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**Social Security and Veterans' Entitlements Legislation  
Amendment  
(Schooling Requirements)  
Bill 2008**

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**Ngala**

Parenting with Confidence

**Submission to the Australian Senate  
Community Affairs Committee**

*The effectiveness of the proposed measures and the impact on  
children and families.*

Ms Rae Walter  
Chief Executive Officer  
Ngala  
9 George Street  
KENSINGTON WA 6151  
Email: [raewalter@ngala.com.au](mailto:raewalter@ngala.com.au)

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## About Ngala

Ngala is Western Australia's leading not-for-profit, non-government provider of early parenting services for families with children 0 – 6 years.

Ngala has a proud record of assisting a minimum of 25,000 families per annum through the provision of information, skills development, support and care for children, parenting and professional education courses. Families seek assistance from Ngala with issues such as adjustment to parenting and mood disorders, sleep and settling difficulties, health of children, growth and development of children, nutrition (including breastfeeding, weaning and introduction of solids) and unsettled babies. In addition, Ngala is utilised as a general resource and a way for families to forge links with their communities. It is with pride that most of the referrals to Ngala occur through word of mouth and that most families self refer.

Ngala strengthens families by providing practical, evidence based information and resources in a non-threatening, non-judgemental and caring environment. Families are provided access to professional support via the Ngala Helpline, Consultations, Day Stay and Overnight Stay Services.

What happens to children in the early years has consequences right through the course of their lives. There are many opportunities to intervene and make a difference to the lives of children. The evidence shows the most effective time to intervene is early childhood, including the antenatal period. Ngala staff have a sense of mission and belief in the work they do with families and children, and the importance of the early years as a transition period.

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## Summary

Ngala provides early parenting services and support to some 25,000 families with babies and young children across Western Australia every year. As a leading non-government family and primary health care service provider for parenting and child health in Western Australia, Ngala is committed to optimising children's physical health and well being and their emotional, social and intellectual development in accordance with the early years research.

Ngala firmly believes that the effectiveness of early childhood intervention and parenting support programs are directly aligned with educational preparation and experiences both for children and parents.

Ngala wishes to emphasise the relevance of early years research and the importance of linking this knowledge to strategies that will achieve improved long term outcomes for children, families and communities. Such approaches acknowledge the importance of:

- Children's brain development and the need for a positive nurturing environment for positive health and wellbeing for all children;
- The relevance of an ecological perspective in positively supporting families and designing services;
- The impact on family functioning of risk factors including alcohol, drugs, mental health and parenting capability, poverty and underpinning issues such as housing;
- Supporting families and children through the development of community capacity and wellbeing;
- The impact of parental anxiety and how this anxiety can influence children's health and wellbeing;
- The importance of play and quality time by parents/ carers with children.

The above factors set trajectories for child wellbeing and parental effectiveness and competency. The early years research that has largely emanated from health, developmental psychology, neuroscience, education and criminology disciplines has provided unequivocal evidence of the relationship between the experiences of early childhood and the impact upon an individual's health, well being and coping abilities across the life continuum including educational attainment. Importantly, this research has illustrated the benefits of positive parenting and early intervention programs for young children and their primary carers in optimising a child's health and wellbeing outcomes.

In addition to the importance of setting strategies within an early years context, Ngala raises the following areas of concern in relation to the proposed Social Security and Veteran's Entitlements Legislation Amendment (Schooling Requirements) Bill 2008.

- Lack of an evidence base in relation to the effectiveness of the intervention and the extent to which and how the proposed interventions outlined of the Bill are consistent with an evidence based approach that result in improved educational outcomes for children.
- The importance of interventions being based on social justice and equity- not all children that truant are from families involved with Centrelink;
- The maintenance of personal privacy both for the child and family;
- The adequacy of referral and assessment procedures and processes referred to in the submission by the Department of Education, Employment and Workplace Relations;
- Access to support services available through schools or other agencies including community services for parenting and family support;

Overall it is Ngala's view that the penalties outlined in the Bill are punitive and will not ensure improved family and child well being. In fact, the suspension of income support payments will result in increased hardship for families already experiencing the challenges of living on a low income in increasingly difficult economic times.

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## The Importance of the Early Years

Ngala's Early Years focus is based on the underpinning philosophy that the early years of children's lives have a significant impact on their physical, behavioural and social development later in life. Ngala considers that many common problems faced by children are preventable or can be improved if they are recognized and effective intervention commenced early on in a child's life.

There is substantial national and international evidence<sup>1 2 3 4 5 6 7</sup> that comprehensive prevention and early intervention programs for children and their families have long term benefits for physical and mental health, educational achievement and emotional functioning.

Key points from the literature indicate:

- ◆ Brain development in the period from conception to six years sets a base for subsequent learning, behaviour, relationships/attachments and health over the life cycle;
- ◆ Biological embedding of early life experiences contributes to socioeconomic gradients in health and wellbeing outcomes and affects subsequent responses to stressful circumstances;
- ◆ Low birth weight and poor infant nutrition are associated with chronic disease later in life;
- ◆ Social disadvantage has a detrimental effect on health throughout the lifespan;
- ◆ Children who are better nurtured in early life are healthier and do better in adult life;
- ◆ Health problems in children reflect a complex interaction between children and their family as well as their social, environmental, cultural and economic circumstances;
- ◆ Early childhood development programs appear to reduce a range of risk factors (or enhance a range of protective factors) and have the potential to influence outcomes related to physical health, child abuse, crime, drug use and mental health problems.

A number of reports have considered summaries of the known risk and protective factors for children<sup>8 9 10 11 12 13</sup>.

**Key risk factors** include:

- ◆ low birth weight,
- ◆ abuse or neglect,
- ◆ family instability and
- ◆ socio-economic disadvantage.

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<sup>1</sup> Barker D J P, 1992, (Ed) *Fetal and Infant Origins of Adult Disease*, British Medical Journal, London.

<sup>2</sup> McCain & Mustard, 1999, *Reversing the real brain drain: Early Years Study*, The Canadian Institute for Advanced Research, Ontario.

<sup>3</sup> Keating DP and Hertzman (ed), 1999, *Developmental Health and the Wealth of Nations – social, biological and educational dynamics*, The Guildford Press, New York.

<sup>4</sup> Cohen N and Radford J, 1999, *The Impact of Early Childhood Intervention on Later Life*, Prepared for Health Canada, July.

<sup>5</sup> Shonkoff JP and Phillips D, (ed), 2000, *From Neurons to Neighbourhoods – the science of early childhood development*, National Research Council Institute of Medicine, National Academy Press, Washington DC.

<sup>6</sup> Acheson D, Baler D, Chambers H, Graham H, Marmot M, Whitehead M, 1998, *Independent Inquiry into Inequalities in Health Report*. Report for the Blair Government available at <http://www.official-documents.co.uk/document/doh/ih/synopsis.htm>

<sup>7</sup> Heckman J, 2007, *The Economics, Technology and Neuroscience of Human Capability Formation*, IZA Discussion Paper No. 2875, June, University of Chicago.

<sup>8</sup> Centre for Community and Child Health, 2001, *Best Start: Effective intervention programs*, Report prepared for Victorian Department of Human Services.

<sup>9</sup> National Crime Prevention, 1999, *Pathways to prevention: Developmental and early intervention approaches to crime in Australia*, National Crime Prevention, Attorney-General's Department: Canberra, Commonwealth of Australia.

<sup>10</sup> Ibid Cohen and Radford, 1999.

<sup>11</sup> Zubrick SR, Williams A, Silburn S, Vimpani G, 2000, *Indicators of Social and Family Functioning*, Department of Family and Community Services, Commonwealth of Australia.

<sup>12</sup> Commonwealth Department of Health and Aged Care, 2000, *Promotion, Prevention and Early Intervention for Mental Health – A Monograph*, Mental Health and Special Programs Branch, Commonwealth of Australia, Canberra.

<sup>13</sup> Shonkoff & Phillips Ibid 5.

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**Key protective factors** preventing adverse outcomes include:

- ◆ social skills,
- ◆ breastfeeding,
- ◆ small family size and
- ◆ positive social networks.

These factors form part of a preventative and an early detection system with complementary intervention programs aimed at reducing risk factors and increasing protective factors for child health and wellbeing.

Ongoing development of effective models and tools are being identified so that there is a clear relationship between each activity and resulting interventions.

There have been a number of papers and reports in relation to early childhood interventions<sup>14 15 16</sup> that highlight common characteristics of successful and effective interventions which include:

- ◆ Comprehensive, intersectoral and flexible;
- ◆ Community based and within the context of family and community;
- ◆ A balance of interventions across the service continuum, including balance between population based and targeted services;
- ◆ Are based on prevention and are planned for the long term;
- ◆ Adequately resourced and take account of capacity building for sustainability;
- ◆ Maximize continuity of care/services through interdisciplinary teams.

***Supporting parents in understanding the physical, social and emotional needs of key transition periods is critical. Evidence at these times suggest that families and children are most vulnerable or at risk. Preventative and early intervention strategies prevent long term impacts in a number of domains.***

Evidence shows that the key transition periods in the early years, are:

- Immediately following birth and the first year;
- Transition from infancy to toddler;
- Transition from toddler to preschool years;
- Preparation and transition to school.

***Approaches encompassing the characteristics outlined above go directly towards realistically addressing the causes of disadvantage that seriously threaten family and child health and well being. It is Ngala's view that these characteristics also form the preferred approach in addressing the underlying causes of family dysfunction and disadvantage.***

***Accordingly, the penalties outlined in the proposed Bill are seen as not ensuring the improved family functioning or child well being including improved school attendance and educational outcomes for children and improved outcomes in relation to parenting and parental responsibility.***

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<sup>14</sup> Karoly L, Greenwood P, Everingham S, Hoube J, Kilburn M, Rydell C, Sanders M & Chiesa J, 1998, *Investing on our Children: what we know and don't know about the costs and benefits of early childhood interventions*, RAND Report. <http://www.rand.org/publications/MR/MR898/>.

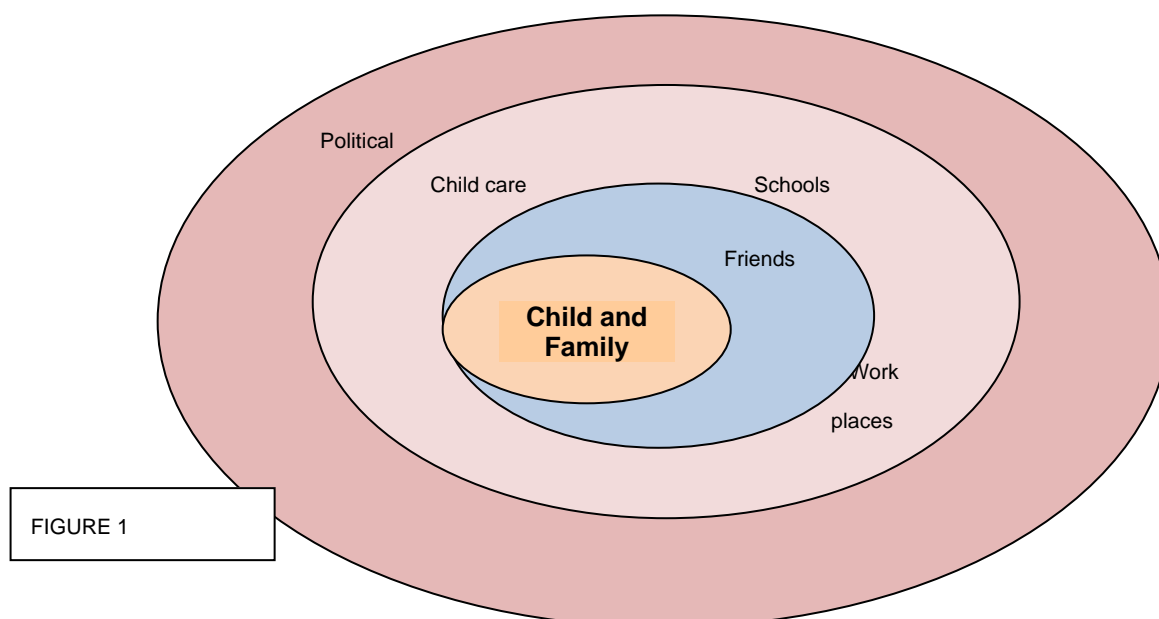
<sup>15</sup> Barbour J, 2000, *A Healthy Start to Life: a Review of Australian and International Literature about Early Intervention*. Paper prepared for the South Australian Child Health Council.

<sup>16</sup>Ibid Centre for Community and Child Health, 2001.

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## Ecological View



Bronfenbrenner's conceptual model<sup>17 18</sup> has stood the test of time by describing the connection between a child and the different variables in their environment that influence their development, health and wellbeing. Microsystems are contained within a mesosystem.

An ecological view sees children as an integral part of their various environments, (home, childcare, school, and neighbourhood settings in which children spend their everyday lives) actively constructing their own experiences and their own unique perspectives of the world, shaped by both their makeup and the social settings of both internal and external factors.

Ngala's underlying philosophy and practice frameworks fully embrace the ecological model. Approaches such as this support children and families, addressing the causes and impact of disadvantage in a holistic and non-punitive way.

***This is contrary to the approach being undertaken in this Bill which appears to emphasise "irresponsible parenting" resulting in children being truant. While parents do have responsibility, so do schools and other agencies supporting families, including government.***

## Parenting and the Factors that influence it

Parenting is a socially constructed role that is influenced by a wide range of personal and contextual factors interacting in complex ways. Accordingly, approaches to parenting information, education and support need to acknowledge this complexity, and the variation that occurs from family to family.

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<sup>17</sup> Bronfenbrenner U, 1979, Basic Concepts. *The ecology of human development experiments by nature and design*. Cambridge, Massachusetts: Harvard University Press, ch 9.

<sup>18</sup> Bronfenbrenner U, & Ceci S, 1994, *Nature-Nurture reconceptualised in developmental perspective: A bioecological model*, Psychological Review Vol 101, No 4, 368-386.

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***Some parents because of social or personal circumstances need more resourcing and education than others as well as strategies to broaden the range of parenting skills available that focuses on personal coping strategies, how to establish and maintain positive social supports, and how to work effectively with the service system.***

Given the multiple needs of families today, it is important that a range of professionals with different disciplines are able to work together with individuals, groups and communities, in varying locations and contexts. This has implications for the manner in which Centrelink will support families as outlined in paragraph 38 of the Submission by the Department of Education, Employment and Workplace Relations.

Effective intervention will address those things that are a barrier to parents learning through their own experience, such as anxiety or a lack of personal sense of efficacy. Importantly, parenting intervention should aim to enable parents to solve problems for themselves.

There is no universal standard of “good” or “effective” parenting, and in considering the effectiveness of parenting, it is appropriate to examine the function of the behaviour for the child rather than its form. Parenting practices that result in positive outcomes for children can take many forms and are influenced by many factors, such as the child’s temperament, environmental circumstances, culture, social expectations, parents’ gender, and parents’ own experiences of being parented.

Parenting is more likely to be effective when parents adapt their practices to meet their children’s changing needs – when they are perceptive of these needs, responsive to them, and flexible in this responsiveness. Many factors can affect a parent’s capacity to do this, creating vulnerability. What is helpful will vary according to the factors that lead to the circumstance. Where a child’s behaviour is challenging and parents lack ideas on appropriate strategies to manage the situation, there is a need for training in parenting skills. Where personal or social adversity factors predominate, the emphasis may most appropriately be placed on addressing these factors. Where there are multiple risk or adversity factors, a multi-faceted approach is needed.<sup>19</sup>

In contrast, rather than acknowledge the multiple needs, complexity and appropriateness of a multi-faceted approach, the proposed Bill seems to have an underlying assumption that truancy is an outcome of irresponsible parenting that is to be remedied through the suspension of income support payments.

## **The Perinatal period, infant mental health and parent – child attachment**

The perinatal period is defined as the period from conception to 24 months post-delivery.<sup>20</sup> Affective/mood disorders occurring antenatally and postnatally are part of the spectrum of anxiety, depression and low self-esteem that are lifelong problems for many women.<sup>21</sup>

***In urban situations, significant depression has been reported in 25% of British mothers with school-aged children and 40% of working-class mothers.***

***A Melbourne study suggested that 35% of multi-ethnic, low socioeconomic status mothers with infants less than 12 months old had significant depression, especially mothers who were recent immigrants.***<sup>22</sup>

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<sup>19</sup> FACS, 2004, *Parenting Information Project Vol 2: Literature Review*, National Agenda for early childhood, Canberra.

<sup>20</sup> Barnett B, Fowler C, Glossop P, 2004, *Caring for the Family’s future*, 3<sup>rd</sup> edition, National Library of Australia.

<sup>21</sup> Ibid Barnett et al, 2004.

<sup>22</sup> Williams H, Carmichael A, 1985, *Depression in mothers in a multi-ethnic urban industrial municipality in Melbourne – Aetiological factors and effects on infants and preschool children*, *Journal of Child Psychology and psychiatry*, 26: 277-288.



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Longer term effects are consistently reported. When the children in the Melbourne study were 4 years old, 27% of the mothers had a moderate to severe major depressive syndrome, while another 13% had mild depression<sup>23</sup> and there is no reason to suppose that these findings are not more widely applicable. Murray, who has followed up on a cohort of children whose mothers experienced PND, reported an adverse and “enduring influence on child psychological adjustment”.<sup>24</sup>

***They also noted that “the child’s relationship with the mother appeared to be mediated by the quality of the infant attachment at 18 months”. The relationship between mother and child is clearly affected by maternal mood.***

John Bowlby elaborated a theoretical basis for understanding how babies develop emotional relationships, known as “attachment theory”.<sup>25</sup> He surmised that babies create an inner working model of all human relationships on the basis of the earliest relationships in their lives. This may be modified gradually in the light of later experiences but, once the template is set, it is more difficult perhaps to change it than it is to ‘lay it down’ beneficially in the first instance.<sup>26</sup>

When parents are emotionally available and sensitively tuned to their infant’s needs, a baby is more likely to develop secure attachments which can reliably be measured by the age of one year.<sup>27</sup> Insecure attachments can be observed in about one-third of infants by this age.

***Follow-up studies suggest that insecure infants are more likely to have behavioural and learning difficulties by the time they commence school; they are also at risk of having greater difficulties in interpersonal relationships throughout their lives***<sup>28 29</sup>.

Children whose parents have depression and anxiety are six times more likely to develop these problems themselves<sup>30</sup>.

Ngala would therefore argue that the evidence base supports that for interventions to lead to successful outcomes in terms of children, families and community health and well being, interventions would need to take into account that the adult caregiver/ child attachment relationship in the first three years has major consequences for infant functioning and development outcomes. This approach is clearly not being recognised in the intervention outlined in the Bill.

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<sup>23</sup> Williams H, Carmichael A, 1991, *Depression in mothers and behaviour problems with their preschool children*, Journal of Paediatrics and Child Health, 27: 76-82.

<sup>24</sup> Murray L, Sinclair D, Cooper P, Ducournau P, Turner P, 1999, *The Socio-emotional development of 5-year old children of postnatally depressed mothers*, Journal of Child Psychology and Psychiatry, 40: 1259-1271.

<sup>25</sup> Bowlby J, 1969, *Attachment and Loss*, Vol 1: Attachment, London: Hogarth Press.

<sup>26</sup> Williams A, 2001, *Early parent-infant attachment*, Medicine Today, 2(9):71-77.

<sup>27</sup> Ainsworth M, Blehar M, Waters E, Wall S, 1978, *Patterns of Attachment: a psychological study of the strange situation*, Hillside, New Jersey: Lawrence Erlbaum Associates.

<sup>28</sup> Main M, Hesse E, *Parents’ unresolved traumatic experiences are related to infant disorganized attachment status*. In Greenberg M, Cicchetti D, Cummings E (Eds), 1990, *Attachment in the Pre-school years: theory, research and intervention*. Chicago: University of Chicago Press, 161-182.

<sup>29</sup> Murray L, Cooper P, 1997, *The role of infant and Maternal factors in postpartum depression, mother-infant interactions and infant outcome*, In: Murray L, Cooper P (Eds), *Postpartum depression and child development*, New York: Guildford Press.

<sup>30</sup> Beardslee W & Wheelock I, 1994, *Children of parents with affective disorders: Empirical findings with clinical implications*. In WM Reynolds & H Johnston (Eds), *Handbook of depression in children and adolescents*, p 463-479, NY: Plenum Press.

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## Impact on families, children and community agencies

The following comments are made in relation to the Department of Education, Employment and Workplace Relations submission:

- **Reasonable steps (DEEWR Submission to the Senate Community Affairs Committee, paragraph 15, page 5)**

Despite the characteristics and approaches as outlined above where evidence has shown successful outcomes for children, families and communities are likely to occur, the Bill outlines an approach that is both resource intensive in its processes and punitive in its approach.

DEEWR's submission states that parents receiving income support will be expected to take "reasonable steps" to ensure that children are regularly attending school however we are not provided with further information about how "reasonable steps" is to be defined.

What constitutes "reasonable steps" and that parents and families are expected to "do the right thing" needs to be clearly outlined and cannot be left to the discretion of Centrelink social workers or other personnel responsible for suspending income support payments.

- **Evidence Base (DEEWR Submission, paragraph 19, page 5)**

The evidence base outlined in DEEWR's submission refers to one source. It does not refer to the substantial evidence base that supports holistic and long term approaches and service characteristics that are more likely to lead to successful and effective interventions for families, children and communities.

There is no evidence presented in DEEWR's submission that substantiates that the proposed measures around income support will result in parents taking steps that will lead to the effective management of school truancy and reduction in the number of children who are truant.

- **Case management (DEEWR submission, paragraph 21, page 6)**

As stated previously, given the multiple needs of families today it is important that professionals with different disciplines are able to work together with individuals, groups, and communities in varying locations and contexts. In addition, given there is no conventional standard of "good" or "effective" parenting and where there are multiple risk or adversity factors, a multi-faceted approach is needed.

While the DEEWR submission refers to case management resulting in the success of one program in the United States, the submission does not outline how it is proposed to ensure that effective case management would be implemented successfully or resourced effectively to ensure multiple risk or adversity factors can be addressed with families or that a multi-faceted approach will in fact be able to occur.

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- **Measure of the impact on children and families (DEEWR submission, paragraph 36 to 38, page 8)**

Paragraphs 36 to 38 of the Department's submission outline briefly principals that:

- parents and families who do the "right thing" will not be adversely affected;
- parental compliance and the offer of social worker and school support; and
- reasonable excuses will be identified with Centrelink social workers.

The Department's submission does not outline:

- what is the "right thing" and how this will be defined;
- how the referral processes will operate between schools and Centrelink including privacy issues;
- what are the resource implications of the referral and assessment processes;
- how community non-government agencies that are already overburdened will be able to be engaged when the need for parental/family support becomes apparent.
- the impact of focussing punitively on truancy where Centrelink is involved with families and the wider impact for the school community given that not all children who truant are from families who receive income support.

- **The impact on complying parents (DEEWR submission, paragraph 40, page 9)**

As previously stated, what constitutes "reasonable steps to ensure the child is attending school" cannot be left to the discretion of Centrelink social workers, the school or personnel responsible for suspending Centrelink payments.

- **The impact of payment suspension on children (DEEWR submission paragraph 43, page 9)**

It is noted that the Department's submission states that the suspension of payments will be used as a last resort to "protect children". The submission then goes on to comment on restoration of the payment and compliance. It does not address satisfactorily the safety and protection needs of children in a family where income has been suspended.

- **Referral to other agencies (DEEWR submission, paragraph 46, page 9)**

The DEEWR submission states that in certain instances, Centrelink social workers will refer customers to other relevant support services.

Given the non-government community support services sector is operating at capacity, the ability of the sector to be able to respond to increased referrals arising from further demand for families who have had payments suspended is questionable. This issue needs to be recognised and addressed in planning referral processes.

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While it is indicated that support will be provided for families through Centrelink, privacy issues and the processes by which referral and assessment will occur still requires clarification.

The non-government community services sector provides important support services for families across a range of areas, however with high demand and diminishing resources the ability to assist families who have had Centrelink payments suspended is extremely limited.

For families who are already at the margins, hardship for children and parents will be significantly magnified.