Tweddle Child & Family Health Service

Submission into the Victorian Inquiry into Perinatal Services

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Terms of Reference
58th Parliament
Inquiry into Perinatal Services

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Background information

Tweddle was founded in 1920 as a baby hospital and a training centre for Mothercraft Nurses. Tweddle is primarily funded by the Victorian Department of Health and Human Services as an Early Parenting Centre with public hospital status (see Schedule 1 of the Health Services Act).

Tweddle’s reach is across all of Victorian communities and this has been built over 96 years of service provision to parents and their babies/children who experience periods of vulnerability and distress. The latest data demonstrates that approximately 60% of families come from Local Government Areas (LGAs) followed by our closest 5 LGAs of Maribyrnong, Wyndham, Brimbank, Hobson’s Bay and Moonee Valley.

Throughout this time, Tweddle has also been a proud advocate to Government, funders and the community on key perinatal and wellbeing issues that are facing families to ensure vital supports and services are available to give children the best start in life.

Tweddle believes that:

- all parents want the best for their baby/children and are doing their best to provide a healthy and safe start to life for their baby or child
- babies and children have the right to have secure and safe attachment relationships with both parents, and to have their voice heard and responded to in interactions with their parents
- the capacity of the parent to respond sensitively and consistently to the child contributes to building safe and healthy attachment relationships and supports the development and wellbeing of the baby/child
- parents have the right to access supports and services when they need them, to support their wellbeing and learn new skills to enable them to be better able to sensitively and consistently respond to their children. In turn this provides their children with the best start in life
- there are many aspects to parenting capacity. The ordinary tasks of parenting are the arena in which the interactions that influence the parent–infant relationship are played out. These interactions include play, communication, feeding, sleep and settling
- stressors or vulnerabilities experienced by parents can impact on their capacity to attune to their baby/child’s voice and respond to their baby/child, which may in turn impact on their attachment relationship with their baby/child
- the transition to parenthood and the demands of early parenting mean that many families experience challenges during this period. Tweddle has an important role in supporting families with these challenges
- all Tweddle staff must understand the impact of stress and vulnerability on parenting capacity and be skilled in supporting parent-child communication and interactions to ensure safe and healthy attachment relationships and positive outcomes for parents, babies/children and the family
What Tweddle does

Tweddle has a vital role in building parents’ internal and external resources to manage challenges and stress, for example skill development, knowledge, therapeutic interventions and community supports. Tweddle provides support and programs for families during pregnancy and with children from birth to school age. Tweddle aims to enhance relationships, increase parenting confidence, improve health and early childhood outcomes and support families to connect to networks in their local communities.

The majority of Tweddle’s funded programs require families to meet a range of eligibility criteria including higher levels of vulnerability, risk or complexity. Funded programs include a range of residential parenting programs, for both voluntary and mandatory (child protection) family admissions; community based day programs; assessment and intake services; in-home parenting and relationship programs; and psychology and social support services for individuals and families. Families requiring in-home and community services that do not meet the eligibility criteria for funded programs can access Tweddle’s fee paying programs including day stay, in-home and psychology programs, as well as childbirth education programs. Tweddle also provides community programs including parenting support programs in prisons and parenting support programs for families with children with additional needs.

Evidence base

Babies are born with a strong desire and very real need to communicate with their parents. From a very early age, babies pick up and respond to both the verbal and non-verbal messages from their parents. Babies respond to communications from their parents in a variety of ways, including specific facial gestures, gaze and gaze aversion and vocalising. Babies quickly develop ways of organising their responses to their parents, and learn which responses their parents are most likely to respond to. The research is clear that patterns for understanding relationships are established in these early interactions. These early caregiving relationships are where children learn powerful non-verbal messages about the self and others in relationships. They learn about trusting others, how to manage anxiety and other strong emotions, and also how to balance the needs for autonomy and vulnerability and closeness.

Brain-behaviour research has shown that the brain manages and makes sense of the many interpersonal interactions that occur in a person’s lifetime. However, it is the nature of these relationships in the first few years of life that has been shown to be critical in the development of vital attachment relationships. An emotionally available caregiver helps their child develop skills for managing difficult feelings and experiences, whilst also encouraging the child’s autonomy and exploration.

“The Circle of Security is a relationship based early intervention program designed to enhance attachment security between parents and children. Decades of university-based research have confirmed that secure children exhibit increased empathy, greater self-esteem, better relationships with parents and peers, enhanced school readiness, and an increased capacity to handle emotions more effectively when compared with children who are not secure.” (COS International)

It is well understood that children learn these capacities from within relationships, and thus this underscores the importance of early relationships with a child’s main attachment figure/s, their parent/s.
‘A child is most likely to reach her full potential if she experiences consistent, predictable, enriched, and stimulating interactions in a context of attentive and nurturing relationships’ (Perry 2004).

Therefore, where families are experiencing difficulties or have pre-existing vulnerabilities which interfere with parent-infant relationships, it follows that because of the infant’s dependence upon the parent, the baby is also at risk of harm. The ACE studies found that the more stress experienced during childhood, the more adverse the health and behavioural outcomes for the child. However, there are protective factors that buffer children from being abused or neglected. These include a supportive family environment and social networks, including nurturing parenting skills, household rules and child monitoring, stable family relationships and caring adults outside the family who can serve as mentors and role models, as well as communities that support parents (CDC 2015).

All Tweddle programs are underpinned by the growing body of compelling evidence from the field of infant mental health. The effects of adverse physical and emotional care environments upon infants are well understood. The absence of a responsive adult, able to consider the needs of the infant and respond to these needs appropriately at least some of the time, places the child at risk of poorer outcomes, and in the worst case places the child at risk of developing mental illness in later life.

The purpose of Tweddle’s interventions is to provide parenting support and enhance the protective factors to families in the critical early years of their child’s age, from pregnancy to four years, with the aim to assist those parents to acquire sound parenting skills, develop parenting confidence, improve health and early childhood outcomes, enhance relationships and attachment, and to connect them to support networks in their local communities (Tweddle 2014).

**Service Model**

Tweddle’s client is the whole family. Tweddle adopts a dual focus on the individual wellbeing and needs of babies, children and parents within the family, as well as focusing upon the interactions that occur between parents, their baby and children. Tweddle also understands that the individual and the family exist within broader systems of their extended families, service providers, community groups and supports, and society more broadly.

Within Tweddle’s dual focus on individual family members as well as their interactions, Tweddle is an advocate for the voice of the child at a time when vulnerable and stressed parents may not be able to hear or respond to their child to ensure his or her safety and wellbeing. Tweddle achieves this by:

- staff expertise in early parenting skills, child development, behaviour and communication, and an understanding of attachment relationships and required for the best outcomes for babies and children;
- promoting an understanding of the infant’s experiences and of their mental health;
- understanding family vulnerability and stress and their impact on parenting capacity and on parent-child communication, interactions and attachment relationships;

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1 [https://www.cdc.gov/violenceprevention/acestudy/](https://www.cdc.gov/violenceprevention/acestudy/)
• supporting parents to identify their vulnerabilities and to understand their impact on their wellbeing and parenting capacity and on their communication, interactions and attachment relationship with their baby/child;
• teaching parents new skills for responding to and interacting with their child, from within a framework where the parent-infant relationship is at the front and centre;
• providing parents with access to program supports and resources to reduce vulnerability and strengthen their wellbeing and parenting capacity;
• providing babies/children with access to program supports and resources to reduce vulnerability and strengthen their wellbeing and childhood outcomes;
• facilitating parents’ access to health and community services to build their local supports and resilience to manage future stress and vulnerabilities;

Our Tweddle’s Logic Model underpins all services and is available upon request.
Victorian Inquiry into Perinatal Services

Tweddle welcomes the opportunity to provide input into the Victorian inquiry into Perinatal services. We offer our perspective on perinatal infant mental health which is underpinned by the research and evidence that highlights the period of the first 1000 days being critical to the life trajectory of babies and toddlers (from in utero to age 2 years).

In addition we seek to highlight the impact of the withdrawal of the National Perinatal Depression Initiative funding (NPDI) and the decrease in services to individuals, the families and our communities.

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

A summary of our recommendations is provided below:

Recommendations:

1. That any further service developments be “joined up” with the existing Early Parenting Centres (EPCs) in order to ensure consistent, high quality evidenced based service delivery occurs
2. That consideration be given to support attraction and retention strategies for maternal and child health nurses to work within public health settings.
3. That consideration be given to support increased funding that is targeted at professional development of the early parenting services and this relate to (but not limited to) trauma informed care.
4. That consideration be given to the development of an Advanced Diploma in Early Parenting and that this course include working with families with mental health issues and issues associated with Alcohol and Other drugs.
5. That Tweddle’s concept for the property development Centre Of Excellence for Early Parenting in the West be progressed to support the delivery of state of the art perinatal and infant mental health service delivery
6. That there be further development of the capacity of EPC services to provide an increased response to perinatal, infant and early childhood mental health difficulties by strengthening the existing mental health services within these services
7. That there be the provision of overt recognition of mental health knowledge and intervention skills in the perinatal, infant and early childhood periods as specialist skills.
8. That there is a policy shift towards prioritising the first 1,000 days to receive additional funds to support the current and future mental health needs in the perinatal period.
9. That funding support be given to Tweddle to property redevelopment with a dedicated perinatal and infant mental health wellbeing centre.
Tweddle is both a state-wide early parenting centre and a public hospital. We receive government funding to deliver the services both at our head office in Footscray as well as providing services in the LGAs of Greater Geelong, Whittlesea, Brimbank, Hobson's Bay and Corangamite.

More information may be found on our website www.tweddle.org.au/

Our catchment in the western growth corridor is experiencing a marked baby boom with approximately 90 babies being born per week in the City of Wyndham alone.

Our programs attract families from across the state and we have a level of specialist expertise that is not readily found outside of the Early Parenting Services (O’Connell Family Centre – part of Mercy Health and Queen Elizabeth Centre based in Noble Park)

Tweddle provides antenatal classes in association with Western Health for families delivering at their Sunshine campus as well as families who planning delivery at other public or private hospitals.

Tweddle has been engaged in discussions relating to supporting regional centres for a number of years and has hosted a number of visits from personnel including members of parliament (e.g. Susanna Sheed MP Shepparton) in relation to future regional growth opportunities.

We understand the growth rate and the need to provide more specialised services that are accessible to families. However, Tweddle would encourage that any further service developments be “joined up” with the existing Early Parenting Centres (EPCs) in order to ensure consistent, high quality evidenced based service delivery occurs.

**Recommendation:**

That any further service developments be “joined up” with the existing Early Parenting Centres (EPCs) in order to ensure consistent, high quality evidenced based service delivery occurs.

1. The availability, quality and safety of health services delivering services to women and their babies during the perinatal period
2. The impact that the loss of commonwealth funding (in particular, the National Perinatal Depression Initiative) will have on Victorian hospitals and medical facilities as well as on the health and wellbeing of Victorian families;

**The impact of the withdrawal of federal funding from the NPDI**

The impact of the withdrawal of federal funding from the National Perinatal Depression Initiative (NPDI) has had a marked effect on reducing the specialist services at Tweddle.

Tweddle utilised the NPDI funds to support its specialist mental health team. When the funds were withdrawn we were not able to sustain this team and four (2 EFT) specialist perinatal psychologist were made redundant.

The acuity of clients presenting in EPCs has increased markedly. The charts below show the increase in acuity of the clients being referred to Tweddle’s residential program and the shift upwards in the risk rating from 2013/14 to 2016/17:
As a result of the withdrawal of the NPDI funding, Tweddle has had to reshape its mental health support services. This includes:

- cessation of the perinatal psychology clinic (subsequent reduction in services to inpatient and outpatient services)
- redundancy of 4 specialist staff
- restructure of available mental health support staff.

The importance of the perinatal period cannot be understated. We know that the very early years is the time in which the brains of babies and toddlers are being shaped. In particular we know that:

*The architecture of the developing brain is constructed through an ongoing process that begins before birth and continues into adulthood.*

*Experiences are built into our bodies (for better or for worse) and significant adversity early in life can produce physiological disruptions or embedded biological “memories.” These may persist into adulthood and lead to lifelong impairments in learning, behaviour, and both physical and mental health.*

*Brain plasticity and the ability to change behaviour decrease over time, so getting things right the first time is less costly, to society and individuals, than trying to fix them later.*

*...If children do not experience this kind of positive interaction – or if the other foundations of healthy development are threatened – disruptions to the development result, producing a weaker foundation for later development of skills, capacities and healthy biological systems.*

In a paper published by in *The British Journal of Psychiatry* in June 2015 it stated that;

*“These findings support the notion that exposure to maternal depression during pregnancy and exposure to child maltreatment are part of a single trajectory linking early life insults to risk for adulthood depression.”*  

Professor Pariante, a Professor of Biological Psychiatry at the Institute of Psychiatry, and Consultant Perinatal Psychiatrist in the associated South London and Maudsley NHS Trust, has documented how pregnancy is a period of vulnerability where women who have had mental health problems and life adversities are at particular risk of becoming depressed. He explains that depression in pregnancy, when left untreated, may compromise the mother-infant relationship and induce biological changes in the baby via communication "in utero", both potentially increasing the risk that the child will also be hypersensitive to stress, will

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2 http://developingchild.harvard.edu/index.php/resources/multimedia/interactive_features/a_logic_model_to_drive_science_based_innovation/

3 http://bjp.rcpsych.org/content/bjprcpsych/early/2015/05/28/bjp.bp.114.156620.full.pdf
have difficult behaviour, and will eventually develop mental health problems in adolescence and adulthood.\(^4\)

As such there is a significant need for a reinvestment into early intervention in the very early years as this delivers benefits not only to individuals, families and communities but also economic benefits to the state. The evidence from a report in 2010 in Scotland highlights the financial impact on the public purse by not intervening early:

“In the longer term, a failure to effectively intervene to address the complex needs of an individual in early childhood can result in a nine fold increase in direct public costs, when compared with an individual who accesses only universal services.”\(^5\)

We seek to stress that “Relationships with (parents and) caregivers are the context in which early development occurs.”\(^6\) With this in mind the need to understand that the withdrawal of the NPDI funding reduced capacity across the service system negatively impacting on parents, caregivers and the community in both the perinatal period and more longer term.

The damage caused by toxic stress to babies and toddlers can cause lifelong damage. The key message here is babies and toddlers will not wait!

“\textit{Toxic stress response} can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.”\(^7\)

A baby experiencing stress as a result of maltreatment (either abuse or neglect) provides cues to communicate their responses and this is seen in their initial disengagement that may progress from subtle to potent. This may then escalate to attachment disorders including, insecure attachment or indiscriminate attachment leading to further disorders including the infant shutting down and demonstrating a failure to respond to its environment. These clinical observations are recognised as non-verbal cues from the infant and can be scored as part of a parent child interaction assessment. The evidence from these assessments (e.g. N-Cast\(^8\)) provides us with the knowledge that we need to act and act early.

“For an infant, an experience of heightened and prolonged stress and dysregulation without relief is toxic to their systems. Family violence, parents/carers with addiction problems, neglect, homelessness, and chronic grief are all conditions in which the availability of caregiver to an infant is reduced.

\(^4\)http://journals.cambridge.org/download.php?file=%2FPSM%2FPSM43_03%2FS0033291712001298a.pdf&code=157a691867a02028d990e75cf703ee45  
\(^6\) http://www.zerotothree.org/child-development/health-nutrition/childwelfareweb.pdf  
\(^7\) http://developingchild.harvard.edu/key_concepts/toxic_stress_response/  
\(^8\) http://www.ncast.org/index.cfm?fuseaction=category.display&category_ID=2
with dramatic effects and thus exposed to toxic stress and trauma. Toxic stress and trauma for infants is painful. Babies will cry and become rigid - a small body in need of a gentle touch and caress but experiencing further withdrawal or even worse, an amplification of the distress.”

Tweddle is particularly concerned by long waiting lists for mother-baby unit beds and decreasing services to support families experiencing postnatal depression. This reduction in specialist services delays clinical interventions that may prevent the incidence of suicide. The report released in 2014 by The Australian Institute of Health and Welfare, “Maternal deaths in Australia AIHW 2006 – 2010, stated that;

“Psychosocial morbidity is a leading cause of maternal death in Australia. The high proportion of deaths occurring in women with a known psychiatric history highlights the importance of antenatal and postnatal mental health screening. The adoption of antenatal psychosocial screening and implementation of the NPDI, which for the first time provides guidelines for the management of psychiatric illnesses in the perinatal period, are timely initiatives in preventing maternal deaths related to psychosocial morbidity.”

Universal screening in the antenatal period and then access to appropriate intervention services when risk of depression in the ante or postnatal period or worse the risk of suicide is identified needs to be prioritised.

The decreasing number of support services available to mothers, fathers and families (due to the NPDI cuts) may contribute to a rise in maternal suicide rates as access to specialist clinical interventions becomes more difficult and harder to navigate to find the most appropriate help.

Tweddle has stressed in this response paper that babies cannot wait for access to treatment to ensure that the implication of ongoing health, including mental health, issues are prevented and/or minimised. The same must be said for women who are suffering from anxiety and or depression in the perinatal period. Mr Ed Tronick and Ms Marjorie Beeghly in an article published in American Psychology in 2011, “Infants’ Meaning-Making and the Development of Mental Health Problems” described the following:

“...one can view maternal depression as a communicable condition in the sense that it is associated with a host of emotional, cognitive, and behavioral problems that seem to be transmitted from caregiver to offspring over the life span.”

As such it is imperative that we actively prevent, detect and intervene where there are signs of maternal depression and anxiety. It is through this approach that you will be able to engage in treating not only the mother, but also the baby and the partner. A very cost effective strategy, as it addresses

11 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3135310/
mental health illness in the now and would be a key prevention action to minimise the impact of an adverse childhood experience and the need for mental health care in the future.

The World Association of Infant Mental Health (WAIMH)\(^2\) advocates on the distant needs of infants in the perinatal period. In fact it has requested that the United Nations Charter on the Rights of the Child be amended to reflect this important period of development.

“We affirm that the UNCRC in addressing the rights of children, does not sufficiently differentiate the needs of infants and toddlers from those of older children, in that infants and toddlers are totally dependent upon the availability of consistent and responsive care from specific adults for the adequate development of their basic human capacities. There are unique considerations regarding the needs of infants during the first three years of life which are highlighted by contemporary knowledge, underscoring the impact of early experience on the development of human infant brain and mind.

Drawing attention to the particular needs and rights of the child in the first years of life is needed for several reasons. An all-too-common view is that the baby is “too small to really understand or to remember” and thus the baby’s perspective is often not appreciated by health professionals and even by parents. Infants have unique nonverbal ways of expressing themselves and their capacities to feel, to form close and secure relationships, and to explore the environment and learn – all of which require appropriate nurturing since they are fundamental for building a lifetime of mental and physical health. Moreover, infant needs and rights are often overlooked in the midst of conflicted priorities for rights of older children and parents (such as in custody disputes). Further, specifying the unique needs and rights of the child in the first years of life is needed in order to motivate infant oriented actions and policies at both community and societal levels. In spite of the existence of the CRC, many societies around the globe still pay insufficient attention to infants, especially in times of stress and trauma. Additionally, consideration of infant needs and rights could guide policies of supports for mothers, fathers and caregivers, and in giving value to babies in contexts of risk and violence.”

Given that we already have the specialised services of the Early Parenting Centres, we can strengthen the existing work and support better outcomes for families, communities and Victoria. Tweddle has already progressed this work with the development of a master plan (See Appendix 1).

Tweddle hosted a Babies Business and the Bottom Line, breakfast for industry and policy makers in Infant Mental Health awareness week in June 2017. Its leadership in the field of Infant mental Health has been commended on by the Australian Association of Infant Mental Health (see Appendix 2).

Its focus was to increase understanding of the importance of infant mental health and that building babies brains is the foundation of building resilient and happy workplaces. It highlighted the need for industry to be ahead of the game with the latest evidence on brain development.

The speakers, Peter Gordon, President of Western Bulldogs and Dr Bruce Perry, an internationally reknown child psychiatrist and keynote speaker in the world on brain plasticity discussed the development of essential workplace skills including social-emotional skills, resilience, trust and

\(^2\) https://www.waimh.org/i4a/pages/index.cfm?pageID=3361
The key takeaway message was about the importance of resilience to the eco-system of every business; children, partners, families and communities.

**Recommendation**

That Tweddle’s concept for the property development Centre Of Excellence for Early Parenting in the West be progressed to support the delivery of state of the art perinatal and infant mental health service delivery.

That there be further development of the capacity of EPC services to provide an increased response to perinatal, infant and early childhood mental health difficulties by strengthening the existing mental health programs within these services.

That there be the provision of overt recognition of mental health knowledge and intervention skills in the perinatal, infant and early childhood periods as specialist skills.

That there is a policy shift towards prioritising the first 1,000 days to receive additional funds to support the current and future mental health needs in the perinatal period.

That funding support be given to Tweddle to support the property redevelopment including a dedicated perinatal and infant mental health wellbeing centre.

5. Access to and provision of an appropriately qualified workforce, including midwives, paediatricians, obstetricians, general practitioners, anaesthetists, maternal and child Health nurses, mental health practitioners and lactation consultants across Victoria.

**Workforce issues** have become increasingly concerning to Tweddle. The ability to attract suitably qualified maternal and child health (MCH) nurses to work in our programs, especially our residential program has become more difficult over the last four years.

MCH nurses are most often employed by local government and their conditions of employment (including salary) are considered at a higher level, do not include shift work and entitlements are not transferable. In short, it is often a more “attractive” proposition to work in local government positions than to be employed by a public hospital (Tweddle) and be paid less and be required to work shift work, including weekends.

The level of skill required to work with vulnerable families is regularly undervalued. Whilst Tweddle was and is still in some cases referred to as a “sleep school” the acuity of the issues faced by the families in our services requires (but is not limited to) the following skills:

- adult mental health (incl assessment of escalating conditions e.g. psychosis)
- infant mental health (incl assessment of attunement, attachment)
- family relationship counselling
Tweddle also employs Early Childhood Practitioners (ECP) and these workers need to be upskilled in relation to working full time with families, especially families experiencing multiple challenges. This work is markedly different from the work of an ECP in a childcare centre. These workers need to have additional training that is not generally available in our current system. There are components (units of competency) that are relevant to the need of the organisation and the families that we work with, however, this does not form part of a prescribed course at this point in time. This therefore requires, the development of specific capabilities through the participation in ongoing education provided or organised, in the most part, by Tweddle.

These workers are then “attracted” to work in a range of settings in local government including within the Enhanced Maternal and Child Health (EMCH) teams as family support workers.

As there has been a marked investment in funding by this State Government in both MCH and the EMCH, Tweddle has an increased level of concern that the ability to “attract” and “retain” appropriate staff is likely to become even more difficult that it is currently.

**Recommendation:**

That consideration be given to support attraction and retention strategies for maternal and child health nurses to work within public health settings.

That consideration be given to support increased funding that is targeted at professional development of the early parenting services and this relate to (but not limited to) trauma informed care.

That consideration be given to the development of an Advanced Diploma in Early Parenting and that this course include working with families with mental health issues and issues associated with Alcohol and other drugs.
Conclusion

In providing responses to the parliamentary enquiry into Perinatal Services, Tweddle seeks to stress that this is a pivotal time to recognise the science behind the very early years.

The centre for the developing child at Harvard University states in the 2010 paper, “The Foundations of Lifelong Health Are Built in Early Childhood”, that:

Health in the earliest years—actually beginning, with the future mother’s health before she becomes pregnant—lays the groundwork for a lifetime of well-being.13

In the 2010 report prepared for the Ministerial Council for Education, Early Childhood Development and Youth Affairs, “Engaging Families in the Early Childhood Development Story, Neuroscience and Early Childhood Development; Summary of selected literature and key messages for parenting.” The following information was provided:

“Neuroscience (the scientific study of the nervous system) provides compelling evidence that early experiences impact on brain development, and can have a long-term effect on wellbeing (this includes physical and mental health, learning and behavior). ...

The first three years are the period of the most rapid growth during which there are specific sensitive periods for optimal learning in particular areas. A large proportion of human brain development takes place after birth as a result of interactions with the environment – the impact of early experience has a greater influence on development than heredity.

By the time a child is three years old, 90% of their brain has been developed – the quality of relationships and learning environments for babies and toddlers is critically important.

Early experiences either enhance or diminish innate potential, laying either a strong or a fragile platform on which all further development and learning of the person, the body and the mind is built. The longer children spend in adverse environments, the more pervasive and resistant to recovery are the effects.

Very important to expressing the underlying genetic potential of each child and therefore, optimal brain development and function, are good nutrition (pre- and postnatal), and experiences that are repeated, consistent, predictable and nurturing.

A lack of positive relationships, inadequate supervision of and involvement with children are strongly associated with children’s increased risk for behavioural and emotional problems. It is the ‘poverty of the parent-child experience... that leads to poor child outcomes rather than poverty of a material kind’...”14

13 http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/
Given all the evidence and the science underpinning the importance of the very early years, along with the international (UK, USA and New Zealand)\textsuperscript{15} and national\textsuperscript{16} emphasis on the importance of the first 1000 days, it is critical that we reinstate the perinatal service and considers strengthening initiatives focussed upon supporting Victorians during this time frame.

In closing we restate strong statements made in the report released in 2015, “Building Great Britons,”

“This is not ‘rocket science.’ Technically it is ‘neuro-science.’ As a concept it is at last gaining wider acceptance with policy makers and clinicians brave enough to take a longer term view of how intervening early, even before a child is born, is the best way of that child growing up to be a well-rounded member of society. Poor attachment leads to poor social and physical development and behavioural problems. Often this can lead to child maltreatment and then the whole destructive cycle can be played out again by the next generation of parents who have known no better themselves. It has been calculated that as much as 80% of maltreated children could be classified as having disorganised attachment.”

“We are the first generation to have this knowledge at our fingertips. We ignore it at our peril’ (Rowley, 2014)\textsuperscript{17}"

Tweddle would welcome the opportunity to contribute further to the parliamentary enquiry into perinatal services.

\textsuperscript{15} http://www.everychildcounts.org.nz/resources/seven-reasons/  
http://www.wavetrust.org/our-work/publications/reports/1001-critical-days-importance-conception-age-two-period  
\textsuperscript{16} https://aifs.gov.au/transcript-first-1000-days-childhood  
\textsuperscript{17}http://www.wavetrust.org/sites/default/files/reports/Building_Great_Britons_Report-APPG_Conception_to_Age_2-Wednesday_25th_February_2015.pdf p.13  
*all web references were accessed between 08092015 and 15092015
Appendix 1
Appendix 2

July 2, 2017

Jacquie O’Brien, CEO
Tweedle Child and Family Health Service
53 Adelaide Street
Footscray Vic 3011

Dear Jacquie,

On behalf of the Australian Association for Infant Mental Health Incorporated (AAIMHI), I extend our congratulations to you and your colleagues on your proactive and committed approach to the inaugural Infant Mental Health Awareness Week 2017.

It is our understanding that your events, one targeting those working in the field of infant and family health, and the other raising awareness amongst business people and policy makers, were both very positively received with strong attendances and interest. We appreciated the updates and photographs, shared by Kerrie, which clearly depicted an interested and engaged attendance at your IMHAW breakfast.

Your initiative to raise awareness of the importance of public engagement with early intervention and preventative programs which address the needs of vulnerable infants and their families is to be applauded and your example followed and built upon by those of us engaged in this field for future IMHAW’s and more broadly throughout the year.

As discussed when we met earlier in the year Jacquie, the AAIMHI looks forward to working toward stronger connections and communications between those of us involved in infant and Family Health Services and advocacy.

I am hopeful our Vic AAIMHI Quarterly Seminar later in the year where we hope to show some of the progressive programs of Tweedle, and other Services providing intervention and advocacy for babies and their families, could be an opportunity for strengthening relationships, our shared purpose, and our commitment to the healthy development of babies, young children and their families.

Again on behalf of AAIMHI we applaud your initiative and action.

Warmest regards,

Meredith Banks
National Vice President

On behalf of Sally Watson
National President

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Affiliated with the

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