The early years

Consultation with providers of early childhood services in the Melbourne municipalities of Yarra, Hume and Moreland

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1. Background to Early Years Project

1.1. Introduction

Child poverty is of continuing concern in Victoria, given mounting evidence that it can lead to serious, long-term detriment in later life, and perpetuate a cycle of poverty and disadvantage. With the generous backing of the Westpac Foundation, the Brotherhood of St Laurence commissioned the Centre for Community Child Health to produce a comprehensive review of programs from the international literature and from current Australian practice, which might be applied to address the risks being faced by some of our state's most vulnerable citizens - its infants and very young children of disadvantaged families. The Early Years Project is the product of this initiative.

The Report of Phase One of the project addressed the principles governing the development of social services for young children and their families, and the practice elements of programs currently in operation, as well as possible or proposed services in the broader context. It studied interventions through which the Brotherhood of St Laurence might improve the life chances of children from disadvantaged families by enhancing the first three years of their childhood.

Phase Two of the Project set out to discover ways in which the expertise of the Brotherhood's own personnel, and the experience gained from its current programs, might be harnessed to build service systems better suited to reach a broader range of very young children. To this end, community consultations were undertaken to identify what services were currently being provided to disadvantaged families with very young children. Consultations were held with service providers and families in three municipalities in DHS Northern Metropolitan Region to identify any service gaps or unaddressed needs, as well as interesting initiatives. This Region is one of the most disadvantaged in Victoria, and the selected municipalities were Yarra, Hume and Moreland. The Brotherhood already has services for children and families in both Yarra and Hume, and Moreland lies between these two municipalities. Findings from these consultations would then inform the possible role of the BSL in contributing to improving the service system and enhancing the educational and life chances of these young children. This might be through extending access to particular high-needs groups, adapting current activities to reach more transient, vulnerable or isolated families, or trialing new models of intervention specifically related to the early years. In Phase Three of the project, the Brotherhood will plan and implement their chosen initiatives.

This document represents the culmination of Phase Two of the Early Years Project, undertaken by the Brotherhood of St Laurence in conjunction with the Centre for Community Child Health. It builds on the findings of Phase One, which are briefly summarised below.

1.2. The Phase One Report - 2000

A review of the international literature considered high quality longitudinal studies which follow subjects from birth through to school entry, and studies of relevant interventions.

Observations from Longitudinal Studies:

- Children from disadvantaged families are at increased risk of poor school achievement, behaviour and emotional problems, and lower cognitive functioning (McLoyd, 1998);
- A complex relationship exists between family disadvantage and academic, behavioural and cognitive development (Yoshikawa 1994, Silva & Stanton 1996, Sanson et al 1991), suggesting that efforts to address educational problems should include all other aspects of early child-development, particularly social and emotional well-being.
- The more risks children face, the more likely they are to experience poor outcomes (Rutter et al, 1970; Rutter, 1978).
- Some children, by contrast, are resilient when faced with disadvantage (Werner,1997).

Evidence provided by examination of studies of a range of interventions

- Good quality child care and preschool programs promote cognitive development in the short-term, and in the long-term, prepare children – and in particular, disadvantaged children - to succeed at school (Boocock, 1995).
- Enhanced early childhood development programs can raise IQ significantly in early years, with considerable and enduring impact on reading and maths achievement, grade retention, special education and socialisation, thereby markedly improving the subsequent lives of disadvantaged children (Barnett, 1995).
- Early childhood programs work best when specifically designed for disadvantaged children, and better still when combined with other interventions (Boocock, 1995).
- Home visiting programs can improve outcomes, particularly for very disadvantaged women with children (Gomby, 1999); they are less effective for the children involved if not accompanied by direct intervention with the children (Yoshikawa, 1995).
- Parenting education programs are more worthwhile, but are more effective and acceptable to disadvantaged parents if they incorporate a parent-development component (eg problem-solving, communications skills, self-control and collaboration skills) (Webster-Stratton, 1998)
- Family literacy programs can help parents help their children at school, as well as improving the child's attitude to literacy; they also develop parents' understanding of the education process and enhance their own general confidence (Cairney & Munsie, 1992).
- While there is no evidence that community development programs are corrective of social problems, they provide a supportive environment for initiatives focusing on individual families (Stagner & Duran, 1997).

The literature suggests that no single intervention can alone address the range of needs affecting disadvantaged families. On the other hand, all of the interventions discussed are of benefit in certain circumstances.

Conclusions Reached by the Phase One Report

A range of current programs of interest were identified through a literature review and a national survey of service providers. A summary was made of consultations with the Brotherhood of St Laurence's Cottage staff, at which a range of issues were raised in relation to programs for disadvantaged children. Optional components were included for the development of future programs for the BSL, and the Report also outlined a methodology for proceeding through future stages of The Early Years Project.

In addition, a set of principles was enunciated by the Centre for Community Child Health as a basis for early childhood services. These services should:

- be built on existing structures
- have a quality framework
- be sustainable
- involve partnerships
- be multi-disciplinary
- be flexible
- be evidence-based, wherever possible
- have the capacity to be evaluated
- be replicable
- be informed by policy and vice versa
- be family-centred
- be delivered from a universal base in a community setting

1.3. Project Definition For Phase Two

Aims:

1. To identify ways in which the Brotherhood of St Laurence might enhance the experience of the first three years of childhood so as to improve the life chances of children in disadvantaged families.

2. To make recommendations to the Brotherhood of St. Laurence for its continuing contribution to improving educational and life chances for children from disadvantaged families.

2. Current Context

There is currently significant interest in many countries in the first years of life, variously defined as 0 to 3 years, and 0 to 5 years. This is in response to the volume of recent research suggesting that the years 0 to 3 are critical in a child's development and that investment in this area is crucial. Several countries lead Australia in recognising the implications of this research on early intervention and prevention. The UK, for instance, has invested £520 million in its Sure Start program – a national cross-departmental strategy to support families in the most disadvantaged communities who have children under five. UK policy aims to prevent social exclusion, and improve the life chances of younger children through better access and services.

The Australian response has been led by NIFTEY, the National Initiative for the Early Years, an alliance formed in 1999 between a broad range of child health practitioners, policy-makers and representatives from all levels of government. This alliance is now NIFTEY Australia Inc, chaired by Professor Graham Vimpani. A National Agenda for the Early Years is being developed to spell out the importance of these first years of life, the policy and program implications of our new understanding, and what parents and carers can do to enhance young children's experience during these years. *(For further information about NIFTEY, see Appendix 1).*

The following sections describe what action has been taken by Australian governments at national, state and local levels regarding young children and their families.

2.1. Commonwealth Department Of Family And Community Services

During 2000, the Stronger Families and Communities Strategy was initiated by the Commonwealth Department of Family and Community Services (FACS). Through this Strategy, $240 million over four years is to be made available to support Australian families through effective early intervention and prevention responses and community strengthening.

The Strategy is under-pinned by eight principles:

1. Working together in partnerships;
2. Encouraging a preventative and early intervention approach;
3. Supporting people through life transitions;
4. Developing better integrated and coordinated services;
5. Developing local solutions to local problems;
6. Building capacity;
7. Using the evidence and looking to the future;
8. Making the investment count.

Community-based projects can be built up, with facilitation by FACS staff, from five linked initiatives which aim to:

- create a Stronger Families Fund;

- increase Early Intervention, Parenting and Family Relationship Support;
- nurture Potential Leaders in Local Communities;
- develop Local Solutions to Local Problems, *and*
- promote the “Can Do” Community Initiative (FACS, 2001)

2.1.1. Child Care Services

In child care, significant changes to Commonwealth funding have occurred over the last three years, including:

- withdrawal of the operational subsidy for community-based long-day care from mid-1997;
- implementation of a National Planning System for all new long-day care places;
- limiting payment of Childcare Assistance to 20 hours of care per week for non-work- or study-related care;
- the inequities and complexities related to the Child Care Benefit, including a need for increased levels of benefit for very low-income families so that they can afford child care to free them to stay in the workforce;
- new funding arrangements for out-of-school services. (Children’s Services Utilisation Study, 2000).

2.2. State Of Victoria: Department Of Human Services (Dhs)

2.2.1. Stronger Citizens Stronger Families Stronger Communities

A review of services provided by the Community Care Division of DHS was conducted by Professor Jan Carter. The Minister, Christine Campbell, subsequently released a document called Stronger Citizens Stronger Families Stronger Communities. This document provides a “whole of government” response to social justice, equity of opportunity, and how best to develop communities and services to redress inequality. Its conceptual framework is based on the following policy directions:

- strengthening communities;
- encouraging an equal start in life;
- offering services as early as possible, so that problems and difficulties are addressed well before the need for statutory intervention;
- improving services for vulnerable and marginalised children, young people and their families; and
- developing services in partnership.

In addition, it argues for the establishment of “Community Zones” – locally based and derived forums which would become the vehicle for identifying and acting on risk issues within a community. This suggests a return to community development as a strategic means of empowering and identifying local solutions to issues.

The Community Care Division of the DHS wants the human services sector to:

- re-focus service delivery at the neighbourhood level, in age-specific groupings, and at critical life transition points;

- give priority to the most vulnerable;
- promote community capacity and social inclusiveness; and
- work with Koori and culturally and linguistically diverse (CALD) groups, to develop more responsive, respectful, culturally sensitive and accessible services.

Considerable effort is being put into child protection intervention strategies, and how best to balance the child protection and family support systems. Neighbourhood Houses are seen by DHS as important universal services with a strong role in community-building. DHS wants to:

- reduce the reliance on statutory services as the entry point for secondary services by improving internal linkages and links with other relevant departments;
- encourage and resource local service planning;
- improve participation in the Maternal and Child Health (MCH) service by improving links with maternity services, and with preschool, parenting and family support services; and
- promote increased access to preschool for 4-year-olds.

Several other program reviews are currently being undertaken by the Victorian Government, including:

- the Enhanced Family Support Review;
- a review of preschool field officers (PSFOs), due out in the middle of 2001; and
- a review of the issues that impact on the delivery of preschool services to children and their families in Victoria, known as the Kirby Review, was released in June, 2001.

2.2.2. DHS Enhanced Support for Families Initiative

This initiative is aimed at testing improvements to the family support system, rather than increasing service delivery. Over the last few years, funding for family support services has been largely put into fewer and larger services at the tertiary end, such as Strengthening Families and Families First. Agencies then have to tender for these funds on a regional or local basis. This strategy has left decreased flexibility for funding of more locally-identified needs for varying levels of support.

2.2.3. DHS Primary Care Partnerships (PCP)

The Primary Care Partnerships Strategy was developed in 2000 for primary care providers to take a stronger role in addressing broad determinants of health and well-being, and to encourage communities to identify and address their own health needs (DHS, April, 2000). Community Care has indicated that it wants to work more closely with the Municipal Association of Victoria (MAV) and PCPs on strategies to improve links and services.

2.3. Local Government

Major changes in the responsibilities and resources of local government have left a number of issues between state and local governments unresolved, with implications for the lives of low-income residents in outer areas (Taylor & Jope, 2000). In some local government (LG) areas, community profiles are changing rapidly because of

increasing mixes of CALD arrivals (eg in outer Hume) and expanding gentrification (eg. in Yarra). A number of LGAs are confronting the challenge of whether to decrease current infrastructure investments (particularly in child care centres) in order to have further capacity to respond quickly to changing local needs (e.g. the increased demand for aged care).

Incentives for establishing local-government-supported, or directly managed long-day child care operations have been significantly diminished since the removal of operational subsidies in 1997. In addition, capital grants funding to local government and community-based providers (1998) has been exhausted under the Federal Government's National Childcare Strategy following the National Competition Policy reforms.

3. Methodology

In order to identify ways in which the Brotherhood might improve the life chances of the 0 to 3 year old children of disadvantaged families, it was decided to find out what was currently happening locally with this group, by:

1. identifying any gaps, barriers to access, or unaddressed needs; and
2. exploring any interesting initiatives being made for their benefit.

To gain a broad perspective, three municipalities of the Northern Metropolitan Region (NMR) of Melbourne were visited and consultations held with a wide variety of service providers regarding the prevailing conditions in their communities for the youngest children of disadvantaged families. The focus of the consultations was on available services, and access to relevant local documentation and reports. It was also hoped that these would yield information about new, small and/or unpublished local initiatives or small needs analyses, which were unlikely to come to light without the cooperation of local service providers and managers.

In the interests of getting the full picture, consultations were also held with consumers of a number of services, to gain their perspective on the problems they face and whether appropriate services are available.

3.1. Consultations With Service-Providers

A semi-structured interview schedule was designed, and piloted in October, 2000 with a small number of service providers. The schedule worked well with some individuals; however, with others who were more forthcoming it was used only as a broad guide and for prompting.

Mode of consultation

- Consultations were conducted by three interviewers – one consultant from the Centre for Community Child Health and two staff members of the BSL's Cottage.
- Each of the three interviewers had primary responsibility for one municipality, with the project consultant also undertaking responsibility for some interviews in all three.
- Most consultations were face-to-face, but a number were also conducted over the telephone.
- In some cases, service providers forwarded additional written information after the consultations, and provided contact details of people in services or projects which they thought might be of interest.
- Where possible, a project worker attended regional or municipal service provider network meetings, to undertake a group consultation or identify relevant services or documents to follow up later.
- Once themes or areas of particular disadvantage began to emerge, interviewers were variously allocated responsibility for following leads related to those themes, while also continuing to consult within their primary municipalities.

Information sought in the consultations included:

- target group of the service or program;
- description of service;

- involvement of parents;
- most disadvantaged groups accessing or not accessing the service,
- the profile of CALD groups in services and their geographic area;
- perceived barriers to access to service for any groups;
- common referrals, both in and out;
- local network membership;
- perceived strengths and weaknesses in the local or broader service systems;
- documentation and/or evaluation of their service, or any other related and relevant documents; and
- ideas for, or existing, initiatives aimed at disadvantaged families with young children.

(See Interview Schedule in Appendix 2.)

Local Government Administrators interviewed: Consultations began with DHS Northern Region program managers and senior local government people in the three municipalities selected. They provided a broad view of current programs, projects and reviews, as well as of services provided in their areas, and suggested other key informants for interviewers to follow up.

Service workers interviewed: Over 100 consultations occurred between mid-October 2000 and early April 2001, and involved workers in maternal and child health, early intervention, allied health, child care and preschool education, as well as community midwives, ethnic health workers, psychologists, social workers, general practitioners, community paediatricians, mental health practitioners, peak bodies, ethnic groups, community health staff, and playgroup leaders.

Service providers were contacted again by telephone in the two months following their interviews, either for more detail, to clarify points made at interview, or to locate service providers who had been unavailable for the initial interview. In addition, service documentation, local reports and needs analyses mentioned in consultations were sourced.
A list of service providers consulted is provided in Appendix 3

Consumer groups interviewed: In addition, seven focus groups of consumers involved in different services and municipalities were conducted in March and April.
.

4. Community Profile Summaries

The community profile data reported below are based on information available in April-May 2001. Some of the statistics were sourced from data based on the last Australia-wide census in 1996, and may not reflect the current situation. In addition, there were problems in obtaining some of the early childhood data most relevant to the First Three Years, as many of the statistics on children were aggregated into broader age groupings than 0 to 3 year olds. The data are summarised below from the more detailed tables included in Appendix 4.

4.1. Comparative Data On Yarra, Moreland And Hume Municipalities

4.1.1. Estimated Child Population

Table One: Estimated Child Population - Hume, Moreland and Yarra LGAs

(Source: Australian Bureau of Statistics, Catalogue 3235.2. 30 June, 1999)

Location	0-4 yrs	5-9 yrs	10-14 yrs	Total 0-14 yrs
Hume City SSD				
Broadmeadows	5,524	5,846	5,411	69,074
Craigieburn	3,094	3,398	2,857	32,819
Sunbury	2,406	2,563	2,455	27,696
Total	**11,024**	**11,807**	**10,723**	**129,589**
Moreland City				
Brunswick	2,303	1,799	1,497	41,129
Coburg	3,377	2,979	2,644	49,500
North (PascoeVale, Fawkner, Oak Park etc)	3,012	2,858	2,585	46,776
Total	**8,692**	**7,636**	**6,726**	**137,405**
Yarra City				
North (Clifton Hill, C'wood, etc)	2,178	1,631	1,480	44,412
Richmond	1,185	903	829	24,488
Total	**3,363**	**2,534**	**2,309**	**68,900**
Total: 3 LGAs	**23,079**	**21,977**	**19,758**	**335,894**

Table One has the most recent estimated resident population figures available. It shows that, in 1999:

- 0-4 year olds outnumbered both children aged 5-9 years and 10-14 years in the municipalities of Hume, Moreland and Yarra.
- Of the total number of 0-4 year olds living in the three municipalities, Hume had the most, Moreland the second most, and Yarra by far the fewest.

4.1.2. Age of Mothers of Children Born in 1998-1999 in Hume, Moreland and Yarra

(See Table Five in Appendix 4)

Table 5 shows that Yarra had approximately half the births of Moreland or Hume (ie. half as many 2-3 year olds at time of writing). There were in total 261 teenage mothers of 2-3 year olds in the combined area surveyed; 21% of those born in Hume were born to mothers aged between 15 and 24, with lower rates in Moreland and Yarra. (These figures assume that the mothers remained in their same municipality since giving birth to their children.)

4.1.3. Country of Birth of Mothers of Children Born in 1998 and 1999

Table Two: ***Country of Birth of Mothers of Children Born in 1998 and 1999 (Hume, Moreland and Yarra)***

Mother's country of birth	**Hume 1998 and 1999**		**Moreland 1998 and 1999**		**Yarra 1998 and 1999**		**TOTAL 1998 and 1999**	
	No. of births	% of all births	No. of births	% of all births	No. of births	% of all births	No. of births	% of all births
Australia	2486	62.6	2434	63	1040	60	5960	62.3
New Zealand	56	1.4	55	1.4	43	2.4	154	1.6
England	57	1.4	65	1.7	59	3.4	181	1.9
Greece	18	0.5	35	0.9	15	0.9	68	0.7
Italy	44	1.1	73	1.9	12	0.7	127	1.3
Former Yugoslavia	47	1.1	24	0.6	18	1.0	89	0.9
China	24	0.6	64	1.7	39	2.3	127	1.3
India	41	1.0	28	0.7	6	0.3	75	0.8
Indonesia and Timor	19	0.5	16	0.4	51	2.7	86	0.9
Iraq	112	2.8	137	3.5	<5	0.3	254	2.7
Lebanon	163	4.1	315	8.1	<5	0.3	488	5.1
Philippines	45	1.1	42	1.1	12	0.7	99	1.0
Sri Lanka	67	1.6	76	2.0	<5	0.3	149	1.6
Turkey	351	8.8	114	2.9	18	1.0	483	5.0
Vietnam	91	2.2	37	0.9	223	12.8	351	3.7
Other	361	9.1	351	9.1	188	10.9	900	9.4
TOTAL	**3969**	**100**	**3861**	**100**	**1729**	**100**	**9559**	**100**

Source: *Unpublished data from the DHS Victorian Perinatal Data Collection Unit*

All three municipalities were shown to have very diverse populations, with approximately 30% of the 2-3 year olds today having been born in the area to mothers from non-English speaking countries. (Again, these figures assume that the mothers remained in their municipality since giving birth.) The ethnic profiles of the three municipalities again showed a similarity between Hume and Moreland, where the majority of foreign-born mothers tended to be from Iraq, Turkey and Lebanon, whereas Yarra had a significant majority of Vietnamese-born mothers, with smaller percentages from Indonesia, Timor and China.

4.1.4. Newly Arrived Migrants and Humanitarian Refugees

(See Table 6 in Appendix 4)

Newly-arrived immigrants and refugees resident in Hume (2,156) and Moreland (2,876) also came from a wide range of countries, the majority for both localities being from Iraq. The next biggest group for Hume was from Turkey, and for Moreland, from China.

4.1.5. Indicators of Disadvantage

Table 3: ***Indicators of Disadvantage (from DHS, Northern Metropolitan Region, 1996)***

LGA	**Unemployment Rate - June '99**	**Public Housing Households 1996**		**Household Income 1996 < $300 pw**	**Unskilled Workers 1996**
	%LGA	**%LGA**	**%NMR**	**%NMR**	**%NMR**
Banyule	5.2	4.2	15.8	14.3	12.8
Darebin	12.4	5.1	22.0	25.5	17.5
Hume	**10.0**	**4.2**	**13.9**	**10.1**	**19.6**
Moreland	**11.6**	**2.6**	**12.1**	**25.9**	**17.6**
Nillumbik	3.1	0.5	0.7	3.0	5.7
Whittlesea	8.7	1.2	3.4	8.5	19.9
Yarra	**7.5**	**12.7**	**32.0**	**12.7**	**6.9**
Total	-	-	100.0	100.0	100.0
NMR	8.9%	4.3%	10,256	43,720	83,081
Victoria	7.6%	3.4%	51,343	294,543	491,269

The main points to note from Table 3 are:

- Hume and Moreland LGAs had the highest rate of unemployment in NMR in June 1999.
- Unemployment rates in Hume (10.0%) and Moreland (11.6%) were higher than the regional (8.9%) and state (7.6%) averages.
- More than one quarter of the Region's low-income families (household income less than $300 per week in 1996) live in the Moreland municipality.
- Yarra municipality has a large proportion of public housing households (12.7%) compared with Moreland (2.6%) and Hume (4.2%), but in Hume there are some suburbs and parts of suburbs where almost all households are living in either current or ex-public housing stock. In Yarra, public housing households are concentrated in high rise flats particularly in Fitzroy, Carlton, Collingwood and Richmond.

4.1.6. Projected Population Changes

Population projections (*see Table 7 in Appendix 4*) show that:

- for Hume, Moreland and Yarra there will be a reduction in the number of 0-4 year olds living in these municipalities until at least 2006; and significant increases in the over-65 year olds;
- Hume and Moreland will experience a big increase in the 12-18 year age group over the next few years. (DHS Population Projections, DHS Northern Metropolitan Region)

4.1.7. Social Support to Families

Table 4: ***Social Support for DHS Northern Metropolitan Region, 1999***

LGAs in NMR	Persons covered by Health Care Card (% of NMR)	Family Auto Payment (families) (% of NMR)
Banyule	10.4	10.8
Darebin	18.5	18.9
Hume	**20.4**	**23.2**
Moreland	**20.5**	**19.2**
Nilumbik	4.3	3.5
Whittlesea	16.5	16.8
Yarra	**9.3**	**7.5**
Total	**100%**	**100%**
NMR	**117,083**	**25,778**
VICTORIA	**666, 158**	**146,308**

The level of social support to families is relatively high in the municipalities of Moreland and Hume:

- More than 40% of NMR's health care card holders live in the municipalities of Hume and Moreland.
- Similarly more than 40% of the Region's families receiving family payments live in Hume and Moreland.

Tony Vinson's 1999 *Index of Social Disadvantage* for all Victoria's 622 postcode areas, highlights pockets of disadvantage within municipalities, providing data for more local and neighbourhood-based planning. His indicators were unemployment, low income, low birth weight, child abuse, leaving school before 15, emergency housing, psychiatric hospital admissions, unskilled workers, court defendants and child injuries. The top ten postcode scores in Victoria included two in NMR: Broadmeadows (3rd most disadvantaged) and West Heidelberg (7th most disadvantaged). In Hume, Broadmeadows was shown as the most highly disadvantaged area while the remainder of Hume had relatively lower levels. However, the picture for Hume LGA overall is unclear as there was no index score for Craigieburn (which was considered by several local service providers as a particularly disadvantaged area), nor of the newer Hume suburbs such as Dallas, Meadow Heights and Roxburgh Park.

Low-income working-age men (less than $300/week, 1996), by Local Government Area

- 50% of recent male immigrants from non-English-speaking birthplaces earn less than $300/week (ie are classified as "low income"workers)
- 13 local Government areas are home to more than 30% of these men;
- From 42-60% of children in low income families (earning less than $300/week) are found in these same 13 LGAs.
- Hume-Broadmeadows and Yarra are included in the 13 LGAs

Birrell (1999), cited in Taylor and Jope (2000).

4.2. Yarra Municipality

The *Community Profile* of the City of Yarra describes a diverse and changing population. More than 30% of Yarra residents are from non-English speaking countries, mainly Vietnam, Greece, Italy and Indonesia [Australian Bureau of Statistics (ABS) 1996 Census of Population and Housing]. Compared to Metropolitan Melbourne (ie Melbourne Statistical Sub-Division -MSD), Yarra has a significantly higher proportion of persons in the 20-34 year age groups, and a lower proportion of family households with children (27.4% compared to 47.9% for the MSD)[City of Yarra, 2000:5].

Gentrification is changing Yarra demographically. This is reflected in the distribution of variables such as household income, home ownership, mobility and occupation. For example, in 1996, 34.6% of households had a gross weekly income below $500 per week, compared with 31.6% for Metropolitan Melbourne, whilst 15.1% had an income in excess of $1,500 compared with 11.9% for the MSD. Significantly more households rent their homes (51.3% compared with 22.8% in the MSD). 12.3% of all households in Yarra live in public housing.

Population growth in Yarra is minimal and decreasing. The most recent projections of the Department of Infrastructure put it at less than 1% growth per annum to about 2005, after which it they see it decreasing even further. The Department of Infrastructure projects that the proportion of Yarra's population in the 0 to 4 age group will remain fairly stable until at least 2021. Fourteen percent of Yarra's resident population are tenants in public housing estates, and one-parent households are over-represented in public housing. The proportion of children (0-19 years) is about twice as high on the public housing estates as in the wider municipality, and the proportion of under-10 year olds is relatively higher.

Vietnamese-born families are most represented in public housing estates (35.9%), followed by Australian-born, with the third-most numerous group being Indonesian-born families (9.1%) (ABS, 1996). Fifty per cent of residents in public housing estates in Yarra described themselves as speaking English "not well or not at all" [ABS Census, 1996].

The City of Yarra has the highest proportion of public rental housing in Victoria, and significantly higher numbers of single people and single parent households than are found elsewhere in NMR. Over 15% of Yarra's total population live in public housing and many of these are families with children [City of Yarra, April 2000, in City of Yarra Community Safety Plan, p.33].

Yarra has a small but growing indigenous population of about 300 people, who form 8.2% of the Northern Metropolitan Region's overall indigenous population [NMR Planning Unit, January 2000]. Indigenous people are over-represented in public housing, with up to 2.2% of people living in Yarra's high-rise estates being indigenous (Health Issues Centre Inc., 2000: 19, based on ABS 1996 Census data). the NMR indigenous population in some form of public housing. The majority of Yarra's Aboriginal and Torres Strait Islanders are aged under 39 years, with 137 adults aged 20-39 and 95 children aged 0-19 years (based on 1996 Census data).

4.3. Moreland Municipality

Moreland's population is made up of people from 150 different countries of birth. Nearly one-third were born in non-English-speaking countries – mainly Italy, Greece,

Lebanon, Malta and China – although the more recent arrivals (1997/8) are from Iraq, China, Lebanon, Sri Lanka, Turkey, Somalia, the Philippines, the former Yugoslavia, Bosnia and Croatia.. Twenty-seven percent of overseas-born residents do not speak English well, if at all, and this level is considerably higher for recent arrivals [Moreland City Council, 1999:p.2-1]. About 45% of all residents (aged 5 years or more) speak a language other than English at home. The districts of Brunswick, Coburg, Fawkner and Glenroy have the highest numbers from non-English-speaking backgrounds. Moreland is a "key destination for new arrivals – many of them refugees" [*ibid* p.5-1].

In March 1999, Moreland's estimated unemployment rate was 13.5%, compared to 9.1% across the MSD. These much higher than average unemployment levels in recent years have lowered average household incomes in the area: 40% of households in Moreland have annual incomes of less than $500 per week, with 23% on less than $300 per week. More than 50% of families are either dependent on welfare, or are classed as 'working poor', surviving on a combination of very low wages and government benefits. Many children in the municipality (41% of Brunswick's 0-15 year olds) are living in families dependent upon pensions or benefits. Lone-person households and sole parent families seem to be in greatest need of public housing accommodation or other forms of housing assistance. Most medium- to high-density housing in Moreland is single storey.

Moreland has a high level of home ownership - nearly 50% of occupied dwellings – which may reflect Moreland's high level of older people still living in their own houses. However, for most in the process of purchasing a house or flat, home loans become a substantial burden, with their median monthly housing repayments increasing by more than 33% over the past five years. Housing in Moreland mainly takes the form of detached houses, rather than townhouses or flats. The population is less transient than average, and Brunswick has by far the most mobile population in the municipality.

Indigenous residents account for 0.41% of Moreland's residents compared to 0.34% across the MSD. There were 538 indigenous people in Moreland in 1996, with relatively high needs in health, education, income and employment. Their unemployment rate was 20.7% in 1996, compared to an average for all residents of 13.3%.

4.4. Hume Municipality

The City of Hume is also characterised by its ethnic diversity. In 1996, almost 31% of its residents were born outside Australia, and approximately one-third aged 5 years and older speak a language other than English at home. Hume is also documented as having a high percentage of disadvantaged families, with above average rates of unemployment. Unemployment is known to be generally higher for people born in other than English speaking countries (9.2%), and is particularly high for those from the Middle East and North Africa (17.7%) and for arrivals since 1996 (16%). All of these groups are strongly represented in Hume.

The main languages spoken, in order of decreasing frequency, are Italian, Turkish, Greek, Arabic, Maltese, Vietnamese, Spanish and Croatian. More than 40 different languages are represented in all. In the 4-year period to mid-1995, of the new settler arrivals in the area extending to the south of Hume, 24% came from Iraq (mainly under refugee/humanitarian categories), and 14% from Turkey (family/spouse categories). [Hume City Council, 1996, in Taylor and Jope, 2000].

The City of Hume was projected for 1999 – 2021 to have the fifth largest net increase in population of all Local Government Areas in Melbourne, with the increase unevenly spread across the city [Department of Infrastructure, 2000a, cited in Taylor and Jope, 2000:47]. There is not enough accessible emergency or transitional housing, and its relative lack of convenient public transport increases the social isolation felt by those disadvantaged by poverty and the difficulties facing recent immigrants with language difficulties [*ibid*].

4.5. New Arrivals In The Three Municipalities Surveyed

From 1996 to mid-2000, 5,029 people arrived from overseas and settled in the Moreland and Hume areas. They came under the three broad categories of family reunion, skilled immigrant, and humanitarian/refugee [DIMA Settlement Database, in NMR Migrant Resource Centre, 2000]. Most settled in the North West region, including over 50% of the total number of immigrants from Iraq and Turkey, and about 40% of people from Syria and Lebanon – as well as a large proportion of humanitarian/refugee entrants. There are also said to be significant numbers of East Timorese, Sri Lankan and Kurdish asylum seekers in this North West Corridor.

This is a cause for concern for their communities and service providers. As only those who have been formally granted permanent residency are counted by the Australian Bureau of Statistics, the obvious needs of asylum seekers (e.g. emergency accommodation, interpreter & translation services) are not officially recognised and therefore cannot be properly met. Northern MRC has attempted to estimate some of the population numbers, including over 200 in the NW region from the African countries of Somalia, Eritrea, Ethiopia and Rwanda, most of whom arrived under the Humanitarian and Refugee categories.

Other groups include:

- Assyrians (mainly unskilled Christians from the Middle East with a distinct culture and language);
- Chaldeans (Christian Iraqis with a distinct culture and language);
- Indigenous East Timorese (between 200 and 500 families) many of whom are asylum seekers; and
- Kurdish people (about 4,000), mainly brought here under Humanitarian/Refugee programs.

The low proficiency in English of many of these settlers, particularly those arriving in recent years, has serious implications for the design of service delivery systems [NMR Migrant Resource Centre, 2000].

4.6. Analysis Of Community Profile Data

4.6.1. Socioeconomic disadvantage

What does the information above tell us about the relative socioeconomic disadvantage of the three LGAs? This partly depends upon the indices of disadvantage used. Possible indices include:

- number of children born to very young mothers

- number of children from CALD countries or children with mothers from CALD countries
- number of different languages spoken in a municipality
- relative levels of poverty or disadvantage
- number of children who are refugees

Indicators of disadvantage (Table 3 and Table 7 in Appendix 4) showed that:

- Hume and Moreland had the highest rates of unemployment in NMR in June 1999
- Yarra had the largest proportion of public housing households, over three times the proportion of Hume and Moreland in 1996.
- Moreland had the highest proportion (25.9%) of low household income (less than $300 per week) of all NMR municipalities in 1996, with both Hume and Yarra less than half of Moreland's rate.
- Hume and Moreland had the highest levels of unskilled workers (19.6% and 17.6% respectively) in all NMR in 1996, while Yarra had less than half of those levels.
- Measures of social support to families include holding a Health Care Card (HCCs) and the receipt of Family Auto Payments (FAPs). Hume and Moreland each had about 20% of all HCCs in NMR with Yarra only 9.3%; and Hume and Moreland had FAP rates of 23.2% and 19.2% while Yarra had only 7.5% of NMR recipients.

Hume and Moreland seem to be the most needy from the above indicators, but these leave out other information that might also be indicative. In addition, on the well-respected Vinson index of social disadvantage, Broadmeadows had the 3rd highest score in Victoria.

4.6.2. Demographic comparisons

According to data published in 1999, all three of the LGAs studied have more 0-4 year olds than 5-9 or 10-14 year old age groups. Hume had almost half of these 0-4 year olds, Moreland 38% and Yarra only 15%. The most recent available data on the numbers of young children born in 1998 or 1999 indicate that those born in Hume and Moreland were the largest groups (3,669 and 3,861 respectively) while Yarra births were significantly lower, with less than half as many as the other two LGAs. Of the very young mothers (aged 15 to 19 years when they gave birth), about half were living in Hume. The same is true for mothers aged 20 to 24 years old. If all mothers have stayed in their original municipality since 1998, 21% of their 2-3 year olds in Hume were born to young mothers (aged 15 to 24 years), with lower rates for the other two LGAs.

Population projections for the 1996-1999 period were for decreases in 0-4 year olds all three LGAs, with the decrease in Yarra being about three times as pronounced as that in the other two LGAs. For the 1999-2006 period, further negative growth is predicted, but this time much more pronounced in Hume. However, community profiles are currently changing so rapidly with new arrivals that these predictions may also change.

Figures on country of birth of mothers of children born in 1998 and 1999 show that:

- Approximately the same proportion of mothers in all three areas were born in Australia (around 60%), with Yarra having more mothers born in English-speaking countries
- Approximately 30% of the 2 and 3 year olds living in those municipalities have mothers who were born in non-English speaking countries.
- The most numerous group in each municipality apart from mothers born in Australia were from Turkey in Hume, Lebanon in Moreland and Vietnam in Yarra.
- The cultural profiles of Moreland and Hume are fairly similar, at least in respect of their most common groups (from Lebanon, Turkey and Iraq) other than those born in Australia. However Yarra has quite a different cultural profile from the other two LGAs, with a higher representation of mothers from Asia, mostly Vietnamese (12.8%).

Analysis of settlement data from mid-1996 to mid-2000 in Hume and Moreland shows that more newly arrived migrants and humanitarian refugees came to Moreland (2,876) than Hume (2,156), with Iraqis being more numerous for both LGAs. There were many others from a range of countries (at least 23) in these LGAs.

5. Information from Consultations and Other Sources

This section summarises information gained from consultations with various service provider groups concerning access of disadvantaged families with 0 to 3 year old children to various programs and services. Relevant information from municipal, Regional and statewide reports and other documents is also summarised.

The program areas are**:**

- Maternal and Child Health Services
- Early Childhood Intervention Services: Non-government agencies and DHS teams
- Child Care Services
- Preschools
- Homelessness and Housing-Related Services
- Family and Parenting Support Services

Three other service models or initiatives relevant to this Project that do not fit under any one program area are also discussed:

- Playgroups
- Early Literacy Programs
- Home Visiting.

Under each program area, information from consultations is considered under two headings:

- Needs and gaps in services
- Initiatives

5.1. Maternal and Child Health Services

The Maternal and Child Health Service is the only free, universal (and therefore non-stigmatising) service, exclusively aimed at children aged 0 to 6 years old, and their mothers. It plays a critical role in the early detection of problems of health and well-being in both mother and child, and the subsequent referral on to other specialist services. Funding is by State and Local Governments, and coverage is statewide.

This service provides

- “assertive” outreach to connect with very young children, starting with the MCH nurse home visits within two weeks of almost all births in Victoria
- support and information groups for all first-time mothers
- monitoring of children’s developmental progress, through local and informal sessions between nurse, mother and child in a familiar, accessible location.

5.1.1. Needs / Gaps in Services

Table Five: Participation Rates for MCH Key Age and Stage Visits 1999/2000
Source: MCH Annual Data Summary 1999-2000, Department of Human Services, 2001

Age Visit	Hume %	Moreland %	Yarra %	Region %	Statewide Mean %	Statewide Target %
Home visit	97.18	99.32	94.70	95.39	94.19	Na
2 weeks	87.93	95.38	92.70	90.14	92.81	98
4 weeks	88.72	90.87	89.99	87.66	87.66	98
8 weeks	82.44	93.92	91.05	90.86	92.47	95
4 months	82.64	86.14	92.43	88.11	89.74	95
8 months	78.66	82.29	92.43	84.72	81.37	90
12 months	65.44	67.48	92.43	72.86	75.35	80
18 months	52.76	58.01	78.77	62.77	62.03	77
2 years	51.23	47.70	77.65	58.44	56.51	65
3.5 years	50.30	42.52	64.22	51.54	49.25	67

The data in Table 5 indicate that:

- By the 12 month key visit, 1/3 of mothers in Hume and Moreland had stopped visiting their MCH nurse, while in Yarra, over 90% still attended, which is also much better than the Northern Metropolitan Regional rate of 73% and the Statewide rate of 75%.
- The Yarra attendance rates remained higher than the state average at each key visit, and also much higher than Statewide target rates.
- Yarra attendance rates were comparable to Hume or Moreland's until the 8-month visit, by which time Yarra attendance was ahead of Moreland by more than 10% and of Hume by about 14%.
- At the 18 month visit, attendance in Hume was down to just over 50%, and in Moreland nearly 60%.
- Yarra's participation rates remained higher than the NMR and statewide rates from the 4 week visit until the two year old visit, and remained higher at the 3.5 year old visit than Hume, Moreland, NMR and statewide rates.

The MCH participation figures only became available in August 2001 and have not yet been collated into a public report. The Yarra MCH coordinator thought that the very high consumer participation rates in Yarra were probably due to the lower ratio of enrolments per EFT MCH nurse compared with other NMR areas. She also reported that Yarra MCH service had:

- a number of initiatives, such as a project focusing on non-attenders;
- a particularly flexible home-visiting service;
- no restriction on numbers of visits; and
- more open (ie non-appointment) MCH sessions.

She said that Vietnamese, who the largest group of non-English-speaking background people in Yarra, "had always used the service". Moreover, they had an ethnic health worker, one of whose roles was to increase access of Vietnamese women to first time mothers' groups. Chinese mothers were also regular attenders.

Another reason for these higher rates might be the proximity of services to where people live, compared to (say) Hume, which is a much larger area with relatively poor public transport. Hume and Moreland have higher numbers of newly arrived families of CALD backgrounds who do not speak English and are less likely to be aware of the presence or role of the MCH service.

5.1.2. Problems of access to MCH services

Home-visit rates of newborns and their mothers are high in Hume and Moreland (97% and 99% respectively). After this, attendance at the MCH service tends to decrease gradually over the first 8 months of life and then more rapidly over the 12 month to 18 month visits. By the time of the 2 year visit, both Hume and Moreland figures showed that only about half of infants were still attending their MCH service. This decreasing attendance tends to start earlier, and happen more quickly, in disadvantaged groups. Attendance at the MCH service may be related to a variety of factors commonly associated with disadvantage, eg. transport problems, lack of confidence, and fear of criticism or official intervention, especially for parents who have serious domestic, management or health problems (eg. domestic violence or alcohol / drug problems). It is, of course, particularly important for these disadvantaged groups to access MCH services, especially at the developmentally critical stage for the child of birth to three years.

MCH nurses and coordinators reported that there were particular groups who are less likely to use the MCH service. These included:

- culturally and linguistically diverse (CALD) mothers, especially new arrivals, find it difficult, because of language problems, to learn about services; they misunderstand what they hear about the services, and are themselves afraid of being misunderstood by service workers; they feel alienated from the Australian cultural attitudes to mothers and babies.
- families who have had contact with DHS Child Protection tend to avoid any voluntary contact with a new group of social service providers, being worried about the possible repercussions;
- victims of trauma often find it hard to face going to new or poorly understood services.
- mothers who are stressed or unwell can be worried about being seen to be barely coping.
- families or single mothers living in public housing or caravan parks who do not have cars or access to frequent public transport (a particular problem in newer areas of Hume)
- some families simply have a generalised mistrust of service providers..

Others not using MCH services included:

- families experiencing homelessness or with high levels of transience;
- mothers with an intellectual disability or mental health problem (eg depression);
- young or adolescent mothers.

First Time Mothers' (FTM) groups are routinely offered by MCH nurses to new mothers. These groups provide information about local services and opportunities

for mutual support with shared problems like breast-feeding, sleeping problems and adjusting to motherhood.

A number of service providers reported that this dynamic for first time mothers only works when the problems they face are not *too* great. Mothers dropped out of the group as soon as the struggle to balance their own needs and the requirements of parenting became too great; or when their command of English was inadequate for them to participate in and understand discussions; or when other older, more articulate or better-coping mothers added to their feelings of inadequacy. .

In Moreland's 1999-2000 MCH figures, for example, only 55% of first-time mothers attended the first session of the FTM groups, with a few dropping out after only a few sessions. Both MCH nurses and consumers said that groups worked better if the social and/or educational mix was not too diverse. Several MCH nurses said that it would be ideal to have FTM groups designed specifically to meet the needs of more disadvantaged mothers, especially very young ones, with a view to groups evolving into more or less independent "playgroups" (ie. groups of mothers and infants meeting to mix and play on a self-perpetuating, mutually beneficial basis). Facilitated playgroups could also offer a subtle and non-stigmatising opportunity to model parenting skills, as well as ways of promoting child development and language skills for women whose may not have had positive parenting models.

Non-English-speaking "outworker" mothers: Outreach workers and nurses spoke often about the "outworker" mothers, many of them Vietnamese, doing their piecework sewing in the living room at home while their small children sat quietly for hours in the corner without stimulation or interaction. Although some MCH nurses succeeded in organising such mothers into groups with common needs or experiences, it was felt that these would be difficult to sustain. No worker knew of FTM groups being run in other languages, and it was seen to be very difficult to run groups in the many languages represented in a municipality. Interpreters do not appear to be available for such purposes, or even for MCH client consultations. This is a significant gap in service delivery to those who need support and information in an accessible form from MCH nurses, the key "gate-keepers" to many other child and family services.

Lack of cross-promotion among service providers It was surprising to discover, from discussion with several members of an Accommodation and Support team (funded by the DHS Supported Accommodation Assistance Program, or SAAP), that they were unaware of the MCH Outreach workers. Both groups need to work more closely together in targeting, connecting with and providing appropriate services to, families with accompanying young children who are experiencing homelessness.

Computerisation of services Currently, most Victorian MCH services have no computerised system for recording service useage and user profiles, which heavily limits their use of data, eg. for targeting different risk groups, or tracking details of those not attending certain services (FTM groups in particular).

5.1.3. Maternal and Child Health Initiatives

Maternal and Child Health Home Visiting Programs

The New Initiatives Fund. This was targeted at a limited number of municipalities with very high needs families, including Hume. Hume decided to use the money to fund three interesting pilot projects:

- **an adolescent worker** (0.6 EFT) to work with teenage mothers (*for further details, see Adolescent Parenting Playgroup under "Examples of Playgroup initiatives" in section 5)*;
- **a multi-lingual ethnic health worker** (0.6 EFT) to gain access to mothers (particularly Chinese and Vietnamese) who had stopped coming to the MCH nurse for key visits after 12 months. The worker doorknocked these groups in Coolaroo, befriended them, picked them up for her new playgroups, brought speakers in to answer some of their information needs, and generally gave them confidence in themselves and the system. The community of Coolaroo now collects newly arrived families and takes them to see the ethnic health worker who befriends and orients them to that area's services. *(See "Ethnic Health Worker" case study in Appendix 5);*
- **a one day per week "day stay" program** delivered by Tweddle Early Parenting Centre, for mothers with infants aged mainly 0 to 3 months or 7 to 9 months. The most frequent presenting issues have been infant sleeping problems; baby settling; parental tiredness; and confidence/routine. Access has been mainly through MCH nurses and some general practitioners. The level of self-referral is now 20% of all clients (with babies under 1.5 years old, where the main presenting problems are mothers with post-natal depression, child sleeping problems, feeding and attachment issues).

Anecdotal reports of these initiatives are very positive. They have been evaluated by an independent consultant whose report is not yet available.

The Enhanced Home Visiting (EHV) Program Fund. This came in late 2000 to every municipality, but with less funds available for those who received the first round (New Initiatives). EHV's aim is to strengthen partnerships between the MCH service, parents and other community support agencies. The broad objectives are:

- to provide support for vulnerable families in the target group, ie with a baby under 3 who:
  - are experiencing difficulties;
  - have a baby discharged from the High Risk Infant program;
  - are experiencing a crisis which is adversely affecting their ability to parent a baby under 12 months;
- to improve skills and confidence in parenting ability;
- to provide early intervention in problems and ensure links to early intervention services.

Municipalities could undertake their own needs assessments to inform their local home-visiting model(s). Hume undertook one which has led to:

- targeting of post-natal depression and parental difficulties with two-year olds;
- topping up some of the original New Initiatives money, to fund an experienced MCH nurse to do more home visiting, with some emphasis on women who disclose domestic violence (DV), with the assistance of the original funded multi-lingual ethnic health worker;
- trialing a new family assessment tool to map parents' formal and informal supports.

One MCH nurse was particularly impressed by Home Start, an international home-visiting program now operating in some Australian locations. (*A short description of this program is included as Appendix 6.*)

Availability of MCH nurses. Yarra municipality has had problems finding a MCH nurse to employ under the Flexible Enhanced HV allocation, and has had to re-advertise. This highlights concerns expressed by two MCH coordinators about future shortages of MCH nurses. Yarra will employ a separate 0.6 EFT nurse in a broad role, including responding to post-natal depression, breast-feeding and social problems.

Moreland decided that they would employ one MCH nurse (F/T) and a Family Development Worker position (F/T). Their overall aim is to enhance family functioning, parenting and life skills of vulnerable families with children aged 0 to1 years in Moreland. *(For more detail on the usage of these funding sources in the three municipalities, see Appendix 7)*

As well as the special DHS funding for home visiting and outreach work, other centre-based MCH nurses are also involved in home visiting (in addition to their visit to all new mothers within several weeks of birth). They may also be involved in outreach work. One example is the small group of nurses who are now providing outreach services to some of the families with young children living in the caravan parks in the north of Hume.

Sustainable First-Time Mothers' Support Groups. A small number of MCH nurses have tried, with particularly vulnerable and/or disadvantaged mothers, to facilitate the progression of FTM groups to more independent mutual support groups that may eventually continue to meet with little or no professional assistance. The few examples of this, identified in project consultations, were initiated by MCH nurses and focused on adolescent or young mothers. Some have been more successful than others. A small number have tried to identify the reasons why their attempts succeeded or failed. (*Case studies in Appendix 8 provide further details of several such groups.)*

Critical success factors as described by these nurses included:

- high level of worker commitment;
- building from an existing group;
- creation of a safe and trusting environment;
- plenty of time to listen empathically and suspend judgements;
- considered and continued gentle attempts to engage with the mothers;
- focusing first on the women's own expressed needs;
- inter-service collaboration, eg. MCH nurse with youth leader;
- a constant venue, such as a council centre or Neighbourhood House;
- available child care;
- importance of name of group (eg. not "young mothers group" but "young women's group" or "young women's health group"; not "parenting" but "activities" group; and no use of the word "support");

- if wanted and agreed by members, outside service providers invited into the group to provide information to meet women's needs, and to "de-mystify" professionals;
- built-in fun and activities, which recognise the needs of young parents as young women;
- opportunities for active learning, eg. about their children's developmental needs;
- realistic funding (possibly small municipal grants) for room hire, child care, speakers, excursions, other activities;
- group rules if necessary to "contain" individuals' behaviours.

Group transition to independence needs a slow "weaning" strategy, such as having the group meet in a room adjacent to the MCH nurses' consultation room during an "open hours" session, so that mothers can still have some individual time with nurse if needed. One MCH nurse considered that most nurses facilitating FTM groups needed extra training, for example, on group process and content, ways of eliciting mothers' needs, and gaining their trust and confidence in a group setting.

Post-Natal Depression Intervention

Post-natal depression in mothers was mentioned often, and by a wide range of service providers (including MCH nurses and community midwives), as a very significant issue because of its adverse effects on children in their most formative years. A community-based infant psychiatrist in Hume considered that when a mother is suffering from severe depression, many of the infant's developmental needs, as well as the mother's needs for respite, can be met through referral to good child care facilities. This psychiatrist wants to develop secondary consultation networks and training for supporting MCH nurses who are willing to work intensively with such mother-infant pairs. This model is being used in at least one other municipality in Melbourne with promising results.

Parenting Training

Staff from the Victorian Parenting Centre (VPC) are involved in a funded "Community Provider" initiative in Northern Metropolitan Region training staff to run Triple-P parenting courses. The Triple-P parenting program is a five-level intervention strategy aimed to increase skills of parents in managing the behaviour of their children. Primary care professionals being trained include MCH, child care, and preschool staff and, in the more intensive levels, psychologists. They then undertake to run at least four Triple-P parenting courses to parents in NMR – which one worker from Orana Family Services has already completed. Moreland is one LGA encouraging staff to undertake training in this program.

The staff of the VPC stated that very needy parents require *individual* help with parenting. It was planned that a number of MCH nurses be trained in Triple-P Level 4, which involves parenting skills development for either individual families or co-facilitating group training. The VPC was also interested in getting funding to undertake a project on integrating parenting training with the MCH FTM groups. The recently-announced reduction in funding (June 2000) to both the Victorian Parenting Centre and the Regional Parenting Resource Coordinators in each DHS region may affect the implementation of some of these planned initiatives.

“High-Risk” Mothers’ Group

This group is aimed at young mothers (ie under 21 years old) and is jointly facilitated by a social worker from Orana Family Services, a MCH nurse and the Hume adolescent parent worker. Its aim is to provide a safe space for parents to explore being a parent, to gain an understanding of parenting and to learn some practical skills, eg. making toys. It is held at a Hume MCH centre, and is mainly attended by young parents in the Broadmeadows east region. Referrals are received from Child Protection and the High Risk Infant Program.

Gronn Place Parenting Playgroup

MCH nurses are involved in a number of other projects run by different social service providers. One example is the Gronn Place Parenting Playgroup playgroup established as part of a community development project in Moreland to engage families in housing estates who were not accessing services. (This initiative is described in more detail in the section on playgroups.)

Other MCH-Related Initiatives

- **Moreland Library’s Book Start** initiative links the library with local MCH Nurses, so that each newborn in Moreland can receive a special book suitable for an infant (and parent information) from their MCH nurse.

(More Details under Section 6.2.1 “Children at Risk of Low Literacy Achievement”).

- **An area team approach** is being planned, so that child care workers can meet with MCH nurses twice a month for integrated skills and service development.

- **Locating other services.** Many MCH centres are well-suited to be non-stigmatising, universal bases for the delivery of other child and family services. For example, the home-visiting worker who supports adolescent parents in Hume runs parenting groups in local MCH centres.

Community Midwives

Community midwives (CMWs) have been included in the same section as MCH nurses because of their shared midwifery and nursing training. They are also trained in community health. The service they provide can be more flexible and broader-ranging than the MCH program, and can support and augment it. The majority of CMWs work in community health centres (CHCs), and some have both midwifery and community health responsibilities.

Community midwives in Northern Metropolitan Region are mostly part of a five-year pilot program, the Northern Birthing Support Service (NBSS), which has received some DHS funding. This program has a steering group comprising the Chief Executive Officers of the participating CHCs, a MCH Coordinator, and two local Divisions of General Practice.

Community midwives represent an interesting workforce which needs to be used to its full potential, and NBSS is currently developing a strategic plan for its future. (*See Appendix 10 for a more detailed description of Community Midwives and the Northern Birthing Support Service.)*

5.1.4. Summary of Major Needs and Gaps in MCH Services

- The minimum schedule of recommended key consultations with a MCH nurse entails an 18-month gap between the 2-year and 3½-year consultations. This means that children with needs emerging (either biological or socio-environmental) in this period are less likely to be identified for early intervention. Problems associated with disadvantage which become evident at this critical age are also in danger of being missed.
- There is a significant decrease in, and drop out from, attendance at MCH services from late in the first year onwards, with disadvantaged families over-represented in the early leavers and low-attenders of First Time Mothers' groups.
- Strategies to increase access to, and continued retention at, MCH services are vital for the various groups of low-attenders. MCH participation rates in Hume and Moreland are down to about 50% at 18 months of age, and many children in disadvantaged families may have no contact with other child-focused services until they reach school. Those least likely to access MCH services (both nurse consultations and First Time Mother groups) are families who are CALD, have had contact with Child Protection, live in public housing or in caravan parks, experience homelessness or high transience, have a parent with an intellectual disability or mental health problem (depression most commonly), or have young or adolescent mothers.
- First Time Mothers groups are rarely run in languages other than English, and MCH nurses do not make as much use of interpreters in consultations as they could.
- MCH outreach services could do more to raise awareness of their services with staff in other programs.
- More use could be made of community midwives to enhance the work of the MCH service.

5.2. Early Childhood Intervention Services

Early childhood intervention services provide a range of specialist education, therapy and support services to 0 to 6 year old children with developmental delays and disabilities and their families. These services are delivered through regional DHS Specialist Children's Services teams as well as through a number of local and statewide non-government early childhood intervention agencies. The non-government agencies receive state and Commonwealth funding, and the services provided are free, although some minimal fees are charged. The teams and agencies are staffed by interdisciplinary teams of allied health professionals and special educators, and services include assessment, special education and counselling to families related to their child's special needs. They also facilitate access for the children and their families to services such as child care and preschool.

There has been considerable increase in the demand for these services in recent years, not matched by increases in funding. As a result, there are long waiting-lists for services, which may be particularly difficult for families in some rural areas to obtain.

5.2.1. Needs / Gaps in Services

Late diagnosis. At many consultations, a major issue raised was the frequency of undiagnosed developmental delays or disabilities in children. Children can go for several years with their problem undetected, missing out on the benefits of early intervention. This gap in the service was mentioned most frequently in relation to Hume municipality, but also applied to the other two LG areas. The problem is that, by definition, detection and intervention need to be ***early.*** Support for families whose children have delays or disabilities should be happening well before three years of age, and yet a high percentage of children with additional needs do not have their problem detected until they reach preschool at three years or older. Not all these cases reflect badly on the service provided by SCS teams or non-government Early Childhood Intervention (ECI) agencies. Some parents hold back, taking time to come to terms with the implications of their child's condition or trying alternative therapies. However, some children are missed by MCH services or by other service providers the family have seen.

Delay in appropriate treatment. Even after an early or prompt diagnosis, many families face a long wait for appropriate services. According to a manager in ECI services, there are waiting lists, some of them extensive, in all DHS regions. This is particularly the case for speech pathologists. In NMR, concerted efforts have recently reduced the speech pathology waiting list to between six and nine months.

Need for more paediatric physiotherapists. This same ECI services manager said she would like to see a paediatric physiotherapist at the Royal Women's Hospital, and more than one at the Mercy Hospital. Physiotherapists, she explained, are well placed to identify a variety of very early needs and problems, and are often the first point of contact for intervention and liaison with community support networks.

Better links with hospitals. She added that outreach acts as an important connection between the intensive acute-care hospital and the home.

Shortage of Speech Pathology Services. One speech pathologist interviewed estimated that about half of all children from very disadvantaged families would have speech problems. Indeed, almost all children referred to SCS teams have some language problems in addition to other needs.

Several consultations revealed that, in Yarra, there is no affordable speech pathologist who speaks a second language. Yet children from CALD families often have speech problems, with language delays in their native language, possibly as a result of disadvantage and social isolation. For example, the child may be confined at home all day while the mother does paid piecework. Language development strategies are badly needed, especially ones which parents can participate in and help to reinforce.

The gap between a child's attending the MCH nurse and attending preschool, means many problems are not being picked up until preschool - or even later for families who cannot afford, or do not chose, to send their child to preschool. However, even then problems are missed. One example reported was of a child with severe autism which went undetected until after preschool.

Several workers reported that delays are common in the Hume area. In 1999, an unexpectedly high number of 4 to 5 year-old children with additional needs, although eligible to enter school, applied for a second year of preschool. They suggested that this was because these children had not been identified as having additional needs

until preschool, partly because they had left the MCH service prematurely. If families are lost to MCH care, they may also be less likely to receive advice about, or attend, other services (eg playgroup or preschool) which offer further opportunities for any special needs to be noticed.

Lack of Understanding of Early Childhood Development. A number of providers commented that many parents have little or no understanding of young children's developmental needs, and are therefore unlikely to suspect problems if they are socially isolated, and are not in regular contact with other children at the same age and stage. Another early intervention worker confirmed that in NMR, children with delays and disabilities are sometimes reaching school before anyone has diagnosed a problem. Other workers spoke of Vietnamese children with special needs which remain unidentified until they reach school.

Other needs / gaps

Other needs expressed in consultations are summarised below.

- *Accurate local data*. There is a need for local data on need levels to help inform the targeting of DHS Specialist Children's Services. There also needs to be data to track children across services.
- *Communications with GPs.* The manager of a large NGO early childhood intervention service stated that, in general, GPs do not pick up very young children's developmental or emotional needs, and are not linked to community services. A small survey of GPs found that many do not routinely ask parents if they have any concerns about their child's development or behaviour.
- *Prevalence of behaviour problems in young children*. High levels of behaviour problems are increasingly being noticed at preschool, child care, and other services for young children. Many workers consulted were concerned about the lack of training in how to deal with these challenging behaviours.
- *Trauma counselling for young immigrant children.* The system is in need of more services for newly arrived children who have experienced trauma or abuse.
- *Reduction in services for less delayed children*. SCS have been forced to prioritise referrals, sending less delayed children to other services, such as community health centres. A number of service providers expressed the concern that these children then tend to miss out on any service at all.

5.2.2. Initiatives in Early Childhood Intervention Services in Northern Metropolitan Region

Department of Health Services' New Initiative Funding

DHS New Initiative funding for early childhood intervention services was received in May 2000 (including $250,000 for Northern Metropolitan Region). The aim was for DHS Specialist Children's services teams to encourage partnerships with non-government early childhood intervention (ECI) agencies, and to offer some support to families on the waiting-list.

The NMR partnership project targeted a number of non-government ECI agencies in NMR:

- Melbourne City Mission, based in Moreland and providing an outreach service in the City of Yarra

- Speech Inc in Broadmeadows
- Broad Insight in Hume
- Norparrin, in Mill Park
- Noah's Ark
- Kalparrin

Partnership strategies include:

- Integration of a SCS speech pathologist into a weekly group at the Booroondara preschool for children with severe communication problems, with an education adviser and other therapists providing services there as well.
- An education adviser and speech pathologist to work with the SCS social worker to provide services to families through group discussion, parent education and individual consultation, including discussion on navigating networks and support needs.
- Social work support to parent groups in Broadmeadows.
- A behaviour management program run by two SCS psychologists in Hume.
- Ongoing occupational therapy provided by a SCS team member as outreach.
- Various SCS team members to help an autism outreach worker run groups, following up with the offer of 1:1 assistance at home.
- Parent groups to receive input from a number of SCS team members, including social workers.

These partnerships with the SCS team have been able to provide some support for families on the waiting list. An ECI worker stated that the closer relationships between the SCS team members and staff in non-government ECI agencies in NMR have greatly improved links, and had some impact on the length of waiting lists.

The SCS team in NMR has an established relationship with the Autism Outreach Worker to provide support to families.

Early Childhood Intervention Waiting List Survey

Waiting lists are a huge issue for families needing early childhood intervention services. The first-ever statewide waiting list survey was undertaken early in 2000, to act as a baseline against which progress in their reduction might be compared (Community Care Division, DHS, June 2000). This statewide "snapshot" survey was conducted on 15 March 2000, involving all regional SCS teams and all funded early childhood intervention agencies, achieving return rates of 100% and 93% respectively. The survey methodology had some problems, including the confusion as to the precise definition of "waiting lists", and the results are open to interpretation. However, the results still give cause for concern.

Results across the state:

- A total of 8,030 children (1.9%) of children aged 0-6 years were enrolled in an early childhood intervention (ECI) service.
- Of these children, 2,742 (34%) were waiting for an ECI service. Of those waiting, 61.6% were receiving some interim service from the agency, while 37.1% were not receiving any.

- Of the 1561 children waiting for service from a SCS team, only 652 (41.8%) were receiving some interim service from the team.
- Of the 3,247 children enrolled in a funded ECI agency, 1,181 (36.4%) were waiting for service.
- Of the 4,783 children enrolled in one of the SCS teams, 1,561 (32.6%) were waiting for service.
- Of all 2,742 children waiting for either type of service, those aged 2, 3 and 4 years made up 19%, 26% and 32% respectively of the total waiting lists.
- Screening: 95% had been screened as being eligible for service. For 64% of children waiting, a child and family needs assessment had been completed. NMR had the largest regional number of children waiting who had been screened as eligible for ECI services.
- Service received: 48% were not receiving any service from an agency or SCS team, whilst 50% were receiving some components of an ECI service from the SCS team/agency.
- Children had been waiting to be seen for between 15 weeks (minimum) and 130 weeks (maximum) for an ECI interpreter or translation service; and between 1 week (minimum) and 132 weeks (maximum) for a psychologist/behavioural counsellor. The waiting-list for a speech pathologist ranged from 1 to 52 weeks in a funded agency, and from 1 to 68 weeks in a government SCS team.

One of the findings was that 4 year olds were the largest age group waiting for early intervention services in both NMR, and in Victoria as a whole. This would be of great concern if it means that these 4 year olds had not as yet received any service. The report does not make this clear.

Most of the children waiting (62%), were already identified as having a developmental delay/disability, while 6% did not, and the status of the remainder was unknown. Of the children waiting for service from an agency, 81% had an identified developmental delay/disability, and for 12% it was unknown. For those waiting for service from a SCS team, 47% had an identified developmental delay / disability and for 47% it was unknown.

The waiting list for speech pathologists was more than double that of the second largest group (occupational therapists). The third longest waiting list was for psychologists / behavioural counsellors.

It should be noted that this survey only included children attending ECI agencies or SCS teams. It did not include children receiving early childhood intervention services from private practitioners, hospitals, community health centres or any other providers. It did not measure service gaps, or any children not linked into any services.

NMR has the highest number of children waiting for help of any DHS region. The most common age of children on the waiting-list for NMR (on 15 March 2000) was 4 years old. Thirty-four per cent of children enrolled in any ECI service or team across the State were waiting for service; and 62% of children on waiting lists had an identified developmental delay or disability. Children had been waiting to be seen for between 15 weeks (minimum) and 130 weeks (maximum) for an ECI interpreter or translation service; and between 1 week (minimum) and 132 weeks (maximum) for a psychologist/behavioural counsellor. The waiting-list for a speech pathologist ranged

from 1 to 52 weeks in a funded agency, and from 1 to 68 weeks in a government SCS team.

Eligibility Criteria / Priority System for Specialist Children's Services (SCS) Teams in Northern Metropolitan Region (1998)

The DHS document (Eligibility Criteria/Priority System for SCS in NMR, 1998) summarises the 1998 changes to the eligibility criteria for intake for SCS teams. The revised system has tightened the intake criteria to the extent that there are children with less severe disabilities or developmental delays, who would previously have been eligible for services from SCS teams and non-government ECI services, but are now ineligible for both. There is now have a three-tiered priority system, in which child and family needs given the criterion Priority 3 are those deemed to be "minimal; those which do not require multi-disciplinary service provision; and those which can be met by community agencies." Hence, the priority system has effectively ensured that many children and their families will only receive ECI services if they can afford private care. This will further disadvantage all families of a child with additional needs who are already struggling. *(For further details of these Eligibility Criteria, see Appendix 11.)*

Hume's Child and Family Services Network

This service provider network is a particularly strong group. It has among its members several agency managers and has met monthly for some years. According to a number of staff in Hume, the Network's achievements have been outstanding in identifying emerging issues of concern, and campaigning actively for change, eg. to secure speech pathologists for the municipality. Screening for the earlier identification of special needs in children is a constant issue. The Network also maintains comprehensive minutes of each meeting, so anyone missing a meeting is kept informed and up to date on developments.

5.2.3. Summary Of Major Needs And Gaps In Early Childhood Intervention Services

- **Keeping children in the system:** There are too many children with developmental delays or disabilities which remaining undetected until preschool or school. It is essential to keep families with children who are at risk in touch with service providers who have knowledge of child development and experience in detecting developmental problems.
- **Waiting lists:** There are long waiting lists for children with special needs, particularly for those with speech or language problems. The waiting list in NMR was also long for occupational therapists, psychologists and behavioural counsellors.
- **Eligibility:** Tightened eligibility criteria for EC intervention services have decreased access for children with less severe - but still problematic - delays and disabilities. Most disadvantaged parents are unable to afford the alternative of private services.
- **Behavioural problems:** Increased support is needed for workers (eg. in child care) as well as parents in the management of children with behavioural problems.

- **Trauma counselling:** Children and parents who have experienced trauma (eg. as refugees or as victims of domestic violence) need access to specialist services.
- **Language enrichment:** Young children in disadvantaged families need more opportunities to be involved in early language enrichment and early literacy programs.
- **Bilingual support:** To help specialist staff work effectively with families from CALD backgrounds, more bilingual assistance and cultural sensitivity training is needed.

5.3. Child Care Services

In this section, formal and informal child care services are addressed separately. In each subsection, the needs and gaps in access and services are identified, and some examples of initiatives to address these gaps outlined.

The Formal Child Care Sector

The formal child care sector includes long day care centres, family day care and occasional care. The first two provide long day care and occasional care to preschool children. Priority for places goes to families in which both parents work or are studying. Places for other families are available, but restricted to 20 hours per week. Costs of centre-based child care have risen recently, and many families are now finding it hard to pay fees. Some are accessing the cheaper family day care while others are relying on relatives.

A wide range of staff are employed in the formal child care sector, some with a four-year university degree in early childhood education and/or development, and others with no formal education or training.

5.3.1. Needs / Gaps in Services

General Support Issues for Child Care Workers

Inadequate support with behaviour problems in children. During the consultations, there were frequent reports of the high numbers of children in both centre-based and family day care with behavioural difficulties. Coordinators were concerned at the lack of support for staff in managing these difficulties. A number of consultations emphasised the high skill levels needed to work with these children with challenging behaviours. The problem is exacerbated by the fact that the main source of support for child care staff, Children's Services Resource and Development Officers)(CSRDOs), do not have a mandate to work with behavioural issues of children in child care.

Morale, Pay and Conditions of Centre-Based Child Care Workers

There were strong concerns raised in consultations by coordinators and staff of child care programs about levels of remuneration and working conditions. Several commented that Australian early childhood workers (ie. those employed in formal child care services as well as stand-alone pre-schools) receive lower pay than their OECD counterparts, as well as those working in this country in comparable services for children. Staff morale was reported to be generally low, due in part to low pay

levels, and partly to high staff turnover leading to difficulties in recruiting suitably qualified people.

One LGA Children's Services manager cited a Victorian Employers Chamber of Commerce and Industry (VECCI) report which reported that child care workers have the highest attrition rate of any industry group in Victoria. This finding is also reported in a recent national report (Commonwealth of Australia, 2000).

Lack of training opportunities was also mentioned, as well as the difficulty of taking time off for professional development. Several people spoke of the high attrition rates of older, more experienced workers so that the less experienced were left with insufficient supervision and support. Some attributed the high attrition rates to the perceived increase in the number of children with challenging behaviours.

Staff tended to feel that neither the difficulty nor the importance of their work was sufficiently appreciated. Child care staff and Children's Services Coordinators in local government spoke about child care workers not feeling valued by the community, with comments such as "*people think child care is just babysitting*". Some workers said that parents did not seem interested in their children's development, and others commented that parents were not aware of the importance of learning in the early years and the importance of learning through play.

Keeping staff informed of related community services is a problem. Centre-based staff reported that it was difficult for them to get to network meetings and to keep abreast of community services in their areas. There were specific examples given where child care centres were unaware of key service issues, for example, that the Maternal and Child Health Service works not just with 0 to 3 year olds but with children up to and including the age of 6 years.

Parent-carer communications were difficult for some staff. Comments from a number of child care centre staff suggest that training courses do not adequately prepare child care staff for working in a collaborative way with parents.

Family Day Care (FDC) Carers

In FDC, child care is provided in the homes of carers who are employed through local municipalities and supported by FDC coordination units and field workers. However, many carers are increasingly working with families whose problems need much more support than they provide. The Moreland Family Enrichment Project, for example, has recently identified that approximately 60% of families accessing the Moreland Family Day Care Scheme have "high support needs". One staff member reported that, as a result, many carers in Moreland feel overwhelmed by the additional needs presenting in the children and families they work with, and under-resourced to respond adequately to these needs. These issues for FDC carers are compounded by the relative isolation in which they work.

Access Issues for Disadvantaged Families

Limited access to quality child care was a recurring theme throughout the consultations and across municipalities. There is significant evidence across the sector that low-income families cannot afford long day care. The cost of formal child care is prohibitive for families dependent on Centrelink incomes. This is evidenced by the findings of the Children's Service Utilisation Study of NMR (Metropolis Research, 1999) that only 1% of families accessing long day care came from unemployed households.

As a result, disadvantaged families are increasingly seeking care from FDC programs which are less costly. However, some FDC programs are finding it difficult to meet the increased demand from these families. One Moreland FDC coordinator commented that 20 families were being turned away per month, due to lack of places. Children in these families may be confined to the home for long hours, with little social interaction for the child, or respite for the carer. Another FDC staff member commented that there are not enough FDC carers with CALD backgrounds, and yet CALD families mostly seek workers with whom they can communicate and feel comfortable. Some CALD families want their children to be cared for in environments where carer and child share a common language, while others want their children cared for by English-speaking carers.

A spokesperson at the Victorian Cooperative on Children's Services for Ethnic Groups (VICSEG) was concerned that many CALD families are forced to accept poor quality child care. CALD families often feel less confident to complain about poor or culturally insensitive practices, or do not know who to complain to. Further, in some areas (for example Moreland) the child care system is frequently full to capacity, leaving parents little choice of service.

Family day care coordinators also expressed concern about the impact of the lack of respite services for families facing particular stresses. FDC sometimes filled this role, but believed this put workers and other staff at risk, and was not an appropriate way to meet this need.

Links with Other Services

There are the two main support services for children with additional needs in Commonwealth-funded child care programs: the Supplementary Services (SUPS) Program – for children with special needs, and the Special Needs Subsidy Scheme (SNSS) – for children with ongoing high support needs.

The **Supplementary Services (SUPS) Program** helps approved child care services to build skills and resources as to ensure the successful inclusion of children with special needs. Approved child care services include private and community-based long day care centres, family day care schemes, outside school hours care services, vacation care, occasional care centres (formula-funded), and multifunctional centres. Children with special needs may include, children from diverse cultural and linguistic backgrounds, children with a disability, Aboriginal and Torres Strait Islander children, and Australian South Sea Islander children.

Services provided by the SUPS Program include:

- training for child care services and carers about the care of children with special needs;
- assistance with planning programs and strategies for caring for these children;
- tapes, videos, books, information sheets and advice on particular cultures or the development needs of children needing special help;
- specialised resources, such as toys, videos and equipment;
- short-term relief staff for a child care service to enable its staff to work more closely with children with special needs; or
- information to help parents make informed choices about child care.

The **Special Needs Subsidy Scheme (SNSS)** helps approved child care services care for individual children with ongoing high support needs, particularly children with disabilities. SNSS is only available to children with ongoing high support needs, including children with diagnosed disabilities, children undergoing continuing assessment for disabilities or developmental delay, or refugee children who have been subjected to torture or trauma.

Services provided by this Scheme include

- professional advice and assistance through the SUPS program;
- additional staff to enable the inclusion of the child;
- access to training for child care workers;
- tapes, videos, books, information sheets and advice on developmental needs or particular cultures throught he SUPS program; and
- essential specialised equipment and resources.

The main support service for children with additional needs in Commonwealth-funded child care programs is from **Children's Services Resource and Development Officers (CSRDOs)** who are employed through various local government and specialist agencies. To qualify for support from a CSRDO, children with additional needs must have a diagnosed disability, or be from NESB or Aboriginal, Torres Strait /South Sea Islander descent.

According to a senior Children's Services staff member in local government, the CSRDO role is unclear to others in the sector, and there are considerable gaps in the support it offers to families. For example, CSRDOs are meant to work across all service types, including providing support for FDC staff and carers, but this does not always happen. The Wallace Report some years ago led to changes, making it the CSRDO role to resource, refer to and train staff across all Commonwealth-funded child care services (ie. Family Day Care, Vacation Care, Out of School Hours Care and Long Day Care). This is not what they were traditionally funded to do, which was to work directly with children who had additional needs and who were attending long day care services. Now, because they can only work with families with a child in a Commonwealth-funded children's service, the gap widens further. The majority of families are *not* using formal child care services, and so have no access to CSRDO support.

CSRDOs themselves are not always sure about their role, or lack the training or the brief to meet requests for certain kinds of help. Child care centre staff frequently asked CSRDOs for help with children with emotional or behavioural support needs, and find some of them confused about the limits to their role, eg. whether they can provide advice on where to refer. Some child care service staff have been trying to get support from CSRDOs for children's challenging behaviours, but CSRDOs have a variable skills base for dealing with these, and it falls outside the parameters of their funded role.

The Commonwealth and CSRDO sponsors' groups have been working recently on defining skills levels required for CSRDOs, instituting a skills audit to analyse training needs, and clarifying the CSRDO role, so that gaps can be more precisely identified.

CSRDOs report that, even when children were identified as needing extra support within centres, there were often not enough support services to refer families to. A

senior program manager and an individual CSRDO both noted that they did not get as many referrals from Family Day Care workers as they would expect, given that FDC services are one of the specified targets for their service. However, a much higher numbers of CSRDOs would be needed if these referrals did eventuate.

Staff in CALD-specific services and early childhood intervention noted that staff in child care settings were less likely to raise the subject of a child's emerging developmental delay with CALD parents. It seems that staff observe, and possibly have concerns about, delayed development of these children, but are reticent in discussing these concerns with the parents. This issue is further explored in the Discussion section of this report.

5.3.2. Initiatives in Child Care

Family Links

Family Links is a parent education and family strengthening program that works with child care centre staff and parents in 10 child care centres across Hume and Moreland. It is an early detection and intervention program, and its aim is to identify and access vulnerable families and children using child care services, where the child's development or behaviour is of concern. It is run by Broadmeadows Uniting Care, and received funding under the FACS Stronger Families and Communities Strategy. *(For further details, see Appendix 12.)*

Play Development Group for FDC Providers (Hume)

A Play Development worker, employed by the Brotherhood of St. Laurence in Craigieburn (Hume), conducts innovative forms of playgroups for Family Day Care staff and their child clients. The aim is to provide support for these carers, who often provide services to children with special needs, but who may be receiving little or no assistance from CSRDOs. The BSL worker runs four 2-hour groups per week for carers and their children, and she is available to offer additional help to carers who have concerns about particular children. The playgroups help to provide networking and social support to the carers, give them some time out, and provide them with new ideas about activities. The children also gain from these groups by learning to cope in larger groups, and to have fun and learn in a new environment. This BSL Play Development worker stresses the educational and developmental value of play to carers. She also runs monthly information nights for carers with guest speakers covering a range of topics, such as First Aid.

The Family Enrichment Project (Moreland)

This project in Moreland, being conducted in conjunction with the Centre for Community Child Health, aims to strengthen links between families using Family Day Care (FDC) with carers and other supports for families with high needs. In Moreland, the families using FDC are very diverse with:

- high numbers of families fully reliant on welfare or very low incomes;
- increasing numbers of single parent families; and
- 33% born in one of the 150 NESB countries represented in Moreland.

The FDC Program is currently receiving considerably more new requests for places than they are able to meet. Some areas of Moreland have no FDC providers. There are disproportionately high numbers of FDC children from low socioeconomic status

families; and some cultural groups do not use FDC at all. A high proportion of families using the Moreland FDC scheme fall into identified high needs categories. The project aims to develop a model of FDC which can effectively support families with high needs through enhanced interactions between carers, families, the coordination unit, and referral agencies.

Working Together Program

One interesting program not currently running in NMR is the Working Together Program run by Uniting Care Connections. This Commonwealth-funded Program operates in both DHS Eastern and Southern Metropolitan Regions. The Program aims to help staff in child care centres to manage children with challenging behaviours. Staff work closely with long day care staff, PSFOs and CSRDOs, all of whom refer families to the program. The program workers consult with staff, and provide simple strategies after close child observation. They will work with children in small groups at centres, and also in the home, if parents are interested. They do developmental assessments, set goals with parents, and work on strategies for them to implement with their children. Some senior children's services workers commented that they would like to see a similar program available for families in NMR.

5.3.3. The Informal Child CareSector

Informal child care is most frequently provided by relatives of the child - often grandparents - or by aquaintances. A children's services worker commented that children who did not attend any kind of formal child care were missing out on access to the valuable role played by CSRDOs. She commented that some kind of "roving or floating CSRDO" could support children and their families through playgroups, or other gatherings of families with high support needs.

While some children in the informal child care sector will be well linked with services, many of them are not. The Early Years Project set out to look at existing services, and the majority of consultations were conducted with service staff. The project involved only a small number of consumer consultations. The needs of children (and parents) in the informal child care sector have therefore not received the attention they deserve, and conclusions about this group and their needs cannot validly be drawn.

5.4. Preschools

Preschools (or "kindergartens") in Victoria began in the 1890s, and have historically developed independently from other children's services and schools. Their aim was to provide developmentally based educational services, and they became a crucial part of almost every child's education. From 1980 to 1993, the State Government provided total salary subsidy for one year of kindergarten for every four-year old, so parents paid minimal fees. Until the late 1980s, the State had also provided funding for three-year old kindergarten groups. In 1994 state funding was reduced by the State Government who also devolved responsibilities for management to volunteer parent committees. Current State funding is based on per capita funding, and has resulted in services being cut back unless the shortfall can be made up by substantial increases to parent fees. Consequently, parents' fees for four year-old preschool have increased from an average of $30 to $50 per term in 1993 to $120 to $180 in 2000 (Kindergarden Parents Victoria, 2000:19). Three year old kindergarten is still offered by about three-quarters of stand-alone preschools, but now cost parents from about $115 to $130 per term for three hours per week (ibid: 20).

The 2001 review of preschools being undertaken for DHS by Justice Peter Kirby and Sue Harper has raised very significant concerns:

> *Victoria's preschool centres and related services, once among world's best practice in early childhood development, are now in disarray…Children from poor socio-economic backgrounds and those who have special needs are least likely to have access to preschool education, and the support services provided by Government are patchy in their coverage, mostly inadequate and sometimes give rise to inconsistent application across regions.* (Kirby & Harper, 2001: 62)

5.4.1. Needs / Gaps in Services

Access Issues for Disadvantaged Families

A number of different service providers stated that many children are currently missing out on a preschool experience because of increased fees or lack of knowledge about its availability and/or importance to child development and preparation for school.

A number of cultures strongly endorse the idea of a sound education for their young, but not at the preschool level. CALD families, especially those who are relatively new to this country and/or non-English speakers, may not know it exists, particularly if they are not using other services. Some find out about it only when their first child reaches school. Until recently, there has been very little published and accessible information about preschools, especially for families who do not speak English. Kindergarten Parents' Victoria (KPV) have developed a "Welcome to Pre-School" booklet promoting preschools, but only in English. They have so far been unsuccessful in procuring private funding to have the pamphlet translated into other common languages. One of the targeted municipalities did not seem to have any information on preschools in other languages on public display in their main council premises. A few preschools were said to have taken some initiative to support and encourage members of CALD families with children of preschool age to act as part-time interpreters (professional or bilingual volunteer) or to encourage inter-parent communication at preschool and translate material to give to parents.

In addition, several preschool teachers reported that some preschools are becoming more difficult to access because they have very good reputations or particular programs that prospective parents value. Some areas have developed centralised waiting lists and enrolment procedures to expedite access to preschools.

More early childhood centres are separating child care from preschool programs, so it is harder for children in longer hours of care to access preschool. It is likely that the increasing demand for family day care (FDC) as a cheaper alternative to centre-based child care, makes it more difficult to attend a preschool. Many FDC providers find it difficult or impossible to deliver and collect a child for the relatively short preschool sessions, given their other caring responsibilities. Those consulted considered that this difficulty is likely to apply to the increasing number of children who are being cared for by elderly grandparents, or in other informal arrangements, especially for CALD or newly arrived families.

Links between preschools and other child and family services were not as good as they might be, partly due to the relative isolation, professionally, of preschool

teachers. There is a need for better integration of preschools. Their main support comes from Pre-School Field Officers (PSFOs) and links with MCH nurses need to be increased, eg. around 3.5 year olds' check-ups. There need to be closer links between preschool teachers, early intervention staff and PSFOs for support. There is a current trend to co-locating preschools and MCH centres, particularly in newer suburbs in Hume, which may increase links, although as yet there does not seem to have been any evaluation of this initiative.

Some children with additional needs are under-utilising preschools because of difficulties in obtaining funding through the Pre-School Support Program or the Individual Support Program to support their inclusion. (More detail about these programs are given later.) Several workers reported that some preschools have made a rule that children with additional needs can only attend six hours out of ten, when these children need more time, not less. One preschool teacher suggested that this non-inclusive attitude makes it difficult for other preschools which are more inclusive, as the latter end up with a disproportionate number of children with high needs, thus increasing staff stress levels.

Changes to Preschool Funding Support

In the last ten years there have been significant changes to the funding base of preschools. The move from payment of teacher salaries to a per capita funding model, applying only to four year olds has resulted in preschool centres increasing fees to cover gaps in expenses. Families on Health Care cards receive a subsidy for 4 year old preschool of $150 per annum. Charges to parents for 4 year old preschool vary according to the preschool's location, the number of hours per week and how the preschool operates. Families might find themselves being asked to pay anything from $110 to about $165 per term (Kindergarten Parents Victoria Membership Survey, 2000). At the lower rate, a metropolitan family with a Health Care card would pay at least $250 per year for preschool. All of these issues have been identified in the recently released Kirby Review of Preschool Service (Kirby and Harper, 2001).

Three Year Old Programs

Many child care centres are now offering "activity groups" for 3 year olds, and employing an early childhood worker (mostly child care trained). An increasing number of preschools are offering a 3 year old preschool program, and charging fees that are probably beyond the means of disadvantaged families. These groups vary from 3 to 5 hours per week (metropolitan) to 2 to 4 hours in rural areas, and according to KPV, the average fees might range between $100 and $150 per term for 3 to 4.5 hours per week. These are clearly not affordable rates for poorer families. Another problem with both these types of group is that they are not covered by current quality standards.

Preschool Staffing Concerns

Staff shortages in the early childhood sector, and the lack of salary parity with counterparts in other areas of education, are increasingly significant factors in staffing. One combined child care/preschool director described how she could only appoint an acting preschool teacher to fill a vacancy, as it is now almost impossible to find a preschool teacher in the first place, let alone one to work in a child care centre. She added that she could not afford to employ a preschool teacher full-time, making it far less likely that she will retain any staff appointed to work in an early childhood centre. The lure of small class sizes in the preparatory, Grade One and Two levels of school, combined with higher salaries, is proving very tempting to these

professionals. According to KPV, a full-time first year Early Childhood teaching graduate receives $556 per week (before tax), nearly $200 per week less than a first year primary or secondary teacher. The Australian Education Union (AEU) estimates that up to 10% of Victoria's 1500 (approximately) preschool teachers were lost to the sector in the last year, with many getting higher paid jobs in schools.

This exit of preschool teachers is alarming, especially as it is occurring just as broad public policy is starting to recognise the evidence for the critical importance of the early years. Services which the majority of children can attend are essential for nurturing children's development, as well as early detection of, and intervention in, developmental delays.

Children with Behavioural Issues

Interviewees attributed some of the increasing attrition rates, for both preschool teachers and child care workers, to higher levels of challenging behaviours among young children in early childhood settings. A state review of Pre-School Field Officers (PSFOs), which was looking at caseloads, funding and equity issues, found that the current constellation of services in an area often seemed to dictate the role of a PSFO. The main issues mentioned were confirming who their target group is, and what constitutes "additional needs" in that group. The results of consultations and survey data showed that 30% of PSFO caseloads are spent on behaviour problems alone (ie. with no other identified need). This confirms discussions with service providers in the Early Years Project about the high incidence of challenging behaviours. In addition, 43% of cases targeted children *not* involved in any other agencies. In other words, a very high percentage of children with delays or problems are not picked up until the preschool years.

Non-Resident Users of Preschools

One problem which affects preschool availability is the increasing numbers of non-resident families using child care services close to their employment in the inner-city. Yarra, in particular, is finding this an increasing problem, as is Moreland, to a lesser extent. These non-resident outsiders are taking limited places from resident families, and making it hard for councils to determine their own residents' needs, and to use local service data for municipal planning purposes.

5.4.2. Preschool Initiatives

A number of initiatives involving preschools were described by teachers and other service providers. These mostly concerned links with agencies; strategies to increase the enrolments of particular groups under-represented in preschools; ways of involving parents in the preschool experience and developing their knowledge of child development and services; fostering relationships between parents who may be isolated; and strategies for increasing the detection of undiagnosed developmental delays.

DHS Preschool Access Project

As mentioned earlier (p. 41), DHS Northern Metropolitan Region initiated a project in 2000 which aimed at increasing rates of attendance in preschools, by identifying and targeting pockets with low participation rates. Strategies employed included:

- Targeting particular cultural groups, including Turkish families in Hume, who were taken in a group to visit a preschool.

- Targeting identified low-attending geographical areas.
- A small pilot project involving doctors in Hume handing out pamphlets on the value of preschool and enrolment forms.
- Targeting MCH nurses to recommend preschool enrolment.
- Conducting four in-service training programs for preschool teachers on "Working with Vulnerable Families". Topics discussed included characteristics of vulnerable families, how they impact on preschools, challenging attitudes to these groups, and strategies to assist families to engage with staff and other parents, e.g., communal cooking, creating comfortable space within the preschool for parents to mingle, and broadening communication with translated material on notice boards.

Unfortunately, this project was only funded for one year. Ongoing strategies are needed to promote the value of a preschool experience to families experiencing disadvantage, whose children often benefit most from it.

DHS Review of PreSchool Field Officers

In 2000, DHS funded a statewide review of their PreSchool Field Officers (PSFOs) program, to look at funding, caseloads and equities in the program. The review's aims included recommendations for the PSFO program on:

- Enhancing inclusion in State-funded preschools.
- Linkages.
- Comparative analysis across regions.

This review has involved data collection from surveys of sponsoring bodies and local government staff; from focus groups with preschool teachers, parents and peak agencies; and SWOT analyses. To date, the particular constellation of local area services has tended to influence the role of PSFOs. Each area was given the opportunity to design flexible approaches to increasing inclusion, so there are currently a number of interesting service options with a variety of sponsoring agencies. Issues to be addressed include a review of roles and boundaries, caseloads, funding formulae, critical success factors, and of what constitutes "additional needs" and "disabilities". Any service gaps or overlaps between Commonwealth and Victorian governments will also be reviewed. The final report was due at the end of June 2001.

Kindergarten Parents Victoria (KPV)

KPV has undertaken a number of strategies to increase access to preschool for children in disadvantaged families, including:

- production of "Welcome to Preschool" pamphlets produced with private funding - only in English as yet, but funding is being sought for its translation into other languages.
- employment by Early Childhood Management Services (ECMS) of a Vietnamese employee to work in the St.Albans area, as a resource person for 4 to 5 preschools and their parents, and a bilingual worker in Brimbank.
- translation of a central enrolment form and explanation in several common languages.

- grouping of preschools into clusters, for administration purposes.
- establishment of the KPV Early Childhood Trust Fund which in 2000 provided funding to 19 families for placement of children who would otherwise have had to leave preschool.
- development of a pamphlet to encourage 3.5 year old check-ups with a MCH nurse.

DFACS Indigenous Education Strategic Initiatives Program (IESIP)

This IESIP initiative provides funding for 4 year olds in preschools, based on a per capita rate which may vary according to the number of Koori children enrolled at that centre.

Each preschool enrolling Koori children has its own service agreement with DFACS. YAPPRE, a Koori-specific preschool, receives $1,000 per capita through this initiative, with staff allowed to use it as they wish, eg. on special extra programs. There are a number of mainstream preschools taking Koori 4 year olds. An incentive of $1,000 per capita is offered to mainstream preschools with a very few 4 year old Koori children, to form *clusters* for over five Koori children to come under a managing auspice body. The Federal adviser of the program in Victoria at DHS explained that the clusters currently come under the auspices of a range of agencies, including municipal councils (eg. in Banyule) and a Koori Cooperative in Gippsland. However DFACS would prefer these clusters to be managed by Koori-specific agencies where possible, or non-government agencies.

Municipal Association of Victoria (MAV) strategy

The MAV is working with DHS on a recruitment drive to increase the numbers of children attending preschool. The MAV is also trying to increase the involvement of MCH nurses with preschools, through strategies like holding immunisation sessions at preschools.

Early Literacy and Numeracy Partnerships Pilot Program

Although not operating in the areas studied in this Project, the Early Literacy and Numeracy Partnerships Program represents an interesting form of preschool intervention. This Program is being piloted in 2001 by Early Childhood Management Services (ECMS) with funding from the Commonwealth Department of Education, Training and Youth Affairs. The aim is to improve literacy and numeracy outcomes for educationally disadvantaged children in the preschool year. The pilot involves all ECMS preschools and child care services in the Western Metropolitan suburbs of Melbourne. It is being conducted by ECMS and Dr. Christine Ure of the University of Melbourne. The key objectives are:

- To develop a program of intervention in the preschool sector through improved professional support for preschool teachers and other professionals.
- To enable early childhood professionals and other community members and parents to work in partnership to complement and enhance young children's experiences of literacy and numeracy.
- To promote continuity for young children's learning experiences prior-to-school, including at preschool programs, in the home and in other community services.

- To develop strategies and resources that support young children's early literacy development, so that they are better prepared to make sense of the literacy and numeracy curriculum at school.

Exploring Together Parenting Program

Exploring Together Programs devised by LaTrobe University under Dr. Lyn Littlefield have been running for some years. The Programs involve a concurrent group for parents and young children as well as an interactive group involving parents and children working in the room together around parenting issues. The Pre-school ETP uses a cognitive-behavioural approach to parenting, and it involves parents (including two parent evenings for the non-attending parent) and early child hood educators who work with the child. Pre-school teachers/child care workers are invited to attend two meetings to seek information about the child, provide information about the program and aim for consistency in the way the child is managed. Training for people interested in running the program involves two days of training professionals through the Victorian Parenting Centre. The original "train-the-trainer" program has been run all over Australia during the last four or five years, and had several positive professional evaluations. A comprehensive evaluation is currently being undertaken of the Preschool Exploring Together Program. *(For further details, including description of Vietnamese version of the Program, see Appendix 15).*

Pre-School Support Program (PSSP) and Individual Pre-School Support Program (ISSP)

These two programs provide supplementary funding to support the inclusion of children with severe disabilities in preschool settings. The programs are funded by the Commonwealth Department of Education, Employment, and Youth Affairs but administered by the Victorian Department of Human Services (DHS). In four of the DHS regions (including Hume), the funds are administered through a Pre-School Support Program model in which an auspice agency manages the funds and employs the staff who support the individual children. In the other five regions (including NMR), an Individual Pre-School Program Model operates, in which individual preschools apply for funds and employ support staff directly.

As noted already, both the limited amount of money available and the narrow eligibility criteria result in many children with disabilities being unable to access these funds and therefore being unable to attend a regular preschool.

Other programs for increased access to preschools:

- South Melbourne Mission runs a preschool aimed at high-needs families in local high-rise public housing; and the Salvation Army and the KPV Trust currently sponsor a number of children who have higher needs.

- Yarra's Children's Support and Resource Unit began a 3 year old group in an early childhood centre for 10 weeks, with the aim of increasing parents' knowledge of preschool and encouraging families to enrol their children for the following year.

- A tri-lingual outreach worker in Hume, funded under the MCH Home Visiting program, encourages CALD families to send their children to preschool by getting the enrolment forms for them and even going to preschool interviews with them, as required.

- Centralised enrolment has been implemented in a number of areas and has helped make the enrolment procedure much easier for parents.

- Some CALD and other parents have needed assistance from various professionals, such as preschool teachers and PreSchool Field Officers, to fill in the fairly difficult enrolment forms. A number of children's services staff mentioned these unwieldy forms as being a barrier to some groups accessing preschool.

- A small number of preschools are supporting non-English speaking families by recruiting assistants who speak another key language as well as English. Some have been trained in early childhood education, but most have not. They have helped parent-teacher communication enormously and, according to several teachers, their presence has increased enrolments from their particular communities.

- At a preschool in St Albans, parents have initiated playgroups to which grandparents also come, and they have also employed a preschool assistant to help with these groups.

- Booroondara preschool was funded privately to set up 3-year-old preschool groups for their high numbers of CALD children. It also offers an early intervention program on-site.

5.5. Homelessness and Housing-Related Services

5.5.1. Needs / Gaps in Services

The lack of crisis accommodation, transitional housing, and affordable public housing appropriate for families is recognised as a major problem in Australia. This is particularly true of the three LGAs studied in this Project.

The main services providing support and/or accommodation to families experiencing homelessness are:

- services funded through the Supported Accommodation and Assistance Scheme (SAAP), eg. DHS Accommodation and Support teams, and workers in domestic violence refuges and outreach services;
- tendered outreach support services for people experiencing homelessness, eg. Outreach Victoria, which covers most public housing in NMR; and .
- the relatively new DHS Community Connections Program (CCP).

Children represent a significant proportion of the people who receive these services, as women escaping domestic violence with accompanying children are the main recipients of services for families.

Public housing

With its very high levels of unemployment, Hume's greater than usual proportion of public housing is still seriously inadequate. Two of the public housing estates, the Mews areas in Broadmeadows and Banksia Gardens, have a high proportion of single parent families, as well as some Turkish and other CALD families. There is

evidence of vandalism, drug-taking, and untreated mental illness on these estates. An Outreach Victoria worker suggested that what residents of the Mews needed was a community centre to make the close living associated with narrow, two-storeyed attached housing less stressful.

> *"Life spills out for these families; they have no privacy"*
> - Hume Outreach Worker -

In Yarra, there are several large high-rise estates housing many disadvantaged families.

Moreland's public housing ("walk-up", not high-rise), according to outreach and homelessness workers, is of a higher standard than Hume's, and their families are less disadvantaged.

Private Caravan Parks

For about 3 years, Outreach Victoria workers have been monitoring families living in privately ran caravan parks north of Craigieburn. After May 2000, when the Tenants' Union became concerned about the treatment of these people, service providers began an investigation. They found that the parks are generally considered unsafe for families, although approximatley 150 young families are living there, many for more than a year. There are many young migrant families without supporting fathers are among them, and one worker estimated that as many as a quarter of all families have had contact with Child Protection. There was some concern expressed by the Tenants' Union that park managers would evict families "if there was any fuss made" about conditions in the park.

For further information about the new Northern Metropolitan DHS "Community Connections Program", see under "Initiatives" later in this section of the Report..

Crisis Accommodation

Unlike families living in caravan parks, who can at least be located and recognised by workers as needing assistance, many families experiencing homelessness are effectively invisible in the community. Most of these are single women with children. They bunk down where they can, often in already crowded public housing or flats, or sleep in a car and move on when they must. They are among the most disadvantaged groups in our community, but are hard to identify and engage.

- They do not like asking for help from service providers, especially family or children's workers, in case they are reported to Child Protection and have their children removed. Many have experience this already.
- Some among the recent migrants (eg. Somali and Eritrean mothers) have been ostracised by their community precisely because they are now single parents, and are now lost to those communities.
- Many (notably CALD families) delay seeking help until in crisis.

Families in crisis in Hume look to caravans, friends, or Jacana - a Salvation Army accommodation service for families and single mothers. There is hardly any available accommodation for large families. The proportion of transient teenage mothers in Hume is significant enough for the MCH program to have employed a worker dedicated to the needs of adolescent parents.

In Yarra, recent gentrification has removed emergency housing for families and driven away families in crisis. The Transitional Housing Managers (THMs) place families in need of emergency housing on a priority waiting-list, but the paper work takes 3 - 4 weeks to organise. To reach the top category of the waiting list for public housing ("Recurring Homelessness") requires a "private rental test" which takes up to 3 weeks. In the meantime, families may have to leave the area; some get shelter in a caravan park or cheap motel through the Transitional Housing Managers' (THM) Housing Establishment Fund. However, this is not really appropriate for women with children. Family Service workers emphasised that the greatest and most urgent need for these families was transitional housing, and that they needed help *before* they are actually homeless.

> *"Families" in my job title should be read "Single women with children". In all my years as a Homeless Family Outreach worker, I've only ever seen two fathers."*
>
> - Family Outreach worker in Yarra municipality -

Need for Better Links between Services

One problem identified was that specialist service providers, variously funded and working on different problems being faced by the same disadvantaged family, are not making adequate connections with each other and with mainstream providers of social services. Most notably, workers with the homeless tend to be left out of children's or family services networks, and are often do not know about targeted initiatives. Very young children need ready access to MCH nurses, but may also benefit from a range of early childhood interventions and counselling services. Housing workers are in a position to link homeless or highly transient families they encounter with mainstream services.

> *"They think they can't seek help because they have no home address – and anyway, they blame themselves if a child is not okay."*
>
> - Outreach worker, Hume -

The Accommodation and Support workers interviewed were unaware of the MCH Outreach program in Hume. These same support workers suggested that MCH outreach workers could include or target these families and children. One said that, of her current workload of about 15 children, only 6% are from CALD communities. This probably indicates that CALD families experiencing homelessness are not willing or able to access support services, although it may also mean, for some, that they are being taken in by members of their own communities.

> *"In this sector we are starting to see not only a second generation, but a third generation of homeless in need of support".*
>
> - A Children's Support worker -

Needs of Women and Children Escaping Domestic Violence

Homelessness, for many families, is the end result of the woman fleeing domestic violence. A number of those consulted saw a the need for special parenting groups to

address domestic violence and serious conflict in their communities. Women and children who have experienced domestic violence have been eligible for ten free counselling sessions each, through the Attorney-General's Department's Victims and Referral Assistance Program (VRAP). However, relatively few women take advantage of this entitlement. Many mothers are not aware that their children may also have been adversely affected – either by violence inflicted on them, or by its impact on the mothers' parenting, mental health and coping skills. The current well-being of children in these circumstances, and their chances of a reasonable future, are in danger of being seriously compromised without prompt and effective intervention.

Other Support Needs

A new DHS service, the **Community Connections Program (CCP)**, addresses the support needs of people living in low-cost accommodation. (This program is described in more detail in the next section on Initiatives). A report on the operation of this program for the first three months notes that of three client types - single people, single parents, and families - "the plight of single parents was of clear exigency" and that the "extent of poverty found within this client group was of alarm*"*

5.5.2. Initiatives Related to Housing and Homelessness

Current Victorian Homelessness Strategy

The Victorian Homelessness Strategy began in 2000, and is aiming to develop a "whole-of-government" approach to the issue of homelessness in Victoria. There is also a current Federal Strategy on Homelessness, launched in May 2000. The Victorian strategy has produced a summary report on consultations and submissions, which is discussed in more detail in Section 6.2.4 of the Discussion.

DHS Submission for the Provision of Expansion of Crisis and Transitional SAAP in Northern Metropolitan Region

A housing support service manager provided information about a substantial expansion of crisis accommodation and support being undertaken across all regions in Victoria. It is anticipated that the expansion over three years of 180 crisis accommodation and crisis support services will significantly improve the capacity of the homeless service system to provide immediate access to accommodation and linked support. Funding for these initiatives is primarily focused on families and single adults, for whom there are relatively few options outside the city. However priorities will be determined at a regional level. Northern Metropolitan Region has an allocation for 2000/2001 and 2001/2002 of $386,710. Submissions were sought in the outer metropolitan areas of Moreland/Hume. *(For further information, see Appendix 22 in the Appendices Section).*

Regional Children's Resource Project from SAAP

At the beginning of 2001, SAAP funded a Regional Children's Resource Project worker for each DHS region. Regional Reference Groups undertook needs analyses to identify model characteristics that would best suit their region, from the following options:

- Provision of secondary, region-based consultation to SAAP workers, relating to the needs and issues of accompanying children accessing SAAP services.

- The resourcing of SAAP-funded workers with a range of relevant printed material so they are better skilled to work with and support accompanying children and their families.
- The identification of regional training needs and facilitation of training to the region, as needed.
- Provision of support to SAAP-funded workers.
- Advocacy on behalf of accompanying children.
- Development and maintenance of links with non-SAAP-funded community agencies working with and supporting the same clients.
- Linking and working with SAAP-funded Children's Support Workers in Family Violence refuges (who have all received funding for some years).

Community Connections Program (CCP)

This DHS program started in July 2000 as a result of the 1998 Report of the *Ministerial Taskforce on Support Services for Tenants in Low Cost Accommodation*. CCP aims to improve the health and well-being of people living in low-cost rental accommodation, who cannot access support services or are not aware of them. The program hopes to accomplish this proactively, by identifying, assessing and linking people to appropriate mainstream and/or specialist services. These services include health and support services, and more suitable housing where required.

"Low cost" is defined differently by each region, so regional workers focus on varying types of low-cost public housing, private hotels and rooming houses. NMR received funding for four workers, two of whom are based at the Ozaman Community, and service Moreland and Hume municipalities. The CCP workers spent their first three months in Hume in the older public housing estates, and also in the caravan parks north of Craigieburn, where they found about 150 families living. Their support and referral figures for the first quarter show single parents to be the neediest group, with families with children the next neediest. Specifically, they report that

- Single parents were most likely to have issues with health, isolation, drugs, rental problems, financial hardship, domestic violence and parenting problems.
- Families were most likely to have issues with health, rental arrears, eviction threat and parenting problems.
- Single parents experienced a far greater proportion of the actual collaboration/linkage work undertaken.

Caravan Park Reference Group

Outreach Victoria and other service providers formed a Caravan Park Reference Group which began meeting in May 2000 over concerns about the treatment of families in caravan parks in northern Hume. The Group has representatives from a number of local services including Broadmeadows Uniting Care; Tenancy Union Victoria; Jacana Family Housing; Hume Accommodation and Support; Public Housing Information, Advice and Referral Service; Community Connections Program (new); and the Ford Motor Company.

Ford, a major employer in Hume municipality, is involved in several other community projects, including Local Links, and provides a company bus to ferry the more isolated families to various programs, including child playgroups.

Merri Housing Service Children's Program

Merri Housing Service started a Children's Program in 1997. Children enter via their mothers and the Women's Program. The aims of the program are:

- To meet the specific support needs of children in families within the Merri Housing Service by providing a children's support worker who understands their recent experience of homelessness and/or family violence;
- To assist children in understanding and coping with their recent experience of homelessness and/or family violence;
- To implement individual case plans in collaboration with parents and children;
- To develop programs and networks that support the targeted needs of children in areas of education, health, developmental play, social isolation, links to specialist services and parent education.

This Outreach worker also provides play-development work for mother-child pairs with her portable range of materials and information. She usually provides six sessions of subtle modelling of play for each pair. She presents brief information to mothers, and appeals to their desire to help their children, with comments like, "This will help your child later…provide a head start for school". (*For further details, see Appendix 13).*

Multi-Disciplinary Outreach Teams

The outreach model, Health Time, has been used successfully in several disadvantaged areas of Melbourne. A version adapted to meet the particular needs of families and children, could be of benefit to neighbourhood houses, caravan parks, large public housing estates or even local preschools. Multi-disciplinary teams (perhaps comprised of MCH nurse, speech pathologist, PSFO and ECI staff) might visit such sites on a regular basis. Bilingual workers could support and translate for CALD families.

Visiting key professionals could come to these disadvantaged areas and explain their services to families. Others might be involved in special health promotion days for parents and children. Preschool teachers and/or play development workers might work with small groups on site, with parents watching and learning. *(For further information about Health Time, see Appendix 14).*

5.6. Family and Parenting Support

This section looks at the provision of family support and parenting support services to families. The needs of different groups of families are examined, including those from diverse cultural and linguistic backgrounds, those with past or present protective service involvement, and other families with high support needs (such as very young parents). Initiatives for increasing access are also described.

Loss of low-key, preventative assistance. In all three municipalities, many workers expressed grave concerns about the withdrawal of funding from community-based, low-key preventative approaches to supporting families.

> *"Vulnerable families are missing out on low key family support services which used to be offered in a supportive, voluntary way. Now, there are very few places to refer these families to. Families have to wait until the situation is so bad that things have really started to unravel. Then they are offered a three-month intensive service. Sometimes they are only just beginning to engage with this service when the contract is up. This can be very damaging."*
>
> - A coordinator in a major NGO -

Similar comments were made by a number of workers in these short-term, intensive programs. One identified a situation where a family with very young children needing support was referred to Protective Services when they had no support available. She felt this was unacceptable, demonstrating the need for more preventative, community-based services. Workers in a number of agencies volunteered that they had applied for funding for more preventative programs, without success. A number of workers emphasised the need for practical services for vulnerable mothers with young children.

Need for sensitivity and flexibility. While innovative approaches are being made to engage families in responsive ways, workers cited particular difficulties in working with families who had previously been involved with Child Protection Services. It was felt that the service system is generally less responsive than it used to be, to complex needs of many families.

> *"Services are briefer now, targeted, often staffed by inexperienced workers with little supervision. Services often withdraw when faced with families with highly complex needs."*
>
> - Community worker, 2000 -

Some service providers observed that, while there were significant gaps on a number of levels, a larger gap was "the opportunity for whole communities to engage in a community development experience." One example was the suburbs of Faulkner and Glenroy, spoken about in more than one consultation as the "forgotten areas of Moreland", and many workers pleaded for the development of family centres and neighbourhood services.

Young Parents

Adolescent parent services were cited as needing a particularly sensitive approach, and some specialist services have been established around these needs. However, it was widely felt that disadvantaged teenage mothers are generally very wary of agencies, and often simply do not ask for help. When they do make contact, they need to be given time, and the chance to choose their own pace and levels of engagement, so as to build up trust. One specialist worker in this area stated that most of these parents need opportunities to observe their child's play and development, as their understanding of early childhood may be very limited. Workers who have been able to maintain connection with these families noted that an on-going relationship with a teenage mother - sometimes just on the other end of a phone - can often make all the difference.

Social and Educational Groups. Workers cited the valuable role groups can play for families who are isolated and battling negative community attitudes, for example, teenage parents. The facilitator of such groups may need to have a long, consistent, low-key and, at the same time practical and "down to earth", approach. Families may not feel able to trust other workers with their children, yet at the same time they may

express the need for a break from the constant demands of their very young child. These families are likely to be highly mobile and so will lose contact with services which have strict geographical boundaries. Appropriate, proactive outreach services are needed, but mainstream services seem increasingly unlikely to provide them. Comments in the section on Maternal & Child Health Services on the vital role for many families of new parent groups, are relevant here. *(See Appendices 8, 9, 16 and 17 for examples of interesting groups with critical success factors emphasised).*

Parenting Services for Indigenous Families

Consultations for this Project did not specifically target indigenous families, but a number of Koori services consulted had a particular focus around young children. Both Koori and non-Koori service providers were concerned at the low level of access of Koori families to the general service system.

An over-riding theme from the Koori-specific consultations, and from mainstream service providers, was that very little has changed for Koori children and their families since the tabling of the *Bringing Them Home* report by Sir Ronald Wilson in Federal Parliament in 1997. One leading Koori spokesperson stated with conviction that "many Aboriginal children are very much at risk here, today, in this community."

Alienation and Distress around DHS services. Hospital-based Koori workers spoke of the persisting sense of loss among Aboriginal people. There is still some fear of the DHS and hospitals. In the relatively recent past, children were removed from their families while inpatients of hospitals, so for many they are still associated with profound trauma. Hospital-based liaison officers (where they exist) seem crucial for the support and successful engagement of these families with the hospital system.

Some routine services and opportunities, taken for granted by other groups in society, are still hard for Koori families to access, or are denied them. Social indicators reveal the degree to which these problems of access persist, and mention of them arose repeatedly through the consultations.

Child identification. One issue, keenly felt by Koori workers in hospitals and early childhood settings, was the lack of systematic identification of Koori children. Workers stressed the importance of asking parents if the child was Koori. Currently, in many public agencies, workers act as gatekeepers and only ask the question if they think it is relevant. A report prepared by the Aboriginal Health Service indicated that many Koori births are not correctly identified.

Sexual assault is still a serious problem within Aboriginal communities. A senior Koori leader reported that, in her experience, around 70% of Koori children have experienced sexual assault. She was emphatic that this was not the situation in pre-colonial, indigenous culture. Rather, it is associated with alcohol abuse and is one of the results of the removal of children and of lack of choice. This is is a consequence, she told us, of dispossession, frustration and distress. She felt that the situation would only improve when there were opportunities for Koori women and children to speak out in safety, and when there was a widespread, Koori based and led community education campaign.

Koori families under-serviced. A Discussion paper and Forum examining "Patterns in Demand for Protection and Care in the Northern Metropolitan Region" (NMR, 2001) was cited in a number of consultations. It reveals that, although Aboriginals

make up 0.05% of the NMR population, 15% of children in out-of-home care in NMR are Aboriginal (a finding consistent with that of the Working Together Strategy). This is 300 times the general population rate. In addition, Protective Services workers indicated that they see a much higher proportion of Koori, than non-Koori families. Their view was that Koori families generally have extremely complex needs, and have been given very little early intervention or community based support. In keeping with this finding, almost none of the agencies consulted throughout this study had worked with Koori families. Some workers reported that there were no Koori families in their region. In fact, NMR has the highest population of Koori families in the State and one-third of the metropolitan Koori families.

On the day that a Koori consumer consultation was conducted, it was revealed that a Koori woman was at the Children's Court, attempting to have her children returned to her. It was distressing to find that the woman was on her own in this process, without support or advice from either Koori or non-Koori agencies.

A Koori worker in early childhood services estimated that approximately 40% of Koori children do not attend preschool, but it is hoped that this situation will change with the growth of the Koori Open Door School (KODE) in Glenroy. A related difficulty is the homelessness experienced by many Koori families, and the difficultly workers experience locating families new to an area - especially when the Koori population is relatively new and networks are weak. There may be no Koori agencies within reach of these families.

One worker involved with young Koori mothers (many of whom are around 15 years old) identified the gaps for these young women and their children. She said that for many, the extended family has broken down and their own mothers are unable to provide support, having serious health issues of their own. In the period immediately after the baby is born, they need somewhere to go where they can feel comfortable, be supported, and have family with them. The current models of neonatal maternal care (eg. the Parenting Skills Development and Assessment service at the Queen Elizabeth Centre) can be difficult to access, and tend to have a predominantly medical orientation.

A number of workers mentioned the Yapprea centre in Thornbury, which provides child care and other supports to Koori families. Yapprea children were seen to have much better results at school than children who had not been there, and those who had attended other preschools. It was noted that the Yapprea service seemed to build confidence and pride in Aboriginality, in both child and family. This centre is very popular and unique in Northern Region. Serious concern was expressed by those consulted at the reduction of funding for this agency.

Child care was also identified as an area of significant unmet need for Koori families. *(See discussion later in this section around child care service provision).*

5.6.1. Parenting Services for Families from Culturally and Linguistically Diverse Backgrounds

Interpreter services and bilingual support workers. There is a need among new and emerging communities for ethno-specific or bilingual family support workers, to work with specific cultural groups. For example, a major non-government agency dedicated to CALD communities has a huge catchment area, but few resources to provide more on-going parenting or family support work. Recent submissions from this agency for family support workers were not successful.

A number of times throughout the consultations, initiatives were identified which could not help any families who needed interpreters, as there was no money for interpreters and, invariably, no surplus funds in budgets left to pay for them. It also seemed difficult for non-ethno-specific agencies to recruit bilingual workers on a casual or part-time basis. Agencies commented that they did not have enough clients of any one specific group to employ bilingual workers full-time. However, workers in ethno-specific agencies/programs commented that there were many skilled people in their community who were capable of working with programs.

The continuously moving homeless: Workers have difficulty tracking families who have to keep moving between relatives. This situation is stressful for all concerned, and really limits positive early learning opportunities for the very young children in these families. It was suggested that a particularly high need group are recently arrived Somalis, who are homeless in the Hume area.

Confusion in the classification of newcomers: Workers spoke of the confusion and complexity arising from varying degrees of access to supports and services, depending on whether people are classified as refugees, asylum seekers, people on temporary protection visas, or families seeking permanent residency.

Trauma/Torture Counselling: Many examples were given of the enormous stress experienced by children who had endured or witnessed trauma or torture, and of the impact of torture and trauma on individuals, families and communities. However, access to specialist services around torture and trauma is considered to be very limited.

Council recreation and holiday programs: In one of the consumer consultation groups, women spoke about being unable to afford modest help at the local level. Mothers spoke of their school-age children, forced to stay at home all day, because they could not afford local council holiday programs. This also applied to after-school programs, such as karate, for older siblings in families with a number of children.

Awareness of programs. Many parents were completely unaware of other local, child-focused programs or activities, or did not realise the value they would have for their children. This was particularly alarming when some families reported not knowing of the existence and/or significance of preschools as preparation for school.

5.6.2. Parenting Support for Other Families with High Needs

One program coordinator expressed concern that there was very little coordination for parenting programs, with services just "doing their own thing ". However, Hume's recent Parenting Expos, with its information stalls, provided rare opportunities for parenting services to promote and discuss their various approaches. It was well regarded by all professionals as an excellent networking and learning exercise, and is likely to be repeated.

There has been a considerable amount of training around various parenting models, including the Positive Parenting Program and the Exploring Together Program. Parenting approaches are also currently being devised for special groups, for example, parents who have an intellectual disability.

Not enough parenting models target both parents and children. The exceptions seem to be the FAST (Families and School Together) programs for school age children and their families, and the Exploring Together Programs (for preschool age and primary

school age). A staff member of the Victorian Parenting centre commented that there are very few documented parenting programs that focus particularly on very young children and their parents, whose needs and concerns are different from those of parents with older children.

A recurring comment was that for many, very disadvantaged families, formal parenting groups are not appropriate or, as one provider put it, "just too hard". Workers were critical of parenting approaches which, according to one, "ignored important issues such as family violence, housing difficulties and poverty." Other comments stressed the need for flexibility and tolerance. Youth work approaches were cited as appropriate models for young parents. Some parenting models, for example Exploring Together, specifically drew in fathers as part of their program; however this tended to be the exception. Workers were critical of parenting programs which did not provide child care, and whose mode of teaching was "too cognitive ".

Parenting approaches need to be flexible enough to begin where the families are at.
- Parenting worker -

Another project worker commented that there have been many more interesting parenting groups running in the community than are written up in the literature. So good practice goes unreported and undisseminated.

The Exploring Together Program was seen generally as an innovative parenting group, planned by staff at the Cottage for Vietnamese parents and their children. This program, which had previously run only in English, was modified to be more culturally sensitive, and then conducted in Terms 2 and 3 of 2000 in Vietnamese with bilingual workers. *A more detailed description of the Vietnamese Exploring Together Program is given in Appendix 15.*

Another example of an ethno-specific parenting group is the one run successfully in Yarra for Chinese families. Most workers consulted spoke of their agencies' regret that they cannot offer more culturally appropriate parent support groups. However, as the Discussion section later in the report suggests, agencies have found this very difficult to organise.

Comments from protective and community-based workers suggested that there were insufficient parenting support services for families at risk of child neglect or abuse. It was suggested that such services should have a prevention focus, and should be skills-based and use modelling strategies.

A number of consultations identified the need expressed by CALD parents to have information around parenting on a community-based level. Parents as well as workers have found that many of the parenting programs available are not appropriate for CALD families. There are few opportunities for parents to understand modern Australian parenting practices, to explore options and to choose child-rearing methods which feel culturally appropriate in the context of living in Australia. Other sections of this report note the important role of the Maternal and Child Health Service in linking new parents with each other in 'first time mothers' or 'new parent' groups. However, consultations invariably revealed that CALD families are less likely to engage with these groups than non-CALD families. The nurses may have some bilingual support (eg for consultations) but it usually does not extend to group work.

Child Protection Services

Child Protection workers suggested that it was important for community-based services to regard families with protective issues as being on a continuum, not markedly different from other families. These workers felt that mainstream services needed to get better at working with families who have had some involvement with Child protection services. Proactive strategies were identified, such as persevering when families did not attend, home visiting, and at times, using the "youth work" approach of meeting families on their own terms: "where they are at". It was felt that participation in groups was a valuable way of supporting families with complex needs, so as to normalise their problems more, and make them see that other families have similar difficulties.

A senior manager in a community-based agency commented that she had seen a very significant shift over the last five years in the kinds of families that protective services become involved with. Her experience was that there has been a significant withdrawal of resources from child protection services, so that now they only become involved when children are facing extremely high-risk situations.

"Instead of mandatory reporting, there should mandatory supporting".

- A family support worker -

One agency manager, whose agency was providing intensive family and parenting support to families involved with protective services, revealed that their agency only had the capacity to work with one in eight of the referrals they receive. The service obviously needs a significant injection of funds. .

Many workers commented on the importance of finding new ways to work with families who from the start are disaffected by the service system. These workers used such phrases as "long and difficult process", "managing distrust", "working with where families are at", "staying the distance", "needing reflective work practices", "needing sensitivity and flexibililty", "needing to form supportive relationships", "needing very high skills to work with really damaged families".

Interest was expressed in a program running in another region, which offers intensive involvement with high need families for up to 18 months. The worker commented that there is nothing like this in the Northern Region: "It's something I'd really like to see".

It was suggested that inadequate interventions could actually make things worse. There is not adequate recognition of the time and resources required to support families so as to avoid exacerbating the situation by insensitive, inappropriate or ineffectual action. Workers supporting women who were experiencing domestic violence, commented on how important it was to establish linkages between services for them, to shield them from the trauma of having to tell their sometimes devastating stories, over and over again, to a succession of different people. Workers noted that flexibility was required from services, as well as from workers. Families with requiring high levels of support often needed to have appointments re-scheduled, forms and procedures de-constructed, and a clear focus by their services' workers on individual families' needs. Some workers commented that certain agency procedures served the interests of the agency rather than the family, and that these agencies needed to consult appropriately with families about what was and was not helpful, with a feedback loop to enable the modification of agency practices.

Transport and Child care

A recurring comment from the Hume consultations was that families without their own transport were significantly disadvantaged. Even where families with high needs were being targeted with outreach support, provision of transport was found to be a key to effective service engagement. Where group support was offered to parents, it was found that the provision of child care was necessary if families with high needs were not to be excluded. The following story is one of many good practice initiatives that are happening, but it also illustrates the difficulties arising for families and workers when there is inadequate resourcing.

An Arabic Women's Group had been running for some months in a new suburb on the outskirts of Melbourne. It was facilitated by an Arabic-speaking woman employed by a large community based agency, and was based at the premises of another agency. The facilitator was central in drawing the women to the group, and enabling attendance by helping with permission from other family members. The group focussed on the issues and concerns brought by the women themselves, and provided a very rich connection between them and the facilitator, and amongst the women themselves. One woman said, "*The women here are like family to me. I miss my own family very much, but now this group is very important to me.*"

None of the women in the group had attended an MCH-facilitated first time mothers' group or anything similar since arriving in Australia (and some had been here over 20 years). Participation reduced severe social isolation and provided valuable parenting information. It also enabled the women to receive support about issues to do with their own lives and to find out about community services and entitlements.

The cultural background of the facilitator was critical in the success of this group, and her community development approach was central in its continuation. It had drawn in women from isolated and under-serviced suburbs, through provision of transport – a bus had gone around and picked the women up. When funds were withdrawn from this service, approximately half the group (around 15 women and their children) had to drop out. Child care had also been provided, enabling women with very young children to find some social contact outside their own homes. When funds for child care were withdrawn, even more of women felt unable to attend.

The worker was unable to find out why, when the group was so demonstrably successful, funding was withdrawn. It had been the first time parents from this cultural background had participated in such a group.

Other examples of good practice initiatives involving groups can be found in Appendices 5, 8, 9, 15, 16 and 17.

Key success factors from this group and from other groups, according to a number of the interviewed workers, seem to have been:

- Facilitation by a woman from the same cultural background;
- Provision of transport;
- Provision of child care;
- A community development approach.

Specialist Therapeutic Services for Children

A specific gap identified by both Departmental and community-based workers was the lack of community-based play therapy services for children who had been abused or were victims of violence or trauma.. Children were themselves so seldom the focus of work in their own right, and workers noticed the difference it made to them when they were provided with this special space and opportunity. While some excellent services were available in clinical settings, or from programs with very long waiting lists, families in crisis or with very high needs found it difficult to access such services.

Fathers

One group frequently absent from service provision are the fathers of the very young children who are the subject of this study. Services have tended to operate where and when it is easiest for mothers to access them, and it has mostly been the isolation of mothers which has been the focus of service delivery.

To engaged fathers successfully, services may have to adopt more structured approaches, such as formal invitations to parent evenings, or informal approaches to fathers who are dropping off children at regular times for child care. Staff involved in both the Exploring Together Programs and the Families and Schools Together Project (FAST) reported that fathers were well-represented in these programs. Proactive strategies may be needed to draw fathers into the nurturing which is so crucial in the early years.

5.7. Playgroups

In all three municipalities studied, a number of group programs have emerged to address needs identified by professionals from varying programs and agencies. These have included family support agencies, family day care programs, outreach workers *(see Appendices 5, 7, 8, 9 and 17),* community development workers, and as part of projects such as the Local Links project in Hume *(see Appendix 16).* The latter is a 3-year project developed and undertaken by the Royal Women's Hospital and Dianella Community Health Service in Broadmeadows *(For further information on Local Links, see Appendix 16).* Groups have also been initiated by individuals eg in MCH First Time Mothers' groups*(Appendix 8)* whose members have decided to go on meeting independently, and from communities within or across municipalities, including varying CALD advocacy/lead associations.

Definition. For the purposes of this discussion, "playgroup" refers to a group made up of parents (usually mothers) and their pre-school aged children. The most obvious focus is on playing or interacting with their children and encouraging their children to play with others, but almost as important is the opportunity to mix with other mothers, and discuss parenting - informally or perhaps with some guest professional.

Naming the Group. These are a variously described as "parenting playgroups", "playgroups" or "young women's groups", depending on the target group. Professionals running them reported that the name of the group and how it is planned and "marketed" needs careful thought and consultation, as it can determine the group's ultimate success in attracting and retaining women. Names needed to sound the write note, and be appropriate, non-stigmatising, and "user-friendly".

Filling the Gap between MCH Care and School. Playgroups have the potential to fill some of the time gap between the regular, frequent and free support received from a MCH nurse, and the next accessible and affordable service for the child - which will probably be school entry for many low-income families. (The problems regarding this gap in contact that families have with service providers has been fully discussed earlier, in the section on the Maternal and Child Health Service). This three or four year gap without regular contact with early childhood professionals is a significantly long time in a child's most critical years of development. An experienced parenting educator expressed particular concerns about the importance of the second year of life, when many families are no longer going to their MCH nurse. This is the very time when a child becomes more active, challenging and hard to deal with, and when it should be starting to develop social skills.

Locations. Consultations revealed playgroups operating in various community locations:

- within family support agencies;
- from CALD community-based initiatives;
- from MCH First Time Mothers' groups;
- in neighbourhood houses; and
- in community health centres.

Manner of Access. Advertisement are usually placed in community venues such as Neighbourhood Houses or in health centres. However, disadvantaged families may need to be more actively engaged before becoming involved in a playgroup.

Foreign Language Playgroups. Most workers who mentioned playgroups said more were needed. However, playgroups seem to be a foreign concept for many CALD communities, with hardly any conducted in even the most common foreign languages. There was no evidence of facilitated playgroups being provided for the majority of smaller cultural and/or language groups. A senior woman advocate for women's rights from another culture, with a lot of experience in community development, reported that there is a need for "playgroups for NESB and disadvantaged families" and "focused projects that must be culturally appropriate".

Adolescent mothers' groups. A MCH nurse with experience in facilitating "parenting playgroups" for adolescent mothers explained that they have a particular need for informal opportunities to learn about child development. Playgroups offer an opportunity to observe, under guidance, their own child's play and development, but many groups for young mothers finish as soon as the professional support ends. This same MCH nurse considered that many professionals are not trained in group facilitation and lack the confidence to run groups, particularly for more disadvantaged mothers and children.

An adolescent playgroup leader in Hume explained that these very young mothers often have no role-models for parenting, and need to be taught how to play with their child, and stimulate its development. A children's outreach worker made the point that these young mothers benefit most from "hands on" assistance that does not threaten or demean them. Almost all people running playgroups for this target group emphasised the need for gentle modelling on how a mother can get her baby to respond, listen, smile or verbalise and how adults may respond to these efforts to encourage them.

Ongoing, Self-managed Groups. While many mothers decide to go on meeting independently as an informal playgroup beyond their MCH nurse supervision or input, from a number of reports (interviews and MCH data) it seems that the more disadvantaged ones do not. Teenage mothers are among the first to drop out. Additional strategies, time and effort are required to support disadvantaged mothers to facilitate the transition from a structured MCH group to an independent, less formal group, run by the parents themselves. *(See Apendix 8 for more details.)*

The Benefit of Playgroups to Disadvantaged Families. Playgroups can fulfil a number of needs for mothers and their young children. For mothers, they are a free, non-stigmatising and supportive service. They bring together women going through the same stages of mothering, with an opportunity of making friendships and an interlude of respite from lone child-minding. There is opportunity for the mother to observe her own child's behaviour in comparison with, and in reaction to, other children, and to observe and learn parenting or play-based skills from other parents or the group leader. A playgroup may be a place for other child and family professionals to identify themselves and explain their services, making it easier for mothers to seek help if and when it is needed. For young children, playgroup develops social skills, teaches them to share and to problem-solve, and presents them with a whole new range of developmental tasks.

Playgroups have been identified in many of this project's consultations as an emerging and growing development for the early years service system, and one which may be able to draw on other early childhood professionals to come and identify themselves and their services.

Family Day Care (FDC) Playgroups

These playgroups for FDC providers are run by a play development worker with the BSL Craigieburn Family Day Care (FDC) Scheme in Hume. (Details have already been given in the section on Initiatives in Child Care.

Yarra Community Development Playgroups

An experienced early childhood worker who has worked in Yarra for many years recognised that disadvantaged families often do not access services, and needed to be attracted into the service system via an entry point other than the maternal and child health visits. She also recognised that playgroups might provide an informal and non-threatening way to address behavioural problems and developmental delays, as well as the need for some community development and social networking. Her innovative playgroups run near the large high-rise public housing estates in Yarra, and are attracting large numbers of disadvantaged women and young children. She uses a family-centred, informal model with a child development focus, and invites in workers from other family and child services, as required, to meet the child's and mothers' needs, with one speech therapist coming regularly. She also actively promotes attendance at services such as preschools and MCH services. *(See Appendix 17 for a more detailed description of her community development model for playgroups).*

Adolescent Parenting Playgroup

An adolescent parent worker (with MCH-enhanced home-visiting funding) is based at Youth Central in Broadmeadows, and also runs groups from MCH centres. Her work focuses on parents under 23 years old and their children, who lack family support.

She works with parents both individually and in group settings, and provides simple play activities that will help the parents learn ways of helping their children's development. Many of the parents have not had role models themselves and are very much in need of support with parenting.

> "*Even things such as getting down on the floor with their children and playing with Lego and singing songs needs to be learned*".
>
> - Worker with adolescent parents, Broadmeadows -

Much of the session is spent sitting on the floor with the children. A social worker from a large family support agency co-leads some of the groups. She is thinking of doing some evening groups to encourage partners to attend. One strategy she uses to ensure that parents attend is to pick them up, which sometimes means travelling around for up to 1½ hours. There have been weeks where nobody came, but she believes it is important to still be there. She originally called the group a "Young Women's Support Group", but the women did not want to be seen as needing support so she removed that term from the title. Women with drug and alcohol problems do not tend to access the group. Referrals come from MCH nurses, community health centres, a women's refuge, youth housing workers and the Royal Women's Hospital Young Mothers' Clinic.

Meadowbank Primary School Playgroup

An interesting playgroup model exists at Meadowbank Primary School in Meadow Heights, an area in Hume with a high level of Ministry of Housing properties. An early childhood-trained worker is attached to the school as a "Community Liaison Officer" funded by DEET because the school is classified as a Group 9 school with Special Learning Needs (ie a very disadvantaged school on several specified indicators). The funding is to assist in transition of children to school and participation in school activities. She runs an Early Learning Centre playgroup two mornings per week with the assistance of the Playgroup Association, and takes the group into the Prep classroom one day per week. In addition she runs a non-funded playgroup two days per week for under-4 year old children and their parents.

Gronn Place Parenting Playgroup

This playgroup, established as part of a community development project in Moreland during 2000, was initiated because families in the three housing estates in Moreland were not accessing services. Gronn Place was chosen from the housing estates because it had the highest number of 0 to 5 year olds, because 80% of the children had not been to preschool, and because it had the highest number of newly arrived CALD families. This project was facilitated by Moreland Community Health Centre, and involved a broad community development (CD) approach with significant outcomes for participants and service providers. Initially it was hoped that parents would engage with their children in play activities, and the group became known as a "parenting playgroup".

There were also policy development implications around access to basic community services and facilities by certain groups in this housing estate. The community development approach has potential for families typically not utilising mainstream services, and could be adapted for families with very young children. (*For further details of this initiative, see Appendix 9.)*

Playgrouping Victoria

This organisation has regional teams of playgroup consultants to offer support to existing or interested groups, eg. with insurance, resource booklets and suggested play activities. The organisation also conducts special playdays for children with ideas for parents to take back to their own playgroups. Their inclusion consultant can work with families where a parent or child has special needs. There is also a membership package that includes a comprehensive insurance cover especially designed for playgroups. 50% discounts are offered for families dependent on social security income.

5.8. Early Literacy Programs

Despite the gaps and limitations in the services already discussed, it is clear that children from disadvantaged families are more likely to have their developmental needs addressed if they linked into formal child care, and if their carers gain access to enriching ideas and activities for their age-group. It follows that families without any links to this sector may find very little explicit support with the needs or development of their very young children. This is especially the case with families who rarely access services (other than early attendance at a MCH service), are linguistically, socially or geographically isolated, or have a mother experiencing depression.

Project consultations showed that families with high support needs may access some family support services, and even participate occasionally in parenting support programs or groups. However, the evidence from many parent groups and initiatives is that these support programs seldom have a child-specific focus. As previously noted, a number of staff with early childhood training remarked upon the poor understanding of child developmental needs shown by many parents: some mothers needed to be shown or told how to play with their children, and to understand the link between play and child development. These workers and others felt that gentle modelling could help parents encourage their babies to respond, smile and verbalise, and learn ways in which they could encourage other interactive behaviours as their infant developed. The need for language development support for children from many disadvantaged families was also stressed by early childhood intervention workers.

These strategies can be collectively described as “early literacy” (or “emergent literacy”) initiatives. Recent research in emergent literacy has led to a view of literacy learning as a continuous process from birth.

> *This view incorporates a broader definition of literacy than traditional views, and includes talking, listening, reading and writing, and visual literacies, such as viewing and drawing, as aspects of literacy. The focus of emergent literacy is on the processes employed by children to make meaning of and take meaning from their environment, and children’s early experiences and approximations which are often seen in their play.* (NSW Department of Community Services and Education and Training, 2001:18)

A number of specific early literacy initiatives have been identified during project consultations. They are summarised below, but it should be noted that several do not target children in the 0-3 age group.

BookStart (Brunswick Children's Librarians)(2001)

Bookstart is an initiative, funded and organised by Brunswick Children's Librarians, to provide a simple but innovative early literacy promotion program. This resource is a free calico library bag, with a board-book available in 5 different languages, an attractively presented "Reading With Your Child " parent handbook, and brochures about children, reading and libraries. The bag is delivered by the Maternal and Child Health nurses to all new babies born in Moreland City Council in the year 2001 – a nice example of collaborative work between services. It has quickly produced an increase in requests from the MCC nurses for children's librarians to be involved in their first time parents' groups.

Literacies, Communities and Under-5s – The Early Literacy and Social Justice Project (NSW)(2001)

This new, NSW multi-department and multi-university initiative is a professional development resource designed to enable early childhood educators and families to support children's early literacy. Its purpose is to provide accessible pathways to effective early literacy learning for all children. The resource is based on three assumptions about the contemporary understanding of literacy:

1. Meaning is jointly constructed by participants interacting with each other.
2. Literacy is a social practice.
3. There are core principles for facilitating literacy learning in under-5s (these are explained in some detail).

This resource is designed to be used in all kinds of early childhood settings and with diverse communities and families. It has been developed and trialed in early childhood settings with populations from a variety of socio-cultural areas. It sets out to build on strengths from home that will enhance early literacy learning in the early childhood setting, and *vice versa*. It consists of six modules supported by a video. Copies are available from the NSW Department of Community Services or Department of Education and Training.

Early Literacy and Numeracy Partnerships Pilot Program

This program is being conducted by Dr. Christine Ure (Education Faculty at the University of Melbourne) and Early Childhood Management Services (ECMS)(associated with Kindergarden Parents Victoria). It is aimed at children (likely to be 4 or 5 years old) in several preschools, including some in disadvantaged areas. *(For further details, see section 5.4.2 on Pre-School Initiatives).*

HIPPY (Home Instruction Program for Preschool Youngsters)

HIPPY is a program conducted by the Brotherhood of St. Laurence (BSL) in Fitzroy and some other inner suburbs. It is a two-year, home-based program that prepares disadvantaged children for school with prescribed early literacy activities for mother-child pairs. It encourages parents to develop their own skills as educators, and also has a strong community development component. The BSL program has just become the Australian Resource Centre for HIPPY, which means that they will be able to adapt it for specific groups and support and train other HIPPY coordinators. It might be possible to adapt the program for three-year-olds, or for two-and three-year-olds. *(A more detailed program description is in the Phase One Report of the First Three Years Project).*

Parents as Teachers (PAT)

This program is based on one of the same name, developed and run in almost every state of the USA, and evaluated extensively. It has run in a number of NSW government schools since its Australian introduction in 1991. It is based on two simple truths: babies are born learners, and parents play a critical role from the beginning in determining what sort of people their children will become. It has four components, and regularly-scheduled home visits by accredited parent educators, who provide information on the child's development model and involve parents in age-appropriate activities with the child. Group meetings of parents are also part of the curriculum.

In 1996, a significant update and revision of the PAT curriculum was undertaken to translate the latest research about brain development into improved outcomes for young children. This revised version has had at least three years of field-testing in the USA through randomised trials in its new form, Born to Learn. It incorporates detailed home-visiting plans, resource materials for parent educators, handouts for parents written at two different reading levels, and a video series with specialists speaking directly to parents in simple language. The "Born to Learn" Curriculum is now the standard PAT prenatal-to-three curriculum in the USA as of 1999 (Future of Children, Spring/Summer 1999).

Support at Home for Early Language and Literacies (S.H.E.L.L)

SHELL is an early literacy intervention designed to empower the families of young children between birth and three years of age in their role as their children's first literacy teachers. It was developed and begun in 1997, and currently operates with both indigenous and non-indigenous families in rural and regional areas of NSW. It is claimed that the collaborative and flexible model that has been developed for SHELL has the potential to assist families from a range of social, cultural, economic and geographic settings in supporting their children's early literacy learning (from Makin & Spedding, 2001). *(See further details in Appendix 19)*

Home-Based Emergent Literacy Program (H.E.L.P.) (Makin)

This is a three-year educational intervention designed by Dr. Laurie Makin to support children's growth into literacy and to empower parents in their role as their child's first literacy teachers. It began in 1997 for families in regional and rural areas of NSW. It has the potential to offer a model for families from a range of social, cultural, economic and geographical settings, to help them support their children's early literacy learning. Facilitators are recruited from the local population and, where possible, have an early childhood qualification. *(See further details in Appendix 20)*

5.9. Home Visiting

Home visiting is not a single, specific, uniformly designed service, but rather a "strategy for service delivery" (Powell, 1993). By definition, home visiting occurs in a family's home and therefore affords the visitor the opportunity to view the child and parents in the environment in which they live, to better understand their individual needs, and to tailor services to meet those needs more effectively than is possible in a group setting (Gombey et al, 1993 cited in Vimpani, et al, 1996:14).

A number of different programs involving home visiting services were mentioned in the project consultations, although the enhanced home visiting capacity of the MCH

service in each municipality would be the most significant of these. Each of the three municipalities has been able to use their MCH HV service to provide different models to target locally identified groups with different priorities *(for details, see Appendix 7).* Community midwives (CMWs) may also provide home visits, often in collaboration with MCH nurses. CMWs may often be more intensively involved, and over a longer time, than MCH nurses, and particularly with families with very high needs, such as parents with intellectual disabilities. Family support workers assist some MCH nurses to provide home visiting, for example in the Parenting Skills Development and Assessment (PASDA) services. Staff of the Victorian Parenting Centre provide in-home parenting education and assistance to parents as part of their Family Intervention Service, and Early Childhood Intervention workers also visit children and parents at home.

There has been renewed interest in home visiting over the last few years coinciding with increased interest in social capital and the importance of community. The strategy uses a socio-ecological approach to strengthen community supports. A comprehensive review of home visiting programs in Australia, while focusing on programs aimed at the prevention of child abuse, concluded that "the value of these programs for improving other measures of maternal and child health well-being and functioning should not be overlooked" (Vimpani et al, 1996: ix).

Phase One of the Early Years Project described nine promising Australian programs for disadvantaged families, including The Cottage, and four overseas programs. Of these 13 programs, at least ten had varying degrees of home visiting components.

One of these, the Good Beginnings National Parenting Project, has received considerable funding from the federal government and private sources. It has undertaken various projects, including the development of core home visiting principles through wide consultation. *(For further information, see Appendix 18).*

Another home-visiting program mentioned enthusiastically by one of the interviewed MCH nurses working in a home visiting role was HOME-START, begun in England in 1973. There are now nearly 200 of these programs operating in several continents including Australia (where there are about six, mainly in NSW). Each program is rooted firmly in its own community, with local funding, volunteers and management committees. *(See Appendix 6 for further details about HOME-START).*

6. Discussion

INTRODUCTION

Project consultations revealed that the service system across the three target municipalities (Yarra, Moreland and Hume) has a number of innovative and exciting initiatives and many enthusiastic and skilled workers. However, a central theme throughout the consultations was the enormous gaps existing in service provision, particularly for disadvantaged families.

6.1. Summary of Service Needs Identified in Consultations

6.1.1. Phase One Identified Needs

The Report of Phase One of the Early Years Project included the results from a consultation forum held with BSL staff and a number of academics, senior practitioners and government officials. Four broad types of gaps emerged from those discussions: poor service integration and linkages; difficulties associated with access to services; inappropriate services for disadvantaged families; and inadequate evaluation. The consultations undertaken in Phase Two of the project have largely reaffirmed these identified gaps, with some exceptions such as service integration and linkages in Hume. The following paragraphs are slightly abridged versions of the Phase One summaries of two of those broad gap types.

Poor service integration and linkages

- Children's and family services are not sufficiently integrated or linked. For example, there is often little communication between children's services and such programs as maternal and child health or family support.
- Agencies do not work together enough, to address the range of needs of individual disadvantaged families.
- Better use needs to be made of available access opportunities (eg visits to maternal and child health services or GPs) to identify children with higher needs (either biological or environmental).

Difficulties associated with access to services

- Rising costs exclude disadvantaged families from services, most notably, preschool and centre-based or long-day care.
- Access to child care is restricted for parents who are not working or studying, due to the current framework for prioritisation.
- Some services, (e.g. speech pathology) are effectively unavailable or have long waiting lists.
- The tighter targeting of services for children with developmental delay to those who have the highest needs has effectively excluded children with milder levels of delay from getting help, and those at risk of developmental delay, from early interventions.

6.1.2. Phase Two Identified Needs

The following general themes around needs or gaps in services emerged from interviews and group consultations across the three different municipalities:

- In general, the same groups tend to miss out on, or under-utilise, most services – ie current or past Child Protection clients, transient or homeless families, families of teenage mothers, families living in public housing (or caravans, in the case of Hume), CALD families; newly arrived migrant families, Koori families; children of parents with intellectual disabilities, alcohol/drug or mental health problems (depression being relatively common).
- Many parents have little or no understanding of child development, and lack the personal resources to meet their child's developmental needs without assistance. It was also noted that there is a scarcity of groups and initiatives with a child-specific focus, and outreach services focusing on child development needs.
- Rapid changes are occurring in community profiles, most notably through new arrivals and different CALD groups arriving from overseas (especially in Hume and Moreland), and through gentrification (particularly Yarra). These rapid changes are making the job of local service planners increasingly difficult.
- Behavioural problems in young children seem to be increasing, or becoming more extreme, so that they are noticed more often by service providers, especially in child care. They are not really being prioritised by any existing funded program, and staff are not being adequately supported to deal with these problems.
- Transport and child care are essential for target groups to access and engage successfully with families through the development of groups. The Local Links project personnel rated these two services among the most critical success factors in the sustainability of the many successful CALD playgroups established as part of the project.
- The short-term nature of funding is a major barrier to sustainable innovative services, such as playgroups and parenting groups. A program which stalls through lack of funds can do more harm than good.
- The potential of Neighbourhood Houses was raised by a number of people.
- There are high levels in these communities of social isolation and depression, especially in CALD mothers and in those living in new estate areas with inadequate transport (eg Hume)

6.2. Summary of Needs Identified in Particular Program Areas

6.2.1. MCH Services

- Strategies to overcome poor access and retention are the highest priority, to supply parental support, the monitoring of child development, and access to specialist services for mother or child. MCH participation rates in Hume and Moreland are down to about 50% by 18 months of age, and many children in disadvantaged families may consequently have no further contact with other child-focused services until they reach school.
- Strategies need to directed to those in most severe need. Those least likely to access MCH services are families from culturally and linguistically diverse backgrounds, or who have had contact with Child Protection, or who live in public

housing or in caravan parks, experience homelessness or high transience, or who have a parent with an intellectual disability or mental health problem (most commonly depression), or who have young or adolescent mothers.

- Support groups need to be non-threatening and enjoyable. To attract disadvantaged mothers, MCH programs like the First Time Mothers' groups need to be tailored to be acceptable to them.
- The language barrier needs to be addressed more satisfactorily. A significant gap is the absence of FTM groups run in other languages, and off MCH consultations with access to interpreters.
- Cross-promotion and raised awareness of service groups. MCH Outreach services need to raise awareness of their services with staff in other programs.
- More use could be made of Community Midwives. These are highly trained professionals whose skills are often not fully utilised, and who could complement and enhance the work of the MCH service.

6.2.2. Early Childhood Intervention Services

- There is a disturbing incidence of children with developmental delays or disabilities remaining undetected until preschool - even until the beginning of school. Therefore, it is essential to keep families with children who are at risk in touch with service providers who have knowledge of child development and experience in detecting developmental problems. There are several initiatives that have succeeded in engaging disadvantaged families and in creating an environment in which staff concerns can be raised with them. These include the Yarra Community Development Playgroups *(Appendix 15),* the Local Links women's groups *(Appendix 16)*, Moreland's Community Development Playgroup *(Appendix 9)*, and the ethnic outreach worker in Hume *(Appendix 5)*.
- There are long waiting lists for children with special needs, particularly for those with speech or language problems. The waiting list in NMR was also long for occupational therapists, psychologists and behavioural counsellors.
- Tightened eligibility criteria for EC intervention services have decreased access for children with less severe - but still problematic - delays and disabilities. Most disadvantaged parents are unable to afford the alternative of private services.
- Increased support is needed for workers (eg. in child care) as well as parents in the management of children with behavioural problems.
- Children and parents who have experienced trauma (eg. as refugees or as victims of domestic violence) need access to specialist services.
- Young children in disadvantaged families need more opportunities to be involved in early language enrichment and early literacy programs.
- To help specialist staff work effectively with families from CALD backgrounds, more bilingual assistance and cultural sensitivity training is needed.

6.2.3. Child CareServices

- Child care services, particularly long day care, have become unaffordable for many low-income families. Only 1% of families accessing long day care in NMR came from unemployed households in 1999.
- Low-income families are increasingly using Family Daycare services, but there is a shortage of carers, at least in Moreland.

- There are difficulties in accessing CALD carers for families from many backgrounds.
- FDC carers are increasingly being asked to care for children with high support needs, but are feeling under-resourced to respond adequately.
- Increasing numbers of CALD children are being minded by "informal" carers, eg. grandparents, which may mean that they become socially isolated, with little access to other children or playgroups.
- The Special Needs Subsidy Scheme_only applies to children with additional needs in the *formal* child care sector, so the increasing numbers of children resorting to informal child care for financial reasons are excluded from this support.
- Family day care providers rarely refer children with additional needs to CSRDOs, even though these children are eligible for support.
- The high level of child behavioural problems is stressful for staff with inadequate staff-child ratios and little or no training in behaviour modification.
- Workforce problems are evident in formal child care services, including low remuneration, poor working conditions and lack of support or training in dealing with the increasing numbers of needy or problem children. All of these factors have contributed to very high attrition rates and low morale in staff.

6.2.4. Preschools

- Ongoing strategies are needed to promote the value of a preschool experience to families experiencing disadvantage, whose children often benefit most from it.
- CALD families are often unaware of their importance - even of their existence. Kooris are also an under-utilising group.
- CALD bilingual workers are needed around preschools.
- Significant increases in fees have made preschool less affordable.
- Many early childhood centres have separated child care from their preschool program, making it difficult for children in longer hours of care to access a preschool experience. Preschool attendance is less likely for some children who are being minded informally or are in family day care.
- A significant and disturbing exit of preschool teachers is currently occurring.
- 30% of PreSchool Field Officers' caseloads is spent on behavioural problems.
- Access barriers to a full preschool experience exist for children with additional needs.
- Preschool teachers need closer links with parents, and with early intervention services and PSFOs.

6.2.5. Homelessness and Housing Related Services

- The greatest need is for accommodation of every kind: crisis accommodation for families, transitional housing, affordable rental accommodation and affordable public housing appropriate for families, especially in the Hume municipality.
- There is an urgent need for prompt access to emergency and transitional housing for families. Current official processes take far too long.

- One of the reasons families do not access services is because of generalised distrust of all social service providers as a result of negative past experiences with child protection services.
- Homeless support services need to make better links with other, more child-focused services, eg. MCH nurses, skilled counsellors or special groups for children affected by domestic violence.

6.2.6. Family and Parenting Support Services

- More low-key, preventative approaches are needed, which can be built around an ongoing relationship with a worker, to support vulnerable families. To engage such families, outreach services are needed.
- Groups can play a valuable role for isolated families, eg. for CALD or adolescent mothers.
- New and emerging communities need family support services, including parenting, from ethno-specific or bilingual workers.
- Koori families often have extremely complex needs and they have had very little early intervention or community-based support from mainstream services.
- Koori children are not always identified as such, for example, when attending hospital
- Access to specialist trauma counselling services is very limited.
- There need to be more individual or group parenting programs specifically for families with very young children, which include fathers. Mainstream or formal parenting programs are often inappropriate for CALD or low-functioning parents.
- Funding is inadequate for interpreters and bilingual workers, with agencies often having insufficient numbers in any one language group to warrant employing full-time bilingual workers. However, skilled people exist in their communities who could assist programs, and would need only minor professional support and coordination.
- More community development initiatives are needed.
- Transport and child care are needed to enable parents to access group parenting programs.

6.3. Summary of Interesting Initiatives and Possibilities

- **Playgroups**. Playgroup initiatives are emerging as a promising, non-threatening, way of addressing many of the needs of disadvantaged mothers and their younger children. They have inherent community development advantages and are being tailored to specific groups, one outstanding example being the early childhood parenting playgroups operating near the high rise public housing estates in Yarra municipality. *(See Appendix 17: Yarra Community Development Playgroups).*

  Playgroups may have the potential to fulfil a number of needs for both mothers and their young children:

  - They are free, non-stigmatising and gently supportive.
  - They reduce the isolation of mothers.

- They facilitate mutual support and the exchange of information.
- They provide the opportunity for workers, if sufficiently skilled, to observe children's behaviour with a view to identifying early developmental delays or disabilities.
- They provide an accessible service which could fill some of the gap for disadvantaged families between the MCH service and the next accessible and affordable service, which may not be until school, as many families cannot afford 4-year-old preschool.
- They provide a forum by which other service providers may be introduced in an informal way, to get information to mothers, and answer their questions.
- They offer an optimal forum to provide mothers with information about child development and children's needs, and models in parenting and age-appropriate ways of playing with their children to stimulate their development. Many mothers have had no helpful role models of parenting themselves.

While none of the playgroups identified in this project have been comprehensively evaluated, there was broad agreement among service providers on their value when working with disadvantaged families. A need exists to resource playgroups to fit the project's target groups, and providing training for people planning them so that they focus on children's needs. The Brotherhood, with its experience in child development groups for disadvantaged families, might have a role to play here.

- **The Local Links Project** in Hume showed some interesting initiatives, including:
  - women-led groups with funded transport and child care;
  - bilingual workers as a critical part of the project;
  - development of inter-sectoral links between the Royal Women's Hospital and the community which enabled continuity from prenatal to postnatal care, and early intervention for women with identified problems,
  - use of a local employer's corporate bus for transporting children and mothers to group programs. *(See Appendix 16)*

- **Outreach activities** can increase the access of service workers to families, with examples like the MCH initiatives with special funding *(see Appendix 7)*; and SCS teams using group programs to provide some services to people on their waiting list. Outreach to engage families in their own communities should be increased. An interesting new outreach program was developed to increase support services to people in low-cost accommodation and link them back to community services. It might become increasingly accessible for families. *(See further details in 5.1.5)*

- **Community development projects.** Project with a community approach appear to be a successful in positively supporting and empowering parents living in disadvantaged areas. Examples identified include the Gronn Place Community Development Project in Moreland *(see Appendix 9);* the Yarra Community Development Playgroups *(see Appendix 17)*, the service provided by the multilingual outreach worker funded by the Hume MCH service *(see Appendix 5)*, the Local Links Project in Hume *(see Appendix 16),* and the Hume Caravan Park project (described briefly in the section on Initiatives Related to Housing and Homelessness).

- **Early Literacy and Numeracy Partnerships Pilot Program** is a new pilot project aiming to help improve literacy and numeracy in educationally

disadvantaged children in the preschool year. This model might be adapted for children in the years before preschool. It is described in more detail in the Section on "Children at Risk of Low Literacy Achievement".

6.4. Family Income

Of the various factors which impact on an infant's healthy development to adulthood, the most pervasive is the income of the family into which it is born. The Life Chances 'Life at Six' Study concluded:

> "*There is sufficient evidence … to show that low incomes have a range of … direct and indirect effects on the development and well-being of the child, ranging from missing out on school excursions to exacerbation of family conflict*'.
>
> (Taylor & Macdonald, 1998:150)

The Brotherhood of St Laurence has worked to eliminate poverty, including child poverty, since the 1930s. The report "No Child…." looks at issues around the child whose family live in poverty, by which it means people who have*"unreasonably low living standards compared with others; cannot afford to buy the necessities (and)… experience real deprivation and hardship in everyday life*". (Brotherhood of St. Laurence, 2000: 2).

It identifies as some of the implications of poverty for children:

- not having a balanced diet
- missing out on formal child care
- missing out on preschool
- housing difficulties
- being left out of enriching associations and occasions
- feeling stressed
- not enjoying school, and
- suffering from health problems.

In the 1990s, children at more risk of poverty tended to be from:

- **indigenous families** (due to lack of jobs, poor housing, poor availability of services and a history of racism and oppression);
- **sole parent families** (due to lack of jobs, and not enough government income support);
- **families with no parent in paid work force** (due to reliance on inadequate government benefits);
- **families in public or private rental housing or transitional/ crisis accommodation** (due to the increasing difficulty in finding low-cost housing in convenient locations and with security of tenure);
- **some families from culturally and linguistically diverse backgrounds** (due to lack of jobs and dependence on low-wage, low-skilled work); and
- **some large families** (due to inadequate income in relation to higher need) (McClelland, 2000: 4).

In discussing families who are likely to be in poverty and to experience related difficulties, the term "families with high support needs" has been used. While other terms, such as "disadvantaged" or "vulnerable", were used during the consultations with service providers, they did not convey the right message to the system, which is, that these families and their children are ordinary people currently in need of additional supports from the service system.

6.5. Families With High Support Needs

6.5.1. Children at Risk of Low Literacy Achievement

Children in disadvantaged families are often not the main focus of service providers, who are likely to be more concerned about general family welfare issues. As a result, such children's needs for early language and literacy experiences may not be recognised, and they are therefore at risk of not acquiring the core language and literacy skills that will enable them to participate successfully in school life. This in turn compromises their chances of educational progress and their long-term life opportunities. Early literacy experiences, therefore, are an essential contributor to a good head start.

The Project's broad consultations have identified a number of initiatives through mainstream agencies, such as libraries, some of which are innovative in promoting literacy activities for parents and their children. Examples include the current Bookstart program in Moreland, and the family literacy programs initiated through the Yarra Melbourne Regional Library Service some years ago. However, while these latter initiatives had good outcomes, they were short-lived. Moreover, unless these programs have good outreach, they seem unlikely to engage in a sustained way with families with high needs.

The Brotherhood of St. Laurence's Cottage Program provides excellent examples of early literacy work in their program involving children of families with Health Care cards. Some of the playgroups referred to earlier in this report are also providing activities which are in fact early literacy experiences, and this approach could be adopted more widely and made more deliberate and explicit. Another example are the Yarra Community Development Playgroups. Further development of playgroups to encompass emergent literacy approaches might require some resourcing or training, and/or a more organised and structured approach than is currently being used in the various separate, and often isolated, groups.

The effects of literacy learning difficulties are destructive, and usually long-lasting.

> *Considerable research over the years indicates that the educational achievement of children born into disadvantaged families…is generally lower than that of children from more advantaged family backgrounds and it is literacy which is often at the heart of their educational difficulties.* (Ochiltree, 1999:7)

"Emergent literacy" is different from its reading readiness predecessor in at least two important respects:

- It takes a broader view in considering both reading and writing
- It attempts to understand literacy development from the child's perspective.

Literacy is not just a cognitive process, but also a social, psychological and linguistic process (Bloome & Green, 1984, cited in Koppenhaver et al, 1992). In summarising research on emergent literacy, Koppenhaver et al. (1992) reached the following conclusions can be made:

- The process of learning to read and write is a continuum beginning at birth or earlier. Every child is equipped with varying degrees of visual, auditory and cognitive abilities which facilitate language and literacy development. Written language begins with the first contact with print. For all these reasons, it is not constructive to distinguish between literacy and pre-literacy learning.
- Reading, writing, speaking and listening abilities develop concurrently and inter-relatedly, rather than sequentially.
- Literacy is best fostered when reading and writing are functional and goal-directed.
- Children learn written language through active engagement with their world. Ideally, parents model literate behaviour and attitudes, provide materials and experiences, and shape child behaviour indirectly through their expectations of their child's participation and competence. For example, they show children through verbal commenting what to attend to ("Look. What's that?") and how to attend to it ("Why did he do that?") and through linking book experiences to the child's personal experience (Koppenhaven et al, 1992).

Children's communication abilities, the interactive styles of those they communicate with, and the overall supportiveness of their communication environment, make up the multi-faceted context of experiencing print, in which literacy learning may either flourish or perish. "It is critical that early intervention programs increasingly include print-related activities in early childhood curricula" (Bredekamp, 1992, in Koppenhaver et al, 1995). A more coordinated and structured approach is needed to foster the development of language and literacy in the birth-to-five population of children whose families are experiencing disadvantage and/or not accessing child or family services.

Opportunities for developing literacy are important for every young child, where or not they have developmental delays or disabilities. Research in the 1980s and 1990s on children with additional needs suggests that literacy-learning difficulties may be attributable not only to an individual's impairment, but also to the ways in which parents and professionals respond to those disabilities and the context in which learning occurs. The USA Department of Education now issues requests for "proposals that directly link literacy and individuals with disabilities, a practice unheard of before 1992" (Koppenhaver et el, 1995: 266). It has also developed laws that provide the supports needed for inclusion of children with developmental delays and disabilities into mainstream services. If skills such as literacy are to emerge, the importance cannot be overemphasised of enhancing bonding and communicative interactions between the care-giver and the infant at risk of developmental delay or disability, or preschooler with known delays.

The International Reading Association (1986) stated that:

> *Three elements seem to lie at the heart of literacy development in young children: independent exploration of print materials, interaction with adults during literacy events, and observation of literate models.* (Koppenhaver et al, 1992: 42).

Children who experience early literacy-learning difficulties in school, tend to remain poor readers and writers throughout their school years (Juel, 1988, cited in Koppenhaver et al, 1992), which in turn is a significant risk factor for poor chances and outcomes in later life. Literacy programs, such as those designed to support emergent literacy experiences, may be effective at reducing illiteracy, especially with children at high risk because of economic difficulties.

The parents' role remains crucial: "Most of all we need to convince parents of their vital importance in their child's literacy development" (Spreadbury 1995, in Ingram, 2000). It is essential that this message is also passed on to child care workers, some of whom have little or no formal education in early literacy. This is especially important in the case of family day care. Service providers need to emphasise to parents the importance of play in learning. A frequent comment from workers was that many parents did not seem to know how to play with their children, and did not seem to realise the connection between play and learning - or if they did realise and knew how, simply lacked the time and energy.

In all three of the municipalities, staff in early childhood, family support, parenting and services providing support to homeless families raised the concern that children in high-need families often miss out on vital early learning activities enjoyed by the rest of the community. Moreover, there is considerable evidence from the consultations, and from the Phase One Report, that few programs in the three municipalities currently target children at risk of low literacy achievement while those children are in their very early years.

Possible Initiatives

An early literacy intervention program: The consultations, the Ochiltree Opinion Paper and other related literature, all indicate the need for an early literacy intervention program, to begin very early in a child's life and engage with families whose children are at risk of low literacy achievement. This program could draw on, or even replicate, existing good practice models, a number of which have already been described. A pilot early literacy program could be located in the identified under-resourced areas of high need within Hume and/or Moreland. This program could also aim to nurture the aspirations of parents, enhance the relationships within families and bring families closer together. It should be underpinned by the twelve principles identified in the Phase One Report of the First Three Years Project, and also in the Background section of this Phase Two Report. The Brotherhood of St. Laurence, with its experience at The Cottage, would be well-placed to pilot and evaluate such a program.

6.5.2. Families with High Support Needs and Families where there are Protective Concerns

The consultations left little doubt of the lack of programs specifically designed to benefit children in the 0-3 age group, although many agencies are actively working with and for their families on wider fronts. And while families in so many communities continue to struggle with serious social problems (as in many parts of Hume), priorities will continue to lie with the immediate needs for basic nurture of their very young children. A worker in a key NGO spoke of the community being characterised by "high levels of domestic violence, post-natal depression, marriage breakdown, financial stress and homelessness", with agency resources strained to the limit in responding to these needs. It is difficult to imagine how families could focus on intellectual enrichment and stimulation for children, with these other, more

immediate, problems unresolved. While children in these families may not be implicitly at risk, the lack of positive resources and the limited outreach to these families increase the chances of family crisis and breakdown, which does directly impact on them. Workers and agencies are in a position to identify when services are not adequately meeting the needs identified above. But at the time of writing, there is no mechanism for addressing these serious inadequacies. Workers, agencies and families are at the mercy of funding priorities.

Traditionally, community services have not adopted a "rights-based approach" to their work. Furthermore, media preoccupations over the last decade with "dole bludgers", welfare fraud and 'work for the dole' have undermined the confidence of service users. According to workers consulted, the recent reduction in family support services documented above has led many vulnerable families to feel they have no right to services. This observation was made many times during the consultations. And because of the guilt and confusion felt by the parents of these families, their children are left with no one to uphold their rights. While articulate middle class families are well equipped to attract resources for their children and their communities, the gap is widening between them and others who feel no such confidence, entitlement or expectation, or who are too often without connection to services or networks which can help.

6.5.3. Families where there are protective concerns

Community based agencies, in addition to having resources withdrawn, are being expected to take on more complex problems of families whose children are at higher levels of risk. A number of agency workers commented on the stress involved when differences of opinion arise between community agencies, who have what they identify as "protective concerns", and Departmental workers, who decide the level of risk involved is not sufficiently high for their involvement.

Workers seemed to be asking for a greater level of transparency and accountability around decisions made by protective workers to "accept" or "not accept" a protective notification from the community. Opportunities for independent avenues of appeal against these decisions may serve to shed more light on questions of resourcing and responsibility.

Possible Initiatives: There was considerable interest expressed during the consultations in the role that a Commissioner for Children and Young People might play in this specific area, and also in the general area of identifying groups unable to access services.

6.5.4. Families with Children with Developmental Delays or Disabilities

There is an urgent need for early identification of delays or disabilities, and provision of some form of intervention before the child reaches preschool or school. Project consultations have painted a grim picture for children with developmental delays or disabilities, and of the capacity (especially in Hume) of early childhood intervention services to diagnose problems and intervene early enough. A DHS manager pointed out that Hume municipality receives 29% of SCS team resources and 34% of ECI resources in Northern Metropolitan Region. However, despite this resourcing level, there are currently far too many children slipping through the system without their delays or disabilities being detected. The universal services (MCH nurses, preschools and general practitioners) are not detecting child problems at a rate in keeping with their known incidence, and this is even more likely

in the case of disadvantaged families who tend to drop out of these services. MCH services are free, but many disadvantaged parents do not keep going to the key visits as the child approaches 12 months and through to 18, with their children missing routine screening by professionals ie MCH nurses or general practitioners. There is evidence that GPs do not always ask parents routinely about any concerns they may have about their children's development.

Parents' understanding of normal child development is often poor, and particularly so with isolated families, or others with additional needs. It is therefore even more important that families maintain regular contact with professionals. Families of children with diagnosed disabilities or delays have significant additional needs, eg. for support for parents in distress following a diagnosis, for information about a child's likely development; for boosting parental confidence in being able to meet their child's needs with additional resources. In addition, there are very few places providing respite for these parents, although family day care serves this purpose for some. Language problems usually follow on other areas of disadvantage. One speech pathologist estimated that about 50% of children from very disadvantaged families have speech or language problems, and almost all children referred to early childhood intervention *for any problem* have language problems as well. Many CALD children have language delays in their own language, and need language development strategies, including those for parents to implement.

Even if parents know or believe their child has a delay or disability, waiting lists are so long that there is still very little chance of intervention early enough for optimal outcomes. Results of the snap-shot statewide survey of waiting lists (DHS, 2000) are described in the section on "Early Childhood Intervention Agencies and SCS Teams".

Early childhood intervention staff interviewed for the project had concerns that included:

- services being provided less frequently than desirable;
- reduced quality of service due to high demand; and
- inability to provide the full range of services.

The following summarises some of the context of the report on the DHS Early Childhood Intervention Waiting List Survey (March 2000). It should be noted that two senior managers saw flaws in the survey methodology (definition of "waiting lists", the interpretation of the results). Prior to October 1999, the combined State and Commonwealth Government funding to EC intervention in Victoria was $26 million per year. In April 2000, the State Government allocated an additional $6.55 million for the following four years, to reduce waiting lists for EC intervention by provision of additional allied health staff. In areas where EC intervention services were limited or non-existent, unmet need and service gaps will exist, but will not show up on waiting lists. One of the main problems with the system as it stands is that the current funding allocation is historically based, with inequities in the distribution of funds, and thus of services, throughout the State.

Conclusion

Early childhood intervention services in Victoria are in crisis, and have been for some time. Waiting-lists have been reduced by means of providing some minimal or lesser service (usually group work) to some families. However these lists are considered by many experts to be so long as to have become "inconsistent with the rationale of early intervention, and sufficient funding must be provided to eliminate them" (Early Childhood Intervention Australia (Victorian Chapter), 2000:5).

Possible Initiatives

The MCH service (and other service providers in contact with families with young children) need to be assertive in promoting the current "key age and stage" visits at 12 and 18 months, and need also to keep contact with each child until at least the 3.5 year visit. The emphasis should be on screening for developmental delays in such areas as language and speech, and also on other child and maternal needs resulting from social disadvantage.

The Brotherhood should consider responding to the need for more early childhood intervention services in the Hume area, which might include outreach from their existing Craigieburn site, which already provides child and family services.

6.5.5. Families Experiencing High Transience or Homelessness

The lack of crisis accommodation, transitional housing and affordable public housing appropriate for families, is a huge problem in a number of areas in Melbourne, but particularly in the three municipalities targeted by the project. Families experiencing high transience or homelessness are among the most disadvantaged people in our community. But they are often relatively invisible, and forgotten so far as services for children and families are concerned. Family homelessness is not accurately quantified statistically. It is not given sufficient attention in policy discussions and research, and lacks adequate recognition by the public, the media and the government (Bartholomew,1999; McGurk, 1997; Bahro, 1996; McCaughey, 1992). For these reasons, it is considered necessary to provide some background to the issue, to support and clarify information gained from the consultations.

Numbers of Children Accompanying Parent(s) Experiencing Homelessness

Children represent a significant proportion of the people who receive or use services funded by the Supported Accommodation Assistance Program (SAAP). The last one-night census of all SAAP services, held on November 2nd 1995, recorded 6,913 clients in SAAP accommodation services on that day across Australia. In addition, there were 3,475 accompanying children not counted as "clients" but who represented *one third* of all SAAP clients on that day (Strategic Partners, 1997).

The more recent *Accompanying Children Special Collection 1998* was undertaken by the Australian Institute of Health and Welfare (1999). The majority of the data on children came from agencies providing services specifically to women and accompanying children escaping domestic violence. Fifty-four percent of accompanying children were less than six years of age. They were also well-represented in family services, and in cross-target, general or multiple target SAAP-funded agencies. The data shows that 60% of accompanying children in Australia had had two or more homes in the year prior to attending the SAAP agency. In addition, 23% of children reported having had two, three or more homes over the

space of one month; and 19% reported that they had been without a home in the month prior to the data collection.

Domestic Violence: a Major Cause of Homelessness for Children

In 57% of support periods for females with children, the main reason for seeking assistance from SAAP agencies in Victoria (in 1999-2000) was domestic violence (Australian Institute of Health and Welfare, 2001). This was also the most frequent reason for ***all*** clients in Victoria, followed by eviction, the ending of previous accommodation arrangements, and relationship or family breakdown.

Domestic violence is common in both Australian-born women and those born elsewhere. A 1996 Australian Bureau of Statistics survey found that 330,000 women across Australia had experienced physical violence from their current partner, and a further 1,070,000 women had experienced violence by a previous partner (ABS, 1996:52).

Impact on Children of Family Homelessness and Precipitating Causes

All child witnesses and victims of family violence are affected by it, and at risk of short- and longer-term damage to their overall development (Jaffe et al, 1990). Some research shows that young children (infants and toddlers) are generally more negatively affected than older children (Blanchard, 1993; Hetherington 1979 and Kurdek 1981, cited in James, 1994:4). It is now well known that of all children exposed to domestic violence, many will themselves have experienced physical and possibly other forms of abuse. McKay (1994) cites research on domestic violence by Stacey and Shupe (1983), which conservatively estimating that some form of child abuse was up to fifteen times more likely to be occurring in families experiencing domestic violence.

Consultations in this project indicate that special parenting groups are needed for families in which there has been domestic conflict and violence. Hausman and Hammen (1993) consider that the complex factors culminating in homelessness may also erode the capacity to provide effective parenting. Children may not experience age-appropriate modelling and stimulation, and probably have un-met emotional and developmental needs (Hamley et al, 1993).

Consultations also identified the need for counselling or other programs for children who have been the direct or indirect victims of domestic violence, or of trauma and torture in the case of refugees from war-torn countries.

Behavioural difficulties, developmental delays and a range of emotional and physical health-related problems have been identified as significant issues with possible adverse long-term, even inter-generational, outcomes for many children whose families are homeless (Efron et al, 1996). It is clear that children in these families, whether from violent and/or economically disadvantaged backgrounds, are amongst the most vulnerable in our community.

Local Research on Families Experiencing Homelessness

Recent research by both Rogers (2000) and Bartholomew (1999) found worrying levels of Protective Services' involvement in the lives of families in Melbourne who receive SAAP services. The memory of past encounters with Protective Services' and fear of renewed involvement, often develops into a "learned distrust" of service

providers (Bartholomew, 1999; Farmer, 1995 in Parton, 1997). This “learned distrust” can prevent families seeking assistance and support when they really need it, and has already been described elsewhere by various other service providers

Victorian Homelessness Strategy

The Victorian government has been developing a strategy on homelessness. Since July 2000, it has run regional forums for people working with, or interested in, homelessness, and invited submissions from them. The resulting report (Office of Housing, 2000) states that:

> *An increase in family breakdown and subsequent demand for smaller housing stock will continue to have an impact on housing availability and affordability. In addition, family breakdown can contribute to poverty, which is seen as a major contributing factor to homelessness* (p.3).

Suitable and affordable public housing was identified in the report as a principle requirement for people to get themselves out of homelessness. “Blockages within the homeless service system (that is, from crisis to transitional to public housing) have further impacts on exits out of homelessness” (ibid:4). Participants in the Strategy’s consultation phase identified “a need for increased understanding of other service systems and more effective interplay between these and the homeless service system” (p.9).

In NMR, the summary of issues raised included the importance of linkages between agencies on a local basis, as well as linkages between agencies and government, and between all levels of government. In particular, the issue was raised about “the lack of linkages to children’s / young persons’ services for homeless families” (op cit:37). This supports comments made in the project’s consultations about inadequate and unsustainable linkages between housing/support services and early childhood as well as family support/parenting services.

The Victorian Homelessness Strategy’s Regional Consultation Report (Office of Housing, 2000) calls for a whole-of-government response, stating that:

> *“It was broadly acknowledged that homelessness could only be addressed effectively by implementing a coordinated whole-of-government response.... To solve homelessness, the problem needs to be owned by everyone – the Government and the community”.* (p.11)

Conclusions

Being “owned by everyone” will require that homeless services access mainstream child and family services and resolve any difficulties detected. In addition, mainstream services should respond to the call to increasingly target, and become more accessible to, families experiencing homelessness. Sustainable linkages need to be developed between SAAP, children’s and family services (and others) at local and statewide levels.

Possible Initiatives

There is a need for increased publicity and advocacy for families with accompanying young children who experience homelessness. This advocacy might focus on the great need for more emergency and transitional housing suitable for families, as well

as for more affordable rental housing. There also needs to be greater flexibility in the emergency housing allocation system to enable smoother and quicker access to emergency housing for families with young children. The Brotherhood is in an ideal position to lobby for this group as part of its Vision for an Australia free of poverty, and its emphasis on social justice.

6.6. Indigenous Families with Young Children

Much has been written about the policies and practices, past and present, which are behind the alarming indicators affecting many indigenous families and their children. However discussion in this report is confined to comments made by people consulted for the project First Three Years. It was widely and deeply felt that the complexity of issues facing Koori families today is a legacy of the policies of removal of children, institutional practices and persisting racist attitudes in the community. **A reflection of the strength of feeling about past policies and current practices is that Koori families continue to find non-Koori services too alienating to be acceptable, and prefer to use Koori services.**

Koori families experience many barriers around access to mainstream services. Word of mouth - perhaps being told of a particular worker who is trustworthy – is the most likely way that Koori families will access mainstream services. Many Koori children, as well as their parents and grandparents, carry trauma and pain from experiences of removal assault. However, there are few available services suited to giving Koori individuals or families appropriate support around these issues. When it does come, people may get worse before they get better. It is very common in these situations for people to blame themselves for their distressed state, when they finally come to professional workers for help.

Workers in Koori services say they have no capacity for preventative or early intervention work. (This is outlined in more detail below). A Koori worker in a mainstream agency explained that many Koori parents have had negative experiences of formal education. They are rarely involved with mainstream parenting support services. Understandably, Koori parents have strong reservations about seeking support, with the history of removal ever present in their minds.

One worker spoke about there not being enough “Aboriginal people power” to do the things that need doing. He observed that a number of Koori-identified positions remain unfilled in the bureaucracy. Other workers spoke about the difficulty for individuals who work in identified positions in mainstream agencies, and the importance of these positions being properly supported with the provision of adequate training, and possibly mentoring.

Workers from Koori agencies are available to provide workshops around strategies for non- Koori agencies wishing to provide culturally appropriate practice for Koori families, especially in the highly sensitive area of children and parenting practices.

The following papers were mentioned and made available during the consultation period. They identify many of the points made by workers both in specific and mainstream services.

Since the formation of the first Aboriginal children’s agencies in the seventies, the field of Aboriginal welfare has become more inclusive, enabling participation of Aboriginal agencies in the continuum of services. Aboriginal support services tend to be early warning detectors. They are usually well connected to their communities and

formal referrals may not be necessary. However, Cadd (2001) argues that limited funding restricts the capacity of these agencies to function adequately. Her paper identifies the positive role which could be played by Koori early support services, if they existed, as against the current situation, in which Koori services are only available when a family has reached crisis, and out-of-home care placement is being considered. It is argued that Koori support services could:

- support families where intensive intervention is required;
- strengthen Koori families through provision of knowledge-based skills and promote a greater understanding of the developmental needs of their children;
- assist families and communities in the early detection and effective management of child behaviour problems and other parenting difficulties;
- reduce the incidence of child abuse, mental illness, behaviour problems and homelessness, and enhance parents' competence, resourcefulness and self-sufficiency in raising their children;
- promote Aboriginal child-rearing practices as a strength, enabling parents to take pride in their parenting;
- promote the development of non-violent, protective and nurturing environments for children; and
- strengthen the capacity of Aboriginal communities to support vulnerable families.

Cadd considers that these services might reduce the proportion of Aboriginal children in the care and protection system. Her paper also suggests a proactive role for non-Koori agencies in developing healthy working relationships with Aboriginal services. Appropriate features of non-Koori support services would include:

- preparedness to accept difference;
- engaging in new ways of doing business;
- meeting at Aboriginal work sites;
- when appropriate, showing respect by engaging in robust discussions, rather than being either patronising or walking away; and
- developing a good enough relationship to enable joint problem-solving.

Cadd's document concludes with a plea for a joint effort to break the cycle of disadvantage:

> *It is not enough to change policies. Proactive strategies need to be developed, starting with improving the lives and opportunities of Aboriginal children.* (p.14)

A Koori Maternity Services program has been established to supplement mainstream hospital- based services which target Koori women (Campbell, 2000). Fitzroy was identified as having "appropriate services". There are 2 EFT Aboriginal maternity health workers and a part-time registered midwife employed in the program, which is recognised to be comprehensive, flexible and effective. They follow the "Clinical-linkage-advocacy – health promotion" maternity service model, described in Campbell's report. However, the report also documents the state of maternity services affairs in rural communities, which are identified as being "inappropriate".

Many Aboriginal women were found to have had minimal antenatal care, or none at all. The report considered the problems for Aboriginal women in accessing mainstream services are due largely to their perception of antipathetic attitudes among hospital staff, but there are also features inherent in the mainstream maternity system which are alienating. In addition, the report described a recent review of the number of reported Victorian births in 1996 suggesting that more than half of all Koori babies born are not correctly identified as “Koori”.

Aboriginal women are considered by the NHMRC as a “high risk group”**.** A study during the 1994-95 period found that 16.5% of indigenous mothers in Victoria were aged less than 20 years of age. In comparison with non-indigenous mothers, they were also found to have:

- higher rates of caesarean births;
- double the rate of low mean birth weights;
- double the foetal death rate;
- more than double the incidence of pre-term birth.

Story after story depicts hospital contact as a traumatic experience for Aboriginal people. The report identifies the need to train Aboriginal health workers to detect postnatal depression. It recommends that hospitals and other mainstream maternity service providers investigate the provision of midwifery services, and the collaborative development of Aboriginal health worker mentor programs, with a view to their becoming two-way education processes.

During the project’s consultations, two prominent indigenous women spoke independently and passionately about their dreams of running groups across the state around basic parenting skills and the importance of educating children. Both women stressed that the groups would need to be culturally appropriate, stressing that the rationale for such a program is the large proportion of indigenous parents who were themselves removed as children, and grew up without parents.. It was suggested that these programs, with a range of possible approaches, could be based at health services and preschools. They could be preventative in emphasis, intervening early in the lives of young Koori children and their families.

To help young mothers struggling with a new baby, one worker would like to see a place set up along the lines of the former Canterbury Homes/Grey Sisters model, where the whole family might go and live in, with support from qualified people on hand to help and advise. There is a “Families First” type of Koori project in another region - the “Koori Preservation Program” in Seymour - which is believed to produce very good outcomes. A mainstream program coordinator commented that a similar program would be extremely valuable in Northern Region”.

One Koori worker, when asked about his hopes and dreams for Koori children and their families, spoke about being independent of government, having Koori enterprises and investments, and being free of ATSIC. This vision was shared by several others consulted.

Another worker spoke about the very positive experience of working in a major telecommunications organisation, where there were many affirmative action initiatives for Kooris, with offers of training and opportunities of advancement. It was noted that there was strong organisational support for these strategies, eg. training for managers. This workers was optimistic about how well this had worked, and hopeful that other agencies would adopt similar programs.

One Koori service manager said she would like to see Brotherhood-style shops run by agencies within the Koori community. The idea was also raised of informal drop-in centres where people could find out what is available in the area.

A frequent comment seemed to be that "many Koori children are at risk", at times caught between Koori and non-Koori agencies.

Possible Initiatives

A BSL-employed "early years" project worker might further explore the problems impacting on very young Koori children, with a view to establishing helpful and appropriate linkages between their Koori families and relevant service providers. This could be seen an active step by the BSL towards reconciliation. The worker could liaise with other early years initiatives and also be linked to the current good practice models being developed at the BSL around Koori Aged Care Packages. In this way, the BSL could support the significant efforts currently in place, and play a role in stimulating or facilitating the realisation of the some of the dreams and hopes expressed during the project consultations.

Consultation in this project with Koori workers and communities has not been exhaustive. It was stressed that much broader consultation would be essential, and that the degree of support available within the BSL should be clearly understood before any initiatives are undertaken.

6.7. Families from Culturally and Linguistically Diverse Communities

Some issues facing culturally and linguistically diverse (CALD) families are shared by indigenous families and others suffering disadvantage, discussed elsewhere in this report. However, some issues seem to be peculiar to CALD families, or especially complex because of the particular combination of issues they encounter.

Children who have an emerging developmental delay or disability

Access problems: A concern expressed repeatedly by preschool teachers, early childhood intervention (ECI) workers and community workers was that children from CALD families who have disabilities miss out on services.

Lack of follow-up: A worker in a leading CALD-specific service commented that when a child from a CALD family in child care is observed to have behavioural or other problems, appropriate action rarely follows. This may be because the worker involved adopts a "wait and see" approach, in case the observed delay or dysfunction is due simply to unfamiliarity with mainstream child care activities. But sometimes, when families have no link to a supportive GP, playgroup or other activity, parents just don't know where to go for help. In general, these problems remain unassessed and unreferred until the child turns up at preschool or even school.
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When the area of concern is finally noted by preschool staff, diagnosed and referred, the problem is then compounded by the long waiting lists for early childhood intervention services. Lack of familiarity by CALD parents with EC intervention services reduces the likelihood that they will be strong or confident advocates for their children. Some evidence presented during the consultations indicated that

delays in referral had sometimes not been detected until these children were of primary school age.

A comment made by more than one CSRDO was that CALD families, for all the reasons already mentined, do not access their services as frequently as non-CALD families. CSRDOs are in the position to assist with identifying emerging or existing developmental delays, they can support the child care service in liaising with the family, and they can act as advocates for assessments and services. Other workers noted that when CALD families are socially isolated, speech delays are liable to occur in their first language, as well as in English.

Social Isolation

Playgroups: A common way for parents to interact in local settings to access new ideas and supports is through local playgroups, many of which grow out of MCH first-time mothers' groups. While there have been some very interesting initiatives occurring around playgroups (see above), a number of workers commented that frequently CALD families either did not know about existing playgroups, or did not feel comfortable attending them. This was particularly the case where grandparents, who may have arrived recently in the country, were caring for young children.

Informal child care: According to the latest Australian Bureau of Statistics Child Care Survey in 1999, more than 1.6 million children under 12 years old received informal child care of between 1 and 7 days per week, mostly from a relative. Just under half these children were 0 to 4 years old, and grandparents (predominantly grandmothers) provided 57% of this care.

CALD Grandmothers as carers: The report, **"It's a long day on your own"** (Drysdale and Yaman, 2000), which was launched during the Project consultations, focuses on the difficulties for these commonly used carers. This Report evolved from concerns about the health impact on grandmothers from CALD backgrounds, who provide substantial hours of child care. It outlines the "Health Impacts on Grandmothering Project", a DHS-funded joint initiative of Women's Health in the North, the Macedonian Settlement Program and the Victorian Cooperative of Children's Services for Ethnic Groups (VICSEG). Their aim is to gain knowledge about how the grandmothers' lives are affected in their role as child care givers, the issues they faced and the ways they could be supported.

Qualitative research was undertaken on grandmothers from Arabic speaking (mostly Lebanese), Macedonian and Mainland Chinese backgrounds. Considerable variations were found across the communities, with the experience for the Chinese grandmothers being the most difficult.

For the grandmothers as a whole, strong cultural norms were frequently operating, so that if asked to help, they felt they could not refuse. Furthermore they often found it difficult to negotiate limits to the extent of care they were providing.

While there were many positive comments, over one-third of the grandmothers said that the level of child-minding was affecting their health, with reports of anxiety, depression, aches, pains and weight loss. The Chinese grandmothers, in particular, showed substantial risks to their health. There was little practical help or support for nearly half the grandmothers, even in an emergency.

For those with limited English, who were socially isolated, there may well be significant concern for their, as well as the children's, welfare arising out of their child care responsibilities. (ABS, 2000:35)

The project's recommendations included a number of strategies to improve the situation for these women and the children they mind: alliance building under the leadership of the Ethnic Communities Council of Victoria; proactive outreach strategies; ethno-specific playgroups, family mediation; learning opportunities; community education; empowering resource kits; advocacy; social and recreational services; and further research on this whole cultural phenomenon of grandmothers being left minding the baby.

Barriers across the system which reduce access to services

Status of new arrival: A range of factors affect the capacity of new arrivals to a country to settle in. These include the status they are accorded on arrival: e.g. refugee, sponsored spouse, person with a Temporary Protection Visa (TPV), or family relative.

Past experience of newly arrived family The length of time a person has been in Australia makes a difference, and the degree of social connectedness experienced back in the country of origin. A comment made during the consultations was that groups from war-torn countries, or those whose experience is one of "forced migration", may feel less able to access, or may be more reticent about use of, mainstream support services.

Tolerance of Australian services and people: It was suggested in one consultation that Australians lack religious tolerance, especially for the Islamic faith. This may well constitute a barrier which limits opportunities for cross-cultural exchange, particularly around parenting or child rearing practices.

Lack of access to bilingual workers

Shortage of interpreters: The lack of bilingual workers is a constant problem, and was raised frequently as both a major barrier to CALD families accessing services in the first place, and to services being able to operate effectively for them when accessed.

Uncertainty about cultural difference: One MCH coordinator and several librarians admitted to being unsure of appropriate ways to offer services to CALD groups, and expressed anxiety about offering programs which might be culturally inappropriate. There seemed to be insufficient opportunities to work with bilingual workers or agencies on developing programs. Simply offering existing programs with bilingual support, or making adaptations to programs which had proved valuable with non-CALD families, had rarely been tried. One notable exception was the Cottage's adaptation for Vietnamese-speaking families of the Exploring Together Program, and their use of a Vietnamese health worker in its implementation. This is referred to under the Family and Parenting Support Section and described in more detail in Appendix 15.

Many agency workers admitted that they were too stretched with high caseloads to attend network meetings. However, numerous comments revealed workers not even knowing of initiatives in their own communities. It would also seem that the shortage of bilingual workers might be resolved at a local level if agency staff in local communities had opportunities to get to know each other, and to know of possible options in their own communities.

The recurring theme of the shortage of bilingual workers is a problem which urgently needs solving, and one which seems to have system–wide ramifications. Some of the issues identified above are being addressed in the field, or are encompassed by broader recommendations discussed elsewhere in this report. A number of case studies in the Appendices illustrate effective and innovative good practice, drawing on highly competent bilingual workers as key resources. In some instances, the bilingual worker was facilitating the initiative and, in others, bilingual workers were able to support mainstream groups in delivering culturally appropriate services. But this remains a matter of utmost urgency.

Possible Initiatives

The community services sector urgently needs bilingual support for programs affecting families with children in the 0-3 years. This might be achieved by collaborative lobbying of several levels of government. Interpreters, as well as trained bilingual health workers, are required. A mechanism is needed which enables services to locate, support and work with bilingual workers on a casual or "as-needed" basis.

One possibility is to explore the model, currently running, which allows child care centres to get support when children from CALD communities are encountering difficulties settling into child care settings. The Free Kindergarten Association (FKA) has established this model in Richmond. It utilises a casual pool of bilingual workers who support children in child care centres throughout Melbourne. It successfully enables children from CALD families to be supported for up to three days, if needed, when they commence in a child care centre.

If this model was extended to community-based agencies, a number of issues would need to be addressed, including training, supervision and funding of workers. The model would also require promotion across the sector, so that when potential workers are identified, sufficient employment opportunities are found.

6.8. The Service System

It is now accepted that brain development in the first years of life is of supreme importance to the future adult. Recent evidence, including work in brain-imaging in the very small child, has demonstrated to the satisfaction of researchers that the significant brain development occurring during these early years, with its long-term and sustained impact on the individual's subsequent life course, is strongly influenced by the quality of the environment experienced by that child. It is vital, therefore, that the service system is geared to ***early*** detection and ***early*** intervention in children at risk, with appropriate assistance to their families. It is essential this happens in the child's first three years of life. This assertion is not under debate.

However, despite all the evidence, the First Three Years project has revealed serious gaps and barriers to services which focus on very young children and their families, and particularly so for those of low socioeconomic status with additional needs.

> *The question of children's services is a vexed one. It is so fragmented at the moment. It is split by Commonwealth and State funding. It is split by health and education. It is split into kindergarten, child care, child protection, disability and immigration, to name a few. There is a gap in the State system between when maternal and child health effectively ends and 4 year old*

preschool starts. The Commonwealth system is still essentially supporting working families and not a family support program.

(Forster, J., 2000)

Maternal and Child Health Service

The Maternal and Child Health service is the only universal, free and non-stigmatising service, with a promoted schedule of visits, exclusively aimed at mothers who have children in the most vulnerable years of life – 0 to 6 years old. The service is indispensable to mothers and young children, as it monitors not only the child's developmental progress, but the mother's health and well-being. Hence the MCH service is the most critical in the early childhood service system. It is MCH nurses who are most likely to identify children with problems, including family problems, as well as those whose development and later education will suffer because of the restrictions and limitations of their early childhood environment.

The recent DHS Enhanced Home Visiting funding has provided an excellent example of the flexibility needed for locally-determined targets and strategies with the overall aim of reaching vulnerable families with a child under about three years old. While evaluations have not yet been released of the initial "New Initiatives" funding to selected services in 1998, there is anecdotal evidence of its importance in accessing traditionally hard-to-reach families.

It is still essential that MCH services address the significant early decrease in participation rates for key age and stage visits, and increase attendance rates for First Time Mothers' Groups. Substantial anecdotal evidence from project consultations confirms that the first families to drop out are often those who most need assistance, and are least likely to access other services. The MCH service needs to develop strategies, through partnerships with other services designed to target disadvantage, to increase ongoing contact with these families.

The major challenges to the MCH service system with respect to the critical early years are:

- to maintain and increase the duration of engagement by the MCH service with the more disadvantaged families with young children;
- to be skilled and flexible enough to work with families who are disadvantaged and may have additional needs; and
- to develop significant outreach capacity within a multi-skilled and flexible workforce.

Early Childhood (EC) Intervention Services

Many of the project consultations strongly emphasised that the DHS Specialist Children's Services teams and non-government Early Childhood Intervention agencies are not adequately resourced to provide assistance early enough in a child's development, because of unacceptably long waiting lists. Several people with broad experience in EC intervention described the current system as being "in crisis". Even young children with early diagnosed developmental delays or disabilities are often on waiting-lists so long, that what service they do receive could no longer really be described as "early" intervention. Intervention must occur as early as possible in the lives of children, and certainly before the age of four. However, currently in Northern Metropolitan Region, the biggest waiting-list is for children who have already turned four.

Child Care Services

Many young children of disadvantaged parents are not accessing formal child care services, mainly because their parents can't afford the fees. Most child care in Yarra is currently centre-based, which many low-income families cannot afford.

Families where both parents are working or studying have priority for places, the remaining being available to other families for a maximum of 20 hours per week. A survey of current child care users in Yarra showed that parents wanted more flexibility.

As a result of problems with both cost and access of professional child care, an increasing number of young children are being minded by informal carers, many of whom are unsuitable because of age, infirmity or not speaking English.

The only accessible, lower-cost, formal child care is through the Family Day Care program, which in some areas is having trouble attracting and retaining sufficient carers to meet the increasing demand for places. In addition, in Moreland at least, FDC carers are increasingly being asked to work with families whose support needs are far greater than the child care they are requesting.. People in the child care sector have noticed the increasing frequency of challenging behaviours in the children. Also causing concern is the low level of staff morale, related to the demanding nature of the work, the belief that they are underpaid and undervalued by related workers and the wider community, and the documented increase in people leaving the child care workforce as the result of all these factors.

Playgroups

More playgroups of a greater variety are starting up in all three municipalities, and there is renewed interest in these as a way to provide non-threatening support otherwise lacking to women with young children. However, another important role of playgroups can and should be to model ways of enhancing a child's development through play, both by subtle modelling and reinforcement, as well as explicit ways of teaching. Playgroups may be able to assist parents to understand and accept the important connections between play, learning and nurturing interactions with their infants. Recent research on emergent literacy has shown that literacy learning begins at birth. If literacy and the successful completion of key early childhood developmental tasks are to occur, the importance of early enhancement of bonding and communicative interactions between care-givers and infants, cannot be overemphasised. The support of emergent literacy experiences are likely to be effective at reducing poor literacy, especially with children at high risk because of economic difficulties. *"Most of all we need to convince parents of their vital importance in their child's literacy development"* (Spreadbury 1995, in Ingram, 2000).

Preschools

Some children, particularly those in CALD or Koori families, are missing out on a preschool experience because of increased fees and lack of information about its availability and/or its importance in children's development and preparation for school. The importance of preschool is a message not reaching all families, and needs more active promotion in the various communities. Ideally, all children should have access to experiences in a group setting from a young age to develop social skills, acquire self-regulation and develop communication and learning skills. They

also need to have opportunities for independent exploration of print materials, interaction with adults during literacy events (preferably in functional and self-directed ways) and observation of literate models for the development of literacy skills.
Ideally these should be free and available to all, but it is particularly important they be available to children whose family environments may not be providing them with rich enough learning experiences.

Family Support Services

Family support agencies are, in many cases, strained to their limits, and most funding is going to intensive services for families who have had some contact with Child Protection workers. Consultations have revealed that many service providers consider that the service balance needs to swing back to offering more preventative support to families who may need short-term and /or fairly practical support on particular occasions - including soon after birth - or at times of immediate crisis.

Other services which impinge on child development

The public housing system is so limited that most people experiencing homelessness and housing-related poverty have little choice but to accept public accommodation in outer and fringe suburbs (Taylor and Jope, 2000). In addition, the lack of emergency, transitional and longer-term affordable rental accommodation suitable for families with young children, is forcing many into shelter that is neither adequate nor safe. One example is the large numbers of families living in caravans in the north of Hume.

Outreach accommodation and support services are doing their best to assist families, but the system of moving people through crisis accommodation, into transitional, and only then to more permanent accommodation, has become increasingly congested. The lack of suitable exit points is blocking transition through the supported housing system, and urgent action is required to amend this significant need for “safe and secure shelter” – an entitlement enshrined in the Universal Declaration of Human Rights. Appropriate linkages must be made integrating SAAP with services relating to housing, domestic violence and child and family assistance (ie a whole better service system) to try to decrease the negative repercussions of homelessness, and of the other life distressing events preceding and leading to it.

Physical access to services is often difficult for families on low incomes in some of the new residential areas, eg. in Hume (particularly in Sunbury and Craigieburn) where transport is too widely dispersed. For people on low incomes living in outer Melbourne, transport becomes a key issue mediating many other aspects of life, including social inclusion and access to services (Taylor & Jope, 2000).

Non-English speaking groups will always require adequate interpreter services, so that a number of other services can become more inclusive of CALD communities and their particular needs.

Summary

Ideally, there needs to be a “seamless” or tightly integrated service system which provides regular and universal screening of all children, early in life, for signs of disabilities and developmental delays, including in language and speech.

There should also be regular screening for other child and parental needs resulting from social and environmental disadvantage.

Strong linkages to other universal or targeted programs would ensure intervention occurring earlier than it does now.

The program currently funded to provide regular and ongoing opportunities for contact and screening with mothers and their young children is the universal MCH service. For this reason, the MCH service should lead in the integration of services to disadvantaged families with young children.

Workforce issues for carers, such as inadequate pay forcing child care and preschool staff out of the profession, are increasingly problematic. Maternal and child health nurses are also decreasing in number for a variety of reasons (e.g. the time taken to acquire a MCH Triple Certificate, the relative professional isolation of their sole practitioner position, and their changing and ever more demanding role). These and other workforce issues urgently need to be addressed.

The recently released Review of Victorian Preschools makes the following comments on the service system:

> *From a position of international leadership in the provision of high quality, accessible programs, there is now growing discontent, staff shortages, falling quality of services and inadequate leadership…The issue of early childhood development policy and services extends beyond preschool education and must embrace family support, maternal and child health, child care services, child safety and early years of schooling as well as preschool education. Such a holistic approach requires consistent and complementary Federal and State approaches.*
>
> (Kirby & Harper, 2001:1)

A whole-of-government approach, including transport, employment, education and training, and housing systems, as well as those services focusing more obviously and directly on young children and families, is needed to improve the life chances of very young children in disadvantaged families.

7. Recommendations

7.1. Underlying Principles

It is anticipated that the Brotherhood will undertake a planning process around the development and implementation of the recommendations. The recommendations have been framed in a broad, rather than specific, manner so as to enable further input on strategies and specific objectives compatible with the Brotherhood's revised Vision statement and their current objectives and priorities.

The Brotherhood's Vision is an Australia free of poverty, and it is committed to work with others to create:

- an inclusive society, in which everyone is treated with dignity and respect;
- a compassionate and just society which challenges inequity;
- connected communities, in which we share responsibility for each other; and
- a sustainable society for our generation and future generations.

In working towards an Australia free of poverty, the Brotherhood Vision (2001) (Appendix 21) states that:

> *we recognise the indigenous custodians of this country. We are committed to understanding the effects of the dispossession of indigenous Australians and to achieving reconciliation.*

In addition, the four strategies for working towards the vision are to:

- ensure that what we do for one, we do for the many;
- establish the eradication of poverty as a national priority;
- promote a movement for social change; and
- support a sustainable society.

Also in the brief Vision document are the following statements:

> *Wherever we work with people who are disadvantaged or excluded, we will use what we learn to improve the situation for others…*
> *We will share our service, research and advocacy experience to bring about change towards a more inclusive society…*
> *Our work will be principally informed by the experiences of those who are disadvantaged, but we will seek to involve all people in establishing this national priority.*

As stated in the Foreword of the Phase One Report, Australia continues to do rather poorly on most measures of child poverty, and disadvantage can start to emerge in the earliest years of life. It would be hard, if not impossible, to imagine that anything could be more important in our society than working towards providing the best possible environment for children to develop to their full potential.

There is now indisputable evidence that the early years of life, and especially the first three years, are the most vital in the human lifespan. It is critically important that, in light of this evidence, everything possible be done to enhance the experience of these first three years of childhood for all Australians. Experiences during that period

can maximise or minimise the potential of any child, and there is “the danger that some children can miss out at this point” (Ochiltree, 1999). The Brotherhood’s Vision makes it crucial for children in disadvantaged families, that everything possible be done to enhance the experience of their first three years of childhood so as to improve their educational and life chances.

In recent years, the Brotherhood has begun again to address the ways in which good quality services can make a difference to the lives of disadvantaged children. One starting point for this reconsideration was:

> *the importance of a good quality service system, universally available to all Australians, but which actively seeks to include lower-income, vulnerable or culturally distinct families – a system based on what Harris (1990) termed ‘progressive universalism’* (Brotherhood of St. Laurence, 2000: Foreword).

7.2. The Service System and Support for Disadvantaged Families

The project brief required an exploration of ways in which the BSL might identify strategies to enrich the general service system so as to better support the life chances of children, particularly those whose access to the service system is limited. Project consultations reveal that the service system encompasses a number of innovative and exciting initiatives, as well as many enthusiastic and skilled workers. However, service delivery is neither uniform, nor targeted to the groups or communities with the highest needs. While it was rare to find cases of duplication, some areas had developed strong service networks and linkages, while others seemed to be isolated from potential sources of support.

A central theme throughout the consultations was the enormous gaps in service provision. Many workers spoke of services recently being reduced, or so targeted that many families are now missing out on services which were previously inherent in the system. A recurring message, particularly from senior managers or others with a broader perspective, was that a ***whole-of-government approach*** is required.

Recommendation One: That the Brotherhood of St Laurence, in partnership with other groups, call for a *whole of government approach* at Commonwealth, State and Local Government level around the importance of assisting families to nurture children in the critical early years.

The Brotherhood appears to be well known in the community for its advocacy on issues relating to families in poverty and groups who are marginalised. The research from this project suggests that this **broad advocacy role** is very much what is required if the children in these families are to receive the support and stimulation required to enhance their life chances. The response from agencies and workers confirms that advocacy is badly needed. It is one of the things the Brotherhood does well.

An advocacy function would require clear links with government and strong partnerships and collaboration with other service providers. The Brotherhood could develop a precise lobbying role, with *campaigns and broad information provision to the community around the critical importance of the early years.* This advocacy function would gain strength and credibility if augmented by support from smaller community agencies, or linkage with other alliances or lobbying campaigns.

<u>Recommendation Two</u>: That the Brotherhood of St. Laurence join with others in undertaking dedicated advocacy around the value of assisting families to nurture children in the critical early years.
More specifically:

- that the BSL explore with Koori agencies ways in which, working together, they might begin to make a difference to the lives of the many indigenous children who are currently "at risk " in our community.
- that the BSL investigate opportunities and mechanisms for resourcing the community services sector with bilingual support for programs servicing non-English-speaking families with children in the very early years.
- that advocacy around homelessness and housing policy be informed by data on the impact of poor housing on the life chances of children.

The promotion by the BSL of the importance of the early years at a political level would carry weight and add value to the existing service system if it was grounded in and connected with "good practice" service delivery. The BSL should lead by example, drawing on the strengths of its own practice and through development of innovative models and partnerships demonstrating good practice in the field. The consultations, the Ochiltree Opinion Paper and other related literature, indicate the need for an early literacy intervention program, which should begin very early in a child's life and engage with families whose children are at risk of low literacy achievement. This program could draw on, or even replicate, existing good practice models, a number of which have already been described. A pilot early literacy program could be located in the identified under-resourced areas of high need within Hume and/or Moreland.

<u>Recommendation Three:</u> That the Brotherhood of St. Laurence support or resource the development of increased service provision to its target groups, in particular those at risk of low literacy.

A number of consultations, and the <u>Phase One Report</u>, recommended the need for better coordination across the service system, and the need for services to work together, particularly at the community level. The poor level of integration and linking between children's and family services was emphasised. Agencies do not work together often enough, to address the range of needs for individual families. Even at a municipal level, staff of one program do not know of the activities of another eg Instances where homelessness and MCH services were both offering outreach to families, but unaware of the other program's services; and playgroups, run by staff from a number of programs and disciplines, and unaware of other such groups in their municipality or region.

<u>Recommendation Four</u>: That the Brotherhood of St. Laurence seek to establish partnerships and link with a range of players in the early childhood sector, in order that services for children and families be provided in a more coherent and coordinated way (ie to work together to facilitate "joined up" solutions at local and regional levels).

A natural extension of the advocacy function growing out of good practice initiatives and partnerships, could be the development of processes which enrich the service system through identification of good practice principles (as identified in <u>Phase One</u> of this project). A number of consultations looked into training and resourcing issues affecting service delivery. They revealed an absence of any training or mentoring

component on good practice approaches in working with high needs families. A recurring theme from the field was the notion of the specific skills, energy, time and commitment required to work effectively with families excluded from mainstream approaches. A number of consultations confirmed that working with high need families, some of whom have been damaged by encounters with other services, requires “high skill levels”, and that many workers feel inadequate and ill-equipped for the challenge.

Recommendation Five: That the Brotherhood of St. Laurence consider taking a role in resourcing the range of services working in the early years, through formal and informal approaches to training and development (eg mentoring) around the particular access issues faced by disadvantaged families.

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