Submission

to

Inquiry into the early intervention and care of vulnerable infants in the ACT

Legislative Assembly for the ACT

Standing Committee on Health and Disability

This Canberra Mothercraft Society (CMS) is a key health service provider to families of young children in the Australian Capital Territory and surrounding region of New South Wales. CMS works with relevant ACT & NSW government and non-government agencies in evolving health and social services. We strive to provide services that are flexible, effective and responsive to the health needs of families with young children.

CMS has played a unique role amongst Canberra's health and welfare organisations in the provision of service for families in the ACT and surrounding NSW for over eighty years. Today, CMS provides community development programs and manages Queen Elizabeth II Family Centre (QEII), the tertiary service of ACT Health Child Youth & Women's Health Program. The integration of the tertiary service provided by a non-government organisation with ACT Health primary and secondary services provides a continuum of primary health care for families of young children, which is an exemplar of excellence in Australia's health care system.

Primary health care as a way forward: for early intervention and care of vulnerable infants in the ACT.

CMS exhorts the ACT Government to prioritise through policy and funding a comprehensive approach to primary health care that includes health promotion, illness prevention, provision of care, community development, and advocacy and mixing personal care with local efforts in the promotion of health. We promote the provision of primary health care provides services that are universally accessible, acceptable and affordable for prevention and care. Primary health care that is based upon

significant community participation, and identifies five important health promotion action areas.

To Create Supportive Environments
Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socio-ecological approach to health. The overall guiding principle is the need to encourage reciprocal maintenance - to take care of each other, our communities and our natural environment.

To Develop Personal Skills
Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By doing so, it increases the options available to people to exercise more control over their own health and over their environments. Interventions focus on enhancing family and personal strengths.

To Strengthen Community Action
Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process, is the empowerment of communities, their ownership and control of their own endeavours and destinies. Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

To Build Healthy Public Policy
Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health. Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organisational change. It is co-ordinated action that leads to health, income and social policies that foster greater equity.

To Reorient Health Services
The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and government. All work together towards a health care system that contributes to the pursuit of health. The role of the health sector is to move increasingly towards health promotion, beyond its responsibility for providing clinical and 'curative' services. The health service embraces an expanded mandate, which is sensitive to cultural needs. This mandate supports the needs of individuals and communities for a healthier life. The focus is also towards broader social, political economic and physical environmental components. Reorienting health services also requires stronger focus to health research as well as changed in professional education and

training. Implicit is a change of attitude and organisation of health services that refocuses on the total needs of the whole person.

Primary health care policy and practice provide a practical strategy to create a robust health care system to address early intervention and care for vulnerable infants. Partnerships and intersectoral action on all levels is essential to a robust primary health care sector. Locally this includes relationships with ACT Government, local government in surrounding areas of NSW and community service providers. Relationships with universities and research institutes[i] are also critical to evidence-based policy development and service delivery.

Canberra Mothercraft Society submit the following in relation to particular issues invited by the Standing Committee:

Children of drug affected parents

Canberra Mothercraft Society notes in relation to children of drug affect parents there is a growing awareness that family members – in particular, grandparents – will play a significant caring and in many cases be solely responsible for raising these vulnerable children [1].

1. We note:
   a) the growing incidence of and pressures on grandparents being called on to resume the role of parenting of grandchildren, resulting from family tragedies, family breakdown, or the devastating impacts of drug or alcohol abuse;
   b) the tremendous role that many community organisations and support services play in highlighting these issues, seeking funding support for services; and
   c) the fundamental role other family members are playing in holding many family units together, and their struggle to provide a safe, secure and supportive environment for their grandchildren.

2. We acknowledge:
   a) the support currently provided by government departments and agencies;
   b) the contribution of peak organisations around Australia, including research and reports developed by such bodies as Families Australia (*Grandparenting: Present and Future: Jan 2007*) and in the ACT, the Canberra Mothercraft Society Inc (*Grandparents Parenting Children because of alcohol and other drugs: 2006*); and
   c) these organisations are doing a great service to families in these circumstances by their calls to achieve substantive improvements in quality of life for grandparents and the children in their care by advocating

[1] Baldock, E., & Pettit, C. (2006) *Grandparents parenting grandchildren because of alcohol and other drugs. A research report commissioned by the ACT Health Alcohol and Drug Policy Unit.* Canberra Mothercraft Society, Canberra ACT.

for legislative recognition of these particular family units and their unique situations.

3. We recognise, when considering the key issues faced by grandparents raising children attention needs to be given in particular to the following issues:
   a) need for relevant, current and accessible **information** as soon as children arrive. Resources developed by community organisations rapidly become out of date and often lack funding for ongoing updates and reprints;
   b) potential for significant **financial** hardship and compromise when they take on parenting of grand children. The often limited financial resources of grandparents and the hardship and challenges they face in making a suitable home and supporting children's needs;
   c) need for access to affordable **legal** advice and support;
   d) parenting over the age of 55 years has significant **health** impacts, exacerbated when grandparents are faced with unexpected physical and emotional toll of caring for children, who are often struggling themselves as a result of the circumstances they came from;
   e) the significant contribution grandparents make to the **social** capital of their community and our nation. The isolation and sometimes stigma felt by grandparents and their grandchildren in these circumstances. Relative scarcity of natural peer support and community linkages available to grandparents caring for children; and
   f) the need for further **research** to identify the extent of grandparent families, particularly indigenous grandparent families.

4. Calls on the government to seek further departmental improvements in response to these issues, including consideration of peak body representations in the areas of:
   a) accessibility of relevant information and advice;
   b) consideration of financial implications;
   c) legal complexities and costs;
   d) health impacts on grandparents and children;
   e) impact on grandparents and their contribution to society; and
   f) the need for further research.

Early identification of a child at risk

Responding to children in circumstances of domestic violence

In relation to the early identification of a child at risk there is extensive research showing how strongly the experience of violence is associated with adverse outcomes for children's development,[2,3]. Australian women have regular contact with the

[2] Department of Human Services (2004) *The health costs of violence Measuring the burden of disease caused by intimate partner violence, A summary of findings.* VicHealth.
[3] Vos, T., Astbury, J., Piers, L.S., Magnus, A., Heenan, M., Stanley, L., Walker, L., & Webster, K. (2006) Measuring the impact of intimate partner violence on the health of women in Victoria, Australia. *Bulletin of the World Health Organisation, September 2006, 84 (9)*

health system when they are pregnant and for up to a year afterwards. This provides a unique opportunity for beneficial intervention in the lives of women. It is vitally important that the ACT health system, and maternity services in particular, are safe, confidential places where women receive effective support and high quality care if they disclose abuse. Quality of care includes the need for effective coordination between hospitals and community-based services to ensure women's safety and confidentiality. One of the greatest barriers to women's disclosures is the fact that health professionals don't ask and are reluctant to screen. One major reason health professionals don't ask is lack of effective training. A commitment to early intervention and care for vulnerable infants would address this lack of training through:

- facilitating the development and implementation of education and training to enhance the knowledge and skills of health and related workers in psychosocial assessment;
- using a collaborative approach establish and facilitate the implementation of a universal psychosocial risk assessment as part of comprehensive primary health assessment;
- strengthening comprehensive primary health care networks of services for women, infants and their families across a continuum of psychosocial need throughout the transition to parenting; and
- facilitating and strengthening the delivery of effective primary health care, strengths-based early intervention programs that support the transition to parenting with programs such as *Relaxing into Parenting* [ii].

Responding to the needs of children in the presence of maternal depression.

Ten to fifteen percent (10-15%) of women experience major postnatal depression[4]. Up to fifty percent (50%) of partners of women with postnatal depression will also develop depression[5]. The impact of postnatal depression on children is significant with up to 30% of preschool-aged children having mild to severe behaviour problems[6].

If the mental health of mothers, infants and their families is a priority of ACT government integrated perinatal and infant care are essential. A primary health model of care provides a collaborative model of care across health and related services working at individual, community, intersectoral and policy levels.

An integrated approach would strengthen the intersectoral relationships between ACT Health and Disability Services and build the capacity of policy makers, service providers and the community to play a key role in providing a whole-of government

[4] Najman, J. M., Andersen, M. J., Bor, W., O'Callaghan, M. J. O., & Williams, G. M. (2000) Postnatal Depression – Myth and Reality: Maternal Depression Before and After the Birth of a Child. *Social Psychiatry and Psychiatric Epidemiology, 35 (1): 19-27.*

[5] Areias, M., Kuar, R., & Barros, H. (1996) Correlates of Postnatal Depression in mothers and fathers. *British Journal of Psychiatry, Vol 169)1), pp 36-41.*

[6] Marshall, J., Watt, P. (1999)

coordinated network of services to support parents and carers raising children and support them to solve problems early before those problems become entrenched.

All children and families are vulnerable and potentially at risk. Partnerships and intersectoral action at all levels is vital to a robust strategy to overcome some of the barriers to good mental health for families with young children into the future.

Canberra Mothercraft Society urge the ACT Government to develop a Children's Health Plan in line with the ACT Children's plan to guide government and non-government sectors about health policies, programs and services for children in the ACT.

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References

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Canberra Mothercraft Society 2007 the Grandparents' story: keeping the dignity of children alive

Families Australia Family Issues Series No. 2 Report January 2007

Canberra Mothercraft Society 2006 Grandparents Parenting Grandchildren because of alcohol and other drugs

Fitzpatrick, M 2004, grandparents raising grandchildren: A report of the project commissioned by the Hon. Larry Anthony, Minister for Children & Youth Affairs July 2003, in *Strategic Ageing* vol 17/2004. COTA National Seniors, Melbourne. www.cota.org.au/StratAfiles/SA17,2004.pdf>

Australian Bureau of Statistics 2003, Family Characteristics Australia, Canberra. www.ausstats.abs.gov.au/Ausstats/subscriber/nfs/Lookup/5F22AB81775E7648CA256F16007C48F4/$File/44420-jun%202003.pdf>

Forgotten Families: the needs experiences of grandparents who care for children whose parents misuse drugs and alcohol Grandparents plus Adfam Families, drugs and alcohol, London, UK www.grandparentsplus.org.uk 2006

Hidden Harm: Responding to the needs of problem drug users. Report of an inquiry by the Advisory Council on the misuse of Drugs, London: Home Office 2003

Endnotes

[i] Canberra Mothercraft Society are undertaking research with the Australian Primary Health Care Research Institute, Australian National University College of Medicine and Health Sciences with our current research project - Relaxing into Parenting Program. In addition CMS has links with Healthpact Research Centre for Health Promotion & Wellbeing, University of Canberra.

[ii] Canberra Mothercraft Society, QEII Family Centre have developed, piloted and are currently completing research on a primary health care, early intervention program implemented across the transition to parenting. Relaxing into Parenting aims to provide an additional educational focus for participants in their transition to first-time parenthood. The program enhances the psychological preparedness for parenthood, including relationship, emotional and psychological preparation for family life.

Participation in the program intends to prepare people psychologically for the parenting role, promote realistic expectations and self-awareness about learned parenting styles, promote good communication and teamwork within couple, familial and friendship relationships and build supportive family links, community and professional support networks. The program provides information about infant development and offers strategies to assist with parenting challenges during the transition to parenthood.