

# **Access with a difference: A presentation of a best practice strategy for working with vulnerable infants and their families to improve the access experience.**

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## **Abstract:**

Access between children in care and their parents tends to be conceptualised as providing an opportunity for them to simply spend time together. There is often little thought and planning given to the quality of the access experience. Consequently access is unlikely to facilitate positive interactions. An understanding of how access is interpreted or understood by parents, children and practitioners is unclear. This paper describes a best practice strategy that has been implemented with families involved with child protection services. It is an approach that has developed from collaboration between the Maternal and Child Health Service, City of Greater Geelong and the Child Protection High Risk Infant Program Geelong. The need to facilitate opportunity for access to be a more meaningful experience for children and their parents has provided the impetus for development of this strategy. Creation of a specific venue for access and for specialised parenting assessments and intervention provides opportunity for contact between children and their parents to be experienced as more meaningful and positive. Additional benefits of this approach are identified and described and include detail of the intended benefits for children, parents and practitioners that are likely to be achieved. This project fosters service delivery practices that fully support the development of meaningful relationships between children, their families and community supports. Parents who are able to develop skills and empathy in a supported community context will be more likely to ensure that children are the ultimate beneficiaries of increased safety and protection.

## **Introduction and overview of presentation**

This presentation and paper describes a strategy we are currently engaged in to alter the ways in which access occurs for infants in out of home care. Additionally to describe a strategy that is intended to provide opportunity for children, their parents and infant and children's services professionals to experience access as more than simply spending time together. It is intended to describe for you a project that is in the very early stages of implementation and to outline aims of the project that include our reasons for why we saw it as necessary to improve the access experience for vulnerable infants and their families. In that outline the developmental stages for this project and what we see as the anticipated benefits of our approach will be mentioned. We will describe some aspects of how this approach has had advantages with families with whom both our services have demonstrated effective collaborative practices.

## **Background:**

The development of this project has arisen through several years of discussion and debate about the emotional and developmental needs of vulnerable and 'at risk' infants. This project has attempted to establish

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opportunities for specialist parenting intervention and supervised access to become more meaningful experiences for both parents and children and for the purpose of encouraging beneficial parent-child interactions. Access and contact arrangements are essential components of any reunification plan and this project attempts to ensure that reunification of vulnerable infants with their parents can be achieved safely and effectively.

The impetus for this focus on promotion of quality improvement and content of the access experience was generated from a number of sources including the greater focus on the need to improve the statutory Child Protection service response to infants at risk and the subsequent introduction of specialist parenting assessment and skill development services in Victoria.

### **PASDS / High Risk Infant program description of aims:**

In 1997 in response to the Victorian Child Death Review Committee's *Annual Report of Inquiries into Child Deaths* the Victorian Department of Human Services introduced the High Risk Infants Service Quality Initiative Project. This initiative is described as seeking to better understand the needs and service requirements of infants who are at risk of significant harm through maltreatment and to implement new initiatives that will improve service availability and quality. The tasks implemented include focus on improving the quality of risk assessments and risk management planning with families of infants who are known to Child Protection Services, improving the advocacy for infants in the Children's Court and also specific attention to be paid to enhancing interagency collaboration.

The Parenting Assessment and Skill Development Service (PASDS) is also a key initiative of the High Risk Infant initiatives and was set up to provide a parenting capacity assessment service and a parenting skills development, education and support service with a target population of high risk infants and their families as identified in the Child Protection system.

Our experience has been and is that cooperation and interagency collaboration between Child Protection High Risk Infant program practitioners and the Maternal and Child Health Services has been an essential and significant feature of the establishment and success of the PASDS. It is collaborative practice that has provided the context within which the idea of creating a different access experience has been able to grow and develop into reality.

A great deal has been written and promoted about the need for interagency collaboration and researchers have identified that most professionals do recognise the need to share skills and responsibility in child protection work but specific tasks are less frequently shared (Birchall and Hallett 1995). This project is demonstration of our commitment of working together to achieve better outcomes for vulnerable infants, children and their families.

We assert that this project is an example that goes some way to addressing problems of interagency collaboration that have been described as failures to communicate effectively, lack of respect for other's ideas and lack of understanding of other's roles. We have been able to challenge the rhetoric of working together and demonstrate that although at times collaboration is challenging it is entirely satisfying to achieve outcomes through a collaborative approach.

### **Identification of need for a different approach:**

The PASDS provides three different locations for delivery of their assessment and skill development services. They are a short-term residential option, in-home visits and a day stay option. The latter option is the one most often used when infants are in foster care. Thus, the assessment and skills development components are carried out in a highly structured, supervised environment with clear plans for the learning to be transferred to the home situation and ultimately to contribute to reunification plans. PASDS provide a day stay option in a centre that had formerly been used as a generalist maternal and child health centre but that had been physically adapted and resourced to be able to provide the specialist parenting intervention service. The centre is in an area of Geelong that has a high proportion of families known to child protection services and an area that is observed to have characteristics indicative of socio-economic disadvantage, including high unemployment, poverty, and substantial levels of criminal activity.

Thus, PASDS have been providing an intensive specialist service within the community in which a large proportion of the child protection population reside.

At the same time the Child Protection Service was facilitating court ordered supervised accesses between parents and children and their infants in the Departmental office interview rooms. These rooms were few in number and of such cramped quality and often unavailable that common responses from parents and children were distress, high levels of anxiety, antagonism, hostility and threats of aggression. This situation was clearly seen as detrimental to any efforts for meaningful contacts between parents and children; frequently causing distressing contacts between parents with very young infants, and diametrically opposed to any attempts for therapeutic interventions and progress toward achievable reunification plans.

Supervised access in the departmental offices has more often been about compliance with orders and entrenched practices that seem to operate from a position of basing assessments regarding readiness for reunification on attendance only and physical proximity only as being the defining indicator of a secure and beneficial attachment relationship. Similarly attendances at specialist courses for anger management training or personal counselling have been the requirement for fulfilment of case plan goals and of compliance with the departmental requirements. It

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seems inferences have been made that attendance at access is indicative of progress in emotional development and of being able to confidently claim that parent – infant interactions are in attunement or are securely attached.

This misinterpretation of a confusing and inappropriate source of information from which to draw conclusions about attachment relationships and safe developmental outcomes consistently presents challenges to perspectives and views held regarding what is in the best interests of the infants and children. It is an approach that has reinforced the view that physical proximity and frequency of contact are overriding factors in discussions of secure and functional attachment relationships.

When Child protection professionals seemingly act on a concept that reunification readiness is all about the parents just turning up to appointments or services then parents will also understand that level of commitment to be the requirement. Consequently courts have limited and skewed information on which to decide outcomes that could affect the child by returning the child to a situation that has not necessarily changed fundamentally but in which superficial requirements have been fulfilled. The deficiency in this is that the quality of contact and the behaviours exhibited in contact and access sessions have not been systematically observed, noted or recorded and yet they are crucial to contribute to informed decision making about the best interests of the child in any reunification plan. The parents may have attended Drug and Alcohol counselling or completed anger management training, and similarly they will have attended supervised access yet systematic observations and structured analysis of those observations means that the quality of those contacts is not systematically recorded to feed into the decision making processes. It is imperative that the quality of access is observed and recorded so that quality of parent child interactions is central to the experience of regular contact. In such a situation beneficial relationships can establish and develop.

It was thus seen as necessary to seek out a more conducive physical environment and one in which content and quality of access could be central and could be developed.

### **Aims of different approach:**

The aims of our proposed different approach to access was simply to find a better physical location in which the practice wisdom and experiences of PASDS and families with the PASD Service could be harnessed productively in addressing the problems the supervised access experience posed for infants, children, their parents and child protection staff.

An important aim is to provide more than just a space for physical proximity but to establish a venue in which opportunities for enduring and beneficial parent-child interactions can be encouraged and promoted. There is the need to encourage and demonstrate through experience the importance of parents being able to establish and expand their capacity

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for empathy and thus to integrate a firm understanding and way of responding that ensures they will act protectively in respect of their children.

### **Development of project:**

In our discussions together we identified the need for a more effective approach to provision of supervised access between parents and infants, and we established aims for such a project. Use of the PASDS venue for supervised access as an alternative to the unsuitable premises in use was the solution we saw as an opportunity to develop.

Our task was then to negotiate together with our respective managers in regard to expanding the use of the PASDS Day Stay venue. Shared costs and ongoing costs have been negotiated and set. Guidelines for safe and appropriate use of the venue and criteria for use as an access venue have been documented. At this stage we are the key professionals involved in controlling, monitoring and managing the venue.

In furthering the idea we discussed the elements of Child Protection and PASDS practices that needed to be shared to ensure that provision of consistent support and advice is provided to parents so that parents are not receiving conflicting advice and to allow for a more smooth transition within the reunification process. This sharing of expertise and knowledge is seen as necessary across the infant services system that includes the immediate, and extended family and foster families. In some cases reunification has not been indicated but the ongoing relationships between children and parents is essential for the child's sense of well-being and self-efficacy.

### **Identified and anticipated benefits of the approach:**

Our challenge will be and is to prioritise the range of purposes and to develop in a step by step process that builds on success in the same way that the current situation has developed from the establishment and consolidation of the PASDS.

- An immediate benefit has been to be able to provide a supervised access venue that can cater for older children, up to the age of 10 years, and their parents as well as infants.
- The venue is ideal for use as a centre for professional education and training and in this regard we are setting criteria for its appropriate use. To date there have been training sessions in which Child Protection workers have been able to have presentations with regard to infant observations and discussion re child development. There are training groups due to occur in which specialist professionals will be providing reflective practice programs on the topic of Understanding Attachment Trauma. Our work together

involves requests from foster care agencies to discuss with carers aspects of care and development in infants and children who have suffered maltreatment or neglect.

- This project allows us to further explore means by which we can promote and provoke thinking and practices that will change views and opinions of what is meant by a positive relationship and good attachment. That we can challenge the widely held concept that secure attachment is simply physical contact and proximity. We aim to promote a view that secure attachment relationships are about capacity to relate and must be about how to develop and instil in parents understanding of the needs and vulnerability of their children, and for infants and children to be the beneficiaries of this increased understanding and empathy.
- We intend to set up processes for formalised, systematic feedback and evaluation regarding benefits for vulnerable infants and their families. Feedback to be sought from families, workers, carers and professionals.
- Our intention is to establish clear practices and guidelines for use of the centre that will ensure that supported with evidence we can answer confidently and with authority questions such as "when is supervised access no longer necessary?" and " How do we get to the point of no longer needing supervised access?" We anticipate that the answers to those questions must reflect the complexity of the access and reunification processes rather than simply being based on whether or not attendance at access has occurred.

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