

PARLIAMENT OF NEW SOUTH WALES

LEGISLATIVE COUNCIL

STANDING COMMITTEE ON SOCIAL ISSUES

CLINICAL TRIALS AND GUARDIANSHIP:

MAXIMISING THE SAFEGUARDS

TERMS OF REFERENCE

That the Standing Committee on Social Issues inquire into, and report on,

1. The appropriateness of those clauses of the *Guardianship (Amendment) Bill 1997* that were deleted by amendments in the Legislative Council. Particular reference should be paid to the adequacy of safeguards for people unable to consent for themselves gaining access to new treatments available only through clinical trials; and
2. That the Committee report by 1 September 1997.

CONTACT DETAILS

Members of the Standing Committee on Social Issues can be contacted through the Committee Secretariat. Written correspondence and telephone enquiries should be directed to:

The Director
Standing Committee on Social Issues
Legislative Council
Parliament House, Macquarie Street
Sydney New South Wales 2000
Australia

EMAIL: sociss@parliament.nsw.gov.au

TELEPHONE: 61-2-9230-3078

FACSIMILE: 61-2-9230-2981

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COMMITTEE FUNCTIONS

The functions of the Standing Committee on Social Issues are to inquire into, consider, and report to the Legislative Council on:

- any proposal, matter or thing concerned with the social development of the people in all areas of New South Wales;
- the equality of access to the services and benefits including health, education, housing and disability services provided by the Government and non-Government sector to the people in all areas of New South Wales;
- recreation, gaming, racing and sporting matters; and
- the role of Government in promoting community services and the welfare of the people in all areas of New South Wales.

Matters for inquiry may be referred to the Committee by resolution of the Legislative Council, a Minister of the Crown, or by way of relevant annual reports and petitions. The Committee has the legislative power to:

- summons witnesses;
- make visits of inspection within Australia;
- call upon the services of Government organisations and their staff, with the consent of the appropriate Minister;
- accept written submissions concerning inquiries from any person or organisation; and
- conduct hearings.

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THE HON. ANN SYMONDS, M.L.C., AUSTRALIAN LABOR PARTY

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THE HON. DOUG MOPPETT, M.L.C., NATIONAL PARTY

THE HON. PETER PRIMROSE, M.L.C., AUSTRALIAN LABOR PARTY

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CHAIR'S FOREWORD

Clinical trials involving human subjects have led to extraordinary advances in human health as well as appalling abuses of people's rights and dignity. The potential for abuse of subjects in medical research is heightened when an individual is unable to consent to their involvement in an experiment because their decision-making ability is impaired or diminished. They may, for example, have a pre-existing disability such as dementia or brain damage, or they may be unconscious or disorientated.

Recent revelations about the testing of vaccines on orphans in Victoria between 1945 and 1970 serve to heighten public anxiety about human experimentation, particularly involving vulnerable members of society.

The Committee has been acutely aware of public concerns regarding human experimentation during its deliberations. While we acknowledge the ethical dilemmas posed by the involvement of people with decision-making disabilities in clinical trials, we do not believe these dilemmas would be eliminated by proscribing such research. The treatment available through a clinical trial may be the only or most promising alternative available to an individual. In such cases, it may not be in a person's best interests to deny them this opportunity.

This Report tackles important ethical questions raised by involving people with decision-making disabilities in a clinical trial, including the ethicality of administering a placebo. In doing so, it also provides an overview of guardianship law and principles in New South Wales and the regulatory framework for the conduct of clinical trials in Australia. The recommendations aim to facilitate access to clinical trials for people who cannot consent to their own treatment, at the same time as maximising the safeguards to protect them from abuse or danger.

I am extremely grateful to my parliamentary colleagues on the Committee for their dedication to this Inquiry. Members of the community play a critical role in the inquiry process. I would therefore like to convey my thanks to the many individuals and organisations who provided written submissions or evidence to the Inquiry.

My thanks are also due to the Committee Secretariat, in particular, Jennifer Knight, Committee Director for executive support and for writing a key section of the Report; Senior Project Officer, Beverly Duffy who worked within an extremely tight timeframe and coordinated the inquiry process, undertook the necessary research and wrote the four technical chapters of the Report; Heather Crichton, for undertaking the administrative elements of the Inquiry and for producing the final Report with great speed and precision; and my Research Assistant, Julie Langsworth for providing valuable editorial fine tuning. Robin Creyke from the Faculty of Law at the Australian National University wrote the second chapter in the Report on Guardianship Law in New South Wales and provided generous assistance to the Senior Project Officer during the course of the Inquiry.

I commend this report to the Government.

A handwritten signature in black ink, reading 'Ann Symonds'. The signature is fluid and cursive, with the first name 'Ann' and last name 'Symonds' clearly distinguishable.

THE HON. ANN SYMONDS, M.L.C.

COMMITTEE CHAIR

SUMMARY OF RECOMMENDATIONS

RECOMMENDATION 1: (Introduction)

That the *Guardianship Act* provide for the conduct of clinical trials through the reintroduction of the clinical trial provisions in the *Guardianship Amendment Bill*, with additional amendments as recommended in this Report.

RECOMMENDATION 2: (Chapter Three)

That the *Guardianship Act* require the Guardianship Board to withhold consent for a clinical trial if it is not satisfied that adequate, independent monitoring arrangements are in place for the conduct of the trial.

RECOMMENDATION 3: (Chapter Three)

That the *Guardianship Act* ensure that the Guardianship Board can only consent to trials that have been approved by an Institutional Ethics Committee registered with the Australian Health Ethics Committee.

RECOMMENDATION 4: (Chapter Three)

That the Minister for Health request the Federal Minister for Health to ensure that the annual compilation of Institutional Ethics Committee Compliance Reports by the Australian Health Ethics Committee are publicly available.

RECOMMENDATION 5: (Chapter Three)

That the Minister for Health request the Federal Minister for Health to amend the *Statement on Human Experimentation* to require the inclusion of a subject representative on Institutional Ethics Committees.

RECOMMENDATION 6: (Chapter Three)

That the Minister for Health seek the support of the Federal Minister for Health for the amalgamation of small Institutional Ethics Committees as recommended by the Chalmers Review.

RECOMMENDATION 7: (Chapter Three)

That the *Guardianship Act* ensure that the Guardianship Board is informed of all variations to the protocol of any clinical trial it approves and that the Board reassess its original approval for such a clinical trial.

RECOMMENDATION 8:

(Chapter Three)

That the *Guardianship Act* require the Guardianship Board, in the event of a variation to a trial protocol, to contact all “persons responsible” who have given consent to the participation of an individual in a clinical trial and provide them with the option to reassess their approval.

RECOMMENDATION 9:

(Chapter Three)

That, any references to clinical trials in the *Guardianship Act* use the word “person” in place of the terms “patient”, “patients” and “participants”.

RECOMMENDATION 10:

(Chapter Three)

That the Minister for Community Services reconsider the wording of section 45AA (2) in the *Guardianship Amendment Bill* to take into account the need to assess the potential benefits as well as the risks of participation in a clinical trial.

RECOMMENDATION 11:

(Chapter Four)

That the proposed amendments to the *Guardianship Act* allow the administration of a placebo in clinical trials.

RECOMMENDATION 12:

(Chapter Five)

That the independent review of amendments to the *Guardianship Act* (see Recommendation 17) specifically examine the experiences of “persons responsible” to whom the Board delegates consent for a clinical trial.

RECOMMENDATION 13:

(Chapter Five)

That the Minister for Community Services instruct the Guardianship Board to produce a plain English guide to amendments to the *Guardianship Act* relating to clinical trials. This guide is to outline clearly the issues to be considered by the Guardianship Board and the matters that should be taken into account by a “person responsible” in deciding whether to give consent to the participation of an individual in a clinical trial. The guide should be produced in several community languages and distributed widely.

RECOMMENDATION 14:

(Chapter Five)

That the Minister for Community Services request the Guardianship Board to conduct briefings for “persons responsible” who are requested to consent to the participation of an individual in a clinical trial.

RECOMMENDATION 15:

(Chapter Six)

That, upon clarification of the legal position of Advanced Directives, the Minister for Community Services, in conjunction with the Minister for Health and the Attorney General, develop a public information campaign to encourage people to make Advanced Directives or to appoint an Enduring Guardian.

RECOMMENDATION 16:

(Chapter Six)

That the *Guardianship Act* require the Annual Report of the Guardianship Board to include details of all clinical trials it has approved during the period covered by the Report.

RECOMMENDATION 17:

(Chapter Six)

That the *Guardianship Act* require a review of any new amendments relating to clinical trials be undertaken one year after the proclamation of the Amendment Act relating to clinical trials.

RECOMMENDATION 18:

(Chapter Six)

That the Minister for Community Services support the creation of an Appeals Division in the Administrative Decisions Tribunal to hear appeals against decisions of the Guardianship Board and ensure that members of the Division have a similar range of skills and expertise as the members of the Guardianship Board.

RECOMMENDATION 19:

(Chapter Six)

That the Minister for Community Services instruct the Guardianship Board to conduct a series of briefings with Institutional Ethics Committees throughout New South Wales after the Amendment Act is passed to inform Institutional Ethics Committees of their responsibilities under the Act.

RECOMMENDATION 20:

(Chapter Six)

That the Minister for Health recommend to the Federal Minister for Health that Institutional Ethics Committees include an item in their clinical trial application forms to establish whether an investigator has sought consent from the relevant guardianship authority in their state.

GLOSSARY

ADT	Administrative Decisions Tribunal
AHEC	Australian Health Ethics Committee
CTN	Clinical Trials Notification Scheme
CTX	Clinical Trials Exemption Scheme
IEC	Institutional Ethics Committee
NHMRC	National Health and Medical Research Council
TGA	Therapeutic Goods Administration

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BACKGROUND TO THE REPORT

The *Guardianship Amendment Bill, 1997* was introduced into the Legislative Council on 7 May 1997. One of the aims of the Bill was to allow the Guardianship Board, under certain circumstances, to authorise people with decision-making disabilities to participate in clinical trials.

A person with a decision-making disability is unable to make certain decisions for themselves because of a disability such as dementia or brain damage or because they are unconscious or disorientated.

During debate of the Bill, the Legislative Council voted that the clauses concerning clinical trials be deleted from the Bill to allow further public debate on the issue. On 2 June 1997, the Hon Ron Dyer, Minister for Community Services, referred an Inquiry into Clinical Trials to the Standing Committee on Social Issues.

The Terms of Reference for the Inquiry are:

- *The appropriateness of those clauses of the Guardianship (Amendment) Bill 1997 that were deleted by amendments in the Legislative Council. Particular reference should be paid to the adequacy of safeguards for people unable to consent for themselves gaining access to new treatments available only through clinical trials; and*
- *That the Committee report by 1 September 1997.*

RECENT DEVELOPMENTS

The *Guardianship Amendment Act, 1997* (minus the amendments relating to clinical trials) was passed on the 29 May 1997 and assented to on 2 July 1997. It is expected to be proclaimed and thus come into effect by the end of 1997.

However, as this Inquiry was required to consider aspects of the *Guardianship Amendment Bill* relating to clinical trials, we will at times refer to the Bill, even though we recognise the Bill has been enacted.

Readers will note that throughout the Report some witnesses refer to the Guardianship Tribunal while others talk about the Guardianship Board. This is because when the *Guardianship Amendment Act, 1997* is proclaimed, the name of the Guardianship Board will be changed to the Guardianship Tribunal.

THE INQUIRY PROCESS

During the course of the thirteen week Inquiry, the Committee received 58 submissions and took formal evidence from 19 witnesses. Those appearing before the Committee were drawn from a diverse cross-section including clinicians, professors of medicine, family members, ethicists, relevant non-government organisations and government agencies.

Given the relatively short time frame in which submissions could be received, the Committee feels this response demonstrates a significant level of public interest in the issue.

THE SCOPE OF THE INQUIRY

Several submissions and a considerable amount of evidence supported the notion that people with decision-making disabilities should be able to participate in clinical trials. However, concern was also expressed about the effectiveness of some of the safeguards designed to protect vulnerable people from exploitation or harm.

The Committee also heard a significant amount of evidence and received submissions from people who were totally opposed to the passing of the amendments relating to clinical trials. Their opposition stemmed from their concerns about the operation of the Offices of the Public Guardian and Protective Commissioner, and to a lesser extent, the Guardianship Board.

It is outside the scope of this Inquiry to investigate these concerns. However, as will be discussed in the Report, the Committee has responded by calling for greater accountability from these Offices.

Given the very tight time parameters for this Inquiry, a comprehensive literature review was not undertaken.

THE STRUCTURE OF THE REPORT

Chapter One is an overview of the framework for the regulation of clinical trials in Australia, including the relevant international instruments and Federal regulatory agencies. The role and function of Institutional Ethics Committees is considered in detail.

Chapter Two is a general introduction to the principles of guardianship law in New South Wales. It outlines the role of the New South Wales Guardianship Board and describes the appointment of guardians and financial managers. The final part of the Chapter explains the system in New South Wales for substitute consent for health care.

Chapter Three reviews the safeguards proposed in the *Guardianship Amendment Bill* which must be satisfied before the Guardianship Board can give consent for the conduct of a clinical trial. The Chapter discusses concerns raised by witnesses and in submissions concerning the effectiveness of Institutional Ethics Committees, the level of acceptable risk in a trial and whether the proposed safeguards prohibit the conduct of non-therapeutic research.

The ethical issues concerning the administration of a placebo to participants in a clinical trial are examined in Chapter Four. It is argued that the potential benefits available to participants in a clinical trial outweigh the potential disadvantages they may experience from receiving a placebo.

In Chapter Five, the Report examines a number of issues concerning the delegation of consent to the "person responsible". Arguments in favour of and against the delegation of consent are identified and discussed. The power of the Guardianship Board not to delegate consent or to overrule the decision of the "person responsible" is also considered.

A range of issues are considered in Chapter Six including: advanced directives and enduring guardianship, annual reports, development of protocols and appeals against decisions of the Guardianship Board.

CONCLUSION

The Committee supports the overall objective of the amendments relating to clinical trials that were excised from the *Guardianship Amendment Bill, 1997*. The Committee considers that people with decision-making disabilities should not be denied an opportunity to participate in a trial that may alleviate or even cure their condition. At the same time, legislation which aims to enhance access to clinical trials must also protect the rights and welfare of people who are unable to consent to their own treatment.

In order to satisfy these twin goals of access and safety, the Committee supports the reintroduction of the provisions relating to clinical trials in the *Guardianship Amendment Bill*, with certain modifications which aim to maximise the safeguards proposed in the Bill.

RECOMMENDATION 1:

That the *Guardianship Act* provide for the conduct of clinical trials through the reintroduction of the clinical trial provisions in the *Guardianship Amendment Bill*, with additional amendments as recommended in this Report.

OVERVIEW AND INTRODUCTION

1.1 BACKGROUND TO THE INQUIRY

On 12 December 1997, the Honourable Alan Corbett MLC moved that the Standing Committee on Social Issues Committee inquire into, and report on, the state of parent education in NSW. In introducing this motion, Mr Corbett stressed that parenting involves “greater responsibilities, commitment and challenges than any other role”. In the debate which followed, an amendment was moved and accepted to broaden the proposed terms of reference to acknowledge parental support programs, as well as parent education.

The Terms of Reference as amended and passed by the Legislative Council on 12 December 1997 are:

That the Standing Committee on Social Issues inquire into, and report on, the state of parent education in New South Wales, and in particular:

- *the developmental needs of children, especially children under five, and the role of and benefits to parents and the wider community in fulfilling these needs;*
- *the value and support accorded to parents and parenting by the community;*
- *the accessibility, relevance and flexibility of existing parent education and support programs;*
- *the accreditation, funding, co-ordination, monitoring and evaluation of parent education and support programs, and the professional education and development of parent educators;*
- *the appropriate role of parents, government, non-government organisations and educational institutions in the development, delivery and promotion of parent education and support programs; and*
- *any other relevant matters.*

The Committee was asked to report on this Inquiry by 15 June 1998.

The Committee decided to consider parent education and support programs for children aged 0 to 12 years, but with the primary emphasis on programs for children aged 0-5 years, because of the importance of this period for psychological, social and intellectual development.

1.2 SCOPE AND PROCESS OF THE INQUIRY

It became clear to the Committee in the early stages of this Inquiry that issues of parent education and support are of great interest to a wide range of service agencies, academics, practitioners from varied disciplines, government agencies and individuals. On 27 May 1998, the Legislative Council agreed to extend the reporting date for this Inquiry to 30 October 1998. This allowed the Committee to conduct the extensive hearings and briefings required to give due consideration to such a wide ranging and critical issue.

During the course of this Inquiry, the Committee received 105 submissions and heard formal evidence from 57 witnesses. The Committee held formal briefings with 24 individuals including seven in Melbourne, and one by video-conference linkup to Perth. The Committee made visits to two centres (one in the outer western suburbs of Melbourne, and one in Redfern) from which parent education and support was offered to local communities.

The developmental needs of children and the impact of parenting on these needs has been the subject of extensive literature and research. The Committee accepted from the outset that parenting skills, attitudes and knowledge is of crucial importance to developmental outcomes for children. However, the Committee thought it valuable to include a review of the research on the impact of parenting as part of the report, and commissioned Dr Marija Radojevic, a clinical psychologist specialising in child and family health, to undertake this review. This paper is found at Attachment A.

The Committee was also informed by the findings of two surveys conducted during the course of the Inquiry. The first was initiated by two community members in Dubbo (Mrs Rosemary Langford and Mrs Betty Noad) who developed and distributed a questionnaire to organisations in Dubbo that provide parent education and support. These organisations used the questionnaire format to assist them in structuring their submission to the Inquiry. The information from the 15 questionnaires received from organisations in Dubbo has provided the Inquiry with a case study of parent education and support in a regional area. The information from these submissions are discussed in Chapter Six - Parents with Particular Needs.

The second survey was conducted with the assistance of Barnardos Australia which offered to administer a survey to its client families regarding their access to, and experiences of, parent education and support. The Committee developed the survey format, which was distributed to Barnardos centres. This survey was important as it provided the Inquiry with information from parents themselves, particularly those living in disadvantaged circumstances. The completed surveys were analysed by the Social Policy Research Centre at the University of NSW. The findings from this survey have been used throughout the report, and the full analysis and commentary is found at Attachment B.

In addition to information provided through submissions, evidence, survey findings, briefings and visits, the Committee also considered information gathered through a literature search and a review of selected literature.

The information before the Committee affirmed the crucial importance of parent education and support. Evidence and submissions came from individuals and organisations with very different perspectives and roles. Despite this, there was undisputed agreement that appropriately provided parent education and support have a critical role to play in promoting the health and well-being of children, parents, families and the community. The focus for the Committee in reporting on this Inquiry has been to identify how to ensure that parent education and support programs are provided in the most effective manner, to meet the diverse needs of parents and children in our community.

Some witnesses and submissions referred to the importance of other social policies and their impact on family functioning and well-being. These policy areas include: industrial relations and workplace practices; housing; urban and regional planning; and income support. While these issues are outside the scope of an Inquiry into parent education and support programs, the Committee agrees that these policy areas cannot be ignored in the quest for promoting child and family well-being. The effectiveness of any government initiatives in promoting parent education and support programs will be limited if the broader social, cultural and economic conditions are not conducive to family functioning.

The Committee also received a number of submissions from individuals and organisations arguing the importance of marriage and two parent families in parenting, and the benefits of full time maternal care compared to formal child care. The Committee fully appreciates the importance of debate and research into these areas. However, these issues are outside the Terms of Reference for this Inquiry which require the Committee to focus on ensuring the provision of appropriate programs for parents across a whole range of circumstances, including different family structures and child care arrangements.

1.3 PREVIOUS REPORTS

The need for parent education and support programs has been long recognised both within Australia and internationally. The Committee's literature search revealed articles and books on parenting education dating from the late 1970s. Within Australia, calls for the further development and improved availability of parent education and support programs have been made at both State and Commonwealth levels, over at least a ten year period. Significantly, the call for parent education and support has come from a wide range of sectors, reflecting its importance in different facets of community health and well-being.

Within NSW, reports and inquiries which have identified the importance of parent education and support programs include:

- *The Report of The Committee of Review of NSW Schools* (NSW Government, 1989) which included a series of recommendations relating to the provision of parenting education and information for parents of children aged 0-5 years. These recommendations focussed on: programs which provide child development information and parenting skills; programs at the pre-school and school level to support parents with young children; piloting Parent Community Centres; provision of parenting literature through primary health care services; and parenting education in secondary school curriculums;
- A Ministerial Task Force on Obstetric Services in NSW which recommended that "parenting education be recognised as a valid, important aspect of maternity care, contributing to ... successful parenting" (New South Wales Department of Health, 1989:238). The report made a series of specific recommendations aimed at improving the effectiveness and accessibility of parenting education provided through health services; and
- *Focusing on Families - A report on consultations conducted by the NSW International Year of the Family Advisory Committee* which highlighted "strong support in the community for accessible and 'user-friendly' parenting education" (NSW Social Policy Directorate, 1994:19). Some of the recommendations in this report included an urgent injection of funding into programs to strengthen family functioning and support families in short-term difficulties; review existing parenting education courses to identify best practice models; and address gaps in programs.

At the Commonwealth level, parent education and support programs have also been identified as important strategies in reports and inquiries including:

- *Preventing Child Abuse: a national strategy* (Calvert, 1993). This strategy includes objectives relating to the provision of information and advice to

parents to foster the development of competencies that promote non-abusive and empathetic ways of parenting children;

- The final report from the Office of the International Year of the Family (*Creating the Links: Families and Social Responsibility, 1994*) made recommendations to address the needs of families facing personal crisis, including an increase in Commonwealth investments in parenting programs “to reduce waiting lists to no more than two weeks and increase access for identified groups (in particular low income people)” (cited in Jackson, 1995:28);
- *Healthy Families, Healthy Nation: Strategies for Promoting Family Mental Health in Australia* (Sanders, 1995) made a series of recommendations for increased family intervention services, particularly those based on parent skills training models;
- The *Proposed Plan of Action for the Prevention of Abuse and Neglect of Children with Disabilities* included as a priority action that state and territory governments provide targeted parent training programs as a form of support to parents of children with disabilities (National Child Protection Council, 1996a:55);
- The *Proposed Plan of Action for the Prevention of Child Abuse and Neglect in Aboriginal Communities* recommended the development of education programs for Aboriginal carers, and that such programs should address parenting skills (Secretariat National Aboriginal and Islander Child Care, 1996:9);
- The *Proposed Plan of Action for Prevention of Abuse and Neglect of Children from Non-English Speaking Background* recommended that a “Guide to Developing Parenting Programs” should be developed as a key information source for people developing parenting programs for non-English speaking background communities. This Plan also recommended the development and distribution of information packages for new parents from non-English speaking backgrounds in their first language, and a core parenting program for non-English speaking backgrounds parents of pre-adolescent parents to be provided on a culturally specific basis (National Child Protection Council, 1996b:31); and
- In *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families* the establishment of parenting and family well-being programs was recommended as a part of a comprehensive strategy to overcome the intergenerational effects of forcible removal (Human Rights and Equal Opportunity Commission, 1997:399).

A number of witnesses noted that, despite the repeated calls for improved parenting education and support, the recommendations from these reports have not yet been fully implemented. The Committee notes that the findings and recommendations of the reports listed above address several of the aspects of the Terms of Reference of this Inquiry.

Within Australia, other states have established specific programs and projects focussing on parenting assistance. These are discussed in more detail in Chapter Four. Current policy and provision of parent education and support programs in NSW is discussed in Chapter Three.

1.4 PRINCIPLES UNDERLYING THE REPORT

In considering the very wide range of information placed before it in this Inquiry, the Committee has adopted some basic principles in its deliberations. These principles largely reflect those enshrined in the United Nations Convention on the Rights of the Child, and the *NSW Children (Care and Protection) Act, 1987* as well as the principles of social justice and consumer rights. Various witnesses and submissions also referred to similar principles for considering issues of parent education and support. The Committee believes that these principles will also be of use in any future examinations of, or decisions about, the direction of parent education and support.

In developing and adopting these principles, the Committee notes that the majority of parents learn about parenting from their own parents, other family members and friends, with formal assistance or education through avenues of primary services such as antenatal courses and early childhood health clinics. For many, these resources are adequate, and these parents do not seek to access formal parent education programs. However, even these parents would benefit from additional information and support, particularly with the increased mobility and social isolation of new parents from members of their extended family. The Committee also acknowledges the important role played by informal support structures in helping parents, especially mothers, to meet other demands. In many cases, particularly rural areas, such informal support and assistance is the only option, where appropriate support services do not exist.

The principles adopted by the Committee are:

- Responsibility for ensuring adequate provision of parent education and support programs rests with the whole of government, rather than any individual agency.
- A democratic society has a duty to ensure that every child is provided with a nurturing environment that will enable the realisation of that individual's potential.

- It is in the interest of the whole community to ensure that parents are adequately supported and assisted in this role, given the impact of parenting on the development of children.
- While parent education and support programs should seek to address the interests and needs of both parents and children, the interests of children must be paramount in the provision of programs.
- All parents need some form of education or support (whether informal or formal) at different times in their parenting role.
- Parent education and support programs should be provided in ways which respects the diversity of families, and meets the needs and circumstances of individual families.
- Parent education and support programs can only be part of the solution to promoting healthy family functioning - government responses need also to address the social, cultural, physical and economic environment.
- When participating in parenting education and training courses, consumers are entitled to an assurance that the program, and program leader, meet minimum standards.
- Formal parent education and support programs should clearly identify their goals and underlying philosophy, to enable parents to make informed decisions regarding their participation in the program.
- Government support and public funds should be directed to those parent education and support programs which have demonstrated the capacity to produce outcomes in terms of improved parenting, family functioning, and development of children.
- Government support and public funds should be directed to those parent education and support programs which maximise equitable access to the program by all groups in the community.

RECOMMENDATION 1:

The Committee recommends that all government agencies recognise and adopt an explicit set of principles in the funding and provision of parent education and support programs. These principles include:

- A democratic society has a duty to ensure that every child is provided with a nurturing environment that will enable the realisation of that individual's potential.
- It is in the interests of the whole community to ensure that parents are adequately supported and assisted in this role, given the impact of parenting on the development of children.
- While parent education and support programs should seek to address the interests and needs of both parents and children, the interests of children must be paramount in the provision of programs.
- All parents need some form of education or support (whether informal or formal) at different times in their parenting role.
- Parent education and support programs should be provided in ways which meet and respect the diversity of family needs and circumstances.
- Parent education and support programs can only be part of the solution to promoting healthy family functioning - government responses need also to address the social, cultural, physical and economic environment.
- When participating in parenting education and training courses, consumers are entitled to an assurance that the program, and program leader, meet minimum standards.
- Formal parent education and support programs should clearly identify their goals and underlying philosophy, to enable parents to make informed decisions regarding their participation in the program.
- Parent education and support should be provided through programs which maximise equitable access to the program by all groups in the community.

1.5 STRUCTURE OF THE REPORT

Chapter Two considers the nature and scope of parent education and support programs, including the range of objectives and conceptual approaches across programs. This chapter also considers the importance of, and context for, parent education and support, before considering issues of effectiveness.

In Chapter Three, the Committee reports on the current status of parent education and support programs in NSW, including current commitment in terms of programs and services provided or funded by government departments. This chapter also examines current arrangements for the planning, funding and co-ordination of programs and makes recommendations for a new approach.

Chapter Four provides a comparison of government approaches to parent education and support programs in other Australian states.

Chapter Five considers the different aspects of accessibility and relevance of parent education and support programs, and makes recommendations for ensuring that such programs are able to meet the varying needs of parents and children.

Throughout the inquiry, the Committee's attention was drawn to the problem of ensuring appropriate programs for parents with particular needs. Chapter Six considers the education and support needs of parents in these groups. Parents who were reported to fare poorly in their access to parent education and support programs included parents with a disability, those who had children with a disability, Aboriginal parents, parents from non-English speaking backgrounds, fathers, and young parents. In some cases, family circumstances can become a barrier to accessing parent education and support programs. Such circumstances include living in regional, rural or remote locations, and living in poverty.

Chapter Seven considers issues of quality assurance and accountability of programs and providers. Different options for promoting quality in parent education and support programs include accreditation, development of standards, and evaluation systems. This Chapter also examines options for monitoring of programs. Systems for ensuring that parent education and support programs are provided by appropriately competent staff and volunteers are also considered.

**NATURE AND SCOPE OF
PARENT EDUCATION
AND SUPPORT PROGRAMS**

The benefits of parent education and support for children, families and communities include the promotion of physical and mental health of children, promotion of educational achievement and participation. Participation in parent education and support programs are also important strategies for the prevention and reduction of child abuse and neglect, and crime (particularly juvenile crime). The wide ranging benefits of parent education and support, and the complex mix of factors which affect parenting behaviour point to the importance of a social infrastructure and government commitment to supporting families. This chapter examines the definitional issues and assumptions underlying different approaches to parent education and support programs and describes the different ways of classifying such programs, before examining research on the effectiveness of parent education and support programs.

2.1 WHAT ARE PARENT EDUCATION & SUPPORT PROGRAMS?

The wide range of issues raised in the course of this Inquiry and the varied backgrounds of those who participated in the Inquiry have well illustrated the many ways in which parent education and support can be conceptualised and provided. Various witnesses made the point that parent education and support can be provided outside the context of programs and services, for example through informal assistance provided to families by relatives and neighbours. The Committee accepts the proposition that much parent education and support is provided through informal, non-service based means. However, for the purposes of this Inquiry, it is necessary to focus on parent education and support which is provided through programs and services.

A key task facing the Committee in undertaking this Inquiry was to establish some parameters for defining which programs or services come within the meaning of 'parent education and support programs', before examining existing provisions for such programs. There is no identified funding program stream for parent education or parent support, and it quickly became apparent that a wide range of programs and services contain an element of parent education or support, often in the context of other services (eg early childhood health care, family support services). The majority of witnesses and submissions referred to parent education and support in these contexts, rather than parent education as a 'stand-alone' course or programs. However, there is a range of parenting courses and groups available, and the Committee's deliberations considered these programs as well as the parent education and support provided as part of child or family services.

While some distinctions can be drawn between parent education, parent training and parent support, most programs represent a combination of these elements, and it is not possible (or arguably, desirable) to separate these elements from each other. The Committee accepts that the term 'parent education and support program' can refer to

a wide range of programs or services which provide education, training or support to parents in some combination. For the most part, the Committee did not find it necessary to develop or impose a tight definition of parent education and support programs.

2.1.1 PARENT EDUCATION PROGRAMS

A review of the literature revealed some definitions of parent education programs, which distinguish them from other forms of assistance to families or parents. For example, Croake and Glover define parent education as:

...the purposive learning activity of parents who are attempting to change their methods of interaction with their children for the purpose of encouraging positive behaviour in their children...group discussion will be the dominant format (1977:151).

Pugh and De'Ath have adopted a slighter broader definition to include:

a range of educational and supportive measures which help parents and prospective parents to understand themselves and their children and enhance the relationship between them (1984:7).

In *Preventing Child Abuse: a national strategy*, parenting programs are described as usually including:

curriculum on childhood development including sexual development, parenting strategies, the development of parenting skills, familiarity with local health and social service systems, sources of assistance and curriculum on balancing parenting needs with other needs (Calvert, 1993:33).

The most commonly known parent education programs which match these definitions include childbirth education classes, and formal fixed term courses such as Parent Effectiveness Training (PET). There are a wide range of parent education programs available, many of which focus on specific developmental periods (eg toddlerhood). These are available as published programs, with an educators manual outlining the curriculum and providing teaching resources. Some programs also provide manuals for parents. In addition, the Committee understands that educators will often develop or amend programs to meet the needs of particular parents.

However, many of those who provided evidence and submissions to the Inquiry were reluctant to restrict the definition of parent education to curriculum based programs. NCOS submitted that the Inquiry should consider:

parenting education in the broadest possible sense, encompassing not

just a range of programs, but a range of parental needs and timeframes and a range of services and supports. It is not about defining what makes a 'good' parent and devising a curriculum to teach people how to become this particular model human being (Submission 46).

The many ways in which parent education is provided also makes any simplistic program definition difficult. Mr Adam Tomison of the National Child Protection Clearing House notes that:

While parent education may have been perceived traditionally as short-term, stand alone skills programs, the reality is that parent education takes many forms, and differentially targets families across the spectrum of family life and child rearing (Submission 31).

Mr Tomison goes on to point out that parenting education can be imparted through family support services or in the context of other programs which involve parents in helping their children develop skills (such as personal safety and protective behaviour programs). Parent education is also the focus of many community education campaigns. It is this diversity in the approaches and context for parent education programs that makes defining such programs difficult.

2.1.2 PARENT TRAINING PROGRAMS

One particular form of parent education - parent skills training - can be distinguished on the basis of its highly instructional nature.

The Australian Association for Infant Mental Health drew a useful distinction between parent education and parent training. They note that while parent education primarily provides information:

Parent training implies acquisition of skills, such as communication, conflict resolution and behaviour modification through role modelling, practice, viewing and reading prescribed material, or completing homework tasks (Submission 41).

Dr Sanders of the Parenting and Family Support Centre in Queensland defines an 'active skills training approach' as one which encompasses:

the modelling of parenting skills, clear specific suggestions and instructions that parents can follow, active rehearsal and practise of the skills with feedback, goal setting, homework for parents, and

implementation by parents in their own homes (Evidence, 23 March 1998).

Parent skills training may be only one component of a broader parent education program or service, or it may be provided as a separate and stand-alone program comprising weekly sessions with an instructor or program leader. Examples of parent training programs encountered by the Committee are the Level Four and Level Five of Triple P which requires parents to develop and exercise specific skills in handling child behaviour.

2.1.3 PARENT SUPPORT

Programs which provide support to parents are also very diverse, and witnesses noted that there are many services and programs that may not identify parent education or support as one of their goals or functions, but which nevertheless do support parents in their role of child rearing. Examples of these include child care, playgroups, and respite services. There are also a range of programs which focus specifically on providing support to parents, where education is less of a focus. These include programs offered by government agencies such as community health services, groups for new mothers, and toddlers groups. It also includes parent support provided through voluntary associations which organise regular social gatherings or activities for parents, as a form of parent support.

Numerous witnesses pointed to the importance of such support services for parents as a key avenue for accessing educational opportunities, obtaining information on child rearing and parenting in less formal ways, or getting relief from stress.

However, the Committee was also informed that parent support was an important part of any parent education or training program. In these cases, it was argued that a separation between parent education and parent support would be both difficult and undesirable. The Australian Association for Infant Mental Health noted that parent support is “intrinsic to any education or training program” (Submission 41) while a representative of the Playgroup Association stated that:

I do not believe that you can educate without support....even if what they are doing is primarily education, there needs to be support (Ms Maze evidence, 27 April 1998).

Similarly, ACWA advised the Committee that:

Parent education has to be combined with parent support to begin to have a positive effect. In our view it is appropriate that parent support and parent education services are often indistinguishable in our community (Submission 72).

These views are echoed in international reports. For example, the Report of the

Carnegie Task Force on meeting the needs of young children found that:

...the distinctions remain blurred between parent education and family support. Operationally, the two may go hand in hand. In some instances, a family support program may be mostly a parent education and emotional support program: elsewhere it may include services such as literacy classes or job training (1994:36).

From the evidence and submissions before the Committee, it is clear that there are many ways in which parent education and support can and should be provided. Throughout the Inquiry (and this report) the Committee has used the term “parent education and support programs” to refer to a wide range of programs and services designed to assist parents in their role of raising children. Where it is necessary to distinguish between different program approaches, the Committee has adopted the distinctions between education, training and support as outlined in the discussion above.

2.2 IMPORTANCE OF PARENT EDUCATION & SUPPORT PROGRAMS

2.2.1 IMPACT OF PARENTING ON DEVELOPMENTAL OUTCOMES OF CHILDREN

Throughout the Inquiry there was strong emphasis on the impact parenting behaviours and skills have on the development of children. Witnesses and submissions stressed that the physical, social, mental and emotional wellbeing of children are substantially shaped from early parenting experiences.

A review of the research confirms the importance of parenting behaviour on the development of children across a range of domains. A detailed description of the research on the impact of parenting on developmental outcomes of children is found at Attachment A.

The research described at Attachment A identifies a number of aspects of competent parenting. These include the capacity for parents to provide a social and emotional environment which matches their child’s developmental stages.

Although all parents approach their responsibilities differently, research has identified patterns in parenting behaviour which have been demonstrated to lead to different developmental outcomes. Parenting can be classified as being authoritative, authoritarian or permissive. Those children whose parents were authoritative have been found in research studies to score best on psychosocial measures at preschool age. These include those measures relating to relationships and behaviour.

The importance of early child-parent attachment relationships continues to be highlighted in child development research. Research has demonstrated that different

patterns of parental interaction with infants results in different attachment relationships, and that these attachment patterns persist through to adulthood. Children who demonstrated secure attachment to a parent or caregiver as an infant, have been found to be more competent and emotionally healthy as toddlers and school aged children than those who were insecurely attached as children. Measures of difference between securely and insecurely attached children include frustration, empathy, attention span, curiosity and autonomous exploration.

Empirical studies have demonstrated that early attachment patterns not only persist into adulthood, but also form the basis for future parenting behaviour of individuals. The intergenerational transfer of parenting patterns is one of the most significant arguments for primary provision of parent education and support programs. Research has shown that parenting behaviour can be altered, where there is sufficient support.

These research findings confirm the importance of supporting parents in a range of ways, as a means of promoting the health and wellbeing of children. The provision of parent education and support programs is one component of such a framework.

There was unanimous support amongst witnesses to the Inquiry that early parenting behaviours has long term impact on the social, physical and emotional development of children. For example, the Minister for Community Services stressed that early childhood experiences and development form the foundations for the later life of every child (Submission 98). The Department of Education and Training noted that, while it does not have a legislative responsibility for the provision of services to children below school age, it offers a number of programs in this area in recognition of the importance of the first few years of a child's life (Submission 77).

The Committee endorses the view that parents have a critical role to play in nurturing the development of children, and recognises that the provision of parent education and support programs is a very practical way in which government can support parents in this very valuable role.

2.2.2 IMPACT OF PARENT EDUCATION AND SUPPORT PROGRAMS

Parent education and support programs can influence attitudes and actions of parents by providing information about child development; skills related to child rearing and relationship development; and links to other parents for informal support as well as to professional support services. In this way, parent education and support programs are an important mechanism for promoting better child and family outcomes. However, parenting behaviour is determined by a range of factors, not all of which are able to be addressed by parent education and support programs.

Dr Allan explained to the Committee that the aims and expected outcomes of most programs tended to fall into the three categories of:

- increasing the knowledge and skills of parents to promote better handling of the child-parent relationship;
- providing support to parents to develop higher levels of confidence and a social network to reduce isolation; and
- preventing child abuse and family crises, primarily through the development of the above two categories (Briefing, 26 March 1998).

While there are many factors which influence parenting behaviour of individuals, the Australian Association of Infant Mental Health suggested that these factors could be categorised as:

- the personal characteristics of the individual parent;
- interpersonal factors;
- the social context; and
- the cultural context (Evidence, 27 April 1998).

Witnesses and submissions identified numerous **individual factors** which influence parenting behaviour. These include the person's own upbringing, particularly their experience of being parented; adjustment to parenthood; stress being experienced by the parent; coping and other skills of the parent; knowledge and understanding of child development and needs (physical, emotional and social); and the mental and physical health of the parent.

The **interpersonal factors** identified by witnesses and submissions include the relationship with partner and other family members; and access to family and community support networks.

The **social context** also includes the economic circumstances of the parent. Factors in the socioeconomic context which impact on parenting includes the parent's access to informal support (from partner, family or friends), and the availability of formal services. It also includes other resources available to the parent including income, housing, and employment.

Cultural factors were identified as including societal perceptions of parenthood and gender; community attitudes to parenting and childhood; and working and employment patterns which impact on time parents have available for their children.

The Committee also notes that the operation of private and commercial sector has significant impact on parenting issues, primarily through its influence on the socioeconomic conditions of families. Changes in regulations and availability of commercial arrangements such as lay-by, hire purchase and credit can have very direct effects on a family's capacity to meet the material needs of children, and place stress on parents in meeting their responsibilities. While these issues are outside the Terms

of Reference for this Inquiry, the Committee stresses that family functioning must be considered within the broader social, economic and commercial context.

It is the unique interaction of these factors which influences how individual parents approach the task of raising their children. The Association of Childrens Welfare Agencies (ACWA) argued that:

parenting attitudes and behaviour are deeply embedded in adults as a result of major influences over a sustained period of time...these beliefs, the imprinted patterns on one's own early upbringing and the effect of immediate pressures and influences will principally determine how a parent interacts with their child (Submission 72).

Most parent education and support programs focus on achieving improved parenting by addressing those factors described as being within the category of personal and interpersonal factors.

Numerous witnesses and submissions pointed to the importance of providing parents with information about the development of infants and children and strategies for handling common difficulties. These were reported as having dual benefits of promoting more appropriate parenting, as well as increasing the confidence of parents in undertaking their role.

A number of programs seek to address interpersonal issues through communication skills training and relationship development. This occurs most explicitly in parenting education courses such as those offered through relationship counselling organisations, church-based groups and some health centres. Although in many programs the communication and relationship skills components focus on parent-child interactions, the skills are applicable to parent-parent relationships. Some parent education programs also specifically address the parental relationship - these tend to be the more intensive programs such as Level Five of the Positive Parenting Program (Triple P) which includes a marital communication module.

The social support of parents was also identified as an important interpersonal factor in determining parenting behaviour. Parental access to peers or informal support networks can reduce poor parenting through a reduction in isolation and providing an opportunity for parents to 'compare notes'. Ms Sue Kingwill from the Contact Inc, Project for Isolated Children stressed the important role parents can play for each other, in providing support (Submission 66). Similarly, the Playgroup Association reported that a recent survey of members identified that:

overwhelmingly the need for friendship with other parents and the opportunity to share problems and discuss parenting issues were the benefits adults sought and received (Ms Weatherall evidence, 27 April 1998).

These views about the importance of social supports in influencing parenting behaviour are reflective of the literature. Following a review of the early intervention literature, Yoshikawa noted that:

Quality of parenting has been found to interact with such variables as...life stress, and social support of the parent in predicting antisocial behaviour [of the child]...Parental social support may have indirect effects, then, on children's behavioural development through its effect on parenting...low social support of the parent [can] be an important correlate of children's antisocial behaviour (1994:34).

Parent education and support programs can improve outcomes for children by modifying the personal and interpersonal factors which affect parenting. Such programs are limited however, by their inability to address the impact of the social and cultural factors which affect parenting styles and behaviour. As Dr Cashmore observed:

most parenting programs...do not adequately address the ways parents develop a parenting style and the social and emotional context of parenting and family relationships (Submission 100).

The complex and entrenched influences on parenting confirms the need for a wide range of parent support programs which extend beyond those defined as providing simply training or education.

A number of witnesses and submissions commented on the fact that parent education and support programs are but one component of an integrated policy and service framework for families and children. The Child Protection Council, for example, noted that there is a need to address economic and social conditions which impact on family functioning as well as assisting parents with their coping and child management skills (Submission 100).

Likewise, Dr Allan argued that the assumptions underlying parent education:

have the effect of keeping the problems individualised, by maintaining a view that the problems experienced within a family are primarily the responsibility of the parents. There needs to be a recognition that some problems may require not only individual but also social solutions (Submission 101).

This view was echoed by NCOSS noting that:

for parents who struggle to cope with family life and raising children, the causes will be varied and the need for assistance and support will take different forms. Often problems will be multiple and include issues beyond parenting skills and support...assumptions should not be made that the

problems are individual and therefore resolvable simply by improving parenting skills without other changes to structural problems such as unemployment and housing... (Submission 46).

Dr Victor Nossar drew the Committee's attention to research which indicates that parenting style is only one of the primary determinants of child health outcomes, the others being family income and family structure. He expressed concern that:

one of the principal impediments to proper outcomes for children is poverty, and while we turn towards education of parents I think we really need to be grappling with the fact that poverty is the time bomb that sits with many of our child health outcomes and it is going to adversely affect parenting...the number of children living in poverty is growing...that is actually going to make parenting, or the good outcomes of being a parent, more difficult to achieve (Evidence, 6 April 1998).

Notwithstanding these significant qualifiers, the Committee accepts that parent education and support programs can play an important role in assisting parents by providing them with the information, knowledge, skills, support and understanding to assist in raising their children. However, given the multitude of factors that impact on parenting, the Committee considers parent education and support programs to be a necessary, but not sufficient component in a child and family policy framework which aims to promote the health and wellbeing of children and parents.

2.3 BENEFITS OF PARENT EDUCATION AND SUPPORT

Evidence presented to the Committee illustrated the benefits which accrue from the provision of parent education and support. These benefits extend beyond the parents who are participating in such programs, to their children and their family as a unit. Additionally, parent education and support programs have been identified as important strategies in the prevention of child abuse and neglect, and criminal behaviour, as well as promoting good physical and mental health outcomes. These are benefits which the whole community derives.

2.3.1 STRENGTHENING INDIVIDUAL, FAMILY AND COMMUNITY FUNCTIONING

A number of witnesses informed the Committee that parent education and support programs are important strategies for strengthening family and community ties, by ensuring individuals are equipped with the skills and confidence needed to provide more effective parenting. For example, the Good Beginnings National Parenting Project specifically identifies the benefits of parent education and support programs for children, parents, the community, and Australia as a whole (Submission 32).

In addition to the direct impact of effective parenting on developmental outcomes for children, a number of witnesses and submissions referred to the potential for parent education and support programs to strengthen family relationships. This appears to occur primarily through the effect of parent education and support on the confidence, attitudes, skills and behaviour of the parents. Good Beginnings identified a number of benefits to parents including increased self-confidence, reduction in stress and anxiety, improved capacity to cope with difficult situations, decreased levels of frustration with parenting, improved ability to access support services and increased sense of engagement with the community (Submission 32).

The important benefits to family functioning were recognised by organisations such as the Family Support Services Association (FSSA) and the Institute for Early Childhood at Macquarie University. The FSSA described family support services as having a:

primary emphasis on strengthening individual and family functioning...especially to enhance their parent-child rearing capacities...parent education and support is absolutely at the heart of what family support services do (Ms Mulroney evidence, 27 February 1998).

The Institute for Early Childhood noted that:

families given such emotional and practical support are in a stronger position to develop their own informal support networks on an ongoing basis. They are also in a stronger position to develop loving and supportive family contexts in which the health and wellbeing of each family member is fostered and promoted (Submission 76).

The longer term benefits to the community of promoting enhanced outcomes for children through parent education and support programs were strongly identified by many witnesses and submissions. The Committee's attention was drawn to the strong links which exist between child and family outcomes, and a range of social issues such as child abuse and neglect, criminal behaviour, school educational outcomes, and mental health.

Dr Cashmore of the Child Protection Council explained that:

a lot of the energies and activities that go to preventing child abuse and neglect also have spin-offs in preventing criminal behaviour by children. These are similar social problems with an underlying myriad of risk factors that cause both. If one attacks the risk factors for one, one is likely to attack the risk factors for the other, so one has unintended and wider effects that one might expect (Evidence, 27 February 1998).

A recently formed coalition of charities and peak bodies (Coalition to Support Vulnerable Families) has identified the importance of parent education and support programs to strengthening communities, through promoting family wellbeing. The Coalition for Vulnerable Families argues:

by strengthening the capacity of families for healthy functioning the incidence of child abuse will be reduced as will a proportion of the expenditure on services to address the problems associated with child abuse (Submission 80).

The Coalition identified research which links child abuse to the following social problems:

- youth homelessness;
- criminal behaviour and incarceration;
- entry into substitute care;
- mental illness; and
- suicide

and argues that:

because these problems are connected, programs that start early to improve one or two key dimensions of a person's life may lead to vastly improved outcomes in a range of areas. This creates the hope that even very complex and negative situations can be improved when a few strategic interventions are made (Submission 80).

The strategic interventions being advocated by the Coalition are home visiting and respite care, both of which provide parent education and support.

Dr Weatherburn, the Director of Research for the NSW Bureau of Crime Statistics, referred the Committee to evaluations of parenting programs in the USA which had demonstrated significant outcomes for children and families. In particular, Dr Weatherburn noted:

These programs...have produced other spin-offs. Children who have benefited from these programs are more likely to get and hold down jobs, to do better at school, tend to have fewer health problems and have more

stable marriages. A lot of social benefits flow from these things (Evidence, 15 June 1998).

The Government announcement introducing the Families First initiative explicitly recognises the benefits to the wider community of parent education and support programs. The information kit on Families First notes that the program will have other benefits to society including the development of “communities whose members interact more positively and which are family-friendly places to bring up children” (NSW Government, 21 May 1998).

2.3.2 ENHANCING EDUCATIONAL OUTCOMES

Parent education and support programs have been demonstrated to enhance educational participation and achievement of children. A number of programs have been designed with this as an objective.

The Committee of Review of New South Wales Schools (the Carrick report) concluded that the findings of research conducted since the late 1960s showed that:

the importance of the role parents play in the education of their children and their potential for influencing the attitudes and outcomes of their children's education cannot be too strongly stressed...

...There is no doubt that the learning which occurs in the early years provides the foundation for future learning, that parental interest and the home environment significantly influence the child's achievement at school and that the more effective the parents are as the child's first teachers the better prepared the child will be when formal schooling commences (1989:79-80).

These conclusions led the Committee to recommend a range of parenting education strategies, in particular:

Programs which provide information about child development and parenting skills be initiated, actively promoted and made available to all parents.

Special programs which provide support to parents with young children be established at the pre-school and school level to promote regular interaction between the school and home (1989:89).

The importance of programs which enable parents to support the learning of their children more effectively has received support in this Inquiry. The NSW Parents Council referred the Committee to a research study into the impact of parental

involvement in the learning of their children (Submission 103). This report, *Children's Learning - The Parent Factor*, highlighted that:

The home environment has a powerful influence in children's success and level of achievement in learning (Australian Parents Council Inc and the Australian Council of State Schools Organisations, 1996:2).

The report also explores the impact of parental perceptions and ability in relation to their role in promoting learning in their children, and the need to develop partnerships between parents and teachers to utilise the positive influences of parents more fully.

Professor Trevor Cairney submitted evidence highlighting parent education programs which promote parental involvement in the development of their children's literacy skills (Submission 69).

The benefits of parent education programs in an educational context extend beyond simply those of academic achievement however. As the Department of Education and Training notes:

Programs which support parents and schools, and cater for the continued development of children's physical, social, emotional and intellectual needs are an extremely cost effective way of preventing the disruption to families and the community caused by young people who lack the skills and knowledge to participate effectively in society (Submission 77).

2.3.3 PROMOTING HEALTH, INCLUDING MENTAL HEALTH

Parent education and support plays an important role in promoting the physical and mental health of children. As one witness expressed:

high quality parenting [is] a key to the wellbeing of children and their ability to function effectively as adolescents and adults (Professor Vimpani evidence, 27 April 1998).

Dr Kowalenko, a child and family psychiatrist, elaborated on this when he explained to the Committee that:

parent education and support programs are essential for the healthy functioning and wellbeing of our community members. Problems in parenting often result in child health problems, which may be physical or emotional...the most effective programs for ensuring children's welfare are inevitably family focused and entail parent education and support (Evidence, 27 April 1998).

The importance of competent parenting was strongly identified as a protective factor for mental health. The Australian Association of Infant Mental Health (AAIMH) assert that:

good parenting at this time of life [from birth to 24 months] is of the essence in preventing much subsequent pathological functioning....there is a large literature which shows the result of disruptions in attachment relationships is a greatly increased risk of psychological and social difficulties (Submission 41).

This view was shared by Dr Peter Cook whose submission focused on promoting high quality parenting as part of preventative psychiatry (Submission 49).

The findings from recent Australian research have supported the relationship between parenting and mental health of children. The WA Child Health Survey found that:

children who are reared with a predominantly encouraging style of parenting have substantially lower rates of mental health problems than children whose parenting is characterised by coercive or inconsistent discipline (1996:63).

A number of witnesses also drew the Committee's attention to the role of parent education and support programs in suicide prevention initiatives. As Dr Kowalenko explained:

appropriate parenting education and support strategies forms another component of the youth suicide prevention approach...the sense of connectedness that children and young people feel to both their families and their communities is critical in protecting them from acting on suicidal impulses...(Evidence, 27 April 1998).

Ms Rosemary Langford, a community member from Dubbo, suggested that:

predisposing factors involved in youth suicide can be attributed to:- lack of communication with parents and a lack of affection shown to children; feeling lonely and lack of self-esteem;...abuse by parents...there is a direct link with youth suicide and the recognition of children's needs and parents' ability and commitment to fulfil their role (Submission 18).

However, as with the concepts of child abuse prevention and crime prevention, placing parent education and support programs in the context of mental health carries a significant risk of limiting its perceived relevance. The AAIMH argued that, despite the mental health benefits of parent education and support programs, such programs do not need to be provided in that context. In fact, the AAIMH suggests that:

minimising input from specialised mental health services reduces stigma as well as cost...many parents need fairly basic education and training...but they should [not] have to come to a psychiatrist to get that. I would like it to be a normative facet of their lives that such education is provided (Professor Barnett evidence, 27 April 1998).

2.3.4 PREVENTION OF CHILD ABUSE AND NEGLECT

Research in the area of child abuse has identified parent education and support as an important prevention strategy. This is reflected in its inclusion in action plans and strategies for the prevention of child abuse and neglect (referred to in Chapter One) and in the significant level of interest in this Inquiry from organisations with an interest in the prevention of child abuse and neglect.

A review of the effectiveness of primary prevention programs found that effective parent education and support programs significantly reduced the incident of child abuse and neglect amongst children whose parents were participating in the group (MacMillan H, MacMillan J, Offord D, Griffith L and MacMillan A. 1994). The results of two controlled trials of home visiting support programs were reviewed in detail. The first of these involved a controlled trial of the outcomes of a nurse home visiting program focussing on first time mothers who were young or single. One group received home visiting while pregnant, while the other group received home visiting during pregnancy through to the end of the child's second year. An evaluation of this program found that in the subgroup of mothers most at risk, 19% of the comparison group who received no home visits had instances of confirmed abuse or neglect, compared to only 4% of the infants whose mothers were visited throughout pregnancy until the child was two years old.

Another study reviewed by MacMillan et al (1994) involved a randomised controlled trial of "black mothers of low socioeconomic status living in the inner city" in Baltimore. Volunteer home visitors were allocated to one group from when the infant was seven to ten days old until almost two years of age, while a control group received no program. The sample group were predominantly single parents (78%), and 23% were first time mothers. The evaluation found a significant reduction in confirmed abuse and neglect of the children in the treatment group, compared to the control group (0.8% versus 9.1%).

In the light of these research findings, the Child Protection Council stated that:

It is increasingly obvious that parent education and support must be seen in the overall context and framework of early intervention and prevention of child abuse and neglect (Submission 100).

Many of the activities of Council support this position, including its Prevention Resources Grants Program which provides funds for child abuse prevention resources. Projects completed using this funding in the 1995-96 period included a number of parent education and support projects, focussing on parents from a non-English speaking background, young parents, families in remote communities and parents with difficult children (NSW Child Protection Council Annual Report 1996-97, attachment to Submission 100).

Parent education and support programs were also strongly identified within this context in a recent audit of child abuse prevention programs (Tomison, 1997a) and in a submission to the NSW Government from the Forum of Non-Government Agencies (FONGA) titled *Balancing Prevention and Protection in the Best Interests of Children* (FONGA, 1997).

The way in which parenting education can help reduce the risks of child abuse was explained to the Committee by Dr Cashmore:

one of the preconditions or risk factors for abusive behaviours by parents is inappropriate expectations of children. It is no accident that the two ages in which children tend to be more subjected to physical abuse, for example, are as toddlers and in adolescence...abuse can be triggered by inappropriate expectations or by expecting children to be able to do too much (Evidence, 27 February 1998).

The significance of parental knowledge in preventing child abuse is also recognised by Tresillian Family Care Centres:

parents' ability to understand and accommodate a child's developmental stage will act as a protective mechanism against child abuse and childhood accidents. Parents are then able to develop age appropriate strategies to safely manage the baby or young child's behaviour and provide a safe physical environment (Submission 26).

Despite the contribution which parent education and support programs can make to reducing the incidence of child abuse, a number of commentators are cautious about labelling these programs as child abuse prevention initiatives. For example, the Child Protection Council has developed *A Framework for Building a Child-Friendly Society* (attached to Submission 100) in which it notes:

the term 'child abuse prevention' risks stigmatising and labelling people as potential 'child abusers'. It also tends to focus on the problems of individual parents or families and fails to make the connection between these individual problems and those which have wider origins, often in areas which are beyond the control of individuals (NSW Child Protection Council, 1998:10).

The Council notes that the objective of a child-friendly society would be to promote the optimal well-being and development of children, rather than simply reducing the incidence of abuse, although this would obviously be an expected outcome of a more child-friendly society.

2.3.5 CRIME PREVENTION

Parent education and support has also been identified as an important strategy for the prevention of crime. Recent research by the NSW Bureau of Crime Statistics and Research has identified:

an extremely strong relationship between the level of child neglect in a postcode and the level of juvenile involvement in crime. That relationship basically mediated the relationship between poverty and crime...in neighbourhoods with high levels of poverty or high levels of single-parent families or crowded households those conditions tended to foster child neglect and that in turn tended to foster juvenile involvement in crime (Dr Weatherburn evidence, 15 June 1998).

The Bureau's findings support other research, both Australian and international, which shows a strong positive correlation between economic stress and reported rates of child abuse and neglect. Poor parenting behaviour, such as poor supervision, inconsistent or harsh discipline and weak parent-child bonds, have been shown to be correlated with later criminal behaviour (Weatherburn and Lind, 1998).

Weatherburn concludes that these findings point to the potential for two policy areas to reduce juvenile involvement in crime. They are:

- the structural conditions which foster child neglect (such as poverty and unemployment); and
- early childhood intervention and family support services.

Weatherburn points out that the latter area "requires changes to policy in areas such

as community services, school education and public health rather than changes to law enforcement and sentencing policy” as the focus for crime prevention.

Dr Weatherburn told the Committee that:

parenting is absolutely crucial in terms of children’s willingness to become involved in particular forms of crime...anything you can do to improve the quality of parenting will help in the longer term to reduce the level of juvenile involvement in crime (Evidence, 15 June 1998).

Various studies have shown the effectiveness of family support and intervention programs in reducing juvenile participation in crime. A review of risk factors for delinquency and intervention programs by Yoshikawa highlighted the findings from four major long term evaluations of programs which provided parenting support and education. These evaluations all demonstrated:

long term reductions in antisocial behaviour, delinquency, or chronic delinquency also affected multiple risk factors. These results are impressive in that they have stretched over follow-up periods of 5-12 years (Yoshikawa, 1994:37).

A study conducted by the RAND Corporation in the USA also noted that evaluations of programs which focus on early intervention for children at risk:

provide strong evidence that early home visits and supportive child care can bring about significant reductions in problem behaviours and increase cognitive functioning, especially for those youths most seriously at risk (Greenwood, Model, Rydell and Chiesa, 1996:9).

A cost benefit analysis conducted as part of this study also found that parent training intervention, focussing on parents with children in the 7-10 year age group, could be a relatively cost effective crime prevention strategy (Greenwood et al, 1996:37).

As with child abuse prevention initiatives, it has been noted that placing parenting education and support programs in the context of crime prevention stigmatises both the program, and the families who use it. There is a significant risk that parents will not access programs labelled as crime prevention (or child abuse prevention) initiatives due to a lack of identification with program goals. As Dr Weatherburn observed:

these services are being offered long before the children are being involved in crime and, for most people, long before their kids have become the subject of an official report of neglect. So, these services have to be offered in a way that is attractive to people and are presented in a way that inspires them to want to take advantage of the services (Evidence, 15 June 1998).

In his review of early family support programs, Yoshikawa also discussed the danger of targeting families with particular characteristics due to the implication that criminal behaviour is inherent to that characteristic. In relation to the programs which had been found to be successful, he noted that:

these programs did not have as their stated purpose the prevention of antisocial behaviour and crime but had a much broader emphasis on facilitating child and family development (Yoshikawa, 1994:42).

2.3.6 CONCLUSION

It is clear that there are many substantial benefits to be gained from the effective provision of parent education and support programs, and that these benefits impact on a range of social issues. Children and their families can benefit from enhanced educational participation and outcomes, and improved mental and emotional health status. These benefits also indicate that parent education and support programs should be the critical response path to addressing a number of complex but related issues such as child abuse and neglect, criminal behaviour, and youth suicide.

However, the Committee is of the view that while parent education and support programs will have a considerable impact on these issues, they should not be styled as prevention programs. Many of these benefits are distinct from, and in addition to, the immediate benefits for the parents and children. The additional impact in terms of prevention of child abuse and neglect, and criminal participation, while important, do not reflect the objectives of families who participate in such programs. The stigma associated with prevention programs and the likely parental view that such programs lack relevance to their situation would significantly reduce any potential benefits from providing parent education and support programs. Rather they should be presented as positive programs to empower parents to fulfil this role and to enrich the lives of children.

The impact of parent education and support programs on many different indices of social wellbeing indicate that this is not simply an area of responsibility for a single government agency. The Committee strongly supports the development of a whole-of-government response to ensure that programs are available to meet the education and support needs of parents.

2.4 CONTEXT FOR PARENT EDUCATION & SUPPORT PROGRAMS

The preceding discussion has illustrated the wide ranging benefits of parent education and support programs and has referred to the importance of factors other than parenting on the stability of families. The benefits to families and the community from parent education and support programs indicate the need to place these programs in the framework of social support. This comprehensive approach to meet the needs of families requires government to clearly identify its obligations, and the response must meet those objectives.

2.4.1 SOCIAL INFRASTRUCTURE

The majority of witnesses emphasised that parent education and support programs should be regarded as an essential component of the social infrastructure in every community. This is based on the view that all parents need information and assistance at some stage of their parenting career, particularly at common critical points such as childbirth, infancy, school entry and adolescence. This approach recognises that parent education and support programs meet a universal need, as well as providing assistance for parents who may be experiencing difficulty.

In this context, the Child Protection Council has argued that, because “all parents and care-givers require support to do the best for their children, parenting education and support programs are essential services” (Submission 100). In their evidence, Dr Cashmore reinforced that:

for developing a child-friendly society, parent education and support programs are integral. They are part of an integrated framework of programs and services that families need to do their jobs well...all families need support (Evidence, 27 February 1998).

Similarly, the Fairfield City Council and the Fairfield Children’s Services Network emphasised that:

parent support and education is an essential infrastructure to any community to ensure the rights of children and families are retained (Submission 48).

The Fairfield City Council and Fairfield Children’s Services Network further noted that while parents have the primary responsibility for protecting and nurturing children, “the community in which they reside has a co-responsibility for supporting this role” (Submission 48).

NCOSS also firmly places parenting education and support “as an integral part of a much wider framework for the delivery of better services to children, young people,

families and communities” (Submission 46).

The Committee supports the approach that parent education and support programs should be available as a generic and universal service to all parents, in recognition of the community's responsibility to ensure that children are appropriately nurtured. There is overwhelming evidence which suggests that, unless such programs are provided (and are seen to be provided) as part of a community infrastructure, the majority of parents will not avail themselves of them. Embedding parent education and support programs within community structures is the clearest way for government to demonstrate its recognition of, and support for, the responsibilities of parents to their children.

2.4.2 GOVERNMENT OBLIGATIONS

The wide ranging factors which impact on a family's capacity to effectively raise children point to the need for government responsibility and leadership in the provision of parent education and support programs. The Committee accepts that government will not, and arguably should not, provide all such programs directly. However, the Committee is of the view that government is responsible for setting policy direction, funding and ensuring accountability of parent education and support programs.

The central role and responsibility of families in promoting the development and well-being of children, and of government in supporting families, has been recognised in a range of legislative and administrative mechanisms. Key amongst these is the United Nations Convention on the Rights of the Child, to which Australia is a signatory.

The Convention represents an internationally agreed set of standards and benchmarks in relation to children's rights and identifies the responsibilities of government in upholding these rights. The National Children's and Youth Law Centre note that the Convention “contains some very important principles in relation to parent education and the role of the state” (Submission 33). The Convention recognises, for example, that the promotion of childrens' rights is inevitably and inextricably mediated by the status, well-being and actions of the family. The Convention also expressly identifies the rights and responsibilities of families in providing guidance to the child in the exercise of their rights.

However, the Convention (as with any international instrument) does not impose obligations on the family, but identifies the responsibilities of the government to ensure that families meet the needs and protect the rights of children. The relevant articles which identify government responsibilities in relation to parent education and support are:

Article 18 - acknowledges that parents have the primary responsibility for the upbringing and development of the child, and must act on the best interests of the child. State Parties are required to:

render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children;

Article 19 - requires State Parties to take all appropriate measures to protect children from all forms of violence, abuse, neglect or mistreatment:

Such protective measures should, as appropriate, include procedures for the establishment of social programmes to provide necessary support for the child and for those who have care of the child;

Article 24 - recognises the right of the child to the highest attainable standard of health. State Parties to take appropriate measures to develop primary health care; ensure appropriate pre-natal and post-natal health care for mothers; ensure parents and children can access information and education about child health and nutrition; develop preventative health care services (United Nations Convention on the Rights of the Child, 1989).

The responsibilities of government as outlined in the Convention provide an appropriate guide for directing the actions of government in relation to policies and funding of parent education and support programs.

At a local level, government responsibilities are outlined in the NSW Government Social Justice Statement (1996); the *NSW Children (Care and Protection) Act, 1987* and the *NSW Community Welfare Act, 1987*. These latter instruments are discussed in more detail in Chapter Three.

2.5 ASSUMPTIONS UNDERLYING PARENT EDUCATION AND SUPPORT PROGRAMS

The very wide range of parent education and support programs and services reflect an equally wide range of theoretical perspectives and program objectives. These differences are not always apparent, and they may represent contentious assumptions about parenting and the interests and needs involved. Information presented to the Committee highlighted three critical areas where underlying assumptions should be clearly explained. They are:

- the theoretical approach to parent education (either behaviourist or humanist);
- the approach to working with families (deficit or strength focussed); and
- the role of childrens' interests versus parents' needs.

The Committee endorses the view that the assumptions and theoretical bases of programs should be clearly identified, and that all programs should acknowledge that the best interests of the child are paramount.

The important role played by theoretical assumptions of programs was described by Dr Sanders who informed the Committee that there are:

varying ways which different parent education and parent training programs can be conceptualised. Many diverse approaches and programs target different populations....the different kinds of parenting programs [have] different objectives based on...the kind of theoretical perspective and goals of the parenting support that has been provided (Evidence, 23 March 1998).

Dr Sanders, and others, argued that the underlying assumptions and theoretical base of parent education and support programs should be made explicit to assist in policy decisions, as well as enabling parents and professionals to make informed decisions in relation to particular programs.

Dr June Allan, whose doctoral research focused on parenting and parent education courses, found that:

underlying assumptions and ideologies often tend to be taken for granted...it is important for parent educators to make explicit the assumptions being made in a program, so that parents can be aware, and hopefully, make choices (Submission 101).

Dr Allan noted that the assumptions underlying parent education courses shape not only the program content, but also the processes used in the program and the relationship between parents and the professional conducting the program (Submission 101).

Some of these assumptions relate to the theoretical derivation of parent education programs. The two approaches most commonly referred to in the literature and by witnesses are the behaviourist and the humanistic approaches. Dr Allan describes the behaviourist approach as "leading to a focus on learning particular skills such as how to discipline" which is distinct from the humanistic approach "with its emphasis on interpersonal relationships and communication" (Submission 101).

Another distinction in approaches to parent education programs that was drawn to the Committee's attention by a number of witnesses, was that of a deficit approach versus a strengthening model. Dr Allan described those parent education and parent training models which derive from clinical behavioural psychology as focusing on the deficits and problems of parents. She suggests that this contrasts with a strengthening model which identifies and builds on the strengths within families.

The Australian Institute for Family Studies had also identified the importance of underlying assumptions and approaches to parenting in determining policy directions in relation to parent education as well as program content. The (late) Director of the Institute, Dr Harry McGurk, noted that many of the contemporary approaches to parent education are a result of a simplistic concept of parenting, which overlooked the social and economic context in which child rearing occurs. He argued that this has led the majority of parent education programs to:

focus almost exclusively on how parent-child interaction episodes can be managed so as to secure parental control over the child's immediate behaviour, particularly where matters of discipline are concerned (McGurk, 1996:2).

Dr McGurk identified such an approach as within the deficit model described above, and advocated the introduction of an "ecological orientation" to parent education as an alternative. Such an approach would involve acknowledging the social and economic context in which child rearing occurs, and draw on knowledge about how these contextual factors influence parenting.

A number of witnesses concurred with Dr McGurk's observations regarding the focus of parent education programs on parental management of children. Dr Allan informed the Committee that in many parent education programs:

the anticipated outcomes [are] that parents have greater skills to handle difficult situations...and parents would be better able to manage the parent/child relationship...there is very much a focus on parents 'managing' their children (Briefing, 26 March 1998).

This highlights the most important of objectives and assumptions which should be made explicit, and that is the need to acknowledge the interests of children in parent education and support programs. A number of submissions highlighted concerns that the interests of children could be subjugated to those of parents in the context of parenting courses. One couple advocated that "the whole thrust of parent education and support programs should be keyed in to satisfying the needs and the best interests of children" and that parental needs should not displace those of children as the major focus in such programs (Submission 16). Another submission expressed a fear that a

focus on parent education and support programs would result in a loss of focus on the best interests of the child within the child/parent relationships (Submission 65).

Dr Victor Nossar, a community paediatrician, told the Committee:

people tend to assume that the interests of the parents are always in accord with the interests of the child [but] there are times when children's interests compete with parents' interests...we always tend to amalgamate them all and the children are sacrificed to parents' needs (Evidence, 6 April 1998).

However, it should be stressed that none of these concerns were expressed in the context of suggestions that parents themselves did not pay heed to the needs of their children. In fact, most witnesses emphasised that, in their view, all parents had the strongest desire to be effective and competent parents and to 'do the right thing' by their children.

The concerns presented to the Committee focused more on the potential for some program content to undermine children's needs, and on the potential for the wide scale adoption of parent education programs to be seen as a panacea for family difficulties. For example, Dr Allan cautioned that:

It is easy to put parent education programs into place as quick fixes and individual solutions for individual families...but a lot of the issues that families are having to grapple with are not just individual relationship issues...you have to look at both the individual solution and the social solution (Briefing, 26 March 1998).

In relation to the overall objective of parent education and support programs, the NSW Child Protection Council reported that:

some parenting programs and publications which talk of 'taming' children or offer quick-fix suggestions for 'behaviour management', contribute to the undervaluing of children and parenting (Submission 100)

and advocated that:

The goal of parent education and support is to strengthen parents' capacity to nurture and protect their children and assist families to be responsible for their decisions and actions in meeting children's needs appropriately (Submission 100).

This approach was supported by other witnesses and submissions urging that parent education and support programs explicitly recognise that the objectives of parent education and support programs are to promote positive outcomes for children, through their parents.

2.6 EFFECTIVENESS OF PARENT EDUCATION AND SUPPORT PROGRAMS

There have been a number of studies which attempt to examine the effectiveness of parent education and support programs. The Committee understands that empirical evaluation of human services is significantly limited in a number of ways, and that this is one factor which has resulted in the limited evaluations of individual parent education and support programs. These issues are discussed further in Chapter Seven - Quality Assurance and Accountability.

However, a number of systematic, and in some cases, longitudinal studies have been conducted to assess the impact of selected parent education and support programs. In addition, there are a number of reviews of published literature on the effectiveness of parent education and support programs, which have been brought to the Committee's attention. The discussion which follows examines whether parent education and support programs in general are effective, rather than the effectiveness of specific programs. The available evidence of the cost effectiveness of providing parent education and support is also considered.

2.6.1 ARE PARENT EDUCATION AND SUPPORT PROGRAMS EFFECTIVE?

Establishing the effectiveness of parent education and support programs is very difficult. There are no widely agreed or used standards, and it is not easy to establish appropriate criterion or more acceptable parameters. This is due, in part, to the goals and objectives of parent education and support programs not always being clear. As many witnesses and submissions noted, the measures of effectiveness depend on whether the goals of the program are parent or child focussed, and short or long term. Establishing the effectiveness of programs is also complicated by the multiple risk factors which programs attempt to address, and therefore the multiple benefits which would need to be measured. For those programs which include prevention as one of their goals, the FSSA notes that:

the preventive aims of many of these services make outcomes particularly hard to measure. It is almost impossible to ascertain in any one intervention what might have happened but didn't because of the operation of a project (Submission 35).

However, there have been some systematic, longitudinal evaluations of parent

education and support programs undertaken overseas which have focussed on measuring child outcomes. There was wide agreement amongst witnesses that these studies demonstrate that parent education and support programs can be effective in promoting child and family outcomes. Dr Weatherburn told the Committee:

as far as scientific evaluation is concerned, that job has been pretty much done...there have been four major randomised controlled trial evaluations of parenting support programs in the United States...there is no real need to prove the value of these programs (Evidence, 15 June 1998).

These evaluations were of the Perry Pre-School Project; the Houston Parent Child Development Centre program; the Syracuse Family Development Research Project and the Yale Child Welfare Project. The evaluations were conducted over a follow-up period of 5 -12 years (described in Yoshikawa, 1994). Each of these programs involved home visiting and support in an early childhood setting.

A review of parenting programs by the United States General Accounting Office in 1992 found that programs which help parents develop child rearing skills, provide support systems and link parents to other services were effective in preventing child abuse. This review acknowledged that:

rigorous evaluations using control groups have been rare, but findings from those that have been undertaken have been positive. The more common evaluations of the programs' short term effects... have also shown positive results. Taken together with evidence provided by other studies and reports, the indications are that the parent enhancement programs can prevent abuse (1992, discussed in James, 1994a:3).

The Coalition to Support Vulnerable Families identified a number of longitudinal studies of parent education and support programs using home visiting as a primary strategy, which demonstrated outcomes in terms of improved parenting skills, enhanced parent-child relationships, educational achievement of children, and employment and economic status of children (Submission 80). The Coalition has used the findings from these studies to support its call for increased funding of home based support services to families living in disadvantaged areas.

The report, *Healthy Families, Healthy Nation: strategies for promoting family mental health in Australia* concludes that:

There is clear evidence on the basis of controlled clinical trials that strategies which promote supportive family relationships and family stability have considerable potential to improve mental health outcomes. Family interventions, particularly those based on...family skills training models, have been shown to be effective in treating a variety of problems (Sanders, 1995:2-3).

Findings from systematic evaluations of local programs support those cited from overseas. For example, the Cottage Community Care Pilot Project in Campbelltown provided weekly home visiting by volunteers to vulnerable families. An evaluation conducted over a one year period found that families had improved family functioning, greater use of community services and higher rates of infant immunisation, compared to families in the control group (Kelleher, 1997).

An evaluation of the Home-Start program run by the Benevolent Society Centre for Children was conducted comparing data collected on families who had completed the program. The evaluation found improvements in standardised measures of family functioning and maternal health for all these families. While the evaluation did not include a control group for ethical reasons, the qualitative evaluation supports the view that these improvements can be attributed to the program (Beardmore, 1996).

The Perth Positive Parenting Program was a joint initiative of the Western Australia Health Department and the Parenting and Family Support Centre at the University of Queensland which involved 800 parents participating in the Group Triple P. This involved parents attending four group sessions and four follow-up telephone consultations. Dr Sanders informed the Committee that, following completion of the program, parents reported significantly lower rates of disruptive behaviour of their children. At follow-up after one year, the Centre found the results in children's behaviour maintained, as well as a reduction in parental clinical depression and maternal stress levels, compared to those of the control group (Evidence, 23 March 1998).

The Parents as Teachers (PAT) program is a parenting program for families with children from birth to three years, providing regular home visits, group parenting sessions and the provision of developmental information. The program is based on the highly successful Missouri program, with some adaptations to the local environment. The Missouri program was evaluated in 1985, 1986, and 1989. A follow-up study of participants in the 1989 study was conducted in 1994 with positive results. These evaluations have shown that participating children are significantly advanced in language development, problems solving skills and coping skills than comparison group children. Follow-up studies have demonstrated maintenance of these effects, as well as continued interest and involvement of parents in their child's educational development. Significantly, children in families characterised as high risk also performed higher than national norms on achievement after participation in PAT (Amm and Juan, 1994:13). Assessments of children participating in the NSW program have demonstrated positive effects on language development (Submission 77).

The Interagency Schools as Community Centres Project was evaluated at the end of a two year pilot period. This evaluation found that the level of up-to-date immunisations increased, and that children at each site were reported to have more advanced emergent literacy skills and more settled school entry behaviour (Interagency Schools as Community Centres Evaluation Summary, August 1997, supplementary to submission 77).

The Committee considers that there is a significant body of research which demonstrates the effectiveness of parent education and support as a strategy for promoting child and family outcomes. However, the Committee notes that none of these programs provide only parent education in a group format: all incorporate multiple strategies for supporting and educating parents, usually on an individual basis as an alternative or addition to group based programs. The features of effective programs are examined in detail in Chapter Five - Promoting Accessibility and Relevance, and Chapter Six which identifies strategies for promoting effective programs for parents with particular needs.

2.6.2 COST EFFECTIVENESS

Despite the difficulties in evaluating and quantifying the impact of parent education and support programs, particularly in relation to their preventative effect, a number of attempts have been made to assess the cost effectiveness of such programs. The Committee believes that in general, cost-benefit analyses underestimate the true value of programs, both to government and the community. The primary reason for this is that most cost-benefit analyses focus on cost savings in one domain only eg crime prevention, or child abuse prevention. However, the **evidence reviewed by the Committee has highlighted the beneficial effects of parent education and support programs across a range of domains. These include the enhancement of family functioning, improved physical and mental health and educational outcomes. Programs also result in the prevention or reduction of crime, and child abuse and neglect.** A truly comprehensive cost-benefit analysis would need to measure the impact of cost savings in all of these domains.

The Coalition to Support Vulnerable Families noted that the costs of addressing social problems such as youth homelessness, criminal behaviour, mental illness and suicide would be reduced by implementing strategic prevention programs. Such programs would also reduce the demand on services such as substitute care. The Coalition cited a study by the Michigan Children's Trust Fund which:

found that offering early intervention to every family in the State would cost \$US43 million per year, while the costs associated with abuse and low birth weight babies were around \$US823 million per year (Submission 80).

After considering the link between child abuse and the social problems listed above, and the costs associated with addressing these problems, the Coalition concluded that:

...there is solid evidence that the benefits in terms of healthy families and children and reduced expenditure on social problems associated with abuse will outweigh the initial financial outlay. The Perry Pre-School program which offered intensive quality preschooling and home visits over a two year period to disadvantaged families has seen outstanding results...The program has resulted in a cost benefit of \$7 in reduced social expenditure for every \$1 spent on the program (Submission 80).

Dr Kowalenko informed the Committee that a recent United States report by the Office of Educational Research and Improvement in the United States Department of Education found that:

\$1.00 spent on prevention and early intervention for 0-5 year olds saves \$4.00 per child within three years and \$7.00 per person by the time they are adults (Submission 68).

The recent evaluation of the NSW Interagency Schools as Community Centres project has identified potential savings:

in the medium to longer term by reducing learning and behavioural problems in school, reducing delinquency, improving health outcomes and ensuring higher workforce participation (Evaluation Summary August 1997, supplementary to submission 77).

The evaluation report identifies that the cost of the program ranges from \$46-150 per child per year. It notes that with only 0.02% reduction in costs associated with responding to child abuse, crime and hospital presentation, the project costs would be met by savings in these areas.

The WA Child Health Survey found that around 17% of children and adolescents aged between 4-16 years have a significant mental health problem, and also found a strong link between parent disciplinary styles and the mental health of children. From these data, the TVW Telethon Institute for Child Health Research estimated that:

...if the population prevalence of adverse parenting was reduced by 20% we could theoretically decrease the number of significant mental health problems by about 2,000. This is close to the total number of cases seen by Perth child and adolescent mental health services each year (Silburn and Zubrick, 1996:10).

Silburn and Zubrick go on to note that in 1992, the cost of these mental health services amounted to \$4.5 million, and conclude that:

These data highlight the futility of providing more and more treatment services without also setting into motion programs of prevention (Silburn and Zubrick, 1996:10).

The Committee reviewed one study which conducted a cost effectiveness analysis of different crime prevention options: early childhood programs which provide home visits and day care; parent training and social skills development for families with children who are acting out; school based interventions such as cash incentives to graduate; and intervention programs for youths already involved in juvenile crime behaviour (Greenwood, Model, Rydell and Chiesa, 1996). In assessing the relative costs of these programs, the study estimated the costs and benefits of providing these programs to families where children were at risk of juvenile crime involvement, and compared the cost and benefits of providing the program on a per participant basis, and compared programs on the expected number of crimes prevented against cost of providing the program.

The authors of the study concluded that:

The early intervention approaches...offer an alternative means of reducing serious crime. The rough estimates of benefits and costs offered here suggest that three of the four compare favourably with a high profile incarceration alternative in terms of serious crime averted per dollar expended (Greenwood et al, 1996:37).

The analyses conducted found that one of the more cost-effective interventions was that of skills training for parents whose children are acting out.

Although the early home visit and day care programs were found to be the least cost-effective, this was due to the broad participation rate required (as it is not possible to target specifically to individuals demonstrating criminal or at risk behaviours) and the 15 year delay between program participation and any effect on crime levels. However, as the authors note, there are many other benefits to such programs which they did not include in their cost benefit analysis, such as the reduction in child abuse, improved health of children and enhanced educational outcomes.

Greenwood et al noted that even though their results are derived from limited data:

we find differences [in cost-effectiveness] large enough to identify some promising alternatives [to incarceration as an approach to crime prevention] (1996:iii).

In the Australian context, Dr Weatherburn told the Committee that the link between

child abuse and neglect, and juvenile involvement in crime was so strong that:

for every 1000 neglected children you can expect about 250 juveniles involved in crime or roughly 500 court appearances some time down the track (Evidence, 15 June 1998).

These figures suggest that **parent education and support programs which reduce the incidence of child neglect are a potent strategy for reducing the incidence of juvenile crime.**

The Committee has found all such cost-benefit analyses compelling in supporting the position that parent education and support programs benefit the entire community. This includes not only the direct benefits of reductions in demand for and costs of intervention and treatment services, but also the indirect benefits of improved health and wellbeing.

It is apparent that the current Government has also accepted that providing parent education and support programs is a cost-effective approach to meeting the needs of families and children. In the announcement of the Families First program, Premier Carr stated that:

Based on overseas experience, every dollar spent on supporting young families now will save the community seven dollars down the track in policing, health and welfare (News Release, 21 May 1998).

This reflects a Government recognition of the cost-effectiveness of parent education and support programs and a commitment to prevention. Similarly, the previous Government introduced the Parents as Teachers program as a pilot scheme in three locations, and later expanded it to ten.

2.7 CONCLUSION

It is the Committee's view that the fundamental purpose of parent education and support programs is to meet the needs and interests of children, through their parents. It is clear that parent education and support programs can serve a very important function in promoting appropriate parenting, with multiple benefits for children, families and the community. There is a compelling body of research, supported by witnesses and submissions to the Inquiry, that parent education and support programs can also play a role in preventing or reducing the incidence of social problems such as child abuse, criminal behaviour and mental illness.

Parent education and support can be provided in a wide range of ways, using different theoretical frameworks and offered by different professional groups. Nonetheless, there is some distinction to be made between parent education, parent training and parent support, although operationally, these elements are often provided together.

The Committee strongly argues that the Government has a responsibility in ensuring the development and provision of parent education and support programs. However, parent education and support programs can only be one component in any government framework for supporting parents and children. The Committee acknowledges that parent education and support programs are not sufficient as a sole response to parents who are facing difficult social and economic circumstances.

POLICY AND PROVISION IN NSW

The need of parents to gain special knowledge and skills and to access support is a universal one. The need for structured education and support is widespread and should be met through a comprehensive network of services.

In this Chapter, the Committee considers the appropriate role of government in relation to parent education and support programs, before examining current State and Commonwealth government policy and provision in this area. The Committee has also identified a number of non-government parent education and support programs and providers. Evidence before the Committee indicates that the large number of players involved in either funding or providing parent education and support programs, together with a lack of co-ordination of funding, has resulted in some inefficiencies. The Committee considers the existing co-ordination mechanisms, before making recommendations for a new approach to the planning, funding and co-ordination of parent education and support programs.

3.1 ROLE OF GOVERNMENT IN PARENT EDUCATION AND SUPPORT PROGRAMS

The Terms of Reference for this Inquiry required the Committee to examine the appropriate role of government in the development, delivery and promotion of parent education and support programs.

3.1.1 ENSURING AN APPROPRIATE INFRASTRUCTURE OF SERVICES

There was universal agreement amongst those participating in the Inquiry that there is a need for government leadership and commitment in parent education and support programs. As Dr Ritter, senior lecturer in history of childhood, argued:

... a base of government support is crucial because:

- it establishes that parenting, parent education and the developmental needs of children are of national importance*
- it allows various approved models to be demonstrated*
- it creates a pool of expertise on which other agencies can draw*
- it creates the financial security for experiment and innovation to ensure that Australian programs remain at the cutting edge of parenting education*
- it ensures equity in the provision of service to rural, lower socio-economic and other disadvantaged groups[however] bureaucratic centralisation is counter-productive (Submission 6).*

The Committee believes that this view is the correct one in light of the evidence reviewed in the previous chapter. The Committee reiterates its findings that:

- parent education and support programs can play a role in promoting the physical and mental health, and educational outcomes for children, as well as in the prevention and alleviation of child abuse and neglect, and criminal behaviour;
- there are a broad range of factors which influence parenting behaviour, including the impact of social and economic policies, which are not within the control of families themselves, but are within the jurisdiction of government;
- parent education and support programs can only be one part of a broader policy framework to support families and children so the development of a comprehensive framework requires a whole of government approach; and
- provision of parent education and support programs occurs across various portfolio responsibility areas and professional sectors, which means that no one government department or sector should be regarded as solely responsible. It is the responsibility of government, as a whole, to ensure that programs which can produce these wide ranging social benefits are available in the community.

All these factors highlight the need for a comprehensive, whole of government commitment to the provision of parent education and support programs as part of a policy and service framework to support children and families. The Forum of Non Government Agencies (FONGA) has previously argued:

It is up to the NSW Government to lead the way. It has the power and the responsibility to make children a priority both at a policy level and in the public domain...Above all, it has the power to enhance the resources available for services to children, young people and families in recognition both of the growing stresses placed on existing services, and the role that increased attention to prevention services can play in reducing those stresses...the responsibility for the well being of children and families runs across the whole of government (1997:5-6, part of NCOSS Submission).

However, government support and involvement should not restrict the diversity of approaches to parent education and support. The Child Protection Council argued that:

Parenting education is not an area where stringent government control is appropriate. It is desirable, however, for government to enable and encourage the satisfactory provision and conduct of programs and services within a climate which recognises the importance and value of parenting education and support programs (Submission 100).

3.1.2 FUNDING OF PROGRAMS

Funding of parent education and support programs was the most commonly identified role for government. Many witnesses and submissions referred to the importance of funding as a demonstration of government commitment to families and children. These included NCOSS, ACWA, Tresillian, Parent Line, and Barnardos. The Australian Association of Infant Mental Health asserted that:

The Government's role is firstly, to recognise the importance of parents education as a community, rather than family responsibility...it is essential that government ensures that once a program is implemented, continuous funding is available (Submission 41).

Individual practitioners and community members also spoke of the key role of government in program funding (see for example Submissions 16 and 68).

3.1.3 PROMOTING CO-ORDINATION, ACCOUNTABILITY AND QUALITY

In addition to funding and promoting an infrastructure of services and programs to support parents in their child rearing role, submissions and witnesses also identified a range of associated responsibilities for government. These include:

- planning and co-ordination of programs at the funding level;
- funding and promoting research to improve program effectiveness;
- promoting cross-sectorial approaches to program development and implementation;
- ensuring accountability of parent education and support programs, through funding arrangements and development of standards, or through accreditation or monitoring schemes;
- funding support for local co-ordination and a network or peak group for parent education and support programs; and
- support for informal and peer programs through concessions on venue costs or other 'in-kind' assistance.

3.1.4 ROLE OF GOVERNMENT IN SERVICE DELIVERY

A variety of views were presented to the Committee as to the extent to which government should be involved in providing parent education and support programs directly. Many submissions and witnesses commenting on this issue proposed a relatively limited role for government in the direct provision of such programs, favouring the flexibility and community based approach of non-government organisations, particularly for programs targeting disadvantaged and disenfranchised families. These

issues are discussed in more detail in Chapter Five - Promoting Accessibility and Relevance, and Chapter Six - Parents with Particular Needs.

A sample of comments in relation to the responsibilities of government follow:

...a level of administration and co-ordination would have to come from government...government has a role in terms of planning, administration, and co-ordination, but service delivery, by and large can often be provided by community based agencies (ACWA evidence, 6 April 1998).

Government should oversee the problem's resolution but...initial contact with the families should be non-government. Such contacts should be made on the basis of help and understanding (Child Abuse Prevention Foundation, Submission 25).

Governments should play the key co-ordinating role, determining the needs of various areas and ensuring that services exist to meet those needs. In most instances, however, services are better delivered by non-government agencies (Burnside, Submission 63).

Non-government agencies argued strongly against direct service provision by the Department of Community Services, on the basis that the Department's role in child protection would result in stigmatising any parent education and support programs offered.

However, one submission expressed concerns about the increasing role of non-government agencies, arguing that this was essentially a transfer of services to "private concerns" resulting in a form of privatised service delivery which is less accountable (Mr John Murray, Submission 65). While the Committee understands concerns held about privatising or contracting out of human services, the recommendations outlined in Chapter Seven - Quality Assurance and Accountability should ensure quality of programs whether provided by government departments or non-government agencies.

Government departments involved in parent education and support programs also recognise the importance of their own role, as well as the need for partnership between departments and non-government organisations. The Department of Community Services identified itself as a key organisation in implementing the Government's Social Justice Statement. However, the Department stressed, both in evidence and its submission, that it is only one of a number of agencies with responsibilities in the area of parent education and support. NSW Health advised the Committee that its current key strategic directions include:

Greater collaboration with other Government departments, non-Government organisations and the community (Submission 78).

3.2 CURRENT GOVERNMENT POLICY AND COMMITMENT

There are various policy instruments which outline the current Government's commitment and obligation to providing services which support parents in their child rearing responsibilities. These include the Social Justice Statement, key legislation in the welfare area, and the Interagency Guidelines for Child Protection Intervention. Each of these instruments indicate government recognition of, and commitment to, the importance of parent education and support programs. However, evidence to the Committee was critical of the government's performance in this area.

3.2.1 NSW GOVERNMENT SOCIAL JUSTICE STATEMENT

The 1996 Social Justice Directions Statement of the Carr Government contains some important policy commitments regarding assistance to families and children. The themes, priorities and directions outlined in *Fair Go, Fair Share, Fair Say* are consistent with the objectives and benefits of parent education and support programs as discussed in the previous chapter. However, the Committee strongly believes that the further development of an infrastructure of parent education and support programs is urgently required for the Government to fulfil its goals in this area.

In its Social Justice Statement, the Government identified its priorities to include:

responding to the needs of families and communities, in particular by ensuring that...services are directed to those people who are in poverty or disadvantaged and areas of greatest need;

and

providing services...that strengthens family, neighbourhood and community ties (1996:5).

The Statement further outlines the Government's commitment to:

providing effective and responsive services to help families and individuals who are battling simply to keep their heads above water...Our priority will be intervention and support for those who are most vulnerable, particularly children...community infrastructure is as important for a prosperous society as economic infrastructure...clearly, preventative programs must be a major theme in this area, rather than intervention after family breakdown (1996:11).

While this Statement provides an appropriate basis for the development of policy and services, evidence presented to the Committee has highlighted the significant gaps and shortcomings in the current system of parent education and support programs. These issues will need to be addressed as a matter of importance, to enable the Government to further the objectives in its Social Justice Statement.

3.2.2 LEGISLATIVE PRINCIPLES

There are two pieces of legislation which are relevant to the provision of parent education and support programs - the *Community Welfare Act, 1987* and the *Children (Care and Protection) Act, 1987*. The Objects of these Acts outline important principles regarding the need for government to ensure the provision of appropriate services to support families and children, including parent education and support programs. While both these Acts only discuss the roles and responsibilities of the Minister for Community Services, as legislation they indicate the extent of government policy in relation to children.

The *Community Welfare Act, 1987* provides the legislative framework for the funding and provision of a range of services to the community. The Objects of the Act are outlined in section 4(1) and include:

- b) *to promote the welfare of the family as the basis of community wellbeing;*
- c) *to ensure the provision, to the maximum extent possible, of services for, and assistance to, persons disadvantaged because of:*
 - i) *lack of adequate family or social support;*
 - ii) *personal or family problems that inhibit adequate social functioning;*
 - iii) *the breakdown of the family as a social unit...*
 - v) *physical or intellectual impairment;*
 - vi) *their being a member of an ethnic group which has inadequate access to services or resources available in the community...*
 - viii) *lack of information about or access to services or resources available in the community.*

Further statements of principle regarding the importance of supporting parents in their child rearing role are found in the *Children (Care and Protection) Act, 1987* which outlines the responsibilities and functions of the government and courts in promoting the welfare of children, particularly those in need of care. This Act contains no overarching principles or objects. However, there are Objects listed for specific parts of the legislation, which provide some important principles about the role of parent education and support programs.

The Objects of s12, which related to children's welfare, are listed as:

- a) *to identify the special needs of children, whether or not under parental care, with respect to services necessary to promote their optimum development; and*
- b) *to ensure the provision of any necessary service for, and assistance to, families so that, where necessary, the care available to children in the family environment can be enhanced to such a degree as to enable them to remain in or return to family care.*

For children who are in need of care, s55 of the Act further outlines objects which confirm that all services and assistance provided should be based on the premises that:

- the welfare and interests of children are of paramount consideration;
- wherever possible, children should grow up in the care of their parents; and
- while responsibility for the welfare of children belongs primarily to their parents, where this is not met, such responsibility devolves to the community.

The *Children (Care and Protection) Act, 1987* has been subject to review under the leadership of Mr Patrick Parkinson, Associate Professor of Law at the University of Sydney.

The recommendations from the review of the *Children (Care and Protection) Act* address the need for objects and principles in the new Act to provide guidance for any legal or administrative actions taken under the Act (Parkinson, 1997). Such actions could include the funding, provision, co-ordination or monitoring of parent education and support programs, given their important function of assisting parents and promoting child welfare.

The suggested Object which is relevant to the provision of parent education and support programs is:

That appropriate assistance be rendered to parents and other persons responsible for children and young people in the performance of their child rearing responsibilities in order to promote a safe and nurturing environment (Parkinson, 1997:11).

The Committee supports the inclusion of an object such as this in any new Act outlining the government's responsibility for the care and protection of children and young people. Such an object provides a clear direction for the more detailed responsibilities of the Minister or the Director-General which are also recommended in the review, in relation to support services for families which will promote the wellbeing of children.

RECOMMENDATION 2:

The Committee recommends that the Premier ensure that any new legislation relating to the care and protection of children and young people include an overarching object relating to the provision of assistance to parents in their child rearing responsibilities.

3.2.3 INTERAGENCY GUIDELINES FOR CHILD PROTECTION INTERVENTION

Evidence of the Government's recognition of the important role of parent education and support programs may be inferred from the *Interagency Guidelines for Child Protection Intervention*. This document outlines the current Government commitment to child protection, and details the roles and responsibilities of relevant government agencies. In the context of these Guidelines, the Government has stated that it:

believes that one of the primary concerns of any community should be to the health and wellbeing of its children...

The NSW Government is committed to a co-ordinated and comprehensive response to promote the protection of children. Effective child protection incorporates community action to:

- *prevent and reduce the abuse and neglect of children in the community*
- *provide support to families experiencing difficulty... (NSW Child Protection Council, 1997b:9).*

3.2.4 EFFECTIVENESS OF GOVERNMENT POLICY

Although there are very clear policy commitments to the provision of support and assistance for families, there was an overwhelming theme in submissions and evidence that these policies have not resulted in adequate services to families and children.

The issues most commonly raised in these submissions were the failure of government to:

- adequately fund prevention services;
- maintain continuity of funding for services; and
- address broader social issues which increase the stress on families.

3.2.4.1 Lack of Funding for Prevention Services

It is clear from the evidence reviewed in Chapter Two, and the research on child development described in Attachment A, that parent education and support programs play an important role in preventing child abuse, criminal behaviour, mental health problems and poor educational outcomes. The policy instruments described earlier emphasise the importance of programs which can strengthen family functioning. Despite these policy commitments, the majority of witnesses who appeared before the Committee told of the small proportion of government funding being directed to parent education and support programs in comparison to funding for intervention or tertiary level services. A number commented on the discrepancy between the popular rhetoric of the value of the family, in comparison to government funding of programs to support families (see for example submissions from Parent Line, Centacare Catholic Community Services; South Eastern Sydney Area Health Service Women's Health Service; NCOSS; and FSSA).

In the health area, Dr Victor Nossar noted that the bulk of the health budget is allocated to treatment services rather than those which provide for public or community health:

The Government honestly believes by building children's hospitals, they have made a major contribution. They have for sick children but [for] the other 95 per cent [of children] who do not get to these hospitals, I do not think we are making a major effort (Evidence, 6 April 1998).

This has been recognised by NSW Health. A draft discussion paper *Achieving Health Outcomes for Children in NSW - Strengthening Families and Communities*, urged that:

A better balance is needed between clinical services for children and young people who have a health problem, and strategies to promote health and prevent illness...As one moves from prevention strategies to early detection, community based clinical services to hospital treatment, increasing resources are spent on decreasing proportions of the general population (Wraith, Kakakios, Alperstein, Nossar, and Wolfenden, 1998:5, tabled in evidence by Dr Nossar, 6 April 1998).

The Coalition to Support Vulnerable Families calculates that in 1996/97, the Department of Community Services spent almost \$234 million on programs which intervene after family breakdown has occurred (such as child protection, substitute care for children and supported accommodation), but only \$13 million on funding for family support services (Submission 80).

ACWA, whose members include agencies who provide a range of parent education and support programs as well as intervention services, stated that:

All governments claim to be 'pro-family' and policy rhetoric about supporting

parents is endless...[but] for many parents there is a gap between the claims of government and community leaders that parenting is highly valued and the day to day reality... The shifting of funds to the crisis end is a sad reflection on the inadequacy of available resources for children (Submission 72).

The Committee notes that the recent Government announcement regarding the proposed Families First program is a welcome example of funding for preventative programs. Families First will provide assistance and support to families in four ways - through professional home visiting, volunteer support, community development and specialist early intervention services. At this stage, Families First will only be available in three areas in NSW, and is not planned to commence until mid to late 1999.

RECOMMENDATION 3:

The Committee recommends that the Premier instruct the Office of Children and Young People to ensure that the strategic plan for parent education and support programs, referred to in Recommendation 14, gives greater emphasis to preventative programs.

3.2.4.2 Time-Limited Funding for Services

The Committee heard substantial evidence of the frustrations caused by the allocation of short-term or non-recurrent funding, particularly for pilot or demonstration programs. A number of service providers noted that this insecurity of funding was now being extended to non-pilot programs due to the implementation of contracting and tendering processes for program funding.

The problems created by short-term non-recurrent funding were highlighted by organisations as diverse as the Benevolent Society, Fairfield City Council and Fairfield Children's Services Network, the Australian Association for Infant Mental Health, Good Beginnings, NCOSS, the National Child Protection Clearing House, and the Family Support Services Association. Witnesses and submissions focussed strongly on difficulties associated with pilot programs which do not result in ongoing service delivery to families.

Problems identified by these organisations included the lack of continuity in service delivery, the lack of impact of pilot projects on systems of service delivery, and absence of follow-up even where pilot projects have demonstrated positive outcomes. FONGA raised this issue in its submission to the Government last year, noting that:

...pilot programs and attempts to provide innovative services in areas of socioeconomic disadvantage have been established...However these are one-offs, with little impact on what happens in the rest of the State. Even when these are seen to be effective, their results are not translated into system-wide service delivery (1997:16, supplementary to NCOSS submission).

As Dr Nossar stated in evidence:

We have a love affair with pilots and academics but very few practical solutions...The money is all going into restarting the pilots all over again, all over Australia. I think that is wrong (6 April 1998).

As one service provider explained to the Committee, even where recurrent funding for programs is available, the requirement to reapply for funding on an annual basis means that organisations:

end up with only short term strategies...you get organisations having a one-year life at a time barely doing some work before they have to think about getting their next tender up to do the next round and then function for another year (Mr Ford evidence, 6 April 1998).

It was also suggested that such a funding environment leads organisations to “seek funding...based on what is available as opposed to responding to need” (Ms Sandars evidence, 6 April 1998).

The impact of short-term and pilot funding for programs was well summed up by one witness who argued that without a commitment to the planned and ongoing funding of parent education and support programs:

we are still going to have this ad hoc, millions of dollars of funding going into one-off funding of programs that are not sustained. A huge amount of effort and energy goes into it...and at the end of the year, they have stopped. The community gets so angry with us for doing that, and rightly so. It is very irresponsible...We are better to do nothing than just give people hope and then pull out (Ms Wellesley evidence, 16 March 1998).

This situation appears to the Committee to be inefficient, wasteful and misleading. As a number of witnesses and submissions noted, the funding allocated to repeated pilot programs could have been better used in consolidating existing programs to provide continuity of support for families. A representative of the Family Support Services Association explained that:

It is particularly frustrating when money is available for new projects which promise instant results but the tried and true strategies are neglected and undermined by inadequate funding and agencies that are not supported to consolidate their existing programs. Infrastructure is required and after the pilot has been completed there are often no funds to continue the work. It is important to consider how new ideas can fit into existing structures and how to consolidate service provision (Ms Kieley evidence, 27 February 1998).

A notable and recent exception to this trend is the Interagency Schools as Community Centres Project, a three year pilot project jointly funded by the Departments of Education and Training, Health, Community Services, and Housing. The initial three year period expired on 30 June 1998, but the Committee understands that the departments involved have agreed to continue funding the four existing sites, to enable the families involved to continue receiving services (Dr Rice evidence, 6 April 1998).

RECOMMENDATION 4:

The Committee recommends that the Premier ensure that time-limited funding of programs is avoided. Where a pilot program is being introduced on a restricted basis, the relevant funding department should ensure recurrent funding for that particular program, until the project has been fully assessed.

The Committee further recommends that the Premier ensure that pilot programs which are judged to be effective are provided with continued funding so that those who use the programs are not left without a service. In the event that the evaluation of the pilot program is negative and recommends termination of the program, the Committee recommends that the program funds be allocated to an existing provider within the area to ensure that support to families continues.

RECOMMENDATION 5:

The Committee recommends that the Premier ensure funding for parent education and support programs is provided on a three year cycle, with appropriate accountability and quality assurance mechanisms.

3.2.4.3 Broader Social and Economic Issues

The Council of Social Service of NSW highlighted the need for governments to address other issues which impact on family functioning to fully meet their stated commitment to children and families. In evidence to the Committee, Mr Gary Moore noted that there has been:

major growth of social and personal problems that in part have come from a significant amount of economic restructuring and change and also significant demographic change in our community as a whole...unfortunately governments have not adequately identified and addressed these social impacts of change...state instrumentalities have not been in a position to properly deal with the many problems facing families and children... (Evidence, 16 March 1998).

The Executive Director of the Ethnic Child Care Family and Community Services Co-operative also argued that government intentions to support families need to address a broad range of issues:

How can we talk about educating parents when the broader community where we live does not change or modify the conditions which cause dysfunction of the individual or the family unit?...Although governments say that they support families, in practice there are cuts in funding,... changes to the social security system,...privatisation of essential services...making it impossible for parents to cope and placing children at risk and disadvantage...we have to look at parents in the broader picture (Evidence, 3 April 1998).

The NSW Child Protection Council submission echoed many of the issues described above, and concluded that:

Despite the rhetoric that children are our future, the reality is that we as a community are not providing all that is needed for children's safety and wellbeing. We are not investing wisely or well in their future development (Submission 100).

Many of these broader social and economic issues are, in fact, areas of responsibility of the Commonwealth Government. In some cases, such as income support, the Commonwealth Government is entirely responsible. Other policy areas involve Commonwealth-State negotiations where the State Government is restricted by the use of tied or specific grants.

However, the Committee believes that these issues represent significant barriers to the provision of effective parent education and support, particularly to those families who are at risk of family difficulties. The Committee strongly argues that any child and family policy must be adequately resourced to ensure the provision and widespread availability of prevention programs, and continuity of funding for all programs, preventative or otherwise. The Committee is also convinced that those broader social and economic conditions which hamper family functioning must be addressed, both for individual families and at a policy level. Without this, the provision of parent education and support programs will only have limited utility. The Committee has made recommendations to address these issues, within the jurisdiction of State responsibilities.

3.3 ROLE OF STATE GOVERNMENT DEPARTMENTS

Various state government departments either provide or fund parent education and support programs. In this section, the Committee reports on the current policies and programs relating to parent education and support.

3.3.1 NSW HEALTH

The Committee heard evidence, and received submissions, from NSW Health, various Area Health Services and numerous health care providers, including community health workers, early childhood health professionals, and nurses involved in antenatal parenting education.

NSW Health identified the following range of health services which support and educate parents:

Primary services:

- antenatal education programs offered through maternity units in hospitals - providing group programs over several weeks;
- early childhood health centres - providing individual consultation and group programs for parents of 0-5 year old children; and
- child and family health teams located in community health centres - provide multidisciplinary assessment and management advice where children and families have a range of developmental, emotional, behavioural or relationship difficulties.

Secondary services:

- family care cottages/centres - providing multidisciplinary support, education and advice to families with more complex parenting problems; and
- child and adolescent mental health workers - providing treatment for children and adolescents with mental health problems and information and support to parents.

Tertiary services:

- residential family care services - provided through Tresillian and Karitane, for families requiring intensive specialist support for complex parenting problems;
- sexual assault services and specialist services for children who have been subject to abuse - providing support and information to non-offending parents of children who have been abused; and
- paediatric hospital based services - providing education and information services for parents of chronically ill and hospitalised children (Submission 78).

In addition to services and programs provided through Area Health Services, funding is given to non-government agencies to provide a range of parent education and support programs. Programs include those provided by organisations such as Tresillian and Karitane, and specialist programs provided by the Benevolent Society such as the Early Intervention Program and the Scarba Services. NSW Health is also involved in a number of partnership programs which support parents such as the Interagency Schools as Community Centres project and the Health Promoting Schools program.

There is currently no specific policy from NSW Health which deals with the issues of parent education and support programs. For those involved in antenatal education, the recommendations of the Shearman review in 1989 remain “the bible for maternity services” (Ms Clune evidence, 27 April 1998).

The Committee was informed that NSW Health was in the process of developing a policy on child health, which would address the issue of parent education and support programs.

In 1996, NSW Health released a discussion paper, *Caring for Health, Caring for Children*, as the first stage in developing a child health policy for children aged 0-12 years. This document identified priority health issues as including immunisation, child protection, injury, mental health, nutrition and parent support. The Committee notes that these issues have all been identified by other witnesses as being amenable to improvement through parent education and support programs.

Since the release of *Caring for Health, Caring for Children*, the Committee was informed that a working party established by NSW Health had identified:

what programs work from the literature...and we have put together a submission on what we need to do to improve the overall growth and development of children in NSW (Dr Nossar evidence, 6 April 1998).

This working party developed a draft discussion paper, *Achieving Health Outcomes for Children in NSW - Strengthening Families and Communities*, which identifies a number of key programs for improving child health (Wraith, Kakakios, Alperstein, Nossar and

Wolfenden, 1998; tabled in evidence by Dr Nossar, 6 April 1998). These include providing parent education and support through home visiting services, implementation of the Positive Parenting Program, and expansion of the Interagency Schools as Community Centres project.

The paper argues that NSW Health is:

well-positioned to take the lead in providing universally available prevention and early intervention programs for children and families (1998:3)

due largely to its state-wide infrastructure of universally available early childhood health services and community health centres. The paper also advocates a move to preventative, universal and population based health programs.

The Committee supports the intention of NSW Health to address parent education and support within its policy for child health. The Committee believes that this properly identifies the purpose of parent education and support programs as promoting outcomes for children.

RECOMMENDATION 6:

The Committee recommends that the Minister for Health facilitate the development and implementation of a Child Health Policy as a matter of priority. The policy should provide for:

- additional resources for prevention and early intervention programs;
- home visiting as a core strategy of post-natal and early childhood services; and
- continued commitment of NSW Health to intersectoral and interdepartmental child health initiatives.

NSW Health does not itself provide services. Dr Jim Hyde, Director of Health Services Policy, advised the Committee that NSW Health:

does not control, nor is it able to direct to a large extent, what the Area Health Services do. The Area Health Services are statutory organisations...they have responsibilities they pursue, in agreement with the department through performance contracts, programs [and] strategies to meet the health needs of their populations (Evidence, 27 April 1998).

NSW Health considers that this allows flexibility across the system, by allowing NSW Health to focus on broad policy directions, with Area Health Services being able to “tap into those directions and strategies” (Evidence, 27 April 1998). Dr Hyde also advised the Committee that when new policies are being implemented, NSW Health may

introduce specific program funding or requirements through performance agreements with Area Health Services. The Committee understands, from Dr Hyde's evidence, that this strategy is used until such programs are sufficiently established. At that time, specific requirements are removed from the performance agreements, and it is expected that Area Health Services maintain their commitment to the programs.

Health practitioners appearing before the Committee expressed mixed views about the merits and outcomes of the impact of these arrangements on the provision of parent education and support programs.

Some health practitioners supported the flexibility provided to Area Health Services, with comments about the capacity to focus on local needs and develop strategies for their specific population groups. However, others noted that the absence of a policy on parent education and support programs, and the decentralised nature of health services could result in inequities. These people argued that the wide discretion held by Area Health Services to determine the quantity and type of parent education and support programs to provide, results in some Areas providing more services than others, to the disadvantage of some parents.

Funding allocations to Area Health Services also results in inequities. For example, Bankstown Community Health Services noted that South Western Sydney Area Health Service (SWSAHS) was characterised by lower birth weight infants, higher levels of birth defects and infant mortality, higher proportion of NESB families, lower levels of employment and income, and a higher incidence of domestic violence and child at risk notifications. Despite this:

the allowance per capita for Health across the Area is considerably lower than that apportioned to residents of South East and Central Sydney Area Health Services (Submission tabled in evidence, 3 April 1998).

The Report *Health of Children in South Western Sydney* argues that the inequities in the distribution of health funding across area health services:

would be even more pronounced if the average health dollar expenditure were available per child [rather than per resident], as they proportionately and numerically make up a greater part of the SWSAHS population, than any other Area Health Services in NSW (Sullivan, Hogan, Mohsin, Ma, Marks, Kay and Nossar, 1996:24).

The Committee did not examine the relative expenditure on parent education and support programs by the different Area Health Services. As there is no specific policy or program stream for parent education and support, Area Health Services budgets do not include a separate line item for expenditure on these programs. The Committee was informed that most expenditure on parent education and support programs would be covered by line items relating to primary, community or mental health. Tertiary programs and those dealing with antenatal education would be located within hospital

budgets (Dr Hyde evidence, 27 April 1998).

The Committee notes however, that the NSW Health Annual Report showed that of the total expenditure of NSW Health in 1996/97, less than 7% was dedicated to each “primary and community based services”, and “mental health services”. This indicates a very small proportion of the total health funding being available for services which provide parent education and support.

RECOMMENDATION 7:

The Committee recommends that the Minister for Health compel all Area Health Services to meet identified minimum requirements in the provision of parent education and support programs under the Child Health Policy. This should be achieved through contract arrangements between NSW Health and the Area Health Services, to promote enhanced equity of service availability to parents across the State.

3.3.2 NSW DEPARTMENT OF COMMUNITY SERVICES

The Department of Community Services informed the Committee that its involvement in parent education and support programs is through the

planning and funding of family support services, child care services and through the family initiatives fund. In addition, the department provides support for families through its direct services, through other funding initiatives, for example intensive family based services, and through interagency work such as the Schools as Community Centres Project (Evidence, 1 May 1998).

There is currently no specific policy relating to the provision of parent education and support programs, but the Department pointed to the *Community Welfare Act, 1987*, the *Children (Care and Protection) Act, 1987*, and the NSW Government Social Justice Strategy as providing the legislative and policy framework for its work with families and children. The department is also the nominated lead agency for responsibility for co-ordination and planning of parenting courses under the Womens Action Plan (Evidence, 1 May 1998; Submission 98).

The Department describes its approach to supporting parents and children as:

...based on a continuum of service delivery in meeting the needs of children, families, individuals and communities. The approach covers four main areas:

- *generic services, such as child care;*
- *specialised support, such as family support;*

- *risk reduction, such as intensive family based services; and*
- *crisis, such as child protection services (Submission 98).*

Of these, child care and family support services were most commonly identified by witnesses and in submissions as important sources of parent education and support.

The role of the department in planning and funding family support services was of particular interest to the Committee. The Community Services Grants Program provides funding to non-government organisations and local government for the provision of a range of support services to individuals and communities, including family support services. Funding under this program stream is determined centrally, and approved by the Minister for Community Services.

Despite spiralling notification rates over the past three years, this has not been matched by an increase in funds directed towards family or individual support services or community development. Officers of the department told the Committee that since 1991/92, child-at-risk notifications had increased by 93 per cent. The departmental officers explained to the Committee that the number of children who were confirmed as being at risk following assessment or investigation had not increased at the same rate as the notifications, but acknowledged that:

The growth in demand for these services is for secondary and tertiary prevention services (Ms Nicholson evidence, 1 May 1998).

The Family Support Services Association agrees that there has been a growing demand for secondary and tertiary services, noting that:

family support services report in general a decreasing ability to provide preventative programs because of increasing demands of crisis situations...While the funding available to family support services rose steadily from...1987/88, this rise reached a plateau in real terms in 1993/94 to the present time (Submission 35).

This is of significant concern to the Committee given that the department acknowledges that of some 52,000 contacts to the department about possible abuse or other concerns about the welfare of children:

an estimated 8% of contacts are cases where actual harm or injury has been identified, while some 47% of cases were instances of concern which involved the provision of family support measures such as counselling, respite care, or family mediation (Submission 98).

The importance of family support services to those families where there are child protection concerns is reflected in the Census figures from the Family Support Services Association (FSSA). The department informed the Committee that in the 1996 Census, 17% of referrals to family support services in the representative week were made by the department, and 35% of families receiving a service were known to have children who had been notified as being at risk (Ms Milne evidence, 1 May 1998). The report of this census data, *Family Support Services in NSW: 1996 State Wide Data Collection*, notes however, that the true figures could be up to 50% higher than those known by family support staff (1996:21).

In evidence, the FSSA advised that the rate of referrals from the department:

appears to be rising, particularly with the changes to the way that the Department of Community Services deals with notifications (Ms Mulroney evidence, 27 February 1998).

It is clear from this information that the family support services are recognised and relied upon by the department as an important source of assistance for families where there is potential risk to the wellbeing of children. However, the Committee understands that the funding for family support services has been on a submission based model, with funding levels linked to input costs rather than outputs, outcomes or level of need (Mr Williams evidence, 1 May 1998).

The absence of growth in the funding of family support services to meet increased demand was highlighted by a number of submissions and witnesses to the Inquiry, including the Association of Child Welfare Agencies, NCOSS, Sutherland Shire Family Support Services, Fairfield Council and Children's Services Network, the National Child Protection Clearing House, and the Coalition to Support Vulnerable Families. All noted that the increased demand was due to the department referring more and more families to family support services, as part of their response to children notified to it as being at risk. A sample of comments follows:

In NSW family support services have received little increase in funding since 1988, certainly nothing to enable them to meet the current demand. They currently face a situation in which they are expected to provide longer term support to clients who are referred by the Department of Community Services which comes at the expense of, rather than in addition to, support for families judged to be less at risk (NCOSS, submission 46).

[family support services] is a program on which the Department of Community Services relies heavily. It has moved from being a broad based program aimed at parents in the general community who might need support to one which, by necessity and pressure of demand, is dealing largely with notified children who are abused or at serious risk of abuse or neglect...While it was meant to assist people to prevent them becoming DOCs clients, we

believe that it now does not have the capacity to see anyone who is not already a DOCs client (ACWA, submission 72).

...many of the family support programs...dealt with families who had been abusive or neglectful in combination with those considered to be merely 'at risk' of maltreating a child...many agencies were able to devote significantly fewer resources to secondary prevention and 'at-risk' families as a result of the high demand for services by tertiary clients referred by the Department of Community Services (Tomison, 1997a:33, supplementary to National Child Protection Clearing House, submission 31).

The Committee is dismayed at the evidence indicating that the preventative and early intervention role of family support services is being eroded due to the increased demand on their services by families referred to them by the Department of Community Services following child protection notifications. It appears to the Committee that family support services provide an important avenue of assistance for families known to the Department, but the Committee believes that this partnership must be supported by the department through adequate resourcing.

RECOMMENDATION 8:

The Committee recommends that the Minister for Community Services ensure the continuation of funding to family support services so they can continue preventative and early intervention work with families, whilst accepting an increasing number of referrals of families from the Department of Community Services. The funding formula must take into account the increased demand on services resulting from Department of Community Services referrals.

The Department also provides resources to support parents through the Family Initiatives Fund. These funds are allocated through Area offices to provide additional support to families in crisis, generally by purchasing additional services such as a child care placement, respite or support through a non-government agency. The Family Initiatives Fund comprises \$2.66 million per annum, of which at least 0.66 million is targeted to assist families with child care.

There was support from other participants in the Inquiry regarding the usefulness of the Family Initiatives Fund. For example, the Family Support Services Association regard it as a mechanism for providing flexible, individually tailored parenting education and support for high need families, and noted that it has the potential to be enlarged (Submission 35). NCOSS also sees a role for the improved use of the Family Initiatives Fund, suggesting that it be available to other agencies to use to purchase additional support for families (Evidence, 16 March 1998).

RECOMMENDATION 9:

The Committee recommends that the Minister for Community Services initiate a review of the Family Initiative Fund. The objective of this review should be to identify whether the current allocation to this Fund is adequate to meet demand; and to examine alternative mechanisms for administering the Fund to ensure it reaches families in need.

3.3.3 NSW DEPARTMENT OF EDUCATION AND TRAINING

The involvement of the Department of Education and Training in the provision of parent education and support programs is driven by its recognition of key principles articulated by the department including:

- Parent and school partnership. The establishment of a triangle of care and responsibility: parents, professionals, community;
- Recognition of the importance of parents as first educators and the need to provide appropriate support for them, including helping them to prepare their children for first entry to the public school system;
- Commitment to assessing the needs of individual children and working in collaboration with parents, to intervene as early as possible with appropriate support services;
- Commitment to the need to provide parents with information about school and school programs, about the progress and achievements of their children as well as about the education system as a whole; and
- Commitment to the development of the school as a focus of the community in collaboration with the local community, government departments and other agencies (Submission 77).

These principles are reflected in a range of policies such as Community Use of Schools, School and Parent Partnerships.

The Department of Education and Training advised the Committee that it:

offers a range of informational and educational support programs to cater for

the diverse needs and expectations of parents. These assist in their parenting role, particularly as it relates to the education of their children (Submission 77).

In its submission and evidence to the Inquiry, the Department of Education and Training stressed that although it does not have a legislated responsibility for the provision of early childhood services, it recognises the importance of early childhood experiences in influencing educational outcomes for school aged children. This has led the department to provide a:

number of programs...which have a parenting focus and which operate prior to the [school] commencement age (Evidence, 6 April 1998).

These programs include Parents as Teachers, Interagency Schools as Community Centres, 75 preschools and 46 early intervention classes (Evidence, 6 April 1998).

Across its entire range of activities, programs are designated as being either State priorities (centrally managed and mandatory for all public schools); State initiatives (developed at central level for identified school communities); or school initiatives (designed, implemented and monitored by the individual schools). Unlike the role of the Department of Community Services, programs under the responsibility of the Department of Education and Training are provided through the department and its schools, not through non-government agencies.

The State priorities of most relevance to this Inquiry are Parents as Teachers, and the Interagency Schools as Community Centres, although the Committee also notes that programs such as Community Information Officers, Aboriginal Community Liaison Officers Home School Liaison Officers and the Early Learning Program also provide support for parents. Of the State initiatives, Talk to a Literacy Learner provides specific training to parents to enable them to participate in their child's literacy development.

The Parents as Teachers (PAT) program is a well-established parent education and support program operating in NSW since 1991. Evaluations of PAT in NSW, as well as Missouri USA, have confirmed positive developmental outcomes for the children involved. These findings are described in Chapter Two. The program works with families from the birth of their child to three years of age, and aims to promote children's development by providing parents with support through home visits, parenting group sessions and information about child development. The program is currently offered through ten sites at a cost of \$650,000 per annum. While only 40 families per site can be involved in the full program, many other families participate in the group sessions and obtain information from the Parent Resource Centre (Submission 77).

The most recent figures from the department show that 1,585 families use PAT across the state, but only 392 of these participate in the full program including home visits. All PAT sites now have only one Parenting Consultant, with a maximum case load of 40 families for home visits (PAT Program Summary for May 1998, supplementary to Submission 77).

The Interagency Schools as Community Centres project is a joint initiative of the Departments of Education and Training, Community Services, Health, and Housing established in June 1995. The Department of Education and Training is the lead agency for this initiative. The aim of this project is to:

provide a whole of government response to the range of problems that parents face in the early years of their children's lives, particularly when they are isolated from their extended family and the community in which they live and are unaware of the services available to support them...Services developed through the project are largely preventative, with a strong focus on the health, welfare and development of young children...a core group of supportive services is needed by all parents at all four sites - for instance playgroups, parenting information and groups, transition-to-school programs (Submission 77).

Dr Alan Rice, from the Department of Education and Training, told the Committee that:

the key feature is that there is a full-time facilitator on each site and that person has the opportunity to improve the access of the community to the range of services that are available through the departments...these services are there but are not necessarily being accessed by the community...needs and gaps and issues are identified and the services are then brought into the community (Evidence, 6 April 1998).

The evaluation of the Interagency Schools as Community Centres found the project met its objectives and achieved benefits for children, families and the local communities. The benefits identified included increased rates of age-appropriate immunisation, closer involvement of parents with the school community, and the identification and addressing of community needs. These findings are discussed in more detail in Chapter Two - Nature and Scope of Parent Education and Support Programs.

Numerous witnesses referred to the strengths of this model in making parent education and support programs accessible to parents. Features of the project highlighted by other witnesses were the collaborative approach between the departments involved and the value of using a school as a setting for obtaining information and assistance. These issues are discussed further in Chapter Five - Promoting Accessibility and Relevance.

3.4 OTHER PROGRAMS AND PROVIDERS

In addition to the programs provided or funded by NSW Government departments described above, there are a range of other programs and providers involved in parent education and support.

3.4.1 PROGRAMS FUNDED BY COMMONWEALTH GOVERNMENT

The Commonwealth Government shares some important policy responsibilities in relation to parent education and support programs. These include the Commonwealth's jurisdiction in relation to the funding of child care services, disability services, child abuse prevention initiatives and family health services.

Recurrent Commonwealth funding for parent education and support programs is provided through the Attorney-General's Department under its Family Skills Training sub-program. Funds under this program are provided to community based organisations to improve parenting and family relationship skills and increase capacity of parents to access community resources. The Family Skills Training Program is one funding stream of the Family Relationships Program. Other sub-programs include family and relationship counselling, family and child mediation, marriage and relationship education and adolescent medication and family therapy. In 1996/97, funding grants totalling just over \$2 million dollars were provided to 21 organisations across Australia for Family Skills training.

A number of other organisations providing support or education to parents receive at least partial Commonwealth funding. Examples range from child focussed programs such as Contact Inc, the NSW Project for Isolated Children; the NSW Playgroup Association and child care centres; through to organisations focussing on families with particular needs such as the Institute for Family Advocacy and Leadership Development, for parents of children with a disability.

In August 1996, the Commonwealth Government released its *Strengthening Families* statement, through its (then) Minister for Family Services, the Hon Judi Moylan MP. In this Statement, the Commonwealth pledged \$4.3 million over two years for parenting education programs, administered through the Department of Health and Family Services. Almost \$1.5 million of this has been allocated under a Parenting Education Best Practice Grants Program to fund state departments and non-government agencies for specific projects. In NSW this funding has been used to implement a parenting strategy for fathers called *Hey Dad*, and to develop a parenting program to promote health and wellbeing for children in families where a parent has special learning needs.

The major Commonwealth initiative in this area is the Good Beginnings National Parenting Project, funded for \$1.37 million over two years. This project has been

jointly auspiced by the National Association for Child Abuse and Neglect and the Lions Club of Greater Sydney.

3.4.2 PROGRAMS WHICH RECEIVE NO GOVERNMENT FUNDING

The Committee is aware that, in addition to programs provided through public funds, parents can participate in programs offered through private for profit organisations, or through charitable organisations which use their own funds to assist parents.

The Committee received submissions from three types of organisations providing parent education and support programs without government funding:

- not-for-profit agencies which rely on either their own funding or user charges to provide programs;
- not-for-profit agencies which rely on voluntary input from their members; and
- private-for-profit providers who either charge parents directly, or are engaged by agencies to provide programs to parents on a fee-for-service basis.

3.4.2.1 Self or User Funded Programs

These include programs funded by large charitable organisations such as the Benevolent Society and the Australian Red Cross, which use their own funds to establish and operate services or develop programs, when government funding is not available or insufficient. Information provided by the Benevolent Society shows that the *Families Together* program is mainly funded by the Society, with some funds coming from the Department of Community Services. The Society also provides a range of programs which rely on fees and charges paid by parents, such as the Infant-Parent Program (Centre for Children information portfolio, supplementary to Submission 47).

The Australian Red Cross has developed a number of educational programs aimed at secondary school and community centres, under its Youth Development Program. These include a course titled Principles of Parenting, for secondary school students. The course is designed to be co-ordinated by secondary school teachers, using program material developed by the Red Cross, in conjunction with the (then) NSW Department of School Education. The Executive Director of the Australian Red Cross (NSW) advised that the program does not receive any external funding. While Red Cross does not charge for the program materials, they recoup some funds through fees for issuing certificates to students on completion of the course.

Other programs brought to the attention of the Committee through submissions were those provided by groups such as Family Education Australia (FEA), a division of the Parents for Education (PARED) Foundation. The PARED Foundation operates a number of primary and secondary schools which emphasise and support parental involvement in the education of their children. FEA describes itself as a non-profit organisation which provides parenting courses, initially to parents of PARED schools,

but now to the general public. Courses developed and run by PARED include general courses, as well as those focussing on parents of infants and pre-schoolers. FEA courses are provided on a fee-for-service basis, and the Association receives no government funding. In their submission, FEA emphasised the growing demand for parenting courses, and their inability to meet such demand.

Self or user funded programs tend to be 'grass-roots' in nature, developed to meet an identified need, even in the absence of government funding programs. For example, the *Say Yes Dad* program was developed by a father, to foster the development of relationships between fathers and their sons. The program has organised a night out and a picnic for fathers and sons, as well as discussion sessions with fathers about parenting (Submission 24).

3.4.2.2 Voluntary Programs

The Committee received submissions from voluntary organisations which provide peer support and assistance to parents. In general, these operate without government funding, and are initiated and operated by parents themselves in response to an identified need.

An example is the Community Women's Network Inc, based in the northwestern suburbs of Sydney. The Network described itself as providing:

parent education and support principally for parents of children 0-5 years on a weekly basis in an informal atmosphere. We are mothers formed into a cohesive charitable fund raising organisation that has taken the initiative to keep informed and up to date on the happenings in the community (Submission 44).

The Network runs weekly meetings for parents, with either guest speakers or discussion topics each session. On-site child care is provided for these sessions, to which parents make a small financial contribution. The Network also circulates a newsletter and information about seminars and books of interest to parents, as well as maintaining a resource library.

Other voluntary groups focus on parents with specific needs, such as the Australian Multiple Birth Association (NSW) Inc. This is a self-help voluntary organisation which provides support, education and information to parents having multiple births. The services of the Association include newsletters, meetings of parents with guest speakers, a library service and members' social events (Submission 71).

3.4.2.3 Private for Profit Providers

The Committee did not receive any submissions from organisations or individuals providing parent education and support programs on a for-profit basis, however, this approach was referred to several times during the Inquiry.

The Committee understands that this group consists primarily of professionals such as psychologists, psychiatrists, midwives, obstetric physiotherapists, health educators, and family therapists who may provide parent education and support on an individual basis, or run group programs. In the area of antenatal and childbirth education, the Committee was informed that where Area Health Services are unable to meet demand

we try to refer them to a service operated by private educators in the community. We keep a list of people who provide education on a private basis and we will refer women to these people (Ms Green evidence, 27 April 1998).

Both the Association of Children's Welfare Agencies and the Australian Association of Infant Mental Health noted that private providers were amongst the range of individuals and organisations involved in parent education and support programs.

The three categories of programs and providers described above are currently not subject to the quality assurance or accountability requirements which are usually linked with public funding. Parents participating in programs through these providers are reliant on the effectiveness of any internal quality assurance and accountability mechanisms. Any recommendations regarding accreditation, monitoring or evaluation of programs will need to recognise the different circumstances under which programs are provided. These issues will be considered further Chapter Seven.

3.5 PLANNING AND CO-ORDINATION OF FUNDING

Given the broad range of programs, providers and government departments involved in parent education and support programs, it is not surprising that there is a strong perception amongst participants in the Inquiry that there is a lack of co-ordination in the planning and funding of programs.

NCOSS in their evidence to the Committee noted that parent education and support programs are not only funded by different departments, but also by different programs within departments, yet there is currently no system for departments to link their planning (Ms Frow evidence, 16 March 1998).

KU Children's Services stated that:

An immediate organisational barrier to effective management in this area lies in the current division of services to families between three different government departments: health, community services and education. No effective action can be taken to implement any policies related to parent education until a relevant management model is devised (Submission 73).

Similar views were expressed by the Australian Association of Infant Mental Health (Submission 41) and the Institute of Early Childhood (Submission 76), with the latter describing the current system of programs as:

an ad hoc patchwork of services which has evolved in an unplanned, unco-ordinated and unaccountable manner.

A representative of the Family Support Services Association told the Committee that the lack of co-ordination in funding results in inefficiencies:

Little pockets of funding become available [but]...without a forum to co-ordinate that, suddenly one area has half a million dollars funding which may cut across another agency and create a gap somewhere else. So there is a need for co-ordination and a regular forum of the major funding bodies, service deliverers, and the non-government sector...Money can be wasted because these new spot programs occur without integration with programs that are already available (Ms Mulroney evidence, 27 February 1998).

The National Project Director of the Good Beginnings National Parenting Project made similar observations about the wastage caused by lack of co-ordination and the distribution of “ad hoc, one-off funding” (Submission 32).

Another submission argued that the lack of co-ordination has resulted in disparity of accessibility and funding of parent education and support programs (Ms Deborah Galloway, Clinical Nurse Consultant Parenting Education, Submission 42).

There was acknowledgement amongst key witnesses, such as the Child Protection Council and NCOSS, that there are mechanisms being put in place to improve co-ordination amongst departments, although there was a sense that the effects of these were not yet being felt at a service delivery level.

In this section, the Committee briefly reviews the current mechanisms for co-ordination and planning of parent education and support programs between the State and Commonwealth government as well as within NSW, and assesses the veracity of the views above, before moving onto options for improving the current system.

3.5.1 COMMONWEALTH AND STATE RESPONSIBILITIES

The Committee heard evidence that Commonwealth involvement in funding programs added to an already fragmented system of parent education and support programs. Ms Rhonda Stien, CEO of Burnside told the Committee that

There is a real difficulty at the moment about co-ordination of funding between federal and state. It is very poorly done. Just as an example, we have been doing fathering courses in the western part of Sydney for quite some time. Some money dropped from the Commonwealth. It was given to another agency that did not even operate in the western part of Sydney...money needs to be channelled via the state, because the federal government does not know the agencies (Evidence, 3 April 1998).

The Deputy CEO of the Benevolent Society also considers that:

there is very little co-ordination that goes on...there is such a range of funders in this. There is Education, Department of Community Services, Health...then you have the federal bodies that occasionally throw out their money, less so in recent times and more so in the past (Mr Ford evidence, 6 April 1998).

The problems created by both Commonwealth and State funding of parenting programs have been reported in the past. For example, in *Preventing Child Abuse: a national strategy*, Calvert found that:

Currently there is confusion about who funds and is responsible for parenting programs...agreement needs to be reached about who holds the primary responsibility for parenting program planning, funding and operations (1993:34-35).

She went on to recommend that:

The current Commonwealth funding for parenting programs should be collapsed and allocated to the States for the establishment of a new parenting education program on the understanding that the States contribute on an equal cost sharing arrangement. As the proposal is a service delivery program it is easier for States to implement and monitor this program as part of existing service delivery programs (1993:35).

RECOMMENDATION 10:

The Committee recommends that the Premier negotiate with the Commonwealth Government to ensure that distribution of funds for parenting education is made through, or in consultation with, States and Territories.

3.5.2 NSW GOVERNMENT ACTION PLAN FOR WOMEN

In November 1996, the Government released its Action Plan for Women which outlines a whole of government approach to promoting improved outcomes for women. There are six key objectives in the Womens Action Plan, including “improving the health and quality of life of women in NSW”. Under this key objective is the goal:

to co-ordinate the planning and provision of parenting skills courses and services

with the anticipated outcome being the improved targeting of local parenting programs. The Department of Community Services is the lead agency for this goal in the Action Plan, and in its submission to the Inquiry, stated:

The Department, as the lead agency for a cross government approach to parent education, will continue to work with priority agencies in mapping parent education activities across the State, and in exploring issues and strategies around improving responses to parenting education (Submission 98).

The goals identified in the Action Plan for Women are intended for the period 1996-1999. However, the Committee was advised that there had been little progress to date on achieving this goal. Officers from the Department of Community Services stated that, although the Department had been identified as being the lead agency for the goal relating to parenting courses:

the Department does not hold all the expertise in this area, nor does it have a mandate, nor is it resourced to effectively perform all of these functions...the Department has formed a committee in its role as lead agency which encompasses representatives from the key agencies to explore improvements in this area (Evidence, 1 May 1998).

The Family Support Services Association is a member of the committee referred to above, and noted that:

While this group has met since late 1997, it has had limited opportunity to forward its aims, particularly since no resources have been allocated to the group (Submission 35).

The FSSA also notes that the committee is looking to a social work student placement to be able to conduct a preliminary mapping and audit to identify available services across the State.

The Committee supports the need for a mapping or audit exercise to identify the current range of programs on an area by area basis. Numerous submissions and evidence pointed to the lack of current information on parent education and support programs, arguing that this reduces government capacity to plan for services. As NCOSs pointed out:

...one of the starting points [for co-ordination] is actually knowing what is out there...who was doing what and where they were doing it and who was funding it...you need to start from a basic knowledge and I do not know that we have that at the moment (Ms Frow evidence, 16 March 1998).

The Committee notes with concern however, that of all the evidence and submissions relating to co-ordination and mapping of programs, only the Department of Community Services and the FSSA referred to the Action Plan for Women and the responsibilities allocated to the Department of Community Services under this Plan. It would not appear that there is any wider recognition of the department's role as the lead agency for the co-ordination and planning of parent skills courses.

The low level of recognition of this role is likely to be related, at least in part, to the lack of activity by the department in fulfilling its responsibilities under the Women's Action Plan. The Committee notes that although the Action Plan for Women was released in November 1996, it appears that the department did not convene a working group until late 1997 and has not progressed its objectives in the interim period.

The Committee recognises the difficulties faced by the department, and the working group, by a lack of resources to meet its responsibilities, and the substantial changes which have occurred within the department over the past year or so. The Committee cannot accept however, that a goal identified in a whole-of-government action plan be allowed to continue to drift unaddressed. In light of the difficulties experienced by the Department of Community Services, and the lack of funding available to the Department of Women to resource this particular goal, the Committee believes that other arrangements are required.

RECOMMENDATION 11:

The Committee recommends that the Premier ensure that there is adequate funding to resource the project of mapping parent education and support programs across NSW. The information obtained from this mapping project should be used for future planning and co-ordination of funding for parent education and support programs.

RECOMMENDATION 12:

The Committee recommends that the mapping project referred to in Recommendation 11 be managed by the Office of Children and Young People in consultation with the Department for Women, and involve the steering committee currently established for this purpose by the Department of Community Services.

3.5.3 NSW DIRECTORS-GENERAL GROUP

The Committee was informed that a forum for the co-ordination and planning of parent education and support programs was available through the regular meeting of Directors-General of the human service departments. In his submission, the Director-General of NSW Health advised that:

The recently formed joint Directors-General forum, which includes the Directors-General of the Departments of Ageing and Disability, Community Services, Education and Training, Housing, Juvenile Justice and Health have identified prevention and early intervention activities as one of the highest priorities for interagency collaboration (Submission 78).

Dr Judy Cashmore of the Child Protection Council told the Committee that the formation of this group represents:

increasing evidence in government of a willingness to approach early intervention and co-ordination...there is increasing recognition of the need to look at co-ordination, what services are available, where there are gaps and where people are missing out (Evidence, 27 February 1998).

The Committee understands that the forum of Directors-General is supported by a range of Senior Officers' Groups at a policy and regional level, and that the secretariat for the forum is provided through NSW Health. However, neither the Premier's Department nor the Cabinet Office is a member of the forum. This is in contrast to the Senior Officers' Group on child protection, which is chaired by The Cabinet Office.

The Committee believes that the forum of Directors-General is an important component in promoting a more co-ordinated, whole of government approach to parent education and support. However, the effectiveness of this forum would be enhanced by a greater level of information about existing services, program gaps and needs, a clearer operating structure and mandate, and the support and involvement of the Premier.

3.5.4 INTEGRATED COMMUNITY SERVICES PLANNING

The Department of Community Services advised the Committee that its:

...recently implemented Area integrated planning process [which] is designed to identify gaps and barriers in service delivery and identify ways in which these issues may be addressed...The development of each Area Plan involves a consultative approach with input provided by other government agencies, service providers, and the public (Submission 98).

In evidence to the Committee, departmental officers stated that:

Integrated community services planning is a mechanism for ensuring each area has a range of secondary and tertiary prevention services required to protect children and support families (Ms Nicholson evidence, 1 May 1998).

The Committee understands however, that the department has conducted various forms of area based service planning over the years. In the main, these have been program based, for example HACC area planning, and area planning for substitute care services. The move to promote integrated area planning is positive in that it considers the range of services and support required across an area, rather than focussing on program streams. However, in the opinion of NCOS, integrated community services planning:

might pick up in local areas what is actually happening on the ground that is funded by DOCS but it does not seem to me to be working particularly well in linking in with what is happening in Health, what is happening in Housing...those things are still an issue (Ms Frow evidence, 16 March 1998).

The view of the Committee is that, regardless of the merits of the integrated area planning system, it does not fulfil the need identified for high level cross-portfolio planning and co-ordination of parent education and support programs. It is possible however, that the information derived from local planning undertaken by the Department of Community Services (or any other department) would be a useful input into any broader co-ordination and planning mechanism.

3.5.5 CONCLUSION

Evidence considered by the Committee shows that while there are a number of mechanisms designed to promote the co-ordination of service planning and provision, the reality is that current arrangements for the planning, funding and co-ordination of parent education and support programs are not adequate to ensure that services are available to parents who either need or wish to use such programs.

3.6 A NEW APPROACH TO PLANNING, FUNDING AND CO-ORDINATING PARENT EDUCATION AND SUPPORT PROGRAMS

It is clear from the evidence reviewed that the current arrangements for the planning, funding and co-ordination of parent education and support programs are unable to support the Government's own policy commitments and obligations to families and children.

The Committee heard a wide range of proposals for improved co-ordination and planning of parent education and support programs. The suggestions for a new model of planning and co-ordination can be categorised as follows:

- adoption of an interagency co-ordination model with a designated lead agency;
- establishment of a new centralised body responsible for planning, co-ordination, monitoring of parent education and support programs; and
- allocation of responsibility to an existing central body such as Office of Children and Young People or the new Children's Commission.

However, not all submissions and witnesses favoured a move towards centralised co-ordination of programs, and the Committee heard some cogent arguments and words of warning about the dangers of imposing too tight a co-ordination framework on parent education and support programs. In general, these related to the need to maintain diversity of programs, which may be compromised by centralised co-ordination; the cost and added 'bureaucracy' of centralised co-ordination; and the disadvantages in creating a separate profession or sector for parenting education. Some reservations were also raised as to whether improved co-ordination would result in any improvements for families. Many argued that effective co-ordination at a local level was the more important focus. This is discussed further in Chapter Five - Promoting Accessibility and Relevance.

A common theme amongst those who were cautious about centralised co-ordination was the need to achieve a balance between co-ordination and diversity. Mr Adrian Ford

recognised the need for improved co-ordination and communication, particularly between the government agencies involved, but told the Committee that:

I would also hope that there is not too much co-ordination that goes on. There needs to be a free flow of information but not too much structuring because otherwise good ideas might be lost (Evidence, 6 April 1998).

In the sections which follow, the Committee has outlined the relative merits of each of these approaches, before making its recommendations. In its deliberations on these options, the Committee has considered the arguments referred to above. In the discussions which follow, the Committee has accepted that any system of co-ordinating the planning and provision of parent education and support programs will be limited to those which are either provided or funded by government agencies. Programs provided by private-for-profit or voluntary agencies are likely to be outside the jurisdiction of any government planning and co-ordination system.

3.6.1 ADOPTION OF INTERAGENCY APPROACH WITH LEAD AGENCY RESPONSIBILITY

A number of submissions suggested that co-ordination of programs and funding would be enhanced if one of the involved government departments was nominated as a lead agency in the area of parent education and support programs. This option was discussed by KU Children's Services, the Australian Association for Infant Mental Health, and the Institute for Early Childhood.

It was suggested that the lead agency would then be responsible for bringing together the other departments and agencies involved for the purposes of planning and co-ordination. The Committee notes that this approach has been adopted for a number of specific programs, notably the Interagency Schools as Community Centres project.

However, selecting a lead agency for parent education and support programs in general would not be an easy task. In evidence, KU Children's Services argued that the major disadvantage of this model of co-ordination is that the dominating philosophy of the lead agency would influence the provision of programs (Ms Campbell evidence, 3 April 1998). Given the need for a wide range of approaches and entry points to parent education and support, this is quite a significant disadvantage.

The Association for Children's Welfare Agencies also noted that:

...if one government department was to 'control' parent education it is not immediately obvious which one it should be (Submission 72).

The Committee notes that in effect, this model is already in place. Under the Women's Action Plan, the Department of Community Services is the lead agency for the purposes of co-ordinating the planning and provision of parent education programs. However, the lack of recognition of the department as the lead agency and the absence of progress suggests that a lead agency approach is not an effective model for this purpose.

3.6.2 A NEW CENTRALISED BODY

A number of submissions and witnesses proposed the establishment of a body to undertake the planning and co-ordination of parent education and support programs across the state. In these proposals, it was generally envisaged that this body would also be responsible for promoting quality and accountability of programs through an accreditation or monitoring scheme.

One model advocated by both Tresillian and Dr Kowalenko was that of a co-ordinating body with functions including:

- developing standards;
- setting minimum qualifications and experience for practitioners and programs;
- accredit organisations and individual practitioners;
- acting as a clearing house and information resource for parents and providers;
- identifying gaps in services and facilitate the development of programs to address these gaps;
- acting as a source of advocacy and advice in relation to parent education and support programs; and
- promoting research into parent education and support programs (Submissions 26 and 68 respectively).

In evidence, Dr Kowalenko expanded on responsibilities of this body to include conducting an audit of existing programs; advising on the effectiveness of programs and establishing a strategic plan for the provision of parent education and support programs across the state (Evidence, 27 April 1998).

The option of a centralised body performing a range of co-ordination, clearinghouse and quality assurance functions was also suggested by Parent Line (Centacare), and the Mercy Family Life Centre, as well as some individual citizens (Submissions 16 and 19).

A number of individuals and organisations referred to the Parent Education Network (PEN) which was established during 1992, as a possible model for a central co-ordination body (see submissions from Parent Line, Mercy Family Life Centre and Ms Schuringa). The Network was a voluntary, intersectorial association of educators and service providing agencies. Its objectives included advocacy and research in the area

of parenting education, providing a forum for information sharing and education for educators and providers, and the development of an accredited training course for educators. The Network ceased at the end of 1995 due to lack of funding and the inability of the voluntary members to sustain the Network's activities.

Those submissions and witnesses referring to the PEN as a possible model suggested that this would be the appropriate body to act as a clearinghouse for providers and parents wishing to access information about programs, as well as providing training and information sharing opportunities for educators, and possibly an accreditation scheme (Submissions 19, 64, 75 and 100).

No strong views were expressed as to whether such a central body should be a government or non-government agency, although one witness noted that, while government funding was required for such a body, it should be "an arm's length away from direct political influence" (Ms Schuringa evidence, 16 March 1998). The Child Protection Council suggested that the new Children's Commission could support the development and oversight of any parent education network (Submission 100).

The Committee appreciates the importance of a forum such as a PEN to promote networking, information exchange, advocacy and research in the area of parent education and support programs. However, these objectives are not identical to those of a body with responsibility for co-ordinating and planning the provision of programs, which by necessity must include some authority to make decisions about funding. A parent education network as described is of course an important part of an improved system of services for families and children, but the Committee considers its role is similar to a peak or professional association, rather than a co-ordination body. Some of the functions envisaged for a parent education network relate to accountability and quality assurance, as well as professional development. These issues, and the possible role for a PEN as described, are discussed further in Chapter Seven - Quality Assurance and Accountability.

A number of organisations and individuals expressed wariness about centralised co-ordination, particularly if it were to involve a body established specifically for the purpose of co-ordinating parent education and support programs. Ms Goldsworthy, the Parent Education Consultant at the Australian Council for Educational Research, told the Committee that it was more important to ensure all service providers are more responsive to meeting parents needs, rather than encouraging the development of parent education and support as a separate industry (Briefing, 26 March 1998).

Similarly, the CEO of Barnardos Australia argued that:

Parent education should be seen as a component of a wide range of different programs...any strongly imposed co-ordination system is time wasting and gets itself bound up in territory issues (Ms Voigt evidence, 27 April 1998).

The Committee is not in favour of establishing a new centralised body to co-ordinate the planning and funding of parent education and support programs. There are significant disadvantages associated with the creation of a separate body responsible for parent education and support programs.

The primary disadvantage is that of the need to identify parent education and support as a specific service type. However, as discussed earlier, parent education and support is provided in the context of many services, not of all which would be labelled as parent education and support programs.

The Committee is of the view that this is desirable both in terms of embedding parent education and support within the social infrastructure of the community, and in promoting the 'normalisation' and therefore accessibility of such support. These features of parent education and support would mean that the establishment and functioning of a centralised body specifically focussing on parent education and support programs would be both difficult and undesirable.

Moreover, the additional funding required for a new administrative body is difficult to justify when the need for funding for actual services is so acute.

3.6.3 ALLOCATING RESPONSIBILITY TO AN EXISTING CENTRAL BODY

Various submissions and witnesses proposed that existing or planned central bodies should play an identified co-ordination role in relation to parent education and support programs. The two bodies referred to in these submissions and evidence were the Office of Children and Young People, within Cabinet Office; and the soon to be established Children's Commission.

3.6.3.1 The Office of Children and Young People

The Office of Children and Young People (OCYP) is part of The Cabinet Office, with the functions of providing policy advice to the Premier and co-ordinating the development of policies and programs which affect children and young people. In evidence to the Committee, the Director of the OCYP outlined the four criteria which determine the Office's areas of responsibility. These are where the issues:

- affect children and young people across the State;
- highlight some anomaly or gap in government policy;
- require input from a number of different agencies; and

- demand a fresh approach and co-ordinated approach (Ms Calvert evidence, 15 June 1998).

Given these responsibilities and roles, Mr Ford, of the Benevolent Society, suggested that the OCYP would be well placed as a “source of help co-ordination”, ensuring that the various government agencies work more closely together (Evidence, 6 April 1998). Similarly, Professor Vimpani suggested that:

Consideration should be given for vesting responsibility for the development of a statewide parenting education strategy with the Office of Children and Young People assisted by a steering committee drawn from key stakeholders (Submission 102).

The Committee notes that the OCYP has played a major role in the development of the Families First program. In response to a question from the Committee about whether the OCYP has a role to play in co-ordination of parent education and support programs beyond those related to Families First, the Director replied:

There are a lot of demands on the time of the OCYP. We are a small, strategic unit, and we believe that is the most advantageous role for us to play. We have as a general rule that where something meets those four criteria...affecting children and young people across the State, highlighting an anomaly in government policy, requiring co-ordination, and demanding a fresh approach - we may well consider it. But it would seem to me that the Social Issues Committee is already looking at a fresh approach, so in a sense we may well be duplicating you if we were to look at it. So I would see the Social Issues Committee as actually having done some of that work (Evidence, 15 June 1998).

Ms Calvert stressed that the OCYP does not have an ongoing role in service delivery, and is very conscious of not taking over responsibilities which should rest with line agencies. Ms Calvert also clarified that the involvement of the OCYP in Families First would be only for a period of two years, during the establishment phase.

The Committee notes that one of the recommendations from the review of the *Children (Care and Protection) Act, 1987* is that responsibility for the co-ordination of child protection (including prevention programs) should be given to the Premier. The rationale for this is that responsibility for such critical roles should rest at the most senior level. Recommendation 1.5 of the review states that the Premier’s responsibilities should be:

- *to promote the development of co-ordinated strategies for the prevention of child abuse and neglect and for the provision of support services directed towards strengthening and supporting families*
- *so far as it is consistent with the duty to protect children and young*

people from harm, to promote the upbringing of children and young people by their families through the provision of an adequate range and level of appropriate services

- *to ensure that effective standards, quality assurance and review mechanisms are developed, implemented and evaluated for all functions and responsibilities under this Act (Parkinson 1997:13).*

The review proposes that:

Operationally, these functions could be carried out by the Office of Children and Young People (1997:13).

The Committee believes that there will be significant overlap between parent education and support programs and those identified as support services and strategies for strengthening families. This means that, should this recommendation from the legislative review be adopted by government, the OCYP will play an important role in ensuring that parent education and support programs are provided and co-ordinated, and subject to appropriate quality control mechanisms.

3.6.3.2 Children's Commission

A number of submissions and witnesses proposed that the yet to be established Children's Commission be allocated the responsibility for co-ordination and planning of parent education and support programs. The move to establish a Children's Commission in NSW follows from recommendations made by the Wood Royal Commission into the NSW Police Service. The Royal Commission proposed that, amongst other functions, the Children's Commission perform a function of co-ordination and monitoring of services to children.

KU Children's Services suggested that:

A system for management could be developed...within the auspices of the State Children's Commission with representatives seconded from the existing departments (Submission 73).

This option was also proposed by the Australian Association for Infant Mental Health (Submission 41). In evidence, members of the Association noted that a working party on co-ordination could come under the umbrella of the Children's Commission to:

serve the purpose of co-ordinating across the three main government sectors involved, plus the many other players (Evidence, 27 April 1998).

NCOSS also suggested that the Children's Commission could facilitate the development of an:

over-arching forum...bringing those different groups together and ... maybe to have some input into how services are planned and funded so you do not have duplication (Ms Frow evidence, 16 March 1998).

The Child Protection Council identified the primary co-ordination and planning need as being "a case of monitoring what is needed, what is out there and how it can be improved" and suggested that the Children's Commission could be an appropriate body to perform this function (Dr Cashmore evidence, 27 February 1998).

The hearing for this Inquiry were conducted in the first half of 1998. At this time only a Green Paper on the Children's Commission had been released, canvassing options for the constitution and function of the commission. The Green Paper suggests that monitoring of children's services would not be an appropriate function for the Commission, arguing that this is better achieved through funding agreements, development of standards and complaints bodies. As an alternative, the Green Paper proposed that the Commission could monitor the "overall wellbeing of children in NSW" by assessing the combined effectiveness of services and recommend solutions to any identified service gaps (1997:12).

In July 1998, the Government released an exposure draft of the *Commission for Children and Young People Bill 1998*. The functions of the Commission described in the exposure draft are consistent with the views expressed in the Green Paper. In particular, the Commission does not have an identified function of co-ordination of services or programs.

Other proposals for the involvement of the Children's Commission in relation to parent education and support programs involved issues of quality assurance and accountability, and these are discussed in Chapter Seven.

Placing responsibility for the co-ordination and planning of parent education and support programs with either the OCYP or the Children's Commission highlights the focus of such programs on promoting outcomes for children. Of all those who suggested these options, only one witness expressed any reservations about the implications of a child focus. A representative of KU Children's Services suggested that the involvement of the Children's Commission would denote that:

it is the child's needs which lead rather than perhaps parent or family needs...is this the place to have something which is really to do with parents and families, not just the child? (Ms Campbell evidence, 3 April

1998).

The Committee does not consider this to be sufficient reason to discount the option of either the OCYP or the Children's Commission taking a leadership or co-ordination role for parent education and support. As discussed in Chapter Two, it would be of benefit to highlight that parent education and support programs have as their ultimate goal the promotion of positive outcomes for children. Further, the Committee notes that the OCYP will be playing a leadership role in the development of the Families First program, which provides parent education and support.

In summary, the Committee considers the main advantages of allocating responsibility for the planning and co-ordination of funding to either the OCYP or the Children's Commission are that both these bodies are:

- able to provide a holistic approach to parent education and support programs;
- not dominated by any single sector, profession, department;
- at 'arms length' from direct service provision and line agencies;
- high level agencies with access to the Premier and Parliament respectively;
- able to deal with both non-government and government agencies; and
- able to ensure that the needs and interests of children are served through parent education and support programs.

Of the two options, the Committee considers that the OCYP is the more appropriate body to ensure the co-ordinated planning and funding of parent education and support programs. The Committee believes that this function can only be performed effectively if the responsible agency has some capacity to influence or direct the allocation of funding for programs. While the OCYP does not have this direct capacity, it is in a better position to influence such decisions than the proposed Children's Commission.

In addition, parent education and support programs play an important role in prevention of child abuse, strengthening family functioning and supporting families under stress. The Committee's recommendation is consistent with the proposal outlined in the review of the *Children (Care and Protection) Act, 1987* of a co-ordination role for the OCYP in respect to these services.

RECOMMENDATION 13:

The Committee recommends that the Premier accept responsibility for ensuring that there is a high level, whole of government approach to the co-ordination of planning and funding of parent education and support programs. The Committee further recommends that this function be carried out by the Office of Children and Young People, on behalf of the Premier.

RECOMMENDATION 14:

The Committee recommends that the Premier instruct the Office of Children and Young People to develop a strategic plan for the co-ordinated funding of parent education and support programs in NSW. This plan should be developed using the information obtained from the mapping project referred to in Recommendation 11, which should assist the Office of Children and Young People identify areas where new programs are required to meet needs.

The strategic plan should be developed in consultation with the Directors-General Forum and relevant non-government stakeholders. The Committee recommends that the Office of Children and Young People should retain responsibility for ensuring that the strategic plan is implemented, but recognises that the functional role may be appropriately delegated to another body.

3.7 SUMMARY AND CONCLUSION

The current policy of the Government recognises the importance of supporting parents in order to promote the wellbeing of children and families, and to enhance the quality of community life. Clear responsibilities are laid down in certain statutes, and others are conferred by treaties and covenants as well as by the reasonable expectation of the public. These responsibilities require the government to provide an adequate range of support and education programs and to ensure that sufficient funds are made available to implement the various initiatives which are undertaken by Government and private agencies.

However, evidence presented to the Committee demonstrated that significant needs in this area are not being met. In particular, preventative strategies are inadequately resourced and many parents unnecessarily reach a crisis point, placing children at risk. Evidence also showed that continuity of funding was often not guaranteed for services which are otherwise able to provide long term support for families who require assistance over an extended period.

The Committee's recommendations are aimed at:

- securing more resources for primary programs;
- adjusting allocations to improve equity between agencies; and
- providing security of funding for the provision of continuing support and services.

The lack of co-ordination in the planning and funding of parent education and support programs across various departments and different sectors is also a significant problems. As a result, the limited resources which are available are seriously diminished by inefficiencies in planning and administration of funding.

The Committee believes that the Premier, through the OCYP, should be responsible for developing a strategic plan for parent education and support services. The OCYP should also have the authority to supervise the implementation of the plan and to ensure there is an adequate and appropriate response to the needs of families which is co-ordinated at a high level of government.

INTERSTATE MODELS

During the course of this Inquiry, various specific parenting initiatives being implemented across Australia were brought to the Committee's attention. The Committee viewed a number of the Victorian programs during a two day site visit to Melbourne. Briefings were also held with officers coordinating the Western Australian initiatives, and the Co-ordinator of Parenting SA. Information regarding parenting initiatives in other States was obtained via correspondence.

The following discussion reviews the range of models currently in use through Australia. The programs described here are generally those which have been established specifically as parenting programs, and are distinct from other child and family welfare programs which may be provided or funded by the same government departments. The Committee has referred to particular aspects of interstate models throughout the remainder of the report, where such models provide a useful comparison or guide as to possible directions for NSW.

4.1 VICTORIA

The Victorian program is less than one year old but is an extensive initiative administered by the Office of the Family:

[M]any changes are taking place...in the Department of Human Services. The challenge is to ensure that an appropriate mix of information, services and supports is available to Victorian parents within their local community. Identifying links between programs, sharing information and providing a varied range of support is the next stage in integrating these initiatives into a sound framework for Victorian families (Office of the Family information bulletin, September 1997).

While the initiative is managed from the Office of the Family a majority of the services have been tendered to non-government agencies. The initiative consists of four major components:

- i. A telephone service for parents known as "Parentline";
- ii. Parenting Skills Development Initiative;
- iii. Parent Resource coordinators; and
- iv. Positive Parenting Program.

At the time of the Inquiry, the telephone service had not yet been established. However, it is intended that the service will provide 24 hour information, advice and referral for parents across the State, using a comprehensive database of services.

4.1.1 THE PARENT SKILLS DEVELOPMENT INITIATIVE

This initiative consists of two major components: the Victorian Parenting Centre; and the Regional Parenting Resource Service. Both are funded through the Community Support Fund which contains part of the State Government's gambling taxes. A total of \$6.5 million is available for three years (Office of the Family information bulletin, September 1997).

4.1.1.1 Victorian Parenting Centre

The Victorian Parenting Centre (VPC) has four major roles including:

- i. research and evaluation of parenting and parenting programs;
- ii. program and resource development;
- iii. professional training; and
- iv. state-wide coordination of parenting initiatives.

The Director of the VPC told the Committee that the Centre's main focus was on supporting direct service delivery, through research and development activities, as a complement to the regional centres (Dr Littlefield briefing, 27 March 1998). Dr Littlefield informed the Committee that at present, numerous research projects are being carried out by professional researchers as well as students. The Centre had also identified the use of PhD scholarships as "a very cost-effective way of doing very major research projects". In addition, the Centre has established a group of student affiliates conducting research through the Centre. Dr Littlefield explained that this was a mutually beneficial arrangement where researchers had access to advice and networks through the Centre, and the Centre was able to expand its research capacity at minimal cost (Briefing, 27 March 1998).

The current priority for research centres around assessing the effectiveness of those parent education programs in wide use in Victoria. Dr Littlefield noted that although there are about five programs used by many educators, she had identified "a pressing need to inform about the effectiveness of the current parenting interventions" (Briefing, 27 March 1998).

In addition, the centre has a key role in developing and implementing training and support programs: the Triple P program and Exploring Together. Dr Littlefield explained that:

These programs are like demonstration programs, state-of-the-art work. We run them...so people can get trained in running them (Dr Littlefield briefing, 27 March 1998).

The Committee notes that the VPC provides an infrastructure for the continued

development of parent education and support programs. However, funding for the Centre is limited to three years, under the terms of the funding from the Casino Community Support Fund. As Dr Littlefield told the Committee, this means that:

we have to become self-funding so we have a period of time in which to become self-sufficient. We need to operate like a business (Dr Littlefield briefing, 27 March 1998).

Plans for self-funding at this stage includes the possibility of charging for training of professionals and, more importantly, corporate sponsorship:

I actually think a Victorian Parenting Centre, with this aim we have of improving parenting and family relationships, could be attractive as a joint venture with the corporate body (Dr Littlefield briefing, 27 March 1998).

The relationship between the VPC and the Regional Parent Resource Services and the Office of the Family places it in a pivotal role in terms of co-ordination and needs identification. Dr Littlefield explained that the Regional Parent Resource Services are well-placed to advise the VPC of program needs and gaps within their local communities, enabling the VPC to develop appropriate resources to meet these needs. Dr Littlefield described this as:

It is really like a joint effort. We derive that and we give it back to them to trial so they put it into practice in their areas. Integrally, as part of it, they evaluate it. We provide the way to do that (Dr Littlefield briefing, 27 March 1998).

The Committee understands that the VPC is also in a position to pass on information acquired about program gaps to the Office of the Family, which the Office could then seek to address. However, at the time of the Inquiry, this capacity had not yet been tested as the VPC had only recently been established.

The VPC is structured according to a consortium model, which includes the Department of Psychology and Intellectual Disability Studies, Royal Melbourne Institute of Technology, Centre for Community Child Health and Ambulatory Paediatrics, Royal Children's Hospital, the Psychology Department, and the Tweddle Child and Family Health Service (Office of the Family Information Bulletin, September 1997). This intricate management structure has advantages and disadvantages, according to Dr Littlefield. It allows for what she terms "an extremely expert board" which includes "some of the major people in Melbourne to do with parenting" (Dr Littlefield briefing, 27 March 1998) and thus creates an extensive knowledge base from which to draw potential research as well as coordination future tasks.

Ongoing evaluation of the Centre is provided by the Department of Human Services. However, there is still no way to ensure the quality of the actual parent education

services such as courses, support etc. Dr Littlefield expressed her personal concern at the lack of accreditation for parent educators (Dr Littlefield briefing, 27 March 1998).

4.1.1.2 Regional Parenting Resource Services

At present, five Regional Parenting Resource Services exist, with another four planned for the near future. They have five major roles including:

- i. networking, coordination and linkages;
- ii. provision of parenting information and resources;
- iii. provision of information on services;
- iv. training; and
- v. promotion and advocacy.

Ms Anne Munro from the Regional Parenting Centre, a joint tender between Melton Community Health Centre and Centacare, defines their role as:

...pretty much information referral, running groups for parents and supporting professionals in their training, but we actually liaise with other programs so we can refer parents on (Ms Munro briefing, 26 March 1998).

A Parent Resource Coordinator is affiliated with the service which is important because “we believe we must be able to go out to parents, that parents should not have to come to us, which is a huge issue when you are living in isolation (Ms Munro briefing, 26 March 1998).

In some rural communities we have developed very innovative models of community development. We go into a rural area, find out what is there and find out who are the power-brokers ... It may be a neighbourhood house, a school or a church. We work with them to provide a parenting program. They do all the advertising and groundwork, they encourage parents to come. Then we come in and run the group (Ms Munro briefing, 26 March 1998).

Like the VPC the Centre is funded for three years from the Community Support Fund, at a total of \$180,000 per year. However, as Munro points out:

One of the shortcomings of government is that there tends to be too many of these three-year or one-year programs. I am feeling that parents are rightly becoming suspicious of the services, and a bit cynical. “How long are you going to be here?” I have just learnt to negotiate this new service and it is all going well and the next week it closes down (Ms Munro briefing, 26 March 1998).

The Centre provides the following range of services:

- drop-in centre for parents;
- video and written resources;
- newsletter;
- pamphlets and stickers;
- group coordination and courses;
- close working relationship with maternal and child health services;
- guest speakers;
- parenting workshops with support and follow-up (in order to establish parenting groups); and
- playgroups.

The Centre has drawn up a work plan for the near future which envisages the involvement of 'key stakeholders' in the Centre in a very direct way. The key stakeholders include parents and children, schools, TAFE, maternal/child services, GPs, hospitals, local government, pre-schools and child care services, family support services, child protection services, libraries, community health services, neighbourhood houses and learning centres, specialist children's services, disability services, psychiatric services, domestic violence and incest support services, youth services, financial counselling and gambling support services, drug and alcohol services, correctional services, legal services, particularly within the Family Court jurisdiction (Grampians Regional Parent Resource Service Work Plan undated).

According to the work plan, the consultation strategy will incorporate the following initiatives:

- development of a reference group comprised of key stakeholders;
- survey of interest groups, including parents, regarding their training and resource needs;
- development of on-going evaluation and feedback tools and mechanisms which will provide information for continuous improvement in the services;
- development of an initial media strategy which will promote the services within the whole community;
- on-going media strategy which will keep the community and interest groups informed of the services and resources available; and
- use of existing forums, interest groups and professional bodies to disseminate information and seek information regarding needs.

All courses presently run by the Centre are evaluated by the participants, and the centre attempts to contact participants some time after the course/group/service was

delivered to assess the impact (Ms Munro briefing, 26 March 1998). However, Munro would like a system of accreditation of courses which enabled some form of quality control and consistency.

In commenting on the current structure of funding and the tendering process Munro noted that competitiveness has come to dominate the human services in the state:

In Victoria at the moment most services are being tendered. That has its advantages, and it is one of the things we are aware of in rural areas. Agencies that used to be cooperative and used to talk to each other now do not because the competition between agencies and services is appalling. People are very frightened of sharing their skills and knowledge because they might lose their tender (Ms Munro briefing, 26 March 1998).

4.1.2 THE PARENT RESOURCE COORDINATORS

Parent Resource Coordinators (PRCs) were originally established in 1989. The positions are regionally based and are auspiced by community organisations, local government authorities and a community health service (Office of the Family Information Bulletin, September 1998). The role of the Parent Resource Coordinator is:

- to identify existing parent education programs, target groups and networks to liaise with other agencies to assess local parent education needs;
- to plan, develop and deliver appropriate parent education programs in conjunction with other workers;
- to act as a focus for parent education issues as they affect the target group;
- to enhance parenting skill development for parents and workers;
- to establish and resource parent support networks;
- to assist in program monitoring for evaluation purposes; and
- to service a parent education regional reference group (Office of the Family information bulletin, September 1997).

As Parent Resource Coordinator Ms Pat Jewel pointed out to Committee Members these positions are important because they enable “cross-disciplinary coordination and collaboration”, thereby enabling a more flexible system which acknowledges the fact that “no one approach suits all parents”. Furthermore, it may enable access to these with more than moderate to low needs who would not access the “shopfront model” (Ms Jewel briefing, 27 March 1998).

The coordinator positions are currently jointly funded by the State and Commonwealth Governments. The State Government provides funding for PRC positions to provide activities related to the coordination and development of parenting education services and resources across regions. Commonwealth funding is provided under the Family Skills Training Sub-Program of the Family Services Program, through the Legal Aid and Family Services Section of the Commonwealth Attorney-General's Department. The Commonwealth provides funds to the State for direct service delivery targeted at disadvantaged families (Office of the Family information bulletin, September 1997).

4.1.3 POSITIVE PARENTING PROGRAM (TRIPLE P)

The fourth component of the Victorian initiative is the Triple P program which is a five level system of parent support and family intervention. This program was developed by the Parenting and Family Support Centre at the University of Queensland. The Victorian Government has purchased the rights to implement the program in Victoria, as part of the parenting initiatives.

Triple P offers universal support in the form of tip sheets, information in written and video format, as well as early intervention at a variety of levels. These vary from brief behavioural counselling, more intense support involving the management of discreet childhood behaviours, training and close supervision of parents by therapists in a structured program to treatment of multi-problem families where "problems external to the parent-child relationship are observed to affect parents' interaction with the child". The aim of the multilevel program is to provide for a range of responses to families, and a choice of intervention strategies for professionals, to enable selection of the least intrusive form of intervention.

The principle underlying the development of the Triple P is a belief in the importance of prevention, as opposed to crisis intervention:

*The viability of preventive approaches depends on identifying risk factors early in a child's life that reliably predict the subsequent development of disruptive behaviour. Several prominent theories of delinquency stress an **early starter** model, which supports the hypothesis that the majority of children with behaviour problems in the later primary-school age group have long histories of coercive interaction and oppositional behaviour pattern that began in toddlerhood (Sanders: "Triple P").*

In addition to the universal and lower levels of service focusing on tip sheets and developmental information, recurrent funding has also been allocated for the development of Family Intervention Services for those families experiencing significant difficulties. Demonstration projects for FIS will establish models of service for metropolitan areas, rural area and remote families.

The Committee understands that the VPC will be conducting an evaluation of the

implementation of Triple P to assess the extent to its effectiveness in different contexts and for different family situations (Dr Littlefield briefing, 27 March 1998).

Conclusion:

At the time of the Committee's visit to Victoria, the parenting initiatives were still in early establishment phase, and it was not possible to assess their effectiveness. The Committee noted with interest however, that Victoria is unique in establishing a VPC which is independent of government, and managed by a consortium of agencies with an interest and expertise in child and family health issues. The Committee believes that the establishment of such a body will provide a much needed infrastructure and base for the development of parent education and support programs. However, the Committee notes that its co-ordination function is limited to those services established under the parenting initiatives.

The Committee is also interested in the demonstration projects for the FIS, and believes that the outcomes from these should be examined by NSW when available.

The short term funding of the VPC and the Regional Parent Resource Centres however appears to be a major shortcoming, and it remains to be seen as to whether these bodies will be successful in attracting ongoing funding.

4.2 SOUTH AUSTRALIA

An initiative entitled *Parenting South Australia* was announced by the Premier in May 1996 following a discussion paper researched and compiled by the State's Office for Families and Children. As the initiative was envisaged as a whole of government approach, a wide range of bodies contributed, including Child and Youth Health, SA Health Commission, Office for the Status of Women, Youth SA, Department for Education and Children's Services, Department for Family and Community Services, and The Office for Families and Children. This collaboration has continued during the process of setting up and implementing the program. The Committee met with Ms Francis, the Co-ordinator of Parenting SA, who explained that during the first year of funding, discussions were held with:

... education hierarchy, with health hierarchy, with welfare hierarchy, and some of the non-Government agencies, the Office for the Status of Women, Youth South Australia, so it would be fair to say that a range of professionals from a range of areas all had input into the sort of things that should happen (Ms Francis briefing, 29 June 1998).

Ms Francis told the Committee that although the project is administered by the Department of Family and Community Services - a division within the Department of Human Services:

...there is a spirit of cooperation and collaboration, so that everything that happens is usually discussed and shared with other Government departments who were initially involved in that inter-agency group that looked at the broad parameters of how Parenting SA would work (Francis briefing, 29 June 1998).

However, the collaboration is not formalised: “it started in an informal way and it continues to work informally” (Ms Francis briefing, 29 June 1998).

Funding for the program was initially \$500,000 for a 12 month trial, including \$90,000 for the small grants program. Following an evaluation of the program at the end of the first year, the funding for the program has recently been extended for a further four years at the same level. As with the parenting initiatives in Victoria, Parenting SA is funded through the Community Benefit Fund which contains the proceeds of the State Government’s poker machine tax. However, Ms Francis told the Committee that as interest in the program develops, costs for operating the program are increasing, forcing the program to consider seeking corporate sponsorship (Ms Francis briefing, 29 June 1988).

The goals of the initiative, as defined in the collaborative discussion paper *Positive Parenting*, are:

- Promoting the status of parents;
- Informing parents of resources and access to services;
- Providing relevant education and training;
- Ensuring that an adequate range of support services is available; and
- Developing the potential for information technology to support parents.

The discussion paper emphasises the coordinating role of the program:

Positive Parenting will provide an overarching means to more strategically plan services, harness the knowledge and expertise of existing services, minimise gaps and duplication, evaluate the components of services considered to be of best practice, improve the

coordination of services and build on existing strengths. The end result being that it will make a difference to parents and in turn children (Positive Parenting, 1996:5).

The importance of an interagency approach is emphasised:

The need exists to map services in South Australia, evaluate the range of services currently available, the gaps which are evident and identify areas for improvement or expansion. This will require cooperation and consultation between government, non-government and community groups. The outcome will be clearer information which is readily accessible to parents on a state-wide basis (Positive Parenting, 1996:11).

The paper argues that an integrated approach is needed because existing services are “considerable but fragmented” (1996:11). A further advantage of such an interagency model which aims to coordinate as well as identify gaps in the existing system is that it provides a partial solution to low funding levels. Sharing resources and know-how, Ms Francis argued, means that “we can actually do bigger and better things” with existing resources (Ms Francis briefing, 29 June 1998).

In order to reach the goals set for the program, a strategy was developed which consisted of a seven component program of services including:

- media advertising;
- small grants program;
- parent easy guides;
- parent help line;
- research;
- Internet home page; and
- home visiting program (12 month pilot).

The media advertising component consists mainly of television spots meant to “raise within our community an awareness and a value that parenting is important” (Ms Francis briefing, 19 June 1998).

The Small Grants Program is a strategy developed to involve the community in the development of programs in a cost-effective way. A total of \$200,000 over two years have been given in portions of \$500 to \$2,000 to community groups or groups of parents “to do something innovative or creative...that would assist local parenting skills” (Ms Francis briefing, 29 June 1998). Among other things, the Small Grants Program has resulted in a group of teenage parents promoting parent education through peer education and the development of a program on fathering.

The Parent Easy Guides (PEGs) are a series of tip sheets which have “become the

flagship of Parenting SA" (Ms Francis briefing, 29 June 1998). To date, 48 topics have been produced for a range of age groups from 0-18 months and another 22 are in the planning stage. These latter ones will be funded by the Commonwealth through the National Child Abuse and Neglect Prevention Strategy. The Parent Easy guides are available from 150 locations state-wide in hospitals, schools, child care centres and chemists. It is envisaged that large shopping centres will be a strategic point of distribution in future. The PEGs have been translated and re-written for the Aboriginal community and for some ethnic communities. During the development of the guides all interested parties are being consulted regarding content, presentation, media, etc (Ms Francis briefing, 29 June 1998). In addition, ethnic radio broadcasters will be trained to educate their communities.

Future plans for the PEGs include the production of a video and other non-written material for parents with low literacy levels. This will be a collaboration between three major hospitals, educational institutions, the South Australian Film Corporation and Parenting SA (Ms Francis briefing, 29 June 1998).

The Parent Help Line is a 24-hour service co-funded by Parenting South Australia and Child News Health. The service receives 100,000 calls per year.

A collaborative reference group oversees the research component. This group consists of large hospitals, universities and other non-government agencies. It allows Parenting SA access to research which it could not otherwise afford. A coordinator of research from the Department of Human Services liaises with the researchers available.

The Internet home page includes links to other parenting resources on the Internet, the Parent Easy Guides, and a State Directory (currently being developed) which will allow all service providers, non-Government and private, to offer information about their services (Ms Francis briefing, 29 June 1998). This service is two-fold. Apart from providing information for parents, professionals such as doctors, social workers or psychologist will be able to tap into it (Ms Francis briefing, 29 June 1998). The State Directory will also enable Parenting SA to pinpoint under-serviced areas, both in terms of age ranges or geographic area.

The Home Visit Program is a 12 month pilot which is particularly targeting disadvantaged groups including families where children have been reported to the department as being at risk. Ms Francis noted that those families with children considered to be at low risk, and not normally subject to further departmental intervention would be targeted for home visitors (Ms Francis briefing, 29 June 1998). In this way, the program fills an existing gap in services.

Parenting SA is currently considering options for accreditation in the area of parent education and support programs. Ms Francis argued that a method of accreditation

would be highly desirable:

It is all very well too have all these people out there running these parenting courses, but parents do not know which ones are good and which ones may be not so good, so there needs to be some standard and how do we develop those standards? That is what we are in the process of doing in our third year, where we develop some criteria for standard measurement, quality assurance I suppose, and then perhaps on the Internet we will say Parenting SA give this a tick or this two ticks (Ms Francis briefing, 29 June 1998).

Conclusion:

Parenting SA offers a similar range of universal information services as the Victorian and Western Australian initiatives, but fewer direct services and a less extensive co-ordination and research infrastructure. Other witness to the Inquiry were impressed by the extent of the information services offered by Parenting SA, and in particular felt that the placement of these resources in non-stigmatising locations was a significant advantage.

4.3 WESTERN AUSTRALIA

The Committee was briefed by Ms Renshaw, Manager Special Projects and Ms Machin Everill, Manager Corporate Communications and Marketing, both of the Department of Family and Community Services. The Western Australian parenting initiative is three years old. In 1995-96 the Western Australian Government announced funding of \$20 million for a four year period. These officers explained that this represents a considerable commitment of approximately 15% of the total budget for the Department of Family and Community Services (Ms Renshaw briefing, 15 June 1998). The allocation of funds in 1995-96 followed a series of research projects which showed that:

All parents, across the community, identified that they felt unprepared for their parenting role and identified for both government and non-government a role in providing support and information (Ms Renshaw briefing, 15 June 1998).

The research results led the Department to develop a 'social marketing' strategy:

We believe the major strength has been the multifaceted approach of services, new services plus existing services, supported by a marketing and community education emphasis and based completely on research (Ms Machin-Everill briefing, 15 June 1998).

The program consists of five major components including:

- Parent Information Centres;
- Best Start;
- Parent Link home visiting program;
- Parenting Telephone Help Line; and
- Multimedia resources and marketing.

Eight Parent Information Centres are located in major shopping centres. In addition, the service has a mobile centre component with vans which travels around the metropolitan area and a mobile service which sets up in local shopping centres. According to Ms Renshaw, the Centres are universal mainstream services that aim to increase the knowledge and skills of parents (Ms Renshaw briefing, 15 June 1998). Responsibility for the management of the Centres lies solely with the Department itself:

All the Parent Information Centres are based within the department and they report to our regional managers within that department through what we call our life skills team, so there are no non-government funded parenting information services (Ms Renshaw briefing, 15 June 1998).

The Best Start service is an Aboriginal parenting program aimed at assisting Aboriginal children to ensure they are at the same developmental educational stage as other children once they start school (Ms Renshaw briefing, 15 June 1998). This element is an interdepartmental project involving the departments of Health, Family and Children's Services and Education. All the Best Start projects are managed within the Department by the local regional managers (Ms Renshaw briefing, 15 June 1998).

The Parent Link home visiting programs aims to:

focus on parents who have slightly more difficult problems than mainstream parents, but whose problems generally are located through isolated, perhaps low self-esteem, lack of other parenting support (Ms Renshaw briefing, 15 June 1998).

The age range which the service targets is 0-8 years. Some of the Parent Link services are departmental while a number are auspiced by non-government organisations.

The Parenting Telephone Help Line has existed for some time and at present received 6,000-10,000 calls each year. It is administered by the Parent Help Centre which is 20 years old:

Until about three years ago it was a quasi-child protection service, but we have made it very much a parent help centre. It is about providing programs on parenting, particularly for 1-12 years old. The parenting line provides information for up to 18 years olds, but the parent help centre is about programs and information. It is about skilling parents (Ms Machin-Everill briefing, 15 June 1998).

The multimedia resources and marketing component of the program consists of a series of strategies:

- a television campaign which targets parents of 0-5 years. The age range has recently been expanded to 6-12 year olds;
- a series of magazines and videos called “Living with...” (babies, toddlers, children, teenagers, step families, a magazine, an Internet site (for teenagers and parents of teenagers);
- facts sheets; and
- the Triple P program.

Unlike Victoria, the Western Australian government has retained the majority of direct service delivery responsibility. Ms Machin-Everill described the program’s management structure as being based upon a “under-purchaser-provider” model:

The funder-purchaser-provider model provides us with the framework so that we are well aware of planning, funding and who delivers the services. We have a strategy area which we term the funder. That looks at broad level planning, strategy and funding. That develops all the service specifications and so on. We have certain specifications not only for all the services we fund but also the services that we offer ourselves, so we are not distinguishing between the services provided by government and those provided by non-government. We then have what we call the field, which is providing those services (Ms Machin-Everill briefing, 15 June 1998).

The Committee was informed that the parenting program collaborates across departments:

We have a senior officers group which includes representatives from our department, the health department and the education department. They meet on a fairly regular basis to inform each other of what each department is doing in the area of parenting and to ensure that we are not duplicating services or crossing into areas appropriately covered by other departments (Ms Renshaw evidence, 15 June 1998).

Various components of the program have been evaluated including the Parent Information Centres, the television campaign, the Internet home page and the “Living with...” booklet series.

The evaluation of the Parent Information Centre showed that they were “extremely

successful" in attracting customers and also impacting on the behaviour of parents. However, the Department acknowledged that the Centres were not being used by those parents most likely to be in need of assistance. Ms Renshaw told the Committee that:

We need to make modifications in terms of the target group that they are reaching. The target group was strongly made up of people who are not normally customers of the department, and we need to target the services more to Aboriginal parents, parents from more isolated areas and people with slightly more parenting problems (Ms Renshaw briefing, 15 June 1998) .

Conclusion:

Of all the interstate parenting initiatives reviewed, Western Australia's was the most established. The Committee was impressed by the research on which the initiative was based, and has referred to the findings of this research elsewhere in the report. The Committee also noted that the initiative acknowledges the need for a multi-component approach to supporting parents. However, it is apparent that the parenting initiatives (as in other states) have not yet been successful in reaching those most in need.

4.4 QUEENSLAND

The following information regarding parent education and support services was provided by the Manager of the Child and Family Services Branch of the Department of Families, Youth and Community Care (Ms Mulkerin letter, 24 July 1998).

In Queensland the parent education and support programs are funded directly from the Department of Families, Youth and Community Care. There are two distinct programs. The first, the Child Abuse Prevention Program (CAPP) has recurrent funding of \$490,363.

There are five Regional Information and Education Centres which receive recurrent funding of \$63,400 under the CAPP. These Centres develop and distribute education resources and information, and conduct public awareness activities on the prevention of child abuse.

A telephone counselling service for parents is also provided under CAPP with annual recurrent funding of \$313,786.

The second initiative, the Family Care and Support Program, incorporates three sub-programs:

- the Family Support Program, a crisis and intervention program which was allocated \$2,058,410 in the 1997/98 financial year;

- the Family Support Worker Program, an early intervention and prevention program which was allocated \$2,001,232 in recurrent in 1997/98; and
- the Rural Family Support program, an outreach program, which received \$1,113,636 in funding in 1997/98. Of this total, \$120,000 was expended in direct financial aid and emergency relief to rural families.

In addition, the Commonwealth Department of Health and Family Services allocated \$280,000 (non-recurrent) for the development and delivery of two Best Practice Parenting Education Initiatives. The first of these involve the development of an accredited training package for parent education and support in Queensland:

Under this initiative community based workers across Queensland will be trained in the delivery of the package and will then conduct parent education modules for vulnerable parents in the community (Ms Mulkerin, 24 July 1998).

The other grant will be used to develop culturally appropriate parenting education materials and resources for Aboriginal parents and carers.

The Positive Parenting Initiative is another strategy delivered by the Department of Families, Youth and Community Care. This program consists of shop fronts providing information and resources to parents, modelled on the Western Australian Parent Information Centres. Collaboration with other agencies and local services is envisaged, and a state-wide co-ordination group has been established to ensure consistency of service. Recurrent funding for the project is \$580,000.

Conclusion:

The Committee notes that under the arrangements described above, the Queensland department has maintained a separation between the prevention of child abuse and the promotion of positive parenting. It will be of interest to see the extent to which these two initiatives overlap, and whether there would be any benefit to combining the two. The Committee notes that the promotion of parenting has the benefit of reducing child abuse and neglect, yet many parents would not consider child abuse prevention initiatives as being of relevance to them.

The Committee has commented elsewhere in this report on its interest in the Queensland initiatives in relation to Aboriginal parents.

4.5 NORTHERN TERRITORY

The following information was provided by the State Co-ordinator of Parents as Teachers in the Northern Territory Department of Education (Ms Riedl letter, 14 July 1998).

The Committee was advised that in the Northern Territory, the Parents as Teachers program is currently available in all six educational regions across the Territory.

The program was initially run as a three year pilot from 1991-94. Following the pilot, the program was formally evaluated by a Masters student at Northern Territory University, and informally evaluated by officers of the Department of Education. Ms Riedl reported that both evaluation findings indicated that the program was providing a valuable source of information and support to families.

Following these evaluations, the program was expanded to its current size. The current funding level of \$370,000 per year covers salary costs for six consultants and a coordinator.

4.6 TASMANIA

Information regarding parent education and support programs in Tasmania was provided by the Department of Community and Health Services (Ms Long letter, 8 July 1998).

Two types of funding exist for parent education and support in Tasmania:

- direct government funding through Family, Child and Youth Health Services (currently \$87,819) per year); and
- grants to non-government organisations (totally \$1,768,414).

The target group for projects receiving these grants is parents with children of 0-4 years.

However, no overarching co-ordination of parent education and support programs across government and non-government agencies exists in Tasmania (Ms Long letter, 8 July 1998).

4.7 CONCLUSION

All the programs are relatively new initiatives. It is therefore difficult to draw substantial conclusions at this point in time. There are a number of differences in the approaches taken by the various states. However, the Committee observed that there were important similarities.

Each state utilises a collaborative approach enabling all relevant government departments to be actively involved along with non-government agencies. However, the arrangements for direct provision of services vary, with Victoria contracting all services to the community and local government sector, and Western Australia retaining the majority of service delivery. The level of formality and structure for collaboration also varied across states.

Most states provide parents with the easily accessible developmental information and advice on specific parenting issues. These are provided through written materials which are widely distributed, and through telephone help lines.

Sources of funding varied, with some states providing for recurrent funding of parenting initiatives from core government sources. Others such as Victoria and South Australia are funded through gambling taxes on a non-recurrent basis.

The issue of accreditation was raised by representatives from most states. This issue has yet to be resolved and many with whom the Committee spoke wished that a system of accreditation was available.

PROMOTING ACCESSIBILITY AND RELEVANCE

The preceding chapters have described the importance of providing education and support to parents in their child rearing, with consequent benefits to children, families and communities. The Committee has identified an important role for government in promoting an infrastructure of services to provide this education and support, with a particular focus on assisting parents before family difficulties are experienced.

This Chapter outlines issues relating to the Terms of Reference on the accessibility, relevance and flexibility of parent education and support programs. The available research and data on the use of parent education and support programs indicates that formal parenting courses and other avenues of professional assistance are rarely sought by parents. Of more concern is that, even amongst universally available forms of parent education and support programs, disadvantaged families are poorly represented. The Committee's survey of families using Barnardos services has provided a few clues as to the reasons for this. Much needs to be done to ensure that those families most in need of support do in fact receive it.

The accessibility and relevance of parent education and support programs pose a significant challenge for government and community based agencies to adapt or develop their program approaches so that parents are more willing and able to use the services available to them. The Committee considers that these issues cannot be addressed merely through the provision of after hours services or increased resources, but will also require substantial repackaging of existing services and a new approach to the concept of supporting families. The recommendations arising from the Committee's deliberations on these matters are designed to ensure that government support for enhanced parent education and support programs results in programs which parents will be both willing and able to use, and will improve family functioning.

5.1 PARENTAL PERSPECTIVES ON EDUCATION AND SUPPORT

The Committee received little direct evidence from parents who had participated in parent education and support programs. The vast majority of submissions received from parents emphasised the importance of the family unit and advocated for appropriate services to support the family. Two submissions were from parents who had participated in a program, and both presented positive views of the particular program involved. One parent suggested the further availability of such programs to enhance communication within families, while the other outlined the benefits gained from participation in the program (Submissions 29 and 105 respectively).

The Committee has relied heavily on research involving surveys or focus groups with parents, and our own survey of families using Barnardos services to gain an understanding of parents views on education and support. The Committee has also

used information provided through submissions from service providers which included extracts from evaluations and surveys of parent consumers.

There have been a number of studies which have examined parental views on, and use of, parenting education and support programs. Three consistent themes arising from these studies are:

- the strong preference of parents to seek assistance and information on parenting from families and friends as the first choice;
- a tendency to access professional advice through those avenues parents already use; and
- a lack of enthusiasm for formal parenting education courses.

The Western Australian Government commissioned two research studies into community attitudes to family support and parenting using focus groups and interviews with parents. In the first of these, the research found that:

When seeking advice or assistance parents are not likely to approach sources other than those they have regular contact with. The key areas for assistance are: friends and family; doctor; and church...Preparation for parenting was most frequently provided by the family with little assistance from any outside source...formal preparation through neighbourhood and community centres and parenting courses had very low unprompted ratings. Informal support groups, child health centres, playgroups, and pre-natal classes were not mentioned at an unprompted stage but when respondents were questioned on their participation in these areas their use rose sharply to in excess of 50%...10% have attended a parenting course (AGB McNair, 1994:17-18).

Further research in 1995 supported these findings. In the report *Attitudes to Parenting*, Reark Research, after interviewing over 300 parents of dependent children, concluded that:

Family and friends appeared to be the most important and widely used source of help...While professional sources were generally regarded as important sources of assistance, there was evidence of differing attitudes between subgroups, particularly for the behavioural professionals...and the Department for Community Development (1995:iv).

The findings from the Western Australian research are consistent with research conducted in other states such as that conducted by the Tea Tree Gully Action Group for Children and Families' which involved surveying parents of junior primary school children in north-eastern Adelaide (Hunt, Hawkins and Goodlet, 1992). The results of

this survey also showed that parents placed greatest importance on information on parenting from their own parents and family and friends, over that of professionals. Of professionals rated as important sources of information about parenting, the three highest rated categories were the child, adolescent and family services nurse (59%), the family doctor (49%) and teachers (33%).

When asked about parenting information sessions, the results showed that:

the majority of respondents indicated that they were likely to attend if they were having trouble, but generally would not be likely to attend if they were not having trouble...parents do not generally see such courses as having a 'preventative' or proactive function (Hunt et al, 1992:10).

Parents showed an overwhelming preference for any parenting information sessions to be conducted at the local school or kindergarten (73%). When presented with specific scenarios of parenting problems and asked to nominate preferred sources of advice and assistance, respondents did not identify parenting courses as a preferred option on any occasion. Instead, the responses indicated:

that most parents wish to solve their difficulties themselves, without involving professionals. If outside parties are to be considered, then teachers were the most likely professional to be consulted...Trained counsellors or the family doctor are options which were chosen only by a small minority of parents...A trained counsellor was generally preferred to a parenting course (Hunt et al, 1992:12).

The Committee was also told about a parent survey conducted by Queensland Health and the Parenting and Family Support Centre which highlighted that even those parents who identify themselves as having parenting difficulties are unlikely to have participated in a parenting course. Dr Sanders informed the Committee that the survey of over 1000 parents across the state showed that:

28 per cent of parents considered their children to have a behavioural or emotional problem; only one in 10 parents has done any kind of parent education or training; if the child has a significant behavioural and emotional problem the parents are not more likely to have done a parenting course or program than parents who do not have children with behavioural or emotional problems (Evidence, 23 March 1998).

The Committee's own survey of families using Barnardos services provided some important parental perspectives on parent education and support programs, using a sample drawn entirely from disadvantaged families. The major findings relating to parental perspectives and experiences can be summarised as follows:

- a high proportion of families indicated that they had never used formal parenting
-

courses (53.9%), telephone help lines (60.5%) or family care centres such as Tresillian or Karitane (65.8%);

- the most commonly identified sources of parent education and support were early childhood health clinics and child care centres, with a respective total of 88.1% and 84.2% of respondents either having used or still using these services. Other frequent sources of parent education and support were playgroups, home visiting services, self-education, informal support networks and antenatal services;
- reasons parents gave for never having used parent education and support programs included that they had not needed the service (40%); and access difficulties such as lack of knowledge about services (16%); and child care (12%); or transport difficulties (12%); and
- of those parents who had wanted to use a service, but experienced problems accessing it, half stated that the service they needed was not available, while one-fifth felt the service was too expensive. Other barriers cited by parents included difficulty in contacting or finding services, personal barriers to accessing services, transport difficulties or lack of appropriate services.

The full analysis and commentary of the survey findings is at Attachment B.

The findings from these various studies and surveys provide important clues as to the most strategic placement and delivery options for parent education and support programs. The findings also support the strong arguments made by witnesses and submissions that formal parenting courses are only a very small component of the range of approaches required to provide education and support for parents.

5.2 BARRIERS TO PARENTAL PARTICIPATION IN PROGRAMS

In addition to specific problems of accessibility and relevance described above, submissions and witnesses raised a number of recurring themes throughout the inquiry in relation to barriers to parental participation in programs. These are discussed here, before going on to consider strategies for promoting relevance and accessibility.

5.2.1 LACK OF INFORMATION ABOUT PROGRAMS

The Committee was informed that there are several sources of information available to parents and professionals about programs and services available to support parents. These include the state-wide database used by Parent Line to refer callers to services, a new web-site provided by ACWA, and the Contact Childrens Switchboard (now known as the Gowrie Childrens Services Switchboard). Contact also compile and

distribute a "Who to Contact" sheet twice a year which provides a listing of all major service providers and peak bodies in the children and family services area.

Despite these varied sources of information, witnesses and submissions referred to lack of access to information about programs as a significant barrier to parental access to needed support and education. The lack of comprehensive and accessible information about available services and programs is a barrier to participation at the direct level, where parents are unable to find out what help is available. However, at a broader level, lack of information about available programs is also a barrier to the systematic planning of services and funding.

Ms Sandars, representing Fairfield City Council and the Fairfield Childrens Services Network, described parent education and support programs "as a maze for us bureaucrats to work out" and pondered:

how do families ever find their way through the maze and find out where anything is offered? That centralisation of information to the community just is not there (Evidence, 6 April 1998).

Ms Frow of NCOSS argued that:

the lack of support networks for parents, lack of knowledge about what is out there is another huge barrier for parents accessing parent education (Evidence, 16 March 1998).

Others who noted the lack of comprehensive and accessible information about programs included the NSW Child Protection Council, Professor Cairney, Ms Schuringa, Parent Line and the Ethnic Child Care Family and Community Services Co-operative.

Suggestions for overcoming this lack of information focussed on the development of a database, registry or some other form of clearinghouse to provide a centralised point for obtaining information about parent education and support programs. For example, the Executive Director of the Ethnic Child Care Family and Community Services Co-operative proposed that:

the existing data on parent education programs and family support services should be kept at a central place to enable us to have access to it...there is a need for a central database (Evidence, 3 April 1998).

Some form of database or central register of programs was also suggested by the Institute for Early Childhood, Professor Cairney and the National Child Protection Clearing House. Burnside's proposal involved a clearinghouse for information and referrals within one central facility.

However, there was not universal support for the development of a database, with some organisations fearing that it would be an inefficient use of time and resources in an area already short of both these commodities. As Ms Mulroney of the Family Support Services Association said:

I would question the usefulness of a resource that listed exactly what was happening in terms of exactly what groups were going on at any one time, because of the enormous expenditure of time and financial resources to keep such a service updated as groups change constantly...(Evidence, 27 February 1998).

The Committee understands that this was the experience in Victoria where an attempt at developing a database failed when it was found that the information held became quickly out-of-date with changes in programs and courses being offered (Ms Goldsworthy briefing, 26 March 1998).

The Committee believes that this difficulty could be overcome by structuring the database to focus on organisations and the services and supports they provide (which may include programs and courses) rather than recording a calendar of programs. This would still give professionals and parents information about which organisations to approach in their local area for particular parenting issues.

The Committee understands that Parenting SA is currently examining the feasibility of establishing a database of parenting services on their Internet home page. The proposal is based on encouraging organisations and agencies to submit information about their services for listing, and placing the responsibility for updating this information with the agency. It is envisaged that the directory will serve two purposes - a source of information for professionals and parents regarding available parenting services, and a mechanism for identifying gaps in needed services, both by location and service type (Ms Francis briefing, 29 June 1998).

The Committee believes that there is a need for an accessible source of information about services and supports available for parents. In line with earlier discussions and the consequent recommendation about the mapping of existing parent education and support programs, the Committee believes that the information obtained from this exercise could be transferred to a database for use by professionals in referring parents to services.

RECOMMENDATION 15:

The Committee recommends that the Premier direct the Office of Children and Young People to ensure that a comprehensive statewide database of services and supports is developed, after the completion of the mapping of parent education and support programs referred to in Recommendation 11.

The Committee further recommends that the database which is developed is then provided to key agencies used by parents - including Parent Line, Tresillian, Karitane and the Department of Community Services.

RECOMMENDATION 16:

The Committee recommends that the Office of Children and Young People develop a strategy for ensuring that the information on the database is updated on a regular basis. This may involve nominating, and funding, another agency (government or non-government) to maintain the database.

5.2.2 LACK OF PROGRAM AVAILABILITY

Evidence before the Committee demonstrates the extensive unmet demand and need for parent education and support programs. Waiting lists and lack of resources to provide programs to greater numbers of parents represent a significant barrier to access. The Committee is conscious that even the information before it is an under-estimation of the unmet need for parent education and support programs, as many services do not keep waiting lists, and the numbers on waiting lists only provide an indication of demand (as distinct from need).

Ms Sandars of Fairfield City Council and the Fairfield Childrens Services Network reported that all programs and services in Fairfield were experiencing demands for services that they could not meet (Evidence, 6 April 1998).

Similarly, peak organisations such as the Family Support Services and NCOSS emphasised that lack of funding for services and the consequent inability to meet demand was a major barrier to parents participating in education or support programs.

5.2.3 PROGRAM GAPS

Throughout the Inquiry, witnesses and submissions identified particular groups in the community that were not able to access appropriate parent education and support programs. These were generally parents whose needs or circumstances required

particular attention, either in terms of reaching out to attract them to programs, or in meeting their specific parenting needs.

These groups included those whose personal characteristics created additional parenting issues such as parents with intellectual disabilities, parents with mental illness, parents whose children have a disability and very young parents. Some parents were identified as living in circumstances which made it difficult to access available services, or where there were insufficient services to meet their needs. These included parents living in rural and remote communities, parents who are very poor, and parents who are socially isolated.

Yet other parents required parent education and support programs which cater for their cultural and linguistic background, including those from non-English speaking backgrounds and Aboriginal parents.

Fathers were also identified as a group not easily accommodated within current programs and services. **Strategies for promoting accessible and relevant parent education and support programs for all these groups are discussed in Chapter Six.**

In addition to the groups identified above, a number of other program gaps were brought to the attention of the Committee. One of the most significant of these relates to parent education and support for parents of adolescents. While the Terms of Reference for this Inquiry focussed on children aged 0 - 12 years old, evidence presented to the Committee highlighted adolescence as a critical transitional stage when parents often require additional support, as their child (and the family) enters a new stage of development.

Submissions (for example, Submissions 72 and 101) emphasised that parenting an adolescent requires a new set of skills, different to those required for parenting younger children, and that adolescence is a key transition period for families which can result in high levels of stress. Additionally, parents of adolescents require information, education and support to assist them to deal with the external pressures which have a much higher profile in adolescence than with younger children (Submissions 74 and 75).

Parent Line noted that 40% of calls received are from parents of adolescents, who reported that:

many parents face their greatest challenges as parents when their children reach adolescents...Parents who use our services often bemoan the lack of support they receive..Most parents...would benefit from education around the issues of adolescents, and in understanding the developmental changes their child is going through, and how best to approach the challenges they face. For both children and parents, many

family conflicts and breakdowns can be prevented by an increase in the parent's knowledge and skills as the child comes into adolescence (Submission 75).

Parents themselves told the Inquiry that their child's adolescence was a period when they needed additional support but were unable to access it (for example, Submission 15).

Coffs Harbour Neighbourhood Centre received so many queries and requests for assistance from parents of adolescents, that it has established a support group. Since forming the support group, the Neighbourhood Centre reports it has received over 200 phone calls from service providers and parents seeking help (Submission 74). Parent members of this support group explained in a taped submission to the Inquiry that there were no parent education and support programs available which met the needs of parents of adolescents. One parent noted that the few services for adolescents focussed on those who were in crisis or requiring counselling, rather than for parents who were seeking support before a crisis develops (audiotape supplementary to Submission 74).

RECOMMENDATION 17:

The Committee recommends that the Office for Children and Young People ensure that the strategic plan for parent education and support address the issue of parent education and support programs for parents of adolescents.

5.2.4 LACK OF CONVENIENCE FOR PARENTS

The location, time and structure for the delivery of parent education and support programs can pose significant barriers to participation. Many submissions discussed the need to provide programs and services at times and locations that were convenient to parents, and which were more likely to enable fathers to participate. These referred to group programs and other services where parents are required to attend a centre (eg early childhood health services). Program delivery features most commonly referred to as important in promoting accessibility and participation were:

- on-site child care, either free or at low cost;
- public transport nearby, or provided for participants;
- evening and weekend availability to cater for working parents; and
- low or nil fees for participation.

It was also recognised by all that the importance of these features increases as the disadvantages of the target families increases.

While all providers recognised this need, all also pointed out that the major restriction on developing flexible service delivery was resourcing. For example, Tresillian recommends the development of:

Alternative modes of education and an increase in out-of hours parent education programs and support services...[but] the need to work within financial constraints often hinders best practice because of the cost factors involved eg ability to visit after hours (Submission 26).

However, increased funding to service providers will not address the practical barriers facing parents. Even in urban areas, transport difficulties and poor range of venues can pose significant difficulties. The South Western Sydney Area Health Service report that within their Area, there is:

a large population living in very isolated areas and have a major problem with the lack of public transport to access services provided by various organisations...Lack of community venues impacts on the accessibility of service delivery re parenting groups (Submission 97).

The majority of witnesses and submissions advocated home visiting as a primary strategy, rather than relying on parents attending a venue for a program or service. Those supporting this idea included the Association for Child Welfare Agencies, Burnside, the Benevolent Society, Good Beginnings, early childhood health services, community health services, and community paediatricians Dr Nossar and Professor Vimpani. Home visiting, by either volunteers or professionals, is a mode of service delivery which provides a far greater level of accessibility than any centre based model can provide. As Mr Ford from the Benevolent Society pointed out:

...[home visiting] is practical. A lot of families do not have their own transport. If they have young children, it is hard to get around anyhow, even if you are functioning well. But if things are not going well, you are poor and you are stressed, tramping around with a child can be extraordinarily difficult (Evidence, 6 April 1998).

The Committee examines further evidence regarding home visiting in Section 5.3.6.

RECOMMENDATION 18:

The Committee recommends that all Ministers funding or providing parent education and support programs ensure that services are able to offer after hours staffing and subsidies for provision of child care and user fees where there is a demonstrated need.

5.2.5 PARENTAL RELUCTANCE TO USE PROGRAMS

As noted in Section 5.1, parents are generally unlikely to be candidates for formal parent education and support programs, preferring instead to seek advice and assistance from trusted members of their friends and family. Researchers have attributed this to a range of reasons including:

- the difficulty for parents in accepting that they need assistance;
- reluctance to be seen as or admitting to failure as a parent;
- courses not seen as being a useful solution to specific problems nor as a preventative measure; and
- scepticism about professionals.

The Committee's survey of families using Barnardos services also found that of those parents who had never used a parent education and support programs, 40% stated the reason was because they did not feel they needed the service.

Many witnesses and submissions referred to the stigma of parent education and support programs as a significant barrier to participation and therefore accessibility of programs. This is a particular issue given that many parent education and support programs operate in the context of a prevention program - whether that be prevention of child abuse, criminal behaviour or mental illness.

NCOSS explained that:

one of the big barriers to...parent education is actually the stigma of admitting that you need help, that you are actually not coping. That is a difficult thing to do and ... a lot of the programs...are working and seen to be working with either disadvantaged families or families who are in crisis...people who are actually starting out with a lesser problem will not access those services (Ms Frow evidence, 16 March 1998).

Dr Cashmore of the Child Protection Council also argued that:

One of the issues that decreases accessibility is stigma...Parenting is supposed to be a natural activity...there is an expectation that everyone should be able to do it...Parenting education tends to be labelled as meaning problems: people go for parenting education when they have problems. People do not like to label themselves as non-coping (Evidence, 27 February 1998).

There was widespread agreement amongst those participating in the Inquiry that the key strategy for removing the stigma from parent education and support programs was to ensure that they are provided as a universal service, that is, available to all members of the community. For example, the Women's Action Alliance has lobbied intensively for universal parent education programs stating a need to:

see the community perception of parenting education change so that it is seen as a routine activity that all parents undertake commencing soon after the birth of their first child (Submission 28).

The National Project Director of Good Beginnings explained to the Committee that programs internationally had addressed the issue of stigma by making services universally available, and a standard part of parenting:

...health visitors in the United Kingdom are traditional. Everybody gets a health visitor and nobody says: You're a bad mother because a health visitor comes. It is actually your right. If you change it around from being something that happens to you, to something that is your right, it has a different perspective (Ms Wellesley evidence, 16 March 1998)

Another aspect of the stigma attached to parent education and support programs and the reluctance of parents to seek formal assistance relates to the role and perception of the professionals involved in parent education and support programs. This has been a theme in recent literature, cautioning against an 'over-professionalisation' of parent education and dangers of a deficit approach to parent education implied by such professionalisation (see for example McGurk, 1996; Davies, 1978). Witnesses and submissions to the Inquiry also touched on this theme. For example, Dr Nossar noted that:

We are middle class professionals trying to tell isolated, lonely, disenfranchised, teenage mothers how to raise their children, they do not come easily. They are frightened by us (Evidence, 6 April 1998).

The Committee is aware that a number of programs have attempted to address this issue, primarily through recruiting staff and volunteers from similar backgrounds to parents. These models and evidence regarding their effectiveness are discussed further in Chapter Six.

5.3 PROMOTING ACCESSIBILITY AND RELEVANCE

In addition to recommendations identified in the earlier discussion about barriers to participation in programs, there are a number of other strategies identified during the course of the Inquiry which will enhance the relevance and accessibility of programs. These include developing stronger links between programs and services and promoting

better local co-ordination of services and supports. Proposals for the timing of programs, the use of information technology and the media, and the development of parenting information and resources are also considered in the following discussion.

5.3.1 PROVIDING PARENT EDUCATION AND SUPPORT PROGRAMS FROM EXISTING COMMUNITY INFRASTRUCTURES

The findings from research with parents discussed earlier highlight the importance of strategically placing parent education and support programs within venues and services commonly used by parents, as a means of increasing accessibility. Other advantages of using existing community infrastructures as a base for parent education and support programs are that they:

- normalise parent education and support by making it available to all parents on a universal basis, and so reduce any stigma associated with seeking advice or assistance;
- offer a soft-entry point into further parent education and support programs;
- reach those parents who might not specifically seek parenting assistance;
- allow staff to identify and approach parents who may benefit from education or support;
- are less vulnerable to any changes in government policy or funding of specific parenting initiatives; and
- provide greater integration of parent education and support programs with other services and supports.

There are a number of key service settings currently used by parents which provide accessible, non-stigmatising venues from which parents can easily and conveniently seek support and education. These are children's services such as pre-schools and child care centres, schools, and early childhood health services. The ongoing relationship between these service settings and individual parents also enhances the prospect that the education and support provided will be relevant to their needs. The Committee believes that the capacity for these services to provide or facilitate parent education and support programs should be recognised and strengthened. Specific recommendations in relation to each of these service types are found in Section 5.4.

5.3.2 LOCAL CO-ORDINATION OF SERVICE DELIVERY

A number of submissions and witnesses argued that the lack of co-ordination of programs at the local level is an impediment to the development of relevant programs, and to referrals and access for parents. Those who made reference to this issue attributed the problem to factors such as the range of providers and departments

involved, lack of information sharing amongst providers, and limited access to information. This issues were summed up in a submission from Fairfield City Council and the Fairfield Children's Services Network which stated that:

There is no co-ordination of services or service information to the community, due to funding and structural boundaries and no formal mechanism for linking/co-ordinating to expedite and improve access for families. In some cases, parents go through a 'maze' of organisations before locating information and assistance relating to their specific need (Submission 48).

Options for improving local co-ordination proposed by witnesses and submissions comprised the following:

- use of existing local co-ordination networks such as the Area Child Protection Committees;
- establishment of regional co-ordination committees, based on models adopted by the early intervention sector and the Interagency Schools as Community Centres project; and
- allocating co-ordination responsibility to local government or family support services.

5.3.2.1 Area Child Protection Committees (ACPC)

A possible role for Area Child Protection Committees in local co-ordination of parent education and support programs was mentioned by the Deputy CEO of the Benevolent Society and by the National Child Protection Clearing House (NCPCH). Area Child Protection Committees currently provide a local forum for information sharing and collaboration across government and non-government agencies with interests or responsibilities in child protection. The local ACPCs are linked to the NSW Child Protection Council.

In its submission, the NCPCH noted that the Area Committee structure:

forms an excellent base from which to co-ordinate or develop local, regional and statewide programs (Submission 31).

The Deputy CEO of the Benevolent Society, and former Chair of the Child Protection Council told the Committee that the ACPCs were an effective way of promoting information sharing about resources and programs within a local area. Mr Ford also suggested that these Committees could easily accommodate a range of issues other than child protection, but which are other risk factors for parents and children (Evidence, 6 April 1998).

However, when this option was presented to other witnesses, many raised the potential

for parent education and support programs being stigmatised if local co-ordination was conducted under the umbrella of child protection. It is possible that these concerns could be addressed by changing the name of the local Committees and provide them with a broader brief to encompass parent education and support programs.

However, the Committee is conscious of the fact that the future form and functions of the NSW Child Protection Council is likely to be absorbed by the proposed Children's Commission, and so the future of the ACPCs is also uncertain.

In light of the uncertain developments with the Children's Commission which may affect the ACPCs, the Committee is reluctant to make a recommendation that they adopt a local co-ordination role in relation to parent education and support programs.

5.3.2.2 Regional Co-Ordination Committees

Two models of regional co-ordination committees were referred to the Committee's attention as being options for effective local co-ordination. These were the regional committees established for early intervention and for the Interagency Schools as Community Centres project. Both models share common features of having membership from different government agencies, an identified lead agency, and links to a state-wide co-ordination committee.

Those who advocated a regional co-ordination committee approach also acknowledged a significant disadvantage in the lack of resourcing of such committees. Representatives from the KU Children's Services told the Committee that:

this model depends very much on people's good will and they have to sacrifice their time. There is no permanent secretariat, there is no permanent infrastructure... The people who want to meet and plan and co-ordinate must take that time away from service delivery. So it comes as a cost and, ironically, it comes at a cost to the families, the very people we are setting out to try and support... (Ms Campbell evidence, 3 April 1998).

In comparison, the success of the Interagency Schools as Community Centres as a source of local co-ordination in part reflects the increased capacity introduced into a community with the position of a Facilitator who does not have responsibility for direct service provision and a client caseload. The Facilitator, in the process of identifying community needs and liaising with local service providers to meet those needs, gathers a significant amount of information about community resources, and

becomes an important link amongst service providers, and between parents and services.

The Committee has recommended that the Interagency Schools as Community Centres project be expanded to cover other areas. The Committee also notes that under the proposed Families First model, three new areas will have access to a school based community centre. For all areas where this project is established, the Committee is satisfied that local co-ordination of parent education and support programs will occur effectively. If Interagency Schools as Community Centres were established in every area, there would be a statewide, universally available forum for local co-ordination.

5.3.2.3 Allocating Co-Ordination Responsibility to an Existing State-Wide Network

Submissions from Burnside, Parent Line and the Institute for Early Childhood all highlighted the fact that there is an existing infrastructure of family support services across the state, each of which have access to information about other parent education and support services in their area. These organisations all proposed that given their unique position, family support services may be a practical base for the provision of local co-ordination and referrals. Ms Stien, the CEO of Burnside, told the Committee:

They have a responsibility to understand the resources that are out there for families anyway, and if other people running parenting education of all sorts could actually let those family support agencies know, I think they would be the appropriate connection point (Evidence, 3 April 1998).

The Committee is aware that in many ways, family support services would already perform this role, in assisting parents they work with to access local services. However, the Committee considers that the function of local co-ordination extends beyond being a central point for referrals and information, to facilitating the identification of needs and ensuring collaboration amongst providers to meet those needs.

Although the Committee considers it feasible for family support services to take on this role, it is likely to require resourcing to enable it to do so. The CEO of ACWA also suggested that either neighbourhood centres or family support services had appropriate networks to play a role in co-ordination, but would be unlikely to do so unless resourced (Mr Spence evidence, 6 April 1998).

The Committee notes that local government would also be in a position to play a role in local co-ordination. It has a responsibility to be aware of services available within its community and the particular needs of its local population. The local government also tends to allocate staff positions specifically to identify needs and liaise with service providers and community groups. However, there was limited input to the Inquiry from local government. A representative from Fairfield City Council told the Committee that

although local government had an overview of issues and services in their area:

each individual local government will assume a different role in terms of how much they take that on board (Ms Sandars evidence, 6 April 1998).

The Committee believes that local co-ordination of services is essential, both to promote access by parents to existing services, but also to provide a forum for the identification of community needs and collaborative approaches to addressing them. While the Interagency Schools as Community Centres offers a valuable model for this local co-ordination, it is not universally available across the state. The Committee's preference would be for local co-ordination to occur in a uniform manner across the state. Such consistency would enhance access for parents, particularly when moving to new areas, knowing that a particular location or service is an appropriate point of contact for referrals to parent education and support programs.

In the absence of a state-wide infrastructure of Interagency Schools as Community Centres, the Committee's next preference is for family support services to take the lead responsibility for local co-ordination. The reservations associated with this are that family support services are increasingly able to focus only on at-risk families, and may not be recognised by parents or service providers as a primary service; and that family support services are currently not resourced adequately for their core functions, let alone taking on additional responsibilities. Family support services also will not have access to the in-built involvement and co-operation of government agencies available to the Interagency Schools as Community Centres project, or the early intervention regional committees.

In light of these difficulties, the Committee is unable to make a definitive recommendation, but refers the matter for further consideration.

RECOMMENDATION 19:

The Committee recommends that the Premier direct the Office of Children and Young People to consider options for local co-ordination of parent education and support programs in light of the findings of this Inquiry. The Committee further recommends that any local co-ordination mechanism introduced should be consistent across the state, adequately resourced, and involve both government and non-government agencies.

5.3.3 TIMING

The timing of programs is an issue which addresses both relevance and accessibility. As a number of submissions highlighted, parents will only seek education and support during those stages of their parenting career when they feel they require additional assistance, or in circumstances when their informal support networks are insufficient. As the aim of providing parent education and support programs is to assist and enhance parenting, rather than intervening when problems arise, it is important that programs are available to parents as early as possible in their parenting career.

There was unanimous support for the provision of parent education and support programs on a universal basis following the birth of a child. The research reviewed at Attachment A demonstrates that the early attachment and parenting patterns established from birth have long term impacts on the development of children. Just as importantly however, the period immediately following the birth of their first child was recognised as a key time when parents are open to external support and assistance. A representative from the Australian Association of Infant Mental Health described the time of birth and immediately after as being “crucial”:

New parents are vulnerable at this time and require support, but they are also open and receptive to information about being a parent (Mrs Warren evidence, 27 April 1998).

For example, the Committee heard that in all the different programs provided by the Benevolent Society:

...we have found we can do a lot of work in the first year...it is the magic window of opportunity for the family...They really want to work [at parenting] and they work very hard (Mr Ford evidence, 6 April 1998).

The Child Protection Council reported that research confirmed that:

Programs which support families during the initial stages of the formation of the parent-child relationship provide the greatest opportunities for establishing lasting positive parent-child interaction patterns (Submission 100).

However, witnesses were also careful to point out that the need for parent education and support programs extends well beyond infancy. This view was supported by parents who reported a lack of programs and services once their children reached school age and beyond (Submissions 10 and 74). Witnesses and submissions identified key times when parents were likely to be in need of education and support, and emphasised that programs provided for these transition phases would be not only relevant but also sought after by parents. The AAIMH described these times as:

key points when the infant and parents are making changes together, developmental changes...so slipping in and out of parenting education and support is needed, certainly not a one-off situation (Mrs Warren evidence, 27 April 1998).

As Dr Cashmore explained:

people must be targeted when they are ready and willing to listen...we need to be aware when people need this information. There are times when they are ready and willing to listen, for instance transition into parenthood...when children begin school or transfer from primary to high school the parents are very open to learning (Evidence, 27 February 1998).

The Association of Childrens Welfare Agencies noted the important opportunities offered by transition phases:

It is at critical family life stages (such as the early years and onset of adolescence) that parents are most susceptible to stress. It is also at these times that parents are most receptive to education and change. Major investment of education and support services at these stages, may prevent significant social cost at a later stage (Submission 72).

Although education which focussed on preparation for parenting, as provided through secondary school curriculums and antenatal courses is important, it was widely accepted that such preparation needed to be supported by education and information once individuals become parents. Tresillian noted that:

until a parent has experienced a situation of being a parent or at a new parenting stage, they may not understand and process the information being provided by the educator (Submission 26).

Tresillian recommended that all parents should be provided with easy access to parenting classes in the first few weeks following the birth of the baby (Submission 26).

Reinforcing this, Ms Purnell from Bankstown Community Health Services told the Committee that:

...from most of our experience...prior to a baby's birth people are not too ready to learn what is going to happen afterwards. They are focussing on the birth and parenting education given prior to the birth is not always worth the time that is put in. Short talks given afterwards seem to be much more well-attended and well taken up (Evidence, 3 April 1998).

The evidence before the Committee confirms the need to ensure that programs and supports are available to parents as early as possible in their parenting careers, and easily accessed on a needs basis thereafter. However, it is also clear that there are a number of developmental stages when most families are likely to seek or require additional assistance, and the Government should ensure that services for these stages are readily available.

RECOMMENDATION 20:

The Committee recommends that the Office of Children and Young People ensure that the strategic plan for parent education and support programs pay particular attention to the availability of programs addressing the key transition periods of families.

5.3.4 USE OF MEDIA AND INFORMATION TECHNOLOGY

The Committee heard a number of proposals for the use of the mass media and information technology such as the Internet as an accessible form of parent education and information.

One such proposal involves a television series on parenting being considered by NSW Health. The proposal is for a 40 episode national television program based on the Positive Parenting Program (Submission 78). Dr Sanders of the Parenting and Family Support Centre who has put this proposal to each State and Commonwealth government, explained to the Committee that the series would be based on a prototype shown in New Zealand, focusing on “parenting and family survival skills”. Dr Sanders described it as an infotainment type show which had achieved “remarkable” impact on parenting practices in New Zealand (Evidence, 23 March 1998).

Dr Cashmore of the Child Protection Council told the Committee of another proposal she was aware of, to do a pilot “magazine style program” on parenting, which she believed would have a lot of appeal (Evidence, 27 February 1998).

However, not all those participating in the Inquiry were enthusiastic about the prospects for mass media as a vehicle for educating parents. Dr Nossar told the Committee that:

a program review of child abuse prevention programs...identified [that] not one of the programs we currently have favour with has ever been shown to work. Not public education programs, not safety education programs...(Evidence, 6 April 1998).

The Committee has not heard enough evidence regarding the merits of attempting to use the media as a vehicle to promote appropriate parenting. The Committee is also aware that there are numerous market-related issues which may be associated with the production of a television series. At this time, the Committee is not prepared to make any recommendations or establish a policy position in relation to the use of a television series on parenting.

The Internet was also mentioned as an possible source of accessible information for parents. The Committee notes that both Western Australia and South Australia have established web-sites as part of the parenting initiatives in those states. The web-sites provide information about services provided under the initiative, access to the information sheets about particular parenting issues, as well as links to other sites relevant to child and family issues. Parenting SA also has plans to develop a state-wide service directory which will be accessible through the home page (Ms Francis briefing, 29 June 1998).

The Committee recognises the value of the Internet as a source of parenting information, particularly for families living in regional, rural or remote areas. For these families, parenting information on the Internet would be an extremely accessible alternative. It would also be convenient for other parents who could seek information at a time to suit themselves, and for those who may wish to seek information in a confidential manner.

However, some witnesses highlighted that parenting information on the Internet would only meet the needs of some parents. The Co-ordinator of Contact, the project to support isolated children and their carers noted that:

... the more that you can access information, the greater empowerment you are going to have...[but] not necessarily do people have access to an Internet process...no matter how much technology, how much information...the people to people contact is still the most important thing (Ms Kingwill evidence, 3 April 1998).

Similarly, the representative from Fairfield City Council and the Fairfield Childrens Services Network acknowledged that while an Internet site might be very useful for parents who have access to Internet facilities:

there are people in our community who do not have telephones. They are not going to get onto the Internet and say, "I am about to whack my child and I do not know what to do", or "I think I need some help with something but I don't know where to go". (Ms Sandars evidence, 6 April 1998).

The Co-ordinator of Parenting SA, in discussing plans for introducing a directory of parenting services on the Internet, also acknowledged that it would be:

providing a service for professionals and not many parents, because not many parents will have access to the Internet, and the sort of parents that probably need it will not get it...(Ms Francis briefing, 29 June 1998).

On balance, the Committee believes that, for those parents currently most in need of parent education and support, there would be insufficient benefit from the establishment of a parenting web-site. Those parents who wish to access information in this way are already able to do so by visiting sites already established by other states. These sites provide access to the various information sheets and booklets, which deal with a wide range of developmental issues, produced for the parenting initiatives.

The Committee considers that the efforts of the Government would be better directed at this time to ensuring adequate provision of parent education and support programs. The Committee believes however that an Internet site would provide an accessible and useful point of information about parent education and support programs, particularly for professionals making referrals. With this in mind, the Committee suggests that the database of parent education and support services referred to in Recommendation 15 be made available on the Internet.

RECOMMENDATION 21:

The Committee recommends that the Office of Children and Young People consider placing the database of parent education and support services referred to in Recommendation 15 on the Internet, to enable easy access by professionals.

5.3.5 DEVELOPMENT AND DISTRIBUTION OF PARENTING INFORMATION AND RESOURCES

Several submissions noted the need for the development of parenting information and resources which used Australian material, and catered for those parents with limited literacy in English.

The absence of Australian material was identified by the Family Support Services Association, Contact and a parent. The Co-ordinator of Contact explained to the Committee that Contact has developed a range of resources for parents, including resources sheets, videos, cassettes and posters. The videos are filmed in rural locations in NSW, and Ms Kingwill told the Committee that this has been important in ensuring the message of the video is accessible to their target group:

the feedback we receive from people [is that] they feel they can relate to what they are seeing in the videos (Evidence, 3 April 1998).

The Department of Education and Training has also recognised the importance of using Australian material. The Committee was informed that the Parents as Teachers program has adapted the resource material from the Missouri program to include more Australian material to enhance its relevance (Dr Rice evidence, 6 April 1998).

The reliance on written materials in parenting programs presents a barrier for those parents with limited literacy skills, and those who are not fluent in English. The Family Support Services Association noted that although some programs had been developed that did not rely on high levels of verbal or literacy skills in participants:

...many programs use written material...This can make it very difficult for a non-literate persons to receive full benefits from such sessions. Such problems are compounded if parents have a low level of fluency in spoken English (Submission 35).

The need for a range of resources which are both relevant and accessible to parents of non-English speaking background was identified by the Mercy Family Life Centre (MFLC) and the Ethnic Child Care Family and Community Services Co-operative (ECCFCSC). The MFLC which runs an extensive program of parenting courses, and developed a program specifically for fathers *Hey Dad*, found that:

there is very little material available that is suitable for use with fathers with low literacy or for whom English is a second language (Submission 64).

The ECCFCSC noted that although there is :

a substantial amount of information about parenting and child abuse...most of the information is targeted at the "mainstream". Cultural and linguistic difference can prevent NESB communities from receiving this information (Submission 55).

RECOMMENDATION 22:

The Committee recommends that any Minister responsible for developing resources for use in parenting education and support programs ensure that such resources are tested for their relevance and accessibility to people with limited literacy in English. Such resources should extend beyond written materials, to include videos, audiotape and other media.

In a number of other States, governments have responded to the need for accessible, Australian information on parenting by publishing and distributing a range of parenting resources, most notably flyers referred to as Parent Easy Guides (South Australia) or Parent Tip Sheets (Victoria); or information booklets and parenting brochures (Western Australia). The Committee understands that the Queensland and ACT Governments and some non-government organisations in Victoria have also adopted the Parent Easy Guides developed by South Australia (Ms Francis briefing, 29 June 1998).

These information resources appear to have been immensely popular with parents, and fulfil a valuable role in providing basic information to parents against which they can assess their own parenting approach and challenges. States have adopted different approaches to the distribution of these information resources, but all reflect an attempt to ensure that parents are able to obtain the information through venues and facilities they access on a regular basis. Western Australia distribute their information resources through Parenting Information Centres located in shopping centres, while Parent SA distribute their material through existing community facilities such as hospitals, schools, child care centres, child health centres and chemists. The Victorian Tip Sheets are available through Regional Parenting Services outlets, and a number of other locations.

Although the information sheets and booklets have all been produced using plain language, and in the case of Western Australia, are supported by videos, and are accessible through universal venues and facilities, evidence suggests that these resources are still not reaching those parents most in need. Representatives from the Western Australian Department of Family and Community Services told the Committee that although up to 1,300 parents per month visited a Parenting Information Centre:

Nonetheless we need to make modifications in terms of the target group that they are reaching. The target customer group was strongly made up of people who are not normally customers of the department, and we needed to target the services more to Aboriginal parents, parents from more isolated areas and people with slightly more parenting problems (Ms Renshaw briefing, 15 June 1998).

Similarly, the Co-ordinator of Parenting SA acknowledged that:

...the thing with those Parent Easy Guides, they are printed material only and they are only suitable for people who are interested in reading, and we are very aware that in order to provide information for parents we need to be flexible in our approach and use a range of methods...(Ms Francis briefing, 29 June 1998).

It seems that the use of information sheets as a strategy in promoting appropriate parenting does not address problems identified by witnesses and submissions related to the extensive reliance on written resources.

The main benefits of the information sheets approach is that it provides parents with universally available, non-stigmatising information resource, that is easy to read and understand, and therefore very accessible. Information sheets are also an extremely flexible form of providing information to parents, as they are generally organised by either developmental or age categories, or by topics, enabling parents to simply select those most relevant to their immediate needs. Such information resources are also relatively easy to up-date and the range of topics can be increased to meet identified needs. The Committee also believes that these resources will be of particular use to parents of older children, ie school aged and above, for whom there is currently relatively little information and advice available.

However, as the Child Protection Council noted, issues of literacy and culturally appropriate language and content would need to be considered in adopting this approach in NSW (Submission 100). Any attempts to introduce parenting information sheets in NSW should be accompanied by strategies to ensure that they are useful and relevant to those groups of parents who are not currently using other universal parent education and support services.

RECOMMENDATION 23:

The Committee recommends that the Office of Children and Young People ensure that a working party is convened to examine the feasibility and effectiveness of establishing a system for the widespread distribution of parenting information similar to that used in other states. The working party should examine the option of purchasing the information sheets developed by South Australia, Western Australia or Victoria; consider any amendments needed to the content and language of the material to enhance its accessibility to key disadvantaged groups, and consider a distribution strategy which relies on existing community facilities and venues used by parents. The working party should also examine the effectiveness of placing this information on the Internet.

5.3.6 HOME VISITING

Throughout the Inquiry, witnesses and submissions strongly advocated the increased use of home visiting as a primary strategy in the provision of parent education and support programs. Providing parent education and support to parents on an individual basis in their own home is far more convenient and practical for the parents, removing the need for them to travel to a centre, make appointments or spend time waiting to be seen. Advocates of home visiting also noted that parents' needs and circumstances can be more accurately assessed when engaging with them in their home setting, than when parents attend a centre for a short appointment.

There are numerous other important advantages to adopting a home visiting approach to parent education and support. These include advantages to the organisation, as well as those which contribute to parent outcomes.

The Benevolent Society has gradually adopted home visiting in most of the programs offered through the Centre for Children, and outlined the following benefits:

- home visiting is an effective strategy in developing a trusting relationship with parents;
- outreach services enable a more effective use of staff resources;
- home visiting allows the program to be provided from within the family's own community and so enhances the prospects of strengthening the family's local network of support;
- staff and volunteers are able to be more flexible in responding to the needs of the family; and
- home visiting avoids problems created by grouping at risk children together as occurs with a centre based program (Submission 47).

The Deputy CEO of the Benevolent Society stressed to the Committee that they have found home visiting to be an effective strategy for engaging even the most reluctant families, including those who have been ordered by a Court to participate in programs, as well as for those parents who are socially isolated or whose children have additional needs (Submission 47 and Mr Ford evidence, 6 April 1998).

Professor Vimpani, who conducted a national audit of home visiting programs in Australia, noted that there is strong evidence from international research and local project evaluations that home visiting is a strategy which is effective in meeting multiple needs of parents. He identified these as including:

- befriending isolated families;
- supporting parents in their role;
- informing them of normal processes of children's development and behaviour;
- making them more confident in exercising their responsibilities; and
- giving them the experience of "mothering" denied them in their own childhood

(Submission 102).

Professor Vimpani, along with other witnesses, also reported that supportive home visiting can lead to parental participation in group based programs, and other services. This function of linking parents with further education and support is particularly important for those parents who would otherwise be reluctant to become involved in formal settings.

Karitane has offered a volunteer home visiting program since 1995, in addition to its day stay and residential units and has found that “there are many advantages of the parent support program”. Ms Vaughan, of Karitane, explained to the Committee that parents in the program benefit from:

one volunteer with continuity of care...for three years, so it is not just problem oriented...This person is there supporting them, offering them friendship and guidance and sound advice for that whole time...As the child grows and the needs change so will the visiting regime...it just depends on what the family is requiring...it is individually tailored (Evidence, 16 March 1998).

The value of home visiting as a parent education and support strategy has also been recognised by the Commonwealth Government, in its funding of the National Parenting Project Good Beginnings. This project has established volunteer home visiting programs in four locations (nationally) and is examining options for models of professional home visiting which will integrate with volunteer schemes. The aim of Good Beginnings is to develop best practice models in both professional and volunteer home visiting, with guidelines which can be used by agencies wishing to establish programs using home visiting as the main form of providing support (Submission 32 and Evidence, 16 March 1998).

There is considerable evidence in the research literature which demonstrates the effectiveness of home visiting as a strategy for providing parent education and support. Much of the research reviewed by the Committee (discussed in Chapter Two) related to programs which included home visiting as a core component. In a review of early intervention literature, Yoshikawa found that home visiting was a common element of all programs which had been subject to systematic outcomes evaluation, and found to be successful in reducing risk factors for chronic delinquency in children. Yoshikawa stated that:

The four programs have been truly ecological in design and effect. They provided support in peer group and family settings and achieved long term results affecting both children and the family as a whole. Specifically,

a home visitor provided emotional support and information support focused on child development, parenting....(1994:37-40).

Witnesses also drew the Committee's attention to research findings demonstrating the efficacy of home visiting. For example, Dr Nossar told the Committee that:

I cannot go past the literature which says that if you have...every new mother visited by somebody on a regular basis for more than six months, be it a nurse or a volunteer...you will get measured good outcomes. Whether you do it in England, whether you do it in Ireland, whether you do it in New York or Georgia or Hawaii, the same outcomes...That has been replicated in the literature for fifteen years. What always amazes me is why we are...not doing what we know works (Evidence, 6 April 1998).

Similarly, Professor Vimpani told the Committee that he considers that:

There is no case for further pilots or demonstration projects. Funding should be provided to enable home visiting needs to be introduced as a state-wide programs with regions having flexibility in the selection of auspicing agencies for implementation (Submission 102).

Feedback from parents where services are provided through home visits has been positive. For example, the Committee was told that parents had been enthusiastic at the introduction of a home visiting approach for early childhood health services, citing convenience and increased opportunity for both parents to participate (South Eastern Sydney Area Health Service, Child and Family Services, Submission 43).

The Committee finds compelling the evidence from practitioners and research regarding the effectiveness of using home visiting as a means of educating and supporting parents. The advantage of supporting parents in their own home provides both privacy and a sense of security for parents, as well as ensuring that the support provided is flexible and individualised. The Committee also recognises the value of home visiting as a means of assisting parents to access other services and supports within their community, and as a way of building the confidence of very vulnerable parents to enable them to participate in more formal parenting education programs.

The Committee acknowledges that providing services through a home visiting model will involve additional costs, compared to centre-based service delivery. Cost increases are related to the purchase and use of vehicles, and the time required to travel to clients' homes. However, evidence to the Committee shows that those services which have changed from centre-based to home visiting service delivery have found it to be far more effective, particularly for working with parents who are reluctant to attend centres, and who need individualised support. The Committee understands for example, that the Benevolent Society, after introducing outreach programs in place of

centre-based programs from Scarba House found that although it was able to work with fewer families, the number of high risk families in the service doubled.

The effectiveness of home visiting as a strategy for supporting parents has been recognised by the Government in the announcement of the proposed Families First program. There are four components to this program, and two of them involve home visiting - by early childhood health visitors, and by volunteers.

The Committee strongly supports moves to realign service delivery using home visiting as a key strategy, particularly for those parents least likely to use centre-based programs and services. For these families, the provision of outreach programs are a cost-effective means of ensuring that they receive support and assistance, and that any particular parenting needs they have are identified as early as possible.

RECOMMENDATION 24:

The Committee recommends that all Ministers reviewing parent education and support programs within their portfolio consider include home visiting as a key strategy, particularly for those target groups not currently accessing centre-based services.

5.3.7 TARGETED PROGRAMS

Much of the evidence presented to the Committee focused on the needs of those families facing, or likely to face parenting difficulties, and how to ensure that programs were relevant for, and accessible to, these particular families. In the classification of prevention programs, this work is generally referred to as secondary prevention as it involves working with families where there are factors which result in the need for additional support, or tertiary prevention aimed at families who are already not meeting the needs of their children.

The importance of targeting programs to parents was frequently cited as a social justice response in an environment of scarce resources. Many witnesses stated that parent education and support programs should ideally be widely available to all, but argued that, where insufficient resources were available for this, priority for the development of services should be targeted to those most in need of support. For example, the CEO of Burnside told the Committee that:

in this state and in this country, there is not enough money for our sorts of services. In the context of not enough money...if it has to come down to a choice...I would be saying: Where is the greatest damage likely to happen to children? It is going to happen where you have very serious deficiencies in parenting (Ms Stien evidence, 3 April 1998).

Proposals for targeting of programs essentially involved either targeting disadvantaged local communities, and developing programs which specifically addressed the needs of particular client groups, or a combination of both. Programs which specifically target parents with particular needs are discussed at length in Chapter Six. The discussion here will focus on targeting communities.

Witnesses explained to the Committee that targeting entire communities ('population based approach') was effective at reaching those in need, simply by locating in an area of disadvantage, without requiring parents to either identify themselves as being 'at risk' or have others identify them as such. Dr Sanders argued that in the face of limited resources:

The question is when would we be most likely to derive significant demonstrable benefit from the limited resources that are available...You are identifying at-risk communities...essentially the families in these areas produce a larger number of children who go on to develop problems (Evidence, 23 March 1998).

However, there was widespread support for the proposal that within disadvantaged areas, programs should be universally available to all parents within that locality. Dr Nossar expressed the view that "If that universality is lost, it will kill the program" (Evidence, 6 April 1998).

In relation to targeting particular communities, the Committee heard a number of suggestions for possible social and economic indices which identified communities where more parents were more likely to benefit from parent education and support programs.

Dr Weatherburn's study into the relationship between socioeconomic stress, child neglect and juvenile crime showed that social and economic pressures disrupt parenting, leading to higher levels of juvenile participation in crime. Dr Weatherburn suggested that, if communities were to be selected for targeted programs, it needed to be those with:

indicators such as poor families, families earning less than \$16,000 a year, single-parent families, and crowded households...all those details can be obtained from the census (Evidence, 15 June 1998).

Dr Sanders spoke to the Committee about a population based program, which targeted

a community with indicators of social disadvantage including a high proportion of preschool aged children, population growth above two per cent and high level of families in receipt of income support.

The Government's new Families First initiative is consistent with the principles advocated by witnesses to this Inquiry. Families First is targeted to communities which have been identified on the basis of factors such as population growth, numbers of families with young children and the number of families moving to new communities where they will not have extended family networks. Within these areas however, most of the new services will be available to all families.

RECOMMENDATION 25:

The Committee recommends that the Premier ensure that communities with indicators of social and economic disadvantage be given highest priority in the funding of parent education and support programs. This should be reflected in the strategic plan for parent education and support programs, and in the co-ordination of funding for programs.

5.4 ACCESSIBILITY, RELEVANCE AND FLEXIBILITY OF CURRENT PROGRAMS

As well as considering the views and experiences of parents, the Committee examined data provided about the current use of and demand for programs. The Committee sought information on trends in use of services by different population groups, extent of demand and unmet need for services, and program gaps identified by service providers. These are all factors which impact on the accessibility and relevance of programs.

The Committee notes that the issue of accessibility is not simply providing services in a convenient time and place, but requires services and programs to be provided in a manner which ensures that they are both useful and attractive to those who require them. In this sense, increasing the access to programs is closely linked to increasing their relevance. Flexibility of service delivery is considered to be an aspect of both accessibility (in making it easier for parents to participate) and relevance (in addressing the lifestyle needs of parents).

5.4.1 HEALTH BASED PROGRAMS

5.4.1.1 Antenatal and Postnatal Programs

The Committee received seven submissions focussing specifically on antenatal and postnatal parenting education, and heard evidence from two parenting educators working in this area. For the vast majority of people, childbirth education and postnatal parenting courses provided through the public hospital system will be their first formal contact with parenting education and support programs. This form of parenting education is very widely used, with one submission referring to childbirth education as:

a ritualised part of pregnancy behaviour with an estimated 80% of women pregnant for the first time attending antenatal classes in NSW (Submission 21).

However, evidence presented to the Committee indicates that even in this most fundamental and widespread form of parenting education, its relevance and accessibility for potential and recent parents is questionable. Antenatal and postnatal education is universally available to all parents through the public health system, yet providers within hospital and community health settings agreed that existing services were unable to meet the needs of particular groups in the community, or the extent of demand. Even where parents participated in programs, providers themselves are increasingly challenging the relevance of programs currently available.

The Clinical Nurse Consultant for parenting education at a major Sydney maternity hospital told the Committee in evidence that not all parents were able to access antenatal education classes:

King George V is the only delivery hospital in central Sydney. In 1997 there were just under 5,000 births at that hospital...more than half of the mothers delivered a second or subsequent baby...Through the hospital classes we would access about half the women expecting their first baby...Some of them we turn away; they would like to come to what we offer but we cannot fit them in...of those who ring our service we turn away approximately 10-15 per cent (Ms Green evidence, 27 April 1998)

However, information presented to the Committee indicates that it is not simply a matter of insufficient supply. Professionals involved in antenatal and postnatal parent education stressed in their submissions and evidence that existing programs were unable to meet the needs of many groups in the community. There was some difference of opinion as to whether these community groups were still keen to avail themselves of what was available, or whether some parents were choosing not to participate in programs due to their perceived irrelevance. Ms Green told the Committee that:

We certainly cannot provide the service for a lot of women who do not speak English well...it is probably at least 25 per cent of our population...they come here with very limited English skills. It is not that they will not come; they flock to every course on offer - we just cannot meet their needs (Ms Green evidence, 27 April 1998).

However, a representative of Bankstown Health Services reported that “the take-up rate of antenatal classes is not good”. She attributed this to a community which does not perceive any value in such classes and the perception of the community that the classes do not offer anything they need (Evidence, 3 April 1998).

Groups that were identified by antenatal parenting educators as not being catered for through the generic antenatal and postnatal programs include women from NESB, ATSI, substance dependent women, people with mental illness and those under 20 years (Ms Clune evidence, 27 April 1998, Ms Green submission). The Australian Multiple Births Association noted that there was very little information available for prospective parents facing multiple births, citing only one antenatal clinic (at King George V) which provides for these parents (Submission 71).

The Australian Association for Infant Mental Health also noted that:

...antenatal classes are widely offered in our community, but...they frequently fail to reach those most in need, such as parents suffering significant socio-economic disadvantage or geographic isolation, recent migrants, adolescents and single mothers (Submission 41).

A common criticism of antenatal programs related to its almost exclusive focus on the process of labour and childbirth, and a consequent lack of attention to parenting issues, other than basic baby care. This comment was made by several professionals and organisations, as well as parents. For example, professionals from the Royal Hospital for Women acknowledged that:

Pre-natal education has traditionally focussed on preparation for birth (the labour process)...Education regarding the skills of parenting is usually cursory at best, and is frequently limited to a discussion of the expected impact the child will have on the family and basic skills such as bathing, changing and feeding (Submission 51).

One father described his perceptions as follows:

Current parent education programs are specifically focused on the birthing process - in fact, they are referred to as "birth classes". These classes focus their attention on the period of twenty-four hours surrounding the birth...Such classes are relevant and necessary. However, they do little to address any of the issues of the first year of parenting, particularly the first weeks after the new parents walk out of the hospital, alone, and with a baby...The situation, therefore, is one where many parents are left to their own circumstances to survive the most tumultuous period of their lives (Submission 11).

The results of an evaluation of antenatal and postnatal parenting programs conducted in the South Eastern Area Health Service support the views expressed above:

Across the Area, focus groups felt there was far too much emphasis on the birth and not enough on parenting (Submission 21).

The National Association of Childbirth Educators (NACE) reported that:

Research findings confirm the anecdotal evidence that expectant parents are totally focused upon the birth and coping methods during childbirth education classes. The timing of traditional childbirth education classes may be the reason for this tunnel vision (Submission 99).

NACE suggest a number of 'untested models' of antenatal programs which might result in increased focus on parenting issues. These include scheduling programs for much earlier in the pregnancy, and providing for continuation of the program after the birth of the child; establishing parent resource centres within maternity hospitals; establishing informal support sessions for parents and expectant parents; and offering courses focussing specifically on relationship development which commence before the birth and continue postnatally (Submission 99).

The South Eastern Sydney Area Parenting Co-ordinator also noted that the programs did not achieve their objective of encouraging couples to establish peer support networks, and that there was a mixed response as to whether the programs actually helped with parenting. Despite this, the Area Parenting Co-ordinator reported that:

...the groups were seen by participants to be valuable, primarily because they allowed interaction with others and sharing of experiences (Submission 21).

The evaluation also identified barriers to access, particularly: lack of information about programs; the majority of services being provided during 'business hours', and absence of specific programs for groups with specific needs (Submission 21).

The Committee was advised that most antenatal education providers were aware of the

current limitations in relevance of existing programs, and that a research project being conducted as part of a PhD at the University of Technology (together with participating hospitals) would assist in addressing these issues (Submissions 7 and 45). The research project will develop a new antenatal education program following identification of the needs of expectant parents. Birth and early parenthood outcomes of those who participate in the new program will be compared with those of parents in a control group, to determine the effect of the new program (Submission 7).

RECOMMENDATION 26:

The Committee recommends that the Minister for Health establish a working party of antenatal parent educators and representatives from NSW Health. This working party should examine and develop appropriate models of service delivery for antenatal and postnatal parenting education. The models developed by the working party should address parenting issues, the development of support networks and increased accessibility, particularly for those groups of women currently not using existing programs. The working party should also consider the results of antenatal education research such as that being undertaken at the University of Technology.

5.4.1.2 Early Childhood Health Programs

Early childhood and community health services are well placed to provide primary level parent education and support programs, particularly at the very early stage of a child's life. There is a state-wide network of early childhood and community health services, and the fact that the services are universally available means that there is no stigma involved in accessing the service. The centres generally offer a range of services and programs, which provide parents with easy access to a range of supports, in an environment used by most new parents. Services include individual consultation, clinical groups (eg breast feeding clinic), parenting information sessions, and support groups.

The services provided through early childhood health centres can meet the primary health needs of many babies and young children and have the potential to become a key source of assistance for all parents. However, the Committee heard that not all early childhood health services were able to reach at-risk populations. It also appears that there are gaps in services at particular periods of the child's life. This situation is exacerbated by the fact that early childhood health centres are reporting a very high rate of parents discontinuing use of the services available, raising concerns about the relevance, flexibility and accessibility of current services.

Professionals working in the early childhood and community health centres told the Committee in evidence that while most new parents visit the service at least once, only one third of parents still attend after 12 months (Ms Purnell and Ms Macartney-Bourne evidence, 3 April 1998). Ms Purnell, from Bankstown Health Services, felt that this was a concern, informing the Committee that:

Much work needs to be done to reach families who only briefly attend clinics. Immunisation levels are poor, as are attendances for hearing tests (Submission tabled in evidence, 3 April 1998).

Ms Macartney-Bourne, whose service had identified similar trends in retention rates did not believe that it was inappropriate for only 30 per cent of families to still be using early childhood health services at 12 months. However, another witness argued that the major concern with attendance patterns at clinics was the demographics of those who continue to attend. Dr Nossar, a community paediatrician in South Western Sydney, told the Committee that data collected by early childhood clinics in Campbelltown showed that:

the women who are coming to our early childhood services..the stayers who come to the parenting support programs...[are] women over 26, who own their own home, and who had three or more nominated contacts of support. That is not the average woman in Campbelltown who is having a baby...the people most at risk are not utilising our services...My biggest concern is that parents who are most in need tend not to use institutionalised services and there are programs that can work, which can address equity issues, which we are not doing very well (Evidence, 6 April 1998).

It appears that some local health services have attempted to reach out to more parents, introducing strategies such as evening and weekend clinics, clinics in shopping centres, evening and weekend home visiting services and outreach services to centres used by disadvantaged parents, such as drug and alcohol centres.

Ms Macartney-Bourne reported that, to her knowledge, this was the first service to be able to offer extended hours home visiting by early childhood nurses. Feedback from parents indicated that they appreciated the flexibility provided by the extended hours home visiting strategy, the capacity for the father to participate in such visits and the fact that services provided in the home can be more relevant than a consultation in a clinic (Ms Macartney-Bourne evidence, 3 April 1998 and Submission 43).

A number of early childhood clinics have been established in shopping centres, in an attempt to establish a service outlet convenient to parents. Ms Macartney-Bourne reported that the two shopping centre clinics established by the Royal South Sydney Community Health Complex have been very successful in attracting parents to the service (Evidence, 3 April 1998). Dr Nossar told the Committee that South Western Sydney Area Health Service had also established an early childhood health clinic in a local shopping centre and also found that attendances improved, although he noted that the clinic had not been highly successful in attracting those parents who were not attending the early childhood centres (Evidence, 6 April 1998).

Strategies such as those described above, however, are discretionary initiatives, and therefore not available to parents in all areas.

Several submissions and witnesses also commented on the time lag before parents could avail themselves of support provided through early childhood health clinics. The Clinical Nurse Consultant for parent education at KGV told the Committee:

Many of us are concerned with the gap between the time a mother and baby leave hospital or are discharged from the early-discharge program, and the time they link into the early childhood services. Mothers are not being reached for a period of time (Evidence, 27 April 1998).

The Area Parenting Co-ordinator for South Eastern Sydney Area Health Service agreed, stating that:

On average by the time a mother was able to access a group in the SESAHS her baby was 3 ½ months...By the time a baby is 3 ½ months old the mother has survived more by good luck than by good management (Evidence, 27 April 1998).

This significant period of delay between leaving hospital and being able to access a postnatal parenting group was also identified by Playgroup Association (Evidence, 27 April 1998), and Australian Association for Infant Mental Health. The latter organisation described this gap as:

an unfortunate hiatus in the care of families at such a crucial stage in the family's development (Submission 41).

Other gaps in programs identified by participants to the Inquiry were parenting groups for those whose babies were over six months old, and education and support for teenage parents. For example, Ms Clune told the Committee that:

...because of lack of resources early childhood centres cannot supply parenting groups for those women with babies older than six months (Evidence, 27 April 1998).

Bankstown Community Health Services also expressed concern that the low retention rate of parents at early childhood services after the child is 12 months old means that “1-5 year olds fall into a black hole” (Submission tabled in evidence, 3 April 1998).

RECOMMENDATION 27:

The Committee recommends that the Minister for Health require all Area Health Services to ensure that all early childhood health and community health services promote increased access by parents to the service, through flexible hours and patterns of service delivery. This should be achieved through contract arrangements between NSW Health and the Area Health Services, as part of the minimum requirements under the Child Health Policy.

The Committee recognises that such strategies should be determined on a local basis, but include as a minimum:

- outreach to other facilities used by parents (including those with specific needs);
- use of venues and facilities which are more accessible to parents; and
- extended hours services.

These strategies should be regularly evaluated to determine whether they are effective in not only increasing the rate of participation in programs, but also in improving the access to services of those groups not currently being reached by early childhood and community health services.

The scope for early childhood and community health services to play a lead role in the provision of primary parent education and support programs has been recognised by NSW Health (see Section 3.3.1), and by health providers and practitioners.

Other participants in the Inquiry also supported an increased role for early childhood and community health services, and noted that because of their universal nature, they have the potential to reach all families, including those who may not participate in other parent education and support programs. There was also strong support for the development of universal home visiting by early childhood or community nurses.

The CEO of Barnardos Australia noted that even for very vulnerable and disenfranchised families, early childhood health services would present as an accessible option:

Baby health services in particular are valuable as they can develop a trusting working relationship with new parents who are very receptive to advice as they begin a new and challenging period of their lives. It is also contact with families before they have come to welfare attention and may be defensive, and at a time in the child's life when the child is most vulnerable (Submission 20).

These views were echoed by ACWA, the Child Protection Council, the National Child Protection Clearing House and Mr Peter Downey.

The findings above regarding the patterns of use of early childhood health services however, indicates that additional strategies are required to enable these services to more effectively reach all families. The Committee has already noted that home visiting is an effective method of service delivery, and recommends that home visits by early childhood health nurses be universally available. Evaluation findings from programs which involve long term home visits by early childhood health professionals have demonstrated that this is a highly effective strategy for promoting parent and child wellbeing.

The importance and effectiveness of providing early childhood health services using home visiting has been recently acknowledged by the Government, in its proposed Families First program. A key component of this program will involve regular home visits by early childhood health nurses, beginning before the birth of a child, until the child is six months old. This service will be universally available to all parents within the three areas where Families First is to be established.

The Committee believes that the introduction of a Child Health Policy provides an important opportunity for early childhood health services to take a lead role in the provision of parent education and support at the critical early stages of a child's life.

RECOMMENDATION 28:

The Committee recommends that the Minister for Health include provisions in the Child Health Policy to ensure that home visiting by an early childhood nurse is universally available for all new parents in NSW. The visits should commence in the first week of parents taking a newborn child home, and continue until the parents have been able to access the local early childhood health clinic, or link into an alternative home visiting program.

The frequency and duration of home visits should be subject to the needs and preferences of individual parents, but should not be less than once per week for the first six months or until the parent has accessed the early childhood health centre (whichever comes first).

5.4.1.3 Parentcraft Programs

There are two parentcraft and family care organisations providing services to parents of children aged 0-5 years in NSW - Tresillian Family Care Centres and Karitane. Both organisations provide a range of primary, secondary and tertiary level services to assist parents in the care of their children. These services include telephone advice lines, day stay facilities, parenting groups, residential programs and outreach programs. Some of these services are available for parents across the State (such as the telephone advice lines and the residential units), while others are only available to those within a designated local government or area health service boundary.

Tresillian and Karitane both reported that their 24 hour telephone advice lines were unable to meet current demand. Tresillian reported that they received over 54,000 calls in 1996-97, adding that:

The Parent Help Line is frequently fully engaged with other parents waiting on hold to consult with one of the nurses. This situation is not desirable when parents are experiencing a stressful situation with their baby or young child (Submission 26).

The parentcraft telephone counselling services of Karitane are equally in demand, with over 22,000 calls in 1997. Karitane similarly advised that:

In light of the staffing level and the number of calls received, it is inevitable that calls bank up, are put on hold... (Submission 56).

Representatives of Tresillian told the Committee in evidence that while it was not possible to estimate the extent of unmet demand for the telephone service, in one twelve month period when they were able to expand the staffing for that service, the calls increased to 65,000 for that year (Ms Partridge evidence, 16 March 1998). The Committee was also informed that, despite the parallel roles of the telephone services provided by the two organisations:

Tresillian and Karitane did a joint report...and actually demonstrated that there was less than two per cent duplication of calls...we can safely say that the total number of our calls received at both Tresillian and Karitane is approximately the total number of calls (Ms Partridge evidence, 16 March 1998).

Both Tresillian and Karitane reported excess demand on the secondary and tertiary services as well as the telephone advice line. For example, Karitane reported that it had received almost 1,000 referrals for residential stays in 1997. With only 12 beds:

...you can imagine that we would have a waiting list and the average waiting time...last year was 24.6 days, but...for clients in the urgent category, the average wait was around 4 days (Ms Vaughan evidence, 16 March 1998).

Tresillian advised the Committee that there were waiting lists for both their secondary and tertiary services, but that any urgent referrals could access a service within 48 hours. The Tresillian representative acknowledged however that one strategy for ensuring they could meet demand was to ensure that the area boundaries for intake into the service are kept “quite tight” (Ms Partridge evidence, 16 March 1998).

RECOMMENDATION 29:

The Committee recommends that the Minister for Health ensure that there is a review of the extent of unmet need for the services of Tresillian and Karitane. The Committee further recommends that the review process should develop strategies (including enhancement of funding where appropriate) to address the unmet demand. The Committee recommends that the telephone help line and the secondary services be the particular focus of these reviews, in line with the principle of augmenting primary level services.

As with early childhood health services however, the solution does not lie simply with increased resourcing to services to meet demand. There also appears to be significant unmet need in the community, from those sections of the population which have not even been referred to the services of Tresillian and Karitane.

Karitane note that even following the relocation of their services to South Western Sydney:

it is clear that the lower socioeconomic families are still not being reached...Karitane continues to educate families of whom the majority of mothers are married, over the age of 25 years, have a high school standard education and are angloceltic (Submission 56).

Rural families also appear under-represented in the secondary and tertiary level services, with Karitane reporting that only 9% of admissions for the residential unit in 1997 were parents from rural areas (Submission 56). This contrasts strongly with the profile of families seeking assistance through the telephone advice lines, which

identifies that 30% of callers were from rural areas (Ms Partridge evidence, 16 March 1998).

Both Tresillian and Karitane identified that Aboriginal and non-English speaking families were also under-represented in their client profiles, with figures provided by Karitane showing that, even in a program targeting people from Aboriginal and Torres Strait Islander and non-English speaking background communities, their intake of non-English speaking families was as low as 7% in 1997 (Ms Vaughan evidence, 16 March 1998).

Tresillian identified the following groups as requiring further attention in the development of parenting programs:

groups for mothers experiencing Post Natal Depression or other types of mental health disorders; parents who are reluctant to attend traditional parent education classes because of previous difficult schooling experiences and parents from non-English speaking backgrounds; and fathers' groups to support their changing role... (Submission 26).

Strategies for addressing access to services for some of these groups are discussed further in Chapter Six.

RECOMMENDATION 30:

The Committee recommends that Minister for Health encourage the relevant Area Health Services to recognise that, as Karitane and Tresillian operate as Third Schedule Hospitals, they should be included in the implementation of the relevant recommendations made in this report.

5.4.2 SCHOOL BASED PROGRAMS

5.4.2.1 Full Service Schools

Schools provide a highly accessible setting for parent education and support programs, due to their state-wide infrastructure and role in the local community as a universally used facility. Unlike early childhood services, the association of families with their local schools over a prolonged period, and a far greater proportion of the population access their local school, in comparison to early childhood services. The Department of Education and Training recognises the potential for schools as a base for the provision of universal programs:

Schools are in an excellent position to provide a focus for community life and activities. School is the one institution attended by virtually all members of society and, as such, has the potential to be an agent of community cohesion and sharing...The Department is committed to

strengthening this role. It sees schools as places where parents and members of the community can find information about programs relevant to them and their children...(Submission 77).

The Committee heard widespread support from other participants in the Inquiry for the use of schools as a non-stigmatising avenue for accessing parent education and support programs.

On a practical level, the Committee also heard evidence that placing programs within school facilities has been found to be effective in increasing participation. The reasons for this include the convenience of the school setting, and the capacity to target specific population groups through the schools. For example, early childhood and community health services have found that placing an Aboriginal nurse in school settings in suburbs such as Woolloomooloo and La Perouse improved access to health services for Aboriginal children (Ms Macartney-Bourne evidence, 3 April 1998)

Ms Purnell, from Bankstown Community Health told the Committee that:

...nurses working in school settings...work very, very well because they are within walking distance, so when the mother takes the kindergarten child to school she can pop in and see the Sister...it serves as a localising community, helps the mothers network themselves (Ms Purnell evidence, 3 April 1998).

However, it appears that the advantages of locating such services in school settings may not have reached its potential, with representatives from community health indicating that many clinics are still based in stand-alone buildings scattered throughout the community.

The Committee urges the continued development of schools as full service centres, and would encourage further negotiations between Area Health Services and school districts to promote appropriate co-location of services of benefit to children and parents.

RECOMMENDATION 31:

The Committee recommends that the Minister for Education ensure that existing mechanisms for encouraging local schools to provide a venue for parent education and support programs are adequate to maximise the potential for co-location of services and programs.

5.4.2.2 Parents as Teachers

The Parents as Teachers (PAT) program is currently offered from ten public schools across NSW, six of these in rural areas. The full PAT program involves home visits, parenting groups and the provision of developmental information to parents over a three year period. Across NSW, 392 families participate in the full PAT program, with a further 763 using the parenting groups and another 430 receiving newsletters and developmental information (PAT Program Summary May 1998, supplementary to Submission 77).

The main restriction on access to the program appears to be resourcing. As Dr Rice from the Department of Education and Training explained:

There are only a certain number that they can accept as full members, and the reason for that is that full membership involves home visiting. If you are a referred family...the parents undertake initially a weekly visit...all [other] families that are new to the program in the first year are visited monthly...so that is a pretty heavy demand on the consultant (Evidence, 6 April 1998).

Each full-time Parenting Consultant is responsible for up to 40 families in the full program, as well as the additional families participating in the parenting groups. Although the Department of Education and Training did not provide any estimates of unmet demand or need, the large numbers of families availing themselves of the parenting groups and information provided by PAT indicates a degree of interest by families who are not able to become full members of the program.

One parent who uses PAT was enthusiastic about the program, regarding it as:

a terrific proactive way of reaching parents and through us enhancing the education of our children. We have particularly appreciated the home visit part of the program where we have one to one contact with a trained teacher who has come to know our child personally (Submission 105).

One submission received by the Committee noted that the PAT program was originally developed with two Parenting Consultants per site, and argued that:

The recent reduction...from teams of two consultants, as originally trialed, to single consultants at each venue is a regressive step (Submission 6).

A submission received by the Committee late in the Inquiry stated that the PAT program in Wagga Wagga was to be effectively halved, with the discontinuation of funding for one of the two Parenting Consultants. This submission, from a parent using the program, noted that in regional areas, the presence of two staff was essential to ensure the program was able to deal with issues such as long distances to outlying areas, high rates of teenage pregnancy and the absence of alternative resources (Submission 105).

The Committee understands that the pilot PAT programs which were established in 1991 all had two Parenting Consultants, but that when the program was expanded in 1995 to ten schools, the model was modified as part of the program expansion. The modifications included changing the staffing to one teacher per site, and providing for the participation of a greater number of parents by offering part membership of the program. Part members are those parents who participate in parenting groups or access the information services, but do not receive the home visiting component of the program.

The Department recognises that the home visiting component of PAT is a key part of its effectiveness, particularly for parents at risk. As Dr Rice explained to the Committee, home visiting:

...is a method of providing a role model in the home and a bit of discussion with the issues and help to the mother and the way she manages the child in the home environment...home visits are an important component (Evidence, 6 April 1998).

The available research regarding the effectiveness of PAT is based on parents having access to the full program, which includes the home visiting component. The Committee notes that under the modified program arrangements, the majority of participants access only parts of the PAT program. This raises significant issues as to whether these parents and children gain those benefits which are attributed to the Missouri model of Parents as Teachers.

RECOMMENDATION 32:

The Committee recommends that the Minister for Education ensure that an independent evaluation is conducted of the modified Parents as Teachers program. This evaluation should focus on outcomes for parents and children who are part members of the program, in comparison to those who are full members.

The Committee further recommends that the findings of these evaluations be made publicly available, and used to determine the most appropriate application of the part membership model.

In relation to accessibility and relevance of the PAT program, the Department informed the Committee that parents who are referred by other agencies receive priority access to the program. The Department reports that parents using PAT include teenage parents, parents with a disability, parents with a child with a disability, Aboriginal and non-English speaking families, and families from a low socioeconomic background (Submission 77).

Dr Rice explained to the Committee that each PAT site has a community advisory committee and has developed a network of contacts within the local services in order to enhance referrals to the program. This has assisted in improving the participation rates of disadvantaged parents in the program (Evidence, 6 April 1998).

5.4.2.3 Interagency Schools as Community Centres

The Interagency Schools as Community Centres project operates from four public school sites in severely disadvantaged communities: two within the metropolitan area, one in a regional area and one rural location. These four projects provide various forms of support, education and assistance to some 500 families per week (Program information, May 1998, supplementary to Submission 77). The Interagency Schools as Community Centres is based on the concept of full service schools, using the school site as an accessible point in the community where people can access a range of services.

While a core group of programs has been developed at every site, one of the features of the project is that the range and type of programs offered is developed to meet local needs. The core group of programs includes playgroups, parenting information sessions, early childhood health clinics and transition to school programs. However, individual sites have developed their own focus of activity ranging from nutrition and food co-operative programs, literacy support programs, and a community-school bus service. The Department notes that:

a strength of the Schools as Community Centres project is that the model represents a balance between interagency co-operation and 'hands-on' service delivery (Submission 77).

Information provided by the Department of Education and Training indicates that a broad range of parents are accessing the Centres, including those with characteristics of disadvantage. Facilitators estimate that 90 per cent of families participating in programs offered through the centres are low income earners (less than \$28,000 per annum) and each centre offers programs specifically developed and targeted to parents from non-English speaking backgrounds, Aboriginal communities or fathers (Program information, May 1998, supplementary to submission 77).

An evaluation of the project demonstrated positive outcomes for the parents and children involved, to the extent that the departments involved have proposed an expansion of the program. Dr Rice informed the Committee that the proposal covers

the next three years with the possibility of 25 additional facilitators in each of the following years and enhancement...of \$10 million...I think we need to focus on services to the most at-risk families in the extended nature of the project (Evidence, 6 April 1998).

The approach used in the Interagency Schools as Community Centres project has been well supported by many participants in this Inquiry. The main benefits cited by other witnesses and submissions have been the collaborative approach between the departments involved, the 'grass-roots' nature of program development which ensured that services were relevant to the needs of parents, and the use of schools as an accessible venue for such services.

The National Child Protection Clearing House described the project as an innovative approach which:

aims to involve the community as a whole in the prevention of child maltreatment and other social ills, but which takes advantage of schools as a venue to access children and families (Tomison 1997a:14, supplementary to Submission 31).

A representative of NCOSS told the Committee that the Interagency Schools as Community Centres project:

is a particularly good model that has functioned very differently in the four pilot areas...It has really focused on what people want locally, what people need and allowed them to actually run a lot of that...a very empowering process for the parents involved (Ms Frow evidence, 16 March 1998).

Dr Cashmore of the Child Protection Council observed that the centres:

have responded to the needs of the community. The four projects are not identical. They have instituted things that the parents need...It has linked families. It is helping to link families to the school before the children get into school...It is providing a whole lot of social networks (Evidence, 27 February 1998).

The Committee supports the further development of the Interagency Schools as Community Centres project and Parents as Teachers, to be established in areas of disadvantage. The Committee notes that the proposed Families First program, announced in May 1998, will include the introduction of local development programs

based on the Schools as Community Centres model, for South Western Sydney, the Far North Coast and the Mid North Coast.

RECOMMENDATION 33:

The Committee recommends that the Minister for Education ensure that parents in every identified disadvantaged area have access to either an Interagency Schools as Community Centres project or a Parents as Teachers program.

5.4.2.4 Parenting in School Curriculums

A common theme throughout the Inquiry was the need to ensure that children and young people are provided with opportunities to learn about parenting, relationships and life skills prior to becoming parents themselves. Many recognised that school curricula provided an important way of ensuring that this occurred.

The Department of Education and Training confirmed that curriculum provisions currently cover issues relating to families and relationships skills. The Personal Development, Health and Physical Education curriculum covers Kindergarten to Year 10 and deals with the nature of families, roles and responsibilities of family members, and the development of children. Electives are available to students in Years 11-12 such as Exploring Early Childhood, which can contribute to the development of parenting skills (Submission 77).

The Committee understands that some schools supplement these core curriculum requirements with additional programs such as the Starting Out Project developed by Burnside (Submission 63) and the Principles of Parenting course developed by the Australian Red Cross Youth Development Program. The Committee also heard evidence from health professionals from community health services who play an active role in promoting pre-parenting skills through secondary schools in their local area.

The Committee supports the continuation of partnerships between schools and other interested agencies in ensuring that secondary school students have universal access to programs and courses which introduce them to life skills and knowledge to prepare them for parenthood.

5.4.3 CHILDREN'S SERVICES

There was widespread agreement throughout the Inquiry that access to quality children's services, was important both as a form of direct support for parents, and

as an avenue for accessing further education and support as required. For example, the Family Support Services Association argued that:

affordable quality child care...is an important way in which children's developmental needs can be met in a changing society, and can be a very accessible source of information and support for parents. It must be considered as part of the parenting education and support network available to NSW parents (Submission 35).

The Department of Community Services also recognises the value of children's services in being able to:

- *meet the gaps caused by dislocation of families and the lack of extended family structures;*
- *provide support for dysfunctional families;*
- *provide parents with a place to meet and exchange information, discuss issues with other parents and with trained professionals; and*
- *provide parents with support and appropriate referral to other support services...(Submission 98).*

A critical advantage of children's services as a source of parent education and support is that they are easily accessible - for those parents using children's services, there is regular contact with the staff, and advice and information can be sought as the need arises. As representatives from KU Children's Services pointed out:

...early childhood services...are a very easy context in which parents can ask for help. They do not have to admit to being failures as parents in order to actually seek help within the context of the program that the children are attending. Within that context there is... a highly qualified person who...is able to provide parents support, and is able to do it in a very immediate and relevant way for parents... in a totally non-pathologising way (Ms Campbell evidence, 3 April 1998).

One children's services setting, St Peter's Church Pre-School Kindergarten at Tamworth, described its varied parent education and support roles as follows:

The pre-school environment can...offer support to parents at several levels...because of the very constant interaction with the child's care givers...we are able to 'educate' parents informally when they come to us with concerns about their children's behaviour etc. There is also opportunity, as time and money allows, to provide more formal opportunities...covering areas of concern, for example, School Readiness Skills...(Submission 57).

Child care as a setting for parent education and support was identified as particularly important for disadvantaged families and those where children may be at risk. The CEO of Barnardos explained that:

All forms of child care have the possibility of increasing parent education if properly utilised. They are certainly one of the best, strongest and most effective forms of protecting children from abuse and neglect. They do it in a number of ways, not the least being that the parent does not have the whole 24-hour-a-day care...The parents become involved in a joint task of child care with the care agency.

They learn new ways of doing things through that care agency...(Ms Voigt evidence, 27 April 1998).

However, the Committee heard concerns from some witnesses that changes in the distribution of funding for child care by the Commonwealth Government may lead to parents removing their children from centres and using other forms of child care. A number of witnesses told the Committee that some centres had been forced to close as a result of changes to child care funding arrangements. For example:

- KU Children's Services told the Committee that as at March 1998, 75% of their centres had vacancies (Ms Burgess evidence, 3 April 1998);
- Ms Sandars told the Committee that within Fairfield City Council's Children's Services, there were 199 vacancies in pre-schools and 266 vacancies in the long day care centres, due to families being unable to meet higher fees being introduced by child care centres (Evidence, 6 April 1998); and
- Ms Germanos-Koutsounadis informed the Committee that specialist child care centres are being similarly affected, citing the example of a Greek child care centre with only 29 of its 40 places occupied (Evidence, 3 April 1998).

The Committee has been provided with a copy of the submission and presentation made by the Commonwealth Department of Health and Family Services to the Senate Community Affairs References Committee Inquiry into Child Care Funding.

This information confirmed that the Commonwealth Government removed operational subsidies for community child care centres from 1 July 1997. The objective of removing these subsidies was to improve efficiency and equity within the child care sector. The Department states that the subsidies benefited the 71,000 families using community based centres nationally, while 206,000 families used private centres which did not receive the subsidy.

The information from the Department also confirmed that since the decision to withdraw operational subsidies, 37 community based child care centres have closed. However, the department estimates that 68 private centres also closed during 1997. The Department attributes the closures of centres to issues related to oversupply as well

as financial viability problems following removal of operational subsidies.

The Committee recognises that changes in the area of child care funding and use will result in a reduction in the capacity of child care centres to play an active role in parent education and support, and reduces opportunities for parents to access parenting information and support from this informal and readily available avenue.

RECOMMENDATION 34:

The Committee recommends that the Premier direct the Office of Children and Young People to monitor any impact of changes in child care funding, in relation to parents' access to parent education and support programs. The Committee further recommends that these changes be taken into account in the development of the strategic plan for parent education and support programs.

Disadvantaged families have faced specific difficulties in accessing child care centres due to the eligibility criteria which provides priority to parents in employment or training. Ms Voigt told the Committee that the parents most in need of support and respite through child care are not "people who are lucky enough to be able to take up positions in the work force" (Evidence, 27 April 1998).

However, Ms Voigt advised that recent discussions with relevant Commonwealth officers had revealed that child care costs for children with special needs could be covered by Special Child Care Assistance. The Committee also understands that where the centre identifies a child to be at risk or a family to be in crisis, a child can access a centre for more than the 20 hours per week non-working parent limit. Ms Voigt told the Committee that each child care centre could allocate up to 5% of their Child Care Assistance budget on children with special needs. She noted that this would provide sufficient places for all children under five years of age who have been notified to the Department of Community Services as being at risk (Evidence, 27 April 1998).

RECOMMENDATION 35:

The Committee recommends that the Minister for Community Services confirm with the Commonwealth Government that provisions for Special Child Care Assistance allow centres to accept the placement of children at risk under the provisions for Special Child Care Assistance. If this is so, the Committee further recommends that child care placement be considered a high priority in the case planning for all pre-school aged children notified to the department as being at risk.

5.4.4 WELFARE BASED PROGRAMS

5.4.4.1 Family Support Services

As described in Chapter Three, family support services funded through the Community Services Grants program make up a substantial proportion of welfare based services providing education and support to parents. According to the Family Support Services Association, there are currently 138 family support services operating 160 projects across NSW (Evidence, 27 February 1998).

Ms Mulroney, of the Family Support Services Association described family support services as:

...organisations that have as their primary focus and aim the support of families when and how they need support in their parenting role...place primary emphasis on strengthening individual and family functioning...especially to enhance their parent-child rearing capacities (Ms Mulroney evidence, 27 February 1998).

The strengths of family support services were described as being that they provide:

...a one-stop shop for the family. It offers both direct crisis intervention services and prevention services to head off possible deterioration in the parenting of a vulnerable child. The benefits of integrated service delivery allow for soft entry points for families, continuity of support, provision of a holistic approach and better flow-on for clients (Ms Kiely evidence, 27 February 1998).

The range of services offered by family support services was described by one service as including:

...one to one family support work to families in their home (home visits), counselling, information and referral, advocacy, group work, parent led support groups, and parent education courses designed for our client group...We also offer services that are not accessible or available for families locally eg this service has a free legal advice morning once a month (Sutherland Shire Family Support Service Inc, Submission 40).

The Family Support Services Association argued that this approach to service delivery resulted in their services being both accessible and relevant to those families which other programs find difficult to reach:

An analysis of the client groups shows that family support services are working with parents and children who have a profile of relative disadvantage. One parent families, families on low incomes and in public housing are over represented in the client group of family support services (Submission 35).

This assertion is borne out by the information reported in *Turning to Family Support: Facts and Figures about Family Support Services in NSW* following the state wide data collection of 1997. These data shows that:

- 34% of the families supported were known to include children who had been notified to the Department of Community Services as being at risk (this comprised over two thousand children);
- 18% of projects were specifically designed and directed to people of non-English speaking background;
- 12% of projects were specifically designed and directed to Aboriginal people;
- 18% of families supported included a parent with an intellectual disability;
- 22% of families supported included a child with an intellectual disability;
- 56% of families supported were a one parent family;
- 78% of families supported received a pension or benefit;
- 38% of families supported lived in public housing, with a total of 78% living in rented accommodation; and
- 40% of families supported are in situations where domestic violence is an issue (Family Support Services Association, 1998).

However, it appears that there are insufficient services to cater for the needs of specific populations. The Sutherland Shire Family Support Service noted that the lack of new funding meant that:

There have been few new services established in family services for Aboriginal communities (except for two pilots working with vulnerable families) Ethno-specific services have been kept to the 1988 inadequate number...(Submission 40).

The capacity for family support services to work with families in stress, and the increasing rate of referrals of families from the Department of Community Services, together with a lack of growth funding has resulted in family support services facing a

level of demand which cannot be met.

According to representatives from the FSSA, the demand for services is currently so great that:

Approximately 75 per cent of all family support services currently gave waiting lists. A number of services do not have waiting lists, because they have decided that it is not fair to families (Ms Mulroney evidence, 27 February 1998).

Ms Kiely elaborated:

The number of referrals outstrips the capabilities of services in New South Wales. People simply close their books and take no more on. Sometimes it is the only way for services to manage (Evidence, 27 February 1998).

The impact of this level of demand is not simply reduced access to programs, but also a change in the nature of work conducted by family support services and a changing client profile. The Family Support Services Association reported that:

Because a lot of time is spent on providing core programs and there is no extra money to do anything else ...they cannot devise specialised programs for particular people on their caseload or in the area where they could benefit considerably from preventative programs (Ms Kiely evidence, 27 February 1998).

The state audit of child abuse prevention programs conducted by the National Child Protection Clearing House also found that high levels of demand on family support services were detracting from their capacity to conduct preventative work:

Of more concern was the finding that 'at risk' families were having greater difficulty accessing prevention programs [through family support services] because of pressure on agencies to accept tertiary (abusive) clients (Submission 31).

The Committee has already expressed its view on this state of affairs and recommendations made in Chapter Three seek to address this issue.

5.4.4.2 Other Child and Family Welfare Services

The Committee heard evidence from services working with children and families who provide parent education and support as part of their services. These organisations were all concerned with ensuring that those families under the most stress, and in the most need of parent education and support programs were able to access programs

which met their needs.

The Association of Child Welfare Agencies which represents over 100 member organisations with an interest in child, youth and family welfare services told the Committee that parent education is:

... one of a number of important strategies for assisting parents who are struggling in their role to try to prevent abuse and neglect, to try to prevent kids coming into care and also...for people who are preparing to become foster parents or adoptive parents (Mr Spence evidence, 6 April 1998).

Child and family welfare organisations who contributed to the Inquiry included the Mercy Family Life Centre, the Benevolent Society, Barnardos Australia and Burnside. From their submissions and evidence the Committee identified the following range of services provided by such organisations:

- parenting education courses conducted over a fixed time period;
- home visiting services using professional staff for high risk families;
- home visiting services using volunteers for low risk families;
- parent support groups; and
- individual casework and counselling.

A very strong theme in the submissions and evidence from these organisations was the need to provide parent education and support programs within the context of broader family and child welfare services in order to reach the most disadvantaged families. As the CEO of the Association for Child Welfare Agencies explained:

...parent education has to be delivered alongside a host of other services and has to be delivered alongside parent support programs...We would prefer to run parent support and parent education together...parent education is more effective when it is delivered within a supportive relationship basically so that parents who may be experiencing serious difficulties have the personal and practical assistance (Mr Spence evidence, 6 April 1998).

The CEO of Burnside explained that a key strategy used to engage parents in education and support services was through the child and family centres located in disadvantaged areas:

From these centres we offer a range of support type services...a soft entry point [for] developing relationships with people who then come to trust our workers that can lead to an environment where you can actually start to work on some of the other issues...(Ms Stien evidence, 3 April 1998).

Similarly the Director of the Centre for Children at the Benevolent Society reported that:

education makes sense if you are binding that up in a relationship that is working to change what is happening...with high risk families, they need to have a relationship, whereby they work through the issues that they have...In that, you can introduce education strategies...(Mr Ford evidence, 6 April 1998)

These organisations pointed out that although parenting groups could be of benefit to their clients, they are unlikely to be attractive or effective for disadvantaged parents on their own. For example, the CEO of ACWA pointed out that it is:

...very difficult and unrealistic to expect that brief structured parent education courses are going to bring about major change in behaviour and attitude, particularly for...vulnerable parents who are really struggling in their parenting role...it is of limited value to take a group of highly disempowered parents and put them through some kind of structured course (Mr Spence evidence, 6 April 1998).

The experience of the Benevolent Society also suggested that:

High risk families...are unlikely candidates for short or long term parent education programs. They do not respond well to instructional programs...but can use help when offered through a helping relationship...Our experience has shown that the people who are motivated to attend parent education programs are...unlikely to be families who are in desperate need for help. The families who need help often stay away from such programs (Submission 47).

These views were supported by others such as Ms Dorothy Ginn of the Child Abuse Prevention Foundation Inc who argued that:

Our concentration is directed towards improving the child's total environment by supporting and guiding the parents in an individual, warm human and exampled way...this cannot be done by formal education...The considerable funding involved in a formal education scheme will, in our opinion, achieve but little and could be much better employed supporting dysfunctional families (Submission 25).

Others who emphasised the importance of broader support for vulnerable families included the Department of Education and Training, Australian Association for Infant Mental Health, Dr June Allan, Ms Wies Schuringa (co-founder of now defunct Parent Education Network), and Mrs Langford.

However, the Committee also heard that there were some benefits for vulnerable parents in participating in group based programs, particularly where combined with, or as a follow-up to individual support. The CEO of the Benevolent Society noted that the parenting groups or courses provided an opportunity for information sharing, discussion, confidence development and as a source of peer support (Mr Ford evidence, 6 April 1998). This view was supported by other witnesses and submissions to the Inquiry including ACWA, Burnside, the Community Women's Network, and Dr Sanders.

While none of the submissions or witnesses provided figures on use and demand, all agreed that a lack of resources and consequent shortage of services was the major barrier to parental access to services. Burnside argued that:

In an environment where resources are limited, services...become reactive and crisis oriented...the result of this is that families have to be at crisis point before becoming eligible to receive service (Submission 63).

Similarly, the CEO of Barnardos Australia told the Committee that:

Resourcing is a barrier to people, particularly the most vulnerable people, gaining access to programs (Ms Voigt evidence, 27 April 1998).

The Committee understands that this situation is exacerbated by the intensive and long term individualised support often required by parents at risk.

5.4.4.3 Telephone Help Lines

Parent Line is a telephone information, support, counselling and education service, provided through Centrecare, with funding from the Department of Community Services. The service is available to parents from 9am to 4.30pm Monday to Saturday, and is staffed by professional counsellors with experience in child and family work. The Program Manager of Parent Line noted that the services:

Is often the ... sole point of contact for many, and a point of entry into other relevant services for others...offering support and information to parents, and preventing family crises by offering an intervention at an earlier stage of problem development (Submission 75).

It appears that Parent Line provides a complementary service to the telephone advice lines of Karitane and Tresillian, which focus on children aged 0 - 5 years. The majority of calls to Parent Line are from parents of primary school aged children (33%) and adolescents (40%), with only 22% of calls from parents of pre-schoolers and 7% from parents of babies and toddlers.

The nature of a telephone advice line means that it is equally accessible to any parent with a telephone, regardless of geographic location. As with the telephone advice lines of Tresillian and Karitane, Parent Line reported that:

it is apparent from the diversity of the location of callers that a broad cross-section of the community uses the service...We are well used by parents in most rural areas, reflecting the lack of other available services and, sometimes, the parent's wish for anonymity in a small community (Submission 75).

However, as with most other services, Parent Line acknowledges that:

groups which do not use the service as much as they might are the Aboriginal and Non-English speaking background populations...there are some cultural impediments to Aboriginal people wishing to consult people whom they don't know...Likewise, with the NESB communities, counselling services outside of their communities are not often accessed (Submission 75).

As with the telephone advice services offered by Tresillian and Karitane, Parent Line reported that it is unable to meet current demand for its services, with calls received in February/March 1998 up 25% on the same period in 1997, and 21% of calls unanswered. Parent Line estimates that in 1999 the rate of demand will increase to 207 counselling calls per week (Submission 75).

Accessibility of the service is also restricted by the operating hours of 9.00 am to 4.30 pm. Parent Line reported that:

expansion of the service to evening hours was not possible given the current funding, even though this was a recommendation of the Evaluation Report (Submission 75).

The Committee notes that these restricted hours of operation compare poorly to the 24 hour service available to parents of babies and toddlers, through the Karitane and Tresillian telephone help lines. The various parenting telephone advice services offered in other states also provide more accessible hours of service. The Family Helpline in Western Australia, the Parent Help Line for South Australia and the proposed Parentline in Victoria all offer 24 hour access.

The Committee considers that telephone help lines provide an extremely cost-effective

service which have the capacity to respond immediately to parenting difficulties before they develop into more significant issues. The Committee also recognises the unique benefits of telephone based services in providing access to information and advice for those families living in rural and remote areas or who are otherwise isolated.

RECOMMENDATION 36:

The Committee recommends that the Minister for Community Services enhance the funding provided for Parent Line to enable the provision of services during evening hours, as recommended in the independent evaluation completed in 1996. The Committee further recommends that the demand for Parent Line be monitored on a periodic basis, to determine whether any further extension of hours is required.

5.4.5 VOLUNTEER PARENT SUPPORT PROGRAMS

The Committee is aware the Minister for Community Services funds a number of parent support programs, including those which recruit volunteers to provide home visits to disadvantaged families. Such programs include the Parent Support Program at Karitane, the Cottage Community Care project at Campbelltown and the Home Start program of the Benevolent Society. Other volunteer parent support programs are provided by Good Beginnings, with funding from the Commonwealth Government.

As discussed earlier, the evidence before the Committee has demonstrated the advantages of programs using home visiting in providing accessible and individualised parent education and support, particularly to those parents least likely to attend centre based programs.

Witnesses and submissions identified a number of ways in which volunteer based programs can enhance the relevance and accessibility of parent education and support. Representatives from Karitane stressed that volunteer programs allow an agency scope to match families with volunteers from similar cultural backgrounds, and greater continuity of support. Another benefit of a volunteer based program is that:

...by having another lay person rather than a health professional it normalises what the family is going through. It is not a professional/client type relationship...(Ms Vaughan evidence, 16 March 1998).

From evidence available to the Committee, the main factors which limit the capacity of a volunteer parent support program relate to funding, and the number of volunteers.

Although these parent support programs rely on volunteers to provide the direct support to families, resourcing is required for a co-ordinator to recruit, supervise and support

volunteers; interview families; allocate volunteers to families and monitor the ongoing relationship. Volunteers also require access to professional and clinical supervision, and training. The number of volunteers and families which can be supported will be determined by the number of co-ordinators or professional staff employed.

The Committee heard that, in at least one case, the funding provided for a volunteer home visiting program met only an extremely small proportion of the need in the area. The Cottage Community Care Project in Campbelltown receives enough funding to enable 50 mothers to be supported. However, Dr Nossar pointed out to the Committee that:

we have 3,000 births a year in Campbelltown. Picking those 50 is a bit hard (Evidence, 6 April 1998).

The other limitation for volunteer programs relates to the capacity of a program to attract and retain volunteers. Karitane reported some difficulties in attracting volunteers, particularly from the range of different cultures which reflect those of some of the families in need of support. At the time of hearings the Good Beginnings project had attracted, in two recruitment drives, three and seven volunteers respectively (Ms Wellesley evidence, 16 March 1998). The Committee notes that both these programs are new however. More established programs, such as the Benevolent Society's Home Start, do not appear to be limited by difficulties in attracting volunteers. The Deputy CEO of the Benevolent Society reported to the Committee that:

it always surprises us that we...continue to be flooded by people who want to do this [become volunteers] (Mr Ford evidence, 6 April 1998).

5.5 FEATURES OF EFFECTIVE PARENT EDUCATION AND SUPPORT PROGRAMS

The vast majority of witnesses and submissions agreed that parent education and support programs could and are being provided in a wide range of ways, and many expressed the view that a diversity of programs and strategies is both necessary and desirable to meet the needs of different families.

The Committee was also reminded that:

parents represent all socio-economic and socio-cultural aspects of our society and their only commonality is that they have a child or children. Therefore there is no "one size fits all" parent education program to meet the needs of all parents (Submission 19).

The Committee endorses this view and further adds that there is no "one size fits all" program approach or strategy which will meet the needs of all parents, although clearly

some strategies offer more flexibility than others, and are therefore more likely to be able to meet the needs of a range of different parental circumstances.

On this basis, most witnesses and submissions preferred to identify features and strategies which would promote the effectiveness of programs, rather than identify specific programs as being effective. The Family Support Services Association stated that:

our experience is that there are not any programs that stand out head and shoulders above the others. Effective parenting programs are developed from good practice principles, are adequately resourced and monitored and work co-operatively with other agencies (Submission 35).

The Committee has adopted a similar approach in identifying programmatic features which independent research and evidence to the Inquiry has indicated contribute to positive child and parent outcomes. The Committee notes that the advantage of such an approach is that it encompasses the broad range of approaches and processes used in parent education and support programs, regardless of the provider. The identification of these programmatic features provides a set of criteria for assessing the relevance and accessibility of proposed programs, and may form a basis for the development of standards or other mechanism for quality assurance and accountability. These issues are discussed in Chapter Seven.

The following list of programmatic features has been developed by the Committee after considering the evidence presented in the Inquiry and discussed in this and preceding chapters, and reflects the findings of research into the effectiveness of a range of parent education and support programs. Each of the features have been discussed in earlier sections of the report, and so are listed here without further discussion.

The features of parent education and support programs which are effective in meeting the needs of families, and promoting their participation are as follows:

- a. Adoption of an ecological approach involving out-reach and home visiting strategies;
 - b. Addressing multiple needs, such as skills, information, and support;
 - c. Implementation early in the child's life, and at key transition points;
 - d. Intensity, length and structure increased with relative disadvantage of family;
 - e. Identification and building on families strengths, with the goal of self-sufficiency;
 - f. Identification of and addressing parental agendas and issues (family centred approach) except where child at risk;
-

- g. Assisting parents to understand the developmental needs and stages of children and provide information and strategies on meeting these;
- h. Addressing relationship and communication issues;
- i. Provision of simultaneous programs for children;
- j. Providing links to informal peer and social support networks, as well as formal services; and
- k. Provided from locations which are universally used, and non-stigmatising.

The Committee recognises that not all programs would be able to address all these features within their purview. This is particularly true of informal programs, such as mothers groups, and information programs. However, the Committee proposes that these programmatic features be broadly adopted to provide guidance in the development of programs.

RECOMMENDATION 37:

The Committee recommends that all government agencies acknowledge the features of effective parent education and support programs, and adopt them as guidelines in the development of parent education and support programs. These features include:

- a. Adopting an ecological approach involving out-reach and home visiting strategies;
- b. Addressing multiple needs, such as skills, information, and support;
- c. Implementing early in the child's life, and at key transition points;
- d. Intensity, length and structure increased with relative disadvantage of family;
- e. Identifying and building on families' strengths, with the goal of self-sufficiency;
- f. Identifying and addressing parental agendas and issues (family centred approach) except where children are at risk;
- g. Assisting parents to understand the developmental needs and stages of children and provide information and strategies on meeting these;
- h. Addressing relationship and communication issues;
- i. Providing simultaneous programs for children;

- j. Providing links to informal peer and social support networks, as well as formal services; and
- k. Providing locations which are universally used, and non-stigmatising.

5.6 SUMMARY AND CONCLUSION

The Committee has identified numerous factors which act as barriers to participation in parent education and support programs. A number of these relate to parents' own perceptions of the role and value of such programs, as well as a reluctance to accept assistance. Evidence before the Committee indicates that the most effective way to address these issues is through ensuring that parent education and support programs are widely available and promoted as a generic support service aimed at assisting parents in their role.

However, even when parents are willing to use parent education and support programs, the programs currently available may not be relevant to their needs or easily accessible. In some cases this may be due to specific needs of the parents for which there are no services currently available. In other cases existing programs may not be able to respond to demand, leaving parents without the assistance they seek. Evidence before the Committee also demonstrated that lack of information about available services can act as a significant barrier to access.

The Committee heard extensive evidence about strategies for increasing the relevance and accessibility of parent education and support programs. Some of these strategies related to broad based approaches such as basing programs in settings used universally by parents. Another broad based strategy involves introducing home visiting as a model of service delivery, which removes the practical difficulties facing many parents in attending centre-based programs, and allows a more individualised and ecological approach to parent education and support.

Other strategies considered by the Committee included very specific issues such as the use of parenting information and resources, the use of information technology and the timing of programs.

Existing parent education and support programs provided through health, education and welfare agencies were examined to assess any specific barriers to parental participation, and a range of recommendations made to address these.

The evidence considered by the Committee strongly demonstrates that improving access to services is more complex than providing extended hours services or making the same services more available. There is a need for parent education and support programs to be strategically provided in ways which are closely linked with services and facilities already used by parents, and which enable parents to obtain assistance without fear of being perceived as an inadequate parent. The key features of effective programs provides a guide to developing parent education and support which will ensure that programs are relevant and accessible to parents.

PARENTS WITH PARTICULAR NEEDS

DUBBO, NEW SOUTH WALES: A CASE STUDY OF A REGIONAL COMMUNITY

The Dubbo community provided 15 submissions to the Inquiry based on a standard questionnaire, which was developed and distributed by two community members.

Those agencies that provided submissions included:

- non-government organisations such as the Australian Red Cross and Interrelate; children's services such as child care centres, pre-schools and after-school care centres;
- generic health services such as community health services, school health services and community midwives; and
- specialist health services such as mental health, early intervention, drug and alcohol, and paediatric occupational therapy.

These agencies provided a range of parent education and support programs including formal parent education programs, parenting information sessions, support groups, and individual support and education.

The level of demand for these services varied widely, with one respondent noting that information sessions were 'poorly attended', and three of the agencies reporting that fewer than ten parents attend programs. In contrast to this, the Mental Health Promotion Unit reported that over 200 parents participated in the Positive Parenting Program over a 12 month period. This agency noted that although it was primarily an adult service, it had commenced working with adolescents due to demand, and reported outstanding need for increased resources for mental health assessment services for children under 12 years of age (Submission D088).

The twelve of the fourteen agencies reported that they were not adequately funded for the provision of parent education and support programs. For a number of these agencies, parent education an additional component of the service which is not funded.

In identifying areas requiring additional resourcing, five agencies identified needs which arise from service provision in a regional setting. These were:

- additional funding to enable services to travel to outlying areas or areas of high need;
- financial assistance to meet costs of bringing professionals from outside the area to conduct programs; and
- funding for the provision of specialist services for disadvantaged groups.

For example, Interrelate reported that:

We currently have small funding to offer counselling in small towns within a 200 km radius of Dubbo - we know there is a huge need for this work and opportunities for parents in these towns (Submission D083).

One of the Departments of the Child, Adolescent and Family Health Team urged that:

Consideration must be given to the isolation experienced by farming families. These parents rarely 'go to town' and often cannot access playgroups/grandparents etc. Information provided must be made accessible to them - eg visiting services, videos, radio, free phone talks, evening functions and other services (Submission D089).

Services also identified gaps in programs for parents with particular needs, including peer support programs for parents with a new baby with a disability, education programs for parents about the particular health and education needs of children with a disability, and programs for parents whose children have Attention Deficit Hyperactive Disorder. Suicide awareness education for parents was also identified as an outstanding need, in light of the high rate of youth suicide in rural, regional and remote areas.

The issues raised by these agencies from Dubbo highlight the specific challenges in rural and regional communities which need to be addressed to ensure that appropriate parent education and support programs are available for families in these areas.

Throughout the Inquiry the Committee heard evidence of particular groups of parents who are unable to access an appropriate range of parent education and support services. These include parents whose personal characteristics or circumstances result in specific parenting issues, not adequately addressed in existing programs. It also includes those parents who are unable to gain access to services due to isolation, such as those living in regional, rural and remote areas. The isolation of these families and the lack of resources available outside of metropolitan areas means that even the most generic parenting support is difficult to access. Parents with specific parenting needs in rural areas are doubly disadvantaged.

In this Chapter, the Committee considers the range of parenting issues facing these groups of parents, and identifies strategies for promoting their access to appropriate services. In some cases this requires the provision of specialist services, in others the adaptation of existing models. In most cases however, the Committee found that parents with particular needs require a combination of enhanced access to mainstream services, supplemented by specialist programs.

6.1 PARENTS LIVING IN RURAL, REMOTE AND REGIONAL COMMUNITIES

A recurring theme throughout the Inquiry was the difficulties faced by families in rural, remote and regional communities to gain access to parent education and support services. The reasons for this included:

- relatively fewer services available;
- access difficulties created by geographic isolation and long distances;
- absence of specialist services eg for parents with a disability;
- confidentiality and privacy issues which may make parents reluctant to seek assistance; and
- additional costs for service providers resulting in less money available for service delivery.

As explained by Contact:

geographic isolation presents families with various specific challenges. In rural and remote areas...many families live long distances away from all forms of children's and community services as well as from their nearest neighbours. These families have few if any choices. Their access to appropriate resources...is severely limited (Submission 66).

This situation is compounded by restricted availability of services. The Family Support Services Association has half its member services located in rural areas and

reported that parents in these communities are particularly disadvantaged in accessing services. The FSSA noted that:

The higher costs of service delivery to such families have resulted in fewer services being available to them...the cost of travel makes even rural services unable to work much outside the boundaries of the larger country towns (Submission 35).

Three dominant themes emerged in evidence and submissions about strategies for improving access to services in rural and remote areas. These were the greater use of mobile services, increased use of the telephone and other communication and information technology, and the need for funding to cover higher travel costs to ensure service delivery is not restricted.

The use of mobile units has been reported as an effective way of improving access to services and support. The Contact project uses mobile units as a primary strategy in reaching isolated families. The mobile units provide isolated families with access to child centred activities, developmental information for parents, and demonstrations of appropriate activities. Other participants in the Inquiry supported the development of additional mobile units (NCOSS and Family Support Services Association).

However, mobile units, like home visiting, are a strategy, not a program. A range of mobile services would be required to meet the needs of parent education and support. This range may include early childhood health services, children's services and home-to-school transition services.

The use of telephones and other communication or information technology is another useful way of improving access to advice, information and support for families in rural and remote areas. Existing data demonstrates that parents from rural and remote areas are using telephone help lines. For example, figures provided by Parent Line indicated that 22% of their callers come from areas outside of the Newcastle-Sydney-Wollongong area, with the service reporting that:

We are well-used by parents in most rural areas, reflecting the lack of other available services and, sometimes, the parent's wish for anonymity in a small community (Submission 75).

Similarly, a representative from Tresillian told the Committee that 30% of callers to their parent help line were from rural areas (Ms Partridge evidence, 16 March 1998).

Dr Sanders also reported positive results from a trial of a parent training program with families in rural areas which relied on telephone sessions with the parent trainer. In this trial, the Parenting and Family Support Centre provided a:

...ten session, telephone assisted, 20-minute per week telephone

consultation in which the parents received a self-directed resource program and professional contact (Evidence, 23 March 1998).

Dr Sanders told the Committee that the results from this trial showed that the telephone consultations were far more effective than the completely self-directed program, and just as effective as face-to-face consultations (Evidence, 23 March 1998).

The National Project Director of Good Beginnings told the Committee that, for remote families, the volunteers were primarily providing support through telephone contact, supplemented by visits when the parent comes into the nearest town (Ms Wellesley evidence, 16 March 1998).

RECOMMENDATION 38:

The Committee recommends that in the strategic plan for parent education and support programs, the Office of Children and Young People pay particular attention to families in rural areas and develop strategies for addressing their needs. The Committee further recommends that service providers in rural areas should be encouraged to make greater use of mobile service units and information/communication technology, including the telephone.

The additional costs involved in providing services over long distances need to be met through funding arrangements to prevent the quantity of services from being eroded. The FSSA have argued that funding for rural and remote services should cover the costs associated with travel time, use of a vehicle and other travel expenses (Submission 35). A parent living in a regional centre noted that the increased distances involved in providing services to rural and remote areas result in increased staff time being taken in travel. This parent noted that this essentially reduced the amount of time available for service delivery (Submission 105).

RECOMMENDATION 39:

The Committee recommends that the Ministers for Health, Education and Community Services ensure that funding allocations for rural services provide for costs associated with staff travel time, use of vehicle and other travel related expenses.

It was apparent from evidence before the Committee that services for parents with special needs were even more difficult in rural areas. Parent Access program noted that services were lacking and there were extensive needs for support for parents with intellectual disabilities (Evidence, 6 April 1998). Shipp pointed out that the absence of any support services in rural areas for a parent with mental illness meant that parents had to leave their community to get assistance (Submission 52). Karitane noted that all NSW parent craft residential services are located in Sydney. Difficulties this poses for rural families are reflected in the fact that only 9% of admissions in 1997 were of parents from rural areas.

The small concentration of parents with any of these particular needs in any one rural community would make the establishment of specific programs costly. The Committee recognises this challenge, and suggests that improving the capacity of existing services to meet the needs of parents with particular needs would be a more effective approach. This would require ensuring that all staff working with parents are adequately trained to identify parents with a disability (including a mental illness) and to provide appropriate support to families where either the child or the parent has a disability. It will also require ensuring that consultancy programs such as the Parent Access Program are adequately resourced to meet the needs of mainstream services for information and skills in supporting parents with a disability.

RECOMMENDATION 40:

The Committee recommends that the Minister for Health ensure that staff in rural areas are given priority in any training initiatives which would enhance their skills in working with parents with special needs. This would include, but is not limited to, programs such as the Postnatal Depression Education Program.

However, even with increased skills of mainstream staff, some parents will still require more intensive support in the form of residential care, which is comparatively readily available to peers in metropolitan areas. This will apply particularly to parents who have a mental illness, and those experiencing significant difficulties parenting a new baby. The Committee strongly supports the provision of services to parents within their own communities, as parents should not be removed from their own sources of support (formal or informal), and for the women in the circumstances described, physical dislocation involved in attending a service in the metropolitan area may add considerably to their distress. Nonetheless, the Committee recognises that it may not be effective to establish specialist units for parents with particular needs across the state. In addition to the costs involved, the low level of use militates against the development and maintenance of the necessary level of expertise and specialisation. The Committee has concluded that further investigation of how to best meet the acute support needs of rural parents is required.

RECOMMENDATION 41:

The Committee recommends that the Minister for Health ensure that a feasibility study be undertaken to identify the most effective way of providing residential parenting programs for rural women with postnatal depression or other mental illness, and women experiencing significant difficulties parenting a new baby.

6.2 ABORIGINAL PARENTS

While indigenous parents share the same needs for education and support as all parents, the way in which this is best provided is likely to be quite distinct. This is due to a combination of factors, including cultural issues, some specific socioeconomic and geographic disadvantages faced by indigenous families, and the impact of past policies which have separated children from their families.

The Committee received no submissions from Aboriginal organisations, and heard from only one Aboriginal witness, and is reluctant to make definitive recommendations without adequate information from Aboriginal communities. However, the Committee notes that there has been some previous work done in this area which merits further consideration, as well as some current projects which may provide guidance for the development of programs in New South Wales.

Previous reports have identified that Aboriginal parents face a number of specific issues which impact on their parenting capacity. The Inquiry by the Human Rights and Equal Opportunity Commission into the stolen generation found that parenting skills amongst the Aboriginal population was seriously impaired as a result of the forced separation of children from their parents. The report stated that:

A very significant continuing effect of the forcible child removal policies has been the undermining of parenting skills and confidence. Rebuilding these must be a priority (Human Rights and Equal Opportunity Commission, 1997:398).

The Secretariat National Aboriginal and Islander Child Care consulted extensively with Aboriginal communities in urban, rural and remote areas to develop the Proposed Plan of Action for the Prevention of Child Abuse and Neglect in Aboriginal Communities (1996). It reported that the following factors (amongst others) contributed to child abuse and neglect in Aboriginal families:

- violence within the family and community;
- alcohol and substance abuse;
- overcrowded and inadequate housing; and
- poverty (1996:5-6).

The Plan of Action also identified a number of systemic issues which limited Aboriginal family's access to services which might assist in their parenting. These included a

perception that services are a part of the government, a lack of information about services, and a fear that contact with 'authorities' may lead to the removal of their children.

The Committee heard evidence from an Aboriginal elder in a regional town that the loss of Aboriginal culture has particularly impacted on indigenous fathers:

They do not know where they are coming from, or where they are going. That is due in part to a lot of government policies and previous stolen generations [which has] diminish[ed] the role of the men in the Aboriginal families, telling them that they were no longer the head of the family... That, over generations, has been passed onto men... passing the same thing onto the kids who are growing up (Mr Widders evidence, 12 May 1998).

Recommendations from this Plan of Action included the development of parenting education programs for aboriginal carers, with an emphasis on the involvement of local communities in both the development and delivery of such programs. The report suggested that programs should be delivered through existing Aboriginal forums, and through schools, and child care centres used by Aboriginal families. Resources to support these programs should include videos, pamphlets and easy to read books, tailored for an Aboriginal audience.

The Committee has also reviewed the results of an extensive consultation of Aboriginal families in remote areas, conducted by Contact Inc., reported in *Identified Needs of Remote and Isolated Aboriginal Children, Families and Communities* in NSW (Kutena, 1995). The findings of these consultations highlighted a desire amongst Aboriginal communities to have a greater range of programs for children and parents, particularly playgroups, pre-schools and teen drop-in centres. The overwhelming criteria for any programs was that they were developed by local communities to ensure that they would be provided in a culturally sensitive way.

Program strategies which met with strongest support from Aboriginal parents included:

- the use of an Aboriginal mobile unit which could travel throughout remote areas, providing easy access to information and activities;
- the use of community radio for parenting tips or discussion sessions;
- using the *Koori Mail* as a source of parenting information and ideas through a lift-out section; and
- the provision of programs through existing Aboriginal community structures, so that people could access them through places they are comfortable with and already use.

Interestingly, the use of telephone advice lines was not highly regarded. The Committee has heard from other evidence, that the telephone is a particularly valuable means for parents in rural and remote areas to access support and information. However, Aboriginal families who were consulted stated that they would not use a telephone for help, but preferred personal contact with someone they know. Ms Kingwill, the Co-ordinator of Contact, also pointed out to the Committee that many Aboriginal communities do not have easy access to a telephone (Evidence, 3 April 1998). These views are consistent with information from Parent Line indicating that few Aboriginal parents avail themselves of their service (Submission 75).

The Committee is aware that a number of other states are currently developing or trialing different strategies for improving access to parent education and support for indigenous Australians. The following projects have been funded by the Commonwealth under the Parenting Education Best Practice Grants announced in May 1997 by the then Minister for Family Services, the Hon Judi Moylan:

- The Education Program for Aboriginal Parents/Carers is developing culturally appropriate parenting materials, and examining options for enhancing existing services and increasing access to culturally appropriate parent education resources for Aboriginal parents, particularly in remote areas of Queensland;
- Western Australia is developing an Early Intervention Program for Aboriginal Families which will involve the development of a specific culturally relevant program. Another project involves the development and dissemination of information sheets on parenting issues specifically targeted at Aboriginal families; and
- South Australia is developing a series of Parent Easy Guides specifically for Aboriginal families.

The Committee believes it would be valuable to examine the results from these projects, to provide some guidance to how best to proceed in NSW.

Representatives from the Western Australian Department of Family and Community Services told the Committee that the Western Australian Government has commenced an Aboriginal parenting program, for a three year pilot period, targeting children from birth to eight years. This program is a joint initiative of the Departments of Family and Community Services, Health and Education, and provides a range of services including playgroups, nutrition programs for parents, establishment of family centres and immunisation clinics (Ms Renshaw briefing, 15 June 1998).

The Committee heard evidence from a number of witnesses about strategies which had proved effective in increasing the participation of Aboriginal people in mainstream programs. The Interagency Schools as Community Centres project located in Redfern

Public School has reported that indigenous children comprise 95% of the children using the bus service to school, and 80% of children participating in the transition to school program (Program Information May 1998, supplementary to Submission 77). Community Health Services have also experienced success in improving the access of Aboriginal families to health services through strategic location of services and the use of Aboriginal staff (Ms Macartney-Bourne evidence, 3 April 1998). The key themes in these successes appear to be locating services in areas of high indigenous populations, and in venues indigenous people are already using (such as schools); and the employment of, or close liaison with, Aboriginal workers.

There is a need to ensure that education and support is available to Aboriginal parents in a manner which is accessible to them and which addresses the specific parenting issues they face. The Committee believes that there may already be some appropriate models of service delivery which will enhance the provision of parent education and support programs for Aboriginal people.

RECOMMENDATION 42:

The Committee recommends that the Office of Children and Young People address the specific needs of Aboriginal parents for education and support in the development of the strategic plan. Appropriate parent education and support programs should be developed with the close involvement of Aboriginal people using the existing consultation forums.

The Committee further recommends that this research should build on the findings of previous consultations and pilot programs being conducted in other states.

6.3 PARENTS FROM NON-ENGLISH SPEAKING BACKGROUNDS

Throughout the Inquiry, the Committee heard that parents from non-English speaking backgrounds (NESB) were unable to access existing services, and that there are insufficient specialist services available to meet their needs. The evidence reviewed by the Committee in Chapter Five - Promoting Accessibility and Relevance - confirmed the limited use of many generic services by parents of non-English speaking background. For example, Karitane reported that despite attempts at targeting NESB parents through the volunteer support programs, only 7% of families using the services were from a NESB (Ms Vaughan evidence, 16 March 1998). Data from both the Playgroup

Association and Parent Line showed significant under-representation from parents from NESB, with only 9% and 6.5% of participants identified as being from NESB (Submissions 59 and 75 respectively).

Witnesses and submissions identified the major barriers to the participation of parents from a NESB in generic parent education and support programs as being:

- lack of information about services, and lack of knowledge or contacts for obtaining information;
- language barriers;
- cultural differences which may make parents reluctant to use generic services, or which are not sufficiently addressed in generic services; and
- low levels of literacy and educational attainment amongst some groups of NESB parents.

Parents from NESB face a number of specific issues which may make parenting in an Australian context very challenging. These issues have been previously identified in the *Proposed Plan of Action for the Prevention of Abuse and Neglect of Children from Non-English Speaking Background*, prepared as part of the National Prevention Strategy for Child Abuse and Neglect (National Child Protection Council, 1996b). These issues, which affect most NESB communities are:

- settlement stresses associated with migration;
- social isolation;
- lack of access to the whole range of services and assistance (not just in relation to parenting), particularly for those not proficient in English;
- need for information, not just about available services, but also cultural and social mores in relation to parenting and childrearing; and
- cross-generational conflicts, particularly between migrant parents, and children who were very young on arrival, or born in Australia.

A number of witnesses stressed that improving access to services for NESB families was not simply a matter of dealing with language barriers. Ms Purnell from Bankstown Community Health Services told the Committee that:

It is more complex than just talking the language, it is what it is okay to feel...what is seen as normal for a woman who has had a baby to feel, to think....(Evidence, 3 April 1998).

These witnesses pointed out that parents from NESB may not consider existing parent education and support programs relevant to their needs due to differences in cultural expectations and standards in childrearing, and that this situation is exacerbated by a

lack of knowledge by service providers about these cultural issues in parenting. Dr Nossar told the Committee that:

...when you try to document what the parents regard as normal in other than English communities, the literature is very, very thin. Our staff are working in what they have been trained in but we have to be really cognisant of the fact that not all our parents are going to see the same outcomes as we do as being desirable (Evidence, 6 April 1998).

From the evidence before the Committee, a number of themes emerged regarding strategies for promoting the participation of NESB parents in parent education and support programs. These include the employment of bilingual workers in areas of high concentrations of particular ethnic groups or in locations where particular populations gather; and providing parenting information and education sessions for specific ethnic groups in their own language.

A number of witnesses stressed the value of employing bilingual workers to provide parent education and support programs for specific ethnic populations. The Committee understands that this has been a successful initiative for services such as community health services and antenatal care. NSW Health administers joint Commonwealth and State funding for Ethnic Obstetrics Liaison Officers to work in areas of high NESB populations, with the aim of improving access to mainstream antenatal and postnatal services for women from NESB (Submission 78). However, the Committee understands that the current provision for these positions is inadequate to meet need. For example, the Committee was told in evidence that the Central Sydney Area Health Service had only one part-time Ethnic Obstetrics Liaison Officers, based at Canterbury (Ms Green evidence, 27 April 1998).

RECOMMENDATION 43:

The Committee recommends that the Minister for Health ensure that a review is conducted of the supply of Ethnic Obstetrics Liaison Officers in relation to need. If this review finds that the current supply of these Officers is insufficient, the Committee recommends the Minister negotiate with the Commonwealth for an increase in resources to ensure pregnant women of non-English speaking backgrounds have equitable access to mainstream antenatal and postnatal care.

Another strategy reported to the Committee as being successful was the location of ethnic specific services in settings frequented by a particular ethnic group. The South Eastern Sydney Area Health Service's Child and Family unit reported that they had established an early childhood health clinic, with a Chinese nurse, in Chinatown, which had proved very successful in attracting Chinese parents, even those from outside the area (Ms Macartney-Bourne evidence, 3 April 1998).

The Ethnic Child Care Family and Community Services Co-operative (ECCFCSC) promotes a community development approach to improving access to services by parents of NESB. This is achieved by developing parenting programs for specific ethnic groups, conducted in their own language, but using the skills of professionals in the local community together with members of that particular ethnic community. ECCFCSC argue that this approach is successful because it:

- allows maximum understanding of the information, and increased discussion, by participants;
- provides opportunities for parents to meet others from their own community;
- gives parents information about mainstream services in the local community they can approach for assistance; and
- can address specific cultural issues (Ms Germanos-Koutsounadis evidence, 3 April 1998, and Submission 55).

Parents from NESB whose children have reached school age are often confronted with issues associated with their child's exposure to different cultural and social norms. The Department of Women noted that parents require an opportunity to express these types of concerns in a forum which is bilingual and culturally sensitive (Submission 104). This confirms the importance of providing some ethnic specific parenting groups, at least on a short term basis, to enable parents to raise these concerns, and develop peer friendships to provide ongoing support.

A number of other strategies were suggested to improve the relevance and accessibility of mainstream parent education and support programs. An issue identified by a number of witnesses and submissions was the need to increase the numbers of bi-lingual individuals providing parent education and support programs. The ECCFCSC suggested that organisations providing parent education and support programs in areas of high migrant populations, should endeavour to ensure that their staff profiles reflect the ethnic profile of their target population or local area. The Manager of the Education Unit at Tresillian suggested advocated the introduction of scholarships and mentorship programs to encourage health professionals to develop skills in parent education and support (Ms Fowler evidence, 16 March 1998). The National Association for Childbirth Educators also argued for the 'fast-tracking' of training for bilingual educators (Submission 99).

RECOMMENDATION 44:

The Committee recommends that the Minister for Health examine strategies for the increased participation of bilingual health professionals from a non-English speaking background in the provision of parent education and support programs. Such strategies might include a mentorship or scholarship program for further training of health professionals, or the identification of ethnic specific positions in areas of high migrant populations.

The Committee is of the view that there is a need for a combination of ethnic specific

services and supports, particularly for those parents who have more recently arrived in Australia and have very limited English skills, together with mainstream services which are more culturally and linguistically relevant. The Committee notes that recommendations from earlier reports into the needs of families from a NESB have already identified strategies for addressing these needs.

The Proposed Plan of Action for the Prevention of Abuse and Neglect of Children from Non-English Speaking Background recommended the development of a core “Guide to Developing Parenting Programs” to assist those developing programs for NESB communities. The Plan also recommended the development and dissemination of information packages for new NESB parents, providing information about good parenting practices, and those which are unacceptable in Australia, as well as advice on culturally appropriate sources of further information and assistance. It was proposed that these packages be distributed through antenatal clinics and hospitals. Other packages recommended in the Plan included a core program targeting parents of pre-adolescent children, aimed at encouraging parents to consider issues they were likely to face with their adolescent child; and a cross-cultural training package for workers in child and family services and health professionals (National Child Protection Council, 1996:31-32). One witness expressed a strong sense of frustration that these recommendations, which she referred to as excellent, had not been fully implemented (Ms Germanos-Koutsounadis evidence, 3 April 1998).

The Committee believes that the development of packages as described above would provide important resources for parent educators and workers in generic services to be better able to meet the needs of parents from NESB. These initiatives, together with the increased capacity to provide culture and linguistic specific services, would improve access to relevant parent education and support programs for those from NESB.

RECOMMENDATION 45:

The Committee recommends that the Minister for Community Services ensure that a review of the implementation of recommendations from the *Proposed Plan of Action for the Prevention of Abuse and Neglect of Children from non-English speaking backgrounds* is conducted. If this review finds that further work is needed in implementing the recommendations, representatives of non-English speaking backgrounds should be closely involved in the development of any packages and programs involved.

6.4 PARENTS OF A CHILD WITH A DISABILITY

Parents who have a child with a disability share the same generic needs for support and education as all parents, but also face some additional stresses. These include the additional costs associated with disability, restricted work options for parents who become primary carers, lack of child care options, and the demands of obtaining health and therapy services. These difficulties are often exacerbated by the absence of support from families and friends which are normally available to parents. Ms Seares, a Director of the NSW Council for Intellectual Disability, and a sister of a person with a disability, told the Committee that:

parenting a child with a disability can be extremely stressful...There are a number of physical demands on parents with a child with a disability that they may not otherwise face..families with a child with a disability often miss out on the normal support that a family with a child can normally expect. It is not uncommon for friends and the extended family to disappear when a child is born with a disability (Evidence, 1 May 1998).

The extra stresses faced by families with a child with a disability can also act as a practical barrier to participation in programs. The lack of ready access to child care (even through family members) and the financial pressures on families can make it difficult for parents to participate in programs even when they are available. Family Advocacy informed the Committee of their policy of meeting the costs of travel, accommodation and child care, to enable parents to attend workshops (Ms Hogan evidence, 1 May 1998).

The demands on parents with a child with a disability, together with the reduced availability of informal care, confirms the importance of ensuring that parents of children with a disability have ready access to respite services. Respite care provides an important direct support function, by providing parents with periods of relief from their caring responsibilities. Further, the provision of respite care can also allow parents to participate in programs or courses which can assist them in sustaining their family relationships and keeping their child at home. The Committee is aware however, that families with children with a disability have difficulty accessing respite. Dr Llewellyn found that children with disabilities tend to be excluded from mainstream forms of 'respite' such as child care and out-of-school-hours care, and that there is an undersupply of respite programs for children with disabilities (1996:14). The Committee is concerned that this is a most basic form of support for parents with a child with a disability, yet one which is not currently accessible.

RECOMMENDATION 46:

The Committee recommends that the Minister for Community Services ensure that there are adequate provisions for respite care for children with disabilities which support the family care situation.

The Committee heard evidence relating to the importance of providing information and advice to parents of children with disabilities, to enable them to make informed decisions about the lifestyle options available for their child, and to see the positive options available to their child.

The Institute for Family Advocacy and Leadership Development (Family Advocacy) is a community based organisation run by family members of people with disabilities for families of people with disabilities. The Director of Family Advocacy told the Committee of the need to provide alternative sources of information to parents as early as possible. Ms Ellis described the difficulties facing parents who are become reliant on professional opinions and exposed to low expectations and stereotypes about the future options for their child. Ms Ellis stressed to the Committee the:

importance of trying to get in and work with families very early so that they have information...and they can take control of those choices and they will make different choices as a result of that (Evidence, 1 May 1998).

Representatives from Family Advocacy told the Committee that peers were an important source of support for parents attempting to develop a vision for their son or daughter with a disability, particularly in light of negative stereotypes and low expectations of people with disabilities. Workshops and information sessions on specific issues faced by parents with a child with a disability (such as inclusive education) are an important complement to generic parenting programs.

This view is consistent with previous recommendations in relation to parent education for parents with a child with a disability. The *Proposed Plan of Action for the Prevention of Abuse and Neglect of Children with Disabilities* recommended the development of targeted parent training programs for parents who have children with disabilities to provide positive role models for parents and information about supports services and the special needs of their children (National Child Protection Council, 1996a).

RECOMMENDATION 47:

The Committee recommends that the Minister for Disability Services ensure that information about disability-specific information and advocacy services is widely disseminated through services and facilities used by parents, to promote greater access of parents with a child with a disability to peer support and information.

Witnesses and submissions referred to the dilemmas facing parents of children with a disability in accessing parent education - all agreed that mainstream parent education programs are unable (and sometimes reluctant) to meet the needs of these parents, yet identified significant disadvantages in forcing parents to use only disability specific issues. Representatives from the KU Children's Services told the Committee that, despite many shared parenting needs, families who have a child with a disability are often excluded from mainstream services and forced to use specialist disability services:

Baby health centres offer a wonderful service but as soon as the early childhood centre sister identifies a baby with a disability...that child is referred off to a paediatrician. Now the family never go back to the baby health centre...[yet] Quite a few of the problems that those parents bring to us are actually just ordinary kinds of things about sleeping and weaning...stuff that the baby health centre nurse [should] deal with (Ms Campbell evidence, 3 April 1998).

Ms Campbell pointed out that this is often the point at which families can become alienated from community networks and thrust into a disability focussed service system. Ms Sweeney, the Chairperson of the Board of the Family Advocacy, and parent of a child with a disability, explained to the Committee that once a child is identified as having a disability:

the whole lifestyle changes to be disability focussed rather than community and child focussed...we need support services but also the child needs to be part of the community (Evidence, 1 May 1998).

This results in parents' access to information being limited to disability service providers, with an emphasis on individual clinical issues, and increasing isolation from parents whose children do not have a disability.

Dr Llewellyn, Associate Professor and Head of the School of Occupational Therapy, described this as a 'disability pathway', arguing strongly for the incorporation of parent and support for parents of children with a disability through mainstream programs and services (Submission 70). Dr Llewellyn stressed the importance of

access to mainstream programs as a way of counteracting the limited options for people with disabilities and their families.

There was broad support for ensuring that mainstream parent education and support services become both accessible and relevant to parents with a child with a disability. In the audit of child abuse prevention programs, Tomison argued that the main limitation of mainstream programs for families where a member has a disability is the lack of resources to maintain the service over a prolonged period of time (Submission 31). This is particularly true of support services. However, other concerns regarding parenting education programs identified by witnesses include the risk that parents with a child with a disability would not feel affirmed in a group program where other parents were not experiencing the same difficulties or challenges, with the result that the sense of 'differentness' felt by the family may be reinforced (Ms Fullwood evidence, 1 May 1998).

There was also a widely held view that there was a lack of expertise of program providers to deal with both disability and family dynamics issues. Both NSW CID and Dr Llewellyn, in their submissions, argued that parent educators needed skills and knowledge about disability issues and family dynamics, as well as parenting education. Having a child with a disability affects all relationships within the family - between parental partners, between siblings and between parents and siblings without a disability. Dr Llewellyn pointed out that few services were able to address these issues as:

The people who work with families with children with disabilities primarily come from a medical and health model. That model is individually focussed...it is not about families...the parenting education model...is unable to focus on the needs of the whole family because parenting education is about how parents manage children rather than how families sustain a reasonable family life (Evidence, 1 May 1998).

Witnesses and submissions advocated greater training of staff involved in parent education and support in adopting a family centred approach, based on a comprehensive understanding of parenting and family issues. The Institute for Early Childhood and KU Children's Services reported success in the provision of services to families where there is a child with a disability, using a family centred approach. A representative from KU Children's Services described this as where:

the program that we have planned for the children is actually based on the family's express priorities. Instead of saying: Your child has cerebral palsy and developmental delay and this is what we are going to do with this child...we sit down with the families and say...What are some of the things that are concerning you right now?...What would you like us to do?...it is much more complex than just telling parents how to do it right (Ms Campbell evidence, 3 April 1998).

This approach requires a combination of competencies, apparently not readily developed through the professional education of most professions involved in parent education and support. Witnesses and submissions suggested that the teaching of skills in family centred work should be included in professional education across the range of disciplines involved in parent education and support. Dr Llewellyn drew a comparison with the requirement for all teachers to have completed a semester of special education as part of their training, to provide a basic level of competency, even where teachers were not planning to specialise in this area (Evidence, 1 May 1998).

RECOMMENDATION 48:

The Committee recommends that the Minister for Disability Services direct the Ageing and Disability Department to promote the adoption of a family centred approach in all services which support families with dependent children with a disability.

RECOMMENDATION 49:

The Committee recommends that the professional training of educators, early childhood health professionals and any other relevant professions include appropriate training on disability issues and a family centred approach.

The Committee also heard that arrangements for the provision of funding for services can also limit the relevance and effectiveness of supports for families with a child with a disability. Witnesses referred to the changing needs of families over time, and the fact that, in many cases, the assistance needed to maintain family functioning may be services for the parents, rather than the child with a disability (eg respite, home help). Dr Llewellyn argued that these needs required funding packages which provided for flexibility, and which can be developed to meet the individual needs and circumstances of families with a child with a disability (Evidence, 1 May 1998).

Those who appeared before the Committee on this issue were not optimistic about the capacity of the current service system to meet the needs of parents who have a child with a disability. Failing to provide appropriate support services to families with can have long term impact. This was highlighted by the findings of a research project conducted by Dr Llewellyn, which found that:

The [families] who are either considering placing their child, or who have already placed their child, or have their child on a waiting list to be placed, are those who are removed from their own families...from their community...the families who have been unable to get the support to see themselves as a viable family are the ones who are seeking out-of-home placement (Evidence, 1 May 1998).

This evidence was supported by the Institute of Early Childhood which reported that intensive supports to families provided by the Spastic Centre of NSW has reduced the rate of institutionalisation of children, even where the children have very high support needs (Submission 76).

The Committee strongly supports the need for parents who have a child with a disability to have access to mainstream parent education and support services, with disability specific services as an adjunct, rather than an alternative. However, the relevance and accessibility of mainstream services requires some improvement for parents of children with disabilities to gain any benefit from participation.

The Committee understands that the Ageing and Disability Department has the responsibility for ensuring access to generic services for people with disabilities. ADD is also responsible for monitoring of plans prepared by government agencies to promote access to services which meet their needs, as required by s9 of the *Disability Services Act*. For these reasons, the Committee has directed the following recommendations to the Minister for Disability Services.

RECOMMENDATION 50:

The Committee recommends that the Minister for Disability Services direct the Ageing and Disability Department to ensure that s9 plans developed by those agencies involved in parent education and support programs (Health, Education and Community Services) have sufficient provisions to include the participation of parents with a child with a disability.

6.5 PARENTS WHO HAVE A DISABILITY

6.5.1 PARENTS WITH AN INTELLECTUAL DISABILITY

Parents who have an intellectual disability face significant disadvantages in their parenting role, not only due to their cognitive impairment. Dr Llewellyn, who has conducted research into the needs of parents with an intellectual disability, told the Committee that:

The big issue for parents with a disability is society's attitude towards people with a disability...society finds it very difficult to think of people who are disabled as actually being capable of looking after a dependent person (Evidence, 1 May 1998).

This underlying attitude leads to other barriers and impediments for parents who have an intellectual disability. Witnesses and submissions identified the following as specific issues which impact on the parenting of people with an intellectual disability:

- professionals who work with parents being poorly informed about disability issues;
- socioeconomic disadvantage;
- absence of own experiences of being parented and expectations of parenting
- absence of informal support networks;
- few preventative services;
- low educational and literacy levels which restrict access to information and programs; and
- inability of disability services to meet needs of parents.

Those who appeared before the Committee on this issue stressed that the lack of preventative services has a much greater impact on this group of parents, noting that many people with intellectual disabilities may not have received adequate parenting themselves and, in turn, are much more likely to have their children removed from them. Ms Spencer, who runs a program aimed at improving the access of parents with intellectual disabilities to appropriate support services, told the Committee that amongst families using family support services:

18 per cent [of parents with intellectual disabilities] have children who are wards of the state as compared to 4 per cent of our other vulnerable families...Interestingly...14 per cent of parents with intellectual disabilities have been wards of the state themselves, as compared to 6 per cent of other vulnerable families...so we have this generational situation of children going into care (Evidence, 6 April 1998).

Data from the Family Support Services Association also shows that 61% of their client families where the parent has an intellectual disability are known to have been notified to the Department of Community Services, compared with 37% of other client families (Ms Spencer evidence, 6 April 1998).

As with parents who have a child with a disability, parents with disabilities face dilemmas in accessing appropriate support services. Dr Llewellyn reported that although she strongly believed that programs for parents with intellectual disabilities should be incorporated within mainstream services and programs to avoid further marginalisation and segregations, most of these programs are currently unsuitable for this population group (Submission 70). However the Committee also heard that

disability services, particularly those providing accommodation support services, have not been developed with the needs of parents in mind. Ms Spencer told the Committee that the rhetoric of disability service provision omits any mention of people with disabilities as parents, and that there are no facilities or services which can accommodate parents with an intellectual disability and their children. She argued that it was inconsistent that a young adult with an intellectual disability could access a funded accommodation support service yet not be able continue using such a service once they became a parent (Evidence, 6 April 1998).

Wide recognition of need for additional support for parents with an intellectual disability led to the establishment of the Parent Access Program in 1991, currently auspiced by the Family Support Services Association. This program provides training and support to workers involved with parents with an intellectual disability, develops and disseminates resource materials suitable for use with parents with an intellectual disability and provides individual case consultation to workers across the state.

A further advantage of promoting the relevance and accessibility of mainstream parenting programs for parents with intellectual disabilities is that it overcomes the issues of identification, and any reluctance such parents might have in using disability specific services. Ms Spencer pointed out that the people with an intellectual disability who are becoming parents are often not recognised as having a disability and may have had no contact with disability services. She referred to these individuals as:

the success of our community inclusion...they are the ones who look after themselves and get by...It is only when they have to take on the responsibility of another, such as a child, that the issue of their intellectual disability really becomes an issue (Evidence, 6 April 1998).

Unlike some population groups with particular needs, parents with an intellectual disability are not concentrated within any particular geographic areas. This reinforces the importance of developing the capacity of mainstream services to better meet the needs of these parents.

However, Ms Spencer and Dr Llewellyn agreed that parents with an intellectual disability require access to both mainstream services and disability specific support. A research project conducted by Dr Llewellyn into the support needs of parents with intellectual disabilities found that:

...there is an urgent need for mainstream and specialist agencies to address, together, the needs of parents with intellectual disability (1995:10).

Dr Llewellyn's research and the experiences of the Parent Access Program have identified key areas for improvement of mainstream parent education and support programs to enable them to be more responsive to the needs of parents with an intellectual disability. These include:

- the provision of comprehensive instructional support to teach parents specific skills;
- a long term commitment to parents who will continue to need education and support through the developmental stages of their children;
- development and use of information material and teaching resources suitable for people with limited literacy; and
- professional development of those providing mainstream parent education and support programs to enable them to develop strategies for parents with an intellectual disability.

RECOMMENDATION 51:

The Committee recommends that the Minister for Disability Services direct the Ageing and Disability Department to ensure that s9 plans developed by those agencies involved in parent education and support programs (Health, Education and Community Services) have sufficient provisions to promote the participation of parents who have an intellectual disability.

RECOMMENDATION 52:

The Committee recommends that the Minister for Disability Services ensure that information about the Parent Access Program is widely disseminated to services and facilities used by parents, so that providers will seek greater access to specific expertise and assistance. The Committee further recommends that the Minister ensure that funding of the Parent Access Program is adequate to meet the demands from such professionals.

These mainstream parent education and support services need to be supplemented with in-home, one-to-one support and teaching to follow-up any education or information provided in other settings. In some cases, practical home help support is needed to reduce the additional pressures of raising children with limited resources.

However, the Committee was told, in evidence, that obtaining home help for parents with an intellectual disability was difficult:

Only three per cent of our parents with an intellectual disability at present receive any HACC services despite the fact that they are eligible...but because they are a parent we have a constant problem getting HACC services involved...the priority is for individuals... whose disabilities are moderate to severe and aged care (Ms Spencer evidence, 6 April 1998).

According to Ms Spencer, the impact of this lack of access to home help is that the poor living conditions which may result becomes perceived as an indication that the parent is unable to care for the child, and may be lead to the removal of a child from the home (Evidence, 6 April 1998).

RECOMMENDATION 53:

The Committee recommends that the Minister for Disability Services ensure that any impediments preventing parents with an intellectual disability from accessing home help services through the Home and Community Care program be removed.

Witnesses highlighted the fact that, unless appropriate and sufficient supports are provided to parents with an intellectual disability, they are being 'set up to fail'. This is particularly damning in the face of empirical research which demonstrates the high rate of removals of children from parents with an intellectual disability, and community attitudes which hold such parents as being incapable. Dr Llewellyn told the Committee that:

the community says that these parents are going to have more difficulty, but does not provide the resources up front, so it is sort of let's see how you go and when you falter we will come in and say you are not doing it properly (Evidence, 1 May 1998).

Ms Spencer expressed similar views, telling the Committee that:

so often these parents, because they have a right to parent, are able to take the children home. But if we do not put the supports in, then we set them up to fail and then we take the children because we have grounds to take the children (Evidence, 6 April 1998).

The Committee agrees that parents who have an intellectual disability require access to a combination of programs and services, depending on their individual needs and circumstances. For many, it is likely that this will involve a combination of improved mainstream programs, backed up with individualised support at home.

6.5.2 PARENTS WITH A MENTAL ILLNESS

Parents who have a mental illness also face difficulties in accessing relevant parent education and support. Community attitudes towards mental illness are a significant contributing factor to problems faced by parents with a mental illness. Poverty and a fear of support services can also restrict access to parent education and support. Ms Shipp, who has been involved in mental health advocacy over many years, and completed a study tour of support services for mothers with a mental illness, told the Committee that:

The atmosphere around parenting is not supportive but punitive. Asking for help becomes an admission of inadequacy, with potentially severe consequences for a mentally ill mother (Evidence, 15 June 1998).

In her submission, Ms Shipp argued that support services for parents with a mental illness needed to provide for both the parent and the children. In addition to the generic education and support needs shared by most parents, parents with mental illness need particular assistance when their illness is more pronounced. At these times, children will also require support services, including possibly accommodation. For these reasons, case planning for parents with a mental illness need to address parenting and family issues as well as the mental illness. Parenting issues may involve practical support arrangements such as child minding, and home help when the parent is unwell (Submission 52).

However, Ms Shipp reported that most mental health services are unable to cater for the needs of parents and families, and attributed this to a low level of consciousness that women with a mental illness could be parents. She referred the Committee to the Women and Mental Health Monograph Report of the Health Care Committee, NHMRC and noted:

I was most disappointed in this monograph which discusses every aspect of womens' mental health ages and stages, yet omits the period of childbirth (Submission 52).

This seems a glaring omission given research cited which found that rates of depression peak for women in their 30s to mid 40s which are the primary childbearing years (Submission 52).

The Committee heard that, even at a very pragmatic level, mental health services were not 'family friendly' with few attempts at providing for child visitors, and limited programs dealing with parenting skills (Ms Shipp evidence, 15 June 1998). She compared this to the findings from her study tour where she saw numerous services developed specifically to meet the needs of mothers with a mental illness. These include:

- FAMILI (Family and Mental Illness Initiative) which provides a linkage service
-

- between adult mental health teams and family services to develop a comprehensive support plan;
- mother-baby residential units within larger hospitals;
 - a shopfront day facility for mothers and babies with access to on-site professional consultations and parenting groups;
 - day hospital with an on-site creche for children to use while mothers attending hospital;
 - peer support program centre for women with mental illness which provides a concurrent childrens program; and
 - a project which incorporates a day programme, outreach services, parenting sessions for in-patients, and a pool of foster carers for the children (Options for Mothers Affected by a Mental Health Disorder with Dependent Children: Report of a Churchill Fellowship Study Tour).

Evidence before the Committee demonstrates the lack of support services in NSW for parents with a mental illness. The Benevolent Society described to the Committee its Families Together program which provides home visiting support to parents with a mental illness, commencing antenatally and continuing until the child is five years old. This program aims to prevent or lessen any negative impact of a parents mental illness on the development of the child. However, this program is only available to those parents living in the Eastern Suburbs.

RECOMMENDATION 54:

The Committee recommends that the Minister for Health direct the Mental Health Centre to examine service options which would meet the parent education and support needs of parents with a mental illness, and undertake a process of consultation to determine the most effective way to improve the availability of such services for parents throughout New South Wales.

The need for appropriate services for women with postnatal depression was also highlighted in evidence. The Department of Women reported that between 10-20% of new mothers experience depression, with up to 50% of these having a depression which lasts for over 12 months (Submission 104). NSW Health informed the Committee that it has developed a Postnatal Depression Education Project to promote the skills of health workers in supporting women with postnatal depression (Submission 78). The Committee supports this as an important initiative in ensuring women with postnatal depression receive appropriate care and support through mainstream health services. However, evidence highlighted the unmet need for residential support services where women and their children could remain together. The Australian Association for Infant Mental Health told the Committee:

...the only specialist mother-infant unit in New South Wales is a private

one...None of our public hospitals have mother-infant beds for those who are...affected by mental illness...We desperately need a specialised service. However sick a mother is, this is not the time to be separating her from her mothering role and having her reconnect with the baby six months later (Professor Barnett evidence, 27 April 1998).

Ms Shipp also pointed out the lack of services in this area, noting that the number of women experiencing postnatal depression and the long term impacts on children require were strong arguments for providing more units for mothers with postnatal depression and their children (Submission 52). It is essential that units for women with postnatal depression provide professional support in psychiatric care as well as parent craft and family/child issues.

The Committee believes that more needs to be provided for parents who have a mental illness, particularly for those times when the illness is sufficiently acute to require residential care. The development of, and access to, services for parents in these circumstances must address the welfare of any dependent children as a priority.

RECOMMENDATION 55:

The Committee recommends that the Minister for Health ensure that specialist mother-infant residential units are available for women with acute postnatal depression. These units must cater for the needs of the child as well as the mother, as public patients. This could be made available through establishing postnatal mother-baby units in public hospitals or by arranging access for public patients to the existing private unit.

6.6 PARENTS EXPERIENCING SIGNIFICANT PARENTING DIFFICULTIES

Throughout the Inquiry, the submissions and witnesses stressed their concern that those parents who are in greatest need of parent education and support programs appear to be the least likely to use them. The parents who were identified as being in greatest need included those who are already experiencing significant difficulties in parenting their children and may have had some contact with child protection authorities.

While there are a wide range of factors which may be contributing to the difficulties being experienced by these parents, submissions and witnesses regularly alluded to factors such as extreme poverty, personal experience of childhood abuse, current substance or alcohol dependency, depression or emotional disorders, domestic violence, sole parenthood and the absence of informal support networks.

The Committee is conscious that although many parents who are affected by one or even two of these factors may still provide an adequate environment for their children, witnesses pointed out that a combination of these factors can overwhelm parents. Dr Weatherburn informed the Committee that neighbourhoods with high levels of poverty, high levels of single-parent families and crowded households tended to foster child neglect, and in turn juvenile involvement in crime. However, Dr Weatherburn was keen to:

...emphasise that the key thing is not being in a single-parent family; it is being poor and in a single-parent family, particularly if you are socially isolated. A single-parent family living in poverty with no support from neighbours, friends and relatives involves the key ingredients (Evidence, 15 June 1998).

Witnesses supported various submissions which stated that mainstream parent education and support programs were insufficient to meet the needs of families living in such difficult circumstances. Evidence before the Committee has demonstrated that these parents are less likely to be using available services. Witnesses and submissions attributed this to a reluctance of parents to use 'middle class' services, the inability of mainstream services to meet the most pressing needs of these families and the lack of trust parents feel towards professionals (particularly those who may be perceived to be involved with child protection). Practical obstacles such as lack of transport and child care further restrict access of parents to many mainstream services.

The evidence from witnesses and submissions is consistent with the findings of the Committee's survey of families using Barnardos services (Barnardos survey). The most common reason cited by respondents who had never used a particular parent education and support programs was that they felt they did not need the service (40%). The next most common reason given for never having used programs was a lack of knowledge about services and how to access them (16%).

The three types of parent education and support programs which were most commonly identified by Barnardos clients as never having been used were formal parenting courses, family care centres (such as Tresillian and Karitane) and telephone help lines. For these programs in particular, respondents stated that their reason for never having used the programs included access problems, difficulties with child care, or the absence of an appropriate program (at Attachment B). Further analysis of the data also highlighted (unsurprisingly) that single-parent families cited child-care and family difficulties as a reason much more often than two-parent families.

Amongst the Barnardos clients surveyed, approximately one-third had experienced difficulties in accessing services. The most commonly cited reason for this was that the service they needed was not available, either because it was booked out or did not exist.

An important finding of the survey was that a high proportion of families stated that they had not needed a service, and a similarly high proportion of case workers stated that families had not wanted to participate in programs. While this pattern may reflect the structure of the questioning and available responses in the survey, it is also possible that it reflects a perception by families that available services were not relevant to their needs. The responses to an open-ended question seeking any comments about parent education and support programs lend some support to this possibility. This question was most often completed by families themselves, and comments included the following:

- *Services didn't understand clients needs;*
- *Services relevant to 'middle class' families;*
- *Services focused on good parents not parents with problems;*
- *Social worker too young and inexperienced to help; and*
- *Parent needs help with violence from male children.*

The Committee heard evidence from agencies with extensive experience in supporting parents who are experiencing significant difficulties in their parenting. A number of key themes emerged from this evidence, in relation to strategies for encouraging such parents to participate in programs which will enhance their parenting capacity. These key themes can be summarised as follows:

- need for long term support and intervention, with continuity and structure of worker involvement;
- need to address a range of factors which impact on parenting, including marital relationships;
- need to locate services within areas of disadvantage, so that services become part of the local community;
- benefits of engaging workers or volunteers who have similar experiences or backgrounds;
- importance of developing peer support networks;
- provision of 'soft-entry points' into a service; and
- need for outreach services, either into people's homes or to other facilities accessed by parents in need.

The Committee heard evidence from a number of agencies which have developed programs and strategies around supporting families where there are parenting difficulties, and which attempt to systematically address the themes outlined above. These include the various home visiting programs operated by the Benevolent Society working with families where there has already been abuse or neglect of children, or significant risk of it occurring. The key strategies used by the Benevolent Society are to establish a routine of home visiting where parents are assisted in their parenting skills, and supported to access local services, and to continue the support over an extended period of time (approximately two years). Another home visiting program operated by the Benevolent Society is for parents with a long term mental illness (discussed in Section 6.5.2).

Both Barnardos and Burnside advocated the location of services within areas of significant socioeconomic disadvantage, arguing that this more effectively targets those parents likely to be in need of assistance, without stigmatising them. It also ensures that increased resources are provided to those areas which are generally under-resourced. Burnside and Barnardos have both located their family centres within highly disadvantaged communities, and use these centres to provide a range of services for parents and children. The CEO of Burnside told the Committee in evidence that such centres, offering a mix of services, can provide a 'soft-entry point' for parents:

From those centres we offer a range of support type services and we believe it is that sort of softer entry point and developing relationship with people who then come to trust our workers that can lead to an environment where you can actually start to work on some of the other issues (Ms Stien evidence, 3 April 1998).

Agencies and other witnesses also suggested that severely disadvantaged parents are more likely to accept, and be comfortable with, support provided by workers they perceived to share common experiences with. Dr Nossar told the Committee that disadvantaged parents are not accessing mainstream child health services, and suggested that one reason may be a cultural barrier. Dr Nossar suggested that workers would be more credible to disadvantaged parents if they came from within their own communities or could identify with them (Evidence, 6 April 1998).

The CEO of Barnardos reported that the use of workers and volunteers with similar backgrounds and experiences is an important strategy they have used:

Barnados has developed programs in which former clients who have improved in their parenting have themselves been linked with clients...who really would find it more comfortable, at least for part of the process, to talk to somebody who is very like them...a very helpful way of empowering poor families (Ms Voigt evidence, 27 April 1998).

The Committee also heard evidence in relation to a program being introduced in

Australia by Burnside, which relies heavily on the concept of linking parents with peers for support and friendship.

The founder of NEWPIN in the UK told the Committee that NEWPIN was developed in the UK in 1982, and offers a range of centre-based programs for parents experiencing difficulty in their parenting role. Parents using NEWPIN include those who are depressed, those whose children are at risk of abuse or neglect and those who are isolated from family and friends. The range of supports offered through the centres include personal development and parenting skills training, family play programs, and counselling. Programs are provided for children and parents concurrently, and in the same centre. One of the key features of NEWPIN is that it relies on its members to support each other, and has developed a system for providing 24 hour peer support network. The importance of having parents who have experienced difficulties moving on to support others is also realised by NEWPIN, with 70% of the centres in the UK now being co-ordinated by former members (Ms Jenkins-Hansen evidence, 1 May 1998).

Evaluations of NEWPIN in the UK have found that women with more severe disadvantage, including women with a long history of mental illness or very severe adversity, were more likely to remain with the program, and therefore more likely to benefit (Evaluating NEWPIN - Brief Summary of Research Findings, tabled in evidence, 1 May 1998).

Ms Jenkins-Hansen and Burnside told the Committee that the structure of a NEWPIN centre, and the reliance on peer support meant that it was a very cost-effective model of support and intervention. Professional staff are engaged for the facilitation of group programs and provision of counselling, as well as for the Family Play Program. This means each centre is staffed by two full-time and two-part time staff, able to support up to 30 families.

Burnside has recently established a NEWPIN centre in Bidwell, a highly disadvantaged community in the outer-western suburbs of Sydney, by converting an existing Burnside program, and attracting funding for an additional position through the Department of Community Services. Information provided to the Committee by Burnside indicates that the Bidwell centre will cost just over \$200,000 per annum to operate, catering for 20-25 families (Mondy, 1998:11).

The Committee understands that a collaborative research study is being undertaken by Macquarie University, Burnside and the Department of Education and Training which will examine the outcomes of three family based services. This research project *A Study of Three Family Based Services: an Investigation into the Relationship between Program Model, Program Context and Program Outcomes* will evaluate outcomes and factors contributing to outcomes, in NEWPIN, Parents as Teachers and Early Start. The Committee considers that the findings of this research project should inform future policy and planning of parent education and support programs for disadvantaged

families.

RECOMMENDATION 56:

The Committee recommends that the Minister for Community Services examines the findings from the research project *A Study of Three Family Based Services*, being conducted by Macquarie University, Burnside and the Department of Education and Training, to assess whether such models such as NEWPIN should be more widely available to parents experiencing significant difficulties.

Witnesses and submissions stressed the importance of ensuring adequate resources to support parents who are already experiencing difficulties in the care of their children. The Family Support Services Association emphasised the human cost of not addressing these needs:

Parenting education work with parents who are not currently meeting the needs of their children is very time and resource consuming. However, the failure to deliver effective services to such families can have profound and tragic effects on children (Submission 35).

The Deputy CEO of the Benevolent Society explained that the agency had made a conscious decision to focus on providing services to these groups of parents, given the lack of specialist programs which address target high risk parents, and the significant need to ensure that children at risk are not subject to further abuse (Mr Ford evidence, 6 April 1998).

The Committee believes that services which specifically target those parents whose children may be at risk of abuse and neglect should be a high priority for government funding. However, in line with discussions elsewhere in this report, the Committee is conscious of the reluctance of such parents to engage in mainstream services, and the risks associated with further stigmatising high risk families. The Committee supports the strategies adopted to date by those agencies working with these families.

The Committee repeatedly heard that there were insufficient resources to meet need in this area (Chapter Three - Policy and Provision). There are also fears that any new developments in government policy in relation to parent education and support programs may in fact detract from services for severely disadvantaged parents. NCOS identified concerns in relation to the approach taken by the Western Australian Government in establishing parenting initiatives using shopfronts, Internet web-sites and the distribution of multi-media parenting information (discussed in more detail in Chapter Four - Interstate Models). The Committee was told that:

Concerns are now being expressed in the community sector in WA that

the parenting initiatives are not reaching those families most in need of assistance and are attracting resources away from services geared to disadvantaged families and communities (Submission 46).

Information available to the Committee confirms that the parenting initiatives of WA and SA have not been able to reach the groups of parents described here. This has been attributed to the lack of any targeting strategies, and the fact that the existing approaches rely on a level of literacy and access to information technology not available to severely disadvantaged families. While the parenting initiatives in other states provide some valuable directions for NSW, the Committee believes that there is a need to recognise, and provide resources for, the specific needs of parents already experiencing difficulties caring for their children.

RECOMMENDATION 57:

The Committee recommends that the Premier instruct the Office of Children and Young People to ensure that provision is made for the funding of parent education and support programs targeting parents experiencing difficulties in their childrearing responsibilities, so as to meet identified needs.

This support however, is qualified by the Committee's concern that childrens needs must remain the paramount consideration. The valuable role played by non-government agencies in providing services for high-risk families must be complemented by effective child protection intervention and monitoring which is the statutory responsibility of the Department of Community Services. The Committee heard concerns that an increasing focus on parent education and support programs and family preservation at a policy level could result in:

leaving children in the dysfunctional home environment, offering parental education courses to address their 'offending behaviour' (Submission 65).

The Committee believes that specifically tailored and long term parent education and support programs can be an effective component of a case plan for families where children have been found to be at-risk of abuse or neglect. However, given the limited range and availability of effective programs for this group of parents, the complexity of issues which result in child abuse and neglect and the reluctance for some families to engage in programs all contribute to the possibility that, for any particular family, a referral to a parent education and support programs may not be effective in reducing the risks to the children in the household. The Committee therefore believes that the Department of Community Services should ensure that all families where children are known to be at risk are adequately monitored, and that any referrals to parent education and support programs are followed-up.

RECOMMENDATION 58:

The Committee recommends that the Minister for Community Services ensure that where children are the subject of child protection concerns, Departmental Officers ensure continual close monitoring of the child's situation, whether or not the parents are using a parent education or parent support program.

6.7 FATHERS

Many submissions and witnesses referred to the lack of fathers accessing mainstream parent education and support programs. Some witnesses attributed this to practical obstacles such as the hours of service provision which preclude working parents from attending, while others referred to the content and style of parenting programs as being a barrier.

The Committee was also told that the failure of most parent education and support programs to focus on the distinctive role of fathering was a major disincentive to men's participation in such programs.

Mr Phil Dye, who conducted research with 300 fathers for his book, *The Father Lode*, said men were uncomfortable with courses which emphasise the role of mothers as the primary carer and fathers as the support person for mothers. He argues that fathers should be viewed as "equal but different to mothers" with their own' unique identity and specific needs (Mr Dye evidence, 3 April 1998).

Fathers may also feel excluded from parent education, he argues, because most groups are run by women and men may not feel comfortable revealing their feelings in front of a woman and also because most groups are held during business hours when most men are at work (Mr Dye evidence, 3 April 1998).

According to Mr Dye, the neglect of fathering in parent education and support programs is not necessarily the fault of the organisations or individuals who offer parent education and support. Rather, it reflects a general perception in the community that fathers are 'secondary parents'

You cannot blame parent education programs for this. I think that dads have taken a secondary role in the family for a long, long time....and the education programs ... are presenting information under that paradigm (Mr Dye evidence, 3 April 1998).

Mr John Treloar, Media Projects Officer for the Fathering the Future Project, also told the Committee that fathers tend to be excluded from parenting in our society. He cites the phenomenal success of recent books on fathering by Steve Biddulph and Phillip Dye as evidence that 'men want to know more about this fathering business that they have been excluded from' (Mr Treloar evidence, 1 May 1998).

Treloar told the Committee that men's involvement in schools, both as teachers and parents can help them become better parents but that fathers are often excluded from such involvement and thus excluded from the parenting process. The workplace can also inhibit the fathering role as men are more highly valued for 'turning the wheels of industry' rather than for being good fathers.

The Committee heard a number of strategies to overcome the barriers to men's participation in parent education and support and to enhance the role of fathers. These included the establishment of men only groups, adapting existing programs to become more inclusive of fathers, targeted recruitment of fathers into programs and the development of father friendly workplaces which recognise the family commitments of fathers. Other suggestions involved providing programs in venues frequented by men, and providing services outside of normal working hours.

According to Mr Dye, a priority would be the establishment of fathers only groups, run for men and by men:

some men have issues they want to talk about..that they perhaps do not want to talk in front of their partner or other women (Mr Dye evidence, 3 April 1998).

Both Mr Dye and Mr Treloar commented that with a few notable exceptions there is a dearth of such programs. The exceptions include groups run by Andrew Chadleigh from the Blue Mountains Men's Network and Andrew King from Burnside.

Mr Dye also suggested a particular style or approach which should be adopted by facilitators who run men only groups

The groups that work for dads are groups of eight to ten men who sit around and share their experiences. There is no leader giving the wisdom and being a lecturer at all, it does not work that way. The wisdom of fatherhood comes from sharing experiences of the group of dads (Mr Dye evidence, 3 April 1998).

One program which has been specifically developed for men, *Hey Dad!*, was referred to by a number of witnesses and submissions. The program was developed by the Mercy Family Life Centre, which also offers training to parent educators who wish to run the program in their area. The MFLC informed the Committee that the program had been well received by participants, although, as with most programs, they have:

become aware of that there is very little material available that is suitable for use with fathers with low literacy or for whom English is a second language (Submission 64).

The establishment of mens only groups however, addresses only part of the issues. Mr Dye acknowledges that men only groups are not attractive to all fathers and that some men would prefer to attend general parenting programs with their partner. He therefore urges that existing parent education courses should acknowledge that fathers are 'equal but different to mothers' and that the course content reflect this principle.

A number of witnesses and submissions spoke of attempts to actively recruit fathers into programs, although not all reported high levels of success. In the main, this involved providing programs (including home visiting) on weekends or after working hours. Burnside referred to conducting fathers groups on commuter trains (Ms Stien evidence, 3 April 1998).

The Committee supports attempts to engage fathers in parent education and support programs, and believes that this can only be achieved through a range of measures. It is important for fathers to be able to participate as a partner in the range of mainstream parent education and support programs, as well as accessing some father only programs.

RECOMMENDATION 59:

The Committee recommends that the Office of Children and Young People ensure that programs for fathers are included in the development of the strategic plan for parent education and support programs.

RECOMMENDATION 60:

The Committee further recommends that the Office of Children and Young People ensure that overarching principles for parent education and support programs referred to in Recommendation 70 refer to promoting inclusiveness of all programs to promote participation of fathers.

6.8 TEENAGE PARENTS

Evidence reviewed in Chapter Five - Promoting Accessibility and Relevance - pointed to the limited participation of very young parents in mainstream parent education and support programs. The Committee was informed by a number of witnesses that teenage mothers rarely attended early childhood health clinics and were not well represented in antenatal education. Few teenage parents have been found to participate even in the less formal parent support programs such as playgroups. The Playgroup Association found in a membership survey, that only 0.3% of respondents were aged under 20 years (Submission 59).

The rate of teenage motherhood is low; less than 5% in 1995 (figure cited by the Department for Women Submission 104). However, the low levels of participation in parent education and support programs by teenage parents is of significant concern as these parents undoubtedly face challenges in fulfilling their parenting role. The Department of Women advised the Committee that these challenges arise from factors such as:

- lack of social contacts with other teenage mothers;
- absence of family support;
- low incomes or dependency on income support;
- lack of confidence about parenting;
- limited independent living skills; and
- social stigma associated with teenage mothers (Submission 104).

The importance of parent education and support for teenage parents was also identified in the audit of child abuse prevention programs, with the comment that:

programs targeting teenage parents have the additional objective of preventing the development of abusive parenting behaviour in this next generation of 'at risk' parents (Tomison, 1997a:12).

The Department of Women noted that the low incomes and impoverishment of teenage parents places additional stress on their parenting capacity, and should be addressed through access to welfare and equal employment and education (Submission 104). The Committee recognises the significant disadvantages faced by teenage parents in continuing their education or seeking employment, but also believes that these factors can contribute to their long term capacity to parent effectively.

RECOMMENDATION 61:

The Committee recommends that support for teenage mothers should include encouragement and assistance to enable them to continue their education and career development.

There appear to be very few programs specifically for teenage mothers, although the audit of child abuse prevention programs identified one provided by the Australian Red Cross for homeless teenage mothers and pregnant teenagers with no family or support networks (Tomison, 1997a).

The Committee has been provided with very limited information regarding the specific needs of teenage parents, or of successful strategies for providing parent education and support programs to this group of parents.

RECOMMENDATION 62:

The Committee recommends that the Office of Children and Young People conduct further consultation and research into the specific needs of teenage parents, and address these needs in the strategic plan for parent education and support programs.

Given the very low rate of teenage motherhood, the Committee recognises that it may not be viable to establish specific programs and groups across the state to meet this need. The Committee supports an approach which enhances contact between teenage mothers and providers of parent education and support programs. A number of witnesses who have attempted to address the access to parent education and support programs by teenage mothers, spoke of the importance of linking their services with local youth venues and services. For example, the Committee was told that in the South Eastern Sydney Area Health Service, early childhood nurses visit local youth refuges and other centres on a regular basis (Ms Macartney-Bourne evidence, 3 April 1998). However, once teenage parents have made contact with mainstream services, the Committee believes there to be considerable value in seeking to develop peer support groups for teenage parents (with some facilitation) which might enable them to discuss issues and concerns in a less threatening environment.

RECOMMENDATION 63:

The Committee recommends that the Ministers for Health, Education and Community Services strongly encourage all providers of parent education and support programs to promote the involvement of teenage parents. This could be through the establishment of specific programs or by providing outreach services from mainstream programs. The Committee further recommends that specific resourcing be provided for this promotion.

6.9 PARENTS WHO WERE STATE WARDS

The Committee's attention was drawn to the potential difficulties parents who have been state wards may face as parents, due to the lack of competent parenting that they themselves received. A longitudinal study of the experiences of young adults leaving care highlighted the difficulties faced by young people in care, and the consequences this has on their life as young adults. This study found that many state wards had experienced multiple changes of accommodation placements, with almost 77% of wards having three or more placements while in care, and the median number of placements being six and a half. This significantly restricts the opportunity for children and young people in care to develop or maintain long term relationships, particularly with parent figures (Cashmore and Paxman, 1996).

Many parents who were state wards are also teenage parents - the study of wards leaving care found that nearly one in three young women had been pregnant or had a child soon after leaving wardship (Cashmore and Paxman, 1996). This means that these parents face similar challenges to those described above in Section 6.8., and that at least some of the strategies described for reaching teenage parents will also benefit at least some parents who were in care as children.

However, the needs of parents who were in care as children apply regardless of the age at which they become parents. The impact of being in care on the subsequent parenting skills of individuals has been recognised by agencies which support disadvantaged families. For example, the CEO of Barnardos told the Committee that:

A number of our clients are former customers of the child welfare system, and because all of their bonding experiences were broken as they moved continually between placements in the child welfare system, have had very little or limited exposure to nurturing and bonding experiences (Ms Voigt evidence, 27 April 1998).

One submission urged that state wards be given priority access to parent education and support programs to ensure that their needs as parents are addressed (Submission 65). The Committee it strongly supports the need for parents who were state wards to access parent education and support programs. However, it has been unable to identify a practical strategy for achieving this, given the wide range of programs available, and the need for access to be determined on an individual basis. There is also the issue of identification, as not all young people who were in care will explicitly identify this to others. Further, these parents do not congregate in particular geographic areas or community facilities, so it is not possible to target services in this way.

The Committee is aware however, that the peer advocacy and peak group, the State Network for Young People in Care (SNYPIC) has also identified the need for parent education and support for parents who had been state wards. From discussions with SNYPIC representatives and a young mother, the Committee understands that some of these young parents have used generic services such as playgroups and parent craft services. Several young mothers involved with SNYPIC have expressed the view that a peer support group was required to provide them with a more informal and relevant forum for gaining and sharing information. A couple of young mothers had asked for support to form a peer support group which would arrange coffee mornings, mutual telephone support and guest speakers. The Committee understands that these plans have been unable to progress due to other pressing matters facing the individual young parents involved. SNYPIC has advised the Committee that it intends to contact young parents who were state wards in the future, to determine if this is something they would still like to pursue.

RECOMMENDATION 64:

The Committee recommends that the Minister for Community Services ensure that parents who were in the care of the Department of Community Services as children have access to parent education and support programs which meet their needs. The Committee further recommends that the Minister consult with young people who were in care in developing these strategies.

The Committee notes that in 1996/97 the Department of Community Services funded three specialist leaving care services to provide support to young people making the transition from being in care to independence. One of these is a statewide resource centre providing telephone assistance. The Committee considers that these services may be an appropriate option for facilitating access to parent education and support programs for parents who were state wards.

RECOMMENDATION 65:

The Committee recommends that the Minister for Community Services ensure that the leaving care services facilitate access to parent education and support programs for parents who were in care.

6.10 PARENTS WHO ARE, OR WERE, PRISONERS

A small number of submissions raised the education and support needs of parents who are, or have been, imprisoned. Specific parenting difficulties faced by this group centre around the impact of lengthy separation from their children.

Of the submissions which raised this issue, all urged recognition of the need for parents in prison to be able to access programs which would support the ongoing relationships with their family while imprisoned as well as their reintegration upon release (Submissions 1 and 104).

The Department for Women noted that while there are some provisions for parent education and support programs for mothers in prison, additional support is also required upon release from prison to facilitate reintegration with the family (Submission 104).

Another submission, while agreeing that parent education and support programs should be available for prisoners, advocated that participation in such programs be voluntary and not linked to any criteria in relation to security classifications or approvals for leave or work provisions or parole (Submission 65).

This Committee has previously conducted an Inquiry into Children of Imprisoned Parents, and made numerous recommendations regarding the provision of parent education and support programs whilst the parent is imprisoned, as well as post-release (1997). These included a recommendation:

That the Minister for Corrective Services require a post-release plan for all inmates to be developed and in particular, for inmates with children, to assist in the reintegration of the inmate into the community and the reunification with his or her family (Recommendation 36).

The Government Response to the Inquiry stated that this recommendation was:

Supported in principle. Corrective Services has established a Transitional and Post Release Project Steering Committee (NSW Government, 1998:19)

The Committee is unaware of the current status of the work of the Steering Committee, or whether the recommended post-release plans are being developed.

RECOMMENDATION 66:

The Committee recommends that the Minister for Corrective Services ensure that post-release plans are developed for all inmates to assist with reintegration into the community and reunification with dependent children. For those inmates who will be carers of dependent children, post-release plans should address any identified needs for parent education and support programs.

6.11 CONCLUSION

The policy of the government supports social justice principles which promote an inclusive community and removes barriers which prevent access to services by marginalised groups. However, evidence presented to the Committee has demonstrated that there are various groups of parents who face particular challenges in their parenting and may face difficulties gaining access to appropriate parent education and support programs. These difficulties arise from reasons such as language or cultural differences, poverty, disability or geographic isolation.

There is no single strategy for addressing these barriers, even within specific population groups. For most of these groups of parents, the Committee has recommended a combined approach which enhances the accessibility and relevance of mainstream programs, together with the provision of some specialist services.

For other groups, the Committee has been unable to identify effective strategies. These groups include parents who are Aboriginal, parents who have been imprisoned, teenage parents and parents who were state wards.

The Committee is also aware of groups of families where relationships within the family may raise specific parent education and support needs, although no evidence was received. These include parents who have adopted children, parents in blended and step-families and foster carers.

It is imperative that strategies are implemented and resources provided to ensure that parents with particular needs have access to parent education and support programs appropriate to their needs. The evidence has highlighted that these parents, who currently have the least access to programs, are those who are most in need of support and assistance.

SUBMISSIONS RECEIVED

THE COMMITTEE RECEIVED **105** SUBMISSIONS

No.	SUBMISSIONS RECEIVED:
1	Dr Brian Noad
2	Mr Brian Clarke
3	Mr John Mulholland
4	Ms Peta Fryer
5	Ms Zelma Vincer
6	Dr Leonora Ritter
7	King George V Memorial Hospital, Parent Education Centre, Ms Jane Svensson
8	Mr Phil Dye, Author of <i>The Father Lode</i> and Chair of the <i>Fatherhood Project</i>
9	Dr Barrie Eggins
10	Ms Joyce Fraser
11	Ozdad Australia, Mr Peter Downey
12	Ms Erica Mackenzie
13	Ms Betty Dethick
14	Canadian Society for the Prevention of Cruelty to Children, Dr Elliott Barker
15	Ms Margaret Samuels
16	Mr Jack Blair, Ms Nanette Blair
17	Presbyterian Women's Association of Australia (NSW), Mrs Marion Smith, Convener
18	Ms Rosemary Langford
19	Ms Wies Schuiringa, former Co-Founder of the Parent Education Network
20	Barnardos Australia, Ms Louise Voigt, CEO and Director of Welfare
21	South Eastern Sydney Area Health Service, Ms Lynne Clune, Area Parenting Co-Ordinator
22	The Cottage Family Care Centre, Mr Kevin Kearney, Director
23	Mrs Betty Bevan
24	<i>Say Yes Dad</i> , Mr Richard Yabsley, Program Organiser
25	Child Abuse Prevention Foundation Inc., Ms Dorothy Ginn, Founder/Chief Executive
26	Tresillian Family Care Centres, Mr David Hannaford, General Manager
27	Northern Sydney Area Health Service, Ms Margaret Davies, Healthy Lifestyle Unit
28	Women's Action Alliance (NSW), Mrs Karin Abrams, Secretary
29	Mr Greg Carty

No.	SUBMISSIONS RECEIVED:
30	Ms Joy Fardell
31	National Child Protection Clearing House, Mr Adam Tomison, Research Advisor
32	<i>Good Beginnings</i> National Parenting Project, Ms Jane Ewins, National Manager - Community Relations
33	National Children's and Youth Law Centre, Ms Heido Blackwood
34	Bankstown Community Health Service, Ms Carmen Jarrett, Clinical Psychologist, Child and Family Service
35	Family Support Services Association of NSW Inc., Ms Trish Menzies, Executive Officer
36	Bankstown Hospital Paediatric Unit, Ms Jennifer Hennessy, Unit Manager
37	Royal North Shore Hospital, Community Health, Child & Family Health Service: <ul style="list-style-type: none"> • Ms Jill Perks & Ms Sue Wallace, Physiotherapists • Ms Catherine Leach and Ms Sophie Craig, Speech Pathologists • Ms Annette Crothers, Occupational Therapist
38	Interrelate, Ms Nola Engel, Sexuality Services Manager
39	Learning Links, Association for Children with Learning Disabilities Inc: <ul style="list-style-type: none"> • Ms Tracey Said, Educational Counsellor • Ms Sandra Samuel, Family Counsellor
40	Sutherland Shire Family Support Service Inc., Ms Joy Goodsell, Co-Ordinator
41	The Australian Association for Infant Mental Health Inc. (AAIMHI): <ul style="list-style-type: none"> • Dr Isla Lonie, President AAIMHI, Consultant Psychiatrist, Royal Prince Alfred Hospital • Ms Beulah Warren, Vice-President AAIMHI , registered psychologist in private practice • Associate Professor Bryanne Barnett, School of Psychiatry, University of NSW • Ms Julie Campbell, Consultant, Early Childhood Education • Ms Kerry Lockhart, Nursing Unit Manager, PND Unit, St. John of God Hospital • Dr David Lonie, Consultant Child Psychiatrist, New Children's Hospital, Westmead • Dr Marija Radojevic, Clinical Psychologist, Hornsby Ku-ring-gai Hospital and in private practice
42	John Hunter Hospital, Clinical Nurse Consultant, Ms Deborah Galloway
43	South Eastern Sydney Area Health Service, Ms Fay Macartney-Bourne, Nursing Unit Manager, Child and Family Health Services
44	Community Womens Network Inc, Ms Carol Hourigan, President
45	King George V Hospital, Ms Pauline Green, Clinical Nurse Consultant for Patient and Parent Education
46	Council of Social Service of New South Wales, Mr Gary Moore, Director
47	Benevolent Society of NSW, Mr Adrian Ford, Deputy CEO and Director, Centre for Children
48	Fairfield City Council, Ms Deborah Sandars, Manager Childrens Services
49	Dr Peter Cook, retired child psychiatrist

No.	SUBMISSIONS RECEIVED:
50	International Association of Infant Massage Australia, Ms Deborah Sirone, President
51	Royal Hospital for Women, Ms Delwyn Cupitt, Acting Health Education Co-Ordinator
52	Ms Yvonne Shipp JP
53	Family Education Australia, The PARED Foundation, Mr Frank Monagle, Founding Member
54	The Mediation and Conflict Resolution Service, Ms Wendy LeBlanc, Conflict Consultant
55	Ethnic Child Care, Family and Community Services Co-operative Limited, Ethnic Child Care Development Unit, Ms Michelle Giglio, Project Officer
56	Karitane, Ms Barbara Gibbins, Executive Manager
57	St Peter's Church Pre-School Kindergarten Tamworth, Ms Gail Fenton, Early Intervention Teacher
58	National Association for Prevention of Child Abuse and Neglect, Ms Kathleen Smith, President (NSW)
59	Playgroup Association of NSW Inc, Ms Jane Maze, Regional Development Officer
60	Institute for Family Advocacy and Leadership Development, Ms Judy Ellis, Director
61	Aunties and Uncles Co-Operative Family Project Ltd., Ms Dorothy Hall, Regional Co-Ordinator
62	<i>Fathering the Future</i> , National Association for Prevention of Child Abuse and Neglect Inc., Mr John Teloar, Media/Projects Officer
63	Burnside, Ms Rhonda Stien, Chief Executive Officer
64	Mercy Family Centre Limited, Ms Pam Batkin, CEO Mercy Family Services
65	Mr John Murray
66	<i>Contact Incorporated</i> , Project for Isolated Children, Ms Sue Kingwill, Co-Ordinator
67	University of Western Sydney Nepean, Faculty of Education, Dr Peter West, Senior Lecturer
68	Royal North Shore Hospital and Community Health Services, Dr Nick Kowalenko, Child & Adolescent Psychiatrist
69	University of Western Sydney Nepean, Office of Pro Vice-Chancellor, Research, Professor Trevor Cairney
70	University of Sydney, Associate Professor Gwynnyth Llewellyn, Head, School of Occupational Therapy
71	Australian Multiple Birth Association Inc., Ms Kate Patrick, State Research Officer
72	The Association of Childrens Welfare Agencies Inc., Mr Nigel Spence, Chief Executive Officer
73	KU Children's Services, Ms Antoinette le Marchant, Chief Executive Officer

No.	SUBMISSIONS RECEIVED:
74	Coffs Harbour Neighbourhood Centre, Ms Deborah Hawkes, <i>Parents of Today's Teenagers</i>
75	<i>Parent Line Program</i> , Centacare Catholic Community Services, Mr Richard Lord, Executive Director
76	Institute of Early Childhood, Macquarie University, Ms Judith Croll
77	NSW Department of Education and Training, Mr Ken Boston, Director-General of Education and Training
78	NSW Health Department, Mr Michael Reid, Director-General
79	Ms Lola Russ-Hartland
80	Coalition to Support Vulnerable Families, Ms Rhonda Stien, Chairperson
D81	Ms Betty Noad
D82	Australian Red Cross (Western Region), Ms Gail Snelgar
D83	Interrelate, Ms Jenny Webber
D84	Community Mental Health Team (Dubbo), Mr Damien Eggleton
D85	Macquarie Drug and Alcohol Service, The Manager
D86	Dubbo Community Health Centre, Child, Adolescent and Family Health Services, Ms Cheryl Betts, Intake Officer
D87	Dubbo School Health Services, Ms Sharon Scherrer
D88	Macquarie Area Mental Health Service, Ms Tuana Sanders, Mental Health Promotion Officer
D89	Dubbo Community Health Centre, Ms Julie Mulligan, Child, Adolescent and Family Health Services Manager
D90	Macquarie Area Health Service, Ms Kathleen Ryan, Community Midwives
D91	Orana Early Intervention and Education Project Inc., Ms Janelle Burke, Director
D92	Dubbo After School Care, Ms Venessa Forlonae
D93	Dubbo West Preschool Inc, Ms Kate Ryan
D94	Playmates Cottage Child Care Centre Inc Dubbo, Ms Lyn Bayliss, Co-Ordinator
D95	Rainbow Cottage Childcare Centre, Ms Alicia Thomas, Co-Ordinator
96	Council for Intellectual Disability, Ms Deborah Fullwood
97	South Western Sydney Area Health Service, Liverpool Health Service: <ul style="list-style-type: none"> • Ms Julie Maddox, Adolescent Family Support Midwife • Ms Karen Myers, Acting Co-Ordinator Parenting Education Department
98	The Hon. Faye Lo Po' MP, Minister for Community Services, Minister for Ageing, Minister for Disability Services, Minister for Women

No.	SUBMISSIONS RECEIVED:
99	National Association of Childbirth Educators, Ms Bronny Handfield, President
100	NSW Child Protection Council, Ms Judy Cashmore, Chairperson
101	Royal Melbourne Institute of Technology, Department of Social Science and Social Work, Dr June Allan, Senior Lecturer
102	Professor Graham Vimpani, Community Paediatrician and Academic
103	NSW Parents Council Inc., Mr Duncan McInnes, Executive Officer
104	Department for Women, Ms Robyn Henderson, Director-General
105	Mrs Joanne Carter

Submissions D81 to D95:

These are parent education surveys from service providers in Dubbo. This survey was developed and distributed by Dubbo residents, Ms Rosemary Langford and Ms Betty Noad. Each survey response has been recorded as a submission.

WITNESSES AT HEARINGS

FRIDAY, 27 FEBRUARY 1998

Ms Louise Mulroney	Training Officer Family Support Services Association of NSW
Ms Patricia Kieley	Psychologist Family Support Services Association of NSW
Dr Judith Cashmore	Academic, Chairperson NSW Child Protection Council

MONDAY, 16 MARCH 1998

Ms Wies Schuiringa	Former Co-Founder Parent Education Network
Ms Barbara Gibbins	Executive Manager Karitane
Ms Karolyn Vaughan	Clinical Nurse Consultant Karitane
Mr David Hannaford	General Manager Tresillian Family Care Centres
Ms Catherine Fowler	Manager, Education Unit Tresillian Family Care Centres
Ms Anne Partridge	Director, Nursing and Service Development Tresillian Family Care Centres
Mr Gary Moore	Director NSW Council on Social Service
Ms Linda Frow	Policy Officer NSW Council on Social Service
Ms Barbara Wellesley	National Project Director <i>Good Beginnings</i> National Parenting Project

Ms Diana Ewins

National Manager Community Relations
Good Beginnings National Parenting Project

MONDAY, 23 MARCH 1997

Mr Matthew Sanders

National Director
Parenting & Family Support Centre
The University of Queensland

FRIDAY, 3 APRIL 1998

Ms Suzanne Kingwill

Co-Ordinator, Contact Inc.
Project for Isolated Children and Families

Ms Rhonda Stien

Chief Executive Officer
Burnside

Ms Vivi Germanos-Koutsounadis

Executive Director
Ethnic Child Care, Family and Community
Services Co-Operative Ltd

Ms Mary Purnell

Service Co-Ordinator, Primary Health Nursing
Bankstown Community Health

Ms Jennifer Hennessy

Nursing Unit Manager, Paediatric Unit
Bankstown-Lidcombe Hospital

Ms Fay Macartney-Bourne

Nursing Unit Manager
Royal South Sydney Community Health Complex

Mr Phillip Dye

Author of *The Father Lode*, and
Chair of the *Fatherhood Project*

Ms Julie Campbell

Special Education Consultant
KU Children's Services

Ms Marcia Burgess

Manager, Special Education Services
KU Children's Services

MONDAY, 6 APRIL 1998

Ms Margaret Spencer	Social Worker, Consultant/Trainer <i>Parent Access Program</i> Family Support Services Association of NSW
Dr Alan Rice	Executive Director Early Childhood and Primary Education NSW Department of Education and Training
Mr Adrian Ford	Deputy Chief Executive Officer and Director Centre for Children, Benevolent Society of NSW
Mr Nigel Spence	Chief Executive Officer Association of Children's Welfare Agencies
Ms Deborah Sandars	Manager, Children's Services Fairfield City Council and Fairfield Children's Network
Dr Victor Nossar	Service Director - Community Paediatrician South Western Sydney Area Health Service

MONDAY, 27 APRIL 1998

Dr Nicholas Kowalenko	Department of Child and Family Psychiatry Royal North Shore Hospital
Ms Beulah Warren	Vice-President Australian Association of Infant Mental Health <i>and</i> Registered psychologist in private practice
Associate Professor Bryanne Barnett	Member Australian Association of Infant Mental Health <i>and</i> School of Psychiatry, University of NSW

Dr Marija Rodojevic	Member Australian Association of Infant Mental Health <i>and</i> Clinical Psychologist Hornsby and Ku-ring-gai Hospital and in private practice
Ms Pauline Green	Clinical Nurse Consultant Parent and Patient Education King George V Hospital
Ms Lynne Clune	Area Parenting Co-Ordinator Royal South Sydney Health Complex
Ms Gillian Weatherall	President Playgroup Association of New South Wales
Ms Jane Maze	Regional Development Worker Playgroup Association of New South Wales
Professor Graham Vimpani	Community Paediatrician and Academic
Dr Jim Hyde	Director, Health Services Policy NSW Health Department
Ms Louise Voigt	Chief Executive Officer Barnardos Australia

FRIDAY, 1 MAY 1998

Ms Anne Jenkins-Hansen	Founder/Director National NEWPIN (UK)
Ms Linda Mondy	Senior Manager Burnside
Associate Professor Gwynnyth Llewellyn	Head of School, School of Occupational Therapy The University of Sydney
Ms Deborah Fullwood	Principal Consultant Council for Intellectual Disability

Ms Helen Seares	Director Council for Intellectual Disability
Ms Judith Ellis	Director Institute for Advocacy & Leadership Development
Ms Catherine Hogan	Development and Liaison Officer Institute for Advocacy & Leadership Development
Ms Meaghan Sweeney	Chairperson Institute for Advocacy & Leadership Development
Ms Wendy Nicholson	Senior Project Officer Department of Community Services
Ms Toinette Milne	Manager, Policy Department of Community Services
Mr John Williams	Project Leader, Children and Families Department of Community Services
Mr John Treloar	Media Projects Officer Dads Inc.

TUESDAY, 12 MAY 1998:

Ms Wendy Le Blanc	President Armidale and District Women's Centre and Child Sexual Assault Service
Mr Stephen Widders	Community Development Officer, Armidale

MONDAY, 15 JUNE 1998:

Dr Donald Weatherburn	Director NSW Bureau of Crime Statistics and Research
Ms Yvonne Shipp	Churchill Fellow

Ms Gillian Calvert

Director
Office of Children & Young People
NSW Cabinet Office.

COMMITTEE BRIEFINGS AND VISITS

26 MARCH 1998, MELBOURNE

Dr June Allan Senior Lecturer
Department of Social Science and Social Work
Royal Melbourne Institute of Technology

Dr Moira Eastman Senior Lecturer and Head of Department
School of Sociology, Social Welfare and
Administration
Australian Catholic University, Melbourne

Ms Anne Munro Co-Ordinator
Regional Parenting Resource Centre, Ballarat

The Senior Project Officer was briefed by:

Ms Heather Butow Office of the Family
Parenting and Neighbourhood Services Unit

Ms Janette Nogorcka Office of the Family
Parenting and Neighbourhood Services Unit

The Committee visited the offices of the Australian Council for Educational Research in Camberwell, Victoria and was briefed by:

Ms Joanna Goldsworthy Parent Education Consultant
Australian Council for Educational Research.

27 MARCH 1998, MELBOURNE

Ms Lyn Littlefield Director
Victorian Parenting Centre

Ms Pat Jewell Parent Resource Co-Ordinator
Children's Protection Society

Mr Adam Tomison Research Advisor
National Child Protection Clearing House.

The Committee visited the offices of the Regional Parenting Resource Service (Western) in Hoppers Crossing, Victoria and were briefed by:

Ms Deborah Clark	Executive Director Director, ISIS Primary Care
Ms Vanessa Gati	Co-Ordinator
Ms Sue Moger	Training and Support Officer
Ms Lyn O'Grady	Training and Support Officer
Ms Karrina Lockman	Information and Research Assistant.

15 JUNE 1998, REDFERN

The Committee visited one of the Inter-Agency School Community Centre Project sites. The *Connect Redfern* project is located in the grounds of Redfern Public School, Sydney. This is a jointly funded initiative of the NSW Departments of Education and Training, Housing, Health and Community Services. The following people briefed the Committee:

Dr Alan Rice	Executive Director Early Childhood and Primary Education NSW Department of Education and Training
Ms Jo Fletcher	Facilitator, Connect Redfern
Ms Robyn Laurie	Acting Principal, Redfern Public School
Dr Garth Alperstein	Community Paediatrician Central Sydney Area Health Service
Ms Sharon Minnicon	Aboriginal Health Education Officer Central Sydney Area Health Service
Ms Debbie Dagg	State Co-Ordinator Schools as Community Centres
Ms Janine Williams	Home - School Liaison Officer (Aboriginal).

15 JUNE 1998, SYDNEY/PERTH VIDEO CONFERENCE

Ms Jane Machin-Everill

Manager Corporate Communications & Marketing
WA Department of Family and Childrens Services

Ms Sue Renshaw

Manager Special Projects
WA Department of Family and Childrens Services.

1 JULY 1998, SYDNEY

Ms Julie Francis

Co-Ordinator, Parenting South Australia
Office of Families and Children
SA Department of Human Services.

**PRO FORMA FOR AN
ADVANCED DIRECTIVE**

AIDS COUNCIL OF NEW SOUTH WALES
(ACON)

What is the legal effect of an Advance Directive?

Your advance directive is not legally binding on anyone. But, it is a very strong guide for people who are making decisions. It will be better if it is recent and if it matches what you have said when you could say what you wanted. If your advance directive still says what you want six months after you made it, you should re-sign and date it on the back so people know it is still what you want. Do this every six months.

When should I make an Advance Directive?

You should make your advance directive while you are healthy so you can take your time and really think about things. This is the best way to make sure that your advance directive says exactly what you want. Do not put off making your advance directive until you get sick. Remember, accidents and illness can happen at any time. It might be difficult to make an advance directive in an emergency.

If I make an Advance Directive, how can I let people know about it?

You should make sure that your doctor and other health carers know about your advance directive - give them a copy and talk to them about it. If you are in hospital, ask for a copy to be put on your file. Give copies to friends, family and carers and talk to them about it.

What do I need to remember when making my advance directive?

You should sign and date every page of your advance directive in front of two witnesses. Then the two witnesses should sign and date every page of the advance directive. The witnesses must be over 18 years of age.

Anyone who you name in part 1 of your advance directive should not be a witness for your advance directive.

Can I change my mind after I have made an Advance Directive?

Yes. While you can still think properly you can make a new advance directive. Give copies to all the same people. Ask for the old ones back and destroy them so

Health Care and

Your Rights

- Advance Directives - Living Wills

there is no mistake about what you want. And tell health carers and friends that you have changed your advance directive.

Where can I get help to make an Advance Directive?

HIV/AIDS Legal Centre. The HIV/AIDS Legal Centre can give more detailed free advice on these and all HIV/AIDS related issues. Telephone (02) 206 2060 for an appointment.

Your doctor. It is a good idea to talk about your advance directive with your doctor.

A counsellor. You may find it useful to talk with a counsellor, preferably one experienced in HIV/AIDS issues.

Guardianship Board. For more detailed advice on the role of the Guardianship Board, contact them on (02) 555 8500 or toll free on (008) 46 3928.

This is one of a series of pamphlets on Planning Ahead for people living with HIV and AIDS.

The information on this pamphlet is a guide only. If you have any doubt about your situation you should contact a lawyer for advice.

1. WILLS 2. POWER OF ATTORNEY 3. HEALTH CARE AND YOUR RIGHTS

Written by the Legal Working Group of the AIDS Council of NSW. Funded by the AIDS Council of NSW, the Commonwealth Department of Human Services and Health and The Sacred Heart Hospice.

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Planning
Ahead
for people
with
HIV and AIDS

What are my rights?

You have the right to pick the kind of medical treatment you want as long as you can think properly and you are over 14 years old. You have the right to ask your doctor about your health problems, what can be done about them and if there are any risks. You should also ask about other kinds of treatment.

When you understand what your doctor tells you, you can decide what is best for you. You have the right to agree (consent) to any treatment or to refuse any treatment.

What happens in an emergency?

In an emergency, if you are unconscious or cannot consent, a doctor can give urgent treatment to keep you alive without your consent.

What happens if I am too sick to make treatment decisions?

If you are HIV positive there is a chance that you may develop conditions like dementia where you cannot consent or say what kind of medical treatment you want. You may also be unable to speak or express yourself in other ways.

If this happens your doctor must normally get consent from a person responsible or the Guardianship Board. The Guardianship Board is a government body that looks after people's money, belongings and health if they cannot look after themselves.

Who will be my 'person responsible'?

If you cannot consent, a person responsible can consent or refuse medical treatment for you. Who your 'person responsible' is depends on the law. The law has different levels of person responsible. If you have no one in the first level, go to the second level and so on.

Level 1 guardian: If the Guardianship Board has picked a person to be your guardian then that person will be your 'person responsible' over all others.

Level 2 husband, wife or live in (de facto) partner of the opposite sex: If you do not have a guardian but you are married or have a live in (de facto) partner of the opposite sex, then that person will be your 'person responsible'.

Level 3: carer: You may not be married or have a live in (de facto) partner of the opposite sex. In that case, if there is a person who cares for you unpaid, then that person will be your person responsible. This could be a partner, relative or close friend.

Level 4: close personal friend or close relative: If you do not have a carer, then your close personal friend or close relative could be your person responsible.

What happens if there is no 'person responsible'?

Some people do not have a 'person responsible'. In that case, for minor medical treatment, the doctor can treat you without consent. For major medical treatment, the Guardianship Board can consent. The Guardianship Board can also pick someone to be your guardian. This person can then say what kind of medical treatment you will get.

What happens if there is more than one 'person responsible' and they disagree about my treatment?

If they disagree, they must apply to the Guardianship Board which will say what medical treatment you will get. The Guardianship Board can also pick one person to be your guardian, who then becomes the 'person responsible' over all others.

Can I pick somebody in advance to make treatment decisions for me?

You cannot directly pick someone to make treatment decisions for you. If the person you want is the 'person responsible' for you, they can automatically do it for you. If the person you want is not a 'person responsible', you can tell the Guardianship Board who you want as your guardian.

You should write down who you want to make decisions for you in part 1 of the advance directive on the back. If the Guardianship Board is deciding who should be your guardian, they must consider who you have picked.

Can I stop some people from making treatment decisions for me?

If you think that a relative, partner or friend will try to be your guardian and you do not want them to be, you

can say so. You should write down which people you want to stop from being your guardian in part 2 of the advance directive on the back.

Can I make sure that I do not get some treatments if I can no longer say what I want?

If there are some treatments or medical procedures that you would never want and you say so, then the treatment cannot be given unless the Guardianship Board consents to it.

You should talk about your future medical care with your doctor, other health carers and friends. You cannot know exactly which treatments you may need in the future. If you have talked with friends and carers, they will have a better idea of what kinds of treatment you want. This will help them say what you would have wanted. It is a good idea to write down what you do not want in part 3 of the advance directive on the back.

What is an Advance Directive?

An advance directive (also called a living will) is a form which lets you say what you want to happen to your future medical treatment. It would be used if you can no longer make your own decisions. Advance directives are new to Australia and there is no set form.

Preparing an Advance Directive

You can use the advance directive on the back. It has four parts:

Part 1 lets you say who you want to make treatment decisions for you.

Part 2 lets you say who you do not want to make treatment decisions.

Part 3 lets you say what medical procedures or treatments you do not want.

Part 4 lets you choose to die without medical treatment.

If you use this form, you can fill out some parts and not others. If you want to make a more detailed advance directive, you should talk about it with your doctor and health carers.

ADVANCE DIRECTIVE ON TREATMENT DECISIONS

(*delete any paragraphs that are not applicable)

I
(your full name)

of
(your address)

make the following directive regarding my medical treatment.

If there is any doubt about this directive, please contact the following person(s). I talked to this person(s) about this directive, what kind of treatment I want and what kind of treatment I do not want.

.....
(1st person's full name) (2nd person's full name)

.....
(1st person's address) (2nd person's address)

.....
(1st person's telephone number) (2nd person's telephone number)

I am giving these directions so that my health carers, my friends and family and the Guardianship Board will be aware of what I want if I become unable to make decisions about my treatment.

- 1* If I am unable to make decisions about my treatment, I want the following person be asked about my treatment as my "person responsible". I want this person to have the power to consent, or refuse consent, to any treatments. I want this person to be appointed as my guardian if an application is made to the Guardianship Board:

.....
(1st person's full name)
.....
(1st person's address)

This person is my:

- ☐ spouse or de facto of the opposite sex, with whom I have a close continuing relationship.
- ☐ carer, who provides or arranges for domestic support on a regular basis and is unpaid. If I am in residential care, this person was my carer before I went into residential care.
- ☐ close personal friend or close relative, with whom I have a close personal relationship through frequent contact and who takes a personal interest in my welfare, on an unpaid basis.
- ☐ other:

If this person is not available to make these decisions or to be my guardian, I want the following person to be asked about my treatment as my "person responsible". I want this person to have the power to consent, or refuse consent, to any treatments. I want this person to be appointed as my guardian if an application is made to the Guardianship Board:

.....
(2nd person's full name)
.....
(2nd person's address)

continued overleaf

This person is my:

- ☐ *spouse or de facto of the opposite sex*, with whom I have a close continuing relationship.
- ☐ *carer*, who provides or arranges for domestic support on a regular basis and is unpaid. If I am in residential care, this person was my carer before I went into residential care.
- ☐ *close personal friend or close relative*, with whom I have a close personal relationship through frequent contact and who takes a personal interest in my welfare, on an unpaid basis.
- ☐ *other:*

2* I do not want the following person(s) to be asked about my treatment or to be appointed as my guardian(s) regardless of whether they rank more highly as a "person responsible":

.....
(1st person's full name) (2nd person's full name)

.....
(1st person's address) (2nd person's address)

3* I do not want the following treatments:

.....

4* If I am suffering from a condition from which I am unlikely to recover, and which involves severe distress or loss of normal powers of understanding, I direct that I am not to be subjected to any medical intervention or treatment aimed at prolonging or sustaining my life.

(* Any of these clauses can be deleted by you. Read them carefully and make your decisions.)

Dated / 19..... Signed
(your signature)

We state that the above named signed this directive in our presence, and made it clear to us that he/she understood what it meant. We do not know of any pressure being brought on him/her to make this directive and we believe it was made by his/her own wish. So far as we are aware we do not stand to gain anything by his/her death.

Witness 1

Witness 2

Signature

Signature

Name

Name

Address

Address

.....

.....