



Tweddle Child & Family Health Service

Response to the Issues Paper

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Executive Summary

Family violence affects all family members. It often starts during the first pregnancy as the couple struggles with becoming three instead of two. We also know that it is also often handed down from generation to generation through experiences along with the science of epigenetics¹ explaining its presence in genetic code. The evidence collected from research, including the Adverse Childhood Experience (ACE)² study, clearly articulates the likelihood that the early experience of violence can contribute to its prevalence into future generations.

Associated with this is the clear scientific evidence that high levels of stress hormones during pregnancy, such as cortisol, can be toxic to babies in-utero. It has been expressed that the infant brain, “... is acutely vulnerable to trauma. If the early experience is fear and stress, especially if these are overwhelming and occur repeatedly, then the neurochemical responses to fear and stress become the primary architects of the brain. Trauma elevates stress hormones, such as cortisol, that wash over the tender brain like acid (Perry, 1995; Shore, 1997; Gunnar, 1996)³.”

We know that babies grow so quickly that they grow into, not out of, stress responses and worrying ways of managing frightening events. In cases of intimate partner violence the parents find it very hard to prioritise the baby’s needs. If their carers are both frightened and frightening, babies and small children haven’t anyone to turn to in order for them to seek help in order to feel safe and secure. They in turn experience toxic stress and this inhibits the trajectory of positive life outcomes.

Tweddle Child and Family Health Service (Tweddle) across its 95 year history has supported families experiencing major life stressors, including domestic violence, and considers at its core the voice of the infant. So in working towards long term sustainable solutions, we strongly believe that we need to start where both science and opportunities for change intersect and this is during the antenatal and early years from 0-3.

If we are to address the tragic impact of family violence, both in the present and for future generations, we need to include and prioritise the most vulnerable and most affected family members, being babies and small children.

Tweddle therefore strongly urges the recommendations of the Royal Commission into family violence prioritise the first 1001 days of life and support further initiatives that strengthen the change in relationships during the transition to parenting, in order that family violence can be addressed quickly and prevented into the future.

¹ <http://www.genetics.edu.au/Publications-and-Resources/Genetics-Fact-Sheets/FactSheet15>

² (This is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being) <http://www.cdc.gov/violenceprevention/acestudy/>

³ <http://www.wavetrust.org/sites/default/files/reports/migrate-wave-report-2005-full-report.pdf> p.19



Background information

Tweddle Child & Family Health Service (Tweddle) is an early parenting centre (EPC) in Footscray in the western region of Melbourne. Tweddle is part of the secondary and tertiary level of services that offer specialist programs for families with children aged 0-4 years who are experiencing more complex early parenting difficulties.

Tweddle's work is centred around advocating for the infant and our care is grounded in the best interests of the child principles⁴. Our practice framework is trauma informed and primarily focussed on the importance of attachment and attunement and includes hands on modelling, coaching, use of video as a teaching and assessment tool

The outcomes we seek to achieve with our families include increased parenting confidence, safety, stability and healthy development, improved overall health, connectedness to community, improved family relationships and resilience.

The focus of our services has changed over time in response to changing community needs and expectations. Tweddle now provides a range of services programs for expectant parents, day stay, residential, in home, Parenting Assessment and Skills Development services for Child Protection Services and Perinatal infant mental health Psychology service.

Tweddle commends the work of the Royal commission into Family Violence and in submitting a response to the issues paper we seek to provide a perspective that focusses on the research and evidence that highlights the impacts of violence on the life chances of babies and toddlers from the in utero to age 3years. In addition we seek to highlight solutions that need to be enacted in order to make a marked

In presenting our information we seek only to address the questions in the issues paper that have relevance to our area of expertise.

⁴ <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/best-interests-principles-a-conceptual-overview>

Circumstances associated with the occurrence or persistence of family violence

Question Six

What circumstances, conditions, situations or events, within relationships, families, institutions and whole communities, are associated with the occurrence or persistence of family violence?

Tweddle's engagement with parents from the early antenatal period through the early parenting stage (0-3 years) identifies with the national and international research that recognizes pregnancy and early parenting, as trigger points for family violence. Its prevalence often starts during the first pregnancy as the couple struggles with becoming three instead of two and adjustments elicit violent responses.

"Amid all the adjustments new parents need to make, the couple relationship can often become vulnerable as partners struggle to maintain their pre-parenthood focus on each other. Practitioners can help new parents through the transition via programs that focus on the couple relationship alongside the challenges of parenting."⁵

"Even more disturbingly, 42 per cent of women in a prior violence relationship had experienced violence while pregnant; 20 per cent experiencing violence for the first time while pregnant."⁶

"Domestic violence may commence or escalate in pregnancy and the pattern of violence also appears to alter, with pregnant women being more likely to have multiple sites of injury and to be struck on the abdomen."⁷

Whilst many young parents to be participate in antenatal classes and develop an understanding about childbirth, there is a lack of interest in understanding the changing dynamics that occur due to pregnancy and their newborn.

Dad centric resources (hard copy and electronic) are far fewer in number than those available for mums and mums to be and an increase in available information in the form of groups, social media and topic specific "apps" would be a positive step forward. The pdf resource adapted by Centacare in Bendigo, "24 hr cotside assistance" is a wonderful resource on which further work could be modelled.

⁵ <https://aifs.gov.au/cfca/publications/supporting-couples-across-transition-parenthood>

⁶ <https://aifs.gov.au/cfca/publications/exploring-family-violence-links-between-child-maltreatment>

⁷ <http://onlinelibrary.wiley.com/doi/10.1111/j.1471-0528.1997.tb11526.x/full>

During a first pregnancy, we need to provide every mother- and father-to-be, supportive coaching on how to 'attune' or connect with babies, how to ensure the child's successful emotional development and how to parent in a non-violent manner.

Where relationships breakdown pre or post birth, there is an opportunity to support men in their transition to fatherhood and to articulate and stress the importance of being a positive role model. This needs to include information on:

- why Dads are important to children
- what that means at different ages and stages and
- how a “Dad” can participate positively and actively in the lives of children.

The Dad baby boomer role model is sometimes the cause of tension with younger Dad images and subsequently strategies are needed to fill the gap between what might have been expected (or not expected) in the care of babies/toddlers and children. The changing roles of Dads in our family structures, requires further support to encourage active and conscious parenting. This is aimed at limiting tension due to lack of understanding, differing expectations and rising frustration as this contributes to potential escalation to violence.

Proposed solution:

Tweddle suggests that recommendations from the Royal Commission include:

- Education campaigns/initiatives to encourage young couples to participate in transition to parenting programs
- Social media and or an “app” be developed, aimed at males to support them to understand the transition process from a couple to a family⁸
- Develop resources for dads who parent from a distance
- Support an increase in Dad programs that demystify parenting in the 21st century.

Integration and Co -ordination

Question Nine

Does insufficient integration and co-ordination between the various bodies who come into contact with people affected by family violence hinder the assessment of risk, or the effectiveness of (early intervention, crisis and ongoing) support provided, to people affected by family violence? If so, please provide examples.

⁸ <http://www.relationshipsvictoria.com.au/assets/PDFs/centcarebabymanual.pdf>

Early Parenting Centres (EPC) provide a unique service that is distinguished from other family service organisations. Its focus is on advocating for the baby/toddler and improving the skills of the parents/carers in order to achieve the best outcome for the baby/toddler. The EPC has a staff skills mix that specialises in infant mental health and perinatal attachment and attunement is the focus of their therapeutic work.

Family service organisations operate by working with the family and the skills base is more generic in relation to child development. The family may be experiencing addiction (alcohol and other drugs), mental health, homelessness and other challenges. This multiplicity of issues, regularly sees babies and toddlers overlooked as they are quiet, fed and in a “safe” environment.

The delay in engaging babies and toddlers in therapeutic intervention is often caused by family service workers taking an approach that the causative or most pressing problems need to be addressed first and then there may be an opportunity to prioritise the infant. In fact we hear this all the time, that there is an assumption that the infant is ok and will wait asleep in the corner, whilst other issues are addressed. This is actually damaging practice and impedes healthy development of the brain, the ability to attach, attune and develop empathy.

In fact, given what we know about the early years of development and the impact (positive or negative) on life outcomes we need to strengthen the integration and coordination of family services and EPC where babies and toddlers, (below the age of three) are involved in family violence.

“Early experiences affect the development of brain architecture, which provides the foundation for all future learning, behavior, and health. ... Toxic stress weakens the architecture of the developing brain, which can lead to lifelong problems in learning, behavior, and physical and mental health. ... It is easier and less costly to form strong brain circuits during the early years than it is to intervene or “fix” them later.”⁹

“Because of the rapid and dramatic nature of development during the prenatal and early childhood (0-5 years of age) periods – and the cumulative nature of learning and development – intervening during early childhood and the prenatal period (i.e. ‘early intervention’) offers a unique window of opportunity to shift individuals’ life trajectories.”¹⁰

⁹ http://developingchild.harvard.edu/key_concepts/brain_architecture/

¹⁰ Moore, T.G. and McDonald, M. (2013). Acting Early, Changing Lives: How prevention and early action saves money and improves wellbeing. Prepared for The Benevolent Society. Parkville, Victoria: Centre for Community Child Health at The Murdoch Childrens Research Institute and The Royal Children’s Hospital.

Proposed solution:

Tweddle suggests that recommendations from the Royal Commission include:

- Improve formal co-ordination arrangements between family service organisations and EPCs. This could be facilitated by the development of a commitment to integrated care models. The establishment and sharing of good practice models and initiatives. This should include the development of a consistent practice framework across disciplines for families with babies and toddlers, 0-3 years, which recognises the specialty skills in the area of infant mental health. It should outline key therapeutic interventions that need to be instigated where family violence has been prevalent.
- Funding additional places in EPCs to ensure priority access to therapeutic programs for babies and toddlers who have experienced family violence.

Practical changes to improve integration and co ordination**Question Ten*****What practical changes might improve integration and co-ordination? What barriers to integration and co-ordination exist?***

Multi agency risk assessment panels are a key initiative in strengthening integration and co-ordination. The EPCs are not currently part of the RAMP initiatives and whilst there appears to be the opportunity to call in specialists for relevant cases, we need to strengthen the understanding of the participants in Multi agency risk assessment panels/RAMPS of the impact on violence for the in utero to the age of 3 years.

(see also response to question 9)

Proposed solution:

Tweddle suggest that recommendations from the Royal Commission include:

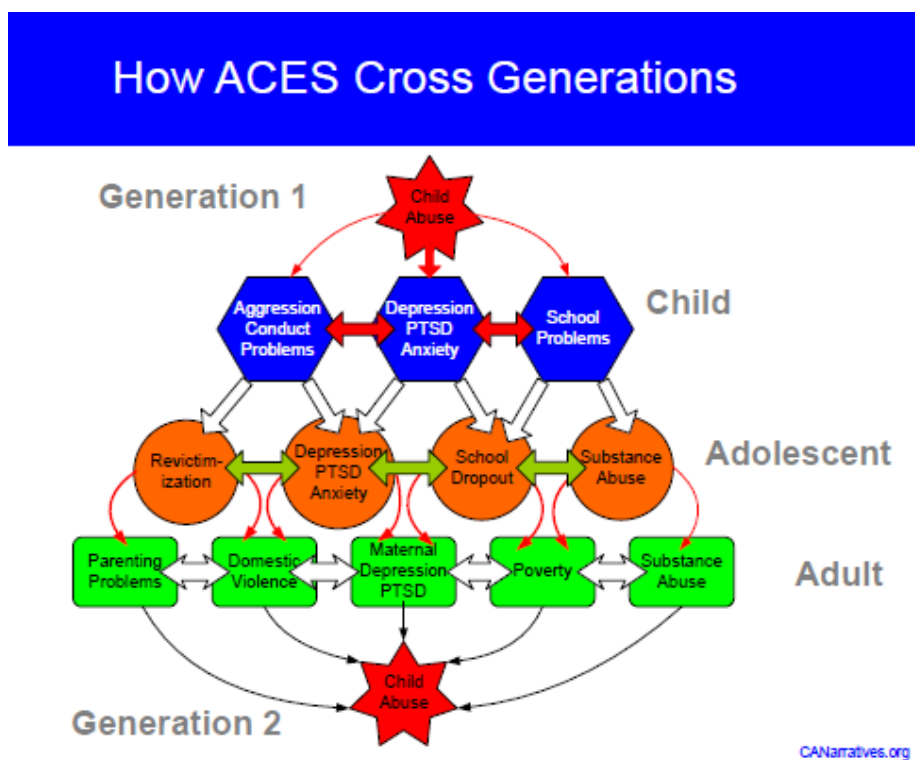
- Improve arrangements for EPCs to participate and/or provide secondary consultations to RAMPs (or other like arrangements) where cases are being considered that include babies and toddlers experiencing trauma from family violence.

Cultural, social, economic and geographic factors

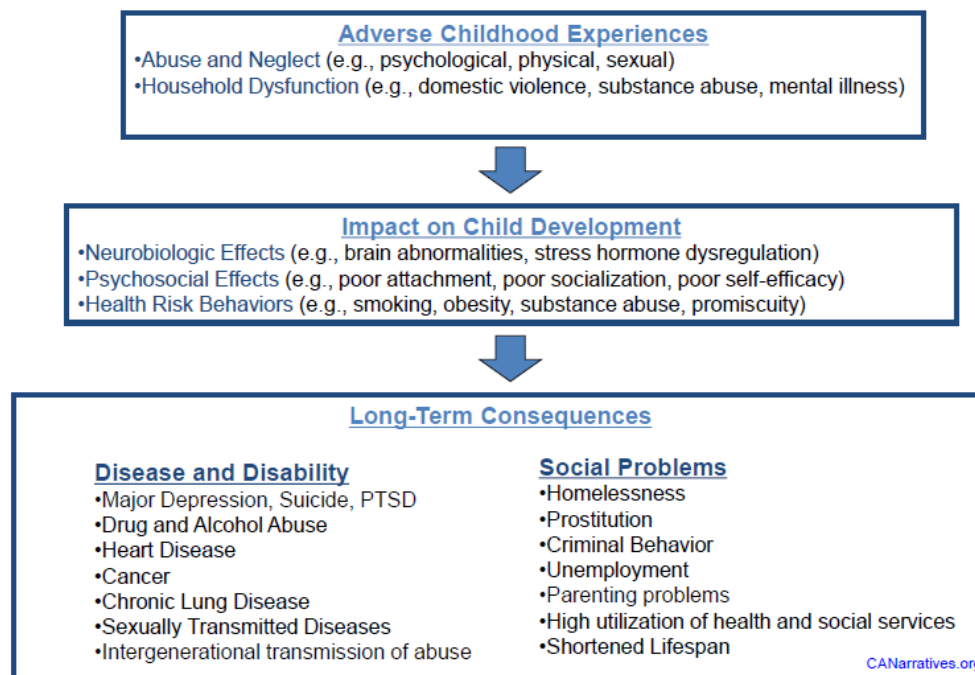
Question Seventeen

Are there specific cultural, social, economic, geographical or other factors in particular groups and communities in Victoria which tend to make family violence more likely to occur, or to exacerbate its effects? If so, what are they?

The evidence base, both international and national, articulates that transgenerational factors are commonly present in family violence cases. Further analysis based on the Adverse Childhood Experiences (ACE) research from the United States provides these key messages:



How the ACES Work



In families where there has been abuse or neglect, parents are generally unable to create the safe predictable home their babies need. Evidence shows us that babies need close, continuous, nurturing relationships with adults, ideally their parents, to develop and thrive.

Given the evidence that exists in relation to the prevalence of those who have been abused progress onto abuse, the imperative exists to address a key causative factor and reduce childhood abuse. We need to do this by effectively treating babies and toddlers who have experienced adverse childhood experiences and intervene early to address the trauma and support a more positive life outcomes trajectory.

“For children born into a world where resources are scarce and violence is a constant possibility, neurobiological changes may make them wary and vigilant, useful characteristics in such an environment. However, these same changes mean that they are likely to have difficulty controlling their emotions, focusing on tasks, and forming healthy relationships. Unfortunately, these adaptive responses to chronic stress serve them poorly in situations, such as school and work, where they must concentrate and cooperate to do well.”

The cycle of violence is transported epigenetically,” says Elbert. The Professor of Clinical Psychology works with traumatised patients who have experienced domestic violence; many come from war and crisis regions. Elbert analysed the effects of violence on groups of children and youths aged ten to 19. “The stress axis is more prone in children of women who report a variety of stressors during pregnancy,” he

explains. The body of the mother prepares the children for life in a threatening situation: Later, the children are more anxious and less curious. "Our investigations show that the mother prepares the unborn child for later life via the epigenetic code," summarises the Professor of Psychology.¹¹

"The single most effective way to stop producing people with the propensity to violence is to ensure infants are reared in an environment that fosters their development of empathy. The surest way to achieve this is by supporting parents in developing attunement with their infants."¹²

The focus of the work of EPCs is on activities that support the development of attachment, attunement and the development of empathy. As evidence tells us, these are at the foundation of combatting violence, including domestic violence, it would appear to be logical to strengthen our service system to ensure engagement of at risk babies and toddlers in therapeutic early years programs, such as Circle of Security¹³.

Proposed solution:

Tweddle suggests that recommendations from the Royal Commission include:

- Explore the initiatives underway in Scotland, including legislative change that identifies wellbeing and is based in the Getting it Right for Every Child¹⁴ framework with indicators that are shared across disciplines.
- Cross political party commitment to develop a service system that is integrated and coordinated to ensure that we achieve the best experience for babies and toddlers, especially in the first 1001 days of life.
- The 1001-days' strategies should be based on primary preventive principles, with particular emphasis on fostering mental/emotional wellbeing and secure attachment and preventing child maltreatment¹⁵.
- Overtly increase the commitment to early intervention in the early years to improve the trajectory of life outcomes and minimise the impact of adverse childhood experiences.
- Increasing coordination across policy and service sectors to identify vulnerable children and families as early as possible; and creating contexts for cooperation among policymakers, family court judges, and practitioners to improve access to non-stigmatizing services.
- Increase funding for programs that build attachment, attunement and empathy e.g. Circle of Security.

¹¹<https://www.biotechnologie.de/BIO/Navigation/EN/Funding/foerderbeispiele,did=130346.html?view=renderPrint>

¹² <http://www.wavetrust.org/sites/default/files/reports/migrate-wave-report-2005-8page-extract.pdf>

¹³ <http://circleofsecurity.net/news/circle-of-security-animation-video/>

¹⁴ <http://www.gov.scot/Topics/People/Young-People/gettingitright/well-being>

¹⁵ http://www.wavetrust.org/sites/default/files/reports/Building_Great_Britons_Report-APPG_Conception_to_Age_2-Wednesday_25th_February_2015.pdf

Barriers preventing people from engaging with family violence services

Question Eighteen

What barriers prevent people in particular groups and communities in Victoria from engaging with or benefiting from family violence services? How can the family violence system be improved to reflect the diversity of people's experiences?

There are a multiplicity of factors that prevent participation in prevention activities that are focussed around family violence. In the early years, people are concerned about having their child removed from their care and the stigma associated to disclosing episodes of family violence.

Proposed solution:

Tweddle suggests that recommendations from the Royal Commission include:

- Improve access to therapeutic services that provide non judgemental programs, that build capabilities and competencies in developing skills in attachment, attunement and empathy.

Improvements in responses to family violence by groups and communities


Question Nineteen

How can responses to family violence in these groups and communities be improved? What approaches have been shown to be most effective?

There is a need for a strategy to include **down stream** and **up stream** solutions. Some of these have been outlined earlier in this paper. However, there is no doubt that we need to support and intervene to address the situations that are causing harm to adults (predominantly women) and children. This will build on the initiatives that are currently in place, but also, it should include increased access to therapeutic programs for babies, toddlers and their primary carers.

Tweddle has in operation a perinatal psychology service that is able to provide services to people who have experienced trauma due to family violence as well as (but not limited to) depression and anxiety. The clinicians are also specialists in the field of infant mental health and can provide individual and group programs that focus on addressing the trauma experienced by the infant as well as the primary carer/mother.

There are a number of upstream solutions that should be instigated to stop the impact and decrease the prevalence of family violence. This includes transition to parenting



programs and ensuring that “joined up” service responses are co ordinated and provide families with increased access to relevant services.

In supporting engagement of indigenous families, Tweddle is a key partner in the Koolin Balit project where the aim is:

To improve the health, development, social and emotional wellbeing of Aboriginal children, from pre-birth and during their critical first years of life, through the delivery of a group-based cultural strengthening program for young, pregnant Aboriginal women and mothers (as well as their partners) living in the north and west metropolitan region.

Both the antenatal and postnatal programs will be delivered over a period of eight weeks each by Aboriginal staff co-facilitated by a Tweddle health professional. During each session participants will receive health education in an informal manner in a group setting and share lunch, after which they will work on a culturally sensitive and appropriate activity guided and mentored by a respected Aboriginal Elder.

The cultural activities proposed for these programs are:

- the co-creation of health education booklets with each page having a key health message presented in a culturally appropriate way. It is envisaged that these booklets will be made available to the wider Aboriginal community as well as to health and early parenting staff;
- Possum skin cloak making.

This program is one example of delivering services in a culturally specific manner and we need to increase this approach across diverse cultural communities.

Proposed solution:

Tweddle suggests that recommendations from the Royal Commission include:

- Increased funding to deliver circle of security programs (or similar) to culturally diverse communities that are co facilitated by a trained clinician and a bicultural worker (where appropriate).



Question Twenty

Are there any other suggestions you would like to make to improve policies, programs and services which currently seek to carry out the goals set out above?

Question Twenty-one

The Royal Commission will be considering both short term and longer term responses to family violence. Tell us about the changes which you think could produce the greatest impact in the short and longer term.

Tweddle encourages the Royal Commission to consider the initiative by the Wave Trust in the UK, "Pioneering communities."

This consists of 6 Pioneer Communities across the UK that aim to create a huge reduction in child maltreatment. This is the next key step in achieving 70/30 – reducing child maltreatment by 70% by 2030, by taking a primary preventive approach.

We are able to supply the outline of this program if further information is required.