

## Early Intervention Inquiry

The Standing Committee on Health and Disability is conducting an inquiry into the early intervention and care of vulnerable children in the ACT, focusing on the unborn child and infants aged 0–2, with particular reference to:

- children of drug affected parents;
- antenatal and postnatal care and support services available for vulnerable parents and their children;
- early identification of a child at risk;
- specific issues related to Indigenous parents and children; and
- any other relevant matter.

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**This submission represents the views of professional staff of Marymead Child and Family Centre regarding the important issue of state and community care of, and involvement with, vulnerable infants and their families in the ACT.**

The Terms of Reference of this Inquiry are very broad. Issues relating to each of the above Terms of Reference are congruent with observations made by Marymead staff each day, and are central to concerns expressed by all individuals and services in the ACT working with infants and their families

### **Early Intervention**

Discussion of the value of early intervention approaches in children's lives is a contemporary issue. The reasons for this are outlined in an excellent review conducted by the Australian Institute of Family Studies entitled 'Efficacy of Early Childhood Services' (AIFS, 2005)

The definition of early intervention used in this report provides a useful starting point for this submission. Early intervention is

‘an attempt to improve child health and development during the period from conception to six years of age with the expectation that these improvements will have long-term consequences for child development and wellbeing’ (AIFS,2005:4.)

The report goes on:

‘Early childhood interventions include:

Programs that focus on “health promotion”, or the prevention of onset of mental, social and behavioural problems by encouraging positive development and resiliency. Early childhood health promotion interventions may be *universally accessible*, targeting the general public or an entire population (also referred to as primary prevention programs), or *tailored* towards children or families believed to be at high risk of problems developing (also referred to as targeted or selective programs, or secondary prevention programs). Programs that focus on preventing the progression of problems that have already surfaced – also known as indicated programs, early childhood early intervention programs, or tertiary prevention programs. Early childhood interventions may have one or more of the following outcome objectives or foci – parent–child relationships, parental knowledge, parenting skills, social support, the child’s cognitive, language and social development, school performance, and broader community and social conditions (for example, economic circumstances of the family) that interact with parental functioning and the child’s wellbeing.’ AIFS, 2005:4)

### **Why Early Intervention?**

‘It is generally accepted that experiences in the early years provide a foundation for future development.’ (AIFS: 2005:1)

The importance of the parent-child attachment relationships in this can hardly be overstated. The wealth of information available now through developments in brain research unequivocally highlights the direct relationship between good quality parent-infant attachment and healthy brain development. Shonkoff et.al. (2005) provides an excellent overview of this research.

Healthy brain development places the child on a trajectory for healthy physical, social and emotional development, for engaging positively with the wider world, and having a capacity for empathy and emotional self regulation.

**Infants cannot be discussed in isolation. Because infants are so highly dependent upon their main caregivers for their very survival, services and care of infants must really focus on the needs and care of families and communities. When needs of families and communities are supported, the needs of infants will also be supported.**

### **Infancy**

By their very nature infants are vulnerable. They become less vulnerable when they are securely attached to a main caregiver, (usually the mother), and where the primary caregiver is supported by supportive personal networks, the neighbourhood and the wider community.

Even in the best of families, secure infants can become vulnerable through unplanned events such as a mother’s grief from losing a loved one, marital difficulties or financial stress. As an example, these factors on their own can disrupt a healthy rhythm that has established between the mother and her infant for a period of time. The mother may not be able to be as physically and as emotionally available to the baby for a time. The baby will notice and react with unsettling behaviours because that closeness and rhythm he/she so heavily relies on is not there for a time. In families where there is a high level of internal and external resources, other people will step in and help the mother with the care of the baby so that she can recover fully. These people may include anyone from the child’s father to other relatives, friends, G.P. maternal and infant health nurse and

maybe other professional or other services such as a financial counselling. With this support the mother is able with time to resume her full care for the infant, and thought the infant may have experienced some trauma, the repair undertaken by the mother and others around her will enable a restoration of the former rhythm, significantly reducing any harm done to the baby's development.

**In talking about vulnerable infants we are actually referring to vulnerable families.** That is, those families, where the above scenario is but a pipe dream.

For many families who do not have access to this level of caring supports, the 'community' must be prevailed upon to provide. Marymead is one service in the ACT community which aims to 'step in' the situation where this ideal level of support is not available.

**Marymead's Fostercare program** has considerable contact with this group of parents as the following figures show:

25 infants and very young children (0-2) referred for placements in the last 6-8 months; 15 of those were placed;

**Parental D&A misuse and mental health issues were the key reasons for removal by Care and Protection Services in 12 of the fifteen children who were placed in fostercare.**

2 infants were restored to their family; 6 placed in kinship care; 7 are still in care

**This means that of the 15 infants placed with the program, only 8 were returned to family. Almost 50% did not return. What is the pathway going to be for these babies?** Some may return to their parents. Others may experience sporadic returns to their mother's care. Some will not return to their families and indeed may experience a succession of carers by the time they are five years old, thus compromising their attachment potential and their developmental and wellbeing.

We can only presume that the infants who were not placed at Marymead found placements in other programs in the ACT. These figures also highlight the increasingly prevailing problem of the co-morbidity of drug and alcohol abuse and mental health issues.

**These figures also give an indication of where the early intervention capacity of the ACT has failed them. That is, had the families had a high quality connection with services prior to this point in their lives, these statistics may have been lower.**

### **The current context for vulnerable families with infants 0-2 years of age in the ACT**

The ACT has a number of services in place ranging from the universal, such as Maternal and Child Health to tertiary services like Foster care programs and specialist medical services.

For a community to be truly providing for all families, but **for vulnerable families in particular, there has to be holistic, system wide policy and practice. There needs to be seamless service provision around fundamental needs of families and infants.** Families in stress with young infants should not have to

- advocate on behalf of one department to another, for example, Housing to Centrelink,
- repeat their issues repeatedly to different people in different services
- endure lengthy, fraught entry, admission, referral procedures only to find out at the end of it all that they are now on a waiting list, or that they need to comply with another process to access financial assistance of one form or another.

These processes are difficult enough for highly resourced families. For a young mother with an infant who has no family support and relies on public transport from the outer suburbs to endure these access issues is unduly stressful. The baby becomes more vulnerable.

In its '**Horizons: Healthy Minds, Healthy Families' program**, Marymead offers limited support to isolated young women who are also mothers of infants at the excellent Mums and Bubs program in Stirling. The women are involved in their program as part of ACT Education's attempt to provide encouragement for these women to continue with their schooling even though they have a baby. Mums and Bubs provide a lot more than educational support for these women. Staff at the program led by Jan Marshall also provide other advocacy and support to these young mothers who are also often having difficulties with Centrelink, Housing, ACT Child Protection services, recovery from alcohol and drug dependence and mental health issues.

Mums and Bubs is a good example of how support for vulnerable families can also be early intervention in the lives of these infants. Unfortunately, the service is overwhelmed, even with the support it receives from other services. It is a good example, however of how a community development approach has been used to develop the service from the ground up. In so doing, it provides connection and community integration for these mothers; meeting the mothers where they feel comfortable and not threatened by services. (A brief explanation of the ecological approach and how it relates to early intervention is given in the AIFS report Project Background: 2005:1)

**For vulnerable young families where there are issues of drug and alcohol dependence, the safety and wellbeing of infants is all the more precarious.**

ADFAC's Karralika program offers a highly regarded residential therapeutic program for families who have drug and alcohol dependent issues. However, it is a small program and experiences high demand. It is well known that Drug and Alcohol services which support recovery are under resourced in the ACT.

Another example of recovery support outside the Alcohol and Drug service network is **Marymead's Family Support program**. **This program provides in-home visiting so that a strong supportive working relationship is established between the worker and the family to assist the family with parenting and relationship issues.** Many of these families serviced by this program are subject to this Inquiry. These families are often referred by Care and Protection as this is the agency who funds the program. It is Marymead's preference to provide these services earlier in the life of the problem i.e. *before* they have contact with the OCYFS. This program, called Families Together home visits about ten families at any one time with known drug and alcohol related issues.

Unfortunately, the pressure on the OCYFS to respond to reports of child abuse and neglect means the **Marymead program has very limited capacity to accept self-referrals and community-based referrals. It is Marymead's preference to accept more of these families into the program in the hope of reducing the number of child protection reports made to the OCYFS.**

### **Marymead's experience of early intervention**

**Marymead also offers counselling for child-parent relationship** where the attachment between the two has been compromised by parental incapacity to provide the attachment environment their child needs. **This program is an early intervention program as it accepts parent-child referrals where the infant is under 18 months of age. Referrals to this program come from a wide range of services including, child protection services, doctors and other health professionals.** The program uses a therapeutic group program called Circle of Security. This program has been imported from USA and is one of only three in Australia. It has been well researched in America and has a good

success rate of repairing early child-parent attachment relationship issues. (www.Circleofsecurity.org) To date the Counselling Service has no ongoing funding – some of its funding has derived from very helpful sponsorship from Calvary Private Hospital and the Southern Cross Club.

Marymead is also about to begin **P.A.I.R.S., another group program for mothers and infants**, as a joint venture with the Tuggeranong Child and Family Centre and the Child at Risk Health Unit. This program has been imported from Melbourne and also aims to repair the early relationships between parents and their infant. It has also been well evaluated and has achieved success. It is anticipated referrals will come from community based organizations, as well as territory government services such as Child Youth and Women's health and Child Protection services.

**A third ACT government initiative which Marymead is a key partner is the Integrated Family Support Project (IFSP).** This project is an ACT government initiative which has relied heavily on the involvement of non-government agencies for its continued existence. The project aims to provide an integrated early intervention an integrated service to families in the ACT. It is managed jointly by Government and non-government agencies. Over 18 months of its operations, the project has had many challenges and views about its efficacy thus far are mixed.

**Currently in the ACT, the quality of connection between services is patchy. In some situations for example, it works well. In other situations it works very poorly.**

The ACT is a small jurisdiction with it seems an abundance of services. Vulnerable families with infants need to feel recognised, understood and to feel that someone really cares. The level of vulnerability which is the subject of this Inquiry often develops because the individuals involved do not have the relationships skills to find or maintain continuous supportive and loving relationships in their lives. It is not uncommon that an individual's very existence is attributable to the relationship that a service provider has been able to establish with that individual.

*As an example:* The Marymead Family Support program recently worked with a young vulnerable family, a young single mother with suicidal thoughts. Like many other services in the ACT, the Family Support gave this mother a lot of support which included solid connection to other relevant services from medical intervention to supported playgroups – the program helped her to establish a life for herself. This scenario would be regarded as significant 'risk' reduction; What appears to be a relatively simple exercise of providing a n individual with support belies the amount of time and energy which is spent with the mother, and by the mother in achieving come level of connectedness, and for the mother a sense of purpose in life.

**Early intervention has to allow for the time involved in relationship building with people who have are not adept at relationship building or have unresolved traumatic histories of relationships.**

This example also highlights the importance of workers having access to the necessary support and professional supervision from their employing agency.

### **Early Intervention models**

There are a number of approaches being implemented here and overseas which are implementing a comprehensive early intervention approach. Some of these include:

#### **Overseas**

*Sure Start* initiative in the UK (Every Child Matters)

*Toronto First Duty* in Canada

## Australia

Beststart (Victorian Department of Human services - see website)

*Future Families* in Brisbane

**All of these approaches aim to support families by encouraging community connection with a suite of universal services so that early intervention can be delivered by secondary and tertiary services as issues emerge.**

The AIFS (2005) study already referred to provides an overview of the efficacy of early intervention programs here and overseas.

### Infants of Drug Dependent Parents

The risk for these infants may derive from a number of sources and take various forms.

**Drug affected parents may provide sporadic care of their infants – between periods of good care there are periods of inadequate care. If infants do not get sufficient 'good' care, their development is compromised.**

Drug affected parents may physically and emotionally abuse their infants due to the effects of the drugs. The effects of drug associated states such as detoxification can lead to abuse of infants. The stress associated with other factors impacting such as financial hardship may also lead to compromised care of infants or abuse.

Infants living in these contexts can be at greater risk of death due to the absences described above. Whilst ADFACT, OCYFS and I.M.P.A.C.T. (Integrated Multi-Agencies for Parents and Children Together) can all speak to this topic in more detail, Marymead's experience of working to support these families includes the following observations:

- Those families who are struggling with alcohol and drug dependence issues need a great deal of support over a long period. Recovery from the drug –using *lifestyle* in itself can take many years following the resolution of the physical dependence takes years in many instances
- In this struggle, relationships within the family can be volatile and/or non-continuous. This makes the infant's situation much more vulnerable
- Periods of relapsing severely disrupt the security and therefore the infant's development
- Periods of relapsing can traumatise an infant, leading to unsettling behaviours or worse. Restoring the infant's equilibrium can be a huge task for a mother dealing with her own recovery issues which may also include restoring Centrelink and Housing payments and dealing drug related debt.
- These parents need safe, supportive 'places' to assist them in their daily struggles for recovery. For example, many parents trying to build a life without drugs are allocated public housing in blocks of flats or neighbourhoods where they are next door to drug-using/dealing tenants.
- Marymead staff also made a contribution to the Commonwealth House of Representatives Standing Committee on the Family and Human Services in 2007 regarding the impact of illicit drugs on families. While the recommendations made at the conclusion of the report were highly controversial, the information in the volume contributed by services all around Australia was comprehensive. In the report entitled 'The Winnable War on Drugs', the following comments about Marymead's contact with this group of parents were included:

'The effects on families of having been illicit drug using are multi-layered and can continue for a long time beyond the actual drug use. For example, families often live daily with being labelled a 'druggy' family by the neighbourhood; children are often subject to teasing and bullying from other children at school because they come from a 'junkie' family. Each time something 'goes wrong' the effects for these families are magnified. These families are very sensitive to setbacks and real or perceived criticism...' (House of Representatives standing Committee on Families and Human Services, 2007; 229).

This submission has made an attempt to respond to specific components of the terms of this Inquiry. Where others are better placed to respond to specific issues reference has been made. This area is very broad. In an ideal situation, early intervention would be one component of a community-wide, whole-of –government capacity for service providing for all families with infants aged 0-2 from conception to school age.

While there are early intervention initiatives existing in the ACT, some of which are located at Marymead or Marymead is a key partner in the collaborative effort to provide early intervention, the comment that the state of early intervention in the ACT is patchy, and services generally are not well integrated with each other needs to be reiterated.

### **Suggestions/Recommendations for addressing the needs of vulnerable families with infants under the age of two years:**

1. Supporting and assisting mothers re care of their baby (i.e. breastfeeding, responding appropriately to the baby's needs etc.); for example, *MACH nurses regularly visiting mothers and babies at home; especially the mothers whose parental capacity is impaired*
2. Increased and more integrated capacity to support parents with mental health issues and an intellectual disability; for example, *better collaboration between Care & Protection and Mental Health Services; intensive home visiting program that will provide ongoing long-term support to this vulnerable group eg Marymead's Horizons (funded by FaHCSIA, as a result of 2006 COAG decision)*
3. Suite of services from less to very intensive is needed; for example *having a family support worker and/or MACH nurse visiting the family once a fortnight through to, at the other end of the continuum, a therapeutic residential program for young/vulnerable mothers and their 'babies. QE11 is currently limited to providing residential assessment and care for parents and babies for up to three nights.*
4. Co-ordinated and integrated wrap-around services for the most vulnerable parents and children that are well resourced and able to provide support for as long as needed
  - Pre-natal and post-natal support services as well as the monitoring of mothers whose other children have been taken into care;
  - Better and early assessment of the long-term, permanent options for infants and young children who are not likely to be restored (i.e. kinship carers, concurrency planning, adoption, EPR – (Care and Protection Services are currently inadequately resourced to be able to do this)
  - Lack of affordable housing – an urgent issue across the ACT which particularly affects this population group. A range of supported and independent accommodation options for vulnerable families with infants
  - Supervisors of contact sessions between parents and infants to be properly qualified to i) assess the parental capacity to care for infant/child; ii) model and teach parenting

skills to improve the quality of parent/child interaction during the supervised contact and beyond and iii) provide high quality information to decision-makers including the family about family's strengths and needs

- Support needed for parents whose children have been removed and who do not have any children at home. These parents are not supported in the contact they do have with their children. This may include learning to make the contact more meaningful and enjoyable for both the parents and the child; may involve modelling to parents the care of the child; may include grief and loss counselling; developing mutual support strategies for these families. These parents may go on to have more children and supporting them may prevent a repetition of child removal.

Marymead staff are available to provide further comment of the Inquiry wishes.

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References:

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Websites:

Circle of Security [www.circleofsecurity.org](http://www.circleofsecurity.org)