intervention services that manage and reduce the risk of harm to babies, children and young people.

Background

The Royal Women's Hospital (the Women's) is a leader in the provision of high quality care to women and babies from diverse and disadvantaged communities. We have expertise in working with marginalised and vulnerable women and families, and know from experience that early access to professional support from social workers skilled in psycho-social assessment and risk management can reduce the need for child protection services to be involved in these families.

The Women's expertise is in prevention, early intervention and specialist services, as well as violence prevention and respectful relationship education programs for secondary schools, so these areas will be the focus of our submission.

Recommendations

The Women's believes that the safety of babies is linked to their mother's safety; that providing women in situations of homelessness, poverty or social isolation, in violent or abusive relationships, or with substance abuse or mental health issues, with access to professional services can reduce the need for child protection involvement in families.

We make the following four recommendations for strengthening prevention and early intervention programs that reduce the need for child protection involvement in families.

1. That the Department of Health support the development of hospital based strategies for recognising and responding to violence against women.
2. That violence prevention and respectful relationship education programs be rolled out in all secondary school across Victoria.
3. That funding be invested in antenatal outreach and case management services for marginalised women to reduce the need for child protection involvement.
4. That grant funding be available for hospitals to enable growth in existing services and the development of new services that support prevention and early intervention services for families where there is a risk of harm to babies, children and young people.

ADDITIONAL INFORMATION

Relevance to the Inquiry's Terms of Reference

The following sections provide information to support our recommendations in regards to Items 1 and 2 of the Inquiry's *Terms of Reference*; the factors that increase the risk of abuse or neglect occurring, effective prevention strategies and early identification of and intervention targeted at families.

An Appendix provides background information about the Women's Social Support Service (our social work service), our Centre for Women's Mental Health and our specialist programs for pregnant women with complex psychosocial issues.

1 Factors that increase the risk of abuse or neglect occurring

Recommendation 1

- *That the Department of Health support the development of hospital based strategies for recognising and responding to violence against women.*

There is strong evidence linking child abuse and family violence¹. Past and current experiences of sexual, physical and emotional violence are a recurring theme in the lives of women assessed by our staff as at risk of involvement with child protection. Violence against women needs to be recognised and managed as a health issue and hospitals in Victoria need to be included in reforms to the integrated family violence service system.

Treating violence as a health issue is integrated into standard practice in health care in New Zealand², and is part of accreditation standards for hospitals in the United States³. In the United Kingdom (UK), health services are part of the Multi-Agency Risk Assessment Conferences established to provide intensive, effective and consistent services to victims of domestic violence⁴, and the UK Department of Health has published a handbook for health professionals on responding to domestic violence⁵.

The Women's has developed a whole of hospital strategy for treating violence against women as a health issue. Research shows that women will report experiences of violence to a health professional if asked⁶, so we provide policy support, training and clinical practice guidelines to staff so that they use an evidence-based approach when asking women about violence and managing disclosures. In 2009, about 30 per cent of women using our social work services disclosed current or past experiences of violence.

¹ Lang L 2003, 'Domestic Violence in the context of child abuse and neglect', *Australian Domestic Violence Clearinghouse Topic Paper*, http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/child_protection.pdf

² New Zealand Ministry of Health *Violence Intervention Program* <http://www.moh.govt.nz/familyviolence>

³ For information about the US Joint Commission Standard PC. 01.02.09 see http://www.futureswithoutviolence.org/section/our_work/health/_health_material

⁴ For information about Multi-Agency Risk Assessment Conferences, see http://www.caada.org.uk/qualityassurance_accreditation/MARAC%20quality_assurance.htm

⁵ Department of Health 2005 *Responding to domestic abuse: a handbook for health professionals* http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4126619.pdf

⁶ Hegarty and Taft 2001 'Overcoming the barriers to disclosure and inquiry of partner abuse for women attending general practice', *Australian & New Zealand Journal of Public Health*, 25 (5), 433-437

The Women's approach to treating violence against women as a health issue is unique amongst Victoria's hospitals. While the Women's is supporting a number of metropolitan hospitals to develop capacity in this area, a strategic, state-wide approach in hospitals to recognising and responding to violence against women and children would be more effective.

2 Key prevention strategies for reducing risk factors at a whole of community or population level

Recommendation 2

- *That violence prevention and respectful relationship education programs be rolled out in all secondary school across Victoria.*

Sexual assault and family violence are common experiences for young women, with serious consequences for their health and wellbeing, their education, relationships and employment. Nearly a third of women experience violence before the age of 16⁷, and women who have experienced abuse in childhood are one and a half times more likely to experience violence as adults.⁸ There is growing evidence for violence prevention programs in secondary schools, with the Women's CASA House recognised as a leader in respectful relationship education⁹.

Schools provide an ideal environment for instilling in young men and women the values of gender equality and respectful relationships. CASA House developed the Sexual Assault Prevention Program in Secondary Schools (SAPPSS) as a principal-led, whole-of-school - community approach to preventing sexual assault, and has worked with local agencies to integrate this program into the curriculum and culture of 20 secondary schools in Victoria.

In 2010 CASA House was awarded the tender by the Department of Education and Early Childhood Development for the Gender Based Violence Prevention Demonstration Project. The resulting program, Stepping Out Against Gender Based Violence, builds on expertise from SAPPSS to create a violence prevention program that is comprehensive of the violence that is most familiar to young people: sexual assault, the continuum from control to violence in intimate relationships, sexual harassment, pressure for dates, cyber bullying and stalking.

Both programs aim to prevent gender based violence by creating communities that understand the relationship between violence against women and inequality, where school leaders challenge the social norms that tolerate gender-based violence, where adults model respectful behaviour to each other and with young people, and where resources and support are available to people affected by violence.

Currently, violence prevention and respectful relationship education programs are being implemented in secondary schools on an ad hoc basis; we believe that all Victorian secondary school students would benefit from access to this education.

⁷ Mouzos and Makkai *ibid* p4

⁸ Mouzos and Makkai *ibid* p4

⁹ Department of Education and Early Childhood Development 2009 *Respectful Relationships Education Violence prevention and respectful relationships education in Victoria's secondary schools*, http://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/respectful_relationships/respectful-relationships.pdf, p63

3 Strategies to enhance early identification of, and intervention targeted at, families at risk: *Antenatal outreach and case management services for pregnant women*

Recommendation 3

- *That funding be invested in antenatal outreach and case management services for marginalised women to reduce the need for child protection involvement.*

The elements needed for mother and baby to thrive are well known: a supportive partner and network of family and friends, a safe home and secure income, psychological and emotional wellbeing and optimism about the future.

For many women, pregnancy is a time when violence by their partner begins or escalates, when access to antenatal care is complicated by significant stresses with housing, income or social isolation, or problems caused by mental illness, drugs or alcohol affect their capacity to care for a newborn baby. Our experience is that reports about unborn babies rarely result in direct child protection involvement with these families during the antenatal period.

Maternity services have a crucial role in supporting pregnant women and reducing the risk of harm in families. The association between babies born with a low birth weight and child protection involvement is well established¹⁰. The frequent and structured contact that women have with health services during pregnancy is unique in their life span. Research supports the long term benefits to vulnerable women and babies of early engagement with social support services¹¹.

The antenatal period is an opportune time for health professionals to work intensively with marginalised women to tackle the underlying causes and contributors to child abuse and neglect. Women from groups over-represented in child protection cases, including Aboriginal and Torres Strait Islander women, refugee women, women with disabilities, young women and women experiencing family violence, often experience significant barriers to accessing antenatal care. Maternity services need the capacity to provide intensive, multidisciplinary outreach and case management services to vulnerable pregnant women that increase the protective factors and reduce the risks factors that often lead to notifications to child protection. These services would ideally be provided by hospital based social workers.

Social workers are well trained and ideally placed to identify and respond to the complex stresses and circumstances that, without early interventions, often lead to child protection involvement in families. A 2010 audit of the services provided by social workers at the Women's found high levels of psycho-social complexity in women's circumstances. After engaging with a social worker, these women reported reduced risks and improved protective factors. Ongoing engagement with other agencies, housing stability and a willingness to access social support were the most frequent protective factors in women's lives.

¹⁰ Durlak J 1998 'Common risk factors and protective factors in successful prevention programs', *American Journal of Orthopsychiatry* Vol 68 pp512-520.

¹¹ Oakley et al 1996 'Social support in pregnancy: does it have long term effects?' *Journal of Reproductive and Infant Psychology* Vol 14 pp7-22.

4 Strategies to enhance early identification of, and intervention targeted at, families at risk: *Block funding for prevention and early intervention programs*

Recommendation 4

- *That grant funding be available for hospitals to enable growth in existing services and the development of new services that support prevention and early intervention services for families where there is a risk of harm to babies, children and young people.*

Many women from disadvantaged communities experience significant barriers to accessing timely and appropriate health care. Housing instability, unemployment, social isolation, violence, mental illness or substance abuse are common risk factors for families where there is the risk of harm to babies, children and young people.

Keeping contact with families in these complex circumstances can be extremely challenging and time-consuming for health professionals. At the Women's it is routine practice for midwives to contact social work to follow up with a woman who has missed three antenatal appointments. This aims to pre-empt women presenting in crisis, when Child Protection will need to be notified. Funding models need to resource and support health services to maintain contact with marginalised families, to manage and reduce the risk of harm to babies, children and young people and to provide active referrals into specialist services.

At the Women's, social workers lead a multi-disciplinary approach to risk assessment and management that includes psychiatrists, psychologists, midwives, nurses and medical staff. Our service has a focus on developing staff expertise to minimise risk factors and increase the protective factors in families before a social worker makes a referral to Child FIRST or a report to Child Protection. This approach is set out in our Child Protection Policy and Management Guideline.

Block funding and case mix funding has enabled the Women's to develop the Women's Alcohol and Drug Service, the Women With Individual Needs Clinic and the Young Women's Program (*see Appendix for more information about these services*) in recognition of the multiple and complex disadvantages experienced by pregnant women from these groups. These services provide active interventions including counselling, information, support, case management, referral, advocacy and liaison services.

Conclusion

For a significant number of women in Victoria, personal, social and health issues interfere with their experience of a safe and supported transition from pregnancy to motherhood. Professional support can foster relationships and social support that avoid the need for child protection to be involved in the lives of these women. The Women's has a wide range of programs and services that work with families where there is a risk of harm to babies, children and young people. Reforms to child protection need to recognise and support a greater role for hospitals in providing families with prevention and early intervention services.

Women's Social Support Services

The Women's Social Support Service employs social workers who are integrated with multidisciplinary teams across all clinical areas of the Women's, providing support for the social, cultural and environmental factors affecting women's health and access to health care.

Using a social model of health, the Women's Social Support Services' practice model is based on identifying and reducing the risk factors and strengthening the protective factors affecting women's health outcomes. Our social workers have expertise in the most common issues raised by women: experiences of violence, homelessness or the risk of homelessness, emotional and mental health issues, pregnancy and/or parenting concerns and social isolation. The Women's has hospital-wide child protection policies and procedures and a training module for medical, nursing and other allied health services.

Social workers are supported in their work by our Aboriginal Women's Health Business Unit and Family and Reproductive Rights Education Program. Through these programs, community development workers provide information and advocacy to women from the Aboriginal community and communities that practice female genital mutilation, as well as training and advice for staff.

Centre for Women's Mental Health

The Centre for Women's Mental Health is the first specialist women's mental health service in Australia. Mental illness in women follows a different pattern to men, with women being more susceptible to anxiety and depression for example, while recovery may be prolonged by women's poorer socio-economic status¹². The Centre was established in 2007 to provide mental health care for women, to strengthen the research and evidence base and to provide training and secondary consultations for health professionals.

The establishment of this Centre has significantly enhanced the quality of care we provide women, particularly as we now offer all pregnant women access to team based multidisciplinary care that includes a psychiatrist or psychiatric registrar. This has resulted in the increased detection of psychiatric disorders amongst pregnant women, enabling earlier intervention and management of the risks of deteriorating mental health.

Specialist programs for pregnant women

The Women's has a reputation for providing sensitive and supportive care for marginalised and disadvantaged women. We have developed a range of specialist services that work closely with vulnerable pregnant women as well as with Child Protection and Child First services.

- ***The Women's Alcohol and Drug Service (WADS)***

The Women's Alcohol and Drug Service is funded by the Department of Health and is the only state-wide drug and alcohol service providing clinical services to pregnant women with complex substance use-dependence.

¹² See fact sheet on women and mental health <http://www.thewomens.org.au/WomensHealthMatters>

In 2010, WADS provided services to 54 women, with Department of Human Services (DHS) involvement in up to two-thirds of these families. Our service delivery model is unique within Victoria as we use a multidisciplinary team approach to thoroughly address the often complex, psychosocial needs of women. Our team consists of obstetricians, midwives, social workers, psychiatrists, pharmacists and dieticians.

We have a long history of working with the most marginalised, disadvantaged and vulnerable women and have considerable expertise in how to advance their health and well-being and the medical needs of their infants.

This expertise is shared with medical, health and community workers across Victoria through the provision of a secondary consultation service and a 24 hour on-call obstetric service. We also provide free training sessions, including training about the issues around pregnancy, parenting and substance use for professionals in child protection, health and community agencies.

- ***Young Women's Health Program***

The Young Women's Health Program offers women up to 20 years of age multidisciplinary pregnancy care that includes access to a social worker, drug and alcohol counsellor, dietician, peer educators, and careers adviser. In 2010, about 200 women had their babies at the Women's through this program, with the Department of Human Services having some involvement in approximately a quarter of these families.

Adolescent motherhood can be associated with less sensitive, more punitive parenting, insecure infant attachment to the mother and adverse child development¹³. With a small philanthropic grant, the Centre for Women's Mental Health is conducting research with young women to test whether a brief peri-natal intervention improves the sensitivity of their parenting style. If successful, this research will support the development of a brief intervention that is low cost and easily replicable in maternity services.

- ***Women with Individual Needs Clinic***

The Women's has developed a specialist service that provides clinical care and social support for women with physical and cognitive disabilities. Each year, this clinic provides care for between 30 and 35 families each year. Between 2003 and 2009, less than half of the families that had a baby through the clinic had child protection involvement.

Not all pregnancies are planned. Research into the experiences of women with cognitive impairment and unplanned or unwanted pregnancy who accessed our Pregnancy Advisory Service found that one quarter of the women had contacted the service too late for the option of abortion they were seeking and a quarter were in conflict with their support people over the pregnancy¹⁴. None of the women in this study had received accessible information about contraception from their general practitioner or family planning clinic.

¹³ Berlin et al 2002 Links between childbearing age and observed maternal behaviour ...' *Infant mental Health Journal*, vol 23 pp 104-129

¹⁴ Burgen, Brenda (2010) 'Women with Cognitive Impairment and Unplanned or Unwanted Pregnancy: A 2-Year Audit of Women Contacting the Pregnancy Advisory Service', *Australian Social Work*, Vol 63: pp 18-34