

# **Proposal for Supported Accommodation Option for Mothers of Newborns at risk of removal**

## **1.0 Purpose:**

- This proposal is prepared for consideration by Commissioner Carmody and outlines a supported accommodation option, in Townsville, for mothers and their newborns in cases where there is concern that their child may be in need of protection after he or she is born.
- The service will be provided by the Townsville Aboriginal and Torres Strait Islander Corporation for Health Services (TATSICHS) – which trades as TAIHS (Townsville Aboriginal and Islanders Health Services)
- The proposed model offers an alternative option to removal of child after birth, and will be available for periods ranging for a few days (during assessments) to several months
- The model has been developed in response to issues raised during the 2012 Inquiry into Queensland’s Child Protection System.
- While this brief outlines a specific proposal for Townsville, and for the mothers of Aboriginal and /or Torres Strait Islander children, it is anticipated that the service model could be replicated in other areas and with a non-Indigenous target group (with some modifications).

## **2.0 Background**

### **2.1 About TAIHS**

- TAIHS employs approximately 130 staff across a wide range of health, community services and child protection programs.
- Programs include a Recognised Entity (RE), Family Support Service (FSS), Family Intervention Service (FIS), and Foster and Kinship Care Service (FKS).
- Other services relevant to this service model include an Indigenous parenting service and maternal and child health services (with additional services provided through shared care arrangements with Qld Health, including visiting midwife, child health nurse and paediatrician).
- TAIHS RE and FSS services cover north Queensland; other services cover Townsville and surrounding communities
- TAIHS owns a large vacant allotment adjacent to its Primary Health Care services in Garbutt, Townsville, where the facility could be established.

### **2.2 Identified Issues / Area of Need**

- There is no suitable place in the Townsville (as in other areas) where a mother and her newborn could go to live and be supervised by child safety officers for a period of weeks or months after birth.
- This increases the likelihood of more intrusive interventions (ie removals)
- Existing services such as women's shelters and homelessness services do not meet the specific needs of the target group (see 3.2), which include the need for a place where:
  - departmental officers can supervise, monitor and assess;
  - other services can come in and provide intensive support; and
  - siblings / family members can 'visit' and bond with the newborn.
- In cases where the department haven't been able to conduct an assessment prior to birth, the absence of any suitable alternative to a temporary assessment order results in removal for purposes of assessment. Where the child is returned a few days later, considerable trauma has already been caused by the separation and a critical bonding period has been interrupted.
- There is an inherent conflict in the department taking on the role of support to the mother/ family during an assessment process while also being the body which will decide whether or not a child is removed.
- The mother's / family's perception that the department may remove their child does not lend itself to trust or relationship-building.
- If mothers / families are not engaging and / or are adversarial, then they are automatically cut off from a range of options that may otherwise support them.
- During the assessment period (whether that occurs before or after birth), the model therefore needs to accommodate a 'case management' role that operates independently of the department, and that encourages engagement with all non-government services that might support the mother / family (including legal representation in dealing with the department).
- Post-birth, the model needs to include a 'home-like' facility where services can visit the mother and newborn.
- The Department already funds FSS programs to provide this type of support, but the specific conditions that come into play in the case of unborn notifications mean that the lack of a viable alternative to removal hinders the level of support they can provide.
- The role of the RE's in such cases is also restricted by the redefinition of their role as 'advisors to the department' (and while this matter is outside of the scope, it needs to be raised as a matter for consideration in relation to this model).

### **3.0 Service Model**

### 3.1 Overview

- The mother and newborn would 'live' in the facility for a period ranging three days (for assessments) to several months.
- During the period of stay, the department will be able to properly assess and / or monitor any risk to the newborn (including opportunities to assess antenatal care, family arrangements, etc)
- While in the facility, the mother would be case managed by FSS, who would work closely with the RE and other relevant service providers.
- The FSS would work with the mother and newborn in the service under specific conditions – agreed to by the Department.
- The FSS would be responsible for explaining to the mother that failure to follow the agreed upon course of course of action could result in removal
- Other services would work with the mother and newborn within the facility.

### 3.2 Target Group

Pregnant women and / or new mothers whose newborn is at risk of removal in cases where:

- The department has determined that the level of risk to the unborn / newborn child is so significant as to determine that, in the absence of any suitable alternative for the supervision or observation of the newborn, the child would be removed
- The department haven't been able to conduct the assessment prior to birth.

In these cases, the pregnant woman / new mother may either:

- Have other children in their homes and / or in the care of the department
- Haven't previously had any children removed from her but where Dept suspects the child might be in need of protection

### 3.3 Service Aims

- To offer an option in planning process during pregnancy so that pregnant women can be better helped and supported prior to birth in cases where there is a reasonable suspicion that a child born to her will be in need of protection.
- To support a case management process -independent to the department - during assessment period, to better facilitate engagement with support
- To allow bonding and attachment between mother and newborn to occur, and to provide an opportunity for other siblings / family members to bond with the newborn

- To give the department more time for decision-making processes and to support more detailed planning– including planning for separation as well as those cases where it is likely that the child will be returned to the mother's care.
- To reduce the number of removal of newborns for the purpose of assessment

### 3.4 Facility

- TAIHS would establish a demountable / modular building on its vacant allotment
- This would be set up as a three-bedroom 'home .' There is a low likelihood of more than 1-2 'unborn notifications' at one time, and a 3-bedroom facility offers greatest flexibility in terms of an option for other siblings / family members to 'stay over' (unlikely to be a common occurrence) and a bedroom for any staff member on a sleepover shift.
- The facility would be fully fenced for safety reasons, and would accommodate an outdoor area to facilitate a 'home-like' environment (including play-area where siblings could play).
- Other services could utilise the facility during periods when it is not being used by mothers and their newborns.

### 3.5 Staffing

- The service model is designed to maximise the use of existing services, including the services of TAIHS and other agencies.
- The FSS would provide case management, so additional staffing is not required.
- Most services would provide support during business hours only.
- The only staffing that would need to be 'purchased' for this program would be after-hours support workers – for safety and supervision. A pool of casual support workers would be maintained for this purpose.
- TAIHS has already demonstrated its capacity to provide services through the use of a pool of casual case workers in the case of existing 24/7 services: Volatile Substance Misuse (VSM) services and Specialist Homelessness Services (SHS), which include a youth shelter and crisis accommodation for adults and single-parent families.
- The Department would be required to fund workers on an individual case basis, for an agreed 'duration of need' (while 24/7 supervision would be required for a three-day assessment period, for example, it is expected that the need for 24/7 supervision would decline for longer periods, and the individual case could be supported by existing services, under the supervision of the FSS).

- TAIHS has already demonstrated its capacity to operate under a model of purchased support for individual cases to supplement existing services. It has taken on youth under child protection orders into its VSM and youth shelter services for 72 hour periods, under conditions whereby the Department funds an extra worker for supervision / support.