

**Submission
No 26**

SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

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From: Barnardos Australia

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Introduction

Barnardos Australia (Barnardos) welcomes this inquiry. We are a non-government child, youth and family services provider and we assist over 10,000 highly vulnerable babies, children, young people and their parents in NSW each year.

The focus of this submission is on our practical experience in implementation of programs in NSW for the most vulnerable babies and their parents. Our submission particularly concerns services for society's most vulnerable new parents and their babies; these being Aboriginal young parents, substance dependent mothers and their babies, incarcerated women and their babies, and other new parents who are at risk of seriously harming their babies.

Barnardos will respond to the following terms of reference:

- 1. The adequacy of current services and structures for new parents, especially those who need support, to provide a safe and nurturing environment for babies, and**
- 3. Specific areas of disadvantage or challenge in relation to health outcomes for babies.**
 - Rural and remote service delivery to new Aboriginal mothers should continue to be strengthened and well-resourced with an assertive focus on increasing the numbers of professionally trained Aboriginal medical and social welfare workers.**

Barnardos Australia delivers a wide range of early intervention programs to vulnerable families and communities in Western NSW, from Orange in the Central West to as far west as Cobar. A large proportion of the families who we assist are Aboriginal particularly in such communities as Nyngan, Warren, Gulargambone and Gilgandra.

Barnardos can report that in Western NSW there is a whole suite of maternal and infant health services for Aboriginal mothers and newborns/infants both federally and state government funded. Coverage is uneven and the health services have experienced difficulties recruiting and retaining trained staff who are either Aboriginal or have sound cross cultural knowledge and skills. The issues of transport access to these health services is better than other services in that they provide outreach and have collaborated well with other services like Barnardos to provide information and facilitate attendance at appointments. For example the health workers are also very willing to come to the playgroups to see groups of mums and bubs

together to talk about services and new parenting issues, carry out regular health checks for the mums and babies then make follow up referrals where needed. Overall the range of maternal and early childhood health services now available has improved in recent years.

A significant ongoing concern however that is not being well addressed is poor nutrition, obesity and diabetes amongst young Aboriginal mothers in rural and remote communities in Western NSW. Fresh fruit and vegetables are limited and very costly, in fact much more costly than in the regional towns.

- **Culturally safe evidence based parenting programs for new parents of babies and infants should be sustainably resourced by government.**

Barnardos Western NSW delivers a culturally adapted format of the evidence based Parents as Teachers (PAT) parent education program in a play group format to Aboriginal new parents in Nyngan and Warren. Barnardos worked collaboratively with early childhood education researchers from Macquarie University to adapt the PAT manualised curriculum which was then evaluated. Parent satisfaction with the program was very high, as were reports of increased knowledge of child development and parenting skills, and increased connection with other families. Aboriginal staff valued the structured program and resources that were developed. They reported increased knowledge of child development and how to effectively run groups, and observed positive changes in the participating families. The program is staffed by Aboriginal facilitators from the local area. This work has been evaluated and documented by Rebekah Grace and Jennifer Bowes et al (2016). Funding to undertake the adaptation of PAT, its evaluation and ongoing service delivery has been provided by philanthropic donations. Unfortunately Barnardos has not been able to secure government funds to deliver these groups. We believe that an expansion of such evidence based programs which are culturally adapted such as Parents as Teachers and Best Start, to other rural and remote communities in Western NSW using service models and Aboriginal staffing that are engaging for new Aboriginal mums, will improve health and parenting outcomes of Aboriginal babies.

- **Interdisciplinary multiagency perinatal substance dependency programs should be evaluated with a view to expansion.**

Since 2003 Barnardos has been a key non-government partner agency in the collaborative multiagency program called SUPPS or Substance Use in Pregnancy and Parenting Service (Illawarra). The 3 partner agencies are the Illawarra Shoalhaven Local Health District (ISLHD), NSW Family and Community Services (FaCS) and Barnardos Australia. Although there are other NSW Health SUPPS programs, the successful Illawarra collaborative service is the only one that includes an NGO child and family support service and a statutory child protection service as collaborative partners. The Illawarra SUPPS collaboration combines maternal and infant perinatal health care, drug and alcohol health services, Barnardos family preservation intervention delivered via home visiting and evidence based group work, and statutory child protection referral and casework as required. Barnardos provides up to 3 years of sustained home visiting and other therapeutic support from the antenatal stage of pregnancy through the first 1000 days of a child's life. 40% of the women assisted by the Barnardos SUPPS program are Aboriginal.

Problematic drug use, particularly at the level of dependence, causes major medical and social problems and is closely associated with socio-economic disadvantage. Drug use by a pregnant woman should not be treated in isolation or managed solely within maternity service frameworks but be recognised as one of a range of problems that cannot be effectively

managed in isolation. Pregnant drug-using women are recognised as having potentially high risk pregnancies and require clinical interventions for the optimal medical management of both mother and child. They also experience significant health and social problems associated with their socio-economic deprivation and lifestyle. In the case of pregnant drug-using women, it is well documented that they may be reluctant to access services, including drug treatment services, often because of the fear of the consequences for their children and a general mistrust of services. Pregnancy has also been identified as a potentially life changing event for drug users that provides opportunities to reduce or eliminate hazardous drug use with concomitant benefits for the woman, her baby and family (Wheeler M, 2006)

National and international research and best practice informs us that multi-disciplinary multi-agency cooperative working practices are considered to be the best approach to meeting the multiple needs of pregnant women who are dependent on drugs and alcohol, providing continuity of care, and for building capacity within a family for parenting and building home environments that encourage the safe and optimal development of children (NSW Department of Health, 2006; Moore K, 2005).

The unique Illawarra SUPPS collaboration aims to assist complex families with such multiple vulnerabilities as the co-existence of drug dependence with mental ill health, domestic and family violence, homelessness and housing stress, with a view to reducing or ceasing the parents' substance dependence and improving their parenting capacity. Barnardos' particular objective is to improve the mother – child attachment relationship and to prevent the removal of babies from their parents by the statutory child protection authority (NSW FaCS). The unique Illawarra SUPPS collaborative model is not replicated beyond the Illawarra region in NSW and hence Barnardos recommends that this model is resourced to undertake a comprehensive evaluation of the sustained health and wellbeing outcomes of the babies in the program with a view to expanding the model if the evaluation demonstrates effectiveness.

- **Incarcerated mothers and their babies benefit from parenting skills training and other social support services.**

Barnardos operates an innovative specialist service for women exiting the Wellington Correctional Centre in the NSW Central West called 'Beyond Barbed Wire'. This service designed by Barnardos delivers a suite of parenting skills training provided both in the prison and the community, mentoring, work placement and transitional housing and social support services to women who exit prison and return to communities across Western NSW. A high percentage of the women are Aboriginal and many of their children have been placed in out of home care or with extended family during their prison term. Barnardos has demonstrated that the recidivism rate of the women who have participated in this program is much lower than the average rate for this cohort.

At the Wellington Corrections Centre there have been no newborns staying with their mothers if delivered whilst the women are imprisoned despite the fact that there were facilities built especially for this purpose. If a mother gives birth whilst incarcerated, and if she wants to keep her infant with her she must move to one of the prisons that allows babies to stay. Barnardos recommends that the NSW government examines the potential for more jails in NSW where women are incarcerated, to provide facilities for babies to be kept with their mothers for up to 18 months if it is safe for the baby to do so. This practice facilitates parental attachment which will improve the developmental trajectory of the child. Provision of parenting support services to the new mums and their babies in prison and upon release will also build the wellbeing

opportunities for the babies. Barnardos also recommends that the NSW government investigates the potential for expansion of comprehensive parenting and post prison support programs like Beyond Barbed Wire to other correctional centres for women.

- **Adequate provision of quality childcare is needed for new parents where there are underlying concerns about the baby's safety.**

Barnardos is very concerned at changes this year by the Australian government under the Social Services Legislation Amendment (Omnibus Savings and Child Care Reform) Act 2017. The 'Jobs for Families' package of changes effectively reduces provision of subsidised long day care to Australia's most vulnerable families, especially new parents.

Quality childcare can:

- Enhance a baby's development. Sufficient child care provision can improve the developmental outcomes of babies of new parents who are at risk of significant harm
- Monitor that babies are eating properly
- Identify health issues such as hearing and eye problems at an early stage so that health problems do not limit development
- Oversee baby's safety where there is some cause for concern but inadequate evidence for removal.

Access to quality early years education is proven to have the greatest impact for our most vulnerable families, supporting a child's successful transition to school and lifelong education and employment outcomes. Under the Jobs for Families package eligible child care hours will be cut from 24 to 12 hours per week. This is the maximum number of subsidised hours per week that a child from a family who fails the activity test could have. Effectively this means 1 day per week of long day care, reduced by 50% of the current 2 days. Early childhood education experts state that a minimum of 2 days per week of quality child care is necessary to provide adequate care and education benefits for children. New parents who are unable to meet the work and study activity test, that is parents who may have chronic health conditions or disabilities or live chaotic lives suffering from combinations of mental ill health, drug and alcohol dependence, domestic violence and homelessness, will have their eligible subsidised child care hours cut by half. This is a cut in hours for the families who need it most and a reduction in care and protection for vulnerable children at risk of neglect and abuse.

For vulnerable babies who are at risk of ongoing significant neglect and abuse, the under-utilisation of child care services represents the loss of valuable opportunities for their protection. Aboriginal and Torres Strait Islander children are twice as likely to be developmentally vulnerable early in life, and only half as likely to access early education. Almost half of Australia's Indigenous children who are removed into out of home care are removed by age 4. The evidence shows us that a well-resourced Aboriginal and Torres Strait Islander early childhood education sector is essential to shifting the trajectory for Indigenous children (SNAICC, 2017).

Barnardos recognises that the Jobs for Families changes to child care provision is the federal government's responsibility. However these changes will impact vulnerable NSW new parents and must be given due weight in NSW government social policy development to compensate for the deleterious effects on our state's most vulnerable new parents.

- **Integrated Children’s Family Centres are “one stop shops” for vulnerable new parents.**

Barnardos has developed a model of service provision known as the Children’s Family Centre (CFC) as a way of delivering services, tailored to the particular needs of new parents and focused on outreach to the most vulnerable families. Barnardos has developed Children’s Family Centres in Auburn, Warrawong, Penrith, central Sydney, Queanbeyan and Western NSW and encourages the NSW government to explore the potential of this model for vulnerable new parents.

Children’s Family Centres (CFC) are ‘one-stop shops’, or networks of rural services, which provide an integrated, continuum of services to vulnerable babies, children and young people. They provide services from early intervention to intensive family preservation, and crisis foster care. Begun in the 1970s, these Centres have evolved to encompass a growing understanding of the needs and best ways of assisting Australia’s most vulnerable new parents. All Centres are located in areas of high social disadvantage acknowledging the strong link between poverty and risk of significant harm and entry to care (Pelton 1981; Pelton 2015, Doidge, Higgins et al. 2016). CFCs encourage innovation as well as deliver well-established programs including Australia’s first home visiting programs, family crisis housing and counselling services.

CFCs are local, integrated programs which are managed within one agency and provide a seamless service to vulnerable families. They provide a continuum of responses to families’ changing needs and offer enormous flexibility in responding to rapidly deteriorating circumstances of the most vulnerable children.

CFCs are placed in communities, visible and welcoming to families who may otherwise be alienated from support services. Although the Centres provide a seamless service for families they are in fact funded by a range of state, federal government, local and philanthropic grants. Centres thus address at the local level, the problem of fragmented responsibility for family and community services in Australia which often means that services are not easy for families to find, or, do not meet their problems (Clare 2003 p.10). Each Children’s Family Centre reflect the priorities of state, federal and local governments for the unique community.

Being run from the local level also means that Centre staff have extensive knowledge of services, professionals and social problems in the area. Each Centre has a manager who maintains strong local networks. Such local relationships are particularly important when working with Aboriginal families and people who may be reluctant to use mainstream welfare agencies. Importantly, CFCs are well adapted to local workforce skills and capacity. CFC staff can work with the skill levels of local workers, for example, in rural areas Centres can employ local Aboriginal workers and trainees to improve the cultural responsiveness of services.

- **Voluntary care provision for vulnerable children of new parents.**

In Barnardos’ Children’s Family Centres a model of short term and respite out of home care has long been delivered called Temporary Family Care. This model of care prioritises prevention of children entering the statutory care system and restoration of children to family and kin. In past years the use of brief voluntary periods of care and voluntary weekend respite were commonly used to assist new parents in crisis and who needed sustained assistance to keep their family together. Foster carers would work together with the parents to model good parenting. Voluntary out of home care is no longer facilitated by government in its policies and funding models which has left a gap in service opportunities for vulnerable new parents who

require focused assistance to parent their children. Barnardos therefore recommends that voluntary out of home care models are examined by government to supplement the provision of family preservation in the new Permanency Support Program reform.

Thank you for the opportunity to provide this submission, and we are available to provide direct information via verbal address to any of the matters described above, should this be of additional assistance.

Barnardos Australia.

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