

Submission

No 76

INQUIRY INTO CHILDREN AND YOUNG PEOPLE 9-14 YEARS IN NSW


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12 May 2008

Committee Manager
Committee on Children and Young People
Parliament House
Macquarie St
Sydney NSW 2000

Dear Mr Keenan,

UnitingCare Burnside welcomes the opportunity to make a submission to the *Inquiry into Children and Young People 9-14 Years in NSW*.

Our submission focuses on the needs of disadvantaged children and young people in the middle years particularly in education and family support. We have also taken this opportunity to draw attention to the needs of children and young people in the middle years who are living in out of home care in NSW.

Our Executive Summary highlights our recommendations for strategies to meet the needs of children and young people in the middle years and increase their resilience.

I commend our submission to you and look forward to the opportunity to discuss this further during Inquiry hearings.

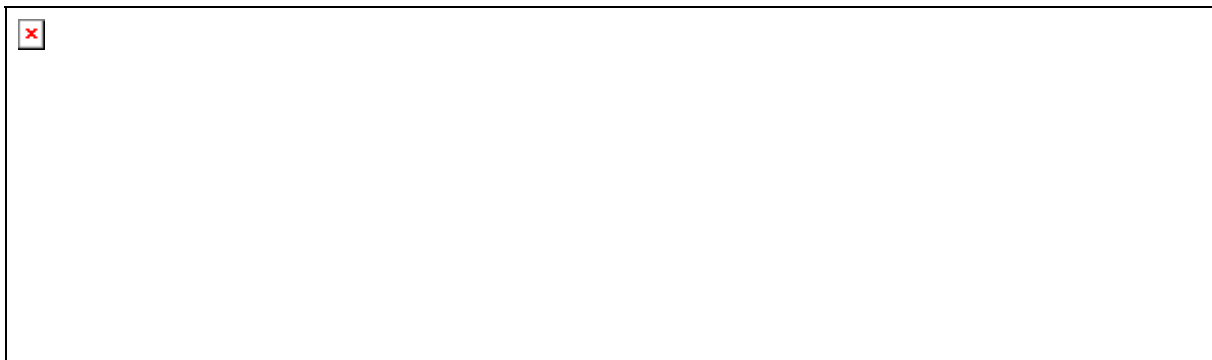
Please do not hesitate to contact us if you require any further material or information or would like more information about any of the issues raised in our submission. Our contact person is Monica Bernacki, Policy Officer in our Social Justice, Partnerships and Communication team. She may be contacted on:

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Yours sincerely,


Jane Woodruff
CEO

UnitingCare Burnside



Submission to the 2008 Inquiry into Children and Young People 9-14 Years in NSW

**Held by the NSW Parliamentary Joint Committee
on Children and Young People**

May 2008

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This submission was prepared by Monica Bernacki, Policy Officer in the UnitingCare Burnside, Social Policy and Research Program.

We would like to thank the UnitingCare Burnside and UnitingCare Unifam staff and service users who participated in consultations and made other contributions as part of the preparation of this submission.

UnitingCare Burnside

Submission to the 2008 Inquiry into Children and Young People 9-14 Years in NSW

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Executive Summary

UnitingCare Burnside (Burnside) is a member of the Children, Young People and Families Services Group of UnitingCare NSW.ACT and part of the Uniting Church in Australia. Burnside is a leading child and family organisation in NSW. Our purpose is to provide innovative and quality programs and advocacy to break the cycle of disadvantage that affects vulnerable children, young people and families. We provide a range of direct services to families, children and young people in Western Sydney, South West Sydney, the Central, Mid North and South Coasts as well as the Orana Far West.

UnitingCare Burnside welcomes the *2008 Inquiry into Children and Young People 9-14 Years in NSW* as an opportunity to highlight the issues facing children and young people aged 9-14 years who access our services.

Service providers from seven UnitingCare Burnside programs contributed to this submission. These programs range in focus from education to assistance with unemployment and homelessness. They are located in metropolitan, regional and rural parts of NSW. Their impressions of children and young people in the middle years and their concerns for this age group were remarkably similar despite the disparity of service types and locations.

UnitingCare Burnside provides services throughout NSW for children, young people and families who are experiencing disadvantage. This often takes the form of locational socioeconomic disadvantage, but may be exacerbated by:

- acute locational disadvantage and social disadvantage experienced by Aboriginal and Torres Strait Islander (ATSI) families
- cultural or language differences which, when experienced in combination with socioeconomic disadvantage, may affect education and employment opportunities
- child abuse and neglect issues
- obstacles experienced by one or more family members to workforce participation such as illness or disability.

This submission focuses on the impact of disadvantage on the experiences of children and young people in the middle years in NSW, and on innovative models of service provision that may improve the health and wellbeing of this group of children and young people.

A key issue for children and young people who are aged 9-14 years in NSW is a gap in appropriate early intervention services and supports. This means that school, family or mental health issues are often not addressed until intensive support is required in the teenage years. This is of particular concern for disadvantaged children and young people because of a lack of access to other education and support services in the early years, for example early childhood prevention and early intervention services that are well placed to identify and respond to learning difficulties and risk factors within the family.

An increase in early intervention services for children and young people in the middle years is required in NSW, together with more targeted services to address risk factors that lead to educational disengagement, family breakdown or even homelessness.

UnitingCare Burnside recommends that strategically located, family-based services be provided to build the resilience of children and young people in the middle years. Family-based services increase protective factors at home that contribute to resilience.

Early intervention services need a strong education focus. Bringing families together to work towards the child or young person's educational attainment allows families to develop relationship skills around a shared, positive goal. An education focus supports strengths-based approach so that families are accessing support to assist their children with a worthwhile goal rather than because they 'have problems'. This also increases the family's understanding of the school culture in which the child or young person is involved.

Support services need to meet the individual needs of the child or young person within the context of their family. Services must also be available at a community level for children and young people in the middle years who are experiencing difficulty at home and at school.

School based support can be provided at low or no cost. Schools are an excellent site for universal prevention and early intervention services. Targeted service provision such as school counsellors and support for children and young people with intensive needs are important programs and need to be resourced and utilised accordingly.

Summary of recommendations

1. That the NSW Government develop a comprehensive approach to providing services that support children and young people in the middle years. These services should be located in disadvantaged communities as a priority and linked with local schools to encourage universal access. Children and young people should be able to access primary, secondary and tertiary services in their local communities as their needs change. The Burnside Family Learning Centre offers a helpful model for this type of service.
2. That the NSW Government use the *Sista Speak* program as a model for working with Aboriginal and Torres Strait Islander (ATSI) boys in year 7 who are at risk of disengagement from school.
3. That the NSW Government develop a suite of programs that introduce school and community role models to groups of young people who are identified as being at high risk of disengagement from school, eg. boys with a history of school suspensions. These programs should be offered for students in late primary school.
4. That the NSW Government increase access to school counsellors for children and young people in the middle years by reducing the student to counsellor ratio significantly, particularly in disadvantaged areas.
5. That the NSW Government provide a range of services for children and young people in the middle years homelessness outreach programs, respite care options for families with children and young people in this age group who have behavioural problems and mental health services. This would implement the NSW Government's commitment to embedding early intervention in all government services as part of the NSW State Plan (2006).
6. That the NSW Government provide an intensive early intervention program for families with children and young people in the middle years that is based on the *Brighter Futures* model and is designed to meet the specific needs of families who have children and young people aged 9-14. This program should work seamlessly between *Brighter Futures* and the *Reconnect* program so that children and young people in the middle years can always access support with family or school issues.
7. That the NSW Government review the availability and spread of extra-curricular activities or activity-based services that are available for children and young people to access at low or no cost throughout NSW with a view to increasing these activities in disadvantaged communities.
8. That a new stream of family support services specifically targeting older children and young people be developed and funded by the NSW Government. These should prioritise disadvantaged communities.
9. That the NSW Government invest in developing integrated child and family services in disadvantaged communities in NSW (please see attached discussion paper).

10. That the NSW Government review policy and progress regarding provision of out of school hours care for 12-14 year olds with a particular focus on vacation care programs.
11. That the NSW Government review current Behavioural School suspension and expulsion policies so that children and young people with behavioural difficulties are not denied a meaningful education because of unnecessary or ineffective disciplinary strategies in NSW.
12. That the NSW Government implement the *NSW Guarantee for Kids in Care* (please see Appendix A).

Term of reference 1:

The needs of children and young people in the middle years, ie. between about nine and fourteen years of age

Groundwork for change

Children and young people in the middle years are a confident and curious group who are excited about the world around them. They start to show traits of the adults that they are growing into. UnitingCare Burnside (Burnside) staff describe the privilege of witnessing the enormous amount of growth in children and young people of this age group.

Significant changes occur in the 9-14 year age bracket. It is during this time that children become young people, primary school students move to high school and family dynamics shift as children who are starting to voice adult needs. Physically and mentally children and young people in this age group are getting ready for these changes, and also for the challenges of the teenage years.

This is also a period of rolling change – the transitions faced by children and young people at this time are often simultaneous with others or will trigger more changes. For example, the onset of puberty is not only a significant physical transition but a trigger for changes in peer relationships, sibling relationships and mental health and wellbeing.

Parents, community members and service providers can assist children and young people in laying the groundwork for positive change and long-term health and wellbeing.

This life period is an opportunity for service providers to identify risk factors within the children and young people that may impact on their health and wellbeing in the immediate or long term future. For example, this is a key early intervention period for:

- improving school engagement
- addressing emerging family relationship issues that left unaddressed may escalate and result in homelessness
- improving social and behavioural outcomes (Tully 2007).

It is also a time when mental health issues may surface (Australian Institute of Health and Welfare (AIHW) 2007). The importance of providing early intervention services for this age group is detailed in Section (3.2) of this submission.

The needs of children and young people in the middle years are grouped below according to the three main changes that are parenthesized within the 9-14 year age bracket.

1.1 Emerging from the family

Despite the substantial amounts of research into the impact of adolescence on family relationships, a child's desire for independence often begins well before they go through puberty. Children as young as eight identified the importance of a sense of autonomy for their wellbeing in a recent survey conducted by the NSW Commission for Children & Young People (Fattore T, Mason J & Watson L, 2007).

Research indicates that during this time, children and young people need encouragement of their independence, firm boundaries and warmth (Steinberg 2001 in Tully 2007). Family 'warmth' and 'connection' are terms that were explained by Burnside service providers as a need that children and young people, even those who leave home during times of crisis, will come back to their families for:

They always come back, whether or not that takes a couple of years. That's why it's important to work with the families as well, so that the young people are more likely to stay when they come back.

At the same time parenting is often challenging for families with children and young people in the middle years. If a family is already experiencing distress or is at risk of experiencing distress, the pressure on parenting skills will increase and as a result the child or young person may not have their developmental needs met at home. This age group needs access to family-oriented services that address their individual needs within the context of their family. The benefits of family-based service provision are discussed in Section 3.2 of this submission.

1.2 Connecting with others

Children and young people in the middle years have a strong need for increased stimulation and exposure to the world around them.

Integral to this is the development of social and emotional skills that allow them to negotiate the world around them. This need is listed by the AIHW as a key health indicator for children and young people (April 2008).

Children and young people who have experienced neglect or social isolation have reduced access to the stimulation needed for gradual skills development. Intervention in the middle years provides an opportunity to make a difference for these disadvantaged children and young people at a key stage of cognitive development and at a time of high socialisation (Smart et al 2003).

Burnside services recognise the importance of the provision of excursions, extra-curricular activities and camps as a way of providing stimulation. These activities help to develop much needed life skills such as active listening skills, co-operation and appropriate body language.

UnitingCare Children, Young People & Families Services holds an annual event named *Have Your Say* that is designed to gain a qualitative snapshot of service user satisfaction across the service group and to identify recommendations based from service user feedback for the development and improvement of direct services and management.

During the 2007 *Have Your Say* event, Burnside service users suggested increased opportunities for excursions, outings and activities. Due to limited resources, service users said they would appreciate the opportunity to participate in excursions, outings and activities outside their immediate community.

Have Your Say data was collated into cluster groups – families and communities, child protection, education, young people and out of home care. Regardless of the cluster group, more excursions and outings were listed among the changes service users would like. This suggests that having opportunities to experience new places and activities or to simply be involved in their community is not unique to one particular group of people, but to all our service users.

Parents often expressed the need for more excursions as a means for their children to have new experiences. The opportunity to go on excursions would also provide a chance for their children to develop their social and developmental skills - "Would like to go on more little trips with the children to help build on language skills."

Among other benefits, these activities help children and young people in the middle years to build the skills to enhance relationships with their families and peers. These relationships provide critical support when they face adolescent and teenage challenges.

1.2.1 Mental health and wellbeing

The middle years are also a key early intervention period for mental health issues. Some researchers suggest that mental health is the most dominant health concern for adolescents and young people in Australia and is a significant concern for children (Sawyer et al 2000). Children and young people in the middle years have important mental health needs because:

- mental health problems are one of the leading causes of death for young people over the age of 12 (Kang & Chown 2004)
- mental health disorders such as Attention Deficit Hyperactivity Disorder (ADHD), depressive disorder or conduct disorder can impact on protective factors such as educational attainment (AIHW 2008)
- the middle years are an effective early intervention period for improving immediate and future mental health and substance abuse outcomes (Tully 2007).

1.3 Transition to high school

Burnside service providers prioritise the educational needs of children and young people in the late primary, and particularly the early high school years, because this is a crucial period for retaining student engagement with learning and education (NSW DET, 2005).

Service providers identify that it is also a time when young people who are in a family that is experiencing crisis may decide that they are needed more at home than at school, or not needed either at home or at school.

Children and young people in the middle years need support during the transition in the form of:

- positive role models that demonstrate positive engagement and the benefits of positive engagement
- family encouragement of educational goals and aspirations
- tutoring services to address literacy and numeracy gaps that may emerge during the transition to high school.

Parents may require support to assist children and young people to set and attain educational goals. For parents with limited or negative experiences of education, this is particularly important.

Case study: Burnside Family Learning Centre

The Burnside Family Learning Centre has worked in the Sydney suburb of Ermington since 1985 to provide literacy and learning support for local children and young people in the primary school years. The Learning Centre provides targeted support for children and young people with identified literacy and numeracy learning needs.

Special Education practitioners are employed by the Learning Centre so that children and young people who access the service are provided with the best possible opportunity to catch up with their peers.

Family-based service provision is an important strategy that is used by the Learning Centre to assist with long term change for children and young people. An example of family-based service provision at the centre, is the compulsory attendance of parents at weekly tutoring sessions so that parents are aware of the child or young person's educational goals and know more about what the child or young person is being asked to learn. Service providers find that parents are more likely to develop a homework routine and assist with work where they can if they are encouraged to be part of the process.

The Learning Centre also has an advocacy role at local schools around improving communication between teachers, parents and the child or young person so that behavioural or learning difficulties may be addressed in a consistent and effective fashion.

1.4 Conclusion

The needs of children and young people in the middle years are currently addressed primarily through schools or services that focus on family issues. Therefore there is a gap in services for children and young people in the middle years who have stopped attending school and who have disengaged, or are at high risk of disengaging, from their families.

Services that meet the needs of these vulnerable children and young people should be located in the community and linked with local schools to encourage universal access.

This submission highlights the services and programs that can support children and young people in the middle years in a meaningful way, and improve their potential for health and wellbeing.

Recommendation

1. That the NSW Government develop a comprehensive approach to providing services that support children and young people in the middle years. These services should be located in disadvantaged communities as a priority and linked with local schools to encourage universal access. Children and young people should be able to access primary, secondary and tertiary services in their local communities as their needs change. The Burnside Family Learning Centre offers a helpful model for this type of service.

Term of Reference 2:

The extent to which the needs of children and young people in the middle years vary according to age, gender and level of disadvantage

UnitingCare Burnside provides services throughout NSW for children, young people and families who are experiencing disadvantage. This often takes the form of locational socioeconomic disadvantage, but may be exacerbated by:

- acute locational disadvantage and social disadvantage experienced by Aboriginal and Torres Strait Islander (ATSI) families
- cultural or language differences which, when experienced in combination with socio-economic disadvantage, may affect education and employment opportunities
- child abuse and neglect issues
- obstacles experienced by one or more family members to workforce participation such as illness or disability.

Disadvantaged children and young people need increased tutoring services in their pre-adolescent years. They are less likely to have accessed early childhood education and care services (Department of Education, Employment and Workplace Relations 2008) which are crucial for assisting with diagnosis and treatment of learning difficulties (NSW Standing Committee on Social Issues 2003). Burnside service providers work closely with pre-adolescents during late primary school to address undiagnosed learning difficulties and any resulting gaps in literacy and numeracy. This is an early intervention strategy to prevent disengagement from education in the early high school years.

Parental educational attainment is a key indicator for children's educational achievement. In many disadvantaged communities parental educational attainment is not high and many parents have had poor educational experiences. As a result, children and young people may require additional support and access to strong positive role models during the transition to high school. The NSW Government has recognised this need by providing the *Sista Speak* program for girls with an ATSI heritage in the first year of high school. This provides a useful model for other disadvantaged groups within this age cohort.

Recommendation

2. That the NSW Government use the *Sista Speak* program as a model for working with Aboriginal and Torres Strait Islander (ATSI) boys in year 7 who are at risk of disengagement from school.
3. That the NSW Government develop a suite of programs that introduce school and community role models to groups of young people who are identified as being at high risk of disengagement from school, eg. boys with a history of school suspensions. These programs should be offered for students in late primary school.
4. That the NSW Government increase access to school counsellors for children and young people in the middle years by reducing the student to counsellor ratio significantly, particularly in disadvantaged areas.

Pre-adolescents need to be developing the social skills that will help them to retain strong bonds with their family and peers during adolescence. Pre-adolescents in disadvantaged communities need assistance with access to after-school activities so that they don't fall behind in this important area of development.

This age group needs:

- educational assistance with the transition to high school, in the form of mentoring programs or other targeted services
- access to extra-curricular activities such as local sport teams and music or drama groups
- access to positive role models or mentors that may assist with transition to high school.

The 12-14 year age group tends to take on adult responsibilities earlier than their peers if they are in situations of abuse and neglect, domestic violence, or acute socio-economic disadvantage. Many children and young people have additional family responsibilities that range from feeding and bathing younger siblings to being young carers for parents or grandparents. This life period is a time children and young people tell us that they experience an increase in these kinds of responsibilities.

Conflict with parents may increase as children become teenagers with their own ideas and agendas, and when this occurs against a backdrop of the risk factors mentioned above, it may result in young people experiencing either periodic or chronic homelessness (Ryan 2003). The onset of puberty may be a catalyst for the emergence of familial sexual or physical abuse. This age group needs:

- targeted, intensive service provision in the form of community centres, drop-in centres and outreach programs
- schools based counselling, advocacy and life skills education
- similar to the younger age group, access to assistance with education and access to extra-curricular activities.

2.1 A public health model approach to support children and young people in the middle years

The needs of children, young people and families that are identified above can fluctuate with levels of disadvantage or crisis. A model that recognises this range of needs is the public health model. This approach works towards an ideal level of health and wellbeing in the population by working with risk and protective factors that are recognised on a population and an individual level.

The public health model provides primary (universal), secondary (targeted) and tertiary (specific) services that are universally provided to meet primary health needs, and become increasingly targeted as their focus narrows to treat tertiary needs.

Children and young people in the middle years share a raft of primary needs that may be met by:

- access to a local school that has low teacher-student ratios in classes
- access to a robust public health system that includes dental health treatment services
- participation in a community with high social capital
- universal prevention services that work to protect children and young people in the middle years against risk factors that may lead to problems such as disengagement from school
- opportunity to be a part of sporting, activity and social networks both within and outside of school that allow them to connect with children and young people of their age.

Within this age cohort, there are a number of groups that are at increased risk of poor health and education outcomes. These have been identified by the NSW Centre for the Advancement of Adolescent Health (Kang & Chown, 2004) as:

- Aboriginal and Torres Strait Islander young people
- young people of Non-English Speaking Background (NESB)
- rural young people
- Gay & Lesbian young people
- low socio-economic groups.

Burnside service providers are also concerned for children and young people in the middle years who live in sole parent households. Low income single parent households are often exposed to mortgage or rental stress, poverty, and social isolation (SPRC 2007). Sole parent families are a key group of people who suffer from social exclusion in Australia, the direct impact of which has been shown to significantly affect children and young people (SPRC 2007).

2.2 Early intervention services

'Early intervention' refers to a stream of programs that intervene early in the life of a child when crucial protective factors are at their developmental stage including brain development, language development and their family's capacity to engage with their needs.

When children and young people in the middle years are living in disadvantaged communities or families, they may not have primary health and education needs met. Some of the obstacles to universal prevention and early intervention services that are targeted to these needs include:

- geographic or social isolation factors
- economic factors that reduce access to public transport and social engagement
- community wariness of large, centralised institutions such as hospitals and schools
- child abuse or neglect factors.

Early intervention can also refer to programs that address risk factors that a person is experiencing at any stage in their life, before they escalate to impact seriously on that person's health and wellbeing.

Despite increasing evidence that the 9-14 year age period is a prime early intervention opportunity for future problems such as substance abuse, family conflict that may result in homelessness and early school leaving (Shortt & Toumbourou 2005), there is a scarcity of early intervention services for children and young people in the middle years to access.

Where children and young people in the middle years can access services, these are most often accessed through their family. This is an effective strategy for fostering long term change in families, which in turn provides stability and support for children and young people during adolescence. There is also a strong research basis for providing family-based services as an early intervention tool for individual issues such as early adolescent substance abuse and externalising behaviour problems (Tully 2007).

Initial assessments in family-based services must include a careful assessment of the exposure of children and young people in the family so that individual priorities may be worked with alongside family priorities.

Children who missed out on early childhood prevention and early intervention services are likely to need more intensive support services in their middle years. Historically, prevention and early intervention have only been government priorities in NSW since the review of the *Children (Care and Protection) Act 1987*. Policies that reflected these priorities were not

implemented until 1999. Early childhood access to prevention and early intervention services has therefore been particularly difficult for the current cohort of 9-14 year-olds. This means that they have often missed the vital early intervention window that has been identified for the early years.

Early childhood education and care services are well placed to diagnose learning difficulties, speech delay and other concerns that may impact on a child's development. For children and young people in the middle years who have not accessed early intervention services there is an increased likelihood that these learning difficulties will be present. These may underpin behavioural problems and if left unaddressed they may contribute to disengagement from school.

Recommendation

5. That the NSW Government provide a range of services for children and young people in the middle years homelessness outreach programs, respite care options for families with children and young people in this age group who have behavioural problems and mental health services. This would implement the NSW Government's commitment to embedding early intervention in all government services as part of the NSW State Plan (2006).

Children and young people in the middle years who have outgrown the peak early intervention period with undiagnosed needs often require more intensive service provision. This may be difficult to access because:

- the resourcing difficulties currently being faced by the NSW community services sector have meant that existent services are often full and successful pilots do not receive continued funding
- delivery of family-based support services is fragmented and differs between communities
- early intervention services such as counselling are not often accessible in ways that this age group is comfortable with. These services need to be offered at school, within a family-based framework and also in community locations that are easy to access using public transport.

Case study: *Reconnect*

Reconnect is an early intervention program for children and young people aged 12-18 who are at risk of homelessness. This federal government initiative works to reconnect children and young people with their families, with school, work and with the community.

Service provision includes outreach family casework, counselling and mediation with families and teachers, camps, and brokerage to assist children and young people with accessing extra curricular activities.

Burnside *Reconnect* workers highlight the critical component of interagency partnerships as a key to the success of the *Reconnect* programs. Co-operative referral networks ensure that children and young people do not fall through the cracks of service provision. They also believe that the program is effective because it is strengths-based. Families are asked what they want, and are assisted with finding the tools to achieve this.

Family-based casework is child-centred. The family works together to help the child or young person stay at home and engaged in the community. This way, the child or young person's needs are met in a way that contributes to long term change so that there is less likelihood of future problems.

Extending *Reconnect* to work with children and young people in the late primary school years would assist with successful transitions to high school and with family relationships during the transition to adolescence for many families.

2.2.1 Improving early intervention for this age group

For children and young people in the middle years who have not benefited from prevention and early intervention services in the early years, there is a gap in services provided to respond to their specific needs. Crisis services, for example the Supported Accommodation Assistance Program (SAAP) that are aimed at young people at risk of homelessness cannot replace proactive support and prevention services.

Burnside supports early intervention services for this age group that focus on the child or young person, and that use an integrated approach to meet children, young people and families' holistic needs (see Section 3.3.1).

There is also a lack of early intervention services for this age group within the NSW child protection system. There was extensive comment in our family services programs on the need for a *Brighter Futures* type model for children and young people in the middle years. Many Burnside staff highlight *Reconnect* as an effective model for families with older children.

Recommendation

6. That the NSW Government provide an intensive early intervention program for families with children and young people in the middle years that is based on the *Brighter Futures* model and is designed to meet the specific needs of families who have children and young people aged 9-14. This program should work seamlessly between *Brighter Futures* and the *Reconnect* program so that children and young people in the middle years can always access support with family or school issues.

Term of Reference 3:

The activities, services and support which provide opportunities for children and young people in the middle years to develop resilience

Disadvantaged children and young people in the middle years require targeted services that provide support for those children and young people whose needs are more intensive than their peers. Their educational, social and emotional needs should be met by family-based services that are strategically located in areas of disadvantage, and that prioritise the best interests of the child or young person. These services should have sophisticated and co-operative referral networks or should be co-located so that referred services may be found at the same location by families who are reliant on public transport and/or have limited time outside of working hours.

3.1 Resilience

Resilience is a life skill and also a life circumstance. It identifies the ability to overcome adversity, but any use of the word must be sensitive to the influence of protective factors on a person's resilience, or the parts of their life that help them to face difficulties.

Resilient children are survivors, usually because they can make use of what we call 'protective' factors in their lives. These are facts that both reduce risk, and help to support children and young people to cope successfully. (Stanley, Richardson & Prior, 2005. Page 36.)

Protective factors may be internal, such as having a high level of intelligence and patience, or they may be external, such as having access to a positive role model or to responsive parenting (Stanley, et al 2005, pge 36). The same may be said for risk factors.

Service providers can assist with the development of resilience by addressing internal and external risk factors, and helping the child or young person to build internal protective factors and respond to external protective factors.

Case study: The *Children's Living Skills* program

Children's Living Skills is a program based in metropolitan Sydney that is funded by the NSW Government to build the living skills for children and young people. It is a targeted service for children and young people who are at risk of disengagement from school and universal services that are offered in local schools.

Research has showed that young people who gained a positive response from teachers and fellow students in high school were those who engaged people with direct eye contact and who greeted people directly.

Using this research the program has designed several activities that develop these basic interpersonal skills throughout primary school. These activities gain intensity in the lead up to high school. "Check it Out" and "Moving Up" are targeted directly at teaching positive engagement skills to children and young people who are about to start high school and who are at risk of disengaging from the school system during this transitional phase.

This program design directly addresses risk factors by building the children and young people's ability to engage with those protective factors that are available to them, such as school social networks and positive adult role models. Importantly, it is offered as part of a wrap-around service that works to address other risk factors at the same time.

3.2 Engagement with school

Burnside staff stressed that school retention is the most important issue for this age group. Schools that are local and have sufficient resources, are able to provide children and young people in the middle years with a safe and educative environment that helps them to learn important academic, social and emotional skills.

Integral to this holistic learning process is the universal availability of extra curricular activities such as sport, music and art. Burnside staff from all over NSW highlighted the positive impact of sport and activity engagement on school retention rates. These activities need to be provided at low or no cost so that their provision in NSW is truly universal.

Recommendation

7. That the NSW Government review the availability and spread of extra-curricular activities or activity-based services that are available for children and young people to access at low or no cost throughout NSW with a view to increasing these activities in disadvantaged communities.

Case Study: The Koori Holiday Program

The Airs/Bradbury Koori Holiday Program (the Program) was a vacation care Program operated by UnitingCare Burnside (Burnside) South Campbelltown Family Centre in partnership with local public schools (Briar Rd Public School and John Warby Public School). The Program was funded by the Aboriginal Child, Youth and Family Strategy in the Department of Community Services (DOCS).

The Program was developed as an early intervention program for children aged from 5 – 13 years living in Airs at high risk of abuse and neglect. It used recreation and cultural activities as a non-threatening approach to assist children to build on their social and interpersonal skills and establish positive friendship networks. It provided a positive group experience to enhance and develop life skills through building on children's existing strengths and life experiences.

The Program ran in school holidays between 2003 and 2005. An evaluation in 2005 reviewed the effectiveness of the program over 9 holiday periods, with 278 children from 123 families attending. The Program had a high return rate, with 78% of children returning for one or more holiday Program and 63% attending all Programs.

The evaluation found that there were significant benefits for individual children, families, and the community as a result of the program. For example, teachers and principles reported that children who attended the program has decreased challenging behaviours, decreased suspension rates and increased school attendance.

This program was not re-funded in 2006 due to funding constraints. However, it remains a viable model for vacation care programs in disadvantaged communities.

3.2.1 Assisting those at risk of dropping out of school

Children and young people who are at risk of dropping out of school are more likely to live in a regional or rural area and are more likely to have an ATSI heritage (Ryan 2003). Burnside service providers report that a lack of focus on educational attainment at home, particularly if one or more generations within the family have not completed high school, is another thread common to early school leaving. Service providers have identified that this lack of family engagement is compounded by the increasing focus of schools on "benchmark-driven goals", which widens the cultural gap between parents and teachers.

Individual mentoring services are important for children and young people in the middle years. For those who are at risk of disengaging from school, they are invaluable not only to address possible literacy and numeracy gaps but also for the advocacy and mediation role that mentors take on behalf of students between parents and teachers.

A cultural shift towards education on a family level may also be assisted by an increased focus on education in all family outreach services. One service provider stated that:

Education is a great focus for services because it naturally lends itself to a strengths based approach. Families do not have to come forward because they 'have a problem'. The goal for everyone is to improve the child or young person's educational outcome, and then you can tie other services into this goal.

Recommendation

8. That a new stream of family support services specifically targeting older children and young people be developed and funded by the NSW Government. These should prioritise disadvantaged communities.

3.3 Meaningful family support

Support services that meet the needs of children or young people within the context of their family are ideally placed to encourage long term change for that child or young person. Families are best placed to teach children and young people important protective factors such as relationship building, communication, self esteem and problem solving (AIHW 2008). Therefore family support is meaningful if it provides families with the tools to develop these protective factors and pass them onto their children and young people.

Family support is also meaningful if it does not make parents feel inadequate, dependant or solely accountable for problems they cannot solve on their own. For example solving the conflict between increased workplace demands and lack of after school supervision for children and young people in the middle years reflects systemic changes in the economic and social fabric of our community.

3.3.1 Integrated service delivery

Children and families that are socially excluded are most likely to benefit from being able to access a suite of services through an integrated service model. Co-location and co-ordination of services enables children and families to experience a 'one-door, no-wrong door' approach to service delivery.

Our service providers report that it is important for families 'to only have to tell their story once'. In the current service system, families who have reached a crisis and are desperate for help are often 'being referred on to other services because they don't meet the criteria'. This means they have to tell their story over and over again. These frustrations can compound tensions within the families rather than helping to alleviate them.

Integrated services are also well placed to actively link up with other services in the local area, so that intake and referral pathways can appear seamless from the service user's perspective.

Burnside is currently developing a model of integrated child and family services. Integrated child and family centres bring together key family support and children's services such as early childhood education and care, playgroups, parenting and family support, regular home-visiting as well as links to adult education and training opportunities. The integration

of services or 'hub' engenders a sense of community, which also helps to reduce social isolation and other consequences of multiple disadvantage.

As outlined earlier in this submission, children and young people in the middle years benefit from family services that use education as a focus through which other services may be offered.

Recommendation

9. That the NSW Government invest in developing integrated child and family services in disadvantaged communities in NSW (please see Attachment A).

3.2.2 Out-of-school hours care

Out-of-school hours care for children and young people in the middle years is available until they are complete primary school. Parents who are engaged with Burnside services report that there is minimal to no provision of after school care for children and young people aged over 12. This becomes even more acute during school holidays.

Lack of supervision for this age group has been linked with increased rates of smoking and substance abuse in adolescents, especially adolescents in disadvantaged communities, as they are more exposed to community risk factors for these behaviours (AIFS 2001).

Recommendation

10. That the NSW Government review policy and progress regarding provision of out of school hours care for 12-14 year olds.

3.4 Developing resilience in children and young people in out of home care

Children and young people who have been in care are likely to have had a disrupted educational experience due to relocation or exclusion (AIHW 2007). Disrupted schooling experiences can result in poor levels of educational attainment and also impact negatively on the child or young person's access to protective factors such as quality relationships with peers and teachers (CREATE 2006).

Histories of abuse or neglect can also be a barrier to educational engagement and achievement for children and young people in care. Mental health issues relating to stress, trauma, anxiety or depression are common in children and young people who have experienced abuse and neglect, and rates of externalising behavioural disorders (Smart et al 2000). This may impact on relationships with peers and teachers at school. Mental health or behavioural issues may mask gaps in literacy or numeracy (which are again disproportionately present among children and young people in care) and as a result these issues may not be addressed (CREATE 2006).

Children and young people in care also experience disadvantage in access to health services. Research by the Sydney Children's Hospital (RACP 2006) on the health needs of children under the age of 12 living in out of home care in 2005/6 identified high rates of physical, developmental and emotional health problems for these children compared with average rates among children in NSW.

This research provided evidence that average NSW immunisation rates are far higher than those found for the out of home care cohort assessed by the Sydney Children's Hospital.

The Sydney Children's Hospital study also highlights that children in care have poorer health outcomes in other areas. The significant inequality in health outcomes is highlighted by the following:

- 7.4% of children in general NSW population have abnormal vision compared to 30% in the cohort
- 3.4% of children in general NSW population have hearing loss compared to 26% of the cohort failing hearing tests
- 16.6% of children in general NSW population have speech difficulty compared with 33% in the cohort
- 31.4% of children in general NSW population have emotional or behavioural problems compared with 54% of cohort.

There is a strong indication that children in care have ongoing unmet health needs. This includes poor uptake of immunisation courses and inadequate dental care.

The lack of effective interagency systems for maintaining records on children and young people's health care is a major factor in the lack of continuity in health care.

It is concerning that the adverse health conditions of children and young people entering care are not likely to be addressed whilst they are under the parental responsibility of the Minister.

3.4.1 School expulsion rates of children and young people in care

A key area of concern for Burnside is that many children and young people in out of home care are not regularly attending school because they have been suspended or expelled. In particular, for children and young people with challenging behaviours we are increasingly concerned that those young people have not only been expelled from main stream schools, but also from Behavioural Schools.

Expulsion from behaviour schools and/or exclusion from other schools leaves young people with very limited options for continuing and completing their schooling. The primary option for children and young people who cannot access local schools and/or Behavioural Schools is distance education. This form of education requires significant motivation and personal discipline, which are skills that are still developing in children and young people in the middle years particularly if they are disadvantaged.

For children and young people in care, distance education denies them the benefits of socialisation that schools provide, reduces their chances of learning appropriate behaviours, and limits their access to individual remedial work. For young people in rural and remote areas, lack of access to a school environment compounds their physical and social isolation.

In addition, foster carers often struggle to facilitate distance education as it requires increased supervision. The additional stressors on the foster care placement of attempting to manage distance education as well as provide increased hours of supervision for the child or young person may precipitate destabilisation or breakdown of the foster care placement.

Recent research challenges the efficacy of school expulsion for improving school behaviour (see Riordan 2004). Riordan & Gonczi found in their 2002 review of NSW school disciplining methods that disciplining methods in school work best if they take into account the impact of disadvantage on children and young people's behaviour:

...schools which are succeeding in minimising problems of unacceptable behaviour are ones where principals accepted that the causes of misbehaviour are multifaceted. In these instances principals appear to be willing to experiment and to look for creative solutions.

Participation in school offers a number of protective factors that build a child or young person's resilience. These include good educational attainment; a positive relationship with a teacher or teachers; and acceptance by peers (Daniel and Wassell 2002). This is particularly important for children and young people in care who are more likely to be vulnerable.

Recommendation

11. That the NSW Government review current Behavioural School suspension and expulsion policies so that children and young people with behavioural difficulties are not denied a meaningful education because of unnecessary or ineffective disciplinary strategies in NSW.

3.4.2 Out of Home Care Guarantee

The non-government sector in the lead-up to the state election proposed that a Guarantee would give a commitment to all children and young people in the care of the Minister for Community Services that the NSW Government will prioritise their needs, health and development and ensure that important services are available when they need them up to the age of 25.

This would include fulfilling the Government's role as the 'corporate parent' of children in care by providing them with a home that offers a nurturing environment appropriate to age, the opportunity to form attachments as well as the opportunity to be connected to and participate in the community. Children in care should also be given the opportunity to retain their identity of birth family, including religious, cultural and social orientation.

Investing in our children now can minimise future economic and social expenses, both for the child or young person and our community. The Guarantee is based on the best evidence of what works for children and young people in out-of-home care.

The Guarantee promotes a holistic, coordinated approach to a child or young person's life. This includes, but is not limited to, looking after their physical, dental and mental health, educational opportunities, access to housing, employment and training. The Guarantee supports a child's overall development by promoting their participation in the community through engagement in recreational activities and hobbies.

The Guarantee is a way of ensuring that children in care receive consistent and equitable support regardless of their age or geographic location. The right to services and supports are put into practice in the Guarantee (see attached document) and extend to all children and young people in care, including those in aftercare.

Recommendation

12. That the NSW Government implement the *NSW Guarantee for Kids in Care* (please see Appendix B).

Term of Reference 4:

Changing workplace practices and their impact on children and young people in the middle years

The dual policies of *Welfare to Work* and *Work Choices* have been implemented by the federal government to decrease regulation of wages and employment contracts. Burnside service providers have observed a negative impact of these policies on low income families, particularly low income sole parent households.

Research by Baird et al (2007) found that the dual policies of *Welfare to Work* and *Work Choices* are negatively impacting on the lives of the low paid, young people, working carers and casual employees. Many low income sole parents are one or more of these categories and are significantly affected by the legislation.

Policies that collaboratively require increased employment participation from low income parents while simultaneously decreasing their average wage by up to \$200 per month (van Wanrooy et al 2007) have a detrimental impact on disadvantaged families as they struggle to afford childcare and out-of-school-hours care (OOSH), struggle to find care for children and young people who are too old to attend OOSH, and struggle to attain education or transport options that will make them more employable in the long term.

Burnside is currently developing an ARC Linkage Grant with the University of Sydney to examine the impact of welfare-to-work requirements and transitions on child well-being and care/supervision arrangements, and the incidence of child abuse and neglect. Such research is pivotal in order to inform and influence public policy so that it reflects the best interests of children (please see Attachment C).

4.1 Issues for low income sole parents in accessing and sustaining employment

A number of barriers impact on the capacity of vulnerable parents, especially low income sole parents on Centrelink benefits from commencing and sustaining participation in the workplace in a way that also protects and support their children. For families where there have been concerns about parenting, attachment or risk to children, additional stressors created in this environment are of concern.

Many low income sole parents have identified concerns about the impacts of workforce participation on their children. This is particularly of concern where return to work is causing additional financial hardships resulting in difficulty in meeting basic living expenses, education expenses (eg excursions, text books) or where unsustainable care arrangements (eg expecting family or acquaintances to provide extended care, or relying on children to be at home alone) may place children at risk or make the return to work stressful and unsustainable.

Without a partner to share the household duties and responsibilities, many sole parents are more constrained for time than dual parent households. For low income sole parents, arranging sustainable care for children, particularly school aged children, when they enter the workforce is often difficult and expensive. This is compounded by the hours required by many entry level positions, as described above.

For parents who have children with disabilities, this can be particularly challenging, especially in the early months of a new work situation.

4.2 Creating a policy framework for sustainable workforce participation

Initiatives to create and maintain stable employment opportunities must concurrently address the barriers to unemployment identified above. In particular policy frameworks should:

- facilitate access to affordable childcare that is close to home and out of regular work hours. Sole parents need accessible and affordable childcare whether parents are in paid employment, volunteering or undertaking training
- cater for the needs of parents with children and young people who have special needs. Some parents may need to be exempt from work obligations because of care commitments or require additional support in obtaining flexible employment to enable them to prioritise their children's needs (for example, the need for frequent visits to medical practitioners)
- provide support for start up costs for parents returning to work
- provide financial contributions to training to improve access to better paid jobs with training opportunities and regular working hours
- ensure the Centrelink system makes income declaration and reconciliation simple and less likely to penalise benefit recipients for income earned through work.

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Attachment A

UnitingCare Burnside Integrated Child and Family Services: An innovative approach to early intervention

UnitingCare Burnside Integrated Child and Family Services: An innovative approach to early intervention

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UnitingCare Burnside Integrated Child and Family Services: An innovative approach to early intervention

Creating opportunity through innovation and a vision for sustainable change

The Vision

To develop life-long competency and confidence of children and families through integrated quality early childhood services and family services hubs.

Early experiences have long lasting effects. Supporting the parenting of children in the early years can significantly improve children's behaviour, learning and health in later life. Provision of quality early childhood education is a powerful tool to address poor early experiences.

The concept of the hub, or central meeting place, makes it different to any current service provision, and far more effective. It pulls all the components that we know work well together, in a seamless whole, and it aims to reach children and families early enough to promote long lasting, significant and measurable change.

The Plan

To work with early childhood partners to build a series of integrated child and family services or hubs in disadvantaged areas with significant populations of children 0-5yrs, (similar to those areas identified in the Vinson rankings 2007 in Attachment 1). These centres would combine quality early childhood education with wrap around family services, including outreach services. The integrated centre, or hub, is to have a unique and diverse range of programs that will provide the best outcomes for children and families, and be based on extensive research and ongoing evaluation.

The concept of the hub is a place to go to with your child, to have contact with other parents, a place for developmental play for children from newborns to school age, a place where professional staff can model to parents how to tune into the child and follow the child's lead, for modelling language, songs, stories, modelling the teaching of appropriate behaviour as children grow. A place where the need for additional support can be quickly seen by professional sympathetic staff and provided because services are on-site and easily accessed.

The focus of integrated child and family services is to provide early intervention in the true sense of the word – the hub or centre is not in the child protection continuum but rather prevents or lessens impacts of multiple disadvantage and social exclusion. The aim is to optimise the quality of the child's emotional, social, health and intellectual growth. The hub promotes ease of access through early childhood education services that are not stigmatised and can act as a soft entry to other family services that will provide the scaffolding that the family needs to develop competence and confidence for the future. The hub engenders a sense of community, promoting social capital and community regeneration.

The Principles of Integrated Services

Quality early childhood education, quality parenting and social cohesion are key components of the integrated centre. Quality child care supports families at risk, particularly parents' social connectedness and parenting support.

Theoretical Underpinning

- To have shared values and policies (practice linked to policy)
- To be based on an ethical construct and set of principles (quality framework)
- To be delivered from a universal base
- To have multiple components
- Inclusive, strengths-based practice
- To have a basis in attachment theory

Social Cohesion

- To be family centred (developing agency in families)
- Links to other services in the area (encourage partnerships, build on existing structures)
- To have free access for parents who come to the centre with their child, and affordable (or free) child care for families at risk
- To build social capital/community regeneration
- To be accessible and flexible

Quality Programs

- Quality early childhood education programs (view children as active, involved learners)
- Foster positive and warm adult-child relationships
- A higher staff to child ratio in early childhood programs (1:3 for 0-2yrs, 1:4 for 2-3yrs, 1:8 for 3-5yrs)
- Smooth, supported transitions between programs and between early education and school
- Good resources to support programs (especially current technology)
- To have family focused and child focused elements
- To start early (including pre-natal support)
- Have a mix of centre based and outreach programs

Integrated child and family services need good structural components:

Staffing

- Quality staff (well qualified, well paid, favourable working conditions)
- Staff working across programs, e.g. intake, transition, community links
- To be multidisciplinary and collaborative
- A strong training and professional development focus
- Strong leadership and team work

Governance

- To be responsibly managed and fiscally strong (sustainable with "ethical entrepreneurs")
- To share budgets, accountability and responsibilities
- To empower parents to make decisions about the programs

Research

- A good research base (evidence based)
- To be models of best practice
- To be evaluated (replicable)

Physical Space

- Large, light and attractive spaces for a variety of purposes
- Dedicated spaces for children and adults
- Clear entry point, both physically and organisationally
- An architects brief can be found in Attachment 4

Communication

- Good communication strategies – regular integrated staff meetings and opportunities for informal communication on a daily basis
- Flexible access to staff by parents

The key components for a successful child and family integrated service with seamless and universal access has been summarised in table form as part of this overview.

Research Overview

Overseas models have provided valuable lessons and an evidence base for new projects. Professor Ted Melhuish's study (2006) *Effective Provision of Preschool Education* has been so influential in the UK that the former *Sure Start* "do whatever you like locally" approach has now been changed to:

- A children's centre in every community providing integrated services to parents and children up to the age of five
- Universal free part time pre-school education for 3 and 4 year old children

(Legislated now under the UK Childcare Bill 2004 and Childcare Act 2006)

The *Perry High/Scope Preschool Program*¹ from the USA is a seminal example of the benefits of early intervention in the form of integrated child and family programs for disadvantaged families. It has provided a longitudinal study that demonstrates the social, educational, economic and employment benefits.

The work of McCain and Mustard in the *Early Years Study*² has been very influential in the current focus on early intervention that combines quality early childhood education with family support services and, importantly, parent engagement and participation in the program. In Toronto an initiative called *Toronto First Duty*, based on the work of Fraser Mustard, has developed early childhood service integration with local public schools. Fraser's vision for integrated services is parent focussed, based on a "super facilitated playgroup" concept with a focus on language development.

In South Australia the Toronto First Duty model has been adapted to the Australian context. Integrated services have been linked to preschools in government schools.

¹ Perry High/Scope Preschool Through Age 40, Lawrence J. Schweinhart, Ph.D

² Reversing the Real Brain Drain Early Years Study Final Report, April 1999, Margaret McCain and J. Fraser Mustard, Ontario Children's Secretariat

The South Australian centres are called “Children’s Centres for Early Childhood Development and Parenting” and use a variety of models. Many of these models have been established previously in the local area, and the SA Govt is now endorsing the integrated model and replicating it, and providing additional funds for services. These centres are funded by the Dept of Education and Children’s Services, with complex inter-government budget arrangements including Health. The South Australian centres are located in disadvantaged areas but are universally available. Some assistance will be given for transport where access is a barrier. Of significance is the full time funded position (at a high level) for a Community Worker. This community worker will work with families from a central intake, so that families will only be required to “tell their story” once, and be linked up to the services they need.

A summary of Fraser Mustard’s recommended components for *Early Childhood Development and Parenting Centres* has been provided in Attachment 2.

The *Pen Green Centre for Under 5s and Their Families* in Corby, Northamptonshire in the UK has provided valuable insight into quality integrated child and family services. Margy Whalley, the Director of Research, Development and Training at the *Pen Green Research Centre*, identifies the key features as:

Essential Features:

- Year round extended hours provision to support children and families
- Inclusive, flexible education and care for children in need and children with special educational needs
- Adult community education
- Family support services
- A focus for voluntary work and community regeneration
- Training and support services for early years workers across all disciplines

Desired Features:

- Practitioner research base
- Leadership professional development centre

The importance of “community regeneration” (or social capital) is an important concept that is linked closely with child and family services. There is an emphasis on developing efficacy and agency in the children and families participating in the services and their programs. The families are pivotal to the success of the programs and their input is directly proportionate to the outcomes they can potentially achieve.

There is significant research on the importance of early intervention in the form of integrated child and family services. Specifically the work of McCain and Mustard³, Professor Ted Melhuish⁴ and Margy Whalley⁵ have been the focus of analysis. Professor

³ The Early Years Study Three Years Later, From Early Child Development to Human Development: Enabling Communities, August 2002, Hon. Margaret Norrie McCain & J. Fraser Mustard

⁴ Why Early Intervention? Ted Melhuish, December 7, 2006

⁵ Leadership in Integrated Centres and Services for Children and Families, A Community Development Approach: Engaging with the struggle, Margy Whalley, *Childrenz Issues* Vol 10, No 2, 2006

Jennifer Bowes⁶ from the Institute of Early Childhood at Macquarie University also kindly agreed to a meeting to discuss key issues of quality in regard to child and family services. Jennifer's recommendations and reflections have been included in Attachment 3.

⁶ Children, Families & Communities, Contexts and Consequences, Edited by Jennifer M. Bowes, 2004

Research Evidence

Parents As Teachers (PAT) as a component of the model

Home visiting is a core component of the integrated model. It has long been a core part of family service delivery for Burnside. *Parents As Teachers* as a home visiting model has already been introduced into some programs, such as *Brighter Futures*, *NEWPIN* and the *Ermington Family Centre*, and is seen as a highly effective model to use in the new integrated centres.

The success of the PAT Program has been well documented since it was first piloted in Australia in 1990, with its home visiting delivery model of child development information and support for parents of 0-3yr olds to improve parenting.

It is highly recommended as one of the programs for the proposed Child and Family Centre, as it complements the quality early childhood component of the desired model, combining information about early childhood development with home visits. The child development information has been infused with latest research findings on brain research.

Other components of the program are parent group meetings, basic screening for early detection of developmental delays and health issues, and acting as a resource network for families to access other services. Many PAT programs also run supported playgroups. Screening tools are provided as resources, in addition to visiting health professionals and therapists. PAT is now linked to Macquarie University, as they have become the national training body. Professor Jennifer Bowes is the State Coordinator. This provides the important link with the university, research and training base. The PAT Program is regularly evaluated and modified to reflect best practice.

Outcomes for Children and Families:

What Experience Shows

During the research process, six case studies were researched. In each case study the Director interviewed identified what they saw as the key components of a quality integrated child and family centre/hub. Some general themes were evident in the observations made by the Directors:

- Links to other family services are important
- Staff 'cross fertilisation' across disciplines is valuable
- Minimising 'red tape' helps parents
- Engaging parents in the program is difficult (time constraints, work constraints, language barriers, etc) but critical to success
- Staff training is important – to consolidate practice, keep up to date with new research, learn new approaches, develop reflective practice, focus on strengths based practice
- Cost savings can be a benefit of integrating services
- Quality of staff is utmost (qualifications are key)
- Staff need planning and meeting time
- Communication between staff members and between staff and parents is critical
- Links with the community are important to foster
- Flexibility is important – for staff, families, programs, children

- Budget source and accountability influences the degree of integration vs parallel operation

Recommended steps for developing integrated services:

1. Agree on a common vision and value base
2. Develop an integrated governance structure
3. Develop a seamless access plan (in a universal context)
4. Identify core services and functions
5. Link these core services and functions to building design
6. Choose the right staff
7. Develop a consistent approach to quality early childhood education programs (to support children's emerging literacy and numeracy, coping skills and social competence)
8. Engage and involve parents
9. Make links with local community services
10. Build in training and research opportunities (and make links with universities and training bodies)
11. Seek support and funding from government departments

The section over is a vision of a fully integrated child and family service, with all key aspects from discussions with relevant professionals and practitioners. This table brings together findings from case studies, experts in the field and current research, and provides a benchmark for best practice in an integrated centre.

GUIDELINES FOR ESTABLISHING INTEGRATED CHILD AND FAMILY SERVICES:

| Management | Physical | Programs | Staff |
|--|---|---|--|
| <ul style="list-style-type: none"> • a shared philosophy (shared vision and values and a principled approach to practice) • a clearly articulated policy around integration • strong core values in the organisation • equitable conditions of employment for staff • responsibly managed and fiscally strong organisation • governance to Burnside Board • one manager and one budget for the whole centre | <ul style="list-style-type: none"> • buildings that lead seamlessly from one area to another, from child care to family services to administration • building structure to complement site, with central commercially fitted kitchen; wide covered veranda preferred (Mia Mia at Macquarie Uni is a good example) • indoor environment to feature clear, open views • creative use of space with welcoming ambience, covered outdoor space and clear entry point • well equipped with educational toys and materials and quality books | <ul style="list-style-type: none"> • based in an area of need but universally available (10 places targeted for referred or disadvantaged children) • adult education and training opportunities for parents • link training to credits for existing training bodies • parent involvement in the preschool program as volunteers, eg 6 hours per week, with siblings catered for in crèche (with lunch provided) • opportunity for intensive child/family/staff interactions in the context of the early childhood service • Size of children's centre to be between 25 and 45 places | <ul style="list-style-type: none"> • qualified, well paid staff (aim to pay 5% above award wages) • provision of non-contact time • professional supervision • multi-disciplinary team with all or most disciplines represented (strong connections with other agencies) • respect for various roles of staff • cross fertilisation of staff – opportunities to work across all programs in the centre (where appropriate) • strong understanding of early childhood and family workers working in partnership in innovative ways |

| Management | Physical | Programs | Staff |
|---|---|--|--|
| <ul style="list-style-type: none"> • single point of entry to a variety of services delivered at multiple points – child care, family services, parent education, community health links, with one intake officer (community worker) across all services • common referral process with an intake person based at the centre to ensure ease of entry • each service aware of access policy and procedures of all services/programs (so that parents give personal information once) • children able to access 2 years of free preschool program for 2 days a week prior to starting school • programs are evaluated effectively: how do you know that you have achieved your objectives? (use outcomes based Key Performance Indicators) | <ul style="list-style-type: none"> • co-existence of all services on one site – services that are strongly linked • shared offices and meeting rooms, including space for specialist staff/therapists • common meeting place for staff that promotes both formal and informal/incidental communication • spacious rooms and light filled buildings • spaces for shared activities, eg an art atelier | <ul style="list-style-type: none"> • early childhood education program to focus on early literacy and engagement in learning • places to be kept for occasional or “sampling” visits for children in family programs, with staff:child ratios to support this • inclusive, flexible education and care for children with special educational needs • regular opportunities for meetings between parents and EC teachers to discuss children’s progress and provide information about child development • parent education/training in child development • early literacy as a priority for parent education, with carefully chosen books provided for different age groups (to borrow or use on-site), eg “Let’s Read” program | <ul style="list-style-type: none"> • provision of on-site health care and education, eg weekly visit to the centre by a GP/ paediatrician, FT nurse, easy access for assessments, e.g. developmental concerns, psychologists for parent groups • family-friendly work practices eg children of staff able to attend the service • flexible employment options • shared leadership and management and consistent ways of working (“leaderful teams”) • shared meetings and shared planning • staff to be knowledgeable about effective management practices • regular opportunities for training and professional development (across disciplines) |

| Management | Physical | Programs | Staff |
|--|--|---|--|
| <ul style="list-style-type: none"> • higher staff:child ratios than required current DoCS Regulations, and additional space for flexible arrangements • advocacy for high quality, intensive programs – eg promotional brochure, DVD, guided visits (charged for) • dedicated funds for 10 places for referred children eg Brighter Futures funding • consistently seeking opportunities for accessing government funding • high level of fee relief utilising CCB with provision for payment of the gap fee (priority of access guidelines may need to be negotiated with funding body, including DoCS priority of access) | <ul style="list-style-type: none"> • dedicated spaces for children and adults • respectful display space – children’s work, photos of warm interactions, models of children’s work with documentation • shared foyer space for display and information sharing, and entry to all that the centre has to offer • space for informal parent/sibling interactions, e.g. café area with enclosed playground with sandpit, sand toys, some wheel toys (eg trucks)and adequate shade • lots of storage, including low, stable open storage shelves for materials and equipment to promote easy access by the children | <ul style="list-style-type: none"> • playgroup linked with centre – children can attend either/both and siblings have opportunity to attend concurrently • a commercial kitchen with a chef/cook (with possibility for commercial food sales) • family support services • support groups for parents, eg young mums, parents with children 0-3 yrs (could be linked to research) • assistance with transport – e.g. bus, or pool car managed by the service that can be “booked” by families without a car to meet appointments, visit family members, etc at minimal cost | <ul style="list-style-type: none"> • opportunities for acting in different roles across the programs in the centre (where appropriate) • practitioner research base to support program development – links with universities (eg practitioner enquiry circles to encourage reflection and cross fertilisation, becoming part of a research project) • speech therapists/occupational therapists on site – specific days so parents can make appointments, access to playrooms • links made with local schools - visits by teachers/ principals to plan for transition needs for individual children • find ways for schools to inform centre of activities that incoming families can attend, eg facilitate meeting of new and current parents prior to school start, e.g. family BBQ |

| Management | Physical | Programs | Staff |
|--|---|--|---|
| <ul style="list-style-type: none"> • “future proofing” the service – liaison between financial managers and program managers to achieve the vision • support networks for leaders • build community capacity – “community regeneration” through links, partnerships and information sharing, focus for voluntary work • year round extended hours provision to support children and families | <ul style="list-style-type: none"> • outdoor play area to have shady trees and sensory gardens, opportunity for digging and planting • part of the premises to be able to be used as events/entertainment area • space for the provision of training | <ul style="list-style-type: none"> • regular home visiting (weekly/fortnightly/monthly) using <i>Parents As Teachers</i> program • home visits to be maintained for 2 years (as a guiding principle) • casual places in crèche or occasional care, available for siblings when parents act as volunteers at centre (snacks provided for small fee) • resource library attached to centre with space and soft furnishings for parents to sit and read with children (creative use of a small space) • transition to school facilitated by staff and parents – e.g. children to attend ½ day week for 6 weeks at end of year prior to school entry (in consultation with the relevant school) | <ul style="list-style-type: none"> • leadership training: - developing “leaderful teams” (across professional boundaries) • adequate resources for staff to implement programs effectively, such as pool cars, technology • access to early childhood education service supported and facilitated by staff in family services • access to family programs supported and facilitated by staff in early childhood education service |

ATTACHMENT 1: Disadvantage Rankings: Tony Vinson 'Dropping off the Edge' 2007

RANKINGS: NSW

BAND 1: Bonalbo (2469), Brewarrina (2839), Kempsey (2440), Lightning Ridge (2834), Tingha (2369), Windale (2306)

BAND 2: Bowraville (2449), Casino (2470), Deepwater (2371), Menindee (2879), Urunga (2455), Wellington (2820)

BAND 3: Armatree (2831), Coraki (2471), Harrington (2427), Nambucca Heads (2448), Tweed Heads (2485), Walgett (2832)

BAND 4: Forster (2428), Kurri Kurri (2327), Toukley (2263), Weston (2326), Woodenbong (2476), Wilcannia (2836)

BAND 5: Boggabilla (2409), Claymore (2559), Koorawatha (2807), Lake Cargelligo (2672), South West Rocks (2431), Tenterfield (2372)

BAND 6: Ashford (2361), Bourke (2840), Broken Hill (2880), Diamond Head (2443), Iluka (2466), Inverell (2360), Mt. Druitt (2770), Sawtell (2452), Taree (2430), Warrawong (2502)

ATTACHMENT 2: Fraser Mustard's Recommended Components for Early Childhood Development & Parenting Centres

Principles of Operation

Quality – Supports optimal child development
Universal – Offered to all children and their families
Accessible – Affordable range of options for children and families
Developmental – brain-based, responsive relationships
Not-for profit philosophy
Cross-sectoral
Integrated not co-located
Supportive of the child in the context of family and community
Include children from all backgrounds (e.g. economic, cultural)
Incorporate integrated health programs
Provision varies with community needs (e.g. nutrition)
Link to other community programs
Builds social and community support structures

Program Components

Programs offered from ante-natal onwards to school entry
Offers programs for parents and children and also non-parental care
Community system of home visiting outreach that refers families to the centre
Parenting programs to offer support and guidance, info on brain development
Play- based and problem-based learning resources, spaces and environments, outdoor play, natural materials
Focus on optimum sensing stimulation of the brain(e.g. touch and verbal skills)
Culturally appropriate and responsive to Aboriginal families
Encourage multi-lingual interaction for all children
Parents learn parenting by doing
Supports foster carers
Courts, medical and health staff can refer children and families to the Centre
As important as primary, secondary and tertiary education systems
Non-parental care provided
Links to support services for additional needs as required
Organisational Arrangements
Based in primary schools
Community-based centres operating at the local level
Government funding = predictable and sustained
Data management system
Outcome measure: AEDI

Staffing

Operating staff of 1:2 for infants/toddlers, 1:6 older children
All staff to understand brain development
Upgrade skill capacity of all staff
Staff trained to identify and respond to developmental problems
Regular integrated staff meetings

Payment of all staff to level of teachers

Primary school principal recruitment processes to reflect the needs of the community

ATTACHMENT 3: Meeting with Associate Professor Jennifer Bowes and Trish Brown

Date: Thursday 18 January 2006, at 10am

Venue: IEC at Macquarie University

Background: Professor Bowes is the Head of the IEC (Institute of Early Childhood) at Macquarie University. She edited the book, *Children, Families and Communities: Contexts and Consequences*, 1999, with a second edition in 2004.

Jennifer is the leader of the Child Care Choices research project, a longitudinal investigation of the effects of multiple and changeable child care in the first 3 yrs of life on the development of young children, funded by NSW DoCS by and an ARC Linkage grant. This has been extended to include the child care choices of indigenous families.

Child and Family Services

Jennifer was asked her opinion on what would ideally be included in an integrated child and family service:

- Early childhood nurse on site
- Doctor attending regularly
- Speech therapist
- Playgroup
- Centre-based care
- Family services
- Community coffee shop with enclosed playground (for parents to chat)
- Attractive building and play area
- Parenting programs – whilst children are in care have activities and/or parent education programs
- TAFE Training (on site) – computer classes, hospitality, other training opportunities
- Aboriginal liaison officer

What would be good to include in the building concept:

- Curved walls
- Good welcoming space, with appealing displays of the children's work
- Centrally based kitchen – central place with tables and chairs around it
- Beautiful outdoor area with lots of opportunities for exploration
- MIA MIA building and facilities have worked very well and reflect the above concepts

What are the key "quality issues" in early childhood?

- All comes down to the teacher, and how much the teacher engages with the children
- Qualifications impact on quality – research has shown a "dosage effect" – the more years of early childhood qualification the better the program is

- Low staff child ratios are a key to quality. 1:3 is needed for children under 2 when current regulations have ratio of 1:5

ATTACHMENT 4: Architect's Brief

These points are considered important when drawing up plans for an integrated centre:

- Meet NSW DoCS regulations
- Purpose built environment featuring a lot of open views and display space
- Allow for possible expansion – a big enough site for additions, additional parking spaces, building materials that are easy to extend (such as hardiplank)
- Spacious rooms
- Smaller rooms (suitable for 0-2s) built in a way that allows them to be converted into 1 larger room
- 50% shade over outdoor play areas, inclusive of wide covered verandas and trees, with shade structures
- Courtyard area with tables and chairs, shade cover and gardens/plants
- Common meeting place - a staff room big enough to accommodate all staff in the centre
- Environmentally responsible building materials and designs
- Industrial fittings (as distinct from domestic)
- Lots of storage
- Clear vision of play areas
- Home-like furnishings, such as lounges – building design to promote welcoming ambience (avoid institutional look/feel)
- Administration area to be welcoming – no T-bar over front desk, attractive paintings/pictures (avoid posters about health regs etc), easy to see where to speak to someone
- Foyer space for display and information sharing
- Buildings that lead seamlessly from one area to another, with clear and wide flow between service types, to allow for prams to move, covered walkways
- Part of the premises to be able to be used as events/entertainment/training area (possible income stream)
- Dedicated spaces for both children and adults
- Extensive display features in child care centre for children's work, feedback for parents about the program, etc.

Attachment B

A Guarantee For All Kids in Care in NSW



A Guarantee for all Kids in Care in NSW

A guarantee that every child and young person in out-of-home care in New South Wales will receive the services and supports that they need to thrive.

There are 10,623⁷ children and young people in out-of-home care in New South Wales. We know that children and young people in care often have difficulty in accessing health, education, housing, welfare services and employment. They may experience significant medical, psychological, developmental, educational and behavioural problems. Reduced and interrupted access to services means that early intervention and effective delivery of services may not take place, with an impact on both their immediate needs and long-term outcomes.

The aim of the Guarantee is to give children and young people in care access to the same supports and services available to children with strong family networks.

It is the role of the New South Wales Government, because it holds the ultimate parental responsibility for children in care, to ensure that these children receive the support and care they need in order to thrive. While this care is vested in the Minister for Community Services, many of the services that children and young people in care need to access are the responsibility of other New South Wales government departments. Just as all parents are expected to prioritise the needs of their children, the New South Wales Government must make sure that they place the needs of children in care as a high priority across all their human service departments.

The Guarantee puts into practice the New South Wales Charter of Rights for Children and Young People in Care⁸. The Charter of Rights, which is endorsed by the Minister, and the Guarantee share a common philosophy and vision for the New South Wales out-of-home care system. The Guarantee is a clear strategy to implement the rights of children in care.

The Guarantee promotes a holistic, coordinated approach to a child or young person's life. This includes, but is not limited to, looking after their physical, dental and mental health, educational opportunities, access to housing, employment and training. The Guarantee

⁷ NSW Department of Community Services, annual report 2005/2006, Chapter 4, p50.

⁸ As per section 162 of the Children and Young Persons (Care and Protection) Act 1998.

supports a child's overall development by promoting their participation in the community through engagement in recreational activities and hobbies.

The Guarantee is a way of ensuring that children in care receive consistent and equitable support regardless of their age or geographic location. The right to services and supports are put into practice in the Guarantee (see attached document) and extend to all children and young people in care, including those in aftercare.

Investing in our children now can minimise future economic and social expenses, both for the child or young person and our community. The Guarantee is based on the best evidence of what works for children and young people in out-of-home care. Internationally, as well as in other states of Australia, governments are beginning to invest in similar commitments to children in care. In the United Kingdom, the Blair government is moving towards such a pledge. In South Australia a whole of government approach has been adopted whereby children in care are priority listed by all relevant government departments. Children in New South Wales deserve no less.

The Guarantee for all kids in care is a clear direction for policy and practice in out-of-home care.

The Out-of-Home Care Guarantee for all Kids in Care in New South Wales

A Guarantee would give a commitment to all children and young people in the care of the Minister for Community Services that the New South Wales Government will prioritise their needs, health and development and ensure that important services are available when they need them up to the age of 25.

This would include fulfilling the government's role as the corporate parent of children in care by providing them with a home that offers a nurturing environment appropriate to age, the opportunity to form attachments as well as the opportunity to be connected to and participate in the community. Children in care should also be given the opportunity to retain their identity of birth family, including religious, cultural and social orientation.

Every Kid in out-of-home care will have:

1. Education

An education that is supported by planning and co-ordination:

- Early Childhood Education and Care for all 0-5 year olds from when they enter care
- Individual education plans to be developed with all children and young people in care
- The right to access a child or young person's public school of choice
- Substitute care teachers accessible to support every child and young person in care as needed
- Designated liaison officers within public schools to coordinate support for any child in care attending school and to liaise with the Department of Community Services and other agencies.

The resources they need to attend and thrive at school:

- Help with school work - more individual support tailored to the child or young person through the provision of tutoring for a minimum of two hours per week for every child or young person in care requiring assistance
- Help with the costs of education and access to the same resources as their peers (eg access to computers, attendance at excursions, camps).



2. Health

A comprehensive health assessment within a month of entering care:

- Including general physical, oral health, sight, hearing and developmental milestones.

Regular health checks, monitoring of health and the timely provision of treatment where needed:

- Specialist multidisciplinary out-of-home care clinicsⁱ to provide follow up and monitoring where it is needed
- At least two general practitioner and dentist visits per year to monitor health, and other services as needed
- Specialist treatment and equipment where appropriate.

3. Transition to Independence

The help and support to live independently

- Life skills education as a standard experience for 15 and 17 year olds (eg budgeting, cooking).

A place to live that meets their needs

- The right to safe, secure and affordable housing in an appropriate location, close to transport and education/employment opportunities
- Sufficient financial support with establishment expenses.

Help to continue education, training and/or move into employment

- Access to a place in TAFE or financial support to access a university course (eg scholarships)
- Continued access to funds while in further education and training
- Additional support to assist in entering the workforce - including careers advice, developing work readiness skills, and mentoring
- Assistance to change career path if necessary.

4. Interests and opportunities

Resources to prioritise and support participation in sport and recreational activities

- A minimum yearly allowance to help children and young people participate in at least one (but not limited to) activity that they are interested in (eg sport, recreation, music)

Access to additional funds to support development of special interests and hobbies

- Support for every child and young person in care to further explore their interests and talents (eg attend music camps, purchase equipment).

Developed by the Every Kid coalition in consultation with young people and the CREATE Foundation for the Every Kid campaign February 2007.



ⁱⁱ Based on a model of a multidisciplinary clinic that was piloted by the Sydney Children's Hospital child protection service in conjunction with the Department of Community Services in 2005.

Working together to make NSW a place for every child and young person to thrive
www.everykid.net

Attachment C

UnitingCare Burnside Background Paper: Creating Policy Frameworks for Sustainable Workforce Participation



UnitingCare Burnside Background Paper: Creating Policy Frameworks for Sustainable Workforce Participation

1. Introduction

UnitingCare Burnside (Burnside) is a member of the Children, Young People and Families Services Group of [UnitingCare NSW.ACT](#) and part of the Uniting Church in Australia. Burnside is one of the largest providers of child and family services in New South Wales with more than 65 programs across 20 locations in western and south western Sydney, the central and mid north coasts and the Orana Region. Burnside's purpose is to provide innovative and quality programs and advocacy to break the cycle of disadvantage that affects vulnerable children, young people and their families in New South Wales.

Each year, Burnside works with more than 5,070 children, young people and families. More than 2,083 of the people Burnside works with are under the age of 18 years. Burnside has also had an active policy and research function since 1992, providing advocacy and support to improve the lives of disadvantaged children and their families.

The Burnside Family Learning Centre in Ermington, established in 1985 provides literacy and learning support for children in local primary schools who have identified difficulties with literacy and numeracy as well as support for families. Activities include supported playgroups, tutoring, homework support and counselling services for parents. Many parents who use the Centre have been affected by increased workforce participation requirements for sole parents and/or changes in industrial relations laws. While many parents are keen to re-enter training and work, in family counselling, playgroups and other activities, some have raised concerns with our staff about how the changes in the industrial relations laws and welfare to work impact them negatively.

The concerns raised by parents from this Centre have been echoed in other Burnside services and through Burnside's policy and research work. We are concerned about the impact of combined welfare to work policy changes and new industrial relations laws on sole parent families. This paper identifies the barriers faced by sole parent families on Centrelink benefits and highlights strategies that improve outcomes for parents and children while creating a policy environment that supports sustainable workforce participation.

2. Impact of Work Choices and Welfare to Work Legislation

Research by Baird et al (2007) found that the dual policies of Welfare to Work and Work Choices are negatively impacting on the lives of the low paid, youth, working carers and casuals¹. Many sole parents fit all four categories and are potentially significantly affected by the legislation.

Baird et al interviewed 25 women in low paid jobs and found that many of them experienced: intensification of work, weakening of job security, less financial independence, less money for children and basic household costs, less representation and say at work and in the community and poorer health and wellbeingⁱ. Other studies confirm these findingsⁱ.

Many parents using the Ermington Family Learning Centre have told us of their concern about the impact of these policies on their children and families. In particular they have identified employment practices such as:

- requirements to perform 'training' shifts that are unpaid and at times don't result in paid employment
- casual employment that changes and can be changed at the last moment (eg shifts cancelled)
- requirements to sign Australian Workplace Agreements with inadequate pay and conditions
- being asked to work in environments with insufficient safety controls

are of concern.

Burnside is currently developing an ARC Linkage Grant with the University of Sydney to examine the impact of welfare-to-work requirements and transitions on child well-being and care/supervision arrangements, and the incidence of child abuse and neglect. Such research is pivotal in order to inform and influence public policy so that it reflects the best interests of children.

3. Issues for Sole Parents in Accessing & Sustaining Employment

A number of barriers impact on the capacity of vulnerable populations, especially low income sole parents on Centrelink benefits from commencing and sustaining participation in the workplace in a way that also protects and support their children.

Limited education and training

Over sixty per cent of jobless parenting payment recipients have no more than Year 10 educationⁱ. This is a significant factor in locking these parents into low paid jobs.

Limited or no recent work experience

Sole parents using our services have often had long periods out of the workforce. As a result, they often don't have up to date technical and other skills and recent experience in paid work. This can translate to limited work options, often in low paid work that does not have a skills development focus, such as cleaning for example. These jobs often require shift work and unsociable hours.

Demanding family circumstances

Without a partner to share the household duties and responsibilities, many sole parents are more constrained for time than dual parent households. For low income sole parents, arranging sustainable care for children, particularly school aged children, when they enter the workforce is often difficult and expensive. This is compounded by the hours required by many entry level positions, as described above.

For parents who have children with disabilities, this can be particularly challenging, especially in the early months of a new work situation.

Transport

Many low income sole parents rely on public transport because they cannot afford to maintain the running costs of a car. Public transport however, in our experience is often inadequate in areas with high concentrations of low income sole parent families. Access to reliable public transport is often a barrier to staying in employment, especially when jobs are far from home and include night or early morning shifts.

Affordable and accessible childcare

Accessibility of child care, not only due to the cost of childcare but also availability of places poses barriers for low income sole parents who often live in areas where childcare may not be available, or easily accessed. Formal care options for school aged children can be difficult to access and vacation care also poses a problem. Obtaining affordable childcare out of regular hours (7.30am - 5pm) is very difficult, particularly for families with limited extended family and social networks.

Costs of securing a job

There are numerous costs associated with starting employment including clothing, shoes, transport and childcare. A significant initial outlay is often required, one which many low income families simply cannot afford. Parents from the Ermington Centre have also told us that initial 'training' or 'try out' shifts have been required, usually unpaid, adding to the overall cost of starting employment.

Centrelink

For low income sole parents moving into paid employment, the process of informing Centrelink of payment can be confusing and time consuming. For people in unpredictable casual work (eg labour hire work), the possibility of penalties being imposed by Centrelink for wrongly estimating income can also be of concern.

Impacts on children

Many low income sole parents have identified concerns about the impacts of workforce participation on their children. This is particularly of concern where return to work is causing additional financial hardships resulting in difficulty in meeting basic living expenses, education expenses (eg excursions, text books) or where unsustainable care arrangements (eg expecting family or acquaintances to provide extended care, or relying on children to be at home alone) may place children at risk or make the return to work stressful and unsustainable.

For families where there have been concerns about parenting, attachment or risk to children, additional stressors created in this environment are of concern.

4. Creating a Policy Framework for Sustainable Workforce Participation

It is important to look at the role of both the public and community sectors in creating stable and family-friendly employment opportunities to support capacity to make and sustain the transition from welfare to work. The 2007 DEWR Job Outlookⁱ indicates strong employment prospects for welfare and community workers, carers, and workers in the child care and aged care sectors. Entry to these occupations is generally through a TAFE Certificate or work experience and there are already relevant national qualifications that are available under the National Community Services Training Framework which covers a wide range of occupational groups.

Burnside encourages Labor to work with non-government organisations to develop pathways for individuals who have completed their family and parenting programs to make transitions to employment within related spheres. Such pathways could include:

- 'recognition of prior learning' (RPL) to facilitate TAFE training;
- the inclusion of courses and volunteer work as meeting current 'activity test' requirements; and
- the creation of 'apprenticeships' for persons with few formal labour market skills who have developed an interest in working within the community sector through their personal involvement.

Such pathways would be mutually beneficial given the current shortage of workers and the ability to provide for family-friendly working arrangements and pathways for training and development.

Initiatives to create and maintain stable employment opportunities must concurrently address the barriers to unemployment identified above. In particular policy frameworks should:

- facilitate access to affordable childcare close to home and out of regular work hours. Sole parents need accessible and affordable childcare whether parents are in paid employment, volunteering or undertaking training,
- cater for the needs of parents with children with special needs. Some parents may need to be exempt from work obligations because of care commitments or require additional support in obtaining flexible employment to enable them to prioritise their children's needs (for example, the need for frequent visits to medical practitioners),
- provide support for start up costs for parents returning to work,
- provide financial contributions to training to improve access to better paid jobs with training opportunities and regular working hours
- ensure the Centrelink system makes income declaration and reconciliation simple and less likely to penalise benefit recipients for income earned through work.

For further information about Burnside programs please contact the Media and Government Relations Officer Ingrid van Steenwyk 9768 6815