Parents at risk of Child Protection involvement and removal of infant

Annette Toohey Loddon DFFH Community Partnerships Team

Samantha Turner Loddon DFFH Community Partnerships Team

Background

The number and proportion of Children in Out of Home Care (OOHC) in Victoria continues to rise (SVA Consulting, pp15-16).

The Unborn Children Project report commissioned by the Loddon Area DFFH August 2018.

Improve system responses and health and wellbeing outcomes for unborn children at risk of serious harm from Alcohol and Other Drugs, Family Violence, Mental Health issues and/or Homelessness within the Loddon Area.

Steering Committee representing Antenatal and Maternal Care services, Specialist Community Services, Child and Family Services and Child Protection.

Rationale and project aims

Growing evidence of the **importance of a safe intrauterine environment from the earliest stages of pregnancy for life-long health outcomes**, and of the adverse effects on the foetus of severe maternal stress during this period.

Unborn phase is critical time for building capacity for appropriate caregiving, protective behaviours and secure attachment relationships

Aims:

- To contribute to the development of more responsive and coordinated services for vulnerable families within the unborn phase
- To improve outcomes and thereby decrease the need for Child Protection (CP) involvement .

Key Finding

A key finding of this project is that practices across the **Loddon service system have not yet adapted to this growing body of knowledge and are primarily geared towards supporting a safe environment once a baby is born**, rather than supporting a safe environment and building capacity for attachment from early pregnancy.

Recommendations – Unborn Report

- Improving System Responses to the Unborn Child at Risk from Psychosocial Issues
- **Pre-birth Case Conferences**
- Role of Family Services in Unborn Phase
- **Orange Door Support for Service Sector**
- Cradle to Kinder Programs
- **Support for Families when a Child is Removed from their Care**
- Family Services Alliance seek funding for a project to explore opportunities for support for parents who have had a child removed
- **Access to AOD services during Pregnancy**
- Homelessness Services
- **Identification of Psychosocial Issues**
- Midwifery Services within Medical high-risk model at Bendigo Health
- **Discharge Planning**
- **Trauma-Informed Responses**
- **Appropriate Circumstances for Unborn Reports**
- **Addressing Identified Gaps in Service Provision**
- **Prioritising the Unborn Child within Family Services**

Psycho-social risk assessment and referral tool

- **Need for greater psycho-social emphasis to assessment and care**
- **Need for psycho-social Pathways** that are complimentary to obstetric care – worked alone side
- **Issues with hospital risk tiering** and pregnant people being escalated to high-risk hospitals without the continuation of psycho-social support.
- Parents with psycho-social risk **taken off country**
- **Lack of comprehensive history and context** - we don’t know what we don’t know (known unknowns, unknown unknowns)

Psychosocial pathway for pregnant parents in Loddon Area

Ongoing Monitoring allows for an escalation and De-escalation of risk and engagement and re-engagement in service

A Trauma Informed, MARAM, Cultural Safety lens and Strengths-based perspective to be applied

Ongoing Monitoring allows for an escalation and de-escalation of risk and engagement and re-engagement in service.

Well antenatal mother and baby	Promotion and prevention through provision of standard shared antenatal care: • Early identification and response to risk • All clients are screened for Family violence at maternity booking and EPDS / ANRQ completed • Care by obstetric trained General Practitioner • Care by Midwives • ERH Antenatal Care (Midwifery education and medical support) • Observations by CP and Housing (actions)				
At risk mother and baby	Initial Needs Identification (INI) determines priority of care and allows provision of access to psychosocial services.				
Initial Needs Identification:	**Definitions**	**Tools**	• **Intervention (not all services will use this)**	**Actions (not all services will use this)**	**Referral Points**
Low Risk	• Access to transport – or lack of • Adolescent mothers • Council expressed concerns of property • Disability in children – multiple children with NDIS packages • Disability in mother / children • Environment in which they live – unsafe (fire risks entries blocked) • Episodic social stressors • Food insecurity – if disclosed • History or current homelessness / housing insecurity • Hoarding / Squalor – unsafe amount of things/belongings • Inadequate nutrition • Limited/ lack of household items required for an infant or children • Low level mental health symptoms • Low school attendance rate • Multicultural backgrounds (limited English, lack of access to service, limited understanding of service system) • Multiple children under school age – multiple fathers, financial strain, increased family stress, • NDIS/Aged-care supports – possible vulnerability in some circumstances.	**Health Services** • Edinburgh Postnatal Depression Scale (EPDS) • Antenatal Risk Questionnaire (ANRQ) • MARAM screening tool • General psychosocial Assessment • iCOPE screening tool **Police** Family Violence Information Sharing Scheme (FVISS) and Child Information Sharing Scheme requests – Vic Police **Additional risk assessment tools** • Environmental risk assessment	• Detailed risk screen completed to identify need and level of engagement required from service. • Early engagement with health and supports matched with the family's needs. • Provision of a range of practical, educational, therapeutic and advocacy supports inclusive of e-health strategies • Referral forms through agencies	• Referral to Antenatal Care • Consider phone consultations with options for face to face and/or notify referrer of assessment outcome with guidelines for re-engagement if risk escalates +/- case closure • Soft closure with clear re referral pathway provided to referral point and client • Provide preventative health information • Provide information on secure attachment and developmental milestones **Additional** • Develop early connection with family and or kin • Develop links with play groups and community supports • Offer linkages with ACCHOs/AHLO to ensure cultural safety and security and links to community are maintained. • Links with antenatal services	• Bendigo Community Health Service • Bendigo Health Service • Castlemaine Health • Cohuna District Hospital – Maternity - mac@cdh.vic.gov.au • Echuca Regional Health - Maternity • GP / Maternity for routine antenatal care. • Maryborough District Health Service - MDHS Maternity **Maternal Support** • Horizon House - Young mother and baby program • Loddon Children's Health and Wellbeing Loddon Children's Health & Wellbeing Local - Bendigo Community Health Service • Material aid i.e. Sunshine Bendigo / Nursery Equipment Program • Mother goose program • Small Talk Playgroups – interaction with children • Social support groups – through libraries • Women's health /sexual health, family planning Women's health - Bendigo Community Health Service **ACCO / ACHOS** • Bendigo & District Aboriginal Co-operation (BDAC) • Mallee District Aboriginal Services (MDAS) • Njernda Aboriginal Corporation • Victorian Aboriginal Community Controlled Health Organisation (VACCHO) • Victorian Aboriginal Health Services (VAHS) **AOD** • ACSO Australia

	• Number of animals at primary residence (more than two dogs without a permit, aggressive) • Overcrowding in the home • Poverty • Relationship issues • Youth in care or previous care experience	• Tenancy Act • Social Landlord model • MARAM screening tool • Breaches on property from council (internal and external) • Background information – red flags in files or client alerts • Police or court information			• Generalist AOD counselling through community health services • Local AA groups • MIND – Mental Wellbeing Local (26 years and over) • Salvation Army AOD • YSAS – Youth Support and Advocacy **Mental Health Support** • Australasian Birth Trauma Association • COPE • COPE – iCOPE sms and info sheets www.cope.org.au • Echuca Regional Health Primary Mental Health & Wellbeing (e.g. Circle of security, Acceptance & Commitment Therapy) • Generalist counselling through Echuca Regional Health Primary Mental Health & Wellbeing (internal referral). 54855800 • Gidget Foundation • Headspace www.headspace.org.au • Material aid i.e. Sunshine Bendigo / Nursery Equipment Program • Mental Health Wellbeing Locals over 26 years old • Mums Matter Psychology for counselling (telehealth service - online referral with MHP). www.mumsmatterpsychology.com • MumSpace – online perinatal mental health resource. www.mumspace.com.au • PANDA – info sheets and phone support www.panda.org.au • Raphael service Bendigo (psychology support with MHP) • SMS for Dads www.smsfordads.com • STRIDE **Family Violence** • 1800 RESPECT • Caring Dad's • Centre non-violence (The Orange Door) • Family services (referral through The Orange Door). • Good Shepherd • Safe Steps • Safe thriving and connected • Sexual assault support. Centre Against Sexual Assault — Central Victoria • The Orange Door Loddon 1800512359 • Victoria Police **Family Services** • Anglicare Vic • BDAC • Bendigo Community Health Services • Catholic Care Victoria • Dhelkaya Health • Echuca Regional health • Kyabram Learning Centre • MacKillop Family Services • Njernda • Red Cross • Salvation Army • St Vinnies • Sunbury Cobow • Uniting-Care **Financial**

					• Anglicare. Email referral to Financial.Counselling@anglicarevic.org.au • Good Shepherd https://goodshep.org.au/services/fih/ • Home - Bendigo Family and Financial Services Inc. • Money Care – Salvation Army Bendigo Family and Financial – no interest loans, micro loans • Relationships Australia /Victoria www.relationshipsvictoria.org.au **Food Security – depends on area** • Community Houses • Food Banks • Housing Justice • Local Council **Housing Support Services** • Anglicare Vic • HavenHomeSafe - 54822720 **Multicultural** • Bendigo Community Health Services • Loddon Campaspe Multicultural Services • BCHS Humanitarian Settlement Program also provide Specialised Intensive Services (SIS). Link to page with referral link. Must be approved by Home Affairs for eligible people with multiple complex issues. Specialised and Intensive Services • Bendigo Community Health Services • Loddon Campaspe Multicultural Services • Sisterworks in Bendigo Economic Empowerment for Migrant Women | SisterWorks • Torture trauma counselling also known as Culturally Sensitive Counselling. Funded by Foundation House and delivered by BCHS.
Moderate Risk	• Age difference of partners in the house • Complicated Obstetric history • Concerns expressed by neighbours • Concerns expressed by service providers - • Dangerous or unstable friends hanging around the house or others present. • High Maternal BMI / Diabetes • History of trauma / Abuse • Identified compromised parenting skills • Identified stressors/issues that may impact upon mother baby attachment • Identified victim / survivor family violence. • In refuge – family violence situation • Lack of antenatal care • Lack of extended family support • Lack of service involvement • Lack of social support/isolated • Lack of visibility in community – isolation, lack of service engagement, coercive control) • Mild - moderate mental health issues • Non-biological parents living in the home – do they all have WWC check if there is CP involvement	**Health Services** • Edinburgh Postnatal Depression Scale (EPDS) • Antenatal Risk Questionnaire (ANRQ) • MARAM screening tool • General psychosocial Assessment • iCOPE screening tool **Police** Family Violence Information Sharing Scheme (FVISS) and Child Information Sharing Scheme requests – Vic Police	• Refer to Low Risk Intervention options • Detailed assessment completed to identify need and level of engagement required from service. • Complete Care plan based upon assessment and shared with woman and care providers. • Enhance access to universal and specialist service through assertive outreach means • Support secure attachment	• Referral / record to antenatal care • Referrer to consider low - mediu, risk actions • Engagement with MHCN • Complete detailed assessment including identified screening tools +/- EPDS, ANRQ, Attachment • Brief Assessment Summary Completed • Develop Goal Directed Care Plan or Shared Care Plan • Care Plan reviewed and outcomes documented **Additional** • Intra-departmental referrals	**All of Low-risk options plus:** **Mental Health – see above** • Perinatal Emotional Health Program (PEHP) referral for counselling (Bendigo or Shepperton region specific). Email Bendigo referral to psychtriage@bendigohealth.org.au **Family Violence** • Bendigo Health Pregnancy support if referred to Bendigo to birth 0427410523. • Enhanced Maternal child Health service post birth. • Family services (referral through The Orange Door) 1800 512 359 • Rumbalara Nurse Family Partnership Program 58200000 • Safe Start referral **Housing** • Housing Support Case management – Haven Homesafe 54822720. **AOD** • ACSO referral for AOD support 94137000 acso@acso.org.au

	• Poor physical health • Poverty • Relationship issues that compromise functioning • Situational crisis • Subletting – renting room or sheds in private property, sub-standard of property. • Transient and lack of stable housing – pregnant people living in cars • Young age of mother – under 17 years age, limited access to Centrelink or other support services	**Additional risk assessment tools** • Environmental risk assessment • Tenancy Act • Social Landlord model • MARAM screening tool • Breaches on property from council (internal and external) • Background information – red flags in files or client alerts • Police or court information	between baby and care provider		
Severe/Complex Risk	• Adolescent mothers – isolated without support, education, limited access to transport, • Complex social issues • Current Alcohol misuse – parent or father • Current Drug use - Drug paraphernalia laying around the house • Current Family Violence • Financial control – rent not being paid, basics not being provided. • History of sexual assault – attachment in a parenting journey, have they accessed support, exploitation sexually as a child, • History or pattern of significant concerns with the child or other children in the family • Homelessness • IVO breaches • Number of visitors / unregistered people living in the house (sleeping on the floor, concerning, and threatening environment, suspected illegal activity • Parent(s) have multiple or complex support needs requiring intensive assistance • Partner bailed to address – history or current violence • Past history of trauma • Personal safety order (active) • Poor physical health • Poverty • Previous CP involvement – generational CP involvement. • Previous or current child protection involvement – involvement or children removed previously • Sexual exploitation	**Health Services** • Edinburgh Postnatal Depression Scale (EPDS) • Antenatal Risk Questionnaire (ANRQ) • MARAM screening tool • General psychosocial Assessment • iCOPE screening tool **Police** Family Violence Information Sharing Scheme (FVISS) and Child Information Sharing Scheme requests – Vic Police **Additional risk assessment tools** • Environmental risk assessment • Tenancy Act • Social Landlord model • MARAM screening tool • Breaches on property from	• Refer to Low and Moderate Risk Treatment options • Conduct a detailed risk assessment • Care Coordination Plan Developed including Intra, Inter-department or external referral(s) • Consider linkages with ACCHOs/AHLO • Assertive Outreach • Pre-birth meeting with all key care providers +/- CBCP Practitioner • Engagement with tertiary and specialist care providers inclusive report to Child Protection if significant risk to unborn present. • Engagement with EMCP Obstetric trained GP Clinic +/- Paediatrician +/- WADDS for detailed birth plan • +/- secondary consultation with tertiary health	• Assessment completed including identified screening tools • Attachment detailed assessment summary completed identifying treatment plan. • Shared Care Plan Developed provided to care providers. • Access to Material Aid Fund • ATSI clients with Child Protection involvement are engaged with Aboriginal Child Specialist Advice and Support Service (ACASS) • Case discussed at Multi-disciplinary Team Meeting • Care Plan reviewed and outcomes documented **Additional** • Referral with assistance to contact services, as appropriate.	**All of Low & moderate risk options plus:** **AOD** • Royal Women's Hospital – The Women's Alcohol & Drug service. **DFFH – Child Protection** • Child Protection unborn report. 1300644977 BH or 131278 AH NSW DCJ report 132111 or online www.reporter.childstory.nsw.gov.au **Family Violence** • Bendigo Health Pregnancy support if referred to Bendigo to birth 0427410523. • Enhanced Maternal child Health service post birth. • Family services (referral through The Orange Door). 1800 512 359 • Rumbalara Nurse Family Partnership Program 58200000 • Safe Start referral. **Mental Health** • Access Line (NSW MH Triage). 1800011511 • Mental Health Triage (Vic) 1300363788

	• Significant intellectual disability • Significant mental illness • Significant property damage from violence – holes in the wall. • Two or more L17s within a month • VCAT – due to unable to access property. • Victim Survivor has been physically assaulted while pregnant/following new birth • Victim Survivor self-assessed level of fear is very high	council (internal and external) • Background information – red flags in files or client alerts • Police or court information	services +/- referral for birthing • Enhance secure attachment between baby and care provider.		

Learnings from tool development and next steps

- All ages and stages for Housing and local govt – available on phone
- Need for trauma awareness and training
- **Need for greater understanding of pregnant and parenting in care**

Pregnant and parenting in care – Literature review themes

- **Understand cohort as distinct reproductive health** profile.
- **Exposure to physical violence** encourage contraception and LARC use. Role and use of ecstasy. LARC use – why/ why not?
- **Factors and attitudes towards current and past pregnancies** i.e. why choose to become adolescent mother/parent? Attitudes of others (workers/families)
- Distinct **reproductive health needs of this cohort vs general population**
- Factors leading to contraceptive use or pregnancy i.e. upstream determinants
- **Support pregnancy and parenting in care - role of workers in reproductive and other health outcomes** for this cohort i.e. training for carers and others working with this cohort in understanding relationships, sexual health, contraception and conception.
- **Fatherhood in care**
- Understanding the **general experience of female care leavers transitioning from care** i.e. Feminist lens re female voices and perspectives on overall experience.
- **Reduction of isolation and stress for care leaver** parents to support parenting i.e. sexual violence/violation are concerns

Literature review themes continued…

- **Sexual activity and its consequences for children in care**
- **Clear understanding of pathways re transition and leaving care for young women** i.e. pregnant young women, fear of services etc.
- **Current responses to care leaver pregnancy and parenting** i.e. therapeutic responses
- **Impact of parenting whilst recovering from trauma** and living with a child as result of violence or abuse
- Early pregnancy as **indicator of intimate partner violence**. i.e. Coercive sex and relationships.
- Role of ambiguous loss in explaining care leaver early parenting and cycle of CP involvement for care leavers unable to care for their children.
- **Placement instability and impacts on relationships and planning**. Erodes trust, discourages attachment. (relationships are only temporary)
- Factors re **contraceptive decision making** i.e. factors re termination, low risk perception, ambivalence re pregnancy.

Literature review themes continued…

- **Justice involvement as additional risk factor** for unplanned adolescent pregnancy and contraceptive use. Mechanisms and contexts re these factors.
- How do young women who have had contact with or interaction with justice/criminal justice system make decisions around contraception? i.e. soft sterilisation and social control, financial motivations, coercive counselling, racial profiling
- **Age and developmentally appropriate sexual health education** re their own development and choices.
- **Holistic and comprehensive care planning** as early as possible including:
    - Support for mother(and father) to settle in placement before birth
    - Antenatal and ongoing information and support particularly if risk is identified. Include nutrition , lifestyle, drugs, alcohol, safety whilst pregnant, infant and child development, first aid, parenting, life skills.
- **Parenting peer support groups** - Support young women and their babies in leaving care.

Reference group – current focus / next steps

- **Where and what sexual and reproductive health, and relationship information**, is this cohort accessing? What should this information be, who and how, where and when could it best be provided?
- **How do we best support this cohort in their parenting?** i.e. lived experience
- **How do we upskill residential care workers** to support sexual and reproductive health decision making for this cohort?
- **Who should be providing age, cognitively and developmentally appropriate, health, sex and relationship information to this cohort?** Who? How often? When? How tracked? Where?
- **How do we best connect at point of pregnancy** and whilst pregnant to provide support and information. What programs? Services? Conversations? In care and post care settings.
- What is role of **Dr's in schools**?
- How do we **ensure client voice and codesign in our approaches**? Client informed priorities and focus, prevention lens, feminist lens

Thank You

Any questions contact: Annette.toohey@dffh.vic.gov.au or Samantha.turner@dffh.vic.gov.au