REPORT OF PROCEEDINGS BEFORE

STANDING COMMITTEE ON SOCIAL ISSUES

INQUIRY INTO EARLY INTERVENTION INTO LEARNING DIFFICULTIES

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At Sydney on Wednesday 21 March 2001

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The Committee met at 10.30 a.m.

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PRESENT

The Hon. Jan Burnswoods (Chair)

The Hon. Dr A. Chesterfield-Evans
The Hon. Amanda Fazio
The Hon. D. F. Moppett
The Hon. I. W. West

TANIA LESLEY GODHARD, Chief Executive Officer, SDN Children's Services Inc., 141-145 Pitt Street, Redfern, and

KAY ELIZABETH TURNER, Co-ordinator, Focus Support Services, SDN Children's Services Inc., 141-145 Pitt Street, Redfern, sworn and examined:

CHAIR: In what capacity are you appearing before the Committee?

Ms GODHARD: SDN Children's Services put in a submission, and we were invited to appear today.

Ms TURNER: I am appearing as a representative of the organisation.

CHAIR: Did you receive a summons?

Ms GODHARD: Yes.

Ms TURNER: I did.

CHAIR: Are you conversant with the terms of reference for this inquiry?

Ms GODHARD: Yes.

Ms TURNER: Yes.

CHAIR: Do you wish your submission, which we have received, to be included as part of your sworn evidence?

Ms GODHARD: Yes, we do.

CHAIR: Unless you want to say anything by way of opening, the first question is probably a good place to start. Can you briefly outline the role of Sydney Day Nursery Children's Services?

Ms GODHARD: The organisation used to be Sydney Day Nursery and Nursery Schools Association, and we have changed our name. Everyone used to think we were a plant nursery so we have changed it now to SDN Children's Services Inc. People still get confused about our past. Our organisation is nearly 100 years old. We are a not-for-profit company run by a voluntary board. Those board members have a variety of expertise but include parents who are using our centres. We were the original provider of long day care centres in New South Wales, and the original provider of teacher training for teachers coming to work in long day care centres. But we no longer do that; it has moved into university.

Currently, we manage 20 long day care centres in a whole range of rural and metropolitan areas, and we have one work-based centre in Canberra. A lot of the centres are in areas of disadvantage, particularly socio-economic disadvantage. We also have two preschools in rural New South Wales, three outside school hours care services and two supplementary services teams—I do not know whether that term has come before the Committee previously. They are funded by the Commonwealth and they have a responsibility for supporting access for children with disabilities, children from non-English speaking background, Aboriginal and Torres Strait Islanders and South Sea Islander children. Kay is the co-ordinator of one of those teams.

Kay's team also has additional funding coming from the Department of Community Services and Ageing and Disability that provides a range of other services with these children, and some of that will be discussed later. We have a head office that supports those services. In the community-based sector in children's services a lot of centres are run by one-off parent committees. In our case we have them all under one umbrella with the board responsible for the ongoing legal and financial aspects. We are the employer of all the staff and we provide a range of supports. For example, we do the accounts and we have educational advisers and staff development advisers supporting those services.

Times are fairly tough for children's services, which you probably also heard. There is a range of affordability issues for families and competition, particularly in Commonwealth-funded services. Since the Commonwealth opened the child care benefit to the private sector it has become quite competitive and quite a difficult environment in which to work.

CHAIR: There are probably questions that will arise out of that and some of those more specific things. We are particularly interested in what you had to say about the Waterloo project, then we might ask you about specific rural centres, for instance. Let us deal with the Waterloo one first.

Ms GODHARD: Minister Jocelyn Newman came to open an extra unit in our centre at Erskineville. While she was there we raised the point that in the past we used to carry a number of children in our services whose parents did not have that capacity to pay. In particular at Erskineville there were a lot of Aboriginal children. The director, for instance, would walk into the local community and bring the child into the centre, because a lot of the families also had difficulty in being organised and actually in coming, even if the fee was being paid. She was concerned about that. We then had some dialogue with people in the department about children who are basically outside the net of children's services. One of the base criteria for Waterloo is that the child is before school age and cannot be attending an existing children's service so for whatever reason that child is not enrolled, whether it is State-funded care or Commonwealth-funded care, or informal care. It is not in those service types.

The program has a project officer. She is responsible for working with both the child and the families. Because of the location of Waterloo, a lot of the families come from Langton Clinic, from the methadone program. Also a lot of the families were involved with other families support groups but did not have their child enrolled. When we went into the family support groups we found that there was a lot of work going on with the parent but nothing happening with the child. The child again had no developmental program. So the Commonwealth has given us money to pay what is known as the gap fee for these children because in this particular location a lot of the parents are unemployed on very low levels of income and cannot afford the gap between the highest child care benefit and the fee of the service so there is additional money for these children to come.

The children attend the service for a variety of hours and have a developmental program, as any child in an SDN long day care centre would. There are trained teachers and trained staff on site, developing an individualised program for that child. But a lot of these children have either delay, for a whole range of reasons, or a lot of behaviour that makes their behaviour management quite difficult in a formal service. So that is going on at the same time as the project officer is working with the families. She does that in lots of ways. She makes home visits and individualises the support they need. For a lot of them we are trying to get a parent out of a cycle and build some resilience in the system, to get some into training, trying to get some of them into the work force to break poverty and improve feelings of self-worth. Quite a few of them have had their children taken away by the Department of Community Services because of child at risk issues. We work with those families in trying to support the parents in developing parenting skills so that they can get the child back into the home again.

The project officer also conducts groups. We had originally thought—and I guess that was my problem; I had thought, in a fairly middle-class terms, that these people would want to come down when we talked about different child-rearing practices. But that has not been our experience at all; they do not come to the group. So we work with parents when they go to other groups, whether it be family support but also regularly at Langton Clinic.

We have groups for different purposes. For instance, at the moment we have a group that is working which we call Reconnect. It particularly looks at parenting skills for families where children have been removed, to try to improve the child-rearing skills so that the child can be returned. We have a session called Hey Dad, which particularly targets fathers. A lot of those fathers come from Langton. For lots of them, there would be issues such as having been in gaol, and we try to build up their self-worth as fathers, understanding their important role.

I think it is worth noting that the project officer is a qualified early childhood trained teacher, but she also has a lot of experience having worked in the Parents As Teachers program in the

Department of Education and Training, so she has skills both with young children, child development, but also skills in working with families, which I think has been really important.

It has been very successful. We cannot take any more children. In fact, we believe that it is very important that Lois Barker as a child care centre does not become targeted only for those children, that we have children who are coming through ordinary mainstream places because their families are working and they are looking for long day care. In fact, we had a bit of an overflow, so we have a couple of children going to other local centres. I think that if you get an imbalance, you get an imbalance in role models with the children, but I think other families also will not enroll in the service because of behavioural difficulties. So we have the maximum number of children we can take.

CHAIR: How many is that?

Ms GODHARD: We have 18 families, all using different levels of childcare. With some, the children may be coming five days a week; some may be coming just two days a week. Basically, we negotiate a contract with that family that meets the needs of that child and the needs of the parents. For example, we have a family where the child is due to go to school. I will try to protect the family here. The child has been on bottles almost all its life, therefore it has no muscle tone in the mouth so its speech is significantly delayed because the teeth have rotted away. For language, one needs to be able to tongue on one's teeth. But the child is still in nappies, and if that child goes into school there will be a huge number of problems.

The other thing we find with these families is that they become upset very easily. Routinely in early childhood, if the child is acting out—let us say, biting lots of other children—you would usually discuss that with the parent. We find that these parents take offence very easily, and see it as a threat to them or a threat that they are going to lose their child, and they immediately withdraw the child. So the project officer works strongly in maintaining that attendance of the child. Whereas, a director in an ordinary, busy long day care centre does not have the time and resources to do that. Having the project officer go there every morning is very important to sustaining that family being within the context of the service.

Currently we have approached the Commonwealth for almost a replication, but not totally a replication, at Riverwood. We have a centre in a housing commission area of Riverwood. The issues out there are a little different, and they have asked us to do a little more work around the nature of that particular community—it is quite a big non-English speaking background community, with a high crime rate—and how we could do it in a slightly different way out there. For example, we would not put all the children into an SDN service; we would have a project officer who would place them in a range of services. It could be preschool or long day care, run by us or some other community group. Obviously, that has a cost impact because the project officer is then trying to run around to multiple services and cannot be on site every morning, but it stops all the children pooling into one particular area. We hope that that will be funded as well.

Affordability is a huge issue. Without the additional money to enable these families to attend, I believe a lot of these children would not be there. The families do have to make a contribution, and that is an individual negotiation on capacity to pay. We believe it is important that there is some recognition that there is a cost and that they should contribute. Obviously things can change. We had one family where the mother was a solicitor, and she obviously had a high income and there were other problems, so for that family capacity to pay was not an issue. So it is driven by individual decisions on what they contribute to the cost.

The Hon. AMANDA FAZIO: For how long has the Waterloo program been running?

Ms GODHARD: One year, almost exactly.

The Hon. AMANDA FAZIO: Have you had a group of children who have been through the program actually going to school yet, or is this the year in which that is occurring?

Ms GODHARD: The problem in trying to prove whether you build resilience or help the child is that it is very early on. I think a lot of interventions with these families would be long term. But we do know that in the first year we have families into some training and jobs who looked like

they would never have got there without help, and they have still managed to maintain that. So we think that is good. We can see developmental gains in the children from the records, but in terms of research it needs to be going longer to know whether in fact we are going to make a long-term impact for these children.

The Hon. I. W. WEST: You talked about co-ordinating the multiple services. It is a big issue for the Committee. Could you elaborate a little on how effective you think the co-ordination by SDN is, in terms of the multiplicity of services?

Ms GODHARD: I think we have a question later where we talk about Kay's program. But for this particular one, I think the project officer is quite important. With these families, we find that even to negotiate their rights around going to Centrelink they seem to have enormous problems in following through those sorts of things. So often the project officer will need to set up the appointment and pursue it.

We have also had meetings with government departments. Sometimes there is an expectation that somebody is sitting at home and that this person will ring the department on the telephone. A lot of these families do not have a telephone. So using that sort of means of communication does not work, but they are also highly disorganised. To think that they are going to turn up at 10 o'clock, they do not. So we play an intervention role in making sure that they walk through the system.

We also found that in childcare a lot of the issues around, for instance, the childcare benefit, which is like a fee-relief system, they have to have had their child inoculated to be able to get the childcare benefit, just to give one example. These families do not stick with one family name. They change their name and the name of their child as they move in and out of relationships. So when you try to track a history of something like immunisation, they do not have it because they have kept changing the name, and therefore they become ineligible because they cannot prove the name and getting the family name and the child's name into the system. So again we have had talks with the Commonwealth to try to develop more sensitivities around those things that do not always stay like we may think they do. There is a whole range of co-ordination issues around children with disabilities that we would like to talk to.

CHAIR: It will probably come up again and again. Perhaps at the moment we could stick to the Waterloo one and come back to co-ordination as a broader issue.

The Hon. D. F. MOPPETT: You have a highly commendable policy of trying to keep the balance between, shall we say, normal families and dysfunctional families. It is terribly easy to get totally enmeshed in the small number of very, very difficult families and to forget that there is a large group of families that you are dealing with who have difficulties but not nearly so profound.

How do you see this as a position in which subsequent learning difficulties could be diagnosed in all children? It is very easy to say: This is a very difficult family, with problems of methadone, gaol, et cetera, and a precursor for learning difficulties later on. However, there are intrinsic factors as well. It could well be that that difficult child does very well but another child that you have does encounter learning difficulties. In your situation, do you feel that that is a matter that you could cope with diagnosing, making recommendations, and receiving an adequate response to the fact that a child in your care appears to have speech difficulties or whatever?

Ms GODHARD: I will get Kay to elaborate. Basically, yes, at some level. We will try to explain some of the weaknesses. Qualified staff-based training is in early child development, which is important. They are not driven by teaching from a curriculum; they observe the individual child and look at that child's development against norms, if you like. If they are well qualified they are in a good position to look at all the children they have, from whatever background, and say, "This child seems to be extremely clumsy. This child is acting out. Can we see why this child might be acting out? This child cannot cross the mid-line, which could present problems in reading or something like that later." So they have that basic background.

Kay's team has identified certain weaknesses. We believe that there is a need for better training in early childhood development, both for university graduates as well as for graduates with associate diplomas—a two-year course from TAFE or sometimes a one-year course through private

providers. Kay could speak better about particular weaknesses we find in people who identify these issues.

Ms TURNER: I have found through experience that early childhood staff are quite competent at identifying concerns with communication development, making referrals, or seeking help on behalf of families around communication development. There seemed to be gaps, though, in the ability of staff to identify concerns in other areas, particularly processing difficulties, auditory processing, motor issues, motor planning, clumsiness, organisational skills, and that type of thing. Some level of expertise has been developed, either pre-service or at an in-service level, around communication skills, but not so much around other areas that are related to learning difficulties.

I include in that other areas involving at-risk children, for example, attachment to adults and child and adult interactions, which are important in regard to a child's development. There seems to be a much more limited understanding in that area. In the applications we get for in-service training there is a lot of interest in language and communication and behaviour issues. People want training in those areas and not so much in other areas. So I think there is some correlation in the sorts of things people are looking for in in-service training such as the ability to identify those children. There are gaps in other areas, which is an issue.

Early intervention models, for example, speech pathology, occupational therapy and special education, have changed a great deal and have moved into a consultancy type of model. So the speech pathologist is not doing so much one-on-one therapy; he or she is doing assessments and is giving out programs, with which I strongly agree. Early intervention has moved that way, but it seems that there has not been any corresponding movement in the training of early childhood staff, who are actually picking up a different role because the early intervention model has changed. So there seems to be an imbalance there.

Now speech pathologists are saying, " Weekly therapy of half an hour with a child who will not even sit at a table will not work. Research has shown that if we assess and develop a program and you implement it in your daily routine, that would be more effective." But there does not seem to be any corresponding training for early childhood staff to do that. So a lot of fear and resentment are being exhibited by child care staff. A lot of support and training are needed at that level for them to be able to balance out what is happening.

CHAIR: That would have implications for parents. Under that kind of model, parents would need to do a lot of the programs with the children.

Ms TURNER: Absolutely. With speech pathology there are parent training programs. However, a number of the parents of children with learning difficulties—even if it is just a receptive language difficulty—often have the same difficulty. So coming to a group to learn how to implement these programs is an issue in itself. It is a problem that we have had. We have offered groups with a speech pathologist. We ask parents to come along, to bring their children and to learn about these things. We have had very little response.

If we ran a program about behaviour we would have a different response. There is some parent training and it is meeting the needs of some families but it is not meeting the needs of others. Early intervention teams do not have the ability to work as much with child care staff. That is our role. Part of my role is supporting early childhood staff and helping them to meet the needs of children. The big issue is release time for staff in child care.

CHAIR: How many hours in the day are there?

Ms TURNER: Part of the role of my team is to coach early childhood staff. How do they meet the needs of an individual child who is a bit different to other children that they have had, whether or not they have been diagnosed? Sometimes it means following a child care worker while that worker is wiping tables and changing nappies, and making suggestions on the run. For most people, the giving to them of wads of paper and ideas does not work. It does not get read. They need to be shown. But no release time is available to staff in child care. Very rarely is there release time. That is a huge problem for co-ordination because frequently the other key player, apart from the family, is regularly not available for meetings to co-ordinate programs.

The Hon. D. F. MOPPETT: I would be interested to pursue this issue. We have moved from a model—I do not know how many years ago—when friends, relations or perhaps a doctor would have made a comment about a child, and a comment might have then been made later when that child attended school. Vague terms such as "slow" or "backwards" would have been used. That child, having been identified, would then have been moved to a diagnostic centre. Now we seem to have a model in which primary school or infants teachers have to be pepped up to handle this new lexicon of terms and techniques.

We are also putting pressure on child care people. I am concerned about a system such as that. It depends very much on the willingness of the person—the infants teacher, or in your case the person in charge of the child—to say, "This is my primary function. My responsibility in society is to diagnose children with learning difficulties." Most of them would say, "I am here to provide the service of looking after children, to make sure that they do not get into trouble."

Ms GODHARD: I do not believe that they would have a problem with that. They would say that they are there in the best interests of each child. They will not always come up with a label. It makes parents particularly anxious when you do not say, "Here is a neat little label." However, you can still identify areas which you need to do something about—issues that they can address. They should be in a good position, because of their developmental knowledge, to know how to move that child on. They have a lot of children. Increasingly, we are seeing children coming into child care for perhaps one day a week. If you are in a 20-place room you could be seeing 80 families and 80 children. Your knowledge of those children would not be as good.

When I was teaching the children came five days a week, you knew them well and you knew their families well. Part-time care in any type of setting has escalated. So their time to observe is limited and their time to have dialogue with the family is limited. But they would still see as their role identifying what is happening in that area and working with those issues. Let us say that they determined a need for speech pathology. It is hard to get a reference for a child to undergo speech pathology.

They have strategies on which they can work anyway which would be enhanced if pathologists gave them a program on which the family could work. But there are still things that early childhood staff members can contribute. I think that they can play a useful role. When other people become involved they often do not get the time to talk with the general practitioner, the paediatrician, the pathologist, or whatever. As Kay said earlier, you have to run after people if you want to talk to them, which is not the way to go about it. We will talk more later about the individualised family service plan.

CHAIR: Can we assume that this program is a pretty expensive program?

Ms GODHARD: The grant is about $98,000. About $60,000 goes towards the project officer's salary and the bulk of it goes towards the affordability component of the program. I think that it is very cost efficient if you know that you made a difference. So I go back to what I said earlier. If the intervention actually works for that child and that family, given the high needs of these families, I think it would be very cost effective.

CHAIR: That is good to know. I think you have really answered question 3, which relates to the widespread application of this program, by giving us the example of your application for Riverwood.

Ms GODHARD: I would not see that model being applied everywhere. I think you would need different models.

CHAIR: Question 4 relates to programs to address learning difficulties. Should that apply to all children who are at risk of developing difficulties rather than to those who experience problems with school curriculum? Can you outline the types of programs that are needed to assist those children?

Ms TURNER: One of the issues relates to identification—which children we are talking about. We need programs that better identify children before they go to school. A big role can be played by formal child care services, including family day care, occasional care, baby health centres and early childhood centres. Training is required to enable staff to make identifications. They must be confident about making identifications where there are concerns about development, and they must be able to approach families about that. One of the problems with this group of children relates to raising concerns with the family. If that is not done well, the process can stop. The family might not want to proceed any further. So training is required to enable staff to explain their concerns to families, and to tell them what they should do about it. We need programs that address risk factors. Waterloo is one example, of course.

CHAIR: Are you assuming that children are likely to have learning difficulties in the future? So you are addressing factors that you know are frequently risk factors?

Ms GODHARD: The program at Waterloo is just one small program. That is why we argued in our submission for a wide definition of learning difficulties. One of the problems with which we are confronted relates to getting extra resources for these children. Unless you have a diagnosed disability you are ineligible for lots of things. These children will usually not fall into the category of having a diagnosed disability.

CHAIR: Yesterday we heard from the department about that difficulty.

Ms GODHARD: That is a big problem. They then fall outside the net, whether it is Commonwealth or State, and cannot get additional resources, such as the support that Kay's team can provide.

CHAIR: In our hearing yesterday we dealt in depth with this issue. At one point it was put to us that you identify children who have a problem or who seem to be at risk, and you try to treat or address that problem without bothering too much about trying to predict future learning difficulties at schools. Obviously some important questions have to be asked. What is it that you identify? What do you do to address the problem without saying that it is likely that a child at the age of eight or 10 will be having trouble reading?

Ms TURNER: I think some good Australian research or some long-term studies would be beneficial. We do not really have the benefit of such research at the moment. We are dealing with risk, and the multiplying effect of risk factors.

We have lots of good information and understanding about child development and children's learning styles. The recent brain development research has provided more information about when that happens and how it works. Our approach is not that these children are normal and there is something wrong with that bunch—we could change the size of each group by changing the criteria. I like to look at it in terms of how everyone learns. We target most of our child care programs at how the majority of children learn, but groups of children and individuals fall outside that category. They learn differently at different rates or simply take a different route—sometimes it is the long way round and sometimes it is just different. Therefore, the usual strategies that parents and teachers use do not seem to work.

For example, we see parents from low socioeconomic backgrounds who have raised two or three children perfectly well—they are happy, making friends and doing okay in school. However, those parents then have another child and their usual parenting strategies suddenly do not work; they are not effective and parents do not know why. It is about identifying those children and saying, "Okay, for some reason this child is not learning like your other children; let's find other strategies that will help this child to learn". Sometimes specialist advice—from speech pathologists or occupational therapists, for example—is required to input into those strategies. A child may come to child care and the usual system of meeting individual needs—reading stories and so on—does not work. There are other strategies available that might help that child. Our approach is that children learn differently and do not necessarily fit the strategies or systems that we have put in place, not that there is something wrong with them that must be fixed.

CHAIR: Does that mean that in some cases you find the right way for that child and the problem then disappears?

Ms TURNER: I would say so, based on anecdotal evidence and my experience.

CHAIR: What happens if you find the right away but the problem does not disappear? How do you handle the transition to school? How do you pass on the relevant, necessary knowledge about that individual child?

Ms TURNER: There are some really good systems in place that have developed over the last five, six or seven years in public schools with the Transition to School program. The Transition to School program for children with special needs does not rely upon a diagnosed disability. For example, a child in preschool may need more specific strategies. I can contact a special education consultant in the Education Department who would eventually refer me and that child to the early intervention support teacher. We would handle the transition together. The child would go to mainstream kindergarten without necessarily being eligible for any additional funding and support, but the information would be handed on to the kindergarten teacher.

There are always weaknesses in the system. For example, the school might not know how many kindergarten classes they will have, who the teachers will be and so on. But it is better than doing nothing. When the system with the early intervention support teacher works well, it is very effective for the family to have a contact person. There is a weakness in that, once a child starts kindergarten, it drops out unless other issues come up, such as behavioural problems or the child fits into a diagnosed category of learning disability regarding literacy or numeracy. The transition involving independent schools is ad hoc on a school-by-school basis. A service such as ours handles the transition with the family, if that is what the family wants. But not every area has a service such as that.

CHAIR: My next question picks up some of those points. I refer to the effectiveness of current early childhood services, such as long day care, family day care and so on. We have been over part of that ground, but it raises the issue of coordination and gaps.

Ms TURNER: Yes. It also raises the issue of adult-child ratios in centres and release times. I believe coordination is a key issue. The family is often the coordinator and, in my experience, it works best when the parent takes on the role of coordinating all the services. However, I have also found that it works best when done in a formal sense. For example, we ask at an individual family service planning meeting who will coordinate and it is documented. It is then clear to everyone that the parent will coordinate services.

CHAIR: How does the parent do that—particularly parents with lesser skills?

Ms TURNER: Some parents are very good at it and others do not want to do it. Some families need support and some can manage perfectly well on their own. We would like to see parents coordinating by the time their children move into school because parents will have an ongoing role—school principals and teachers change. We would like to give parents those skills. Parents needs to be able to understand and use all the available systems. They need communication skills in English and some literacy skills. They also need to know who to contact and how to bring people together.

The Hon. I. W. WEST: Are you suggesting that there should be some sort of system that facilitates teaching teachers to teach the parents?

Ms GODHARD: It is about empowering parents. We think empowering parents at early childhood levels is very important. One does that with varying degrees of success because of the issues that have been raised. However, in the end, the parent is the advocate for the child through all the systems. Therefore, if we can encourage parents to play a role—it does not necessarily have to be totally formal; it could be simply ensuring that all the parties come together—the parents' wants for their child should drive the process strongly.

The Hon. I. W. WEST: I am thinking more in terms of trying to stretch the resources. Can you make some suggestions about how that sort of proposal could work in practice?

Ms GODHARD: Government policy is a huge help. The Commonwealth requires an individualised family service plan [IFSP] for children with high support needs. To get the money and implement the system, coordination meetings are required four times a year to check on the child. The family, services and teams such as Kay's are involved in that process. Health should also be present, but it has the same problems as early childhood: they cannot get released or whatever. If we make it a condition of funding and the process is informed by current theory that says that IFSP is the way to go, we can make it happen. The parent or someone else can then coordinate the process. It has been written in as a requirement.

Everyone will learn from the process and parents will start to expect that, when their children move into school, everyone involved will come together to talk about their children. They know that their goals for their children—not just those of the early childhood teacher—are also important. For example, if toilet training is a big issue for parents, that should happen; we should not focus simply on our concern about parents' reading stories because of pre-literacy problems. What drives the parent in improving the situation at home is really important. I do not think that disappears when the children go to school. The school curriculum requires children to be able to function at all levels. For example, the management of attention deficit hyperactive disorder at home is as critical as what is happening in the classroom.

Ms TURNER: Parents can see how the meetings are run and then have a chance to practise the process. That has proved extremely effective. The process seems to work well with someone coordinating the initial stages and then saying to the parent, "How about you make the transition and start coordinating?".

CHAIR: Would you recommend extending this approach to families whose children do not have those high support needs?

Ms TURNER: Yes.

CHAIR: Have you found it to be a good model?

Ms TURNER: Absolutely.

CHAIR: You said that the Commonwealth requires four meetings a year. That is a pretty demanding schedule; you are talking about compelling parents.

Ms GODHARD: You are compelling the services at least. You are saying, "You need to be accountable; you have enrolled this child with high support needs and making it work is not about respite care but about teaching and learning of the child". Many people are involved in achieving that outcome.

CHAIR: Would that fairly stringent regime work with children with lower needs? Would the regime be accepted?

Ms GODHARD: I do not think you would have to have meetings four times a year. However, you could bring the major parties together twice a year. I think that would make a difference because you would be reflecting a wider understanding of that child.

Ms TURNER: The best practice guidelines for early intervention recommends that for all children who are receiving services, so it is not mandatory. Our service tries to work within those guidelines, whether or not they are mandatory. It is mandatory for children with higher needs, but we operate that way for all children. I cannot think of one example where we have had difficulty getting parents to work with us. We try for a minimum of two meetings a year; four meetings a year certainly makes it difficult for services.

CHAIR: There are big resource implications. You have already mentioned release times, needing to teach the teachers and so on. Adding this kind of coordination and meeting role will add a fair number of hours to their workload, will it not?

Ms TURNER: Yes. It is usually one hour twice a year. Release time for staff is an issue. At present we do most of it after the centres have closed, so staff are working in their own time.

The Hon. I. W. WEST: Is that for each child?

Ms TURNER: Yes.

CHAIR: I return to question No. 5. Can you give some kind of evaluation of the effectiveness of the range of early childhood services in identifying and meeting the needs of the children whom we are talking about? What are your views about the success of long day care, baby health centres, family day care and preschool?

Ms TURNER: There is a huge range of services. Anecdotally, it seems to correlate fairly well with the level of staff training in those services. Children are being identified in preschools and long day care but not so much in family day care. In family day care it seems that, unless there is a behaviour issue, the children are not identified—that applies even to speech and language issues.

CHAIR: Is that because of a lack of staff training?

Ms TURNER: I propose that that is the case.

The Hon. I. W. WEST: Is it identified by someone outside?

Ms GODHARD: No. Early childhood staff are identifying children but family day care carers have no formal qualifications and the coordination unit where the training sits in family day care has fewer opportunities to interact with children.

The Hon. AMANDA FAZIO: Do they have regular playgroups?

Ms GODHARD: Yes, there is some capacity for playgroups. If they go in again, the coordination unit would be present. From our program experience, we are not finding high levels of identification among children in family day care.

In terms of baby health, we find lots of parents do not go when they are open. By definition, long day care parents are working and I think the old links we used to have with Health, where health practitioners came into children's services and it worked very well, are all gone. There are not enough resources to do it, and we do not find referrals from the baby health centres in this area.

CHAIR: The Hon. Amanda Fazio raised earlier the issue of the frequency with which parents return to baby health centres for those regular checks, and so on. Can you make any comment?

Ms GODHARD: No, I could not. It would be anecdotal.

CHAIR: It is something we will have to take up with the Department of Health. We have not spoken with them yet. Would you suggest that the role of baby health centres needs to be extended?

Ms GODHARD: Yes, and it needs to be at times and places where families can access it when they are working as well.

The Hon. AMANDA FAZIO: Do you think there would be any role for the early childhood nurses to come into child care services?

Ms GODHARD: Yes, that is what I would like to see. The whole issue around co-ordination is you have poor parents having to run round to all these different people, often with a child, at great financial cost but also at great personal and stress cost. We do not come together to do that. Our links with Health would probably be the weakest. So, if we could have the health service coming in and screening children again, I think it would be excellent. Plus, you would have the expertise of Health feeding into the early childhood expertise, which is an asset for all children.

CHAIR: Is that partly because Health sees its role as dealing with the youngest children, like babies and up to, and they see child care taking over, and then preschool?

Ms GODHARD: It is like the weighing and measuring or whatever. When you get a child in to a room in a particular setting you are not seeing a naturalistic observation. You are hearing the mother's concern about what is happening with the child, and there would be certain questions. The advantage to me of early childhood is that you get an observation in the natural setting. So, if you want to look at, say, speech and language you actually see that child interact with peers or interact with other adults without putting it into a formal assessment type of system.

The Hon. D. F. MOPPETT: There is a bit of a dilemma that I wanted to pursue. You would appreciate that a lot of our inquiries have overlapping material. In another inquiry it was suggested to us that the model of the English district nurse could be employed to overcome a lot of these social difficulties by identifying people in a non-discriminatory way during pregnancy. So, we get right back to then and we identify at-risk levels and follow them through. The alternative model is that you might say that we are dealing with learning difficulties so it will now be mandatory, instead of presenting a child between 4½ and six, that they come the year before they are due to enrol and they would come for one day a week for four weeks, or something like that, and an assessment would be made at that stage whether they had the precursors of learning difficulties, exhibiting speech problems, some of the cognitive things that are more obvious, rather than being confused with all these other difficulties that you might be dealing with, such as how are we going to get the family back together and off the methadone. That sort of thing becomes so intensive, whereas if we are trying to deal with learning difficulties and specifically making sure that children are literate and numerate when they go out of primary school, it may be better to let the children present as an orientation thing beforehand and not worry so much about the level of where they are being looked after—sometimes in substitute parental care and sometimes in the sort of programs that are more focused on the needs of the child. What you think about that?

Ms GODHARD: I would be concerned, if you are talking about the very short term. If we move to saying, for example, there should be a universal provision and all children should have some provision before they go to school, all we have done is just moved the level down, because in this State they do not have to go to school until they are six, although most families are choosing at five. So, I think we just keep pushing it earlier and earlier, whereas I would like to make sure we adequately resource the first year of school so they can cope with the range of children in that class. Then I would like to see parents understand the sorts of things they are looking for in these learning difficulties.

I remember an English study that was just looking at books in the home and how often the parents read to the child—I think it was back in the old Warnock report—showed a high correlation with literacy later. So, if we can work with families to understand that reading to their children and having all that literacy stuff in their homes is important and it is not so much about what you read but valuing reading and spending that time around text with their children, that is most important, and if you have a concern there is someone you can talk to.

It would be worrisome to me to think you can put them in for a month to have a look at them and say they have a bit of a learning difficulty and they might not do numeracy terribly well when they get to school. I think it is subtle. For so many of these children the difficulties around pre-literacy and pre-numeracy are very difficult to tell sometimes. There are children with very concrete things and you are identifying a potential problem around reading a script, but a lot of it can be around low self-esteem, and they will avoid those tasks because they feel a failure, and to cover information around that is quite difficult. You are doing lots of different things.

Even for us to label a painting with a child we start at the very beginning, modelling the script in the right place with the right foundation so the child is learning that. A lot of children will start to mimic that at an early age but some children will show no interest, but that does not necessarily mean they will not be able to write when they get to school. There are huge differences in development that also would not be matters of concern. There is a pattern and a subtlety behind it, and in a four-week block you could not screen it.

CHAIR: So, are you saying if we focus on learning difficulties and children's achievements in school—as this Committee is instructed to do—that really we should be looking at the resourcing of those kindergarten to year 2 years in school, granting all the other things that need to be done for children with difficulties at preschool, but we should be looking very much at the kind of resources and patterns of organisation and so on that exist within school?

Ms GODHARD: No, I would like to see both. I think schools need to be resourced, and I am not an expert in schools. For the children in the system, whether it be preschool, family day care, wherever it is, we need adequately-trained people. So, we need a commitment. A lot of this is continuing education, you cannot learn everything in your base degree. As we learn more about these children we need to work. I think Kay identified that they can pick up the language delay; they cannot pick up a motor problem. We need help there. We need help where the children are in the system to enable proper conferences so they can get a proper program of intervention happening, and you can only do that if you involve families and children's services staff. And, I think, more information for families about children's development.

I know there are a lot of handouts, one-off sheets, and I do not think parents necessarily get a lot from them. I often think if we had more community information on the television about children. If you look at the media image of children, it tends to be this sort of cute-type of image. There is not a lot for the family that is trying to understand the development of a child before school age, because we do always put it in this sort of written handout type of thing. I think we could spend energy on that. But affordability is a huge issue. Children are denied access to children's services because they cannot afford to come. If it was affordable we would pick up a lot more children. It does not matter whether it is Commonwealth or State funded, they just cannot afford to come.

The Hon. D. F. MOPPETT: There is also a group that do not come because they are geographically isolated.

Ms GODHARD: Exactly.

The Hon. D. F. MOPPETT: And believe that the disruption to the child's life of having to undertake a journey of 100 kilometres backwards and forwards negates the benefit of it.

Ms GODHARD: That is right.

CHAIR: I guess we have got to our question No. 7, what do we do to assist families of children with learning difficulties or potential learning difficulties who do not currently access formal services, whether it is for reasons of geography or affordability or simply because they are the kind of family that no-one successfully reaches out to? What do we do for them?

Ms GODHARD: We think there will always be someone outside the net and therefore the beginning of school is really important, to be able to look at them. I cannot believe we would want to have a system that says every child must go to an early childhood setting. Parents should always have a choice. Personally, in the current environment I would like my children and my grandchildren to have some early childhood experience, but a lot of that would be about things like separation from adults and other sorts of preparation mainly, not just moving from the home environment straight into the school setting.

CHAIR: Do you have a view about the age at which children should start school or start formal learning?

Ms GODHARD: I do not think it is easy to put a actual date on it. Again, as a parent I sent a child before five because I thought he was ready for it. The reality, I think, is that most people are going to school and leaving children's services because they cannot afford to pay. We are seeing huge numbers of children going to school early, even though the parents are concerned about development. Maybe that is something that could be changed, that children could stay in a play setting longer, rather than moving into formal school when they are not confident in that environment.

CHAIR: Does that mean, if we accept that reality, that we should be looking at the work of kindergarten teachers and thinking that they should be doing less formal—

Ms GODHARD: And more play, but to do that is resource heavy, because typically you have the indoor-outdoor type program and the child moving between it. You will also have a lot of children at five who are quite ready for formal programs. So, to be the teacher in that environment is quite hard if you are a single person. I think it is worth noting that a child in children's services moves from a ratio of about 1 to 10 into a school setting of about 1 to 30, so that is a big change for that child and for the staff trying to cope, and we would have problems with 1 to 10. But to enable a true play environment does take resources and the child is obviously more dependent. I do not think it is easy to have a school starting age. Research shows that children are more ready to read, et cetera, at six than at five. Quite a lot of research has been done on that.

CHAIR: We might have the look more at the organisation and structure of what is going on in kindergarten?

Ms GODHARD: Yes.

CHAIR: We have talked a bit about interagency co-ordination and we have also talked about the number of different government departments at those Commonwealth and State levels with responsibility. Do you want to say any more than you have said in passing about the different agencies and whether it is Federal or State or whether it is the different early childhood agencies?

Ms GODHARD: You are aware of the complexities and all the different rules that pertain to these children. All different funding has different rules. It is important to note here that some research funded by the Department of Community Services [DOCS] and done by Dr Joy Goodfellow showed that a large number of children are experiencing multicare arrangements each week in settings before they go to school. I think there are examples, from memory, of up to seven out-of-home experiences. We think co-ordination is a problem when the child is going to just one service. To get continuity for that child if it goes to Grandma, to family day care, to preschool, to whatever, across the week is a nightmare. A lot of children are doing that. Families are making choices because of affordability but because they also think they are doing the right thing by the children, that play will give them a bit of education here and something a bit different there. So, to co-ordinate that is really highly problematic. What it means for a child with learning difficulties is also a problem because it is inconsistent in what you are doing with the child across the week.

CHAIR: Does that variety itself to create a risk factor? Is a child able to cope with the complexity?

Ms GODHARD: We believe it does. I think DOCS wants to fund more research on that. I think commonsense says if the child-rearing practice and the discipline and what you expect of children change seven or eight times in a week, the child is either going to learn to play the system or not know what it is doing. It is very difficult really.

Ms TURNER: There would be concerns around attachment issues and primary care givers, and so on, in that situation. And it is often with the under twos and under threes that those situations happen, because of a lack of baby places.

CHAIR: You highlighted the importance of parental involvement. What types of support structures are needed to help carers who have children who are at risk of developing learning difficulties? You have talked about transition and the regular meetings, is there anything you want to add?

Ms GODHARD: Parents are the key. If there is another program, indeed that program should operate at home as well—they all need to work together on the same thing. Parents with young children are the key, because of the way they will interact with the child. That is very important, because often we do not see a child for five days a week like a school child, but just for part of the week.

CHAIR: The Committee has not asked you questions about the importance of training, which you have mentioned several times. Tonia, you mentioned that quite a lot of people are getting only one year training from a private provider whereas the norm was two years through TAFE or a

university course. Could you comment on the training of people who work in the early childhood area?

Ms GODHARD: I sometimes wonder whether I am very old-fashioned, I graduated from the old CAE model in which there were independent colleges. Now most early childhood teachers have had four years training and they are graduating with an ability to teach from nought to eight, so they can teach in the first years of school. They all opt to work in schools, because the pay and conditions are better, so we cannot attract staff. The demands on them have become greater. To satisfy Education they have to do all the curriculum content areas, whereas for us there were a whole lot of other things. The push on it, particular around these children, teaching often to come down to one course. Although they have done child development and might do parent involvement, psychology and sociology, we are not seeing it at the same level.

The TAFE course has moved onto the competencies and when they were being developed I think there were concerns about the children, and how do they identify and work with the children. It is more worrying now that private training providers offer a course of almost fourteen months, it could be a little more, to integrate that understanding of children, to get practical experience. But there is such a huge developmental span. They are working with six-week-old babies up to five- or six-year-olds, and we have not talked about outside school hours [OSHC] care which has its own problems. Often there is no dialogue between school care and outside school hours care. If the child has been identified as having learning difficulties in school, in my experience that is no link with OSHC where the child might be doing his homework.

That is something we need to strengthen, because the children need help with homework and often do it in less than good settings. Yes, we would like to see all training strengthened. However, I still think that continuing education or higher degrees with specialties in this area are really important. To get specialists like Kay's team is very hard. It is hard to find people with those qualifications; people have had early childhood experience and have higher qualifications with children. We need it at all levels.

CHAIR: The supplementary services program [SUPS] is available for kids with learning disabilities. Would it be available for a kid with a mild language impairment or a suspected learning difficulty?

Ms TURNER: Technically, no. Under the guidelines, no, although there is an area around children who are in the process of investigation. Under SUPS we would see those children to decide if a process of investigation is necessary. We would meet the guidelines, otherwise no. Children with behaviour problems do not come under the SUPS guidelines. Some SUPS teams will not see children if that issue is the priority. We will see those children to make a decision, because often it is a symptom of something else.

We need to decide if there is an underlying cause which may need investigation, and therefore they may meet the guidelines. We also have some State funding under the Ageing and Disability Department that is a little different from SUPS. We have some flexibility around children which is ideal, we have funding from different areas.

Ms GODHARD: A wider definition would help, because basically the children we are talking about today are excluded in Commonwealth and State definitions. After the SUPS screening they are outside the process. The SUPS program is for Commonwealth funded services only, and not State funded. State funded services depend on grants for individual children and that was frozen in 1980-something for each preschool. It no longer relates to the children enrolled in a service. A service may have been given something for 10 children back in 1986, and is still getting that whether it has any children or not. If there are now ten children when previously there were none, the service gets nothing. That is currently under review by the Department of Community Services. We believe it will move more to a model like the SUPS program.

The Hon. I. W. WEST: What is its full name?

Ms GODHARD: I think it is the supplementary workers program, it also runs the special needs subsidy scheme, which is the money for children who need high support. It does not touch learning disabled children.

(The witnesses withdrew)

JONATHAN MARK O'BRIEN, Project Officer, Uniting Care, Burnside, 13 Blackwood Place, North Parramatta, sworn and examined:

CHAIR: You are appearing before the Committee in the capacity of project officer?

Mr O'BRIEN: Yes.

CHAIR: Did you receive a summons signed by me?

Mr O'BRIEN: Yes.

CHAIR: Do you want your submission to be included as part of your sworn evidence?

Mr O'BRIEN: Yes.

CHAIR: That is a protection for you, amongst other things. Do you wish to elaborate on your submission or make a statement, or shall the Committee go straight to the questions that we forwarded to you?

Mr O'BRIEN: Yes, I would like to make a brief introductory statement. In a sense, this builds on what we said in our earlier submission. Basically, Uniting Care, Burnside is taking a very broad view of learning difficulties. We define learning difficulties as anything that impedes a child's capacity to learn and to achieve his potential, especially his educational potential. We see learning as a critical factor, because it defines so much of life opportunities. The most critical factor in the cause of learning difficulties is poverty and factors associated with poverty. If we really want to address learning difficulties we are going to need structural initiatives that address the causes of poverty.

We need early support programs that will ameliorate the impact of poverty, especially on parenting, because we see the impacts of poverty on learning difficulties and behaviour are mediated especially through parenting and family processes. There is overwhelming research to support that. There is compelling evidence for much more of a bipartisan approach to these sorts of issues in terms of early intervention. There seems to be so much agreement between major political parties about the importance of early intervention, but we are handicapped by having short-term electoral cycles and short-term policy strategies. We really need strategies over a decade or more to see the effects of early intervention programs.

CHAIR: I imagine that along with the other witnesses you stress the multiplicity of agencies and the need for co-ordination amongst those agencies that is needed.

Mr O'BRIEN: Yes.

CHAIR: Bipartisan agreement is a good thing, but how to achieve it is a difficult issue.

Mr O'BRIEN: Yes.

The Hon. D. F. MOPPETT: In your submission you mentioned comprehensive early childhood intervention. Your objective would be wider than simply overcoming learning difficulties, I imagine?

Mr O'BRIEN: Definitely. Basically the purpose of Uniting Care, Burnside is to enhance the life opportunities of disadvantaged children and families. Learning difficulties would fit into that. We have a focus on preventing childhood abuse and neglect historically and also because the destructive consequences of child abuse and neglect are so broad in a whole range of areas. Uniting Care Burnside runs a raft of programs, more than half of which are focused on early intervention and family support. We tackle issues a whole range of things such as abuse and neglect and parenting practices. Yes, it is much broader than learning difficulties.

Again the research evidence is strong. The factors that produce learning difficulties are also the same factors that produce a greater risk of child abuse and neglect, that produce mental health

problems, that produce juvenile delinquency. So the beauty of it is that if you address some of those factors you are actually going to get multiple benefits. You will not just get benefits in terms of learning difficulties but you will get benefits across those other areas as well.

CHAIR: These issues are complex because focus of the terms of reference of the Committee is very much on educational outcomes, learning outcomes and we are conscious of all those things you have just said. On the other hand if we then have to focus in on what happens to a child specifically in terms of learning it gets complex.

Mr O'BRIEN: I tried to hone in on educational learning difficulties as well.

CHAIR: What is the role of Uniting Care Burnside in the provision of services?

Mr O'BRIEN: We are the agency of the Uniting Church in New South Wales, the child and family welfare agency. We have approximately 50 programs across New South Wales, many of which are located in Sydney and in disadvantaged communities, especially in western Sydney and southwestern Sydney, Cabramatta. We have a lot of programs in the Macarthur region but also recently we have moved more into country areas so we have services in the Central Coast, Mid North Coast and Dubbo, the Orana far west region. We recognise those pockets of disadvantage as well. We see approximately 1,200 clients, children, young people, families a year across our whole range of services. We have about 350 staff. We are a reasonable size player in the community services sector.

CHAIR: Your services range from fully residential to all sorts of things?

Mr O'BRIEN: Burnside originally grew out of a concern about residential care. It is now called out-of-home care. Probably during the past 10 or 15 years now more than half our programs, especially our self-funded programs, are directed towards early intervention and family support. There has been a move in that sector to recognise that it is better wherever possible to try to keep families together, to strengthen them. A smaller group of kids, for various reasons, will be impossible to leave them in their home situation as it is too risky but generally it is better to try to strengthen families in the community. The majority of our services are directed towards that but we still offer substitute care, foster care and residential care.

CHAIR: Do we need a lot more investment in quality early childhood services? Do you say that there is something wrong with them at the moment or that they are fine but only need a lot more money?

Mr O'BRIEN: No, we are not saying there is something wrong with them. Generally Australia has pretty good quality standards in terms of child care services. There is some evidence of comparatively low usage, especially if you compare Australia with other OECD countries. For example, in terms of preschool usage there was an OECD report that said Australian children get about eight months on average preschool compared with, say, two to three years in some other OECD countries. In 1996 an Economic Planning Advisory Commission report estimated that about 57 per cent of 4-year-olds in Australia attend preschool. Incidentally these figures are fairly hard to get and there is probably some contradiction between figures. One can compare that to 73 per cent in Sweden, 75 per cent in Germany, 90 percent in the Netherlands and 95 percent in France. We rank lower in OECD comparisons. The 1999 figures from the Australian Bureau of Statistics show that 51 per cent of children under 12 years used some form of child care but most were informal forms of child care—relatives, parents, et cetera.

There is a comparatively low usage for everybody and that has implications because of the benefits of child care for everyone which, I think, is one of your later questions. But specifically for disadvantaged children to which the previously speaker referred there are real problems in terms of access to different sorts of children's services. That is borne out by research and anecdotal evidence and it is related to the financial question. Basically there is a pattern that the higher your income the higher your child care usage and the lower your income the lower your child care usage. That inequality of access has been exacerbated in recent years because of changes to Federal legislation and policy about child care. There was a study by the Brotherhood of St Lawrence that showed that affordability of child care decreased between 1992 and 1997 particularly, and that the fee relief initiative had not kept pace with the increase in price. One indicator that people were using less child

care was that this spending on child care fee relief was down $150 million on the forecast figures, I think it was in 1996. That indicated that it was just not getting used because people were taking other options: they were not going into formal child care.

Uniting Care Australia which is our peak community services that body did a survey of about 47 long-day-care centres. Uniting Care Australia runs quite a few long day-care centres. They reinforce those affordability issues. They said that changes to operational subsidies, changes to eligibility for child care assistance and the non work-related child care limit of 20 hours per week meant a few things. Feedback from the centres show a decrease in a full-time enrolments. There were many more part-time enrolments which reinforced your previous speakers' comments about people opting for multiple care arrangements, that is, getting out of formal care and going into informal care and those sorts of things. They were a higher mix of care, higher child-staff ratios and at the time of the survey one child care centre was no longer economically viable to operate as its utilisation had dropped to the point that it had to close. There is quite a bit of anecdotal evidence, especially about closures of child care centres in the more disadvantaged communities. It seems that there is research, surveys and anecdotal evidence that the utilisation by low income earners is decreasing. The key point is that the people who are most at risk of learning difficulties have less access to the services that will help address them.

The Hon. D. F. MOPPETT: There is the risk that we can be condescending. Our witnesses are people who are high achievers and they tell us about a group that is interested in a few esoteric and professional reasons, whatever proportion. Is an unemployed mother from a disadvantaged family who is seeking work, who says "I am going to look after my child", is that a bad model? Should we be saying "Take that child out of that family and make it go to a child care centre"?

Mr O'BRIEN: No, I am certainly not saying that.

CHAIR: That is where the conclusion is a little bit shaky.

Mr O'BRIEN: I am not saying that. One of the things that we wanted to reinforce certainly is that we need to support the primary way that children are cared for, that is, in families and extended families or nuclear families or whatever sort of family arrangements are made. A lot of our services, as I said, are directed to supporting that. Although the evidence is clear that it is not about parent blaming or stigmatising parents, it recognises that there are factors, a lot of which are associated with poverty, that make it more difficult for parents to parent. It is not saying, "Okay you have some sort of deficit". It is not about a deficit model, it is saying there are factors in your environment that actually make it more difficult to parent effectively. We are talking about particular groups.

Uniting Care Burnside deals with some of the most disadvantaged families. We are not talking about the middle of the spectrum, we tend to be talking about this end of the spectrum in terms of high risk. But even risk is not terminal, risk is not prescriptive. Evidence from people such as Fraser Mustard and Margaret McCain in the Early Years report from Canada have been incredibly influential. They talk about a gradient of risk right across the socio-economic range. In other words if one divides the population into quintiles, into fifths, the bottom 20 per cent of this group will develop this specific problem and there will only be 17 per cent in the next quintile. Even when you get up to the top it will still be 7 per cent in that quintile that will develop some sort of problems. That is why they advocate universal services whereas we tend to advocate from our perspective, because it is focused on disadvantaged communities, universal services in the most disadvantaged communities. I can talk more about that later.

The Hon. Dr A. CHESTERFIELD-EVANS: You advocate universal services at the bottom end, at the lowest quintile?

Mr O'BRIEN: It is probably the last question but we would say ideally it would be good to offer universal services. We still think there needs to be some universal provision of services because if you do not offer universal services then the whole mass of people who paid taxes say that there is nothing in it for them and they do not want to contribute. Everyone has to have a stake in it but I think the Australian population is happy to accept that some people are needier than others, so some people can have more of a stake in it. One way to target disadvantaged communities it is de-stigmatising is to offer universal services in the most disadvantaged communities. So you are not saying "You are really

at risk. We will pick you out and offer this service to you." Everyone in this service gets the offer but you pick up more disadvantaged people that way and it is not stigmatised.

The Hon. Dr A. CHESTERFIELD-EVANS: You said that risk is not terminal. Risk is not destiny, as some people say. I am always frightened because it is a bit of a cop out. If you have a higher chance of winning a lottery, you are more likely to buy a lottery ticket. By the same token if you have less chance of winning a lottery, you are less likely to buy a lottery ticket, if you are sensible about it. Effectively although every individual is at risk they do not end up copping it. If you try to make any sort of sensible policies you would still put your money where the risk was highest, would you not?

Mr O'BRIEN: Yes.

The Hon. Dr A. CHESTERFIELD-EVANS: You rob the bank because that is where the money is. To say that not everybody at risk is taking the successful individual as the reason not to plan and put the resources in the most cost effective way: it is almost anti-intellectual. It states the trivial and uses that to overcome the obvious?

Mr O'BRIEN: I am not arguing that we should not focus on disadvantaged communities. The position of Uniting Care Burnside is that we should. I was just sounding a cautionary note from some other people who talk about universal services. Fraser Mustard talks about if you have a big middle class, if you just add up the numbers—even though a smaller percentage of that group might develop the problems associated with risk—it is actually a large number of people than in the bottom quintile.

CHAIR: Your recommendation is that we have statewide provision for free attendance of all 3- and 4-year-olds, one day a week for everyone, two days for children from more disadvantaged communities. You have probably said in general terms the advantages. Can you give more detail about what you have prepared?

Mr O'BRIEN: I am basically drawing this from evidence from a range of reviews of different studies in terms of early childhood interventions. One of the best in terms of education for the whole population was conducted by Boocock, which reviewed 15 studies across 13 countries.

CHAIR: Molly de Lemos from ACER took us through some of the Boocock stuff yesterday.

Mr O'BRIEN: Hopefully I am saying the same things. Basically, the key findings were that there were benefits in terms of preschool attendance, early childhood services attendance and promoting cognitive development. Primarily in the short term the benefits tended to fade out; in the longer term it helps the child be ready for school and increases school performance and academic achievement. So there are benefits for everybody to attend preschool. But in the Boocock study she also noted that the effects were stronger for low-income kids and that preschool attendance can narrow but does not close the achievement gap between low-income kids and better-resourced kids. She also noted again in passing that the most developed early childhood systems were in West European countries.

So there are benefits for everybody—we want to affirm that. Some Australian research—I think it is by Gay Ochiltree—shows that there are benefits in terms of general socialisation for kids to attend some sort of child care in terms of kids becoming more assertive, developing more social skills, becoming more outgoing, those sorts of things. But you always get a mixture of evidence about those sorts of things, depending on where you are coming from and what points you want to make. However, the results are emphatic, I think, about the advantages of early childhood services for more disadvantaged kids. There is another review of studies that you might be familiar with. Stephen Barnett did a review of 36 programs. I think they are primarily American programs, because they have developed a lot in this area.

There were 21 larger scale programs like the Head Start initiative, which was developed in America over a long period, and then there were 15 smaller model programs, which are specifically designed programs that included multicomponents—which is important and I want to emphasise that—and included things like centre based education. Several of them had a home visiting component

to reinforce what they were doing at the centre, and a smaller number also had some parent support and development programs as well.

The findings in general from that survey of 36 studies, 36 programs, interventions, are that they had a large effect on IQ, again generally during the early childhood years, sizeable and persistent effects on achievement, including reading and maths achievement, grade retention—in other words, they were not kept back a year—and less need for special education services and socialisation of some of kids' behaviour. In particular, Barnett stated that the evidence for the effects on grade retention and less need for special education were overwhelming. Researchers do not often use the word "overwhelming" so it is interesting that there was such compelling evidence.

Barnett pointed out that both the larger-scale programs—this is also important—and the smaller-scale model programs had similar effects but the impact in the larger-scale programs tended to be slightly less. The impact of the model programs was a bit more. He pointed out that that was not due to any deficit in the larger-scale programs but it was more a function that when the larger-scale programs were implemented they tended to be implemented with less quality: Larger class sizes, fewer trained staff and shorter duration than they were intended to be. He was saying that he could confidently assert from the research that if they were implemented in the way they were intended to be you would get similar impacts from the larger-scale programs.

The Hon. D. F. MOPPETT: Was Barnett talking about early intervention?

Mr O'BRIEN: He is talking about early intervention and specifically programs that are targeted to more disadvantaged children.

The Hon. D. F. MOPPETT: It is one thing to say that they all go to preschool or childhood services, but he may be talking about the fact that when they went to school they were identified and had reading recovery programs, numeracy programs and so on. Is that what he is talking about, or is he saying that they benefited from preschool?

Mr O'BRIEN: No, he is talking about before school initiatives primarily, whether it is a preschool or a combination of a home visiting program with some sort of centre-based program as well, but primarily all this is before school age.

CHAIR: But obviously from what you have said about great retention these children are being tracked through to the early years of school.

Mr O'BRIEN: That is right.

CHAIR: Otherwise you could not make that statement.

Mr O'BRIEN: That is right. Some of these are longitudinal studies that are tracking people. One of the most famous and the one that gets mentioned time and again is the Perry preschool program. One of the study reports is called "Significant Benefits". They tracked those people up to age 27. It was targeted at 123 African-American Hispanic children in very disadvantaged communities. They were offered something like four half days of intensive preschool education backed up by a home visit to the family's home. The results were amazing in terms of grade retention, reduced delinquency, reduced welfare benefits, they stayed longer in marriage, they are more likely to own their own homes—a whole range of benefits. That is the study that gets quoted all the time as having the financial benefit of $1 invested, $7 saved. It is specific to that program. They calculated the cost savings due to reduced welfare benefits, reduced expenditure on jails, et cetera was worth $7 for every $1 invested.

Those were the educational outcomes. Less emphatically, there were also some socialisation outcomes from Barnett's study which included things like children were rated as better adjusted socially by classroom teachers later on. Basically, kids were better socially adjusted, better classroom behaviour as rated by teachers, although some studies found no effects as rated by teachers. Several model programs found increased pride in school achievement, which is a significant factor, given that low educational expectation is seen to be a factor in non-achievement as well. It has implications for the next generation. If you have a generation of people who feel more pride in achievement, then

hopefully they pass that on to kids as well. Barnett concluded that there is clear evidence that participation in early childhood services makes a significant difference. He said:

> For many children, preschool programs can mean the difference between failing or passing, regular or special education, staying out of trouble or becoming involved in crime and delinquency, dropping out or graduating from high school.

CHAIR: How do you get the children into the programs, when you are talking about children from disadvantaged communities or disadvantaged families?

Mr O'BRIEN: That is a good question. A lot of these were specific. As I said, some of them were specific model intervention programs, and they would have different processes in terms of engaging the people with whom they work. In terms of Burnside, that is one of the reasons it is useful to have universal services offered in disadvantaged areas, because there is a moral question. It is great that we get the research evidence from things like randomised controlled trials but there is a moral question about going into a community and offering a certain number of people a program that you know will be of benefit and withholding it from other people.

The Hon. AMANDA FAZIO: The lady from SDN talked about some of the families that they deal with in the Waterloo project as being families that do not like to engage with service providers, that they have to go to great lengths to continue to have some family contact and that the parents, if there is any hint of criticism of their children's behaviour or whatever, want simply to withdraw. So even if you did have some sort of universal service provision in disadvantaged areas, would not the most difficult group to get to come and use those universally provided services be your target group? How would you get them to come and engage with the service?

Mr O'BRIEN: That probably touches on some later questions about the sorts of programs that would be useful. One issue is that it is often non-government agencies that have expertise in engaging some of the most difficult to engage people and they do not have the stigma attached to the Department of Community Services [DOCS] of being the welfare police, so that is a benefit. People talk about soft entry points. For example, preschool services themselves are non-stigmatised. Often people will engage with a preschool service and the preschool service or some sort of early childhood service can then become a platform for offering different types of services. If people are engaged in a preschool services they might be more amenable by taking up other sorts of services. That is one way.

There is a good argument for engaging people prenatally, engaging people at the entry points where people might be more open to a service which is connecting with people, hopefully through the maternity hospital before they give birth. Some of the emphasis in home visiting programs is to engage with people prenatally. We have a father support service in Coffs Harbour, and the project worker up there is doing fantastic work now in engaging fathers in prenatal classes. That is bringing in men who probably would not have had a bar of that sort of process previously. They are coming along to those prenatal classes. Once there is that trust and connection made, they are developing other sorts of programs. So there are probably some soft entry points to engage people.

CHAIR: When you say that non-government agencies have a better record, do you mean particularly because of DOCS being regarded as the welfare police, or are there other reasons for that?

Mr O'BRIEN: I think because they have often been dealing with the hard end of the spectrum and the most difficult to engage people as well, and they have not had that stigma attached to them. It is argued that that is one of the benefits of the health system.

CHAIR: People say that baby health centres, as they used to be called, are a good place to get hold of parents. On the other hand we have heard comments that perhaps the Department of Health and those centres do not reach out as effectively as they did in the past.

Mr O'BRIEN: I cannot comment because I am not familiar with the practices. I know that Dorothy Scott from Melbourne University has done a lot of work in terms of the early childhood centres, the baby health centres, in Victoria. She thinks it is a fantastic system. Apparently they have a very high rate of connection between maternity hospital and uptake and visits to baby health centres, to the early childhood centres, so it would be interesting to see what is happening differently in New South Wales if the uptake is not as high. I think she was saying that it is something over 90 per cent.

CHAIR: Earlier we were talking to the SDN people about training. They were talking about the huge importance of training of professionals in that area.

Mr O'BRIEN: Can I just flag one other thing, because all that research evidence was overseas. Uniting Care, Burnside has been involved in a collaborative research program conducted by the Macquarie University Institute of Early Childhood investigating three parenting programs, two Burnside programs, a program at Bidwill and Doonside, our Ermington Family Learning Centre, which focuses on educational difficulties, and the Parents as Teachers Program, which is conducted by the New South Wales Department of Education and Training in Sadleir and Punchbowl. The report is not finished but the preliminary findings are promising in terms of some of the outcomes, and I just want to flag a couple of them, just some benefits in terms of cognitive functioning for kids.

Excitingly, in terms of early literacy, there were some real gains in terms of parents reading more to children—I was listening to the previous speaker—of both parents initiating more reading with their children and also in children requesting more to be read to. That has implications for reading. Also the types of books that were being read were books that asked more of you and more interactive which stimulates early literacy as well. There were some other promising outcomes from that study, and that will be released probably in the next couple of months or so.

CHAIR: The next couple of questions relate to the training of all the different people involved and the working conditions and career paths of people in early childhood.

Mr O'BRIEN: Training is very important. One reason that training is important. All the new knowledge coming out of the brain research and neuroscience field needs to be filtering through—it may be filtering through; I do not know—to early childhood workers and early childhood professionals. So it has implications for formation and training of people now, and it also has implications in terms of professional education programs.

The most important thing I want to say is that I do not think we value the whole early childhood sector; we do not value early childhood workers. I think there are issues around a devaluing of childhood in that, and that is reflected in terms of pay and conditions, which was alluded to by the previous witness. Child care workers are paid lousy rates. Even if you are a four-year trained early childhood teacher and you are directing a centre, you get less than a classroom teacher does. That is not an argument to reduce classroom teachers' salaries; it is an argument to increase early childhood workers' salaries.

Again, McCain and Mustard in their early years studies said that we really have to value, and put resources into, what they call the first tier of the early childhood years, as much as secondary and post-secondary education. Basically, their argument was that, because of the implications for all the brain research in shaping children's learning, behaviour and competencies, it is crazy not to. If we want a competent, capable population, we are going to have to invest early. We are going to have to invest at the period that the research shows us the brain is growing the most and developing capacities the most. There are a windows of opportunity here which, if we do not take them, it is not impossible to get back, but it becomes more difficult later on. We just have to value the whole sector more, and that will be reflected in remuneration.

CHAIR: I guess this inquiry is perhaps one way to try to do that. However, saying it needs to be done is not as easy as doing it.

Mr O'BRIEN: No. I guess I am simply trying to affirm that there are really good reasons for doing it.

CHAIR: I refer to question No. 6. Earlier you referred to the roles of the Commonwealth and the State, the overlapping of different responsibilities, and so on. Would you like to tell us a little more about the difficulties?

Mr O'BRIEN: Again, I do not work in the child care field, so we come at it from a different angle.

CHAIR: When we say early childhood, we mean pretty much everything.

Mr O'BRIEN: I think I can again support the previous witness, who spoke about the lack of integration of services and the multiplicity of arrangements that can cause confusion at the service level. It simply means that workers in services are spending time on administrative tasks.

CHAIR: Can you give us more specific examples from the work at Burnside? You are dealing with individual families. Presumably, Burnside is coming across the difficulty of a family being referred to you by some process. There must then be a variety of agencies that have already had contact with that family, often failed contact or contact leading to failure. Can you give us more specific examples of the problems that arise?

Mr O'BRIEN: This is probably touching on another area. There are always multiple government departments involved in a lot of the families that we work with. In a sense, that is a little separate to arrangements in early childhood services and the different levels of government that are involved in that. But generally, when you are dealing with multiple government departments, it just becomes confusing. You have children who have case files that are miles thick. It is really difficult getting all the various players to meetings to discuss the future of a child and what is going to happen with that child. So there are enormous difficulties with that continuity of care and continuity of arrangements with a child. However, it would the better for you to talk to some of our front-line workers regarding some of those sorts of issues, and I do not claim to be completely aufait with some of those complexities.

I was looking at some work by Jan Wangmann on quality assurance. I think we need to have a national and comprehensive vision on policy front for children's services, and there needs to be a rationalisation of systems and procedures that affect early childhood services because it is too confusing and there is no continuity of care and no national vision for where we want to head. I know that this is a State Government inquiry, but there are implications for the Commonwealth in all of these sorts of things.

I imagine you have already heard that. Previous inquiries, for example, the Senate inquiry into child care and the EPAC report which I mentioned earlier, have both talked about it. It comes up again and again that we need a co-ordinated, integrated framework for children's services.

CHAIR: Do you have any specific suggestions, either large or small, that would help?

Mr O'BRIEN: No, not in terms of the detailed mechanisms. I guess there are too many bodies with too many complex arrangements, and it just needs to be more unified and simpler.

The Hon. I. W. WEST: If you were a parent, would there be an advantage in having a lead agency, a one-stop shop or other organisation to which you could refer a parent who was frustrated with the—?

Mr O'BRIEN: That is a level of service provision. Yes, a lot of people are arguing for a one-stop shop arrangement. Again, in the early years study by McCain and Mustard, they advocate parenting and child development centres that offer a range of programs.

In Canada, the Ontario Government has instigated an Office of Integrated Services for Children to co-ordinate all services—health, welfare, community services—for children 0 to 8 in the province, and some people are arguing along the lines that we need those sorts of mechanisms. Other people might criticise that, and say that is just another level of administration or bureaucracy, and that will just confuse it further.

CHAIR: We are interested in, for example, the fact that Families First in New South Wales is run from the Cabinet Office and not from the other departments that traditionally have a front-line role.

Mr O'BRIEN: That was really key to getting the early years material in Canada, which very much had the support of the Premier of Ontario, who personally got behind it. So it was a kind of

happy accident, and then it was able to go to the first Ministers in Canada and glean some support nationally. I think that having core decision-makers behind those sorts of things is really important.

The Hon. D. F. MOPPETT: It is difficult, is it not? I am sure that if we had the health department people in here they would say, "We have a comprehensive early childhood policy. Ninety per cent of kids are well and healthy. We would like to encourage them to be immunised, and we will make it easier for them to do that. Where practitioners or other people identify that they have certain medical conditions, we deal with them in certain ways."

The problem is that you look at it from a social welfare point of view. You say that there are immense benefits if we undertake this new responsibility of saying that there are people who have a whole range of socioeconomic problems, including gaol experience and all sorts of problems, and somehow or other there is a magical way in which we can bring together a total commitment of government to deal with everything, both animate and inanimate, in their lives.

Mr O'BRIEN: I am not saying it is magical. I do not think there is a magical solution. I am simply saying that a lot of people are saying we need more integrated services. Everyone is talking about co-operation and co-ordination. What we lack at the moment is some specific models about how that can happen. And I am not saying I have any—I do not.

We do not know what the new system will be, but we recognise that we need some sort of new system. People are talking about place management approaches and those sorts of things, where you pool all the departmental resources in an area and you have place management committees that then allocate those resources that are responsive to community needs. But you are cutting across the vested interests of monolithic departments and all those sorts of issues.

I do not know what the solutions are, but I think we are at the point of saying we need to do things differently somehow. Some of the people who are saying this most strongly are in health. I attended seminars where people like Graham Vimpani, from the Hunter Health Service, Frank Oberklaid, from the Centre for Child Development in Victoria, and Victor Nosser, the community paediatrician of South-Western Area Health Service, were the ones talking about the fragmentation of systems, and that we need more co-ordination and integration as well.

CHAIR: We are now up to question No. 7, relating to poverty and other disadvantage and the way it increases the incidence of learning and behavioural difficulties, although obviously we have covered it to some extent already.

Mr O'BRIEN: I really would like to emphasise it, if I may. The question asks me to outline the reasons for that focus on services for more disadvantaged communities. What is some of the evidence about the impact of poverty on learning and behaviour? For the purposes of this I have separated them out, though obviously they are interconnected.

Again, there is a whole lot of research evidence about the general impact of poverty on learning outcomes and learning difficulties. As outlined in the submission, there was a United States study by Chase-Lansdale and Brooks-Gunn in 1995, basically that poverty was associated with things such as reduced cognitive development, problems in adjustment and lower school achievement. A later study by the same people found that children living below the poverty line were more likely to experience learning disabilities and developmental delays, that they scored lower than other children on scores of IQ, verbal ability and school achievement. Two important factors were the duration and intensity of the poverty in mediating those sorts of effects. In other words, the longer you are in poverty, the worse the effects; the more intense the poverty, the worse the effects.

Australian studies have made similar findings. An Australian Brunswick study in 1987 found that cognitive functioning at the age of 11 was strongly related to the mother's years in schooling, the degree of poverty during the child's first year of life, and current poverty. The Western Australian Child Health Survey—which is, I have been told, one of the best surveys of its kind in Australia and has produced a mammoth amount of information—also found links between poverty and academic performance. Specifically, children from a family that was struggling with finding the necessities of life were four times more likely to have low academic achievement than other kids. Another measure was that 42 per cent of students who lived in a crowded house had low academic competence,

compared with 18 per cent. Again, crowded house is a marker for poverty and a marker for a whole lot of other things.

There were similar findings in terms of the impact of poverty on behavioural difficulties. Acting out behaviours, like aggression and fighting, are not found universally in studies, but there are enough outcomes along this line to suggest that there are very strong links. Also, internalising behaviour, like anxiety and depression, and those sorts of things. Another study based on longitudinal United States data found that current poverty was associated with hyperactivity—which is very important when we consider things like ADHD and other learning difficulties—peer conflict and head-strong behaviour.

A lot of work has also been done on the connection between poverty and delinquent behaviour, and a fantastic study by Don Weatherburn and Bronwyn Lind found that factors such as low income, crowded housing and single-parent status were associated with higher rates of delinquency and criminal behavior—but again, really importantly, mediated through parenting as to the incidence of child abuse and neglect, specifically neglect. Their study showed that you have a cohort of children who experience neglectful parenting for harsh or erratic discipline. When they grow up into their crime-prone years, early teenage years, and are also in a community with crime-prone peers and fewer social supports, it is those kids who disproportionately go on to delinquent behaviour. So we are saying that the impact is poverty, but it is mediated through child abuse and neglect.

I have a lot of research that indicates that there is a link between poverty, but how does it come about? How does it impact on learning difficulties and behaviour? A lot of work has been done to try to work out the underlying mechanisms. One of the underlying mechanisms emerging strongly from literature is the impact on parenting and the impact on family processes.

CHAIR: If you have more material that is not in your submission, we would be grateful if you could leave it with us or we can get hold of it later.

Mr O'BRIEN: I will send it to you later. It is really interesting and important stuff.

CHAIR: There are lots of avenues for us to follow up.

Mr O'BRIEN: Another area which I have mentioned a couple of times—you have probably already been exposed to a lot of this already—is the evidence relating to brain research. That is giving another dimension to the impact of parenting on learning difficulties and problem behaviour. But it is basically giving it a neurophysiological base. The argument is that there is rapid and extensive brain development in utero and in the first few years of life. The nutrition, care and nurturing that a child receives directly affects the wiring of the brain. There is both a wiring connecting process and a pruning process. In other words, the nurons that get stimulated grow and develop and the neurons that do not get stimulated drop off and do not get used.

According to *The Early Years Study* by Mustard and McCain, the nurturing by parents and other care givers has a decisive and long-lasting impact on how people develop their capacity to learn, and on their behaviour and health. Negative experiences, including severe abuse and neglect, will have emphatic and sustained impacts on children. Early care giving actually affects the structure of the brain and the brain mediates those later capabilities and capacities. I think it is exciting stuff.

CHAIR: We can arrange to get some of that additional material that you have had to gloss ever a bit because of time constraints. One area that we have not touched on at all is your comments about children and young people in care. I attended the launch of that issues paper. As you said earlier, it is interesting and exciting.

Mr O'BRIEN: I have four copies of that report, if it is useful. I could provide additional copies. Consistently, leading care studies show that there are educational difficulties for kids who have been in the care system. When young people leave care they are more likely to be unemployed; they are more likely to become pregnant in their teenage years; they are more likely to become involved in criminal activity; and they are more likely to leave school or leave care with no formal

qualifications at all. That is even when they are compared with peers who remained with families of origin in equally stressful and difficult situations.

So it seems as though the educational outcomes are even worse for kids in the care system than they would have been if kids had remained in their family of origin with all those difficulties. Some of the reasons or factors that seem to be contributing to that seem to be a lack of stability and continuity, both before coming into care and after care. This often applies to kids in disruptive families—kids who move around from one family member to another. Unfortunately, some children's care histories show that that is exactly the same when they come into care. They have multiple placements, placements break down and they have to go somewhere else.

So we are dealing with kids in foster care and other places who have had multiple care placements. Obviously, that means that they have been to multiple schools. There is just not that stability and continuity in school. We have a specific education program designed for kids in care. Our manager of that program is working with one year 7 boy who has been to 20 primary schools. Imagine what that would do to your education. Other factors affect kids in care. Kids in care tend not to have been read to early, so early literacy is really important. Their parents of origin probably have not tended to foster educational expectations.

Kids in care often have emotional difficulties that affect their regularity at school. Kids in care have often experienced abuse and neglect. Even things like getting changed for sport in the change room could be a problem. They might experience something like sexual abuse, which becomes a difficult thing—something that they want to avoid. They might want to stop going to school to avoid it. So there are all those sorts of issues. Uniting Care, Burnside is arguing that the whole idea of stability in foster care is critical. Kids need carers and workers who are tuned into that whole educational dimension for kids in care and who will work hard to provide linkages with schools that will keep them in schools and keep them stable.

We are also arguing that there must be more awareness in the school system of those issues for kids in care. I brought with me a little brochure developed by Burnside which contains that information for schools. It deals with the questions that would have to be dealt with if people were enrolling a young person in foster care. That gives some information.

CHAIR: Would a kindergarten teacher always know that a young person was in care?

Mr O'BRIEN: Not necessarily. We are arguing that there must be some awareness of the issues that a young person who is living in care might have.

CHAIR: And a system for ensuring that information is exchanged and that there is co-ordination between those involved with that child?

Mr O'BRIEN: Yes.

CHAIR: I think we have covered everything. Have we covered everything that you have prepared for us? The last question about the importance of parental involvement we covered incidentally as we went through.

Mr O'BRIEN: I wish to make a final statement about the sorts of services that I think are required. Uniting Care, Burnside's position is that there must be a much greater investment in early childhood services to pick up general access and especially the access of children in disadvantaged families and communities. In our submission we talked about a universal provision for three-year-olds and four-year-olds, but we have said in other submissions that there must be earlier sorts of services. We are not saying that that is the panacea. In a sense, emphasising a universal position in year 3 and year 4 is predicated on other sorts of programs operating much earlier.

We have talked in other places about comprehensive home-visiting type services that are offered from birth or even prenatally, again focused on disadvantaged communities. We argue strongly for those. Different models of services have been affected and produce really good outcomes. We have one caution at the moment in relation to programs like Families First, which we strongly support and think is a terrific thing. However, some of that service development does not seem to be

based on the characteristics of the most effective programs derived from research. For example, the home visiting component in Families First is focused on volunteer home visiting.

David Olds ran a successful study and one which is quoted in relation to home visiting outcomes. He said that that study achieved a lot of positive outcomes because it was associated with that sort of stringently applied program. He expressed a lot of caution in his recent visit to Australia. He was asked an open question about whether volunteer programs could produce the same sorts of results. Burnside has just conducted an evaluation, with good results, of a professionally run program that also incorporated the use of volunteers. We are not saying that volunteers should not be involved. Volunteers should always be well trained and well supervised in conjunction with professional staff, wherever possible.

CHAIR: Will you leave us that evaluation?

Mr O'BRIEN: It is a summary of the evaluation.

Motion by the Hon. Amanda Fazio agreed to:

That the evaluation and other documents be accepted by the Committee.

Mr O'BRIEN: Whatever sorts of programs are applied there is good evidence now of the characteristics of the most effective programs. The national crime prevention team produced a report on the developmental approaches to crime prevention in the last couple of years. It did a lot of research and went into international research. It drew out some key characteristic of effective programs. Other researches have done the same sort of thing. In our submission we suggested five characteristics, to which I will quickly refer. The most effective programs have multiple components. There is less evidence for the effectiveness of single component programs. That means that you have to include things like the child care dimension; child training in relation to behavioural difficulties; parental support, whether it is home visiting in some other way; other sorts of parenting programs; or an awareness of child developmental stages.

Those multicomponent programs, all working together and interacting, have the most effective outcomes. It is important to combine family focused and child focused elements. Research shows that you do not get the child focused elements when you focus on the family, and vice versa. So that is part of those combined elements. The most effective programs start early, especially home-visiting types of programs. They are intensive. Researchers tell us that the most effective home-visiting programs have a duration of about two years and they offer about 40 to 60 visits over the course of a program.

I am giving you ball park figures in relation to this issue. The final characteristic is maintaining quality in professional standards, small group sizes and all those sorts of things. Research indicates that maximising benefits for some of the home-visiting type programs takes two years.

CHAIR: From the point of view of this Committee, we have to focus on learning difficulties and all those priorities.

Mr O'BRIEN: Those programs will have an impact on learning difficulties. They will also have an impact on a range of other areas. Barnett, the guy I mentioned before, calculated that these programs will be really expensive. In the United States he estimated that programs could cost $25 to $30 billion. He also calculated that the cost of not providing programs like this—someone might have mentioned this already—was $100,000 a child, or $400 billion. I am talking here about health and welfare costs and the criminal justice costs of not providing those sorts of programs. It makes good sense to the most hardened economic rationalist. Let us leave aside the moral arguments, if you like.

CHAIR: I was not implying anything by questioning what you were saying. I was reminding all members that it is actually quite difficult to focus on programs that relate specifically to the education system and the range of programs that address risk factors for learning difficulties. That is probably not something we should be asking you. We should probably be asking the education people those sorts of questions.

Mr O'BRIEN: There is good evidence that some of those early intervention programs will have good outcomes for children with learning difficulties.

(The witness withdrew)

(The Committee adjourned at 1.00 p.m.)