

SPEAKING POINTS

Dr Robin Sullivan, Director-General

**10th National Conference of the Association for the
Welfare of Child Health
Keynote Address
'Productive partnerships for child health: how can we
work together'**

Carlton Hotel, Church Street, North Parramatta, Sydney,
Friday, 29 April, 9.00am – 9.30pm.

ACKNOWLEDGEMENTS:

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[Insert Slide 1: Quote by Gabrielle Mistral]

“Many things we need can wait, the children cannot. Now is the time their bones are being formed, their blood is being made, their minds are being developed. To them we cannot say tomorrow, their name is today.”

- I was really pleased to accept an invitation to address this conference today – not only to interact with others who are committed to achieving positive outcomes for children and young

people, but also because of the overall theme of the conference – ‘Healthy Solutions for Children – Making the Right Choice’.

- I think this theme highlights the range of opportunities we have, and consequently the choices we make, as active participants in shaping the lives of children.
- As parents, as professionals, and as community members, we all have a role to play in focusing our attention on improving the health and well being of our children and of making the right choices as to how we can best achieve this.
- The title of my presentation today is ‘Productive partnerships for child health: how can we work together?’ I have chosen the word ‘productive’ quite deliberately - as I believe there is a danger that a term like ‘partnerships’ can become a meaningless ‘weasel word’ to use Don Watson’s term.
- The word ‘productive’ may mean – ‘creative, useful, prolific, industrious, fruitful or dynamic’.
- Coupled with the term ‘Partnerships’ my key message for today is the importance of diverse individuals, groups, organisations, and service systems working together to promote and ensure the health of children and young people through working creatively, usefully, prolifically, industriously, fruitfully and dynamically.
- It is clear, that the starting point for developing productive partnerships must be the recognition that the responsibility for child

health and well being lies outside the ambit of any one government or community agency.

- I would like to provide you with some current information on key indicators of health and well being for children and young people in Queensland.

[Insert Slide 2: Key statistics on population and families]

- There are a number of conceptual models or frameworks that encapsulate the multidimensional nature of child health and well being.
- I am a great supporter of Bronfenbrenner's ecological model as it provides a framework that recognises and acknowledges the inter-relatedness and interaction between the different levels and sub systems that impact upon an individual.

[Insert Slide 3: The child nested in multiple environments]

- From this perspective, the various domains that contribute to a child's well being such as health, education and development, cannot be seen in isolation from broader familial, social, cultural and economic influences.

- Focusing initially on families as a key influence on child growth and development, the ecological model would also allow for a broad and holistic analysis of additional influencing factors.
- For example, the capacity of families to support children in reaching their potential is affected by their immediate physical and social environment as well as by broader factors in society, including local community networks, employment and income, child care, housing and health services¹.
- The area of prevention and early intervention is one where the formation of productive partnerships can reap tangible rewards, especially in the early years of a child's life.
- Long standing research in the areas of developmental psychology, social work, health and education has identified the importance of children's early experiences in affecting their long term physical, emotional, social, health and intellectual development. These experiences provide the building blocks for a child's physical, emotional and intellectual development.
- The positive relationship between child care quality and virtually every facet of children's development is one of the most consistent findings in developmental science².

¹ Centre for Community Child Health, Research to inform the development of a capacity building program, Final Report, prepared for the Australian Council for Children and Parenting, June 2003, and Marmot MG 1999, 'The solid facts: the social determinants of health', *Health Promotion Journal of Australia*, 9(2), 133-139.

² National Academy of Sciences (2000) From neurons to neighbourhoods: The science of early childhood development, p.313. *Voices for childcare*.

- Applying the ecological framework to this analysis, it can be argued that the outcomes of child care are related to the quality of care received and how care settings link with other contexts in which children develop.
- The preliminary results from research conducted recently in Perth child care centres³ to determine changes in children's cortisol levels across the child care day, reinforce the importance of early childhood environments in contributing to children's health and well being.
- To date, data has been collected from 117 three to six year old children attending centres in the metropolitan area. For each of the children, ratings were made against a subset of 14 quality improvement principles embodied in the national accreditation system for such centres.

[Insert Slide 4: Figure 1 – Changes in Cortisol for Principle 2.2 Individual needs]

- The results indicate that for some principles, children in unsatisfactory programs showed a significant increase in cortisol levels across the day whereas children in satisfactory and high quality programs, showed a decrease.

³ Sims, M, Guilfoyle, A, & Parry, T. (2005) Children's biological stress levels and child care quality: what are we doing right? *Gowrie Australia*, Autumn 2005.

[Slide 5: Figure 2 – Changes in Cortisol for Principle 1.2 Positive Guidance]

- Across other principles, the results demonstrate no significant change in cortisol levels for children in satisfactory programs, but significant decreases in cortisol levels for children in high quality programs.
- These results clearly demonstrate that there are a number of areas where high quality child care practice makes a significant difference to children's stress responses.
- Child care professionals also play a key role in creating and maintaining safe environments for children. Their close proximity to children and contact with their families and other caregivers, enables them to identify and respond appropriately, to signs that a child's safety may be compromised.
- In addition, child care professionals are well placed to communicate positive messages to children about sexuality and self protection. I would like to acknowledge the work undertaken by Family Planning Queensland in developing the *I Can – Promoting Self Protection Posters*⁴.
- The posters are designed for parents/carers, early childhood workers, educators and early childhood services to use with children aged 2-5 years.

⁴ *I Can – Promoting Self Protection Posters*. Family Planning Queensland, 2004.

- Initiatives to build the capacity of families to support their children are a critical component of an effective child protection system. Preventing families from falling into crisis through the provision of information and support and responding to their needs in a timely way will help ensure that the level of state intervention is commensurate with the level of harm, or risk of harm, to a child or young person.
- An exciting partnership has been formed in Queensland between the Queensland Divisions of General Practice, Queensland Health, Education Queensland, University of Queensland, Triple P International and Parentline to enhance the availability of the Triple P Positive Parenting program to Brisbane South communities.
- The *Every Family* program⁵ is funded by *beyondblue: the National Depression Initiative* and extends the parenting program from child health centres to school communities, and therefore, to school-aged children.
- The program adopts a population health approach to reduce the prevalence of common behavioural and emotional problems in young children (4 to 7 years) and their families and seeks to build community capacity and strengthen collaborative relationships and referral pathways for children, their parents and significant others.
- Baseline data collection for the Every Family program has been completed and were released in May 2004. Telephone surveys

⁵ *Child and Youth Health Update – Information Update #10 – June 2004*, p.11. Child and Youth Health Unit Queensland Health.

were conducted with 4500 parents in Brisbane, Sydney and Melbourne.

[Insert Slide 6A, 6B and 6C: Evaluation results – Every Family program]

- In conjunction with universal provision of multifaceted services, there is also of course a need for targeted services for vulnerable children, young people and their families.
- One key example of effective targeted services is Queensland Health's Family CARE program⁶.
- This program demonstrates effective partnerships between health service providers and non-government agencies to minimise the impact of key risk factors on health and social outcomes for children and families.
- It is an intensive, structured home visiting program that has been integrated with Queensland Health's Domestic Violence Initiative in 14 Health Service Districts within Queensland.
- A public health approach to child health seeks to systematically address the range of influencing factors detailed in the ecological model through a focus on health promoting, health protecting and preventative strategies at a whole-of-population level.

⁶ *Healthy Children – Strengthening Promotion and Prevention Across Australia – Developing a National Public Health Action Plan for Children 2005-2008 – Consultation Paper*. Child and Youth Health Intergovernmental Partnership, July 2004.

- For example, the *Health Promoting Schools Program* supports a settings approach at the community level. This approach considers the broad (physical, emotional and social) health needs of all school community members and addresses these needs collaboratively and comprehensively using a combination of strategies linked to the following components:
 - curriculum, teaching and learning;
 - school organisation, ethos and environment; and
 - school partnerships and services⁷.

- Queensland Health adopts the health promoting schools framework and has worked with the State, Catholic and Independent schools system to develop the *Working Together for Healthy Schools: A Queensland Health Position Statement and Practice Framework*.

- The Position Statement and Practice Framework provides a platform for joint action across sectors to address identified priority health issues including health weight, substance misuse, sun safety, mental health and resilience, sexual reproductive health, and improving outcomes for Aboriginal and Torres Strait Islander children and young people⁸.

- The Australian Early Development Index: Building Better Communities for Children Project, currently being conducted by the Centre for Community Child Health at the Royal Children's Hospital

⁷ Health Promoting Schools Association – Qld Inc <http://www.hqsaq.org/whatishps.php>

⁸ *Child and Youth Health Update – Information Update #10 – June 2004*, p.6. Child and Youth Health Unit Queensland Health.

Melbourne, will also maximise opportunities for forming productive partnerships.

- The Australian Early Development Index (AEDI) based on its Canadian predecessor - is a community measure of young children's development, based on the scores from a teacher-completed checklist consisting of over 100 questions. It is currently being trialed in a number of sites within Australia.
- The checklist measures five areas of child development including:
 - language and cognitive skills;
 - emotional maturity;
 - physical health and well being;
 - communication skills and general knowledge; and
 - social competence.
- The implementation of the AEDI provides communities with the opportunity to strengthen and increase collaboration between schools, early childhood services, and local agencies supporting children and families.
- I understand that in one of the sessions later today, Dr Sharon Goldfeld from the AEDI Partnerships group and Mary Sayers from the Centre for Community Child Health Royal Childrens Hospital Victoria will be presenting the results from the first year implementation of the AEDI.

- I would like to focus now on the current reforms of the child protection system in Queensland and how we are working productively and in partnership with government and the non-government sector to improve the lives of vulnerable children and young people.
- As many of you would be aware, the Crime and Misconduct Commission made 110 recommendations as to how the child protection system in Queensland should be radically altered.
- The most significant recommendation was the establishment of a dedicated agency, the Department of Child Safety, to focus specifically on children who have experienced abuse or neglect or are at risk of abuse or neglect.
- Central to the reform of the child protection system in Queensland is a recognition of the need to view the system in an holistic way to understand the breadth of need that many families experience and the diverse nature of the service system.
- An effective system requires considerable cooperation and collaboration across all contributors to deliver an integrated and informed service system response.
- To facilitate an effective whole-of-government response to child protection, robust coordination mechanisms are required. In recognition of this, a senior position, Child Safety Director, has been established within ten government departments seen as playing a critical role in the area of child protection.

[Insert Slide 7: Child Safety Directors]

- These positions assist in ensuring that each agency fulfils its child protection obligations with respect to service delivery, policy development and performance reporting and are instrumental in bringing about the culture shift needed for child protection to be seen as a whole-of-government responsibility.
- There are a number of key initiatives progressed over the past twelve months within the portfolio areas of education and health that demonstrate concerted effort to work in partnership to improve the lives of vulnerable children and young people.
- The Department of Education and the Arts have made significant progress in finalising Education and Support Plans for child and young people in care.
- As a central component of the *Partnership Agreement* between the Department of Education and the Arts and the Department of Child Safety, Education Support Plans are formal written documents that identify for children and young people in care: specific educational goals and strategies; resources; stakeholder responsibilities; and processes for monitoring and reviewing.
- The plans were developed in response to research showing that children in care have educational achievements below those of their peers.

- The *Partnership Agreement* was developed in consultation with a number of other government and non-government organisations.
- The Education Support Plans reflect this collaborative approach and provide opportunities for the school principal or nominee to engage a range of partners in developing the plan, for example, youth support coordinators, health and mental health services and accommodation providers.
- I am pleased to report that as of 1 August 2004, 91% of the 2,328 children and young people in the care of state and enrolled in Queensland State Schools, had completed Education Support Plans.
- The Department of Education and the Arts and the Department of Child Safety have subsequently worked with the Queensland Catholic Education Commission and the Association of Independent Schools to assist them in implementing education support plans for children and young people who attend non-state schools.
- Queensland Health has also made a significant commitment to working with the Department of Child Safety and other partners to support children with severe psychological and behavioural problems.
- The Crime and Misconduct Inquiry found that children subject to statutory intervention by the former Department of Families were more likely than other children and young people to suffer from varying degrees of emotional and behavioural problems and

recommended that more therapeutic treatment programs be made available for children with severe psychological and behavioural problems

- The Therapeutic Services Project aims to ensure that relevant agencies and departments work together to provide the expertise, resources, interventions and supports to children and young people in the care of the department who present with high, complex or extreme psychological and behavioural problems.
- These psychological and behavioural difficulties may involve developmental, emotional, behavioural, social, educational, or health needs and provide key opportunities for forming 'productive partnerships'.
- The Department of Child Safety and Queensland Health are also working collaboratively to introduce 'baseline health assessments' for children entering and/or re-entering care.
- Although only in the preliminary planning stages, it is anticipated that these assessments will improve child health outcomes by:
 - providing a comprehensive health assessment, including mapping against key developmental milestones;
 - providing clear referral pathways to specialist services;
 - forming a closer integration of health needs with general case planning processes;
 - increasing the capacity of foster carers to identify and respond to the health needs of children in their care.

- Another plank of the whole-of-government approach to child protection is the implementation of a strengthened Suspected Child Abuse and Neglect or SCAN Team model.
- Many of you will be familiar with the SCAN Team concept that has been in operation within Queensland since the 1980s.
- The new two-tiered SCAN Team system will be grounded in legislation and will result in an enhanced system in terms of standardisation of operation, improved decision making and case management and greater accountability.
- The first tier will be the 20 SCAN Assessment and Management Teams, each of which will be resourced by a Department of Child Safety coordinator and administrative officer.
- These teams are the conduit for all matters to be referred to the SCAN system for deliberation, undertake the initial assessment of available information in relation to each case and formulate recommendations for action.
- The core membership of the Assessment and Management Teams has been broadened to include the Department of Education and the Arts in addition to Queensland Health, Queensland Police Service and the Department of Child Safety. The Queensland Government has allocated an additional \$22.1 million to these departments to improve the SCAN system.

- There will also be a core member representative from an appropriate recognised Indigenous agency when an assessment is required for an Aboriginal and Torres Strait Islander child and family.
- When required by the SCAN Assessment and Management team, recommendations will be forwarded to the relevant Department of Child Safety Service Centre for the establishment of a SCAN Community Implementation team to facilitate an holistic response to the protective and safety needs of children and young people.
- While the SCAN Team system provides an excellent opportunity for a multi-agency and coordinated approach, the CMC Inquiry highlighted the growing trend for services to at risk children and young people being provided by the non-government sector.
- It is essential that we be proactive in establishing and maintaining genuine partnerships with the community sector.
- A Statewide Child Protection Taskforce commenced in July 2004 and meets monthly to progress partnership arrangements between the Department of Child Safety and key stakeholders with an interest in child protection service delivery.
- The Taskforce will contribute to the progression of plans to establish local partnership and planning networks in each of the department's seven zones. The process will facilitate improved service delivery models to deliver better and more comprehensive services to clients.

- I believe that this account of productive partnerships in the case of our most vulnerable children and young people, makes really tangible the intent behind those often used, but sometimes hollow sounding phrases ‘whole-of-government’ and ‘whole-of-community’.
- However – I would like to share with you what remains on my shopping list for such productive partnerships to achieve.
- I believe there are still some challenges ahead of us as diverse individuals, groups, organisations and service systems in working together productively to improve the lives of children and young people.
- I think the different philosophies underpinning our professional practice, the different focus of our service responses and consequently our hierarchy of priorities when responding to children, young people and their families can both foster and hinder a truly ‘productive’ approach.
- Work currently underway in the United Kingdom as part of the *Every Child Matters* initiative proposes a common core of skills and knowledge⁹ to break down some of the cultural and practice barriers within the children’s services workforce and support the development of more effective and integrated approach.

⁹ *Common Core of Skills and Knowledge for the Children’s Workforce – Every Child Matters: Change for Children*. Department for Education and Skills, United Kingdom. <http://dfes.gov.uk/commoncore/ccs.shtml>

[Insert Slide: 8 Common core of skills and knowledge for the Children's Workforce]

- The Common Core consists of six areas of expertise, each of which have a number of required skills and knowledge bases:
 - effective communication and engagement with children, young people, their families and carers;
 - child and young person development;
 - safeguarding and promoting the welfare of the child;
 - supporting transitions;
 - multi-agency working; and
 - sharing knowledge.

- Using the common core in the design of induction and in-service and inter-agency training to build on existing practice could assist Australian human services.

- In speaking about productive partnerships for child health today I have highlighted the importance of a number of models and frameworks as a foundation for developing such partnerships.

- These models and frameworks emphasise the multidimensional aspect of child health and well being and allow for diverse entry points for prevention and early intervention activities.

- Ultimately however, the starting point for developing productive partnerships must be a recognition that the responsibility for child health lies outside the ambit of any one government or community agency.

- So I would encourage each and every one of you to go forth and be 'productive'. I would encourage you to work together creatively, usefully, prolifically, industriously, fruitfully and dynamically to improve the lives of all children and young people, and in particular those who are most vulnerable to emotional, physical, and sexual abuse and neglect.

[Insert Slide 9: Quote: Professionals working on the big picture]

“As advocates for [mental] health promotion we must move beyond, but not abandon, our traditional emphasis on ‘technical’ public health solutions to engage in the broader social and political debates; we must be agents of health promoting change; and we must ensure that the voiceless are heard ... This will be new and uncomfortable territory for many and we must be careful that having recognised the limitations of a narrowly defined public health approach to promoting [mental] health we do not declare it all too difficult, repair to our comfort zone and leave it to undefined groups of ‘others’ to sort things out.

Professionals working on the big picture should also not forget that there is much that they can do personally and locally to effect change.”