

Chapter Six

Early Childhood Intervention

6.1 Introduction

Early childhood intervention is one of the most effective forms of crime prevention through social support. Chapter Four identified the factors that are associated with preventing criminal behaviour. Known as protective factors, they are essential for promoting resilience. Such factors can help counteract the negative impact of adverse circumstances in life,¹ and early childhood intervention is the most direct way of developing these protective factors in individuals.

The committee understands that many of the precursors to crime are related to structural issues, that is, the socio-economic conditions within which an individual lives. The committee considers that structural changes such as the alleviation of poverty and unemployment are critical to crime prevention. Nevertheless, the committee believes that early childhood intervention strategies, through carefully evaluated programs and for families at high risk, can offer a means of promoting resilience and compensate for the stresses that are imposed by poverty and disadvantage.

The committee adopts the RAND Institute's definition of early childhood intervention. Early childhood intervention refers to those interventions in the zero to five age range,² although several programs discussed below may involve children as old as eight.

The first part of this chapter will discuss major studies which provide evidence for the effectiveness of early childhood intervention, and of the general types of early intervention that are effective. The second part of the chapter will then look at locally based programs which are aimed to prevent criminal behaviour through enhancing resilience, including the NSW Government's Families First program, Schools as Community Centres, Family Support, Parents as Teachers and NEWPIN. The significance of child care centres and preschools will also be examined.

Indigenous programs will be examined in a later report³ as there are specific issues relating to early intervention with Indigenous communities which need consideration.

¹ *Evidence*, 26/7/99, Mr P Homel, Attorney General's Department.

² Everingham, *Conference on Crime Prevention Through Social Support 1998* Law and Justice Committee p 135.

³ see Chapter 10.

Part One: Evidence for Early Childhood Intervention as Crime Prevention**6.2 Prenatal and early childhood home visitation**

Considerable evidence was presented to the committee on the advantages of home visits and their role in preventing abuse, neglect and ultimately crime. Among the strong advocates of home visiting was Professor Graham Vimpani, author of the report, *An Audit of Home Visitor Programs and the Development of an Evaluation Framework*,⁴ and committee witness. Many supporters of home visitation see it as a natural substitute for the extended family and community support networks that have gradually deteriorated in recent times.

Vimpani, Frederico and Barclay⁵ define home visiting, in the context of prevention, as:

all those supportive and supplemental services provided to a family in or near the family home...Such services are, or may be, found in that network of established, sanctioned institutions, such as the educational and legal systems, health and welfare systems, political and industrial institutions, and religious and recreational complexes...It is the process by which a professional or paraprofessional enters the home of a client to provide information, health or psychological care, or other support services over a sustained period of time...At the heart of the home visiting process and essential for its success is the helping relationship established between the home visitor and the client.

As a service, home visiting has a number of benefits. Since the visit occurs in the family home, home visits can enable families to access services that it might otherwise have been unable to do. Vimpani *et al* make the following points about the benefits of the service of home visits. A home visit strategy:

- can avoid transport and perhaps child care costs for the client and thus remove what are often considered to be barriers to service access;
- signals willingness to go out to the family's turf and to make accommodations to the family's needs and schedule;
- helps to equalise the balance of power between parent and professional;
- can connect families with other services in the community such as medical care or employment training; and
- can foster special relationships between the visitor and the family, which can provide additional benefits.⁶

⁴ Department of Family and Community Services, AGPS, 1996.

⁵ *Ibid* p 13.

After evaluating home visiting programs in Australia and overseas, Vimpani, Frederico and Barclay support the use and development of home visitor programs as an intervention and support for families at risk of child abuse and neglect. They conclude that:

home visitor programs can enhance social capital in the community by building stronger communities through enabling the strengthening of relationships which bind individuals and families together in a positive manner. Home visitor programs have the potential to enhance social capital by providing opportunities for those children at risk and their families to develop and reach their full potential and participate productively in the community.⁷

6.2.1 Elmira study

The strongest evidence for the value of home visiting comes from the work of Dr David Olds in the United States. His research on prenatal care, infancy and child development has found that many of the most serious problems experienced by young children and parents can be traced to adverse maternal health-related behaviours during pregnancy, compromised care of the child, and stressful conditions in families' homes that interfere with parental and family functioning:⁸

these problems include infant mortality, preterm delivery, low birth weight, and neurodevelopmental impairments in young children resulting from poor prenatal health; child abuse and neglect, as well as accidental childhood injuries resulting from dysfunctional caregiving, youth violence resulting in a combination of neurodevelopmental impairment and harsh and neglectful caregiving; and diminished economic self-sufficiency of parents resulting from closely spaced pregnancies, educational failure and sporadic workforce participation.

In response to such findings Olds and his colleagues developed a trial program of prenatal and infancy home visitation by nurses in Elmira, New York⁹ that was designed to reduce these problems. The nurses conducted the visits from six months prenatally until the child was two years old. Visits occurred on average every two weeks and lasted about one and a quarter hours. They provided parent education and social support for the mother during the program.¹⁰ Advice was given on prenatal and postnatal care of the child, infant development, the importance of proper nutrition and the

⁶ *Ibid* p14.

⁷ *Ibid* p viii.

⁸ Olds *et al*, "Prenatal and Infancy Visitation by Nurses: Recent Findings *The Future of Children* Vol 9, No 1 Spring/Summer 1999 p 45.

⁹ Elmira PEIP.

¹⁰ Everingham, *Conference on Crime Prevention through Social Support 1998*, Law and Justice Committee p 145.

importance of avoiding smoking and drinking during pregnancy.¹¹ The cost of the program was approximately \$6000 per child.

Four hundred women took part in the program. They had no previous live births and 85% of them were either unmarried, adolescent or poor.¹² Women who had not had a baby were chosen because they were considered to be:

more receptive to home visitation services concerning pregnancy and child rearing, given their heightened sense of vulnerability, than would women who had already given birth.¹³

The researchers followed the progress and development of the children, with the latest follow-up being at age 15 years. In comparison with women who were randomly assigned to receive other services, early results of women who were nurse visited showed that they:

- experienced far greater informal and formal social support;
- smoked fewer cigarettes;
- had better diets;
- exhibited fewer kidney infections by the end of pregnancy; and
- for those who identified as smokers were less likely to deliver premature babies.

Other positive outcomes of Elmira PEIP were:

- the reduction in abuse and neglect of children among poor unmarried mothers;
- the reduction in visits to the emergency department for injuries among all children, irrespective of risk; and
- four years after delivery of their first children, nursed-visited women who were low income and unmarried at registration had fewer subsequent pregnancies and greater participation in the workforce.

¹¹ Farrington and Welsh, "Delinquency Prevention Using Family-based Interventions Children and Society vol 13, no 4, 1999, p 2.

¹² Olds et al, *op cit*, p 45, 1999.

¹³ *Ibid*, p 5.

A major component of the evaluation of the program was an analysis of the costs and benefits to government. It was found that for low income women, particularly those who were low income **and** unmarried (ie high risk), the discounted cost savings to government was greater than the cost of the program before the children reached the age of four years of age.¹⁴ However, it was found that among families in the lower risk group (ie single mothers or poor mothers, not both, or married mothers), the return on the investment of the program was low.¹⁵ The RAND Institute (US) also conducted an extensive cost savings analysis of the program (along with the Perry preschool program). The results of this are discussed below.

As a result of the outcomes of the Elmira trial, it was replicated in Memphis, Tennessee with a sample population of 1,139 primarily African-American families. It is noted that:¹⁶

generally, effects in Elmira were of greater magnitude and covered a broader range of outcomes than in Memphis, perhaps because of differences between the populations studied, community contexts, or a higher rate of turnover among home visitors.

Nevertheless, according to Professor Larry Sherman evaluations of the studies in Elmira and Memphis revealed that the program:¹⁷

reduced child abuse substantially during the first two years of life, then later reduced arrests, not only of the infants who were being treated by the program but also of the mothers, who were less likely to get involved in crime, more likely to become employed, more likely to get off welfare, and less likely to have as many children as quickly as the control group, the comparison group, not given the program.

The findings of the Elmira program were significant in that they confirmed that the functional and economic benefits of the nurse home visitation program are the greatest for the families at greatest risk.¹⁸ In reaching this conclusion the researchers found that:¹⁹

in the Elmira study, it was evident that most married women and those from house-holds with higher socio-economic status managed the care of their children without serious problems and were able to avoid lives of welfare dependence, substance abuse, and crime without the assistance of the nurse home visitors. Similarly, their children on average avoided encounters with the criminal justice

¹⁴ *Ibid* p 45.

¹⁵ *Ibid* p 62.

¹⁶ *Ibid* p 44.

¹⁷ Sherman, *Conference on Crime Prevention Through Social Support 1998*, Law and Justice Committee p 28.

¹⁸ Olds et al 1999 p 61.

¹⁹ *Ibid* p 61.

system, the use of cigarettes and alcohol, and promiscuous sexual activity. Low-income unmarried women and their children in the comparison group, on the other hand, were at much greater risk for these problems, and the program was able to avert many of these untoward outcomes for this at-risk population.

6.2.2 The Perry PreSchool program

The Perry Preschool program began in the mid-1960s, and involved 123 disadvantaged African-American children in Ypsilanti, Michigan with low IQs. The program was a part-time preschool that included weekly home visits by the teacher. It continued for up to two school years. One of the main aims of the program was to examine the link between preschool education and the reduction in delinquency. It was largely based on the United States program, Head Start which:²⁰

wrapped together the family and the school, so it doubled the social support of the program, not just directly for the children, but by having weekly visits of the teacher to the home to work with the mother and then, in many cases, bring the mother back into the preschool and getting what some theorists call intergenerational closures, so that the adults who are dealing with the children and each other's children all know each other.

The cost of the program was \$12,000 per child.

A major outcome of the Perry Preschool program was that preschool participation can increase the percentage of young people who are literate, employed and enrolled in post-secondary education, at 19 years of age and it can reduce the proportion who leave school, have been arrested or are on welfare.²¹ RAND calculated that in the Perry Preschool program, children's earnings when they reached age 27 were 60 per cent higher among program participants.²²

Bright cautions that not all preschool activity is necessarily preventative. He argues that the key protective factors of the Perry Preschool program are:²³

systematic efforts to involve parents as partners in their children's learning, a curriculum based on child-initiated learning, classes with two adults and fewer than twenty children and teachers trained in early childhood development. Encouraging children to plan and then take responsibility for their activities within a structured classroom environment is considered especially important for delinquency

²⁰ Sherman 1998 p 29.

²¹ Bright, *Turning the Tide* 1997 p50.

²² "Early childhood Interventions: Benefits, Costs and Savings" *RAND Research Brief*, 1998, p 2.

²³ Bright 1997 p 50.

prevention because it is believed that active learners will be more community minded and responsible in adolescence.

6.2.3 The Rand Cost Benefit study

The United States based Rand Institute in 1996 conducted a cost-benefits evaluation of a number of prevention programs, including the Elmira and Perry Preschool programs. The analysis was done by way of a comparison with a number of other programs, including imprisonment. In this regard specific attention was given to the Californian “Three Strikes” law, that is, the law requiring extended or very long sentences for repeat offenders. Ultimately, the researchers were interested in discovering whether these three programs provided any savings to government.

Chapter Nine of this report contains an explanation of how cost benefit studies are conducted. The researchers combined together the benefits of the programs together with the savings from costs of how many crimes the participants would otherwise have committed.²⁴

The evaluation estimated that the Californian “Three Strikes” law would have a significant impact on serious crime – over 25 years, a reduction of 21%. However, the cost of this would be \$5.5 billion per year, the result of the high cost of incarcerating people for such extended sentences.²⁵ Overall, RAND found that the Elmira and Perry Preschool programs were more cost effective than approaches like “Three Strikes”. Everingham of Rand²⁶ explains:

In a cost-savings analysis we found that in investing in these very early childhood interventions may lead to cost savings to government. The savings are greater when programs are targeted to the highest risk children – specifically what I mean is targeted to the children who can best benefit from their services – but these savings take time to accumulate.

Specifically, the evaluation revealed that for the higher risk families the savings to government were as follows:

- Perry Preschool: \$25,000 in savings versus \$12,000 in costs for each participating child; and
- Elmira: \$24,000 in savings versus \$6,000 in costs for each participating child.

²⁴ *RAND Research Brief* 1998 p 2.

²⁵ Everingham 1998 p 136.

²⁶ *Ibid* p 146.

The benefits of these programs to government can be far reaching. For instance:

- the potential savings the government (and thus the taxpayers) realises when families participating in early interventions require lower public expenditure;
- participating children may spend less time in special-education programs;
- parents and children (when they become adults) may spend less time receiving welfare benefits;
- parents and children may spend less time under the jurisdiction of criminal and juvenile justice systems; and
- parents and children (when they become adults) may earn more income and therefore pay more taxes.²⁷

The RAND evaluation also noted that the programs generate additional benefits to society beyond the government:

these include the tangible costs of the crimes that would eventually have been committed by participating children had they not participated in the program. The benefits also include the extra income earned by participating families which can be reckoned as a benefit to the overall economy.²⁸

A drawback to early childhood intervention is that although the benefits exceed the costs, the costs accrue immediately, while the benefits are realised only in later years and as children mature to adulthood. The committee recognises that the economic benefits of programs such as Elmira and Perry accumulate only after a long period of time, but once they do, the rewards can be far-reaching.

6.3 Parent education and support programs

Parenting behaviours and skills can have an enormous impact on the development of a child.²⁹

the physical, social, mental and emotional wellbeing of children are substantially shaped from early parenting experience.

²⁷ RAND 1998, p 3.

²⁸ *Ibid*, p 4.

²⁹ *Working for Children: Communities Supporting Families Report no 15*, Standing Committee on Social Issues 1998 p 19.

However the parenting process can be seriously compromised, particularly by factors such as social and economic stress, and thereby inhibit or even damage, the positive development of a child. While competent parenting or otherwise can cross all social strata, economic and social stress, brought about by poverty, can negatively influence parents behaviours. As Weatherburn and Lind³⁰ found, one of the consequences of this is child neglect.

The committee recognises that social and economic stress are factors that cannot be immediately alleviated. However, competent parenting skills, learnt through parent education, is one means of compensating for the pressures imposed by poverty and the consequent negative effects on child development.

In recent times parent education programs have been developed as a means of providing parents with relevant skills when interacting with their children. Croake and Glover³¹ 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.

Farrington and Welsh³² found that effective general parent education can occur by way of home visits and/or through a day care setting. In the latter case children receive day care designed to develop their intellectual abilities, while their mothers receive home visits and advice and can attend the day care centre with the child. Further, prevention may be achieved through more formal parent training.

Parent education can cover many issues. Parents can be assisted with or taught about:

- infant care;
- nutrition;
- child development;
- age-appropriate infant stimulation exercise;
- development of an affectionate relationship with the child; and

³⁰ *op cit* 1997.

³¹ "A History and Evaluation of Parent Education" The Family Coordinator 1977 p 151.

³² Farrington and Welsh, "Delinquency Prevention Using Family-based Interventions. *Children and Society* vol 13, no 4, 1999.

- fostering the cognitive skills of the child.

A number of studies have shown that parent education can be an important prevention strategy in the area of child abuse and neglect. In its report, *Working for Children: Communities Supporting Families*³³ the NSW Standing Committee on Social Issues dealt extensively with the issue of parent education. As the Social Issues Committee report observed, parent education has been included in a range of action plans for the prevention of child abuse. Further, a review undertaken by MacMillan *et al*, found that effective parent education and support programs significantly reduced the incidence of child abuse and neglect among children whose parents were participating in the group.³⁴

Of direct relevance to this inquiry, parent education has been identified as a key strategy for crime prevention. In his evidence to the committee, Dr Don Weatherburn of the New South Wales Bureau of Crime Statistics and Research stated:³⁵

think of good parenting as an inoculation against delinquent peer influence... (and) good parenting is inculcated by assistance. In the studies that have been shown to be effective, what happens is that a qualified person comes in and gives tips, advice and guidance...

Further, Professor Ross Homel, one of the authors of *Pathways to Prevention* told the committee:³⁶

parent education or parent training is clearly one of the primary approaches (to crime prevention) for which there is abundant evidence of success.

In a recent review of the evaluations of 24 crime prevention programs, Farrington and Welsh³⁷ found parent education programs, particularly in the context of home visiting or day care, to be an effective strategy against a child's later offending behaviour. The authors conclude that:

general parent education and more formal parent training are both effective prevention techniques... intensive home visiting can help poor unmarried mothers and reduce later delinquency by their children... (and) an intensive day care programme can reduce antisocial behaviour and delinquency.

³³ 1998.

³⁴ *Ibid*, p 30.

³⁵ *Evidence* 26/7/99, Dr D Weatherburn.

³⁶ *Evidence* 26/7/99, Professor R Homel.

³⁷ *Children and Society* vol 13, no 4, 1999, p 6.

The Social Issues Committee's report on parent education and support, noted the crime prevention benefits of parent education. In endorsing the evidence of Weatherburn the Social Issues Committee agreed that:³⁸

parenting is absolutely crucial in terms of children's willingness to become involved in particular forms of crime (so) 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

One example of an effective parent education program in Australia is known as the Positive Parenting Program (PPP), began by focussing on parents of preschoolers who were exhibiting conduct disorder and severe disruptive behaviour. It initially operated from a clinic but has been expanded and is available via a video as well as group discussions, group input from facilitators through to individual counselling and therapy for parents.³⁹ Professor Ross Homel commented on PPP and parent education generally in his evidence to the committee:

evidence is accumulating that the program is very effective and there is extensive overseas evidence... that parent education can... reduce all the precursors to juvenile crime in the form of disruptive and aggressive behaviour, and even impact on things like hyperactivity and so on.

The Social Issues Committee report deals comprehensively with parent education and parent support programs and the NSW government has recently provided a formal response. The second part of this chapter dealing with specific programs will therefore not cover these issues.

6.4 Preschool and child care

The NSW Child Protection Council has described child care services as being modern day version of the traditional extended family⁴⁰ in that it can assist the functioning of parent/child relations. For at-risk children quality child care centres or preschools can provide models of appropriate parenting and teach constructive ways of interacting with peers. Child care also puts the child into a context where trained professionals can identify any developmental problems and refer them to appropriate assistance.

The *Pathways to Prevention* report⁴¹ commented on the very strong role played by child care centres in family life for children aged 0-5, noting:

³⁸ 1998 p 33.

³⁹ Evidence 26/7/99, Professor R Homel.

⁴⁰ NSW Child Protection Council 1997 *A Framework for a Child Friendly Society : Strategies for Preventing Child Abuse and Neglect*.

⁴¹ National Crime Prevention 1999 pp186 -187.

- the widespread use of such services;
- the intimate linking of parent, staff and child at crucial developmental phases;
- the wide distribution of services in neighbourhoods;
- in the absence of baby health centres, they are the first point of contact with services; and
- the use of centres as locations for parenting education.

The report concludes:⁴²

this evidence re-inforces the need to locate resources in child care centres or preschools in order that behavioural problems may be targeted in an environment in which most families feel comfortable and which is as supportive as possible. Workers in these centres are in a good position to reduce risk factors such as poor parenting and school failure, and enhance protective factors such as good parenting and school success. They are also in an ideal position to influence the very significant transition to school.

The Perry Preschool program (discussed above) is the most thoroughly evaluated program of this type. Later in this chapter the contribution of NSW child care services is considered in depth.

6.5 Stigmatisation

It has been suggested during the inquiry that home visits and parent education programs may have a stigmatising effect for families who participate in the programs and for the programs themselves. Concern for stigmatisation is especially in relation to the services which operate in the context of prevention of child abuse and neglect and prevention of criminal activity. The perception of a stigma then creates a risk that parents will not access these programs.

The Standing Committee on Social Issues addressed this issue in its Parent Education report. Drawing from the evidence of Weatherburn and Yoshikawa the committee considered that to avoid stigmatisation these services need to be offered long before a child is the subject of an official report of neglect or has engaged in criminal behaviour:

⁴²

Ibid p 187.

They need 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.⁴³

Further, according to Yoshikawa, programs which have been successful:⁴⁴

did not have as their stated purpose of prevention of antisocial behaviour and crime but had a much broader emphasis on facilitating child and family development.

Another approach is to offer services universally, so that by participating in the program there is no stigma attached to be in an “at risk” group. The difficulty with this is that:

- universal service provision is more costly than targeted services; and
- services may be most used by those motivated parents rather than the “at risk” group.

Contrary to this, Professor Vimpani in evidence to the committee said:⁴⁵

I think targeting is fine, but within the context of a universal program. Targeting to provide additional services for families with additional needs is appropriate.

The approach taken by most of the programs discussed in part two of this chapter is to offer services universally to avoid stigmatisation; but use the universal programs as a gateway to intensive services provided to those at risk. This is the approach taken in the Families First program and generally taken in child care.

6.6 Attachment and brain development

One of the strongest arguments for early childhood intervention is the impact it can have on brain development. Programs which encourage attachment between the parent or carer in the first three years have a major flow on benefit:

It actually shapes the way in which the brain pathways are established and so a child’s capacity to control emotion hinges to a significant extent on the biological systems that are shaped by early experience and attachment.⁴⁶

This finding is discussed in more detail in Chapter Four.

⁴³ Standing Committee on Social Issues, 1998 p 34.

⁴⁴ “Prevention as Cumulative Protection: Effects of Early Family Support and Education on Chronic Delinquency and its risks” *Psychological Bulletin* 115 1994 p 42.

⁴⁵ *Evidence* 25/10/99, Professor G Vimpani.

⁴⁶ *Ibid.*

The committee has had the opportunity to examine several NSW based early childhood intervention programs during this Inquiry. The rest of this chapter will address these specific programs.

Part Two: NSW Early Childhood Intervention Programs

The committee sympathises with the committee which undertook the *Pathways to Prevention* report, and began its research by hoping to conduct an national audit of all early intervention programs. The authors of Pathways soon realised this was beyond their time frame and resources (see the appendix volume of that report for an analysis of the programs they were able to examine). The programs selected below represent some of the more important recent initiatives of the government and non-government sector, but the list is far from exhaustive. The committee welcomes the submission of details of other programs not discussed here or in the Pathways report.

Before addressing these programs there are three general issues which have arisen frequently in submissions and evidence to this inquiry regarding NSW programs. These are:

- the underfunding of early childhood intervention programs;
- the lack of crime prevention as an identified outcome for early intervention programs; and
- the lack of local evaluation of the success of these programs in preventing crime.

6.7 Funding issues

As outlined earlier in this chapter, there is very strong evidence that intervention in the first three years of life provides the best opportunity to address risk factors for later offending. The cumulative effect of risk factors increases once children reach primary school; crime prevention directed at individuals becomes increasingly complex as they become older because there are more problems to overcome. Despite this, spending by governments on interventions and other social supports is skewed in favour of older age groups. The RAND Institute diagram below depicts the investment by US governments in interventions compared to the time frame where brain development can be influenced.

Evidence to the committee suggests it is a common experience of all who work in early intervention locally:

The final point I would make is this mismatch between the importance of early childhood and the gains that can be achieved by investing there compared with our actual investment in those years as a community. ...in terms of the development of the human brain, it is most sensitive to the impact of environments, whether they be good or bad, in those first three or four years of life, yet our investment in terms of social services spending on health, education, income support, social services and crime is not down here; it is up to the top of the scale.⁴⁷

I come from a state [Queensland] which has more than doubled its imprisonment rate in the last three or four years and for which prison building is the biggest industry...For my money we are not putting enough into the kinds of interventions early on that I have described.⁴⁸

We need to look at methods of diverting people at risk from the criminal justice system, before they even become offenders. Once within the system, there are limited opportunities to deal with the root causes of the offender's criminal career. Time is also limited. Young offenders grow and will, in many cases, become adult offenders. Once that occurs, the ability to deal with the offender's personal development evaporate.⁴⁹

As discussed earlier in this chapter, there is strong evidence that early childhood interventions are cost effective. The difficulty is in convincing governments that face three to four year terms to increase their investment in an area where the outcomes in reducing crime will not be seen for at least 12 -15 years.

The committee is well aware of the concerns of the general community on the importance of combating crime and that this is most commonly expressed in immediate solutions such as more police or longer prison sentences. For that reason the committee, made of Government, Opposition and Independent members, commends the NSW government for its Families First program, which is recognising the importance of Diagram One here increased funding for early childhood intervention. It is an important start. To go further will necessitate hard choices between allocation of resources, which will require governments to carry the electorate with them.

6.8 Failure to identify crime prevention outcomes

⁴⁷ Evidence, 25/10/99, Professor G Vimpani.

⁴⁸ Evidence, 25/10/99, Professor R Homel.

⁴⁹ Submission 29/7/99, Hon David Malcolm AC, Chief Justice of Western Australia.

Early childhood intervention programs are typically run or funded by human services agencies whose core business is unconnected to the criminal justice system. The aims of these programs focus on the core business of the agency, such as better health or improved education. However in addressing the risk factors which lead to later crime these programs have significant crime prevention outcomes. The failure to identify these as outcomes has two results:

- the impact on reducing crime is not measured; and
- the view that early childhood intervention is not part of the “real business” of crime prevention is compounded.

Mr Peter Homel of the Attorney General’s Department Crime Prevention Division said:⁵⁰

I would argue that it is to the benefit of the people running the programs, and those to whom they are accountable, to properly identify the range of goals that the programs are likely to achieve. One of the problems with the early intervention programs I was talking about is that they are frequently not very well funded, supported or comprehensively planned. They tend to be one-off initiatives – a significant departure from which is the Families First initiative. ...To identify their goals and outcomes may strengthen their ability to operate over time and more effectively.

The committee believes crime prevention as an outcome needs to be identified in early intervention programs, and is encouraged by the response of many to this inquiry who have presented submissions recognising this link.

6.9 Evaluation of early childhood interventions

If crime prevention is not identified as an outcome it is a natural consequence that few programs will be evaluated in such a way as to demonstrate their impact on reducing crime. Chapter Nine of this report will examine the lack of evaluation of outcomes of crime prevention by social support and possible responses. Early childhood evaluations in particular lack high quality local evaluations because of the long term nature of their outcomes: empirically rigorous evaluations require a commitment of many years to produce meaningful results.

6.10 Families First program

⁵⁰ Evidence 17/6/99, Mr P Homel.

The Families First program is the exception to most of the general concerns about early intervention programs. It appears to the committee that:

- the State government is prepared to commit a significant injection of new funding to the program;
- the government recognises the program has crime prevention as one of its desired outcomes; and
- the government is committed to an evaluation of the program which will be both long term and properly funded.

The Families First program is targeted at families with children up to eight years, with a particular focus on the first three years. Unusually, it was developed by a central agency, The Cabinet Office. It was developed as a response to many factors such as the findings of the Wood Royal Commission, concern as to the ad hoc development of social policy, and overseas evidence and research findings on the importance of early intervention.⁵¹ It is an attempt to take a “whole of government” approach to early intervention, and brings together NSW Health, the Department of Community Services, the Ageing and Disability Department, the Department of Education and Training, the Housing Department and non-government agencies.

The aims considered in the design of the program were summarised by the Manager of the project in evidence to the committee:⁵²

So, what we are talking about is giving children a better start in life. Some of them have a poor start in life. If a child does have a poor start in life there is the chance that the baby will grow into an adult who can have a variety of, or any one of, these issues: poor physical and mental health and earlier death; lower standards of education; less opportunities in the job market; increased likelihood of drug or alcohol addiction; and greater participation in crime... These services, targeted well and provided correctly, can reduce a child’s exposure to risk factors that may adversely affect the child’s health, education and welfare. Moreover, these prevention and early intervention services have the greatest impact when they are capable of addressing a broad range of issues and are provided as part of a co-ordinated network of early intervention and prevention services.

It [Families First] aims, importantly, to look at joint planning for families across the five government agencies [referred to above] and non-government agencies. So, instead of a specific program looking at the needs of a specific group of families,

⁵¹ Evidence 17/6/99, Mr R Wilkins, Ms D Hudson.

⁵² Evidence 17/6/99, Ms D Hudson.

this broadens families into a target group that has a range of support at different transitional points while their children are growing up.

Families First is based upon universal service provision: all families have the opportunity to benefit. The level of supports provided will vary depending upon the individual needs of families. The support is provided through four interconnected areas of support:

- support for parents immediately before or after birth. Such services include antenatal support provided by health professionals and doctors, early childhood health services and community health services;
- support for parents caring for young children during their first three years. These services are provided by many government and non-government agencies and include parent education programs, family support, playgroups and transition to school programs. An important part of this will be the use of trained volunteers, particularly experienced parents to assist new parents by way of home visits;
- extra support for families in need. This comes into play when families receiving the second type of support are struggling and need professional assistance. The types of services here include specialist child and family health services, mental health services, drug and alcohol services, family support and counselling services and disability services; and
- strengthening connections between communities and families so as to break down isolation, particularly in disadvantaged communities. This will involve use of schools, neighbourhood centres, public housing programs and other forms of community development.

Families First is an attempt by the central agency to map out what is currently provided so as to then identify what is missing from the overall picture in specific local areas. The only especially new aspect of the program is the use of volunteers, although over time it would be expected that many new programs will be developed in response to need.

Despite being centrally planned, Families First will operate on a local basis, with a different plan for each of the 16 areas in New South Wales.⁵³ In each region a locally appointed Families First manager will be appointed, whose first task is to audit what parts of the desired support network currently exists and how effectively the desired support is being provided. A detailed strategy is then developed which may involve the need to establish and fund new services.

⁵³

The areas are chosen based upon Area Health regions.

The desired outcomes of the program were identified by the manager of the program as follows:

- healthier parents and children;
- children better prepared to learn and develop when they start school;
- reduction in mental health problems in children and in parents with new babies;
- greater parental participation in education and training; and
- a reduction in juvenile and adult crime.⁵⁴

The program began in 1998/99 with the first 12 months allocated to developing a comprehensive plan. The roll out of the service has begun in 1999/00 initially in three areas: the mid North Coast; the Far North Coast and South West Sydney. These areas will receive an allocation of \$19 million, to be spent over four years. Planning has begun for a further three areas: the Inner West, Orana Far West and Hunter regions.⁵⁵ Because Families First involves universal service provision priority is being given to areas of greatest socio-economic disadvantage. Overall \$55.6 million has been committed by the government to spend on the program over the four years of its current life.

The committee has received submissions and evidence critical of Families First so it saw this inquiry as presenting an opportunity to assess any shortcomings of the program. Most witnesses have been asked for their views on the program. Initially, the committee had some scepticism as to how a central agency could successfully implement a plan which relied a thorough understanding of local service provision and community networks. However, a visit to an initial pilot area in the North Coast has substantially allayed these fears. The committee was impressed by the level of detail and practicality of the strategic plan developed. A copy of this appears as Appendix Three, with explanatory notes, because it provides a very good understanding of what the program will look like in a local area.

6.11 Criticisms of Families First

Witnesses to this inquiry who came from an academic or research-based background spoke very highly of the Families First program because its premises are based upon many studies which demonstrate the value of

⁵⁴ Evidence 17/6/99, Ms D Hudson.

⁵⁵ Evidence 6/10/99, Ms T Milne.

parental attachment, home visiting and the like. Dr Weatherburn, Professor Vinson, Professor Ross Homel and Professor Vimpani all spoke favourably of the program, though most conceded they knew of the program only in its broad outline. Comments included:

If you choose the most economical way of getting to root causes I think Families First is a good program. I think there is quite a bit of research around to show that early contact with parents and children and sustained assistance, either through volunteers ... and/or professional people, is one of the more enterprising and more potentially useful things that can be done. I think it is very good.⁵⁶

It appears to be a sincere and major effort on the part of the NSW government to ensure the co-ordinated delivery of appropriate services at the local level in a way that meets the needs of that community, and it is risk focussed.⁵⁷

In contrast the non-government human services sector has been critical of the program, or at least aspects of its implementation. In essence, the critics see it as a way that The Cabinet Office is attempting to take over the direction of social policy and human service delivery, an area traditionally being the domain of a diverse network of government and non-government agencies. Some of the language used by the Director General of The Cabinet Office, such as references to “reconfiguring existing services” and “taking some of the things that we devised in the 1970s and bringing them up to date”⁵⁸ does not disguise that the program is very much an intervention in the existing structure. It should be recognised, however, that most critics supported the aim of the program and welcomed the injection of fresh funds into an under resourced sector:⁵⁹

The initiative indicates that the current State government has an increasing awareness of a commitment to prevention. From our point of view, we felt that that was a terrific result. The government is showing that it has that commitment and understanding. The fact that it is a co-operative venture between government departments and the community sector is a strength in the planning of the model. The fact that it provides a range of intervention depending on the level of the need of the family shows that there is some real flexibility built into it which we also saw as a plus.

NCOSS supported many aspects of the Families First program, such as delivery of services to homes; strengthening parent skills; improving service co-ordination in local areas and the value placed on children, especially neglected children or those at risk.⁶⁰ However NCOSS stressed that it is:⁶¹

⁵⁶ *Evidence* 25/10/99, Professor T Vinson.

⁵⁷ *Evidence* 26/7/99, Professor R Homel.

⁵⁸ *Evidence* 17/6/99, Mr R Wilkins.

⁵⁹ *Evidence* 17/6/99, Ms R Stien.

⁶⁰ *Submission*, 21/9/99, NCOSS, p 21.

⁶¹ *Ibid* p 21.

only one small contribution rather than “the solution”.

The main criticisms raised with the committee by the non-government sector are as follows:

- too much spending on planning or bureaucrats, not enough on service provision;
- too little money too thinly spread in too few areas;
- it disguises cost shifting between departments;
- over reliance on volunteers for home visiting;
- lack of emphasis on respite care;
- undermines existing networks, especially family support or child care; and
- lack of consultation with the non-government sector.

A view was put strongly to the committee that too much was being spent on high level planning without any real outcomes:⁶²

The money was spent on bureaucrats meeting together in very long and expensive meetings to talk about things they never run, never have run and do not know how to run. If they had gone to one of those little family support programs, who know about actually running a family support program, they would have done better. You have got bureaucrats who have never run these programs talking together, although they can talk about co-ordination and grand plans.

With respect, the committee does not support this view, and believes it would be irresponsible for any government to launch a statewide \$55 million program without thorough planning. The money committed to the program does not include existing staff costs of The Cabinet Office,⁶³ so any planning work is not at the expense of on the ground service. The first year of the program was allocated to planning, and having seen the plan developed for the North Coast the committee is satisfied that this time has been effectively used, at least in that instance.

The case for the program being spread too thinly over too few areas arises primarily because the service is universal rather than targeted to “at risk”

⁶² Evidence 17/6/99, Ms L Voigt.

⁶³ Evidence 17/6/99, Ms D Hudson.

groups.⁶⁴ A coalition of several major non-government welfare agencies, including Barnardos, Burnside, Anglicare, Centacare, Family Support Services Association and Wesley Dalmar, campaigned as the “Invest in Families” Coalition during the March 1999 State election on the basis that an extra \$20 million was required to address the needs of “at risk” children, and that in only targeting three areas of the state the “Families First” program was leaving other high need areas lacking services.⁶⁵

It has been frustrating when we have raised concerns about resourcing in other areas to say, “Oh, we have Families First now.” For 14 of 17 areas, they will not see one bit of difference in their area at this point. There is talk about a continuing roll-out, but that has certainly not been put in any tangible form.⁶⁶

The committee supports the universal nature of the program. While an argument could be made for giving priority funding to “at risk” groups, the advantage of universal service provision is there is no stigma attached to using the initial services, raising the prospects of effectively reaching at risk groups. The committee believes far more than \$55 million is required to address early childhood intervention needs in New South Wales, but a well planned and properly evaluated program such as Families First may provide an excellent opportunity to convince governments to increase their spending. Achieving outcomes may convince central agencies that this type of funding is not simply a “black hole” where money poured in does not lead to measurable improvements to entrenched social problems.

The committee also supports the staged implementation of the program with priority given to the most disadvantaged areas. The staged implementation allows lessons gained from the first pilots to feed back into the unrolling of the program into later areas.

There have been concerns that the program is simply a way of shifting costs around from different departments. This was raised in the submission from NCOSS.⁶⁷

There is unease within the community sector about whether valuable existing programs have had elements of their funding converted into seemingly new funding for the Initiative...Services have raised concerns that the Families First initiative may incorporate nurse home visiting supported through Health funding.

⁶⁴ In terms of the forms of crime prevention discussed in Chapter Two of this report, Families First is a primary prevention program, although it also provides a gateway to tertiary prevention in working with at risk groups.

⁶⁵ *Submission 2/6/99, Invest in Families Coalition.*

⁶⁶ *Evidence 17/6/99, Ms L Mulroney.*

⁶⁷ *Submission 29/7/99, NCOSS, p 25.*

The committee understands these concerns. In the plan the committee saw for the North Coast there was a clear delineation between activities supported through existing funding and new funding from Families First (see Appendix three). It is important that this transparency be maintained.

Recommendation 1

The committee recommends The Cabinet Office continue the model used in the North Coast pilot in clearly separating Family First initiatives which are funded from existing programs and those funded from the \$55.6 million program. To promote transparency these plans should be publicly available.

Perhaps the most sustained criticism of “Families First” has been over its reliance on volunteers to carry out the initial home visiting. This is criticised on a number of grounds:

- governments are increasingly using volunteers as a way of avoiding their own funding responsibilities;
- there is no evidence that the benefits of home visiting programs are achieved when volunteers rather than trained professionals are used;
- volunteers will not be sufficiently skilled to identify, during brief home visits, problems requiring professional assistance; and
- areas of greatest need will not be able to provide the volunteer base required to support the program.

Several of these views were discussed in detail in the 1999 submission to this inquiry by NCOSS,⁶⁸ and summed up by the following evidence from the Director of NCOSS:⁶⁹

There is a growing trend in government, both at the Commonwealth and State level, to promote a particular idea about the development of social capital that relies on shifting responsibility for communities onto individuals. We certainly think it is important to improve community capacity and relatedness in communities, but it is problematic if at the best of times it is premised on an abrogation of government responsibility, and it is particularly problematic when it involves individuals with limited resources who reside in communities with high concentrations of disadvantaged.

It is important that volunteers are not used to undertake roles more suited to trained professionals. However, the point about Families First is that its

⁶⁸ *Submission 29/7/99, NCOSS, pp 21-29.*

⁶⁹ *Evidence 6/10/99, Mr G Moore.*

volunteer services are an addition to existing professional services, not a replacement. The committee has seen no evidence that volunteers are being used as a way of saving existing expenditure, though this is not to say that the issue does not deserve close monitoring.

This then raises the issue of training of volunteers, and whether they will be sufficiently skilled to make proper referrals to professionals. The Deputy Director of NCOSS provided a very useful description of the needs and motivations of volunteers:⁷⁰

One of the things I want to stress about volunteers, being someone who has managed organisations with huge volunteer rosters, is that volunteers are not like employees. Volunteers come to an organisation with their own attributes and their own aspirations for being there, and often those aspirations are quite different from an employee's. You have to incorporate that into the management of an organisation. If you do not, you do not have your volunteers. You also do not have a particularly healthy organisation, because volunteers bring a certain amount of energy to the organisation, and ideas and culture that is different from organisations that have simply employees.

Volunteers are not something for nothing, either. Volunteers require quite a lot of resourcing and you need to be able to build that into the management of your organisation....If you have an expectation that volunteers will deal with all manner of crises, then you probably have a system that will not work particularly well, either for the client or the volunteer. You need to make sure that support services and referral points are available for the volunteers so there is a way in which crises can be dealt with.

The committee has received a response from The Cabinet Office to the NCOSS submission. It states that:⁷¹

The managers of volunteer services will be professional staff who are competent to recruit, train, match volunteers and families, and supervise volunteers. In some services, these managers will provide other supports for families such as structured playgroups.

The plan for the North Coast states as one of its strategies, the establishing of volunteer programs in nine locations, with funding of \$495,000 to fund professional co-ordinators to develop "clear procedures for recruitment, training, supervision and matching of clients and volunteers". This will provide home visiting services to new mothers alongside improvements to existing professional services, such as an injection of \$540,000 to develop NSW Health early childhood nursing services in the region. Subject to the development of suitable guidelines for use of volunteers (see below) the

⁷⁰ Evidence 6/10/99, Ms M Perkins.

⁷¹ Wilkins, letter to Chair, 10/11/99.

concerns do appear to be addressed: volunteers will not be sent out without training, resources or supervision.

But will they be successful? While there is strong evidence as to the benefits of home visiting, it needs to be remembered that most of the evaluations conducted overseas have been of services provided by trained professional nurses.⁷² Dr David Olds is currently completing a study which compares a volunteer based service, a service using trained professionals and a control group which did not receive services. The initial results, described here by Professor Vimpani, are sobering for the Families First project:⁷³

The study found that the volunteer home visiting, at least in terms of the outcomes that he had looked at before [in previous studies] did not achieve either practical or statistically significant benefits over and above the control group.

Professor Vimpani did qualify this later:⁷⁴

It is interesting that David Olds has never measured the impact of home visiting on social support [connections and attachments with their local community]. In his follow-up study looking at volunteers versus professionals, that has not been measured and yet one would expect that would have a very positive outcome from volunteer involvement.

He also suggested there were some things which people would be more willing to confide in a lay person than a professional. The Cabinet Office has also pointed to a UK study⁷⁵ which found that volunteers could deliver an effective health promotion campaign to new mothers.

The committee accepts that there are roles for both professionals and volunteers in home visiting. The Families First program has a role for both. It will be crucial to evaluate the outcomes of the volunteer program. Such an evaluation will not only assist the future implementation of the program but could also provide an important contribution to a current gap in knowledge internationally. As will be seen in Chapter Nine of this report, the evaluation should allow comparison of outcomes with areas not receiving services to clearly demonstrate its results.

⁷² Olds et al "Long term effects of nurse home visitation on children's criminal and antisocial behaviour: 15 year follow-up of a randomized controlled trial" *Journal of the American Medical Association* 280, 1999 p1238-1244, Farrington and Welsh B, "Delinquency Prevention Using Family -Based Interventions" *Children and Society* vol 13, No 4, 1999.

⁷³ *Evidence* 25/10/99, Professor G Vimpani.

⁷⁴ *Evidence* 25/10/99, Professor G Vimpani.

⁷⁵ Johnson Z, Howell F and Molloy B "Community Mothers Programme: randomised control trial of non-professional intervention in parenting" *British Medical Journal* volume 306 May 1993.

Recommendation 2

The committee recommends that an outcome evaluation be conducted of the volunteer home visiting component of Families First. This should include use of a control group in an area not yet receiving the services. This evaluation should consider the outcomes which include whether the families increase in their relatedness to their community and the level of referrals to other services.

Regarding the evaluation of Families First the committee understands that The Cabinet Office is according this priority and will submit the project to a thorough scientifically valid assessment of outcomes.⁷⁶ Later advice to the committee has indicated data gathering protocols will be developed for use across the state so as to feed into the evaluation process. Considering the importance of this project as a means of convincing agencies and the community of the advantages of investment in social support as a means of crime prevention, the committee believes it is essential that the evaluation include measurement of crime prevention, one of the stated outcomes of the project.

Recommendation 3

The committee recommends that any overall evaluation of the Families First project include the assessment of its crime prevention effect as one of the measured outcomes.

The committee agrees with concerns expressed by the non-government sector that there may be difficulties in attracting sufficient volunteers in disadvantaged areas.⁷⁷

We worry about whether sufficient numbers will be available in really high need communities. It is possible to get volunteers on the North Shore and you can get them in the southern suburbs or parts of the Eastern Suburbs, but when you try to get volunteers at Claymore or Bidwill or other very high stressed communities, that is really difficult.

If these concerns are confirmed there will need to be a re-think in those areas: Families First is predicated on home visiting, so the government will need to provide these services in some form or another if volunteer programs are not able to deliver in sufficient numbers.

The views on volunteers expressed by the non-government sector is given considerable weight by the committee. Unlike government, the non-government sector regularly uses and manages volunteers. The committee

⁷⁶ Evidence 17/6/99, Mr R Wilkins.

⁷⁷ Evidence 17/6/99, Ms R Stien.

supports the approach taken in the pilots so far in calling for the non-government sector to run the volunteer programs initiated.

It is also important that the non-government sector is consulted and continues to be consulted in the design of volunteer programs, particularly the training and supervision aspects. The Cabinet Office has advised that it is reviewing the *Best Practice Guidelines for Volunteer Home Visiting* developed by the Federal Department of Family and Community Services, which was developed with input from the non-government sector, for possible adoption.⁷⁸ Whatever guidelines are used it is important that they are regularly reviewed and that the input of the non-government sector is obtained. For this reason the committee endorses two recommendations made by NCOSS in regard to use of volunteers.⁷⁹

Recommendation 4

The committee recommends that the Families First program guidelines for volunteers be developed jointly by government and non-government agencies. The committee recommends that these guidelines be regularly revisited, and that in this process the capacity for training, supervision and the appropriateness of the volunteers used be examined.

The committee has received evidence and submissions regarding the need for increased funding of respite care as part of Families First. The major thrust of the Invest in Families Coalition was that an additional \$10 million was required,⁸⁰ and that this could have a major crime prevention impact.

The committee is aware that there are many persuasive arguments in favour of increased use of respite care, but there are also important questions for governments about how to ensure it reaches those most at risk and the distribution of services. Families First is predicated on establishing the needs for services within each area, and the committee does not believe it should recommend imposing one method of early intervention over others. Respite care will be considered by the committee when it considers state wards in a later report, but the committee believes the issue is bigger than can be addressed in simply a discussion of Families First.

The final two criticisms of the non-government sector relate to their own role in the Families First program: the lack of consultation with the non-government sector and the concern the program ignores existing networks. In submissions and in evidence to the committee representatives from the Family Support Services Association, Barnardo's and Burnside argued the Families First program was largely ignoring the existing networks of family

⁷⁸ Wilkins letter to Chair 10/11/99.

⁷⁹ *Submission* 29/7/99, NCOSS, recommendations 17 & 18.

⁸⁰ *Submission* 2/6/99, Invest in Families Coalition.

support and neighbourhood centre services throughout NSW and was trying to establish new networks of its own. NCOSS in its submission was critical of the emphasis on health networks and the neglect of connections with early childhood services such as preschools.⁸¹

The committee does not believe Families First ignores existing networks: indeed, it appears that planning in each area begins with a thorough audit of the networks of services in each region. Services such as volunteer programs are likely to be managed through existing services such as family support. However the misunderstanding may flow from lack of consultation with the non-government sector on which many witnesses have commented.⁸²

If the process was more open to allow a little bit more input into it, it would certainly have the sense that there was more chance of actually doing what it is talking about, which is reshaping the way that services are delivered to them.

The President of the NSW Child Care Association, representing 75% of long day care providers in the state, said that to her knowledge her Association had not been consulted by the government regarding the Families First program.⁸³ Community representatives from the Ballina crime prevention committee said they had not been consulted in the development of the plan for the Ballina section of the North Coast.

The networks that deliver social support are very complex and the committee has sympathy for the difficulties of any agency which is criticised for not fully consulting every sector. However the committee believes that there may be a clash in culture between the value placed on confidentiality in the other policy development of The Cabinet Office and the expectation of thorough consultation which exists in the community sector. To succeed the Families First program will need the goodwill of the non-government sector, as many of its initiatives will work through non-government services. Increased attention needs to be given to providing a forum for the non-government sector, both at a peak level and at a local level, to provide input into how the program is working or not working. This may require a formal mechanism, such as regional consultative councils or a consultation strategy within area plans.

Recommendation 5

The committee recommends The Cabinet Office should give increased priority to consultation with the non-government sector, seeking their input on how the Families First program is working in the areas where

⁸¹ *Submission 29/7/99, NCOSS, p 27.*

⁸² *Evidence 17/6/99, Ms R Stien.*

⁸³ *Evidence 8/11/99, Mrs F Bardetta.*

it is being trialed. This may require the development of formal consultation mechanisms.

Many of the programs considered below may be funded in some areas as part of the Families First program, but any recommendations made will consider them independently of the program.

6.12 Schools as Community Centres

Schools play a central role in the lives of most communities. Parents and children have an association with their local school which extends for years and has a crucial impact on their lives, for better or worse. After hours activities such as after hours care, cultural activities, sport and local meetings all use school facilities. It is only a very small step to go beyond this and use schools for other community activities, such as those with an early intervention or explicit welfare orientation.

The NSW Department of Education and Training have made this small step with the Schools as Community Centres project. It is the lead agency in a project which is jointly funded by it and the Departments of Community Services, Health and Housing. The project is based on the community development model discussed in Chapter Two, although to date it has not considered crime prevention as a specific outcome.

For each primary school where the project operates a facilitator is appointed under the guidance of a local interagency management committee, made up of the four government departments which fund the project. The facilitator sets up a community advisory group of local community groups and parents who assist the facilitator in identifying local needs. The school is used as a base for activities, although the project at Redfern Public School has run activities at other locations. One of the crucial roles of the project is liaison with preschools and child care to ensure a smooth transition to school.

The aims of the project are:

- to identify the needs and gaps in the local community by consultation with the community;
- to encourage and support families in their parenting role through improving access to local services;
- to promote community involvement in the provision and co-ordination of services for children and families by engaging them in the planning of projects; and

- to promote the school as a community centre which links families with education, health and community services that promote the child's development.

The project began in 1989 with a two year pilot program, and currently operates in six schools: Redfern, Chertsey, Curran, Coonamble, Kelso and Kempsey West. An evaluation undertaken by an independent consultant in 1997 made the following findings:

- families have been supported in their parenting role;
- children are being effectively prepared for school – for example in Coonamble Aboriginal children's participation in transition programs increased by 70%, while in Redfern absenteeism in the early years of school has declined markedly;
- health of children has improved, with increases in immunisation rates of up to 32%. In Coonamble 95% of children had received health screening before attending school in an area where previously there had been no screening;
- the school's image in the community was enhanced; and
- interagency co-operation improved.⁸⁴

The committee received evidence from the co-ordinator of the project at Redfern Public School and was impressed with the creative and innovative approach taken. The school has 62% of students from an Aboriginal or Torres Strait Islander background and 32% from an non-English speaking background, and most families with students at the school live in public housing. Projects included a Kids for Kindy transition program, a bus service which has greatly reduced absenteeism, and a series of community festivals and open days. These festivals are used as an unobtrusive way of providing information on local services and providing health screening services. Projects in other regions have run parenting courses, bridging courses for TAFE, nutrition programs and "time out for mums" day programs.

The Schools as Community Centres project is also universal in its provision so as to avoid stigmatisation:⁸⁵

It is important that the program be seen as being for all families. While we are targeting disadvantaged communities, the program is a universal program for all

⁸⁴

Cant R, Interagency School Community Centres Pilot Project Evaluation Report 1997.

⁸⁵*Evidence 26/7/99, Ms E Starr.*

families in that community. Anyone who walks through the door seeking information, support, access to services or participation in an activity is not labelled as an Aborigine or a person at risk involved in a child protection issue.

The program is relatively inexpensive to run, with the six centres costing \$500,000 at present, contributed in part by the four participating departments. This mainly covers the cost of the facilitator and a small allocation for activities. The project operates usually from school premises so does not require rental or accommodation expenses.

The committee notes that the Families First program is identified as an early intervention strategy. On the basis of what it has seen the committee is very keen to see this project expanded. Schools as Community Centres appears to be a community development project which is well grounded in existing local networks and services.

The initial evaluation of the program mainly examined the impact on students attending the initial two years of school. To assist the program's expansion, the committee would like to see the initial evaluation undertaken continued to trace the progress of children reached by the Schools as Community Centres program through to the start of high school. It would be particularly useful for crime prevention purposes to undertake a longer study up until the early teenage years when juvenile offending begins to be apparent. If the program can demonstrate a continued cumulative benefit as the children progress it will justify a significant expansion of the program.

Recommendation 6

The committee recommends the Schools as Community Centres Program continue to evaluate the impact of the program on children reached by it up until the transition to high school. If possible the impact should be compared with similar neighbouring schools which do not have the program. The evaluation should focus on risk factors relevant to later juvenile offending.

6.13 Parents as Teachers program

The Parents as Teachers program is based on a pilot in St Louis, Missouri, which now operates in 48 states in the United States. The program in New South Wales is a parenting program run by the Department of Education and Training for families with children aged from birth to three years. The program has four components:

- home or personal visits on a regular basis for the parent;

- access to group meetings at which the parents obtain information on child development;
- written information for parents on child development; and
- a social and support network for parents created as a result of the program.

A trained parenting consultant who is attached to the school provides the services described. Parents who participate can be referred by the school, Health or Community Services agencies or can volunteer: the service is open to all. Each consultant will typically work with 30-40 families. The consultant is supported by a community advisory committee which includes representatives from early childhood service providers in the area; the committee acts as a resource and a way of referring specific needs for specialist assistance. Most sites have established a parent resource centre as part of the project.

The program aims to increase parents' competence and knowledge, and their confidence as parents. It aims to increase the attachment between the parent and child while at the same time creating a partnership with the school. It also aims to detect any developmental problems as early as possible. All of these aims will, if achieved, substantially reduce the type of risk factors for later offending described in Chapter four of this report.

The Parents as Teachers program was piloted in NSW in three schools at Manly, Liverpool and Wagga Wagga. In 1995 the project was expanded to its current ten sites, all in areas identified as disadvantaged. Increasingly the project has sought to conduct outreach into the community to address earlier criticism that the main users of the program were the more highly motivated parents.⁸⁶ This has included working through playgroups, adolescent programs targeting teenage parents, and outreach to caravan parks.

The project costs \$650,000 at present, with most costs going to the funding of the parenting consultant. An argument can be made that the project is expensive because it only reaches a limited number of families in each area;⁸⁷ however this view depends upon the outcomes achieved and the extent to which \$50-65,000 spent in each area can reduce the need for much greater expenditure later in the lives of children affected. The co-ordinator of the program estimates that around 1,500 people receive a benefit from the program at present.⁸⁸

⁸⁶ *Ibid.*

⁸⁷ *Ibid.*

⁸⁸ *Ibid.*

The US program has been the subject of extensive evaluation which has shown marked improvements in parent–child communication, parental participation in the school, children’s literacy, and a reduction in child abuse notifications.⁸⁹ The committee welcomes the collaborative research project which the Department of Education is conducting with Macquarie University’s Institute of Early Childhood Studies and Burnside, which will examine outcomes for children, parents and the community.

The Parents as Teachers project has great potential as an early intervention model of crime prevention. The committee believes the Department should closely monitor outcomes of the current evaluation with a view to expanding the program should it reproduce the overseas results. The Families First program includes Parents as Teachers as one of the programs it considers as an early intervention option in areas in which it operates.

6.14 School counselling services and student welfare programs

The early primary school environment generally can protect children from developing the risk factors which can lead to later offending. This can be through developing literacy and numeracy skills, or through social skills taught through personal development courses. Beyond that the school can create an environment where attachment to the school and links between the school and parents can be made. This includes preventing bullying, investigating absenteeism and identifying developmental problems and appropriate assistance.

School counsellors provide an important link in all of these factors, and allow a member of staff to focus on these issues without being tied to the day to day responsibilities of teaching. Evidence was given to the committee that there are 678 school counsellors and 94 district guidance officers (providing oversight of counselling) in the school system working from the kindergarten year of primary school to the end of high school.⁹⁰ For large schools a counsellor will be assigned to one high school and one primary school, in country areas four or five schools may be served. The roles of school counsellors in primary schools include:

- identification of early difficulties in learning, and assisting parents obtain appropriate assistance within the school or outside;
- provide advice and assistance to parents on their parenting or their child’s needs;

⁸⁹ Department of Education and Training briefing paper tabled in evidence 6/10/99.

⁹⁰ Evidence 6/10/99, Ms H Kerr-Roubicek.

- referral of parents or teachers to external agencies, including on child protection issues;
- assisting staff and students to develop a school environment with low tolerance for bullying and undesirable peer group pressures;
- assisting the transition to high school for children; and
- participating in student welfare committees and responding to major critical incidents such as a violent act or serious accident in a school.

The committee notes the role of counsellors here because they are an important part of the early intervention provided by schools. One submission to the inquiry, from Michael Kennedy and Vaughan Bowie from the University of Western Sydney Macarthur was critical of school counselling services for being inaccessible in crisis and having changed little in 30 years,⁹¹ although this was discussed in relation to high schools. It was not apparent on what evidence this criticism was based.⁹² The committee may revisit the role of counsellors in schools when it deals with adolescent issues later in this inquiry. The limited experience the committee has gained of the Department's early intervention activities has impressed the committee by its willingness to engage with other agencies, both government and non-government.

6.15 Department of Community Services early intervention programs

In evidence to the committee,⁹³ Department of Community Services staff indicated that their role included:

- child protection functions including investigation of reports of neglect and abuse;
- regulation of child care through the NSW Office of Child Care;
- funding of non-government services through the Community Services Grants program; and
- participation in joint projects with other agencies, including in the implementation of the Families First project.

⁹¹ *Submission*, 21/9/99, p 12.

⁹² Bowie and Kennedy recommended the NSW Department of Education follow Canadian and European models in employing youth workers at high schools to provide a variety of functions in forms that are accessible and relevant to students.

⁹³ *Evidence* 6/10/99, Ms T Milne, Ms J Taperell.

The child protection role of the Department is an essential and extremely difficult part of crime prevention through early intervention. The Department's district offices provide a network of social support and intervention throughout the state. One concern of the committee is that the focus on abuse may lead to cases of neglect being given less priority, given recent reports that there a large number of unallocated cases referred to the Department.⁹⁴ Evidence given by Department officers appeared to confirm that neglect cases were more likely to appear than more serious levels of abuse.⁹⁵ Dr Weatherburn and Ms Lind's study into the causes of crime found that neglect was a more significant predictor of later offending than abuse.

The Department's role in funding family support and in child care will be examined in those sections of this report. The committee has received several very detailed submissions and evidence considering the position of children in care/state wards and their particular vulnerability to later offending and as victims of crime. Because of the importance of this group the committee intends to examine these issues in depth in a chapter of a later report, although assistance to children in care is very much an early childhood intervention issue.

Recent initiatives of the Department have included a major parenting campaign, the centrepiece of which is a series of free colour magazines. These were distributed through Sunday newspaper inserts and through other media in August 1999. They continue to be available through the Department's District offices and through community health centres. As a result of the NSW Drug Summit the Department will also receive \$10.3 million over the next four years to implement prevention and early intervention strategies developed as a response to the Summit.

6.16 Child care

Child care is a form of early intervention which has a very wide spread throughout the community in New South Wales. It is provided to children from the ages of 0 to 5. Child care is delivered in a great variety of ways by many diverse providers, including a significant role played by the private sector. It may consist of:

- preschool services, typically operating from 9.00 am until 3.30 pm. Preschool services may be provided by local government; non-government not for profit services (community child care) and sometimes by for profit services ('private child care'). These services are

⁹⁴ *Sydney Morning Herald* 6/10/99.

⁹⁵ *Evidence* 6/10/99, Ms T Milne.

funded by the Department of Community Services and administered by the Office of Child Care. Local councils also contribute subsidies to preschools they operate, and the Department of Education and Training also funds and operates its own preschools;

- long day care, operating for extended hours. Funding for this is paid directly to parents in the form of Commonwealth child care assistance, although services need to be accredited under the National Child Care Accreditation Council system. Long day care is provided by the community and private sector, with the private sector providing the majority of services;
- occasional care, which provides child care for irregular hours where parents do not require regular placements. Typically these services are provided by long day care centres; and
- home based or family day care, usually provided by individuals operating from their home. Assistance to parents is provided through Commonwealth child care assistance. Family day care is regulated by local government, home based day care by the Department of Community Services.

The Association of Child Care Centres of NSW argued in its submission and in evidence to this inquiry that the child care system is a network which provides trained professionals able to deliver early intervention services, child development and parenting skills in a non-stigmatising way. It is also cost effective because unlike other early intervention services parents contribute to a significant proportion of the costs of the service in most cases.

The Community Child Care Co-operative, representing community child care providers, lists the following early intervention strategies currently provided by the child care sector:

- affordable quality child care for disadvantaged parents or for children at risk, including respite care;
- child protection, with all staff trained to identify and notify children at risk;
- behaviour management programs based upon positive guidance strategies. These have been shown by US research to build pro-social behaviour in later life;

- parent education and support programs, some of which operate through centres, others by referral; and
- anti-bias strategies which teach children respect for each other whatever their physical, racial or cultural differences.⁹⁶

The Co-operative advises that in other states preschools also undertake home visits, a useful strategy for identifying family needs. In New South Wales the Lady Gowrie Child Centre, Sydney has a home visit policy where a staff member visits each infants home; however to do this Lady Gowrie employs staff beyond the ratio normally viable for centres.

Children with “special needs” (generally disabilities, behaviour problems or difficulties with English as a second language) are also addressed pro-actively in child care centres. Qualified early childhood staff employ their understanding of child development to identify these needs and refer them to appropriate specialists such as speech therapists, occupational therapists and physiotherapists. This is followed through with an individualised Family Service Plan made in consultation with parents; these plans may involve support staff being recruited through the Supplementary Services Program.

The committee believes there are many advantages to the use of child care as a form of early childhood intervention. It is a particularly effective way of reaching children at risk in a way which does not stigmatise the child or the parent: the children are brought to the service rather than the service having to conduct outreach to find the needs. Risk factors can be identified early long before the child enters the school system.

The committee strongly recommends that the Families First program consider ways to enhance the capacity of child care providers to deliver early intervention in disadvantaged areas. It appears The Cabinet Office has consulted the community sector⁹⁷ but has yet to do so for the private sector.⁹⁸ It is important that these private services not be ignored as they constitute up to 70% of long day care services.

⁹⁶ *Submission 13/9/99, Community Child Care Co-operative pp 3-4.*

⁹⁷ *Evidence 25/10/99, Ms A Ball.*

⁹⁸ *Evidence 8/11/99, Mrs F Bardetta.*

Recommendation 7

The committee recommends The Cabinet Office, in its planning of the Families First program in local areas, consider ways to enhance the capacity of both community and private child care services to deliver early intervention services in disadvantaged areas. This may include supplementing staff resources to allow home visiting or special needs workers.

There have been several issues raised during this inquiry regarding child care as early intervention which require mention. These are:

- the impact of Federal changes to child care funding;
- the desirability of universal preschooling for four year olds; and
- the impact of multiple forms of child care.

The Federal government in 1997 altered the previous system of providing core subsidies to community child care centres. NCOSS has criticised this change for its impact on low income families, because it has led to increased fees.⁹⁹

The increased reliance on fees to generate operational revenue has meant that child care services are less likely to remain in areas where insufficient numbers of able to pay parents reside. Recent analysis has identified that closures have been concentrated in low income areas.

There is some suggestion that for families seriously “at risk” there remains access to subsidised places though this is said not to be well publicised.¹⁰⁰ However the concern of the community sector is with the impact on centres generally, which may close in disadvantaged areas as fees drive away low income parents. The impact on the community sector was described by a representative as:¹⁰¹

What we have seen is that there were fee increase initially but subsequently there was a general movement away from usage of the services by parents, so the usage patterns changed....[this] has actually meant that there are a lot of services that have had under-utilisation.

The other thing that we have seen is that there have been changes in usage patterns. Whereas in the past children may have attended a day care service for three or five days a week.. what we are now seeing is that there are many, many more children

⁹⁹ *Submission 29/7/99*, NCOSS, p 14.

¹⁰⁰ *Ibid*, p 15, *Evidence*, 17/6/99, NCOSS.

¹⁰¹ *Evidence 25/10/99*, Ms A Ball, p 38.

enrolled for one or two days a week, which means that the children are being cared for in other circumstances or in a different child care arrangement at the other times. This raises an issue around parents feeling that they need to choose a patchwork of child care arrangements, which may provide for very young children an environment of care that is not as secure as the one that they may have had if the parent could afford full time arrangements in the one facility.

This issue of multiple care arrangements appears to have been confirmed by research currently being undertaken by the Office of Child Care in the NSW Department of Community Services.¹⁰² This has found that:

- some parents are using up to eight different types of child care in a week; and
- 75% of two year olds and 64% of one year olds used more than two types of care in a week.

It appears that lack of affordability, due to increased fees, may be a cause for driving parents into patchwork arrangements. The disturbing aspect of this is that the committee has received evidence that multiple care arrangements may have negative impacts on the development of very young children. Experts overseas and in Australia have begun to question whether exposing children at an early age to many different carers, particularly those with different values to the child's family, may have a deleterious effect on development.¹⁰³ Representatives of both community and private child care sectors agreed that the younger the child the more important it was for continuity of care arrangements.¹⁰⁴

Another aspect of the Federal government's changes which was criticised by the private sector, as well as groups such as NCOSS, is the cap placed on non-working parents. Assistance is now only provided up to a maximum of 20 hours. The criticism is that this reduces access to those who may require most assistance with their parenting in areas of high unemployment, and that it re-inforces the view of child care as for the benefit of the parent rather than the child.¹⁰⁵

The 20 hour issue has bitten hard and bitten hard in the areas where we classically need to be delivering the service more, if for no other reason than the nutrition we offer: breakfast, morning tea, lunch. At least we know those children are getting adequate nutrition in those areas where high unemployment is rife.

¹⁰² Press release Minister for Community Services 27/10/99, study currently not available for release.

¹⁰³ Evidence 25/10/99, Professor G Vimpani, who made clear there is yet to be a body of evidence on this point.

¹⁰⁴ Evidence 25/10/99, Ms A Ball, Evidence 8/11/99, Mrs F Bardetta.

¹⁰⁵ Evidence 8/11/99, Mrs F Bardetta.

Child care was built on the platform of allowing entry into the work force for mothers. They [Federal governments] have continued to wear that baby. They have not revisited the premise. No-one has at this stage. That war cry we go out with all the time, child care for children, is something we would like someone to take up and understand what it really means.

As was explained to the committee, the inflexible way the 20 hour cap is interpreted means that parents are unable to put their child in care for say, five mornings of four hours per day. If a centre is licensed to operate for 12 hours per day the non-working parent would only be able to use the centre for one day under the cap, because each day would count as 12 hours of child care even if only four of those hours were used.¹⁰⁶

As a response to the impact of the Federal changes such as increased fees and capping of hours NCOSS suggested the NSW government should introduce a policy of universal availability of preschool places for four year olds as occurs in other states.¹⁰⁷ The NSW government funding of preschool places has been frozen since 1989, with only CPI increases made since. The result of this is that preschools have been frozen into a geographic distribution which is inequitable, with some areas having more preschools than they need and other disadvantaged areas having insufficient places.¹⁰⁸ The question of more preschool places for four year olds was put to the representative of community child care centres. She agreed this would assist the transition to school:¹⁰⁹

for a lot of children in disadvantaged groups the universal preschool year would be very good in terms of just putting them through a process of being able to be totally socialised to make the transition to school, and often it would be those children, especially those whose parents are affected by a 20 hour cap, who are not going to have access to a five day-a-week preschool education where they have an intensive program.

She was however concerned that support for this proposal would not overlook the importance of good quality care for 0-2 year olds, the age when parents are under most stress and where child development is most rapid.

The committee realises that the changes by the Federal government have many considerations beyond crime prevention through early intervention. It is also aware that most of the information on the impact is anecdotal. However there is sufficient concern about the possible link between the changes and changes in child care arrangements to the detriment of children that approaches should be made to the Federal government. While child care

¹⁰⁶ Evidence 8/11/99, Mrs F Bardetta.

¹⁰⁷ Submission 29/7/99, NCOSS p 15.

¹⁰⁸ "Issues Facing Preschools in NSW" Legg C *Rattler* 46 Winter 1998 pp 10-11.

¹⁰⁹ Evidence 25/10/99, Ms A Ball.

funding is the responsibility of the Department of Family and Community Services it has no doubt already received criticism from various sectors affected by the changes over the last three years. which have also been the subject of a Senate inquiry. A different approach could be taken in trying to influence the Department by going to another Federal department with an interest in early intervention. National Crime Prevention, based in the Attorney General's Department, has championed the importance of early intervention through its Pathways to Prevention report and could be a suitable agency to approach.

Recommendation 8

The committee recommends that the NSW government approach the National Crime Prevention agency with concerns raised during this inquiry about the impact of changes to Federal funding of child care. In particular, concern should be expressed about the closure of centres in poor communities, the increase in multiple child care arrangements and the impact of the 20 hour a week cap on services for non-working parents. With regard to the latter, the inflexibility of the way in which hours are determined needs to be redressed.

The committee also recommends the NSW government inquire further into the benefits of funding universal preschool places for four year olds so as to offset some of the negative impacts of the Federal changes, at least so far as the transition to school is concerned.

One issue raised during evidence is the lack of use of child care by the welfare sector as an early intervention tool. Barnardo's, an agency which makes considerable use of child care in its Family Centres for at risk families, states.¹¹⁰

Child care has been a highly successful component of such services, but it is unfortunately often overlooked. It enables children to experience an active and stimulating social situation, with adults who are not caught up with family stress and problems. Child care for "at risk" families, unfortunately is difficult to get, as it is primarily seen as a labour market tool. Although it has recently been easier for Barnardos to get individual children into child care, centres in low-income areas, with staff expecting and trained to deal with high risk families is unfortunately, exceptional. Generally the welfare sector seems not to be using child care, believing the recent Federal changes exclude these children. The complexity of the new arrangements has led to this perception.

It would be valuable for the State government to promote the availability of Federal funding for "at risk" child care programs to non-government welfare

¹¹⁰*Submission 2/6/99, Barnardos Australia.*

agencies. It does not appear the Federal Department is promoting the availability of these programs.

Recommendation 9

The committee recommends the Office of Child Care of the Department of Community Services develop and implement a strategy to promote to the non-government sector the availability of Federal funding for child care targeting “at risk” children.

6.17 Family Support Services

Family Support Services provide a generalist service to families under stress in New South Wales. Their work goes far beyond early childhood interventions but work with families with young children is a major component of their work. The committee has been impressed with the extent of the network of services it provides, with 140 non-government organisations throughout New South Wales involved in providing family support services.¹¹¹ The network is said to have attracted international attention:¹¹²

In the early 1980s, when the family support program was handed over to the States, New South Wales was one of the few states that kept its commitment to that program. Governments of all political persuasions have kept that program going. So there is already a network of services across New South Wales. So much more could happen with more resources and more funding. It certainly has not developed as much as it could, but it is there and we want to look at existing networks and build on those networks. There is a pattern in the past of bringing in new programs, innovations, and pilot programs that go for three years and then disappear. It is tempting to introduce new and exciting programs. But we have seen that the practice that has been occurring for the last 20 years in this State has been discovered by people doing research into policy.

Family support is a generalist service and it is difficult to adequately describe the range of functions and activities encompassed within the network. To assist the committee a representative of the peak body, the Family Support Services Association, described a “day in the life” of a family support worker, as possibly including some of the following activities:

- home visiting to a single mother with young children who is struggling to adjust to living in a new area with few social contacts. Assistance could include helping her with her financial matters, locating child care and counselling to deal with the implications of domestic violence from a previous relationship;

¹¹¹ *Submission 2/6/99, Family Support Services Association.*

¹¹² *Evidence 17/6/99, Ms L Mulroney.*

- attending a local neighbourhood centre offering a drop in advice and assistance service;
- running a domestic violence support group;
- providing guidance on parenting issues to people referred from a local playgroup;
- meeting with local principals regarding strategies for reducing truancy; and
- liaising with other agencies to improve local programs in the area.¹¹³

Family Support is holistic in intent:¹¹⁴

A key issue ... was how important it is to have services that are comprehensive, that do not break families up into problem areas, or deal with a specific age group. They should actually recognise that family situations have factors that interplay off each other; that housing will impact on income and on parenting styles and skills; that services must be able to work with families at the point that they are seeking assistance in order to open up potential for change to happen in a range of other areas. It is really important that services have multiple entry points so that people can come in through playgroups, which everyone knows is a good thing to do, as well as through seeking assistance in a crisis time or coming to get access to a particular service.

With this approach it is extremely difficult to measure the outcomes achieved by family support because the type of assistance provided is so varied and tailored to individual needs. Despite this the Family Support Services Association has put significant effort into collecting data on its services. A 1997 audit¹¹⁵ found that the statewide network provided services to:

- 3,200 families in their home each week, or 14,800 in a year;
- 37,000 families overall in a full year (excluding telephone call advice);
- ran 12,000 group sessions per year;
- dealt with 160,000 telephone requests in a year; and

¹¹³ *Ibid.*

¹¹⁴ *Ibid.*

¹¹⁵ *Turning to Family support: Facts and Figures about Family support Services in NSW in 1997*, Bullen P 1998 Family Support Services Association of NSW.

- worked with more than 2,000 children at any one time who have been notified to the Department of Community Services as at risk.

Family support workers appear to have considerable success in reaching the most disadvantaged sections of the community, with the audit showing:¹¹⁶

- 56% of family support worker clients are one parent families (compared with 20% for the population as a whole);
- 78% are receiving benefits or pensions;
- 38% are in public housing (compared with 7% overall);
- 42% have children who have been notified to the Department as at risk; and
- 40% are in situations where domestic violence is an issue.

In its 1998 submission to the committee the Family Support Services Association has argued that over the last ten years the demands on family support services have risen significantly due to reduction in other social supports and increased notifications of child abuse. This has resulted in channelling of efforts into crisis intervention instead of prevention. As a result of increased demand 84% of the Association's members now report they are not able to meet current demands for their services, with clients either put on waiting lists or turned away.¹¹⁷

The Family Support network receives its core funding from the Department of Community Services Community Services Grants Program, although funding in local areas is often supplemented by local government or non-government agencies. The annual budget for this grants program is currently \$18.3 million.¹¹⁸ The major concern of the Family Support Services Association and member organisations such as Burnside and Barnardos is that funding of this program has not kept pace with the demands on services. This view was also put strongly by NCOSS representatives in their evidence to the committee:¹¹⁹

their work over the past 10 years or 12 years has been hampered greatly by the fact that the core funding has not been adjusted since 1988. Over the past years in particular they have experienced significant problems meeting core expenses to do with award payments, superannuation, insurance, rental – especially as local

¹¹⁶ *Ibid* p 5.

¹¹⁷ Family Support Services *Submission* 2/6/99 p 3.

¹¹⁸ *Budget Estimates* Volume 1 1999-2000 pp 5-23.

¹¹⁹ *Evidence* 6/10/99, Ms M Perkins.

government is now charging market rent for some properties used by community organisations – the purchase of new equipment... and in paying for things that once used to be publicly provided but which are now on a user-pays basis, in particular the use of interpreters.

As the crisis grew in the Department of Community Services there has been a shuffling down the line. Family support services now are increasingly dealing with the flow on... Increasingly the work of the family support services organisations has been crisis driven and one to one individual casework. I can only say again that the shift has never been reflected in any change in funding. It is more expensive to run one-to-one services than it is to provide the other type of service. The family support services were funded initially on the basis of doing community development work.

In evidence to the committee¹²⁰ the Department of Community Services officer responsible for the Community Services Grants Program provided two responses to questions regarding these funding concerns:

- the Families First program would provide an injection of new funding to some services; and
- the department was investigating where the strains on family support workers services was occurring and how service delivery could be changed to reduce these stresses.

With regard to Families First funding the committee believes it may provide some opportunity for family support workers in some areas to increase their resource base, especially in the area of home visiting. However the Families First program is primarily about providing new services and filling in gaps where no services exist; it is unlikely to substantially assist the problems faced by family support services that are currently over-stretched and crisis driven.

The committee welcomes the attempt by the Department of Community Services to examine how family support delivers services so as to assist it to change where this will lead to improved delivery. It appears to be a process evaluation, of the type described in Chapter Nine of this report. The committee believes this should be given high priority, because the calls for greater resources for family support have been long running and, as indicated, are leading to the turning away of clients in need in most areas. If it emerges from the work on service delivery that there is no way current demands can be met without new resources, this finding needs to be fed into the rolling out of the Families First program. A statewide network of services that provides direct daily assistance to the most disadvantaged groups is a vital form of social support and should not be left to collapse.

¹²⁰

Evidence 6/10/99, Ms T Milne.

Recommendation 10

The committee recommends that the Department of Community Services give urgent priority to its project to work with family support services to examine the causes of the strain on family support services and to examine ways in which delivery of services can be changed to reduce this strain. The results of this exercise should be provided to The Cabinet Office to assist the development of its Families First program.

Aside from the family support and child care networks there are numerous large and small non-government programs which provide essential early childhood intervention services across New South Wales. Several will be discussed briefly below because they have been brought to the attention of the committee. They are given as examples; there are many more services doing equally valuable work which are not mentioned here.

6.18 NEWPIN program

During the conference in 1998 to launch this inquiry a presentation was given by three people on a new program by Burnside known as "NEWPIN". NEWPIN is a scheme developed in the United Kingdom which targets mothers who have preschool children from 0-5 years. It is centre based, and parents participating are asked to commit to attending the centre on at least two of the five days in which it is open. The centre atmosphere is intended to create a warm and welcoming space for parents to meet and talk while their children play. Over time attachments are developed between parents and their child and other parents, with the assistance of staff and specialist support where required. This is also assisted by a personal development program which consists of four modules:

- "our skills as parents" – exploring stress of parents and discipline strategies;
- "Family Play program" – joint sessions with parents and children with a play facilitator;
- "Seers program" – assisting parents to develop friendships with other parents; and

- “Learning for Life” – an individual plan is worked out with the parent to develop further training and follow their interests. In some cases this leads to parents training to become a NEWPIN parent co-ordinator.¹²¹

Beyond what happens through the centre five days per week the program offers a 24 hour support network of staff and more experienced participating parents able to be contacted in moments of stress or crisis.

NEWPIN is being piloted in Mt Druitt and is being evaluated by Macquaire University to see if it can reproduce the impressive results it has achieved in the UK. At the conference two parents participating in the program spoke of its results:

I have received lots of support with the children from the play workers and personal support from the staff and other members. I have learned many parenting skills and a different way of communicating with my children. A lot of what I have learned I have been able to use at home, and it is making a difference with my family. I am actually playing with my children now and enjoying it. My daughter has developed social skills and is talking and playing with the other children of NEWPIN. My self esteem and confidence have increased since I completed the personal development program. I am now very active in helping out at the centre.¹²²

My family started to break up. I knew I had to do something. I found a counsellor who then put me on to NEWPIN. This is the best step I have ever made. I was no longer told it is okay to hit my children or put them down. I was offered new ways of doing things. I am now building up the self esteem of my children by no longer hitting them and putting them down.¹²³

6.19 Benevolent Society early intervention services

In evidence to the committee the Deputy Chief Executive Officer of the Benevolent Society described three of the early intervention programs run by the Society. These are:

- Early Intervention Program;
- Families Together; and
- The Scarba Child Protection services

The first two programs are preventative, working with families identified as at risk before abuse or neglect has been notified; the Scarba program is an

¹²¹ 75% of NEWPIN co-ordinators are former parent-members – Sinclair attachment, 1998 *Crime Prevention through Social Support Conference 1998* Law and Justice Committee.

¹²² Duncan *Conference 1998* pp 70-71.

¹²³ Meredith *Ibid* pp 72-73.

intervention after child protection has become necessary so as to prevent a continued cycle of abuse (The first two programs are secondary prevention, the Scarba is tertiary in terms of the models used in Chapter Two of this report).

The Early Intervention Program works with families where there are a range of difficulties such as personality disorders, substance abuse and domestic violence, whereas Families Together concentrates on families where there is a long term mental illness, such as schizophrenia or manic depression. The different target groups require different lengths of intervention: the Early Intervention Program typically works with families over a 12-18 month period, whereas many of the participants in the Families Together program are still in the program after the five years of its life.

The Scarba child protection services are funded by the Department of Health. They consist of three services which work with families where abuse has occurred but the Department of Community Services has judged it is safe enough for the children to remain at home. These services are based in South West Sydney, Central Sydney and the Eastern Suburbs, and the families they work with have problems ranging from alcohol and drug abuse to cognitive limitations on parents and stress from unemployment.

The Early Intervention, Families Together and Scarba services together cost \$1.9 million and reach about 300 children and 200 adults at any one time. The Society representative wanted to stress that effective early intervention is costly:¹²⁴

I think like most non-government organisations we face the same issue. If we are really to address this issue around responding to these families in need at this vital, lifesaving time, it does not cost as much as prison services but it will still cost and, unfortunately, there are not the dollars in any one source to meet the need.

Some of the conclusions reached by the society from operating these services to date are:

- there are far more two parent families in the first two services than the Scarba child protection program. The inference is that once neglect is notified to the Department the stress may have reached such a level that families break;
- An evaluation of the Families Together program has shown that children of families who have been in the program are as securely attached as in a normal population, which goes against all the predictions in a very disadvantaged population; and

¹²⁴*Evidence 26/7/99, Mr A Ford.*

- the level of abuse in the families referred to the Scarba program are usually much worse than was known at the time of referral.

A final conclusion is that the most successful interventions occur before the child is born into a family:¹²⁵

If we can work with the families while the child is forming, before they have got some clear ideas about what they expect from this baby but they are beginning to wrestle with the issues that a baby is going to come into their lives and they have to deal with the outside issues that they are already confronted with, be it substance abuse or mental illness, we have a much stronger rate of success...When we meet them, be it six weeks later or a year later, we do not have the same level of success. Already some damage has been done, which seems much more difficult to turn around.

6.20 Barnardo's Family Centres

In its 1998 submission to the inquiry Barnardo's outlined the value of using multi-purpose centres to deliver early intervention services. Barnardo's runs five Children's Family Centres in New South Wales. These are located in areas of high economic disadvantage. They provide a wide range of family support services which integrate intensive support for "at risk" children with more low key assistance such as child care. While usually referral is the way in which most children come into contact with the centres they are open to all to use. This is so as to reduce any stigma which may dissuade needy families from using the centres.

The aim of the centres is to provide "seamless" delivery of services tailored to the individual (and changing) needs of clients. The use of a centre avoids duplication of services and of workers only being aware of part of the problems faced by a family instead of the whole picture. The major programs delivered through the centres include:

- temporary family care;
- semi-supported accommodation;
- child care, including long day care;
- counselling for child sexual assault and domestic violence;
- home visiting;
- adolescent services and community placements; and
- support for teenage parents and parent education generally.

These services vary depending upon the makeup of the area in which the centres operate, particularly in areas of high migrant populations.

¹²⁵

Ibid.

Barnardo's is also one of the major services for foster care placements and related services; this area will be examined in a later report of this inquiry.

6.21 Good Beginnings

The *Good Beginnings* volunteer home visiting program is a pilot program run by the Lions Club with funding and assistance from the Federal Department of Family Services. It is a universal service for parents with babies or small children. Volunteers are linked to a family and visit regularly to provide support, friendship and information. A paid coordinator trains and recruits volunteers.

The program has been trialed and evaluated in four locations nationally: Inner Western Sydney; Katherine, Hobart and Moe (rural town in Victoria). The evaluation¹²⁶ was able to demonstrate positive outcomes for the participants, although these were largely intangible. One disadvantage of the program appears to be a requirement that local management committees raise their own funds to sustain the projects; this appears to be a big ask for local management committees to undertake.¹²⁷

The experience of the Good Beginnings pilot programs is clearly of value to the NSW government's Families First program in relation to its use of volunteers. On this point the evaluation states:¹²⁸

the evidence is that it [Good Beginnings] provides a different but complementary service to them. It has freed professionals from having to take a befriender or support role that they considered inappropriate for themselves. They welcomed it as providing additional support to the professional support they provided. The parents saw the volunteers as friends.

If the Federal government does undertake to continue to fund this project it would be important for it and the NSW Cabinet Office to discuss ways to avoid duplication of services. The Cabinet Office is aware of the "Good Beginnings" program.¹²⁹

¹²⁶ Cant, R, *National Good Beginnings Parenting Project Evaluation* January 1999.

¹²⁷ *Ibid* pp 95-96.

¹²⁸ *Ibid* p III.

¹²⁹ Wilkins letter to Chair 10/11/99.