

**Executive Committee:**

President:  
Sue Blake Dip Ed. B.Ed M. Ed  
Vice President  
Jeff Wittig  
Treasurer  
Ray Park FCPA. B.Bus (L.Govt) MB  
Director  
Luke Rumbold BA. BSW. MSW.PhD. FAIM.



**Members:**

Alan Cracknell BSc. DipEd  
Gillian Mallinder LLB  
Judith Gibbs BA. CQSW  
Karin Willcox  
Lester Sawyer B.Arch. ARAIA  
Phil Oates Dip Bus (Acc)

9<sup>th</sup> January 2003



House of Representatives Standing Committee on Family and Community Affairs
Submission No: ..... <b>04</b> .....
Date Received: <b>13 JANUARY 2003</b>
Secretary: <i>B. Forbes</i>

Secretary  
Family and Community Affairs Committee  
House of Representatives  
Parliament House  
Canberra ACT 2600

Dear Sir/madam,

Please find attached a submission for the inquiry into improving the health and well being of Australia's children on behalf of our agency.

Yours sincerely,

Luke Rumbold  
**Director**  
Upper Murray Family Care Inc.

## TERMS OF REFERENCE

---

1.
  - a. The use of human developmental milestones can be the guiding framework for evaluating policy and programs. So, for example, the importance of early intervention in the 0-5yr age bracket can be the rationale for investing in programs for this cohort based on maximum impact and long term benefit.  
Childrens developmental needs, while unique, do offer a general timetable that can provide some constancy in decision making that might otherwise be lost or confused in the pace of change and innovation.
  - b. By acknowledging the existing gap between those who have access to technology and those who do not. A commitment to equitable access independent of family status i.e. a universal coverage should be adopted as a planning principle.  
Other countries are investing heavily in their youth to ensure their technological competence on the basis that future economic stability demands it.
  
2.
  - a. The opportunity for parents to identify their needs at timely moments reflected by children's developmental needs such as  
1) Prenatal classes  
2) Maternal and Child Health Centres  
3) Enrolment at Kindergarten/primary/secondary school.  
Professionals can be sensitised to enquire of parents or offer information at these stages.
  - b. Develop public education messages that highlight the changing of children and subsequent role shifts for parents.
  - c. Promote the message that all parents at same point don't know want to do and it's Ok. The right thing to do is admit ignorance and seek help.
  - d. Promote the message that parenting is the single most important responsibility any adult can accept and while there are wonderful times there are also the exact opposite and this causes enormous stress not only between parent and child but for all family members.
  - e. Target Rural Fathers who have a reputation of not seeking help but leaving it to their partners, by stressing their responsibility to care for their family means seeking assistance.
  
- 3.

- a. Safe play areas in public spaces
- b. Good public recreational facilities
- c. Local Government initiated Childrens forums
- d. School health screenings
- e. Available child care
- f. General concern for children by adults
- g. Local Government family/child friendly communities awards along the lines of Tidy Towns

#### 4. Gaps

- a. No national child protection legislation
- b. No national child service delivery standards
- c. No national research/evaluation of children's programs
- d. No national funding standards for Childrens programs
- e. Need for much more integrated planning between Federal/State Governments Eg. Of Federal government Strengthening Families program. Victoria had a different but similarly named program. No coordination or linkage. Organisations applied to both with no one taking the big picture.

#### 5.

- a. Explicit statement that as these children have the same developmental needs as all others, outcomes should not vary across different groups.
- b. Where variations are known e.g. Children in foster care have poorer educational outcomes than non-fostered children, this should form the basis for targeted interventions or special programs.

#### 6.

- a. Agreed bottom line benchmarks e.g. immunisation, school attendance, health checks
- b. Medical records reporting on rates of disease used to target intervention for those areas below the national average.
- c. State Child Protection Reports used to identify communities under stress and subsequent adjustment to support services to families made.
- d. Research on participation rates of children in recreational/sporting activities with programs initiated in those areas with low rates.