Are you an individual or making a submission on behalf of an organisation?

Organisation

Organisation name

Australian Association for Infant Mental Health

Is your organisation....?

- None of the above

Please specify

Professional membership association

1. Does the new vision reflect what we all want for children and families?

The Australian Association of Infant Mental Health (AAIMH) is a national not-for-profit organisation of professionals from fields including education, health and child protection who work with infants, young children, and their families. Our membership is multidisciplinary and working in a range of contexts and at different levels of intervention, research, education and community building across government, non- government organisations and the private sector. We work collaboratively towards improving professional and community recognition that infancy is a critical time for the development of emotional, physical, and mental health.

AAIMH's mission is to work for all infants and young children from pre-birth to age three to ensure their social, emotional and developmental needs are met through stable and nurturing relationships within their family, culture and communities. This is achieved by supporting families, professionals and communities to hold infants in mind, to honour the subjective experience of the infant and to assist parents/caregivers in building nurturing and strong relationships with their children, including enhancing their awareness of the causes and signs of mental, physical and emotional stress in infants.
AAIMH is affiliated with the World Association for Infant Mental Health (WAIMH) and contributes to international developments and initiatives, advocating for best practice in Infant mental health and in systems that give care to children and their families.

The needs of infants and critical vulnerability to adverse outcomes are often

overlooked or downplayed in importance. In addition, the years from conception to age 3 represent the most crucial time in life, where all major systems for functioning are developed. Adversity during this period can have lifelong consequences, and, conversely, intervention during this period is most effective due to the pace of development and can be shorter and alter trajectories.

For these reasons, AAIMH believes that services across the continuum from intervention for the most complex to earliest prevention are most effective when focused on early in life and early in problem.

2. Are the two main outcomes what we should be working towards for children and families? Why/Why not? - Outcome 1: Parents and caregivers are empowered to raise healthy, resilient children - Outcome 2: Children are supported to grow into healthy, resilient adults.

The brain is a use dependent organism and grows in response to the environment. For infants the environment is primarily relational. AAIMH supports the two outcomes because they focus on both parents of the relationship, the infant and the caregiving environment, as being the most effective vehicle for change.

3. Will a single national program provide more flexibility for your organisation?

AAIMH is not a funded organization, however, a single national program that prioritizes infants will provide support for AAIMH members and their work.

4. Does the service or activity you deliver fit within one of the three funding streams? Do these streams reflect what children and families in your community need now – and what they might need in the future?

AAIMH does not provide direct service, however, AAIMH members work with infants and families across the three funding streams.

5. Are there other changes we could make to the program to help your organisation or community overcome current challenges?

AAIMH advocates for more visibility and focus for infants and families in the perinatal period. We believe there is a 'baby blindspot' in most services, and indeed note that infants are not identified in the documents. For example, the word 'children' appears 84 times in the Evidence Summary and the words 'young people' 21 times. 'Infant', 'baby', or 'toddler' do not appear at all.
Infancy is as different a developmental stage to children as children are to

adolescents, and adolescents and children are to adults. Their needs deserve to be specifically represented.

6. Do you agree that the four priorities listed on Page 4 are right areas for investment to improve outcomes for children and families?

AAIMH would add the crucial importance of programs that can address mental health problems, particularly the impact of maltreatment and adversity. Whilst early in life and early in problem intervention is crucial, it must not replace interventions for families with complex needs.

7. Are there any other priorities or issues you think the department should be focusing on?

AAIMH believes programs specifically for infants and families need to be prioritized and expanded. Examples include funding infant -specific interventions such as Child Parent Psychotherapy, a dyadic treatment for infants who have suffered trauma, and specialist infant court team approaches for infants involved in Child Protection Services. Both are examples of interventions that promote stability and healing for infants and their families after adversity.

Addressing the needs of infants and young children would be greatly assisted by more flexible MBS items, particularly expanded sessions and expanded carer-only sessions. Better Access poorly meets the needs of infants and children and does not align with infant or child mental health evidence based treatments.

8. Do the proposed focus areas – like supporting families at risk of child protection involvement and young parents match the needs or priorities of your service?

During the period of conception to age 3, the key systems of emotional and behavioral regulation, stress response and capacity to make and sustain relationships (attachment) are formed. When the caregiving environment is inadequate for these developmental needs, lifelong damage can occur. Therefore, AAIMH is very supportive of strengthening programs to prevent maltreatment, and programs that achieve recovery and restitution to the family as quickly as possible. Stable, nurturing and safe family care is best for infants short and long term.

9. Are there other groups in your community, or different approaches, that you think the department should consider to better support family wellbeing?

AAIMH promotes the inclusion of evidence based treatments for infants and families in any program offering, and the accompanying training and workforce development and support to achieve sustainable service delivery.
Because growth occurs within the relationship, AAIMH is cautious regarding the efficacy of generic parenting programs that lack specificity regarding each of the infants, children and young people in the family.

10. What are other effective ways, beyond co-location, that you've seen work well to connect and coordinate services for families?

Our members report home visiting and outreach services being of great benefit to families that include infants and young children. Travel can be burdensome for families in this stage of life and often a barrier to treatment.

11. What would you highlight in a grant application to demonstrate a service is connected to the community it serves? What should applicants be assessed on?

no comment

12. Beyond locational disadvantage, what other factors should the department consider to make sure funding reflects the needs of communities?

AAIMH believes a targeted approach to infants and their families is needed. Infants who are not in early learning centers, and their parents, can be very isolated, out of view of community and professionals. In addition, families in this stage of life have needs that services should address specifically in a developmentally appropriate way.

15. What else should be built into the program design to help improve outcomes for Aboriginal and Torres Strait Islander children and families?

Focus on infants and keeping Aboriginal babies with Aboriginal mothers (and fathers)
Infants (under 1 year) receive child protection services at 40 per 1,000 population nationally—the highest rate of any age group, and First Nations infants experience services at 200.9 per 1,000—more than 5 times the rate for non-First Nations infants

16. What types of data would help your organisation better understand its impact and continuously improve its services?

Proportion of infants receiving services and receiving funding within services. This should be at the very least proportional to population, however, given the unique

opportunity for change, AAIMH advocates for funding and services to be provided to infants in greater proportions to maximize the chances for a positive trajectory. Resilience is largely built in the period between birth and age 3, when the crucial systems of stress management, emotional and behavioral regulation and capacity to make and sustain relationships are developed. These systems are fundamental to the capacity to manage stress and adversity through life.

17. What kinds of data or information would be most valuable for you to share, to show how your service is positively impacting children and families?

As above, promotion of infants and young children receiving services.