AFFIDAVIT OF DR ELISABETH GUDRUN HOEHN

I, Elisabeth Gudrun HOEHN, of Children's Health Queensland Hospital and Health Service, in the State of Queensland, Medical Practitioner solemnly and sincerely affirm and declare:

Qualifications and Experience

1. I make this statement pursuant to a request to provide information to the Queensland Child Protection Commission of Inquiry (QCPCOI) in my role as the Consultant Child Psychiatrist and Program Director of Future Families, the infant mental health service of Children's Health Queensland Hospital and Health Service (CHQ HHS), Child and Youth Mental Health Service (CYMHS). In addition I provide information in my role of supporting the line management and program development of the Koping Program, a framework for service delivery for Children of Parents with a Mental Illness (COPMI) and the Parent Aide Unit, a volunteer homevisiting program to support families at risk of child protection issues, as well as in my role of providing leadership to the Queensland Centre for Perinatal and Infant Mental Health (QCPIMH). All programs are co-located at Nundah in Brisbane.

2. I have a degree of Bachelor of Medicine and Surgery (M.B.,B.S.) awarded by the University of Queensland. I am a Fellow of the Royal Australian and New Zealand College of Psychiatrists, hold a Certificate in Child and Adolescent Psychiatry, and am a member of the Faculty of Child and Adolescent Psychiatry.

3. I practise as a Child and Adolescent Psychiatrist and have held the position of a full time Consultant Psychiatrist with CHQ HHS CYMHS, Brisbane since 2007.

4. For 16 years prior to this I held the position of Visiting Medical Officer in Child and Adolescent Psychiatry with the Royal Children's Hospital, Child and Youth Mental Health Service, Brisbane, working in community mental health teams in Indooroopilly, Pine Rivers, Enoggera and Keperra.

5. I am registered with the Australian Health Practitioner Regulation Agency as a Medical Practitioner with specialist registration in Psychiatry.

In addressing the terms of reference of the Child Protection Commission of Inquiry, I refer to Commissions of Inquiry Order (NO. 1) 2012:

3. a) Reviewing the progress of implementation of the recommendations of the *Commission of Inquiry into Abuse of Children in Queensland Institutions (the Forde Inquiry) and Protecting Children: An Inquiry into the Abuse of Children in Foster Care*

Recommendation 4 from the Commission of Inquiry into Abuse of Children in Queensland Institutions (the Forde Inquiry)

> *"In real dollar terms Queensland's actual expenditure for 1997/98 was $91.072 million, of which $80 million was spent on child protection services. Of this amount 88.75 per cent ($71 million) was expended on child protection intervention services, with few resources (11.25 per cent, or $9 million) for prevention and family support services."…..*
>
> *Recommendation 4*
> *That the Queensland Government increase the budget of the Department by $103 million to permit it to meet the national average per capita welfare spending for children, and agree to maintain the increase in line with the national average. The additional resources should focus on the prevention of child abuse through supporting 'at risk' families, respite care, parenting programs and other early intervention and preventative programs for high-risk families.*
>
> (Forde 1999: 118)

In recommendation 4, *The Commission of Inquiry into Abuse of Children in Queensland Institutions (the Forde Inquiry)* recognised that effective child protection required responses across the continuum of care from prevention to tertiary intervention, and that consideration should be given to redistributing resource investment from significant

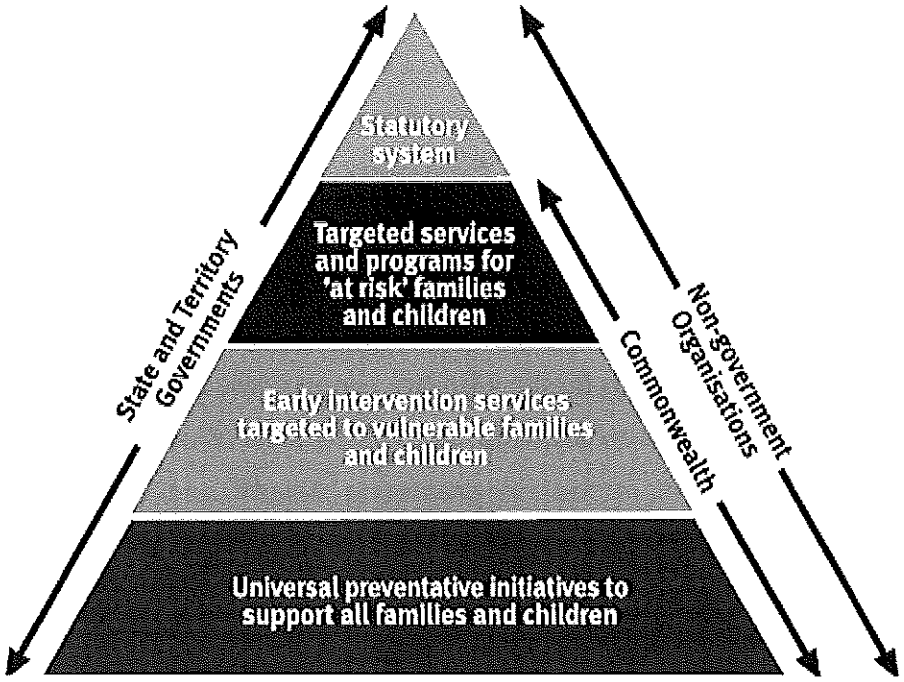
expenditure on tertiary services toward early intervention and preventive responses for high risk families.

The United Nations Declaration of the Rights of the Child has set out a charter for what a child should be entitled to experience in life. I believe that this in turn should provide a blueprint for policy and planning, outlining a framework to follow to ensure the health, social and emotional wellbeing and safety of infants, children and young people. All children, irrespective of cultural background, are entitled to healthy in utero growth and development and safe birthing, good perinatal care, opportunity to grow and develop in the context a happy, loving and caring family who are emotionally available and have the capacity to provide a safe and secure environment that is free of traumatic experiences and access to learning, play and recreation promoting delight and enjoyment in life's experiences and supporting the child's curiosity to explore and master its environment.

To protect and ensure children's physical, social emotional, mental and spiritual wellbeing, requires a systemic and collaborative approach that is the joint responsibility of families, communities, government and non-government sectors. To protect children we need to ensure that they can overcome vulnerability and risk, and become resilient and productive members of society. It requires a holistic response that encompasses commitment, leadership, and political will and links to an enabling policy environment, planning, service delivery, families and ultimately a child's brain architecture, to result in positive developmental outcomes for both the individual and society as a whole.

Since the Forde Inquiry (1999), the Council of Australian Governments endorsed the National Framework for Protecting Australia's Children (2009-2020) in April 2009.The National Framework recognises that the best way to protect children is by preventing abuse and neglect. It proposes that Australia needs to move from seeing child protection as a response to abuse and neglect, to promoting the safety and wellbeing of all children. The National Framework, *Protecting Children is Everyone's Business,* recognises that the protection of children is not simply a matter for statutory child protection services, and acknowledges that protecting children is a shared responsibility - within families and across communities, professions, services and government, as illustrated in Figure 1 below. The National Framework requires Recommendation 4 of Forde Inquiry to in fact be enhanced and expanded to include an approach to child protection that is inclusive of all infants, children and young people, with a retained focus on those at highest risk.

Figure 1 – A system for protecting children



As a consequence of Recommendation 4, *The Commission of Inquiry into Abuse of Children in Queensland Institutions (the Forde Inquiry)* in the first instance and the *National Framework for Protecting Australia's Children 2009-2020* in an ongoing way, it is my experience that there has been a funding shift by the Queensland Government toward increasing early intervention and prevention responses to high risk families in particular, but generally these responses are shorter term (6 months) and cannot always provide the continuity and intensity of support that high risk families need. This funding shift has been enhanced by Australian Government funding under the National Framework. The distribution of funding is concentrated to communities around the state that have been identified as being at high risk. The consequence is that not all families at risk have an equal opportunity of accessing support. My personal experience is of working in communities in a part of Queensland that receives very little of this early intervention funding. There are a number of significant initiatives that Queensland Government has funded to support high risk families including Helping Out Families - Family Support Alliance (3 programs); Referral for Active Intervention services (11 services). An example of funding to support families more universally is the Early Years Centres (4 centres). Despite this shift in funding, I believe that the current investment in the Queensland child protection system continues to be excessively weighted toward the

statutory system, which will become unsustainable. It is imperative to shift the greater funding focus to prevention and early intervention to reduce the incidence of child abuse and neglect in Queensland and reduce the numbers of infants, children and young people who are removed into State care. There needs to be a shift of focus toward improving family functioning wherever possible and reducing the impact of repeated removal, reunification and re-exposure to childhood abuse and neglect and the associated trauma. It is also essential to identify early, parents who will be unable to sustain the necessary improvements to their parenting capacity and to undertake early permanency planning for their children.

The clinical context of my work is with infants and young children. My subsequent comments on service delivery will be focussed around this age group of children and their families.

Service delivery to infants and young children experiencing mental health and/or behavioural issues and who are in or at risk of entering the child protection system

The developmental imperative of the early years of a child's life

Extensive research has demonstrated the importance of the early years of a child's life, especially the first three years in laying the foundation for healthy development and resilience. The brain changes throughout life, but it is the changes in the first three years of life that will have the greatest impact on expressing the brain's potential. The infant brain is undeveloped at birth and its potential remains unexpressed. The human brain experiences a growth spurt from late pregnancy until about 24 months of age, with 5/6 of this growth spurt occurring in the postnatal period. In the first year alone, the infant brain more than doubles in size. Crucial pathways needed for neuropsychological processes such as attention, learning, memory, recognising and regulating emotions, impulse control and speech and language develop during these first three years. Connections and pathways between nerve cells in the brain (neurones) develop in response to stimulation and sensory input and are therefore experience dependent; both positive and negative experiences input into their development. Therefore the experiences a child has matter and will influence the development of the child's brain, impacting which neurones survive and how they connect with each other. These connections are use-dependent, with neuronal pathways being strengthened by repeated activation. Therefore

experiences a child has wire the brain and ongoing repetition of these experiences strengthens the wiring.

The expanding brain is directly influenced by early environmental enrichment and social experiences. Without these positive experiences a child's brain doesn't develop the pathways needed to understand the social world, and the rules of relationships and doesn't develop a capacity to feel worthwhile, enjoy being with others or reach its potential. Infants are social beings that need to live in constant connection with other people in their world, especially their primary caregivers to ensure their survival. Infant development takes place primarily in the context of these caregiving relationships. Brain imaging research has identified that identical areas of an infant and caregivers brain are activated simultaneously when they smile at each other. In this way, interpersonal relationships affect the structure and functioning of the brain, and in turn help shape a person's emotional, social, and mental functioning.

When a child develops a secure attachment to an adult, involving a sense of safety and protection, the child's mind is allowed to do what its genes intended it to do; which is to develop a rich and intricate, complex set of interconnections among different aspects of the brain. All of us are born with a capacity to care, share, listen, value, to be moved by others and to show compassion, but not all of us will be allowed to express this capacity. Our earliest experiences of being in relationship, of being cared for by another, will strongly shape the template we ultimately use for future relating. Therefore healthy relationships build healthy brains. Conversely, abusive and neglectful relationships and traumatic experiences will have a profound and damaging impact on a child's developing brain.

Early and sustained exposure to high-risk factors such as abuse, neglect and traumatic experiences can result in strong and prolonged activation of the child's stress management system in the absence of consistent, supportive relationships to help the infant cope and bring the physiological stress response back to baseline. This can result in persistently elevated stress hormones and altered levels of key brain chemicals which can alter the architecture and functioning of the developing brain. This is mediated through the neurotoxic effects of cortisol (which can reduce overall brain size, damage brain structures such as the orbitofrontal cortex involved in emotional regulation and the

hippocampus which is involved in memory formation, and damage the fibre tracts of the corpus callosum interfering with left/right integration of brain function), disruption of the brain's regulatory functions and connections between the limbic system (brain's emotion regulating centre) and the cerebral cortex (the brain's executive functioning centre), effects on neurotransmitter systems and a direct impact on genetic material (epigenetics) resulting in genetic changes that can be transferred to the next generation. These physical alterations can result in difficulties in learning, memory, tolerating stress, managing emotions and impulses, regulating mood states and interpersonal functioning. On a social and emotional level, this can impact on a child's ability to process emotional information and learn the complexities of emotional interaction. As a consequence these children will struggle with poor self-esteem, forming trusting relationships, relating to others and the development of empathy for others.

Exposure to early adverse experiences can affect the immune system and other metabolic regulatory systems in the child's body, resulting in a permanently lowered threshold for activation of the immune system and an increased risk of stress-related physical illness throughout life (cardiovascular disease, hypertension, diabetes). There is also an increased risk of mental health problems (depression, anxiety, substance abuse and risk of suicide). A study conducted by the Centre for Disease Control and Prevention and Kaiser Permanente Health Appraisal Clinic in San Diego assessed associations between adverse early childhood experiences and later life health and wellbeing. The study found that as the number of adverse childhood experiences increased the risk for health problems such as smoking, alcoholism, heart disease, liver disease, sexually transmitted diseases and suicide also increased in a graded fashion. This research was further supported by the Dunedin Multidisciplinary Health and Development Study which involved a 32-year prospective longitudinal study of a representative birth cohort. Findings from this study show that children exposed to adverse psychosocial experiences have enduring emotional, immune, and metabolic abnormalities that contribute to explaining their elevated risk for age-related disease.

A child's feelings work in close connection with their physiological state (autonomic nervous system). When a child feels safe then the body's defence mechanisms are turned off and the child can relax and engage socially and with the environment. Experiences of elevated, prolonged stress or trauma rock a child's very core. In these

circumstances, children are overwhelmed with the internal reactions that race through their brains and bodies. They do anything to survive, not because they want to but because they need to. They shut down their feelings, push away memories of pain, stop relying on relationships around them to protect them and stop trusting and believing in others. Even after the stressful or traumatic situation has passed, children's brains and bodies continue to react as if the stress is continuing. They become self-protective; spend a lot of their energy scanning their environment for threat. Their bodies act as if they are in a constant state of alarm and their brains are endlessly vigilant. Traumatised and stressed children have little space left for learning. Their constant state of tension and arousal leaves them unable to concentrate, pay attention, retain and recall new information. Their behaviour is often challenging to those around them and they struggle to make positive peer relationships. These children are often labelled disruptive, defiant and poor learners and are at high risk of disconnecting from people around them. They present at risk of social and behavioural problems, disturbances in attachment relationships, indiscriminate behaviour, inattention and hyperactivity, deficits in executive functioning and a clinical picture that mimics autism.

Early intervention matters

Research confirms that the early years present an unparalleled window of opportunity to effectively intervene with at-risk children and their families. To be effective, interventions must begin early as early as possible and be designed with the characteristics and experiences of these infants, toddlers, and families in mind.

Social strategies and early intervention that improve the safety and development of children early in life improve outcomes and reduce the burden of disease. This is true even in situations of severe abuse and neglect as seen in the outcomes of the Bucharest Early Intervention Project where children were removed from damaging institutional care and placed with foster families in a randomised control study. These children showed significant improvement in there cognitive, language and social and emotional development outcomes as compared with children who remained in the institutional setting. The earlier the intervention, the more effective the long term outcome.

Solid evidence points to the negative effect or harm caused by abuse and neglect on infants and children's physical, neurological, cognitive, social and emotional development. Developmental delays are four to five times greater for abused than non-abused children and along with a higher incidence of behavioural problems and higher risk for mental health problems in later life. There is also strong evidence that the social and emotional consequences commence in early infancy and can continue on a trajectory throughout the development of child that results in later social, behavioural and emotional dysfunction and distress.

Intervening in the early years can lead to significant cost savings over time through reductions in child abuse and neglect, criminal behaviour, welfare dependence, and substance abuse. The economic benefits of early intervention have been highlighted by economist and psychologist James Heckman who demonstrated that public expenditure on health, education, income support, social services and crime rises significantly after the first three years of life. The rates of return to human capital investment are greatest in the preschool years.

Adverse childhood experiences are a risk factor for adult (and therefore parental) mental health issues, which is then a risk factor for adverse childhood experiences in the next generation. Therefore, effective intervention in reducing early childhood adversity will not only save children from the damaging effects of abuse, neglect and trauma and reduce the burden on society for this generation but will potentially reduce the social burden for future generations.

Infant Mental Health programs in Queensland:

Future Families is the infant mental health service of Children's Health Queensland Hospital and Health Service, Child and Youth Mental Health Service. It is a specialised community-based mental health service that works with an indicated population to deliver specialist early intervention and treatment programs. Future Families accepts referrals for infants (preconception up to 36 months) and their families with severe and complex needs who live in the Children's Health Queensland, Child and Youth Mental Health Service catchment and where there is concern that the mental health of the infant may be compromised in the context of a disturbed or disordered parent-infant relationship or the

risk of such a relationship. A significant number of clients referred have or are at risk of child protection issues.

Future Families is a multidisciplinary child and youth mental health team providing comprehensive assessment, case formulation, care planning and intervention to infants and their families. Team members include Child Psychiatrist – Program Director, Team Leader, 4 Infant Mental Health Clinicians (Social Worker, Psychologist, Clinical Nurse & Speech Pathologist), 0.5 Psychiatry registrar, Administration Officer, Clinical Educator (part-time) – Student Speech Pathology Clinic and Family Support Clinician & parent aide volunteers.

The goals of Future Families are to build a strong therapeutic alliance to model more reflective relationships and parenting and to provide a supportive environment for parents and infants to bring about therapeutic change; to change the internal working models of relationships that parents have and to assist them to create a more reflective view of their relationship with their infant and optimize the parent-infant relationship; to enhance parents' communication and parent-infant interaction skills; to improve the infant's social and emotional well-being and prevent future mental health problems; to support an improvement in parental mental health; to optimize infant development and to support families to reduce stress and develop greater social connectedness within their communities.

The clinicians use a range of intervention strategies including psychoeducation, developmental guidance, building parental observational and parent- infant interaction skills, group interventions to enhance the parent-infant relationship and prepare older children for school. Video feedback and developmental assessments are regularly used to monitor the infant's development and social and emotional wellbeing. Watch, Wait and Wonder, an infant-led parent-infant psychotherapy and speech and language interventions are components of the therapeutic repertoire. Interventions are delivered either in the family's home or are centre-based.

Other infant mental health services are delivered from Mater Kids in Mind (Mater Infant Parent Service – home visiting and hospital based consultation-liaison services); Logan Child and Youth Mental Health Service (Better Beginnings); Gold Coast, Sunshine Coast, and West Moreton Child and Youth Mental Health Services; and a pilot project is

currently being undertaken at Cairns Child and Youth Mental Health Service. Evolve Therapeutic Services also deliver infant mental health services from their teams.

Key examples of service delivery or specifically targeted programs for responding to this cohort

Creating and enhancing positive relationships, by maximising a child's access to attuned, safe, stable, consistent relationships, from early life, is an important goal in building social and emotional wellbeing in children and protecting children. Maintaining the stability of protective relationships should be a fundamental consideration of child protection.

Universal population interventions:

Rates of childhood abuse and neglect can be reduced by increasing the parenting capacity of the entire population using a range of innovative and cost-effective strategies, including:

Improving parenting literacy in the general population

Improving the parenting capacity of all parents will potentially also help lift the capacity of parents who are at risk of ineffective and abusive parenting when under stress or when faced with children with a difficult temperament that are more challenging to parent. This can be achieved by:

- Providing the general population with accurate, evidence based information on child development, the importance of the early years of their child's life and strategies to enhance their child's social and emotional wellbeing through play and interaction

- Providing and enhancing access to established, evidence-based universal parenting programs such as Triple P program, The Incredible Years program, Bringing Up Great Kids parenting program (Australian Childhood Foundation), Marte Meo Programmes and Circle of Security Parenting Programs.

- Universal postnatal contacts with women by midwives, child health nurses and lactation consultants to provide parenting education and support.

- Use of various media opportunities to disseminate parenting information e.g. through television, internet and online, social media, YouTube and telephone apps, newsletters, parenting magazines and other publications

- Providing opportunities for increasing parental social connectedness and shared parenting experiences through mother's groups, playgroups, library reading programs, infant gymnastic programs, Sing and Grow music groups

- A key strategy to helping families is working with them from the early stages of parenthood, even pre-conception, such as providing key public health messages around the avoidance of smoking and alcohol consumption during pregnancy.

- Antenatal education could include a focus on parenting skills that promote the development of positive parent-child relationships.

- Maternal antenatal assessments should include a review of the mother's psychological, emotional and physical capacity to establish a quality child-parent relationship with interventions offered for those mothers identified as being at high risk of having difficulties.

It is important to note that change takes time and persistence with strategies across arenas of community engagement, delivered in a manner that is acceptable and supportive and not blaming or stigmatising is required.

Selected population interventions

'The public health model underpinning the National Framework (for Protecting Australia's Children) emphasises the provision of universal and targeted services to reduce the need for statutory intervention. However, families who experience multiple or complex needs may find it difficult to access these services. Research has found that challenges such as domestic and family violence, mental illness and substance abuse are significant risk factors for child abuse and neglect. Targeting locally based responses by bringing together the efforts of government and non-government organisations to meet the needs of these families is a priority because, as a society, we need to find better ways to support the most vulnerable children and families to prevent child abuse and neglect.'

Implementation of locally based, adequately resourced, evidence based programs aimed at providing family support, enhancing parenting skills and preventing child abuse and neglect for those families identified as high-risk or demonstrating high risk behaviours are recommended.

The leading reasons for children entering care have been identified as parental drug and alcohol abuse, domestic violence and physical abuse, with parental mental illness also a significant factor. These risk factors are rarely found in isolation, childhood abuse and neglect often being associated with co-occurring risk factors, such as social disadvantage, social isolation and unresolved traumas in the caregiver's past. When parenting is inadequate, it may stem at least in part, from parental psychological problems, which often have their origins in the parents' own upbringing and may generate fear, shame, ignorance and denial, which may interfere with the parents' willingness engage in interventions and change their parenting practices. A respectful, collaborative approach with parents can assist with breaking down barriers to service access. Early identification of any child at risk can facilitate timely entry into targeted intervention programs. It is essential to provide training in early identification of childhood abuse and neglect risk to key stakeholders who deal with adults who may have children at risk eg police, emergency workers, community service providers and Centrelink staff.

Children of Parents with Mental Illness (COPMI)

Children whose parents have mental health issues are at increased risk of childhood abuse and neglect. The national COPMI website has a range of resources and training programs for families and health professionals to support children, young people and families where parents have mental health issues.

In Queensland, COPMI programs deliver a range of interventions including Koping Adolescent Program (KAP) - an adolescent peer support program and Kidz Club – a peer support program for children. Parent Trail, Let's Talk and Family Focus are all interventions for parents who have mental health issues to provide them with strategies to support their children and young people and understand the impact of their mental health issues can have on them. In addition some COPMI services run drop in sessions and camps for the children and young people.

Parent Aide Units

There are Parent Aide Units coordinated from infant mental health services at Future Families and at Mater Infant Parent Service. These units are volunteer home visiting programs to support families at risk of child protection issues. They also coordinate playgroups and other parenting activities.

Nurse Home visiting Programs

The move towards early discharge from hospital following birth has left some mothers vulnerable to difficulties due to social isolation and limited support to establish breastfeeding and car for their infants in the community following discharge. Intensive nurse home-visiting programs such as Family Care and Nurse Family Partnership Program that visit high risk parents and provide parenting support, psychoeducation and developmental guidance have been shown to be cost-effective in protecting children form abuse and neglect and improving childhood outcomes by building a relationship with families.

Infant Developmental Checks

Infant developmental checks conducted in primary care settings are an important opportunity to review the wellbeing of the infant and conduct a mental health and psychosocial screen of the parent. They are also an opportunity for advocacy and support for breastfeeding, which has been shown to have many short and long term health benefits include protective effects for maternal and child mental health and reduced rates of child abuse, especially maternal neglect. In addition, primary care visits provide access to programs that provide peer support and education for new mothers such as through Child health services. Such groups can be a vehicle to engage young mothers, disadvantaged mothers and other at risk groups. They can also be an avenue for screening and early identification of concerns about the infant's wellbeing, parental mental health issues and difficulties in the parent-infant relationship

Programs supporting young parents at risk

Young Parent's Program, Micah Projects – Butterfly Place & Caterpiller House, Brisbane Youth Service Young Families Team, and supported accommodation services all work specifically with young parents to support the health and wellbeing of young parents and their children and to prevent child abuse and neglect.

Family Support Services

There a range of services auspiced by different organisations with different funding packages who work with vulnerable families to prevent child abuse and neglect by providing practical and parenting support.

Early Parenting Centres and Hubs and coordinated community programs eg Communities for Children

Such hubs and parenting centres provide a team of support around the infant and the family in one location. This provides an environment where parents can feel more connected to the service provider community. The 'one-stop shop' concept for delivering services around the needs of the child and the family helps to reduce barriers to access and supports a more holistic approach to service delivery.

Agencies, government and non-government that partner with Queensland Health in providing these services

The theme for the Second Action Plan of the National Framework for Protecting Australia's Children is: 'Working together to improve the safety and wellbeing of Australia's children through strengthening families, early intervention, prevention and collaboration through joining up service delivery with mental health, domestic and family violence, drug and alcohol, education, health and other services.'

This theme of working together has always underpinned the work of ***Future Families,*** which has a collaborative framework of practice to build the capacity of parents to be emotionally available to their children, reduce their social isolation and manage stressful life events and personal crises. Families referred to Future Families have severe and complex needs, which generate significant stress in the family system. Future Families works in partnership with families, referring agents, and other service providers, to build the capacity of the family to manage this stress and appropriately access resources, supports and services to meet their complex needs in a timely and effective fashion. In reducing the difficulties that families experience, by developing support networks with them, the program aims to increase the emotional availability of parents to develop more secure attachment relationships with their children.

Due to the risk that parental mental health issues pose to the safety, health and development and social and emotional wellbeing of the infant, Future families works closely with ***adult mental health services*** to ensure that the parent has the emotional availability and stability to provide an optimum parenting experience for their child.

In this context Future Families partner with ***Child Safety Services*** via notifications, reports, email correspondence, Child Safety Liaison Officers and Family Group Meetings, to ensure that all child protection issues are appropriately managed. On occasions we work with foster parents and foster care support agencies as well as biological parents. In the past Future Families has had a close working relationship with One Chance at Childhood, an initiative to enhance safety, wellbeing and permanency outcomes for babies and toddlers subject to departmental intervention.

Future Families partners closely with ***child development and paediatric services and General Practitioners and Medicare Locals*** to ensure the general health and developmental needs of our clients are addressed.

Depending on the client, Future Families partners with specific services that match the needs of the client and their family eg. ***resettlement services for refugee families, services for the survivors of torture and trauma, indigenous health workers and clinics, domestic violence services, refuges and neighbourhood and community centres, disability support services.***

In addition, Future Families partners with ***Queensland Centre for Perinatal and Infant Mental Health*** (QCPIMH). QCPIMH's *vision* is that all women, infants and their families, regardless of where they live in Queensland, will have access to perinatal and infant mental health services that promote and enhance positive outcomes for their mental health and wellbeing and support the development of optimum attachment relationships between parents and their infants, to provide a strong foundation for future mental health outcomes. The *mission* of QCPIMH is to develop, support and promote accessible and responsive perinatal and infant mental health services that are culturally sensitive and family centred, and operate within a partnership focussed collaborative framework to provide a seamlessly integrated system of care.

Perinatal and infant mental health refers to the emotional and psychological wellbeing of women, their infants, partners and family, including the impact on the parent-infant relationship, commencing from preconception through pregnancy and up to 36 months postpartum.

Perinatal and infant mental health services provide multidisciplinary specialist assessment, collaborative treatment, and evidence based clinical interventions in a safe and therapeutic setting. These services are underpinned by a framework that promote a culturally sensitive, family centred, biopsychosocial, integrated response across the continuum of care. The framework focuses on building capacity, resilience, child safety and security, with the aim of achieving positive outcomes for the mental health and social and emotional wellbeing of women, infants and their families in the perinatal period and during infancy.

The role of QCPIMH is to ensure that the process of perinatal and infant mental health service development across Queensland occurs through a planned approach which supports the sustainability of services and ensures all areas of perinatal and infant mental health service provision are covered.

In this role, the Queensland Centre for Perinatal and Infant Mental Health will:

- provide leadership and coordination of service planning, development, implementation and evaluation across Queensland, to ensure the establishment of a consistent state-wide approach to standards, quality and service delivery, through consultation and liaison with services and the Perinatal and Infant Mental Health Advisory Group, as well as reporting to State-wide clinical networks, other networks and organisations

- liaise with state and national stakeholders to provide advocacy for perinatal and infant mental health services in Queensland

- develop, implement and maintain a culturally sensitive, cross-sectoral practice framework, model of service delivery and strategic priorities that support services across adult mental health, child and youth mental health, public health, government and non-government services, public and private, and work collaboratively to enhance perinatal and infant mental health care system in Queensland

- support the development of collaborative working partnerships between mental health services, general practice, child and youth health services and other government and non-government services, both public and private in the area of perinatal and infant mental health
- support the establishment of comprehensive, evidence-based and sustainable perinatal and infant mental health services at a range of levels across Queensland, that specifically reflect the needs of individual service delivery communities, reflecting cultural diversity
- support the building of workforce capacity through the development and implementation of a framework for training, education, supervision and staff/service support of perinatal and infant mental health service providers
- promote optimum mental health and social and emotional wellbeing for women, their infants and families from diverse cultural backgrounds during the perinatal period and during infancy across the total care system
- support evaluation and research in perinatal and infant mental health.

Current challenges and identified gaps in service delivery

In considering current challenges and identified gaps in service delivery, I will also be addressing the terms of reference of the Child Protection Commission of Inquiry.

Systemic Issues

Despite significant improvements in service delivery within child protection services in Queensland and in the context of the National Framework for Protecting Australia's Children there continue to be significant systemic issues. A Memorandum of Understanding has been signed between Child and Youth Mental Health Services and Child Safety Services and there is goodwill to implement the MOU, but a holistic and collaborative framework of practice does not exist between the services. Similarly despite the existence of Child Safety Directors in key government departments and the Child Safety Directors Network and Child Protection Partnership Forum, these collaborations do not filter down readily to interactions at the coalface, where service delivery frequently remains in silos of practice. Services are not yet at the point of true collaboration where they are working together to wrap support around vulnerable families and provide

prevention and early intervention or minimise the impact of substantiated child abuse or neglect.

The high turnover in staff within Child Safety Services prevents the formation of close and informed working relationships that are able to support vulnerable families. This is further exacerbated by staff changes not being well communicated. For families where relationships and their predictability and continuity should be at the centre of healing and repair for children that have experienced abuse, neglect and trauma, this can have a significant impact.

An example of this has been the relationship between Future Families and the One Chance at Childhood initiative. When the initiative was launched, One Chance at Childhood staff approached Future Families to provide training to the staff working in this new child safety program. This resulted in a collaborative working relationship developing between the two service programs. Future Families even received a Child Safety Australia Day Award for the contribution that was made in preparing One Chance at Childhood staff for working with infants and young children under 4 years of age. However once work commenced, this relationship gradually broke down again, partly exacerbated by changes in staff and ultimately a restructuring of the initiative. Despite this, a core element of the initiative was the convening of Permanency Panels to enable collaborative reviews and decisions around permanency planning for children. These panels had the capacity to co-opt 'expert' members, but on no occasion were Future Families staff ever requested to provide input into the panel, despite on occasions working closely with families involved.

At this point in time child protection responses in Queensland remain fragmented across various government departments and other sectors without a unifying policy environment. This is in contrast to South Australia Government's 'Every Chance for Every Child' policy and planning that is seeking to draw together families, communities and government and non-government sectors to provide every child with best possible start and protect them from abuse and neglect.

Clear Definitions of Abuse and Neglect

Please refer to the submission to the Commission of Inquiry from the Australian Association for Infant Mental Health Queensland Branch to which I contributed regarding this issue.

Training, supervision and support for Child Safety staff

Please refer to the submission to the Commission of Inquiry from the Australian Association for Infant Mental Health Queensland Branch to which I contributed regarding this issue.

Service Inequities across Queensland

Queensland is a large and decentralised state with a population that is spread across significant regional, rural and remote locations. This provides a challenge in supplying equity of child protection services across the state. However, even in the urban heart of the south-east corner of the state, there are very significant inequities in early intervention and preventive child protection services. The consequence of this is that not all vulnerable and at risk families will have access to supports to provide a more protective environment for their children.

Foster Carer Support

There is considerable international evidence that providing targeted support to foster carers can have a significant positive effect on the outcome of the placement and the wellbeing of the child. Mary Dozier in the United States has developed the Attachment and Biobehavioural Catch-up (ABC) Intervention, a training program for caregivers of young children who have been neglected and caregivers of young children in foster care.

The intervention is based on the observations that children who have experienced early adversity:

- Tend to push caregivers away when they are hurt or frustrated, acting as if they can handle things on their own.
- Especially need nurturing care; without such care, they are at risk for developing disorganized attachments to caregivers.
- Are often dysregulated at behavioural and biobehavioral levels.

The Attachment and Biobehavioral Catch-up (ABC) Intervention targets these three issues through 10 sessions. The intervention is tailored so as to be appropriate for working with foster parents and young children, and for working with neglecting birth parents.

The ABC Intervention is designed to help parents:

- Provide nurturance even when children do not appear to need it.
- Provide nurturance even when it does not come naturally to parents.
- Provide a very predictable environment, so the children can learn to regulate their behaviour and emotions.

It is essential to provide much greater education and preparation for foster carers, helping them to develop an understanding of the neurobiological implications of the trauma and loss that children coming into their care have experienced, and providing them with strategies to manage the difficult emotions and behaviours that children in care demonstrate. If foster carers can feel more supported, informed and capable of managing the children in their care, then placements are less likely to break down and children will experience less retraumatisation that occurs with changes in placement and reinforces the lack of worth of the child. Similarly foster parents benefit from ongoing training and skills development eg. Circle of Security Parenting Groups offered by Evolve Therapeutic Services North Brisbane has been welcomed and embraced by foster carers attending.

Please also refer to the submission to the Commission of Inquiry from the Australian Association for Infant Mental Health Queensland Branch to which I contributed regarding this issue.

A parallel process for early intervention with high risk families and simultaneous permanency planning

At present in Queensland, there is a strong focus on reunification, with variable support and intervention to provide high risk and vulnerable families with the knowledge and skills that they require change their parenting practices effectively to retain their children in their care. However there isn't always a clear assessment of the parent's capacity to change and it often takes considerable time to identify those families where the parents do not have the capacity to change. The consequence of this is that children often move

between various placements with foster parents and back to their biological parents with the possibility of further abuse and neglect during the process. This can have potentially very negative effects on the developing brain and the child's ability to trust in relationships as being safe and secure.

At the Tulane Infant Institute of Infant and Early Childhood Mental Health, researchers are examining the effectiveness of a protocol of initial intensive infant mental health assessment of the child and all caregivers, followed by intensive infant-parent psychotherapy to provide biological parents with a highly supported opportunity to change their parenting capacity. In parallel with this foster parents also receive training and skill development. At the end of this process, child protection workers are able to make much more informed decisions about permanency planning in a timely period.

Similarly, staff at Louisiana State University, have worked closely with judges to develop a protocol, whereby young mothers are given the opportunity for intensive parent-infant psychotherapy to demonstrate that they have a capacity to change their parenting and build a closer relationship with their child before final decisions are made about permanency.

Child protection services in Queensland would benefit from a review of their assessment and permanency planning processes in the light of current research on the neurobiology and importance of the early years of a child's life and emergent evidence about the importance of timely and comprehensive assessment of all children coming into care. This is inclusive of the effectiveness of intense interventions to improve the parents' capacity to change their parenting and the importance of parallel programs for foster parents to minimise the ongoing trauma and harm to the child and provide opportunities for relationship repair and building resilience.

Overrepresentation of Indigenous Australians in the child protection system.

In the context of intergenerational disruption of attachment relationships across Indigenous communities, significant investment is required to build the capacity of Indigenous communities to provide an environment that is nurturing and protective of children. The Queensland Centre for Perinatal and Infant Mental Health has developed resources to support this recovery process, but investment is required to support communities to take ownership of their own recovery and rebuild their own relationships

and connections. Some communities in the Cape and Torres Strait are already embracing this with health and community support.

For further comments on supporting Indigenous Australians and those from Culturally And Linguistically Diverse (CALD) backgrounds, I would also refer the Commission of Inquiry to the submission from the Faculty of Child and Adolescent Psychiatry Queensland Branch of Royal Australian and New Zealand College of Psychiatrists.

Importance of effective support for maternal mental health and the mother-infant relationship

As I have already considered parental mental health is a significant variable in the outcome for infants and young children. If the parent is suffering from significant mental health issues, the child is at greater risk from abuse and neglect. In Queensland we have one mother-infant public inpatient bed based at The Prince Charles Hospital Mental Health Unit for the whole state. Similarly, there are emergent perinatal mental health services in most districts across the state, tenuously funded under non recurrent National Perinatal Depression Funding. These positions have worked hard to establish pathways to care for women screened for mental health issues, to ensure the best possible outcome and healing in a timely fashion for the mother and her infant. Similarly, infant mental health services are only beginning to develop in most health districts, again with tenuous and limited funding. These services have the potential to offer significant therapeutic interventions to highly vulnerable families but do not have the resources to be effective for more than a handful of children at this time. There is a significant gap in perinatal and infant mental health services at the present time across Queensland, resulting in a service area that is under resourced to meet the potential demands of child protection services that need greater therapeutic support to assist women and infants and young children and their families at a crucial developmental stage. In other states of Australia (Western Australia, South Australia, Victoria) there are established public Mother-Baby units, and in Western Australia there is currently significant investment in establishing perinatal and infant mental health responses across the state with associated support for workforce development. In Queensland, dedicated parent-infant mental health inpatient beds and perinatal and infant mental health clinician positions in each hospital and health service district would support assessment and early intervention

and therapy for infants and their families who are at risk of child abuse and neglect in the context of parental mental health issues.

I would also refer the Commission of Inquiry to submissions from the Australian Association for Infant Mental Health and Faculty of Child and Adolescent Psychiatry Queensland Branch of Royal Australian and New Zealand College of Psychiatrists for comments on areas that I have not addressed in this statement.

I trust this has been of assistance to the Inquiry.

E. Hoehn

Affirmed by ELISABETH HOEHN on 16·10·2012 at Brisbane in the presence of

I HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY
Date: 16 OCTOBER 2012
JP (C.Dec.)
Karen Maree Stegman
A Justice of the Peace

Deponent