

# **Ending Intergenerational Dysfunction in NZ Families: The Importance of Early Intervention**

**Report of a Study Group  
Hutt Valley Branch  
New Zealand Federation of Graduate Women  
[http://www.nzfgw.org.nz/branch\\_news.html](http://www.nzfgw.org.nz/branch_news.html)**

## Study Group Members

Jennifer Coote  
Grace Dawson  
Myra Harpham  
Penny Jamieson  
Ngaire Pryde  
Juanita Saxby

## Contact

Jennifer Coote  
32 Brasell St  
Eponi  
Lower Hutt 5011  
Tel. 04 5698092

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## Introduction

The poverty and violence being experienced by many New Zealand children was the starting point of this study. The authors formed a group, late in 2005, to try to understand these problems better and how they might be solved.

The study was eventually narrowed to focus on the situation of pre-school children in families who can be described as seriously dysfunctional over several generations. Cases reported in the media were arousing public concern about the particularly grim experiences of young children in some of these families.

A selection of relevant international studies on the subject, and a range of publications and media reports from New Zealand were explored. Members attended relevant conferences and seminars, and held discussions with several senior practitioners and researchers in the field of child and family welfare. Considerable time was given to finding out about and discussing the programmes of support available for this group of families.

The report provides information about dysfunctional families and their children, including the similar conclusions to be drawn from brain research and economic studies. There is a description of what is already being done in New Zealand to try to reverse this cycle of dysfunction through early intervention programmes. The next section deals with what we have learnt from evaluations of the programmes and how they are evolving. This includes some thoughts on how and why they need to evolve further. Finally, the report discusses the need to face up to the long-term nature of efforts required to bring the problem to an end.

We hope that members of our own organisation and other interested people will read this report, and that they will find information in it that contributes to their understanding of the complexity of the problems of the families it discusses.

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## Summary

- 1 This report focuses on New Zealand's most stressed and dysfunctional families.
- 2 From long-term studies of New Zealand families it has become possible to predict the types of families in which a newborn's normal development and their future are likely to be seriously compromised.
- 3 It has been estimated that this group is approximately five percent of families with pre-school children. They have multiple complex problems and are at such high risk that their stress and serious dysfunction are likely to pass on to the next generation.
- 4 Neurological studies have shown that repeated stressful experiences become etched into the brains of the very young children of these families. Every aspect of their development is affected. In a loving family environment in which there is relatively low stress, an infant can develop normally.
- 5 A significant part of New Zealand's high crime, mental illness, and pool of unemployable people can be linked to early childhood trauma and neglect.
- 6 The studies of infant brains indicate that very early specialist intervention in the lives of their families to try to reduce stress levels has the potential to ensure the conditions for normal development. The later the intervention, the more difficult it becomes to achieve positive change in their brains.
- 7 Economic analyses carried out overseas have shown that targeted, early intervention in the lives of disadvantaged children not only promotes fairness and social justice for these children but has also shown that the economic benefits to society can far outweigh the costs of targeted early intervention.
- 8 A preliminary estimate of the costs of child abuse and neglect in New Zealand is between \$1 billion and \$2 billion per year. However there appears to have been no in-depth analysis carried out using New Zealand data. It is time to start this process, now that more is known about the link between intergenerational dysfunctional families and the costs to society as their children pass through the school system and become adults.
- 9 Since 1998, Government has funded a group of early intervention programmes for high-risk families with children in their preschool years. The main one is Family Start. This is based on home visiting by a family/whanau worker who acts as an advocate for the family and coordinates the services of other agencies that can assist the families to reduce the stress in their lives. There is an expectation that this should result in less damage to their children's brains. Other programmes extend and support Family Start. All of these programmes are contracted out to community providers.
- 10 There is still much to be learnt about how best to help this group of families. As yet, evaluations of Family Start have been inadequate. The evaluation of a similar programme run by a Christchurch consortium shows small but consistent benefits for the children.

- 11 The best results for these families will come from a willingness to evaluate and adapt the programmes in response to experience and new evidence. A commitment to long term funding of the programmes will be required.
- 12 Adaptation of Family Start has already been occurring in the way Family Start is contracted out. There is now a focus on achieving the best outcomes for the families rather than outputs and also some simplification of the contracts. It is not clear whether sufficient emphasis has been given to training all involved with the programme to achieve the new objective.
- 13 Efforts need to be made to minimise the number of families that drop out of Family Start and other early intervention programmes. The consequences of not doing this will be an unnecessary number of young children being removed from their families for their own safety.
- 14 Children from these high-risk families should be followed throughout their school years to find out if participation in Family Start provides lasting benefits for them and the extent to which there are economic benefits for society. The level of intergenerational dysfunction in New Zealand today has taken a long time to develop. It will take a long-time to bring it to an end.
- 15 Government policies and programmes accomplish much that is positive for families with intergenerational dysfunction. More open and long-term commitment to funding and adapting these programmes is required as new evidence emerges. Along with this goes the need for independent, quality evaluations at appropriate intervals.
- 16 The need for intensive early intervention programmes targeted specifically towards intergenerational dysfunctional families is not well understood by the public. Without public understanding and support and cross party support, the good policies in place at present could founder on the rocks of ignorance and political expediency.

## **Background**

### **Families at Risk of Passing on their Dysfunction to their Children**

From longitudinal studies in New Zealand and overseas it has become possible to predict the types of families in which a newborn's normal development is likely to be seriously compromised and what the outcome for her/him will be as an adult.

The New Zealand study, which is best known, both here and internationally, is the Dunedin study. It began with 1037 randomly chosen children, born in the year starting from 1 April 1972. The health and development of these children were checked every few years and these checks have been continued into adulthood. The participants are now around thirty-seven years old. Ninety-six percent of the original participants are still involved. This makes the Dunedin study unique and its results particularly valuable. (1)

Another notable longitudinal study is the Christchurch Health and Development Study. It has followed the progress of 1265 children to adulthood since 1977. Like the Dunedin study, the retention rate has been high. The participants are now more than thirty years old. This study specifically set out to identify factors that contributed to child and adolescent problems. (2)

The studies show that families at risk of passing on their dysfunction to the next generation live under constant stress from multiple complex problems, which include:

- a young, unsupported mother with little education,
- a mother who has a number of partners,
- mental health problems,
- drug and alcohol abuse,
- violence,
- poverty.

The children in these families are deprived of love. They are physically neglected; may be subjected to physical and emotional abuse; and lack positive stimulation. The outlook for these children is bleak.

From reports consulted (3) (4) (20) and from the Statistics Department database, it is estimated that approximately fifteen per cent of families with pre-school children are at risk of poor outcomes for their children. Of these it is estimated that about a third ie five percent of families with pre-school children have multiple complex problems as described above and, without assistance, their stress and serious dysfunction are likely to pass on to the next generation. The number of families in this situation is thought to be between seven and ten thousand. If the birth rate changes this may also change.

### **Results of High Levels of Stress on Infant Brains**

Neurological studies of the developing brains of infants, using the non-invasive technique of MRI scans (magnetic resonance imaging), can provide detailed pictures of brain development and brain activity. This technique has revolutionised understanding of human development. In particular, it can show that high levels of stress affect the infant brain.(5) (6) (7) (8)

A child is born with most of its brain cells/neurons, but only about fifteen percent are connected to each other. Over the next three years, dense connections and pathways form

between the neurons and hence build the brain. A child's experiences during this time affect the number, type and quality of connections made and hence the child's future.

It can be observed, using MRI scans, that children from birth to three years have the best chance of normal brain development if they get lots of love and are nurtured in a relatively low stress environment. Connections and pathways between the neurons develop rapidly. The children gain the potential to grow into happy, secure, well functioning adults with the ability to form good relationships and nurture their own children.

Families with multiple complex problems are highly stressed. Infants in these families also show signs of stress. Their stress hormones have been measured, and as their levels increase there is a reduction in the number, type and quality of the connections made between neurons. Brain scans, using MRI, show this very dramatically. The brains of these infants are visibly much less developed than the brains of infants in other families.

Repeated stressful experiences become etched into the brains of these children. This affects:

- their language development,
- their cognitive development and therefore their educational potential,
- the development of emotional intelligence,
- their social development, and
- how they come to know themselves.

The result is that their later responses, based on their earlier feelings and experiences, tend to be involuntary and aggressive or withdrawn and uncommunicative. They have no empathy with others and don't understand their own reactions.

A significant part of New Zealand's high crime, mental illness, and pool of unemployable people is linked to early childhood trauma and neglect.

The results of neurological studies on infant brains indicate that very early intervention is imperative in the lives of these children to ensure the conditions for normal development will be met. The later the intervention, the more difficult it becomes to achieve positive change in their brains.

### **Economic Benefits and Costs of Early Intervention**

Now that early intervention is clearly supported by the results of neuroscience, economic researchers are becoming increasingly interested in the economic benefits and costs of this type of social investment. The children of severely dysfunctional families may face grim personal futures but they also impose very large economic costs on the health, education, welfare, justice, police and corrections systems.

James J Heckman (University of Chicago) and his associates have published many papers on this topic in the last decade. Their work is briefly summarised in an article in "Science", 2006 (9) and elaborated in a lecture given by Heckman to the "Allied Social Sciences Association" annual meeting, Chicago, 2007. (10)

Heckman and his associates analysed a "large literature" describing the many, targeted programmes in the USA which are designed to assist the children and young adults of

disadvantaged families. Many of these focus on education and skill development. The children in some programmes have been followed for many years.

This work concludes that targeted, early intervention in the lives of disadvantaged children not only promotes fairness and social justice for these children but, at the same time, “*promotes productivity in the economy and society at large*” through skill development and better social adjustment. Heckman’s research has further shown that the economic benefits to society can far outweigh the costs of targeted early intervention. And the earlier the intervention, the greater is the rate of return.

Other researchers are coming to similar conclusions. However much remains to be done in this area to better pinpoint the types of high quality programmes that best match the needs of the targeted families and produce the best rate of economic return in the longer term.

We have not found any research into the economic benefits and costs of targeted early intervention in New Zealand’s severely dysfunctional families. However, in 2008, the Every Child Counts coalition commissioned Infometrics Ltd to prepare a paper on “The Nature of Economic Costs from Child Abuse and Neglect in New Zealand”. (11) The method used was to translate the costs of child abuse and neglect of the under fives in Australia into New Zealand terms. This gave the result that the costs of child abuse and neglect in New Zealand in 2007 would have been between \$1.1 billion and \$2 billion. The author considered this estimate to be conservative. A similar translation of US research data into New Zealand terms gave a broadly similar result.

These results mean that the costs of the present level of child abuse and neglect in New Zealand could be between \$1 and \$2 billion dollars per year and possibly more. This is considerably more than is spent at present on assistance for dysfunctional families with under fives.

There is an urgent need to carry out similar research using New Zealand data

The results of economic research appear to be converging with the results of neuroscience on the need to intervene early in high-risk families. Economists, who would be inclined to regard early intervention as a cost-burden on society, are now finding evidence that it is in fact a good investment. In the words of Arthur J Rolnick, Director of Research, Federal Bank of Minneapolis: (12)

*“Two independent lines of research – brain studies and longitudinal economic analysis – lead us to conclude that the early years are critical to the society’s economic development. High quality, early childhood programmes help society avoid the enormous costs associated with fixing – or not fixing – later social and economic problems.”*

*This approach “offers an extraordinary rate of return when compared with other public investments.”*

## **Early Intervention In NZ**

Since 1998, Government has funded a group of early intervention programmes specifically targeted to support dysfunctional families with children in their pre-school years. A number of non-governmental organisations provide similar targeted early intervention programmes on a smaller scale. Other programmes are universally available. The 7,000-10,000 intergenerational dysfunctional families can also benefit from these

### **Family Start (13)**

Family Start is Government's main programme for providing intensive, comprehensive, home-based support for the most at risk families. By targeting the estimated fifteen percent of families at risk, it is hoped that the five percent, (7,000-10,000) with multiple problems that persist over several generations will receive the help they need.

Established in 1998 as part of a wider strategy to strengthen families, Family Start is funded by the Ministries of Social Development and Health. It is delivered by contracting out to local service providers.

The aims of the programme are to ensure that children in these families have a better start in life in terms of their health, education and social outcome, and their parents improve their parenting skills and their personal and family circumstances.

If this can be achieved, then the expectation is that damage to their children's brains can be reduced and there is the possibility of reversing intergenerational dysfunction

Family Start is free, voluntary and available throughout the country in areas of high need. Referrals of children to the programme can be made from six months before birth to one year after birth. Referral agents are Plunket, other agencies that deliver the Well Child Tamariki Ora programme, midwives, GPs and hospital services. Families can remain in the programme until their child goes to school.

The programme is based on home visiting by a family/whanau worker who acts as an advocate for the family and coordinates the services of other agencies that can assist family members to achieve the aims of the programme and thus reduce the stress in their lives. The families can be provided with assistance in budgeting, drug, alcohol and violence counselling, other health problems, parenting skills courses etc.

Whenever possible the family/whanau workers are tertiary qualified. If necessary, they visit families several times a week to provide the support they need. The key to a successful outcome is the quality of the relationships built with and between family members.

### **Early Start (14)**

Similar to Family Start, this programme is also free and is delivered in Christchurch by an independent, charitable company, which is based there. It is governed by Christchurch-based, health professionals and community members. Funding comes from government agencies and private sector supporters.

Early Start grew out of the Christchurch Health and Development Study, the longitudinal study of children from birth onwards, mentioned earlier in this paper. Evaluations of the

study indicated the need for early intervention in some participant families to improve the life chances of their children.

### **Early Years Service Hubs (15)**

Establishing Early Years Service Hubs is a joint project of the Ministry of Social Development and the Ministry of Education. The hubs support and extend Family Start. They target families at risk who have pre-school children. They are being established in communities where there is a concentration of these families.

Early Childhood Education Centres are developed into community hubs/venues, where children attend an early childhood centre and their parent/s can receive parent education, social support and be better connected to the wider social support system.

### **B4 School Check (16)**

This is a free health and development check progressively becoming available to all four-year-olds before starting school. Parents will be contacted automatically when their child is four years old and offered the check. Parents, early childhood educators and health professionals all contribute to the assessment.

The B4 School Check aims to *“identify and address any health, behavioural, social and developmental concerns which would affect the child’s ability to get the most benefit from school”*. If a problem is identified, in any of these developmental areas, the child is referred to appropriate specialists.

Several District Health Boards have delivered the B4 Check since September 2008. If waiting times for specialists are too long, families can be informed about other local services available for a fee.

The success of this initiative will depend on timely availability of free, specialist services.

This programme is to be reviewed later this year before it is properly established. We hope that this is not a forerunner to cancelling it or cutting its funding. In our view, that would be short sighted. Ensuring that children are helped to be the best they can is not only of personal benefit to them, it can also provide economic benefits to society. Regular evaluations will be needed to ensure the programme works as planned and to find out where improvements can be made.

### **Parenting Programmes**

The Families Commission publication *“Review of Parenting Programmes, 2005”*(17) indicates that a wide variety of parent education and support programmes are available throughout New Zealand. Some are free and universal and therefore include the parents of the high-risk families who are the focus of this report. Others are specifically designed for these families.

An example of a free and universally available programme is the Ministry of Health’s Well Child Tamariki Ora programme. This is a programme of home and clinic visits during the first five years, with additional services available to populations with high deprivation. It is delivered by Plunket to around 92% of families with newborns. Maori and Pacific Island providers deliver the programme to many of the remaining families.

Examples of parenting programmes targeted specifically to families at risk of poor outcomes for their children are Parents as First Teachers (PAFT); the Home Interaction Programme for Parents and Youngsters (HIPPY); and Whanau Toko I Te Ora, which is run under the auspices of the Maori Women's Welfare League.

The Te Puna Whaiora Children's Health Camps, (18) run by a private foundation, focus on relationship building in severely dysfunctional families with older children. Many of these families have pre-school children, who attend the camps with their families and benefit from changes in other family members.

## **Early Intervention: What Have We Learnt?**

Family Start and related programmes attempt to tackle complex family problems, which are multidimensional and multigenerational. There is no simple solution. A complex response is required. Multidisciplinary teams are needed to assist such families over a long period of time.

### **Evaluation of Early Intervention Programmes**

Evaluations of overseas, early-intervention programmes show some positive outcomes in the longer term. (9) (10) but are generally not easily compared with the New Zealand programmes.

An early evaluation of Government's Family Start programme was published in 2005 (19). It did not reach any clear conclusions. The results of the first major evaluation of Family Start were due to be published some time ago.

It is disappointing that no in-depth evaluation of Family Start has been completed since the programme began in 1998. In our view, this should be a funding priority to ensure that changes made to the programme have resulted in positive benefits in terms of outcomes for the families and efficient use of resources. Many questions need to be answered. Of particular interest would be the benefits obtained, if any, for the families likely to pass on their dysfunction to the next generation. Also of interest would be an up-to-date estimate of the dropout rate of this group compared to the rest of the participant families.

An evaluation of the similar, Christchurch-based, Early Start programme in 2005 (20) was a well-designed, randomised trial. Outcomes for families in the Early Start programme were compared with outcomes for families in the control group at six months, one, two and three years. Compared to the control group, the weight of evidence indicated that Early Start delivered small but consistent benefits to children in the areas of health, early childhood education, behaviour, parenting and reduction in abuse.

On the other hand, the impact of Early Start on a wide range of family level factors such as maternal health, family violence and economic circumstances was negligible. It was noted that Early Start gives a higher priority to child related factors than it does to family related factors.

There is a need for regular, well-designed evaluations of Family Start and Early Start programmes to find out if changes made to the programmes improve the outcomes. There is still much to be learnt about how best to help this group of target families overcome their complex problems.

With no definitive answer to the problem yet, the best results will come from a willingness to adapt the programmes, and the way they are delivered in response to experience and new evidence. This has already been happening.

In the meantime, the results of brain research, experience, common sense, and a sense of fairness and responsibility for the next generation dictate that intensive, early intervention programmes should continue.

They will need certainty and stability of funding over the long term if they are to assist in bringing intergenerational dysfunction to an end. It is our hope that present and future Governments will see the benefits of this.

### **Policy Initiatives (21)**

- From Outputs to Outcomes

Since Family Start was introduced, Government has changed the way it contracts out Family Start and other multidimensional programmes to community providers. In the early years, Family Start funding had to be accounted for on the basis of “outputs” i.e. easily quantifiable measures of the providers’ efforts and efficiency. This gave no indication of the extent to which the overall aims of the programme were being achieved and had the potential to produce a “check list” mentality.

The new approach involves accounting for “outcomes” i.e. the overall results and effectiveness of the Family Start programme. This allows the focus to be on achieving actual changes within the targeted families in terms of improvements in relationships, use of new found knowledge about budgeting, parenting, health etc. This should encourage regular reviews of the achievements of Family Start and create opportunities for adapting and changing the programme to better achieve its aims.

- Integrated Contracts

Alongside these changes, Government has also changed the form of Family Start contracts with community providers. Formerly, each ministry negotiated for services in their own area of responsibility. For example, the Ministry of Health would contract separately for the delivery of the health component of Family Start. By the same token, providers would have to account separately to each ministry involved in the service.

There has now been a move to integrated contracts. Under this system, providers meet with all the agencies providing funding for a particular programme to discuss matters in general but negotiate only one contract with a designated lead agency. In the case of Family Start, this is the Ministry of Social Development. Accountability is to the lead agency, though in terms satisfactory to the other ministries involved.

These two developments – Funding for Outcomes and Integrated Contracts - have the potential to streamline the process of implementing Family Start with some obvious savings to the community providers and allowing more focus on achieving the aims of Family Start.

### **Increasing Efficiency Inside Government**

A question remains whether the collaborative approach between multiple Government agencies has led to any increase in efficiency. We would like to see some thought given to alternative models of funding and implementing policies to deal with multi-faceted problems that can only be solved over the longer term.

At least two, well-understood models come to mind. First a single, new, government agency could be created with guaranteed, long term funding and responsibility for intensive, early intervention in dysfunctional families. Second, the creation of an independent non-government organisation with sufficient, stable, long term funding from Government and the private sector to make progress on the ongoing challenge of these at risk families. The latter model was put forward recently in the Infometrics Ltd paper mentioned earlier.(11) The foundation that runs the Te Puna Whaiora Children's Health Camps (18) is an exemplar of this mode of working on an ongoing problem. The consortium, which runs the Early Start programme (14,) is another.

### **Changing the Culture: The need for training**

In our view, the success of the Government's change to funding for outcomes with integrated contracts depends on achieving a complete change of culture in the funding agencies and the providers of Family Start. This will take some time and good, consistent leadership.

Changing the emphasis in the training of all involved in Family Start is a priority. The main focus should be on how best to achieve outcomes for client families in terms of increased wellbeing and better family relationships.

It is not yet clear whether this has been achieved.

- The Importance of Relationship Building (22)

The Family Partnership Model of Professor Hilton Davis, Kings College, London is a training model suitable for all workers in the family services area. It guides participants in understanding *“the anticipated outcomes of their work with families; the communication processes involved; the nature of the relationship with parents; and the qualities and skills they need.”*

In this model, the stress is on relationship building with client families to reach successful outcomes. In evaluations it has been described as overwhelmingly acceptable to parents. The Te Puni Whaiora Children's Health Camps provide a New Zealand example of what can be achieved by giving priority to focusing on relationship modelling and building with the parents and children of severely dysfunctional families. (18) The Plunket Society has implemented the family Partnership Model of training for its staff and is pleased with the results.

A report published by the Families Commission in July 2009 (23) explores the potential of the Family Partnership Model for wider application in New Zealand. Its reported advantages fit well with the skills needed for practitioners working in early intervention programmes such as Family Start. They include for example that the method of engaging with families encourages recruitment and retention in the programmes and services. A further advantage is the emphasis on establishing *“relationships of trust and quality based on respect”*, which is consistent with the needs of our culturally diverse society.

It will be important to evaluate this training model when enough data is available based on results achieved by New Zealand practitioners. In the meantime it shows enough promise for more widespread use so that when it is evaluated the results will be reliable.

## **Early Intervention Does Not Reach All Target Families**

### **The size of this group**

Anecdotal evidence from Family Start workers suggests a significant drop-out rate. There are some families, likely to pass on their dysfunction to the next generation, who do not take part in or drop out of Family Start. This can be because Family Start is not offered in their area; they decline to take part; they move from the area in which they enrolled in Family Start; or they drop out because they don't feel they are getting the benefits they expected

The only evaluation of Family Start, published in 2005, could not come to a definite conclusion about the drop-rate. (19)

Based on the evaluation of the Christchurch Early Start programme, published in 2005, (20) as many as 35% of participant families had dropped out by the time their children were two years old. Since the characteristics of the families dropping out of the programme were the same as those remaining, it seems likely that 35% of participant families of the type, who are the focus of this report, had also dropped out.

### **Increasing participation in Family Start**

Further efforts are needed to encourage these hard to reach and highly stressed families to participate in Family Start type programmes. If training, focussing on relationship building, as described on page thirteen of this report, became a priority for all Family Start workers, we would expect it to minimise the number of families who decline to take part in Family Start or who drop out of the programme.

More creative efforts could be made by government agencies and appropriate voluntary organisations to reach into at risk communities and impart messages about the importance of the early months and years of a child's development. As these messages spread in the communities they will have the potential to influence families at serious risk of poor outcomes for their children and encourage them to take part in Family Start and other early intervention programmes.

### **A Consequence of Missing out on an Early Intervention Programme**

Another finding of the 2005 Early Start evaluation suggests that children in families receiving the programme were significantly safer from severe physical assault than children in the control group of families who did not participate in the programme. Nevertheless, a number of them, as well as children from the control group, will end up being removed from their families for their own safety.

### **Prospects for Children in Care**

In New Zealand, parents generally expect to take responsibility for the care and protection of their children. However it is clear, particularly in this group of dysfunctional families, that there are some parents either not willing or not able to take that responsibility. This leads to situations in which a child's life and/or their future are in danger. Her/his basic needs for safe care are not being met and there is a risk of damage to the child's developing brain. In this case we see no choice but to remove the child from her/his parents, with minimum delay.

We understand that this, in fact, can happen. CYF (Child, Youth and Family) has the power to remove children from their families if they are in immediate need of care and protection. Removal to out-of-home care can be for shorter or longer periods. Long-term fostering or even guardianship is now becoming more common. (24)

There is evidence that experiences in out-of-home care have serious implications for a child's long-term outlook if she/he has been subjected to earlier abuse and neglect. Foster parents and other carers need professional help and community-based support to manage these children and try to reverse the damage already done.

The parents of the child need professional help and community based support to overcome the problems inhibiting their parenting. This will include parenting and relationship skills and assistance with problems like drug, alcohol and violence. Only then will they be in a position to care for their children and become responsible for them once more.

### **Policy Developments**

Government policy has been moving in the above direction for a number of years. There has been a desire to focus more "*on the need for the care and protection system to contribute to better life outcomes for vulnerable children*" by making it possible for them to be permanently returned to their own families or be placed permanently in long term foster care or guardianship. There is recognition that both the children and parents need holistic or "*wrap around care*" to achieve lasting benefits. This enlightened approach is thought to be a better economic investment for the future than unsupported foster care. (25)

Constraints on funding and availability of skilled staff as well as the costs of the growing number of children in care clearly place limits on what can be achieved in the short term.

We would like to see the present Government continue with this out-of-home care policy. Children in the families we are concerned about in this part of our report should be given a high priority as the policy is implemented.

### **Early Intervention Alone Will Not End Intergenerational Dysfunction**

There is still much to be learnt about what makes a successful comprehensive, early intervention programme and how to reach all the target families. It is therefore certain that, to a greater or lesser extent, most of the children we are concerned about will have deficits to make up in health and physical development; cognitive and emotional development; and be exhibiting behavioural problems when they reach school age.

It therefore follows that further resources need to be targeted towards the children of all these families during their school years if the cycle of dysfunction is to be reversed in the minimum time.

A high priority should be given to monitoring and evaluating the progress of these children after they reach school age. This is important to provide feedback on the extent to which Family Start provides lasting benefits for participating families or needs to be modified to achieve this.

Unless we make this link between the children in families participating in intensive early intervention programmes and the outcome for them as they reach adulthood, we will not be able to measure progress towards ending intergenerational dysfunction.

The level of intergenerational dysfunction in New Zealand today has taken a long time to develop. It will take a long-term commitment from community and Government in order to bring it to an end.

## **Early Intervention Needs Public Support**

The complex, deep-seated problems of the relatively small group of intergenerational, dysfunctional families are not well enough understood and accepted in the public domain. Yet they impose a large human and economic cost on many aspects of society over the longer term.

### **The Media**

Each time there is a report in the media that a child from one of these families has been seriously harmed or dies, we see uninformed discussion and simplistic, one-dimensional solutions being put forward, even from some social service providers, politicians and government agencies. Each group sees an opportunity to protect its patch by blaming others or to argue for more funding for its service.

The media reports what these groups say without providing an overview of the problem, including its origins, the need for early intervention in the families of these children and the efforts already being made in this area.

Yet times like these provide a good opportunity to educate and inform the public about these matters and especially the particular need to focus on the earliest possible intervention in the families. The growing consensus about the considerable, long-term, economic benefits of early intervention should also be publicised at the same time.

We would like to see all media take up the challenge of regularly informing the public about the background to this issue and reporting critically on progress achieved.

## **Government**

We recognise that good information is available from Government websites and from agencies working in the Child and Family area. However, a deliberate effort and considerable time is needed for members of the public to retrieve information from these sources. And the need for early intervention and availability of programmes like Family Start are not topics that lend themselves well to Government advertising campaigns like those for Kiwi Saver or Working for Families.

We would like to see Government be more open and explain the need for comprehensive early intervention programmes like Family Start.

More people need to make the now undisputed link between how at risk children are treated in their early years and how they turn out as adults – frequently poorly educated, unemployable, recidivist criminals, lacking in empathy and imposing huge costs on society.

Without readily available information, public opinion cannot develop in support of child and family policies designed to bring the problem of intergenerational dysfunction to an end.

Unless there is a constituency of public support as well as cross party support, these good policies could founder on the rocks of ignorance and political expediency.

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