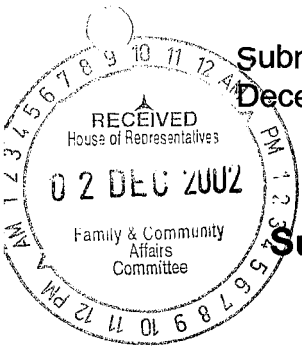


Submission to inquiry into improving children's health and well-being –
December 2002



Submission to the Inquiry into Improving Children's health and well-being

Dr Margaret Sims,
Children and Family Studies,
Edith Cowan University,
100 Joondalup Drive, Western Australia 6027.
Phone 08 9400 5629
Fax 08 9400 5739
Email m.sims@ecu.edu.au

House of Representatives Standing Committee
on Family and Community Affairs

Submission No: **02**

Date Received: **2 DECEMBER 2002**

Secretary: *B. Foster*

Before addressing the specific questioned posed to the Inquiry I would like to draw attention to an Australian book recently published addressing the issues of concern. The material in this submission is covered in this book which is available through www.theLearner.com so is easily accessible:

Sims, M. (2002). *Designing family support programmes. Building children, family and community resilience*. Altona, Vic: Common Ground Press.

1. How can children's developmental needs best be accommodated in this rapidly changing social and technological environment?

Children's developmental needs can best be addressed by ensuring that the environments in which they participate are able to offer quality experiences. The family environment is the environment of primary importance. When parents can offer quality parenting, children's development is enhanced. To offer quality parenting, parents need:

- An understanding of child development, child rearing
- To be non-stressed: this means that parents need to have adequate financial security, adequate housing, adequate social supports, adequate health, adequate community resources etc

This means that support services need to be broader than those specifically addressing issues of child development. Family support includes a range of services from ensuring communities offer appropriate employment opportunities for parents, appropriate health services, appropriate transport (so families can access services, leisure and employment opportunities) and appropriate social supports (opportunities for parents to meet other adults and

form friendships). These are clearly outlined and discussed in the book referred to above (Sims, 2002).

The focus has to be one of reducing day-to-day stress in both parents and children. Research is clear that chronically high stress impacts on children's brain development (Shore, 1997); (Perry, 1997) with long-term negative outcomes. Reducing stress in children's lives is thus of the highest priority. In addition, parents who are stressed are unable to create a non-stressful environment for their children. Thus reducing parental stress is a high priority in enhancing children's developmental outcomes.

Identifying stressors in the lives of families and children needs to be done at local levels. In some communities, the requirement to travel long distances from dormitory suburbs to work may place significant stress on families, thus effective family support would need to target both improving transport efficiency and increasing opportunities for local employment. In other communities a major stressor may be lack of safety when in community settings. In the latter communities, programmes will need to work on improving safety in the community, and encouraging people to participate in community events so they get to know people and agencies in the community and thus feel safer. A universal family support programme has the potential to offer a narrow range of options unlikely to be necessary for all communities. Programmes also need to be flexible and responsive to changing local needs. An early focus on safety will need to be revisited, for example, as people in a community develop more effective social support networks, and safety improves. It may be more appropriate to then focus on provision of appropriate early childhood services, or improving employment opportunities for parents.

It is important to note that a significant source of stress is perceived inequities in society. We know that there is a significant socioeconomic gradient in health and well-being (so that health and well-being outcomes are less positive for those from lower socioeconomic groups). What is also clear (from international comparisons) is that it is not income levels per se that link with health and well-being outcomes, but the perceived difference between one's own income (and thus socioeconomic status) and that of others. People are stressed if they feel they are 'worse off' than others around them. Stress contributes negatively to family life and ability to provide a quality child rearing environment, thus leading to negative outcomes for children. Thus an important element in addressing health and well-being outcomes for children is efforts to redress inequities in Australian society. We need to debate issues such as the level of financial and other supports provided to families who are unemployed for example. Is it more important to 'punish' families for their lack of employment, or is it more important to ensure that children in these families experience the same opportunities for positive health and well-being outcomes as children in families where parents are employed?

2. What is needed most to strengthen family relationships, parenting skills and confidence?

A universal recognition of the importance of parenting and the early years of life. We need services to be given priority so that appropriate levels of funding are directed to parenting, particularly in the early years. Research has

Submission to inquiry into improving children's health and well-being –
December 2002

extensively demonstrated the improved outcomes resulting from services offered to parents and young children, but we, as a society, consistently neglect to recognise these services as important. Until those who work with parents and young children are given the status and pay currently associated with those working with adults (eg in universities), and until universal services are recognised as more important than funding other initiatives (eg developing a more extensive Coastguard service) we will never make much progress. Not long ago it was pointed out that if 5% of the money spent around the world on military technology and training in 1999 was reallocated, every person in the world could have been guaranteed basic health care, education, nutrition, potable water and sanitation (Arias, 2000/2001). This is a powerful reminder that we DO have the money to pay for the needed services, but we CHOOSE not to spend it in that way.

Universal services mean that all families expect to access and use services as a RIGHT, not because they have or are failing in their parenting. Once parents perceive services as a right, then ALL families have access to, and use, the services they need to lower their stress levels and improve the child rearing environment. It is not possible to pre-determine what services should be available in any specific area, as the services need to evolve out of, and be responsive to, local need. However, it is possible to create an baseline array of services that need to be accessible to families, and communities can then determine which of these are available through existing resources, and which need to be developed. This array must consist of:

- Services aimed at reducing financial stress – employment programmes (including training for employment, job finding, support to maintain employment), financial supplement programmes (income support, food and clothing banks, availability of emergency funding etc), financial management programmes (including budgeting, adequate banking facilities, home repayment programmes etc)
- Services aimed at increasing knowledge and skills in rearing children – parent education, playgroups and other opportunities for parents to participate in, and see modelled, high quality child rearing strategies, home visiting programmes where learning occurs in context etc
- Social support programmes – provision of appropriate and accessible opportunities for parents to meet others in their community and form friendships / social support networks (eg community events and programmes such as playgroups, drop-ins, story time in local libraries etc), formal programmes such as matching parents with similar needs (eg parents who have children with behaviour challenges, or a new parent in an area with a longer term resident)
- Community safety programmes – to ensure that children can play safely outside their homes (and thus meet and interact with other neighbourhood children) and adults can move around the community in safety (eg Neighbourhood Watch schemes serving to improve community safety and increase personal support networks, community policing, physical factors such as adequate street lighting etc)

Submission to inquiry into improving children's health and well-being –
December 2002

- Services aimed at improving general levels of education in both adults and children. This includes firstly schools which need to be responsive to community needs to ensure children find value and success in schooling (eg homework programmes, nutrition programmes, social skills/bullying programmes, child care in schools for teenage parents etc). Adults may also need increased educational opportunities to improve their employment outcomes (eg adult literacy programmes, preparation for employment, alternative secondary programmes for those less able to succeed in the standard education system etc). There also needs to be a range of services providing children opportunities to learn outside the formal school system - to develop peer relationships and to participate in their community. These include children's activities and clubs, sporting clubs, early childhood programmes such as child care and playgroups, adequate and safe outdoor community play spaces, drop-in, supervised play venues, holiday programmes etc. Finally there need to be community education programmes offering targeted information and skills as relevant to community needs: for example, drug education, self defence, leadership programmes etc.
- Respite services – where parents can have time to do things for themselves (including work, but also for socialising, completing home tasks made difficult with children around etc). These include all forms of child care (including OSHC), clubs and activities for children after school and at the weekends, Occasional Care, holiday programmes (both full-time and casual), babysitting clubs etc
- Services aimed at addressing specific concerns – eg programmes targeted at juveniles who have already been in the justice system, programmes targeting graffiti or drug/substance abuse etc.
- Health services. Families need adequate access to GPs and pharmacies for medication needs. Specialist services need to be accessible by public transport (where they are not, services can share community facilities and operate regular out-reach programmes).
- Sufficient community resources to ensure that normal requirements of daily life can be carried out efficiently. For example, there needs to be adequate food shopping facilities, a local library, adequate and safe recreational space, necessary government departments and social services, adequate transport for people to access employment and services outside their local community,

3. What would a family and child friendly community look like? What practical steps could be taken to strengthen community engagement with families and children?

A family/child friendly community is one rich in social capital: people know each other and have sufficient mental/emotional resources available after meeting their own and their family's needs to support others outside their immediate family.

Submission to inquiry into improving children's health and well-being –
December 2002

Creation of these communities needs to arise out of community-based programmes that have evolved out of needs and priorities identified by communities themselves. Community development work is slow and requires time for communities to learn to trust workers placed in their communities. Alongside this community development work can be flexible agency policies and procedures (from government departments to voluntary agencies) that allow workers to do what is needed to achieve the outcomes desired. Without flexibility, agency staff are often constrained and unable to do what really needs to be done in individual circumstances.

4. What are the gaps in existing services for children and parents? How could tiers of government and the non-government sector work more effectively to enhance service coverage and delivery?

We tend to develop services targeted at specific families, usually those identified as 'at risk' for some reason or other. The end result is that families perceive the receipt of services to be an indicator of their failure, resulting in many families who need services consciously avoiding them. All local communities need to have the ability to build their own services, depending in local needs. Not all services need to be funded nor administered by Government, however each community needs someone who works with community members to identify gaps in their services and build programmes with community members to meet local needs. Communities need access to funding they can use to develop their own services. That funding can be offered by government, but it can also be offered by voluntary agencies. Co-ordination happens at local level through the worker(s) employed in the community development roles.

5. What additional effort is required to meet the needs of Indigenous children, children from diverse cultural backgrounds, children with disabilities, children in jobless families, children known to be 'at risk' and children in foster care?

It may be necessary to ensure that appropriate communities have additional community development workers with specific responsibilities for particular 'at risk' groups: their role being to support families to advocate for their needs in the community development process (ie ensuring that minority voices were heard and needs taken into consideration in the planning).

6. What national goals and targets for improving the health and well being of children and families could be developed to measure progress?

Ultimately measurements of stress on parents and families should reflect positive changes if communities become more family/child friendly. Research suggests that one simple question about the extent to which people feel stressed quite accurately reflects data gathered from a range of other, more complex stress tests. It may be possible to ask one simple stress question in the census. Child health nurses may also be involved in collecting such data (note that there is currently an attempt to include biomarker stress data – a more reliable but expensive method of identifying levels of biological stress - in the Longitudinal Study of Australian Children).

Submission to inquiry into improving children's health and well-being –
December 2002

Indirectly, success may be reflected in rises in birth rates (as having children becomes more practical and do-able for families). Other indirect measures may include improvements in school retention and achievement levels (less spent on remedial services), decreases in crime and juvenile delinquency (savings in incarceration costs, cost of crime to victims etc), lower health costs (through less hospitalisations, less productivity loss through reduced sick leave and lower medication rates) and lower social costs (through savings in welfare services, crisis services etc).

We need a reversal in current spending on services for children and families. Research clearly demonstrates that spending in the early years decreases spending on remedial and crisis services in later years [for example the classic evaluation of the High/Scope Perry programme undertaken by (Schweinhart, Barnes, & Weikart, 1993) demonstrated that for every dollar spent on the early intervention programme saved \$7 in future government spending]. We need to set targets for significant increases in spending that are supported by all political parties (because benefits are long term and not likely to be clearly demonstrated between one election and the next). These targets need to address the range of programmes discussed above, and allow communities flexibility in how their allocated funding is spent to best meet their needs. Such changes in policy require fundamental changes in attitudes related to the importance of children and families and a widespread recognition that the early years are crucial. Parenting is the most important contribution any adult can make to Australian society, and as such, it deserves high status and support.

Reference List

- Arias, O. (2000/2001). 2000 Conference Keynote Address: Dr Oscar Arias. *TASH Newsletter*, 26/27(12/1), 13 - 16.
- Perry, B. (1997). Incubated in terror: neurodevelopmental factors in the "Cycle of violence". In J. Osofsky (Ed.), *Children in a violent society* (pp. 124 - 149). New York: The Guilford Press.
- Schweinhart, L., Barnes, H., & Weikart, D. (1993). *Significant benefits: the High/Scope Perry preschool Study through age twenty-seven*. Ypsilanti, Mich: High Scope Press.
- Shore, R. (1997). *Rethinking the Brain: New Insights into Early Development*. University of Chicago: Families & Work Institute.
- Sims, M. (2002). *Designing family support programmes. Building children, family and community resilience*. Altona, Vic: Common Ground Press.