Healthy and Thriving
Tasmanian Strategic Framework
for
Vulnerable Infants and Babies

Discussion Paper

May 2015
# Table of Contents

The Purpose of this Paper ........................................................................................................... 3  
Valuing People's Experiences and Feedback ............................................................................ 3  
How to Respond to this Paper ............................................................................................... 3  
SECTION I .................................................................................................................................. 4  
Introduction ............................................................................................................................ 4  
The Strategic Context: Tasmania’s Public Health Status ....................................................... 5 
The Biological Foundation of Health and Wellbeing ............................................................ 6  
Five Developmental Stages; Five Developmental Dimensions ........................................... 7  
Parenting Barriers and Protective Factors ............................................................................ 8  
What Helps Vulnerable Families? .......................................................................................... 9  
Working with Vulnerable Families: Evidence Based Approaches ...................................... 10  
Summary of the Evidence .................................................................................................... 12  
Towards a Strategic Response: The Vulnerable Infants and Babies Working Party ... 13  
SECTION 2 ................................................................................................................................ 16  
A Strategic Framework for Vulnerable Infants and Babies ................................................... 16  
Purpose .................................................................................................................................... 16  
Vision ...................................................................................................................................... 16  
Scope ...................................................................................................................................... 16  
Joining the Dots – the Connection to State and National Initiatives .................................. 17  
Guiding Principles of the Framework .................................................................................... 18  
Organisation of the Framework ............................................................................................ 18  
Implementation .......................................................................................................................... 18  
Proposed Strategic Framework for Vulnerable Infants and Babies ................................... 19  
Consultation Questions and Feedback .................................................................................. 20  
Appendix 1: Vulnerable Infants and Babies Working Party .................................................... 23
The Purpose of this Paper

This Discussion Paper is an opportunity for you to provide input into the development of a Vulnerable Infants and Babies Strategic Framework (The Framework) for improving the care and outcomes of vulnerable infants and babies under the age of two years. The strategy will be part of broader reforms across Tasmania’s health, education, human services and community services aimed at improving the health, education and social outcomes for Tasmanian children and young persons, but will place a clear focus on the critical importance of the antenatal period and the first years of a child’s life.

The proposed Framework will form the foundation for planned actions, implementation and evaluation over the next five years (2015-2020). The Framework has been constructed to support on-going improvements and investments as funding becomes available, and is not seen as a once off initiative.

Valuing People’s Experiences and Feedback

Input from service providers and the community will be vital to the development of an effective strategy to strengthen our response to vulnerable infants and babies. This paper will be circulated widely and feedback may be submitted electronically through the DHHS website, or by post.

Feedback gathered during the consultation process will be used to inform the finalisation of the Framework and subsequent implementation plans.

How to Respond to this Paper

You are invited to consider the discussion points raised in this Paper and provide written comment. Although there is a table provided for feedback, there is no set format and comments/submissions do not need to be written in this format. Referencing to the relevant sections of the paper will assist with the compilation of the feedback. Where possible, please submit your feedback electronically.

Comments or submissions should be marked ‘Tasmania’s Vulnerable Infants and Babies Strategic Framework’ and sent to:

Post: Children & Youth Services
PO Box 125
Hobart Tasmania 7001

Email: children@dhhs.tas.gov.au

Comments/submissions should be lodged by close of business, 19 June 2015 and receipt will be acknowledged via email.

It is not intended to publish the comments and submissions, but a list of individuals and organisations that respond to this paper may be publicised. If you do not wish to be identified in any public document this should be noted clearly on your submission and in this case, your comments/submission will be attributed anonymously. Comments and submissions, together with further data analysis and consultation, will be taken into account in the development and finalisation of the Strategic Framework and actions to improve the outcomes of Tasmania’s Vulnerable Infants and Babies.
SECTION I

Introduction

Infants and babies are by definition vulnerable since they are totally reliant on the adults around them to protect and sustain them, and to provide an environment in which they can grow and develop physically, emotionally and socially. Children have a better chance of reaching their full potential if they are raised in a secure and nurturing environment that is responsive to their needs - this is true even if the parent is dealing with some tough issues and experiencing hard times.

While most Tasmanian children are raised in nurturing environments, some are not so fortunate, and are at risk of not having their needs met. It is this group of infants and babies that are the focus of this discussion paper.

Parents want to do the best for their children; however parenting is not easy, and there are many factors and situations that can impact on a parent's capacity to care for their child. While all infants and babies are vulnerable, some are more vulnerable than others due to the risk that their parents may not be able to meet all of their safety, health and development needs.

In Tasmania in 2013-14 there were 861 notifications to Child Protection Services of infants and babies under the age of one year with concerns of immediate or potential risk to their safety and wellbeing. While there are notifications to child protection for all age groups, infants and babies under the age of one year are much more likely than other age groups to be found to require further investigation. Not all of those investigated required statutory intervention, however, of all the children and adolescents in Out of Home Care, the majority were under the age of one year when admitted to statutory care.

Tasmania has a comprehensive network of skilled and supportive services that all parents can access during pregnancy, birth, and the early years of their child's development to help their children get the best start in life. A range of health and community organisations are available that work in partnership with parents to reduce risks and strengthen family protective factors. Yet most of the infants and babies that come to the attention of child protection have not had the benefit of these services, nor the partnerships with their parents that could have assisted the family much earlier to provide a nurturing environment for their security and healthy development.

Too many infants and babies are not getting the start they need, leading to long term impacts on their learning, relationships, and health. Research tells us that early identification and linkage with skilled, respectful and responsive assistance can make a difference to the outcomes for vulnerable infants, babies and their families.
The Strategic Context: Tasmania’s Public Health Status

The future of any society depends on its ability to foster the healthy development of the next generation. Tasmania faces significant health challenges in comparison to those experienced nationally, including poorer outcomes in terms of life expectancy, educational attainment and income levels.

Tasmania has higher rates of chronic disease including cancer, diabetes, respiratory disease, mental health conditions, heart disease and stroke. Diabetes in young people is on the rise. High levels of alcohol consumption, smoking, poor nutrition, and obesity pose risks for newborns. Our State has the highest percentage of families headed by a sole parent (17%), the highest rate of adolescent pregnancies, and the highest disability prevalence.2

While many risks to infant development, such as parental depression, are found throughout the entire community, the Tasmanian public health pattern is indicative of historical social and economic disadvantage in many of our communities. Approximately 22% of Tasmanian children show signs of not reaching their full social, emotional and cognitive development by the time they reach school age. Our rate of school and learning readiness is below the national average and we have a significant number of children starting school on an unequal footing.3 Catching up can be more difficult than fulfilling developmental milestones at an earlier age – for some children, they remain at risk of remaining behind influencing the rest of their lives.

Amongst known risk factors is the loss of family, spiritual and community networks; this can impact an entire cultural community. Although some health gains have been made across Australia, Aboriginal and Torres Strait Islanders, refugees and people from culturally and linguistically different backgrounds continue to have poorer outcomes. While the gap between the health status of indigenous and non-indigenous Tasmanians has decreased, health outcomes remain significantly lower, and indigenous children are still disproportionately represented in out of home care.4,5

Disadvantage can create parental barriers, but a child’s trajectory is not fixed. Despite the presence of risks, many families raise children who thrive. The evidence is clear in relation to the mitigating influence of protective factors and the ways respectful partnerships can be built between parents and professionals to improve outcomes. In the same way, respectful relationships can underpin engagement with communities and the building of respectful partnerships towards the shared goal creating a safe and nurturing environment for infants and babies.6,7

---

1 Tasmanian Lead Clinicians Group (2012) Disease Burden in Tasmania
5 Source : Children’s and Youth Services Child Protection Data
6 WHO Op Cit.
The Biological Foundation of Health and Wellbeing

Infancy and very early childhood are the periods when the biological pathways of the brain are laid down affecting relationships, cognition, behaviour, capacity to learn, and health throughout life. The most critical period for brain development is during pregnancy and the first two years of life. When an infant is born, their brain is only about a quarter of the size it will grow to, but they have an enormous capacity to learn. Normally, by the age of three a child’s brain will reach ninety percent (90%) of adult brain size. Brain development is triggered by all of the things a baby experiences and the connections and pathways created during this period are the foundations for physiological, emotional and behavioural regulation, self-identity, reflective functioning and capacity to relate to others. Developmentally there are age related periods when brain pathways for healthy development are most easily created in response to interactions and positive experiences. Stress and trauma, however, compromise the development of the brain, and in this way, both positive and negative experiences are encoded into the developing brain.

Figure 1: Human Brain development from conception into adulthood

Infants and babies learn from the way they are cared for, touched, spoken to and responded to. They are very sensitive to the environment around them. Without help, the consequences of negative experiences, trauma, and toxic stress can impact for life. How a parent cares is equally important as what they do.

---


12 Harvard University The Foundations of Lifelong Health are Built in Early Childhood, http://developingchild.harvard.edu/resources/reports_and_working_papers/foundations-of-lifelong-health/

Healthy child development takes place over five age-related stages and involves five developmental dimensions. While there is always variation between children in achieving developmental milestones, the achievements made in each stage provide the platform for the next stage. Ensuring an infant receives optimal security is vital. Progress can be impacted by a range of physical health problems and disabilities, by trauma, and also by limited interaction and reduced parenting capacity.15

During these early years it is critical that the baby has a secure and responsive relationship with a primary caregiver, from which a bond develops. That bond or relationship is described as attachment and it underpins emotional development, relationships with others and the development of thinking and problem solving.

Parenting style, the quality of attachment relationships and the context of the family during the first few years of life have long-lasting effects on neurobiological and socio-emotional development.16 Secure attachment promotes a positive sense of self, a capacity to form trusting relationships with others, mental health and resilience in the face of later stress.

The lack of an appropriately responsive parental figure interferes with this development, and the baby may grow to distrust relationships, have poor emotional regulation, poor self-esteem and low levels of empathy, impaired cognitive development and problems with impulse control. While children can ‘catch up’, disruption in laying down the
foundations means that achieving later stages can be delayed and harder to achieve.\textsuperscript{17}

### Parenting Barriers and Protective Factors

Parents want to do the best for their children. However, some parents face stressors that can act as barriers to their ability to provide the nurturing environment necessary for the development and wellbeing of their child. A wide range of factors has been identified as risks to parenting and the wellbeing of infants;\textsuperscript{18,19,20}

- maternal health and health behaviours in pregnancy (e.g. alcohol or tobacco use)
- maternal mental health during and after pregnancy (e.g. depression, anxiety about an unwanted pregnancy, or chronic mental health disorder)
- chronic physical illness and disability
- low levels of literacy and educational attainment
- material hardship and financial stress, including poor quality or unstable housing and malnutrition
- exposure to violence in the family
- the parent, when a child, having experienced trauma, neglect, physical or emotional abuse
- poor understanding of childhood development; or unrealistic expectations – for example interpreting a baby’s crying or behaviour as intentional misbehaviour requiring punishment.\textsuperscript{21}
- parental substance abuse – alcohol and other drugs
- parental antisocial behaviour and criminality.

There are also protective factors that can mitigate the impact of stressors and positively influence a child’s healthy development.\textsuperscript{22,23,24} Many parents with risks and stressors are able to ensure their babies thrive, while others struggle. Decades of research has clarified the factors that can protect the development of children and promote their future resiliency – even during extremely tough times\textsuperscript{25}. These factors include:

- strong parent-child attachment
- parents empathy and reflective capability
- caregiver warmth
- family communication patterns, practices and belief systems that support and promote cohesion
- parents’ and caregivers’ knowledge about child development - positive parenting
- parental coping strategies
- social support
- cultural identity
- community cohesion

\textsuperscript{17} Saywer et al Op Cit.
\textsuperscript{19} Children’s and Youth Services (2013) Signs of Safety Framework
\textsuperscript{20} New Zealand Ministry Op Cit.
\textsuperscript{23} Centre for Primary Health Care and Equity, The Maternal Early Childhood Sustained Home-visiting (MECSH), Faculty of Medicine, UNSW Australia http://www.earlychildhoodconnect.edu.au/home-visiting-programs/mecsh-public/about-mecsh
\textsuperscript{24} Harvard Op Cit.
\textsuperscript{25} Maston A, (2014) Global Perspectives on Resilience in Children and Youth Child Development Volume 85, Issue 1, pages 6–20, January/February 2014
What Helps Vulnerable Families?

Stressors, risks and barriers to parenting can be situational, short term or long term chronic problems. While no family is immune to the risk of barriers, research has shown that it is the intensity of the problem and/or the cumulative effect of multiple stressors that can overwhelm the ability of the family to meet their child’s care and development needs and lead to harm.26 Most parents and families have a range of strengths and protective factors that can be identified and strengthened. Contemporary services use strengths-based and solution-focussed approaches to engage with parents and together, identify both the risks and protective factors that are present within the family and community network to plan and set goals.27 28

What we also know from research is that factors which create barriers to effective parenting can also act as barriers to seeking or accepting help.29 Most of the babies and their parents who come to the attention of child protection have not been seen by assistive services. Vulnerable parents have to overcome a number of obstacles to access services and ‘survival’ can take precedence over seeking out and attending a service.30 Amongst obstacles is entrenched disadvantage. Disadvantage is cumulative and “it is hardly surprising that the longer a person spends with significant disadvantage, the more likely he or she is to be stuck there. Children who grow up in a home with entrenched disadvantage are also more likely to face the same problem.”31

Supportive assistance in child development and parenting is available if vulnerable families are enabled to access them. Ideally for vulnerable families, there needs to be a system for early identification, a way of increasing access, and a tiered approach to intervention, with the intensity of the intervention targeted to, and commensurate with, the level of risk. To strengthen the impact of our interventions, it is also critical that service providers understand what vulnerable parents want, and how to best work constructively with them for improved outcomes.

There are a number of studies that have researched the question of what parents of vulnerable children would like from services. These have consistently found that parents want the support they receive to be non-judgemental, to be empathic as well as competent, and most importantly, to increase their confidence, and feelings of competence and of being in control as a parent.32 Further, we also know from what parents tell us and what research has found is that the best outcomes for vulnerable children are achieved when respectful and constructive relationships exist between the family and professional areas, and also between the different professionals working with the family.33

These relationships can be complex and need to take into account the quality of professional practice, the use of evidence informed approaches, and the education and training required to underpin a professional approach that does not undermine or disenfranchise the parents, nor lose the focus on the rights and needs of the vulnerable infant or baby.

26 Ibid
27 Children’s and Youth Services, Signs of Safety Op Cit
28 Centre for Primary Health Care and Equity Op Cit
29 Moore et al Op Cit.
30 Ibid
31 Committee for economic development of Australia (April 1015) Addressing entrenched disadvantage in Australia Committee for economic development of Australia. Quote from Executive Summary p8.
32 Moore et al
33 Dr Andrew Turnell referenced in The Signs of Safety Frameworks (2013) Children’s and Youth Services, Tasmania
Working with Vulnerable Families: Evidence Based Approaches

There are a number of evidence based approaches that support the respectful engagement and formation of constructive relationships with vulnerable families, so as to assist them to care for and respond to their babies and give them a healthy start to life. These include Family Partnerships\(^ {34} \) and the Maternal and Early Childhood Sustained Home Visiting Program (MECSH) \(^ {35} \) that offer programs for vulnerable parents, and to socially and economically disadvantaged communities.

Evidence based approaches also include Signs of Safety, which has been implemented successfully in Australia and internationally, and adopted in Tasmania. Signs of Safety is designed to help everyone; parents, children and professionals, work through what is happening and what needs to happen. The approach supports clear, jargon-free conversations with parents regarding their baby’s needs and the joint development of plans and goals that directly relate to the parenting barriers and risks.\(^ {36} \) This includes situations of a voluntary partnership to ensure the infant or baby can stay with his or her mother and/or family caregivers, and it also works well in involuntary situations where child protection are mandated to be engaged to promote safety and protection.

Research informs assessment systems, as well as practical, educational and therapeutic responses to support parents with a range of risks and specific needs.\(^ {37,38,39} \) For example, parent empathy and reflective capacity are key protective factors as they involve the ability to understand the emotions, thoughts, feelings and intentions of oneself and others. Reflective capacity is a key component in developing secure attachment. Most parents benefit from universally available programs to increase their understanding of their infant and enhance their existing ability to empathise and respond in a sensitive and attuned manner.

Some parents whose reflective capacity is constrained by illness, disability, or a personal history of trauma need more support. In these situation, specialist Perinatal Infant and Maternal Mental Health Services (PIMMHS) offer therapies that focus on developing reflective functioning. As well as benefiting the infant now, these supportive interventions can also prevent intergenerational transmission of problems.\(^ {40} \)

---


\(^ {35} \)Centre for Primary Health Care and Equity The Maternal Early Childhood Sustained Home-visiting (MECSH), Faculty of Medicine, UNSW [http://www.earlychildhoodconnect.edu.au/home-visiting-programs/mecsh-public/about-mecsh](http://www.earlychildhoodconnect.edu.au/home-visiting-programs/mecsh-public/about-mecsh)

\(^ {36} \)The Signs of Safety Frameworks, Op Cit.


\(^ {39} \)NSW Department of Health, 2009, NSW Health/Families NSW Supporting Families Early Package – SAFE START Strategic Policy.

\(^ {40} \)Perinatal and Infant Mental Health Service, Direct communication with Dr Fiona Wagg.
research and piloting of innovative community collaborative approaches is required to properly understand and address entrenched disadvantage.\textsuperscript{41}

\textsuperscript{41} Committee for Economic Development of Australia Op Cit.
Summary of the Evidence

Tasmania is facing a significant challenge to improve health, social, education, and economic conditions for all members of our community. A range of initiatives are in place to improve outcomes but we need a stronger approach to the health and wellbeing of vulnerable infants and their parents. Babies have a much better chance of achieving their optimal development and a healthy, productive adulthood if they are loved and safe; raised in nurturing family relationships with connections to others. The evidence clarifies that the critical period for biological development is between conception and age two.

Interactions with parents, caregivers, and other adults are important for attachment and development in a child’s life. New evidence shows that relationships actually shape brain development, stimulating the growth of circuits and the foundations for emotional, cognitive, cardiovascular and immune system functioning. Poor attachment and accumulated exposure to trauma is linked with chronic disease risk in later life.

Healthy children have their physical, material, developmental, and psychosocial needs met. They are securely attached to their caregivers and they achieve their optimal developmental trajectories. We know that many parents face barriers and risks to their parenting, and that there are also many resilient families with protective factors whose children do well. These factors can be identified and strengthened with maximum benefits achieved by preventing problems through early intervention. However, it can be difficult for vulnerable parents to access what they need with some parenting attributes acting as barriers to seeking help.

In order to provide a meaningful response to vulnerable infants and their caregivers, services should:

• provide high quality, evidenced based services along a continuum
• enable early identification and assist parents wherever possible to understand and respond to their infant’s needs, build on their strengths and reduce the risks and barriers
• link ante-natal, hospital, specialist, primary health and community service providers so they work together in a coordinated manner
• promote knowledge of the essential needs of infants and babies for healthy development
• improve the health and outcomes of everyone but balance services towards those individuals and communities who need more to overcome poorer health outcomes, and
• be organised under a strategic framework that enables a long term vision and sustained action.

It is estimated that reducing Australia’s early childhood vulnerability from 22% to 15% (by 2020), would reduce the impacts and costs of chronic disease care, justice, welfare and lead to an increase in Australian GDP of 7.35% over 60 years.

42 Ibid
43 Department of Families, Housing, Community Services and Indigenous Affairs National Framework for Protecting Australia’s Second Three Year Action Plan 2012-2015
44 New Zealand White Paper Op Cit.
45 NSW Department of Health, 2009, NSW Health/Families NSW Supporting Families Early Package – SAFE START Strategic Policy, NSW Department of Health
46 Harvard University Op Cit.
47 USA Government, Centers for Chronic Disease, The Adverse Childhood Events (ACE) Study access at www.edc.gov/violenceprevention/childmaltretament/index
48 ARACY The Nest Op Cit.
49 Ibid
Towards a Strategic Response: Vulnerable Infants and Babies Working Party

There are critical, well established and available points of contact in the health system that provide identification and response to issues and challenges facing parents. In essence, service contacts during the ante-natal period, during birth and in the very early years provide safety nets for vulnerable infants and babies. Despite this, we know that there are numerous babies currently slipping through the net and not being seen until a notification to child protection. We know that late help can mean lost or delayed opportunities for the infant or baby.

Knowing there are gaps, and being able to identify where they are and why they exist, are different things. It was critical for our service system to look beyond the acknowledgement of gaps in support systems for vulnerable babies, to pin point where gaps could be closed by taking an integrative and multi-disciplinary approach. To respond to this, a Vulnerable Infants and Babies Working Party was established to assess our current organisation of services, understand current systems, and in conjunction with the evidence, progress to producing a Strategic Framework as a foundation for optimal service delivery.

A state-wide Working Party was convened with representation from each of the three Tasmanian Health Organisations and the North West Private Hospital. Membership consisted of senior multi-disciplinary staff from the Women’s, Adolescents’ and Children’s Health Services, Community Paediatrician Services, Child and Adolescent Mental Health Services, Perinatal Mental Health Service, Child Health and Parenting Services, and Child Protection Services. The Terms of Reference are attached (Appendix 1).

Whilst there was acknowledgement of the significant work being undertaken across health, human and community services to support all babies and infants, including the most vulnerable, there was consensus that the current architecture for contact and engagement needed strengthening. The working group examined service delivery and current processes, to identify the strengths that can be built upon, and the gaps in services that offer opportunities for reinforcing the safety nets.

The strengths of the current system

There are a number of strengths that can be built upon including:

- a network of high quality services available across the State for all children and their caregivers, including primary health care practices, specialist medical services, midwifery services across the spectrum of care for antenatal, birthing and postnatal care, child health and parenting services, child development services, disability services, and a comprehensive range of family support services available via a Gateway to support ease of access
- highly competent, compassionate and passionate professionals committed to the health and wellbeing of parents, infants and babies
- examples of services using partnership approaches and common assessment tools
- inter-professional commitment to finding ways of improving collaboration, and information sharing
- established research partnerships
- expertise in professional education, and
- demonstrated inter-agency ability to establish community partnerships, and community governed initiatives to improve outcomes.50 51

50 Tasmanian Department of Education, An Overview of Child and Family Centres
Gaps and Inconsistencies

The Working Party undertook an environmental scan and identified gaps and inconsistencies in our current service system of safety nets for vulnerable infants and babies. They include the following:

• **Variations between hospitals and regions in policies, protocols and referral pathways**
  - Although there is comprehensive perinatal assessment, there is no consistent state wide approach to screening for risks, or referral pathways for vulnerable families.
  - Different hospitals have different policies, protocols and pathways.
  - The criteria for mandatory notification to Child Protection (including unborn alerts) are clear and consistent, however the processes for referral and linkage are different in each region.
  - Some services have state-wide referral criteria and pathways such as the cu@home program, right@home service and the Perinatal Infant and Maternal Mental Health Service, however the criteria for each service is unique to that service.
  - Criteria and referral pathways to other services including drug and alcohol services, and lactation services vary between regions.

• **Lack of a common risk assessment**
  - Tasmania lacks a common definition of “vulnerable”.
  - There is no consistent risk assessment of vulnerability.
  - Tasmania lacks an early alternative pathway for vulnerable infants and families who do not require child protection notification but who do require more assistance than available in universal services/primary health.
  - Tasmania also lacks a common approach to ensuring questions relating to key risk indicators are asked in a culturally appropriate and understandable way.

• **Variation in key service provisions across Regions**
  - There are a number of exemplars of service delivery across the State, but service gaps have created issues of availability, accessibility and a post-code lottery of service delivery. For example, whilst the following are evidence informed service options, they are not consistently available across the State:
  - Hospital based Child Protection Liaison Officers.
  - Perinatal Mental Health Services.
  - Lactation Consultants.
  - Child Health and Parenting Nursing expertise working within Child Protection Teams.
  - Services of community based paediatricians.
  - Referral pathways from the Child Health and Parenting Service (CHaPS) into hospital based paediatric reviews if the nurses hold significant concerns and GP advice is not available or accessible.

---

52 cu@home offers support to first time adolescent mothers during the first two years of their baby’s life.

53 right@home is a research based home visiting program that has enrolled consenting parents with risk factors into a two year program with the aim of exploring the best ways to identify and support vulnerable parents to optimally care for their baby and safeguard their healthy development.
• **Limited information sharing (both ways) between the hospital and community services**
  o The working party found that important information was often not shared between services, risking continuity of care
  o timely information sharing and transfer of records between hospitals for children in statutory care, and with General Practitioners can be inconsistent
  o there is only limited information sharing across agencies or between the public-private service domains including sharing between private maternity services and the CHaPS
  o while there are exemplars of multi-disciplinary case conferencing within services, this is not consistent practice across the State
  o Tasmania lacks a state-wide approach to collaborative care even when multiple services are involved with the parent and infant. This situation can make the situation complex for the parent and practitioners as well as risking duplication of effort and/or missed information that could be helpful for the infant and caregiver.
  o Tasmania has not yet embraced the opportunities inherent in contemporary tele-health capability that enable conferencing from desktop and mobile connections.

• **Community Engagement**
The Working party recognised the value of health promotion and public awareness initiatives, and the outcomes achieved in Tasmania where successful partnerships have been formed with communities. The Working Party noted that there is a need for:
  o stronger community awareness of the essential needs of infants and babies in their first two years of life and the critical importance of relationships and environment to a baby's healthy development
  o additional, and stronger partnerships with vulnerable communities to jointly develop ways of delivering services and strengthening community capacity to support parents for the optimum health and development of their infants and babies.

In response to the evidence of the needs of vulnerable infants and babies, and the environmental scan showing intra-regional inconsistencies in assessment, referral pathways and responses, the Working Party has developed a draft *Tasmanian Strategic Framework for Vulnerable Infants and Babies* for consultation.

**Section 2** contains a detailed description of the draft *Framework*, which when fully implemented will result in a strengthened service system for identifying and responding to Tasmania’s most vulnerable infants and their families.

---

54 Murdoch Children’s Research Institute Op Cit.
SECTION 2

A Strategic Framework for Vulnerable Infants and Babies

Purpose
The Tasmanian Strategic Framework for Vulnerable Infants and Babies (the Framework) identifies key strategic priorities and objectives for Tasmania’s most vulnerable infants and babies for the next 5 years.

The purpose of the Framework is to provide an overarching structure for strategies, initiatives and plans to improve the care and outcomes of Tasmania’s most vulnerable infants and babies. This includes strategies for implementation of services based on current evidence, as well as engagement with research to improve the knowledge base so that services of the future can be piloted, tested, and improved.

In order to provide continuity, the Framework is intended to be utilised over a five year period. As implementation progresses, some plans will be completed and new plans will take their place, or be linked to other initiatives.

The Framework is part of a broader comprehensive reform effort across health, education and human services towards a vision where all Tasmanian children have equitable outcomes and a healthy future ahead of them.

Vision

VULNERABLE INFANTS AND BABIES ARE PLACED AT THE HEART OF OUR EFFORTS TO ACHIEVE EQUITABLE LONG TERM OUTCOMES AND LIFE OPPORTUNITIES FOR ALL TASMANIAN CHILDREN

This will be achieved through a strong focus on the critical importance of the antenatal period and first years of life. The Vulnerable Infants and Babies Strategic Framework will play an enabler role in the early identification and response to vulnerable infants, babies and their parents, with the aim of ensuring a secure, safe and nurturing environment for infants and babies and the best start possible to their life and development.

Optimal child health development for a society will depend on how well it can provide the resources necessary to support effective parenting. This begins with provision of adequate material, social and economic resources to reduce social disadvantage among those caring for infants and children. It also includes supporting effective parenting through knowledge and capability building, even when things are tough. This will mean dealing with the sometimes enormous barriers to effective care. It will be best supported by an appropriately integrated net of services from conception through the school years, involving health, early child care and learning, child protection, schooling and non-government sectors.

Scope

The **Framework** focuses attention on the outcomes for Tasmania’s vulnerable infants and babies through:

- establishing consistent, collaborative and effective service systems and responses across the State
- building long term sustainability through education, research and partnerships.

In order to reach vulnerable parents and infants early and improve equity of outcomes, the scope commences in the antenatal period which can provide a key linkage point to ongoing supports and services matched to need.

**Joining the Dots – the Connection to State and National Initiatives**

Actions on improving the outcomes for Tasmania’s more vulnerable infants and babies will be facilitated by broader reforms across health and human services including but not limited to:

- One State, One System, Better Outcomes: the creation of a single Tasmanian Health Service
- implementation of the National Midwifery Plan
- The National Perinatal Infant and Maternal Mental Health Initiative
- National Aboriginal and Torres Strait Islander Health Plan 2013-2026
- The National Framework for Protecting Australia’s Children
- National and State Family Violence Initiatives 2009-2021
- Department of Education initiatives including Child and Family Centres and the School and Youth Health Nursing Service, and
- redesign of Children’s and Youth Services including a) strengthening the Child Health and Parenting Service (CHaPS) focus on vulnerable families, b) the reform of Out-of-Home-Care and c) the implementation of a state-wide program service delivery model from July 1 2015.

The **Framework** is also linked to other national plans and agreements to improve health outcomes for children and young people. These include the **National Framework for Universal Child and Family Health Services**, the **National Framework for Secondary and Tertiary Child Health Services**, **National Ante-natal Strategy**, **National Breastfeeding Plan**, and the **National Strategic Framework for Child and Youth Health** (in development).

The **Tasmanian Strategic Framework for Vulnerable Infants and Babies** draws from these documents in addition to other sources used throughout the paper, including publications by the Australian Institute of Health and Welfare; the Australian Research Alliance for Children and Youth (ARACY); the Better Start Child Health and Development Research Group, University of Adelaide; Centre for Primary Health Care and Equity, Faculty of Medicine, UNSW Australia; Murdoch Children’s Research Institute and The Royal Children’s Hospital Community for Child Health.

---

46 Tasmanian Department of Education, *An Overview of Child and Family Centres*
Guiding Principles of the Framework

1. Child Centred
Every child, in their own right, has an entitlement to care and services that will promote and maintain their wellbeing. Vulnerable Infants and Babies are at risk of not having their needs met. The strategy starts from the perspective of the vulnerable infant and baby and what they need to ensure their overall safety, security, wellbeing and healthy development.62,63

2. Access
Vulnerable families will have access to an appropriate network of health and community services to support vulnerable infants and babies to achieve the best possible start in life. Access will be facilitated by assessment, early identification and supportive referral pathways to ensure infants, babies and their families receive the services they need.

3. Responsive and Respectful Relationships
Vulnerable children are best supported through supporting their parents. Respectful relationships lie at the heart of responsiveness to vulnerable families. Constructive relationships between families and service providers and between professionals will support the development of parenting capabilities for at-risk families and the prevention of poor outcomes.

4. Equity
Tasmania aspires to equitable outcomes and opportunities for all children. More equitable outcomes will be achieved by maintaining the availability of universal core services for all families while ensuring the distribution of resources are balanced towards families and communities of identified need.64,65

Organisation of the Framework
The Framework contains three (3) key priority areas under which broad supportive actions, outcomes and indicators of progress are organised. Detailed implementation plans with time frames and evaluation criteria will link to each Supporting Action. The key priorities are to:

- establish consistent systems, pathways and practice guidelines across the State
- strengthen evidence based collaborative and integrated service responses, and
- build knowledge and skills by research, education and partnerships.

Implementation
The Framework has been constructed to support ongoing improvements and investments over the next five years (2015-2020) through the development, implementation and evaluation of initiatives. Projects will be managed by designated teams with State-wide oversight provided by a Steering Committee with broad service and community stakeholder representation. Expressions of Interest will be called for membership.

63 ARACY Op Cit.
64 Ibid
## Proposed Strategic Framework for Vulnerable Infants and Babies

### Priority 1: Establish consistent systems, pathways and practice guides across the State
- **Strategic Intent:** Vulnerable infants and families are identified early and have equitable access to services and support for the best possible health and development outcomes.
- **Rationale:** Inconsistent, region specific approaches create gaps, and missed or delayed opportunities for assistance for the infant and family.

<table>
<thead>
<tr>
<th>Supporting Action</th>
<th>Outcome</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2. Develop and implement a state-wide risk screening tool for early identification of vulnerable infants.</td>
<td>Vulnerable infants are identified in the antenatal or postnatal period.</td>
<td>Screening tool is implemented.</td>
</tr>
<tr>
<td>1.3. Develop and implement consistent referral pathways aligned to risks.</td>
<td>Vulnerable parents and infants access appropriate services.</td>
<td>Numbers referred and referral patterns.</td>
</tr>
</tbody>
</table>

### Priority 2: Strengthen collaborative and integrated service responses
- **Strategic Intent:** The health, safety and developmental outcomes of vulnerable infants are optimised.
- **Rationale:** Vulnerable Infants and Babies needs do not fit neatly into single services. Services need to adapt and be organised around the child with shared goals and partnerships to optimise outcomes.

<table>
<thead>
<tr>
<th>Supporting Action</th>
<th>Outcome</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Allocate and distribute resources to enable vulnerable infants and families to access a consistent level of service capability across the State.</td>
<td>Vulnerable infants and families will have access to: • a highly skilled and knowledgeable workforce • an infant focused collaborative Care Plan • a network of responsive, coordinated services aligned to shared goals • evidence based individual and group programs.</td>
<td>Referral data show vulnerable infants/families access required services.</td>
</tr>
<tr>
<td>2.2 Develop and implement a Child Centred collaborative Care Plan with associated coordination and information sharing protocols.</td>
<td></td>
<td>Number of Vulnerable infants/caregivers with a collaborative care plan Outcome evaluations show strengthening of protective factors.</td>
</tr>
<tr>
<td>2.3 Redesign Child Health and Parenting Services to achieve greater focus on vulnerable babies and infants in conjunction with service partners.</td>
<td></td>
<td>Increase in vulnerable referrals to CHaPS, Client Retention rate.</td>
</tr>
</tbody>
</table>

### Priority 3: Build sustainability through education, research and community partnerships
- **Strategic Intent:** Tasmanian children are raised in safe, nurturing and healthy environments.
- **Rationale:** Evidence informed partnerships for workforce development, research and strengthening communities will form the platform for long term sustainability and improvements.

<table>
<thead>
<tr>
<th>Supporting Action</th>
<th>Outcome</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Invest in interdisciplinary education and development of skills in working with vulnerable families.</td>
<td>Tasmania has a highly skilled, sustainable workforce.</td>
<td>Numbers and disciplines completing education courses.</td>
</tr>
<tr>
<td>3.2 Develop strategic alliances for research.</td>
<td>Policies, programs and practice are continually informed by evidence.</td>
<td>Research outcomes.</td>
</tr>
<tr>
<td>3.3 Develop strategic alliances and community partnerships for innovative and sensitive initiatives that build community knowledge and capability.</td>
<td>Communities effectively norm environments for the healthy development of their children.</td>
<td>Measured improvements in targeted outcomes.</td>
</tr>
</tbody>
</table>
**Consultation Questions and Feedback**

Can you please consider the following questions and provide feedback. The questions have been posed to stimulate discussion and consideration. There is no expectation that every question will be answered by individuals or groups but we will appreciate all feedback and suggestions. A table has been provided on the next page for feedback if you wish to use it.

<table>
<thead>
<tr>
<th>Name or name of Organisation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Details</td>
<td></td>
</tr>
</tbody>
</table>

**Question 1**

Is the general direction, evidence and approach to the framework correct? If not, can you please tell us what’s missing and provide suggestions on how we can strengthen the Framework.

**Question 2.**

There are 3 Strategic Priorities, each with a number of supporting actions. In regards to each Priority can you please consider the following questions and provide feedback. There is a table on the following page if you wish to use it for feedback.

- Are the direction, approach and appropriateness of the Key Priorities correct?
- Do the intended supportive actions, outcomes and indicators support the strategic intent?
- If you answer “no” to the above questions please tell us why?
- Are there other Strategic Priorities or Supportive Actions that we should consider?
- Do you have examples of systems, processes, or innovative initiatives to improve outcomes for vulnerable babies, infants and caregivers that you believe could be applicable in Tasmania? If you answer ‘yes’ to this question please tell us about them?
<table>
<thead>
<tr>
<th>Comments and Feedback to Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic Priority 1:</strong></td>
</tr>
<tr>
<td>Establish consistent systems, pathways and practice guides across the State.</td>
</tr>
<tr>
<td><strong>Strategic Priority 2:</strong></td>
</tr>
<tr>
<td>Strengthen collaborative and integrated service responses.</td>
</tr>
<tr>
<td>Strategic Priority 3:</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
</tbody>
</table>

Thank you for your participation.

Do you wish to provide your name? If yes, can you please fill in your name or the name of your organisation and contact details before returning to the address on page 2.
Appendix 1: Vulnerable Infants and Babies Working Party

Department of Health and Human Services
and Tasmanian Health Organisations

Vulnerable Infants and Babies Strategy

Working Party
Terms of Reference

Background
The Government is committed to strengthening the safety and wellbeing of all children, with specific focus on vulnerable babies and infants. There are around 6,000 births each year in Tasmania and for most of these babies, our front line maternity services and follow up support services ensure their first months and years are safe and nurturing.

However, for some babies there is a need for heightened support and intervention due to their particular vulnerabilities. During 2013-14, there were 861 notifications of babies under the age of one, in addition to 350 unborn baby alerts, made to the Child Protection Service by health care professionals.

An Unborn Baby Alert signals the requirement for statutory intervention due to the nature of the identified risks, which can include parental mental health, drug and alcohol issues, poverty, and other neglect concerns and there are a range of responses in place involving Health Services and Child Protection Service.

However, there is clearly a gap for other infants and babies at risk, who come to the attention of statutory child protection services at a later date in their first year of life. For these babies there is a need to ensure they, and their parents, receive the benefit of much earlier identification, accompanied by multi-disciplinary intensive parental support to reduce the identified risks and set up a pathway to safe and secure development, instead of a pathway to notification.

Purpose
The purpose of the Working Party is to develop a joint Vulnerable Infants and Babies strategy between Tasmania’s Maternity Services, and the Child Health and Parenting Service (CHaPS). The strategy should include:

- An early identification system that includes a common screening tool for risks
- Means of engagement including mechanisms for shared care and/or continuum of care
- An approach that reduces duplication for parents and infants assessed as having no or low risk factors in order to free up resources for follow up of infants/families with higher risk factors.
- Consistent two-way pathways between antenatal, community services and hospital based services across the State including both public and private providers.
Role and Function of the Committee

All members have voting powers. In discharging its responsibility the members will:

- act in the best interests of the clients, organisation and employees at all times
- engage in open and professional debate, allow diverse perspectives and encourage constructive enquiry
- leave meetings with clear-cut, active and specific agreement around recommendations and decisions
- hold one another accountable to commitments, actions and behaviours
- provide feedback, consult with appropriate staff and encourage two way communication
- respect the confidentiality of information provided
- support all agreed recommendations made by the Working Party
- deliver on assigned actions arising from the meeting.

Membership

Chair: Susan Price, Nursing Advisor, Office of the Chief Nurse and Midwifery Officer (Seconded to Children and Youth Services)

<table>
<thead>
<tr>
<th>Name</th>
<th>Area</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Tony De Paoli</td>
<td>South/State-wide</td>
<td>Director of NPICU, Neonatologist, Royal Hobart Hospital, and Convenor (Chair) - Statewide Women’s, Adolescents’ and Children’s Services Clinical Advisory Group (WACS CAG)</td>
</tr>
<tr>
<td>Dr Fiona Wagg</td>
<td>THO-South /State-wide</td>
<td>Child &amp; Adolescent Psychiatrist</td>
</tr>
<tr>
<td>Sue McBeath</td>
<td>THO-South</td>
<td>Director of Nursing &amp; Group Manager Women’s, Adolescent and Children's Services</td>
</tr>
<tr>
<td>Janette Tonks</td>
<td>THO-North</td>
<td>Nursing Director - Women’s and Children’s Services</td>
</tr>
<tr>
<td>Dr Michelle Williams</td>
<td>THO South &amp; UTAS</td>
<td>Paediatrician, Senior Lecturer</td>
</tr>
<tr>
<td>Dr Anagha Jayakar</td>
<td>CYS</td>
<td>Paediatrician, Community/Child Protection. THO South</td>
</tr>
<tr>
<td>Sally Hargreaves</td>
<td>THO North West</td>
<td>Clinical Coordinator - Antenatal Services</td>
</tr>
<tr>
<td>Amanda Compton</td>
<td>THO North West</td>
<td>Nurse Unit Manager, Women’s Health Unit, Mersey Community Hospital</td>
</tr>
<tr>
<td>Suzanne Fairbrother Kylee Snare</td>
<td>North West Private Hospital</td>
<td>Nurse Unit Manager Maternity Services</td>
</tr>
<tr>
<td>Name</td>
<td>Affiliation</td>
<td>Position</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Cheryl Smith</td>
<td>CHaPS North West</td>
<td>ADON/Manager - Child Health and Parenting Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children and Youth Services</td>
</tr>
<tr>
<td>Leonie Watson</td>
<td>CYS North</td>
<td>Area Manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children and Youth Services</td>
</tr>
<tr>
<td>Jenny Garden</td>
<td>CHaPS North</td>
<td>ADON/Manager Child Health and Parenting Service – North,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children and Youth Services</td>
</tr>
<tr>
<td>Heather Giannaros</td>
<td>THO South</td>
<td>Assistant Director of Nursing - Women's, Adolescent and Children's</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Services</td>
</tr>
<tr>
<td>Angela Hay</td>
<td>THO South</td>
<td>Perinatal Mental Health Liaison Coordinator, Child &amp; Adolescent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mental Health Services South</td>
</tr>
<tr>
<td>Judy Austen</td>
<td>CHaPS South</td>
<td>Nurse Unit Manager - Child Health and Parenting Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children and Youth Services</td>
</tr>
<tr>
<td>Zaharenia Galanos</td>
<td>CPS South</td>
<td>Child Protection Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children and Youth Services</td>
</tr>
<tr>
<td>Belinda Sims</td>
<td>CPS North West</td>
<td>Child Protection Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children and Youth Services</td>
</tr>
<tr>
<td>Claire Williams</td>
<td>CYS State-wide</td>
<td>Senior Quality and Practice Advisor, Quality Improvement and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Workforce Development</td>
</tr>
<tr>
<td>Belinda Haddy</td>
<td>THO North</td>
<td>Perinatal Mental Health Clinician, Mental Health North</td>
</tr>
<tr>
<td>Alice Clifford</td>
<td>CPS South</td>
<td>Royal Hobart Hospital Child Protection Liaison Officer</td>
</tr>
<tr>
<td>As Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evelyn Larcombe</td>
<td>THO South</td>
<td>A/ADON WACS attending for Sue McBeath (Leave)</td>
</tr>
<tr>
<td>Becky French</td>
<td>THO South</td>
<td>Nurse Unit Manager WACS attending for Heather Giannaros (Leave)</td>
</tr>
<tr>
<td>Kim Parker</td>
<td>CHaPS</td>
<td>A/ADON Manager Child Health and Parenting Service – South, Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and Youth Services</td>
</tr>
</tbody>
</table>

Note: Additional members requested to join as required.
**Member Roles and Authority**

The Chair is accountable to the Deputy Secretary, Children and Youth Services who has been charged by the Minister for Human Services, to develop the Vulnerable Infants and Babies Strategy as per government policy.

The members of the Working Party are accountable to the Executive of their respective Services. In relation to the Public Sector, members have accountability via their Executive to the Secretary DHHS.

The members of the Working Party have a collective responsibility to ensure that they make informed recommendations based on the evidence and professional expertise and advice of group members.

The Chair will:

- facilitate discussion between the parties
- identify emerging issues and support and coordinate the work of the working party
- Communicate with stakeholders on the progress of the project.
- Provide members with draft minutes for approval and other documents as required
- Provide the Deputy Secretary CYS with:
  - Progress reports
  - recommendations from the Committee and
  - a summary of key issues from the meeting for noting.

It is the responsibility of member organisations to provide the approved minutes and documents to their respective organisations.

**Meeting Times**

Meetings will be held monthly; on the second Tuesday of each month.

**Meeting Protocols**

Meetings will be held by video link to enable state-wide attendance

A quorum of 7 members, and at least 1 member from each area of the State, is required for the meeting to progress. A proxy may be delegated to attend in the absence of a member.

Each member has full voting rights

Decisions can be made at the meeting and/or also be made out of meeting session via proposed action items and electronic voting

Agenda items must be forwarded to the Chair by COB six (6) working days prior to the next scheduled meeting and reviewed by the Chair, or raised under ‘Other Business’.

For complex agenda items, a meeting paper outlining the issues must be forwarded for distribution to members.

**Review of Terms of Reference**

These terms of reference will be reviewed by the Committee and ratified out of session by email. Thereafter, the terms of reference will be reviewed as required.