Report

To

The Speaker
House of Assembly
South Australian Parliament

By

Jennifer Rankine
Member for Wright

Parliamentary visit to Canada & USA
3-9-02 to 19-9-02

Jennifer Rankine
Member for Wright
Dated:..........................
Purpose of the Trip

• To gain information in relation to successful, effective, early childhood health initiatives, how they were implemented and assessed

• To meet with key individuals involved in the successful development of a Compact with the Volunteer community in Canada, and gain information about how it has been implemented and further progressed.

• To look at programs and initiatives which have been successful in engaging communities in volunteering, particularly young people.

Individuals & Organisations visited

Canada:

Hon. Linda Reid  Minister of State for Early Childhood Development, British Colombia

John Godfrey MP  Chair, Social Policy Committee National Liberal Caucus, Ottawa

Nancy Wildgoose  Executive Director Voluntary Sector Task Force Ottawa

Michelle Lavoie  Senior Policy Officer Voluntary Sector Task Force Ottawa

Claire Gascon Giard  Centre of Excellence for Early Childhood Development University of Montreal

Hon Margaret McCain  co-author with Fraser Mustard of the Early Years Report

Jane Bertrand  Founders Network Early Years Study Co-ordinator

Prof Daniel Keating  Ontario Institute for Studies in Education University of Toronto
USA

Carolyn Graham  Deputy Mayor
Children, Youth, Families & Elders
Washington DC

Prof Deborah Phillips  Chair
Dept of Psychology
Georgetown University
Washington DC

Marissa Ayag-Garcia  Program Manager
Healthy Start Program

Rainette Ho  Assessment Supervisor
Healthy Start Program

Dannette Lyons  Family Support Worker
Healthy Start Program

Gladys Wong  Program Head
Maternal Child Health Branch
Department of Health

Jerry Pannozzo  Mayors Voluntary Action Centre
New York
Documents and Publications

• British Columbia Early Childhood Development Action Plan
  Developed by the Ministry of Children & Family Development
  In partnership with the Ministries of Education, Health Planning
  Health Services, Human Resources, and Community, Aboriginal and Women’s Studies.

• Early Child Development in British Columbia: Enabling Communities
  By Fraser Mustard & Frances Picherack, May 2002.

• Time to Decide on Child Poverty: Laggard or Leader
  Draft Report of the Social Policy Committee of the National Liberal Caucus
  By John Godfrey MP, Chair

• The Early Years Study – Reversing the Real Brain Drain
  By Hon Margaret McCain and Fraser Mustard

• Understanding and Fostering Children’s Development (in order to change the world)
  Address to the Royal Society of Canada by Richard E Tremblay, Chair in child development and professor of psychiatry and psychology, University of Montreal

• Development of Physical Aggression from Early Childhood to Adulthood
  By Richard Tremblay, PhD. University of Montreal

• Tobacco Consumption During Pregnancy and Its Impact on Child Development
  By David Fergusson PhD

• The Effects of Parental Employment and Parental Leave on Child Health and Development
  By Christopher Ruhm, PhD

• Low Income (Poverty) During Prenatal and Early Postnatal Periods and Its Impact on Psychosocial Child Development
  By Greg J Duncan, PhD and Katherine A Magnuson PhD

• Using Knowledge about Children for Children
  Centres of Excellence for Children’s Well Being

• Services for Children – guide to government of Canada, Services for Children

• Commission on Early Learning and Child Care for the City of Toronto
  Final Report, by Charles Coffey & Hon Margaret Norrie McCain

• From Neurons to Neighbourhoods – executive summary
  The Science of Early Childhood Development
  By National Research Council, Institute of Medicine
• Home Visiting: Reaching Babies and Families Where they Live
  National Centre for Infants, Toddlers and Families

• The Future of Children: Home visiting program evaluations
  Published by the David & Lucile Packard Foundation

• One City, One Future, Strategic Plan for District of Columbia
  Mayor, Government of the District of Columbia

• State Initiatives to Promote Early Learning: Next Steps in
  Co-ordinating Subsidized Child Care, Head Start, and State Pre-
  kindergarten
  Centre for Law & Social Policy by Rachel Schumacher, Mark Greenberg & Joan Lombardi

• Strengthening Families and Securing Futures
  District of Columbia’s Child Care Services Division

• Healthy Start – Training Manual
  By Gail Breaky, RN, MPH, Betsy Pratt MED, Linda Elliot, MSW

• The Canada Volunteerism Initiative
  The Report of the National Volunteerism Initiative Joint Table

• The Accord Between the Government of Canada and the Voluntary Sector

• The Power of Many
  Video produced during International Year of Volunteers, Canada

• Services & Programs
  Mayors Voluntary Action Centre, New York
Study Areas Pursued and Results Achieved

Early Childhood Development & Health Intervention

In an address to the Royal Society of Canada Prof Richard Tremblay made reference to a book that indicated high quality kindergarten education was a significant determinate of a child’s life outcome.

The book was in its 7th edition, having first been published in 1886.

116 years later political debate continues in relation to the importance and impact of early intervention on life outcomes.

Significant data now also exists which very strongly supports the position that a child’s environment from pre-birth to at least six years of age has a profound impact on their capacity to learn, their behaviour and their health throughout life.

Canadian researchers have conducted major longitudinal studies, one of which has shown that for every dollar invested in an infant, seven dollars is saved during adolescence.

It is also recognised that for any form of positive intervention to be successful the family unit must be included and supported.

The South Australian Department of Health support and fund a range of programs aimed at mothers, babies and young children. In the main, they are focused on treating the symptoms of individuals rather than supporting families or addressing the environment in which the problems occur. Those that are focused on families are not universal and in many instances clear, easily accessible information for those who most need it is not available.
On September 11, 2000 the First Ministers of Canada (with the exception of the Premier of Quebec) signed a communiqué on early childhood development.

The aim of the communiqué was to put in place strategies and commitments to ensure positive childhood development. The four key areas for action are:

- to promote healthy pregnancy, birth and infancy
- improve parenting and family supports
- strengthen early childhood development, learning and care
- strengthen community supports

The communiqué recognised that early childhood development programs and services should be inclusive of children with different abilities and children living in different economic, cultural, linguistic and regional circumstances.

In British Columbia I met with Hon Linda Reid, the Minister of State for Early Childhood Development. This is a recently established Ministry and the first time a Ministry had been dedicated to childhood development.

Since taking office the Minister has had her department concentrate on ensuring mothers have a healthy pregnancy and deliver babies within the acceptable birth weight ranges. Birth weights are recognised as strong indicator of health outcomes and learning abilities and the Minister believes the investment in this strategy has resulted in enormous savings on health costs.

Infant development co-ordinators, who make home visits to families until a child reaches 3 years of age, have been appointed and have, according to the Minister had a major impact in child development in British Columbia.

Community Support Meetings have been established and operate in non-judgemental environment to help support families.
94% of expectant mothers are now accessing pre-natal care.

The issues surrounding Aboriginal people in BC are not dissimilar to those facing Aboriginal communities in Australia and need a strong focus. The Minister expressed real concern that in a population of 4 million people 11,000 children were in the care of the State, with 40% of those being Aboriginal.

Aboriginal Early Childhood Development program has been established to assist aboriginal communities develop a comprehensive culturally relevant early childhood development program, aimed at fewer children in care, a more empowered community, and increased awareness of the importance of early childhood intervention. This is part of British Columbia’s commitment to strengthening community supports.

Key outcomes identified in promoting healthy pregnancy, birth and infancy include:

- reduction in the number of low birth rate infants
- increased rate of immunization
- reduction in infant mortality
- fewer children in care

Pregnancy outreach programs have been established to help promote breast feeding, and to provide professional/peer counselling/referral services for women at risk of having low birth weight children.

A Natal Diet Allowance is provided to pregnant women and families with a child under seven months old to assist with meeting nutritional needs.

There is a strong focus in Canada generally, and in British Columbia I particular, in getting infants access to affordable child care. It would appear, and it is confirmed in a number of pieces of literature, that in many respects Canada lags behind in the provision of affordable child care.
In order to help address this situation a Child Care Subsidy is now provided to assist low and moderate income families with child care costs, an Infant/Toddler Incentive Grant provides per day per child funding for licenced family child care providers who offer infant/toddler care, and Supported Child Care assists families in choosing a child care setting and then provides extra supports to that setting so a child with one or more impairments can successfully participate.

Improved parenting and family supports are focused on:

- fewer children being placed in care
- increased numbers of children entering kindergarten ready to learn
- fewer families requiring protective family services
- families being made aware of and accessing services
- improving the capacity for effective parenting
- improved health status and healthier lifestyles for Aboriginal children and their families.

Specialist services have been put in place to assist families with children with behaviour/learning disorders as well as a range of early intervention services (occupational therapy, physiotherapy, speech language pathology)

British Columbia’s ‘Building Blocks’ Initiative plays a significant role in parent education, providing support for new parents, and maximising the healthy growth and development of children through home visits.

In addition to these programs the Non-protective Family Support Program provides preventative and early support services to assist families with child development and parenting skills.
The Nobody’s Perfect Parenting Program assists parents with children under 5 who require extra supports. This includes parents with low literacy.

The Minister expressed the very strong view that all programs implemented in relation to child development and health should be carefully and appropriately assessed. Her concern is that for too long monies have been spent on programs which over time have either provided no significant outcomes or worse, have been counterproductive.

British Columbia will receive $291 million through to 2005 from the federal government to contribute to these early childhood initiatives.

Paid maternity leave was an issue discussed with John Godfrey, MP, and Chair of the Social Policy Committee of the National Liberal Caucus in Ottawa. Six months paid maternity leave is made available via a system of ‘employment insurance’ with deductions made from wages. They are now looking at possibly increasing the six months to 12 months.

Whilst paid maternity leave in Australia has mainly been debated in the industrial arena, and to a large degree focused on who pays, appropriate maternity leave and lessening the stress on families clearly has much wider social, economic and business implications.

John Godfrey made the very strong point that the care provided for infants is in fact a very heavy investment in the next generation of workers. His view in relation to this was supported by Hon Margaret McCain who stressed that the business community must be engaged in the support of early childhood services if they truly want a productive, intelligent workforce in the future.

Margaret McCain is a strong social justice advocate and co-author of the renowned Early Years Report.
The Early Years Report determined that while children in poor families were much more likely to suffer difficulties than children in wealthier families there was no cut-off point and that in fact there are significantly more children in middle income families suffering behavioural and academic disorders.

This study, conducted in Ottawa found that if the problems affecting every child living in poverty were eliminated there would only be a 10% reduction in the number of children having difficulties. In the study conducted it was found that 48.7% of children suffering one or more disorders came from families in the $25,000 to $50,000 income bracket (1998 dollars)

This information provides substantial argument that service delivery to support families pre and postnatal must be universal if we are to have any profound impact on the life outcomes of our children.

Under the patronage of Health Canada, University of Montreal, Centre of Research Hospital St Justine, Human Resources Development Canada and the Paul-Emile Leger Foundation the Centre of Excellence for Early Childhood Development has been established at the University of Montreal.

Their role is to improve the knowledge base of the social and emotional development of young children and to formulate recommendations of the services needed to ensure optimum early childhood development.

Their activities include:

- identifying and collating the best scientific work on early childhood social and emotional development
- distribute this information to public and community service planners, policy makers and service providers
- encourage cutting-edge research on child development from conception to age 5
- develop appropriate evaluation methods for use of service providers
- provide policy advice to governments and service providers
- create local, national and international networks of those involved in early childhood development to facilitate knowledge sharing.

The basis for much of the research undertaken by the Centre, and other organisations and academics, is the National Longitudinal Study which began in 1994. This involved 20,000 families and is being followed up every year until the child reaches 15 years of age. New Zealand and the UK have undertaken similar studies.

The Centre for Excellence is conducting ongoing research into the impact of mother’s smoking, childhood aggression, and foetal alcohol syndrome.

Some linkages have been made in relation to prenatal tobacco exposure and postnatal antisocial behaviours. No firm conclusions have yet been drawn, but this is clearly an important area of study with wide ranging implications.

Dr Richard Tremblay, who is also on the Steering Committee of the Centre of Excellence for Early Childhood Development, has conducted extensive research into physical aggression from early childhood to adulthood.

According to Tremblay the handling of anti-social behaviour at kindergarten level can put children on the track of delinquency in later years. He refers to boys in particular, who are impulsive, fearless, and insensitive to the needs of others being isolated from their peers and being placed with other children who have similar problems under the pretext of better helping them.

Tremblay’s research has shown that these same children are too often the ones who by the end of their primary years have acquired the habits of alcohol, smoking and taking drugs.
They are also the ones who fail to finish high school, join gangs, and never gain stable employment.

The financial cost to the state of these children is enormous and is not limited to social, educational or correctional services. Tremblay claims they are more at risk of having serious car accidents, of being hurt in a fight, and that drug and alcohol abuse leads to physical and mental health problems during the course of their lives.

Four other Centres of Excellence have also been established across Canada. They are:

- Prairies - (isolated communities)
- Special Needs Children & Youth in northern & rural Canada
- Youth Engagement
- Centre for Child Welfare

In my meetings with Hon. Margaret McCain, Jane Betrand and Prof Daniel Keating many similar themes were repeated. The need to:

- constantly and consistently monitor programs to assess outcomes
- develop appropriate assessment criteria
- undertake community resource mapping to ensure full knowledge of what is currently available and what is working
- increase awareness about the economic as well as social impact of early childhood intervention

Professor Keating argues strongly that a lack of investment in early childhood development will result in lost opportunities for future economic growth. The challenge is to have this view understood and accepted by economists, business leaders and government.

It is a relatively easy process to be able to calculate the costs of reduced school performances, antisocial behaviour, unemployment etc. A change of mind set is needed to value improvements in these areas in both a social and economic sense.
A range of home visiting services have been established in both Canada and the USA. The Healthy Start Program in the US was expanded to its current level of service following a successful suit against the State by a parent for failing to provide adequate services (Felix Case). This resulted in the trebling of federal funds for early childhood intervention services for children from birth to three years of age.

Healthy Start is currently working with 500 families out of a population of approximately 1 million. At risk parents are identified through hospital visits each day and they are interviewed and invited to join the program.

Participation is voluntary, but strongly encouraged. If a family is reluctant a range of initiatives are provided through their ‘creative outreach’. Home visits and contact is made with the mother, recognising she may have unfounded fears about removal of her child, or there may be undue pressure from other members of the household to ensure access to the household is limited.

The mother is provided with small gifts which might include a developmental toy for the baby, a book, some lotion etc. and has regular contact over a period of 3 months in an attempt to gain her confidence and make her feel comfortable.

If a family agrees to participate a family support worker is allocated and a family plan is developed. This is reviewed every six months.

Families sign an agreement regarding their participation and give permission for access to medical information. Agreement to have the child immunised is also a requirement for participation in the program and parents are advised that the Home Support workers are mandatory reporters of child abuse/neglect.
The program suffers a retention loss of approximately 25% during the first year involvement with a family. General causes for this have been identified as some form of family interference, increased family support, or a sense of loss of privacy.

The other significant factor affecting continuing involvement in the program is the Government’s Welfare to Work Program which places mutual obligation responsibilities on parents to return to work once a baby reaches 6 months of age or they lose their public assistance. According to those administering this program this places additional pressure on families, often resulting in them dropping out of the program.

The most successful workers have been identified as mature women with experience of family. They are also considered the most at risk of becoming personally involved in the problems of families.

The training of these workers (and other home visitors in a range of other programs) is deemed essential. The Healthy Start Family Support Workers undergo 30 hours of specialist training after being very carefully selected for these positions. It is recognised that inappropriate appointments and inadequate training can cause more harm than good within a family.

Care is taken not to make the family dependent on their Family Support Worker. During a baby’s first six months the family is visited weekly. Between six months and 1 year the visits are twice weekly, reducing to one monthly after that. In transition to discharge at 3 years of age the visits are conducted every three months and the family undergoes final assessment prior to discharge.

It is recognised that early contact is vital in engaging parents, the most successful being pre-birth at health clinics etc. The program also conducts presentations at local high schools.
Any baby over 3 months of age who hasn’t entered the program is ineligible to be involved. This seems to not have any logical basis and is, I believe, a major failure.

In 2001 there was a 1% rate of reported neglect amongst families involved in the Healthy Start Program, but no cases of child abuse.

In Washington the Early Head Start Program targets 0-3 yr olds, the Head Start Program is targeted at 3-5 year olds.

With a budget deficit in Washington DC of over $300m the flow of funds into early childhood development and intervention programs is not in any way comparable to what is being provided in Canada.

Deputy Mayor, Carolyn Graham, who has responsibility for this area conducted a ‘citizen summit’ to assess the needs of the community. They identified they wanted early childhood programs for their children, that they wanted more recreation facilities and more police.

The citizen’s summit also identified the need for after school hour’s activities, particularly for teenagers. The hours between 3 pm & 6 pm were seen as critical in involving young people in positive activities and reducing the level of nuisance crime.

The changes that need to be made and programs implemented will be required to be cost neutral and will involve a re-organisation of where funds are directed.

In considering all aspects of the information gathered throughout Canada and the USA in relation to the need/impact of early childhood intervention it would appear the following items are essential to the delivery of services which will have a positive impact on the life outcomes of children, economic development and on the health of communities:

- Early intervention programs must be aimed at the family unit as well as the child
• identification of key objectives and outcomes
• the mapping and assessment of current services needs to be undertaken
• the development of an appropriate assessment tool that can assess the impact of a program not just satisfaction
• a structure established that ensures the flow of expert information and research data to policy makers and service providers
• provision of universal services that do not stigmatise those involved
• provision of appropriate information in relation to the availability of services
• recognition that appropriate training is essential to the success of any program with parents
• recognition that early childhood development and health intervention programs will have long term economic benefits as well as social benefits
• recognition that early childhood development and health intervention programs should be seen by business as a long term investment in their future workforce

Volunteering

On December 5, 2001 an Accord between the Government of Canada and the Voluntary Sector was endorsed. Canada, along with the UK, is leading the world in it’s recognition of the contribution of volunteers to the community and in working with the voluntary sector to ensure the best possible outcomes for the community.

I had the pleasure of meeting with Ms Nancy Wildgoose, Executive Director, Voluntary Sector Task Force, and Ms Micheline Lavoie, Senior Policy Officer who helped steer the Accord process and are now in the next phase of implementation.

The Accord consultation process took approximately 18 months to complete before the document was accepted and signed off. The process undertaken provided enormous
benefits to the volunteer community in much the same way as it appears to be doing here in South Australia.

It was the first time many organisations had the opportunity to meet and discuss issues of mutual concern and to exchange ideas. The process also helped participants identify as a ‘sector’.

Twelve months after the signing of the Accord the first of a series of Joint Table reports was released on building the relationship between government and the voluntary sector to better service the community.

Key recommendations of this report included:

- The establishment of volunteer resource networks across the nation that would be the basis of a leadership resource
- That resources be dedicated to analysis and research that will improve knowledge about the dynamics of volunteering and that information be broadly distributed.
- That resources be provided to fund innovative pilot projects at the community level
- That a multi-year campaign of promotion, recognition and outreach be developed and implemented to help foster a better understanding and appreciation of volunteer activity and to encourage volunteering
- That a forum be established to foster leadership and encourage the involvement of all sectors

A second report, this time with a focus on funding practice and policy dialogue was in the process of being finalised and was expected to be released on October 8.

There is great concern in Canada that the participation rates of volunteers is dropping – one million fewer Canadians volunteered in the year 2000 compared to 1997, and 7% of
Canadians contributed 73% of the volunteer effort in 2000. In contrast to direct volunteering, 91% of Canadians made financial or in-kind donations.

Interestingly many of the dynamics of the volunteer community in Canada are reflected in the South Australian volunteer community. For example, the reasons given for volunteering:

- almost all volunteers in Canada said the reason they volunteered was to help a cause they believed in
- 8 out of 10 volunteers wanted to put their skills and experience to use
- more than 2/3 said they had been personally affected by the cause they supported

The greatest barrier to volunteering was lack of time – 76% of volunteers said a lack of time prevented them volunteering more and 69% of non-volunteers said it was the reason they didn’t volunteer.

This was followed by a lack of willingness to make an on-going commitment – 34% of volunteers were unwilling to further commit and 46% of non-volunteers cited this reason for their lack of participation.

While the International Year of Volunteers helped in many ways lift the image of volunteering these initiatives need to be built on.

There is concern both here and in Canada about the participation levels of young people. The challenge for the volunteer community is to provide appropriate opportunities for young people to be involved in areas of volunteerism that interest them.

Research is currently being undertaken in Canada to assess the economic value of the volunteer sector and volunteerism. Some of this work has recently been completed here in South Australia for the SA Government by Professor Ironmonger which indicates
volunteers contributed in the vicinity of $5 billion to the South Australian economy in the year 2000.

The Mayor’s Voluntary Action Centre in New York provided an interesting contrast to the Canadian and Australian experience and attitude to volunteering.

Much was said following the Sept 11 tragedy in New York and the outpouring of goodwill by thousands of people who wanted to lend a hand. I was astounded to be told that from all that goodwill not one significant project had emanated.

The Mayors Voluntary Action Centre claims to have the largest computerized database of volunteer jobs in the United States, and ‘a team of highly skilled interviewers to find the right volunteer job’.

I was advised they had a data base of 2000 only and in a city the size of New York six people are employed in the Mayors Voluntary Action Centre compared to 11 people in the SA Government’s Office of Volunteers.

Their major focus is as a referral unit that interviews potential volunteers. The Centre is, however, very cautious about ensuring volunteers are not used as a substitute for paid workers.

They provide limited training for volunteer managers, operate a resource and referral library and administer the Mayor’s Volunteer Service Awards.

The Mayors Voluntary Action Centre also operates a clothing bank for homeless people. It began by distributing imitation label clothing that had been confiscated by the police to the homeless rather than having it destroyed. This program has now been expanded to include clothing manufacturers donating overruns and seconds.
The Centre produce a regular newsletter called Volunteer Vignettes and is fairly limited in the information it provides.

The Centre has no information in relation to volunteer participation rates in either New York or throughout the USA and they don’t track whether their volunteer referrals are successful or not.

A major barrier to volunteering identified by the Centre is the time it takes to run mandatory checks on people before they can be accepted. In the 3 month period between a person indicating they would like to volunteer in the health sector, for example, and the time they are approved they have often lost interest. The Centre believes that people want to be engaged immediately they indicate interest.

The Mayors Volunteer Action Centre provides no advocacy or policy advice in relation to volunteers or volunteering.

The data collected in Australia and South Australia far and away exceeds that collected in the USA and would also indicate a far greater commitment and respect in relation to the contribution of volunteers.

The experience of Canada in developing its Accord with the Volunteer Sector has been invaluable in the process we are undertaking here in South Australia at the present time. Their experience and advice has helped in avoiding many major pitfalls and has meant we have been able to work through the process in a shorter period of time.

Canada is now in the second phase of the development of their agreement and much of the issues identified in their first report have been identified in our current consultation process. These are issues that will need to be addressed also in our second phase of development.