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| Good Practice Bulletin |
| Spotlight on infants and their families  Office of Professional Practice, Issue 5 , December 2017 |

# Chief Practitioner’s welcome

# https://pbs.twimg.com/media/CT_R-HeUwAArKqK.jpg Tracy Beaton

In September this year, I was pleased to launch a 12 month focus on infants with the aim of enhancing safe and consistent child protection practice across this age group. Each division now has a practice leader who holds the portfolio relating to practice and process for infants. Much targeted work has already happened including reviewing and refining high-risk infant panels.

I have been working with our health colleagues to further improve the way child protection and health services collaborate. In particular we are looking to improve the communication when an at risk baby is discharged from hospital.

I hope many of you have had the chance to access the [eLearning portal](https://imclearningcloud.com/pages/landingpage.jsf?client=dhhs) where you will find new materials in relation to our work with infants added regularly. Currently, there is a slideshow which expands on the reasons why a focus on infants is so important; together with a professional development presentation by Dr Anne Smith, Medical Director, Victorian Forensic Paediatric Medical Service, on injuries to infants.

Inherent in our work with all children, including infants, are the risks presented by parental drug use. I want to highlight updated [practice advice](http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/investigation/temporary-assessment-orders) <http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/investigation/ temporary-assessment-orders> which clarifies how practitioners are able to make use of **temporary assessment orders**. The advice highlights circumstances where drug screening is required to complete a risk assessment and a parent refuses to provide a screen but the threshold for a protection application has not been met.

## Focus on reviewing outcomes

## In this edition we focus on the reviewing outcomes component of the *Best interests case practice model* in the context of working with infants. Remember to:

## Consider the experience of infants

## More regularly review for the effectiveness of our intervention

## Be alert to overly optimistic assessments

## Critically examine parental commitment to change

## Do not confuse willingness with capacity

## Each new pregnancy and birth requires a rigorous assessment

## Consider carefully the history of any previous infants and children found to be at risk of harm in parental care

## Consider whether parental changes required are able to be made within the child’s developmental timeframe

**Read** this [‘Letter from your baby’](https://www.aaimhi.org/resources/letter-from-your-baby/Letter-from-Your-Baby.pdf), <<https://www.aaimhi.org/resources/letter-from-your-baby/Letter-from-Your-Baby.pdf>> reminding us of the importance of supporting parents to hold their infants in mind. The letter, written by Andrew Roberts, is published on the Australian Association for Infant Mental Health (AAIMH) website where you can find a range of useful resources. The Office of Professional Practice was pleased to be able to support the attendance of representatives from all divisions at the recent AAIMH Conference which provided an excellent forum for learning and sharing ideas.

## Case study

*The following case study can be used to prompt discussion within supervision, peer supervision and reflective practice sessions.*

Prior to Ruben’s birth, the hospital attempted to support Ruben’s mother, Amity (aged 19) through a program aimed at young women. Amity attended two of the 10 sessions, the first when she was 25 weeks pregnant. Her partner, Nick, aged 22 attended the second appointment with her when she was 28 weeks pregnant. Amity and Nick discussed with support staff their experiences of child protection when they were younger. They both raised concerns that child protection might take their child due to their young age and inexperience as parents.

Amity and Nick lived in supported transitional housing, though often stayed with friends. They had minimal furniture and slept on an air mattress. Both reported that they regularly smoked cigarettes and used cannabis. Amity said she was no longer in contact with her parents or siblings.

When she attended the second session of the program, bruising was observed around Amity’s eye. Following the session, the hospital social worker asked about the bruising and enquired if everything was okay. Amity said she had knocked her eye on the corner of a table at home as she bent down to pick something up. She did not return following this conversation. After attempting to make contact with Amity a number of times on her mobile, the hospital made an unborn report to child protection. Amity was 31 weeks pregnant at the time the unborn report was made.

Ruben was born seven weeks premature and showed signs of drug withdrawal. He remained in the special care nursery for the first six weeks of his life during which time Ruben’s parents visited most days. Child protection has worked with the family over this time. The hospital has advised that Ruben will be ready to be discharged tomorrow.

## Discussion prompts

As Ruben’s child protection practitioner, consider the following questions (based on Infants and their families specialist practice resource, p. 36)

* What would be the focus of your work with Ruben’s parents during the unborn phase?
* The CYFA 2015 requires Ruben’s parents to be provided ‘the widest possible assistance’? What would this look like?
* Has child protection intervention been culturally competent? How would we know?
* Describe Ruben’s needs and vulnerabilities.
* Can Ruben’s parents hold him in mind? How do you know?
* What is the likelihood of Ruben being harmed and adversely impacted in the future if nothing changes? Consider the physical, emotional, psychological and developmental needs of Ruben.
* How would you build Ruben’s parents’ understanding of him and assess their capacity for change? Has change been demonstrated? Has it been sustained over time?
* What has changed for Ruben during child protection’s intervention?

## Would you like more information or guidance? See the following resources:

Child Protection Practice Manual, specifically

* + [High-risk infants - advice](http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/high-risk/high-risk-infants) <http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/high-risk/high-risk-infants>
  + [Early years science – brain development](http://www.cpmanual.vic.gov.au/advice-and-protocols/specialist-resources/early-years-science-brain-development) <http://www.cpmanual.vic.gov.au/advice-and-protocols/specialist-resources/early-years-science-brain-development>

Specialist practice resources including

* + [Infants and their families](http://www.cpmanual.vic.gov.au/sites/default/files/Infants%20their%20families%20specialist%20practice%20resource%202012%203015.pdf) <http://www.cpmanual.vic.gov.au/sites/default/files/Infants%20their%20families%20specialist%20practice%20resource%202012%203015.pdf>
  + [Child development and trauma guide](http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model/child-development-and-trauma) <http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model/child-development-and-trauma

[Red nose](https://rednose.com.au/) <https://rednose.com.au/> (formally SIDS and Kids)

* [Safe Sleeping mobile app](https://rednose.com.au/page/mobile-apps) <https://rednose.com.au/page/mobile-apps> from Red Nose (includes information and images about safe sleeping)

**Watch** [What do babies think?](https://www.ted.com/talks/alison_gopnik_what_do_babies_think) <<https://www.ted.com/talks/alison_gopnik_what_do_babies_think>> An engaging TED Talk by Alison Gopnik encouraging us to think about what it is like being a baby.

## Learnings from recent reviews and significant incidents involving infants

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| Ok, Check, Todo, Agenda, Icon, Symbol, Tick, To Do, Gui | Hospital discharge planning meetings are key to good planning and information sharing |
| Ok, Check, Todo, Agenda, Icon, Symbol, Tick, To Do, Gui | Closely examine parenting capacity where siblings have previously been removed from their parents care |
| Ok, Check, Todo, Agenda, Icon, Symbol, Tick, To Do, Gui | A thorough risk assessment must consider the role of all adults in a infant’s life, such as a parent’s new partner |
| Ok, Check, Todo, Agenda, Icon, Symbol, Tick, To Do, Gui | Getting advice from a practice leader or principal practitioner regarding your infant cases may help you review your case assessment and interventions |

On behalf of the Office of Professional Practice, we hope you have found this issue of the Good Practice Bulletin useful. If you have any feedback or ideas about what you would find useful to include, email *officeofprofessionalpractice@dhhs.vic.gov.au*

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