PACFA Psychotherapy and Counselling Federation of Australia

Department of Social Security
Early Years Strategy Submission

28/04/2023

This submission addresses the ongoing mental health challenges vulnerable infants, and their parents/caregivers and families continue to face in Australia. It has been prepared on behalf of the Psychotherapy and Counselling Federation of Australia (PACFA)'s special interest group, 'Infants, Children, and Young People' (SIG-ICYP). PACFA has 6000 members nationally and has the highest standards for Counsellors and Psychotherapists nationally. Our members are required to hold relevant bachelor's or postgraduate level qualifications, as well as meet professional development and supervision requirements to be registered with PACFA as either a Registered Clinical Counsellor, Registered Clinical Psychotherapist or Certified Practising Counsellor. PACFA members are also the only registered counselling and psychotherapy professionals recognised as Allied Health professionals by Allied Health Professionals Australia.

The SIG-ICYP is a group of specialist mental health professionals with advanced clinical training additional to the requisite tertiary qualifications. We work in a variety of workplaces across Australia providing mental health services to young children, parents/caregivers, and their families; thus, are well-placed to provide feedback on the Early Years' Strategy.

To begin, definitions of terms that are used throughout are needed to ground this submission. The term 'Infant Mental Health' refers to,

> *"the developing capacity of the infant and young child (from pregnancy to 5 years old) to experience, express and regulate emotions; form close and secure relationships; and explore the environment and learn," all in the context of the caregiving environment that includes family, community, and cultural expectations."*
> *(Osofsky & Thomas, Zero to Three, 2012)*

Infant Mental Health (IMH) is a highly specialised field of practice, and this cohort of children have unique developmental needs best supported by highly skilled professionals and a multi/inter/trans-disciplinary response. The term 'infants' will be used herein to refer to babies, toddlers, and pre-schoolers and 'early life trauma' will be used to refer to adverse life experiences which significantly disrupt or threaten the developmental trajectory of infants. This includes violence, abuse, neglect, homelessness, conditions producing toxic stress, impoverished environments, poor maternal/paternal mental health, and family breakdown/conflict. **This cohort of children are the most in need, yet they continue to be the last to receive timely and high-quality support.** They are frequently caught up in the messiness of legal and bureaucratic systems and processes that fail to prioritise their

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experience. It is this group of children this submission will focus on and all points are inter-related.

In this submission, the central position taken that guides the responses to the questions outlined in the discussion paper is, "How can we meet infants where they are?". Vulnerable infants are forced to confront and cope with the realities of adults, systems, and society that are struggling to protect them. Yet, their subjective experiences continue to be left out of the conversation and not readily held in mind. Infants, by virtue of their age need to rely on adults to advocate for them, but they do possess far more agency than is recognised. They too need a seat at the table.

Discussion paper responses to key questions

1. *What areas do you think the Commonwealth could focus on to improve coordination and collaboration in developing policies for children and families?*

Responding to and ensuring the psychological well-being of infants requires a **multi-, inter- and trans-disciplinary approach** to be able to comprehensively conceptualise concerns and respond to the impacts of early life trauma. The current approach of separating public and private mental health services creates several self-feeding problems and further entrenches reactive styles of service delivery. Although demarcation of systems is understandable from a funding perspective, it is an arbitrary distinction that infants, parents/caregivers, and families do not understand but are expected to navigate. This is an unreasonable expectation and compounds issues of access, timeliness, and poor outcomes which is of particular concern for families in regional communities.

Policies that adopt a **holistic milieu approach** will encourage inter-agency consultation and collaboration that holds the infant at its centre, considers the various environments they are embedded in, and factors in current and future developmental needs. Shifting towards the notion of 'meeting an infant where they are at' means thinking practically about where and how early intervention services are provided that best support the needs of the infant. This requires a workforce being supported by structures and policies to be able to work in consultative and collaborative ways that create a safety net for infants and their families and does not create obstacles in accessibility and equity, or competition between systems and sectors.

For example, providing IMH programs such as Play Therapy and IMH consultation directly in early childhood centres enables infants to be able to access early intervention in a timely manner, in an environment that is safe and they are familiar with, and promotes consultation and collaboration with other caregivers including educators and parents/caregivers. Another version of this is setting up early intervention services like those already implemented at local councils that connect universal services such as Maternal and Child Health services and preschool that are federally and state funded. However, this new model would combine universal and tertiary mental health services with community-based supports.

2. *What could the Commonwealth do to improve outcomes for children—particularly those who are born or raised in more vulnerable and/or disadvantaged circumstances?*

There is a growing demand for specialist mental health services for children which has, in part, contributed to the related, but somewhat untrue problem of there being an insufficient number of appropriately trained mental health professionals to address rising demand. This cohort of children deserve mental health professionals highly skilled and experienced in infant and family mental health. Although this is a specialised field, IMH remains an under-developed and under-utilised workforce. We propose an expansion of the allied health workforce to include PACFA Counsellors and Psychotherapists who possess tertiary qualifications in mental health as well as additional qualifications in Play Therapy, Creative Arts therapy, Family Therapy, and Child Mental Health which all possess a strong evidence-base for improving psychological outcomes for children. For example, PACFA's College of Creative and Experiential Therapists is comprised of professionals who have specialised in developmentally sensitive and culturally responsive modalities or therapies including Play Therapy, Child Psychotherapy, and Expressive Arts Therapy. All PACFA members have a National Police Check and Working with Children's Check. There are many effective parent/carer-focused approaches out there to increase outcomes but play and arts-based approaches are under-utilised with emerging research proving their efficaciousness in supporting infants, parents/caregivers, and families to heal from trauma in a variety of settings and grounded in culturally safe practice. This will help ease the problem of demand, but importantly, mean vulnerable infants can access high-quality, timely, and developmentally appropriate support.

To improve outcomes for vulnerable infants, **a higher professional standard is needed**. IMH practitioners should be competent and confident in providing assessment, early intervention, and prevention reflective of young children, families, and cultural background(s). For example, Government initiatives such as a paid internship are needed to develop a highly skilled IMH workforce experienced. IMH practitioners need exposure to young children in different settings to develop a robust and comprehensive skill set. Internships can be a partnership between private, community-based, and public mental health settings which also helps to encourage partnerships and cross-collaboration.

More fiscal **investment in programs and initiatives that provide medium to long-term interventions to address early life trauma are desperately needed**. Funding piecemeal interventions or 'innovative' projects fail to address the short and ongoing effects of early life trauma. Both are needed. It is more useful to think of prevention and intervention cyclically and relationally rather than individual episodes of care that are discrete and place pressure on infants and parents/caregivers 'to do' psychological well-being, rather than 'doing' well-being together and over time.

Legal protections for IMH practitioners working with infants involved in legal proceedings is vital if more infants are to access timely and high-quality therapeutic interventions. In this arena, our expertise is often intentionally manipulated and our commitment in upholding the best interests of the infant under the Health Act is directly challenged. Currently, the ethical and legal issues in being subject to a subpoena for Family Circuit Court and Children's

Courts is a major deterrent for practitioners in private practice as well as some organisations. Considering 75% of the cases before the Family Circuit Court include allegations of DFV, the issue of dual consent in cases where parents or guardians needs to be addressed. Early intervention is crucial for the healthy development of this cohort of infants. Decisions regarding therapeutic intervention needs to be handed over to child mental health professionals if this is indicated to promote the well-being and safety of infants.

Finally, the adoption of research and evaluation methods and methodologies that invite and allow the infant's subjective experience to be included as a co-researcher, not just as 'data' to be analysed by adults.

3. What principles should be included in the Strategy?

The following principles address gaps in policy and practice with a view to extend upon current thinking and practice, creating consistent expectations about what is needed, how to respond, and centring the subjective experiencing of infants.

- Policies, programs, and other Government initiatives need to be **grounded in the principles of trauma-informed care *and* Cultural Informed Trauma Integrated Healing Approach** that combine Indigenous and non-Indigenous practices in mental health. PACFA's College of Aboriginal and Torres Strait Islander Healing Practices (CATSIHP) is leading the way in supporting Indigenous and non-Indigenous practitioners in this approach. Adopting a healing-centred approach moves away from pathologising trauma and 'symptoms' used to measure 'outcomes'. Instead, it draws in the political, decentring the clinical, and proposes to move "beyond "what happened to you" to "what's right with you" and views those exposed to trauma as agents in the creation of their own wellbeing rather than victims of traumatic events" (https://peakcare.org.au/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centred-engagement/).
- **Incorporating an infant-led approach** to research and practice that privileges infant subjectivity and promotes the rights of the infant (Refer to https://www.aaimh.org.au/resources/for-professionals/rights-of-infants/). One of the criticisms of being child-centred is that it is still has an adult orientation. I.e., adults being experts on children and using adult methods/methodologies. There is a need to think about the inner world of infants and use methods that include their voices in spaces that ostensibly represent them, but commonly silence them. For example, Judges and magistrates continue to favour the rights of parents/caregivers over the rights and needs of infants with a poor understanding and/or regard of the impact of trauma on infants and development. IMH experts are not routinely included as part of court cases. Being infant-led would hold the views and experiences of infants' front-of-mind throughout the legal process and include a range of evidence not just derived from narrowly formulated Family Reports written by professionals who are often not IMH experts. Ensuring children under 5 years are assessed by an IMH professional in this setting is vital to ensure their safety and well-being.
- **Adopting a neuro-divergence affirming approach** in all areas of the strategy are needed. There is growing concern from parents, people with lived experience,

professionals, and child mental health experts that compliance-based approaches such as behaviour management or behaviour modification are forms of benevolent coercion that continue to stigmatise trauma, mental health, disability, and neurodivergence. Over-emphasis on behaviours over-simplifies an infant's developmental needs and fails to understand their subjectivity. It can also reinforce masking and contribute to toxic stress and shame, as well as the impacts of trauma.

- Related to the point above, we wish to stress the importance of **incorporating developmentally sensitive approaches** into existing and new models of service delivery. The language of infants and children is play and imagination! Interventions and programs need to meet infants where they are at which includes developmental age and stage, physical location, cultural needs, and connection to community and land.

We hope this submission will help inform the Early Years' Strategy and would welcome the opportunity to discuss the feedback provided in this submission. Please contact [redacted] in the first instance.

Yours sincerely,