

Conclusion



Project Findings: Risk Factors

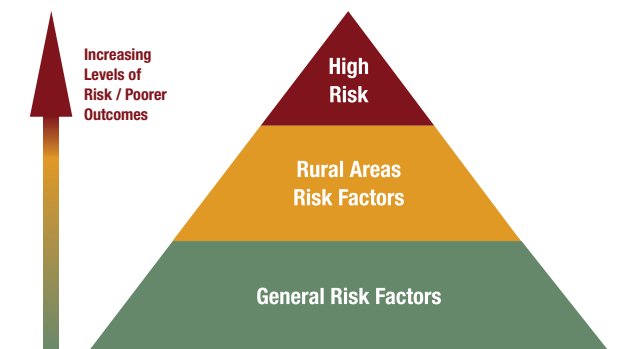
There is clear evidence that family wellbeing has an effect on a child's developmental trajectory, and emotional and social wellbeing into adulthood.¹

The "Nillumbik Health and Wellbeing Profile – Families 2009" identified and described the factors that may place a family, with a child from prenatal to eight years of age and residing in the Shire of Nillumbik, at risk of disadvantage. These risk factors included social connectedness, access to practical and emotional support, psychological health, parenting skills and confidence, income, time and access to services.

The profile identified risk factors across three levels, with increasing levels of risk (from general to specific) leading to poorer outcomes:

- 1) General risk factors that may impact on any family within the Shire of Nillumbik.
- 2) Risk factors associated with residing in the rural, outer lying areas of the Shire.
- 3) Factors associated with specific, high risk family situations.

Risk Factors: Figure 1



The general risk factors may impact on any family in the Shire of Nillumbik. These factors are frequently associated with modern Western society. For example, families may be smaller in number, with parents older when they have their first child, leading to less availability of extended family for practical and emotional support and lack of shared norms of parenting, resulting in increased anxiety in parenting.

Specifically, Nillumbik families were found to be experiencing financial/mortgage stress; many compromised two working parent families and were time poor, had long commute times to work places and reported high levels of stress.

Nillumbik families seemed to live in a community in which there were high levels of expectations of themselves and their children and a sense of social pressure to 'keep up', including involving their children in many extra curricular activities.

A lack of parenting confidence in practical parenting skills, such as setting limits, was reported across all geographic and social divisions within the Shire. There was a sense that parents may not be available at the time parenting group programs were offered; were too embarrassed to attend or that only families already engaged in support services would attend parenting groups. It was indicated that strategies and activities to develop parenting confidence and skill need to be embedded into the general early childhood programs and activities that families access. There were, however, differences reported in the parenting processes and expectations between the urban and rural areas of the Shire (i.e. output focus in the urban areas; process focus in the rural areas). There was a sense that offering 'more parenting groups' would not address these issues. It was apparent that matching parenting strategies to the local context would ensure maximum reach. The opportunity for fathers to access parenting support and connect socially was also highlighted as an area of need.

Related to parenting confidence, the issue of inadequate access to general family support services was raised as significant across the Shire. In addition, access to specific support for families in crisis, whether through skilled and aware staff in a generic agency such as a preschool or community health program or a specialist agency, was also reported as an issue. Specialist family support services (such as Berry Street Victoria and Children's Protection Society) were located outside of the Shire. Ready access to these services was potentially compromised by the lack of visibility, and time/distance from these agencies, in spite of the outreach service delivery.

The project found that there was wide income disparity across the Shire, even within a preschool group. This was reported to place low income families at greater risk of social isolation within the community, due to lack of financial resources to access the range of available after school activities with their peers and a sense of 'shame' that they didn't have the same level of material resources. Families were reported to avoid asking children for 'play dates' for this reason. Eltham Central and Hurstbridge were the two areas that were found to be relatively disadvantaged across the Shire. Data from the early childhood services in these areas supported the findings that financial stress, and associated social isolation, was a reality for many families.

Families residing in rural areas of the Shire were found to be at greater risk due to reduced accessibility of services generally, longer commute times, fuel costs and geographic isolation. Families and communities were also dealing with the loss of a sense of safety and security, the grief and the stress of anticipating the next fire season, following the Black Saturday bushfires in early 2009.

Access to general (along with specialist) early childhood and family services was found to be a significant issue for families living in the rural and outer lying areas (i.e. outside of Diamond Creek and Eltham). The majority of services were located in the urban areas of the Shire with limited visible presence in outer lying areas (i.e. some provided a home visiting component to service delivery). For example, parenting programs were offered in Diamond Creek; limited early childhood paediatric community health services in Hurstbridge and swimming classes in Eltham. Families residing in the rural areas of the Shire were also disadvantaged by reduced quality of family friendly infrastructure (i.e. playgrounds with clean toilet blocks, low level footpaths), which provide opportunities for social connections, physical activity and family relaxation.

The project found that the most vulnerable for disadvantage of family health and wellbeing in Nillumbik were families with a child with additional needs, a parent with a chronic physical or mental illness or experiencing family violence. Although these families were found to be in the minority in Nillumbik, they experienced greater risk of disadvantage (on top of the risks already inherent in their situation) due to the lack of visible and easily accessible crisis support services; potential lack of income and social confidence required to participate in the available activities for children and families; sense of social exclusion due to income/social disparity; lack of adequate locally based family support services and long waiting lists for therapy and early intervention and family support services. These issues would be compounded if the family was also residing in an outer lying area of the Shire, as outlined above.

Project Findings: Gaps in Service Delivery

The project reported identified gaps in service delivery, including:

- Lack of sufficient access to family support and public psychology services.
- Need for increased collaboration between services with mental health expertise and general early childhood services, to increase capacity in generalist services to assist children and families experiencing complex mental health or social issues.
- Lack of ongoing low cost/no cost family friendly activities across the Shire.
- Lack of immediate case management for families with children with additional needs, particularly whilst waiting for access to services.
- Lack of accessible and practical parenting support (that is tailored to the local context, and provided outside the main urban areas of the Shire).
- Lack of opportunities for fathers to connect socially.
- Service inequity: Lack of visible presence of, and reported difficulty accessing, some early childhood and family support services.
- Lack of infrastructure (safe playgrounds, low level walking paths) and range of family friendly activities.
- Reported lack of public transport options.

Project Findings: Preliminary Recommendations

Although not a primary objective of the project research, the participants offered a number of ideas for suggested service development. These suggestions arose out of discussion when identifying service gaps. The combination of participant suggestions and data analysis led to some preliminary suggestions for service development, as outlined below.

“Family Support Services”

It was apparent that review of, and advocacy for, family support services (including services to support parenting confidence and preschool psychology) was a significant need for the Shire of Nillumbik, which was under-resourced in these areas in relation to the reported community need.

“Access, Inclusiveness and Support”

The gaps identified indicated a strong need for all early childhood service planning to focus on access, inclusiveness and support for the families in the high risk category. These families were found to be a minority in Nillumbik, yet the data indicated that they were potentially the most vulnerable for social exclusion in the Nillumbik community.

“Collaborative Partnership”

This may include the strengthening of collaborative partnerships and the educative /supportive relationship between specialist agencies (i.e. Austin Child and Mental Health Services, Berry Street Victoria, Children’s Protection Society) and generalist early childhood services.

“Family Friendly Infrastructure”

A need for review of access to services and family friendly infrastructure (i.e. playgrounds/ low level walking paths) for families residing in the outer lying areas of the Shire was also indicated.

Project participants provided a comprehensive list of suggestions to address the identified gaps in service delivery (see Appendix F).

In conclusion, understanding, and planning responses, to risk factors identified by the community, has the potential to lead to sustainable change to family health and wellbeing, ensuring positive outcomes for children. Consideration of the above issues, and the social determinants of health in general (e.g. opportunity for social connections, accessibility etc), is recommended for all levels of planning, from individual program planning through to urban planning. This would embed the protective factors that ensure positive family health and wellbeing.