

REPORT OF PROCEEDINGS BEFORE

STANDING COMMITTEE ON LAW AND JUSTICE

**INQUIRY INTO CRIME PREVENTION
THROUGH SOCIAL SUPPORT**

At Sydney on Monday, 25 October 1999

The Committee met at 10.00 a.m.

PRESENT

The Hon. R. D. Dyer (Chairman)

The Hon. P. Breen
The Hon. J. F. Ryan

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PHILIP ANTHONY VINSON, Professor Emeritus, School of Social Work, University of New South Wales, Anzac Parade, Kensington, sworn and examined:

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

Professor VINSON: As a social researcher and professor of social work.

CHAIR: Did you receive a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act 1901?

Professor VINSON: Yes, I have.

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

Professor VINSON: Yes, I am.

CHAIR: Could you please briefly outline your qualifications and experience as they are relevant to the terms of reference for this inquiry?

Professor VINSON: I am academically qualified to give evidence to the Committee. I hold a doctorate of philosophy from the University of New South Wales, professional qualifications in social work. In terms of experience, I have been a visiting professor in recent years in a number of jurisdictions of relevance to this inquiry, particularly in Sweden and Holland. I worked as a parole officer in the then New South Wales Department of Prisons, and I, for a period after the royal commission into prisons, was the senior officer of the Department of Corrective Services from 1979 to 1981.

CHAIR: I think I am correct in saying that you do not have a written formal submission.

Professor VINSON: That's right.

CHAIR: However, you will be making some oral comments to us here this morning.

Professor VINSON: That's correct. It was my intention to leave behind a copy of the recent report, but I understand that all parliamentarians have received one now.

CHAIR: Yes, Father Norden has certainly sent me a copy, thank you. If you should consider at any stage that in the public interest certain evidence or documents you may wish to present should be heard or seen only by the Committee, the Committee will be willing to accede to your request.

Professor VINSON: Thank you.

CHAIR: Professor Vinson, I now invite you, if I may, to make an oral opening statement relevant to our terms of reference.

Professor VINSON: Chair, my main evidence before this Committee bears on the question of the geographic concentration of crime and delinquency, and I will be citing briefly researches conducted over 25 years in order to demonstrate, I hope,

to the Committee the coincidence of various forms of disadvantage and high levels of delinquency and adult criminality.

In adopting the approach of going back to some studies which were conducted 25 years ago as well as some that are quite current, I am conscious of the fact that there has been such consistency over that period that I think it enhances the evidence that I am able to present to you.

So I start with a study conducted with colleagues, principally, now professor Ross Homel and myself in the 1970s - in 1973 in fact - when we were both engaged in the Bureau of Crime Statistics and Research, in fact, established the Bureau of Crime Statistics and Research.

The purpose of the research was to put into context statements then being made by the Attorney General and Ministers of government concerning the prevention of crime and an idea that was current called social defence, emphasising police activity and a whole range of secondary means of preventing delinquency and criminality.

What we wanted to do was to show the social context in which crime and delinquency were occurring, and we selected the city of Newcastle as a representative Australian city in which to examine that connection.

We charted across 72 minor suburbs of Newcastle with populations of about 2,000 on average, 2,000 or 3,000, the rate of occurrence of a number of social problems: notifiable diseases, truancy, delinquency, adult crime, drug offences, dependence on relief agencies, family breakdown and one or two other variables, and we used statistical procedures, perfectly orthodox, mainstream, for seeing whether we could construct a mathematical means of assessing the general vulnerability of each part of Newcastle to that range of problems.

We were technically successful, and the consequence was that we were able to demonstrate that within just seven of Newcastle's 72 minor suburbs there was a marked concentration of disadvantage.

When we looked at where the delinquency of Newcastle was concentrated and the adult crime, it was perfectly clear that it was concentrated in the seven areas that were characterised by high levels of medical and social problems. In fact, using the comparatively simple statistical means of correlation, we were able to report a correlation of quite significant proportions between delinquency and the risk factor, as we called it, the composite score that told us about the general susceptibility of those areas to the range of medical and social problems mentioned. In other words, as disadvantage went up or down, delinquency went up or down.

I should add in a postscript to that that we conducted a further study in which we engaged the interest of young people after adopting measures to make sure that we were not to be mistaken for the Attorney General's Department or the police in reporting to us acts of delinquency in which they had engaged in the previous year.

While there was a very high correlation of association between official delinquency and disadvantage in the statistical study, we found no such marked association. In other words, what young people owned up to by way of delinquent acts in the preceding 12 months was not so strongly, in fact, was not strongly, related at all to the distribution of disadvantage.

As the years rolled by, and I have only got 15 minutes to reminisce, let me come now to another study of more recent vintage in a western suburb of Sydney, which I would prefer not to name, because we have not done so, and it would be to overemphasise the location because I think the general picture is what is needed.

More recently we have looked at - here "we" refers to myself and colleagues, particularly Dr Eileen Baldry of the University of New South Wales - the distribution of child abuse in this particular suburb of western Sydney.

Our attention was drawn to this suburb because we were informed by the Department of Community Services at the time - that is probably five years ago now - that this was a suburb in which there was a comparatively high rate of child abuse.

When we compared two parts of that suburb, one with a high rate of child abuse and one with a low rate of child abuse, we found that there were some interesting differences in the structure of the social networks, or social affiliations, of the people in the two areas, and we have written about that.

We found that that area which had the high rate of child abuse could be characterised as one in which the social contacts of people residing there, possibly half of the suburb, were much more confined to their immediate social environment than was the case in the other half of the suburb, which was generally matched in socioeconomic terms but had social contacts that were far more comprehensive and stretched beyond the area.

I am mentioning this study because it has been a reminder to us of the fact that sometimes we deal in units of counting in this field of study, like local government areas or post code areas, which are probably as small as you can have for practical purposes of gathering data. But when you conduct a fine-grained project like we did in this particular suburb, then you find that there are concentrations of child abuse within very compressed areas, maybe half a street block, of that order, and with that compression go a number of other social problems which are well known to the Department of Community Services officers and others who are working in the district but which seem to constitute an environment in which delinquency, abuse, conflict, cliquishness, drug-taking and so on are very concentrated.

I mention that before coming to a couple of the other studies because it is a reminder that if you conduct these investigations at a certain level of generality you can always be overlooking pockets of disadvantage, which might be of the order of, say, half the street block.

Now, another study which bears on the general terms of reference of this Committee was conducted about two years ago when I was associated with the Uniya Jesuit Social Justice Centre in Sydney. It followed statements in the literature that in America particularly and in other western countries there was developing interest in the degree of ever-increasing concentration of poverty in some parts of western cities, and with this concentration, it was claimed, had gone a gradual reduction in the opportunities afforded to young people to escape from poverty traps, from poverty situations, circumstances, largely because the concentration creates problems all of its own, problems like not having anyone in your social world, your family or amongst your friends who is working, thus depriving you as a young person of a role model, but more particularly depriving you of those points of contact with the world of work, people working who might introduce you to job opportunities, might put in a good word for you and so on. According to the overseas research, this kind of

isolation from mainstream society is increasing and has consequences for crime and delinquency.

Well, at Uniya we conducted such an investigation in the inner city of Sydney having quite intensive contact with 40 young people who were unemployed. In general terms our research confirmed the overseas pattern that the number of people available within the social sphere of the young unemployed, people available who were in fact employed themselves and could effect links between the young people and the world of work, was minuscule.

Perhaps the most surprising feature of that study so far as I was concerned was the complete openness of the young people whom we interviewed concerning their engagement in crime. It is a usual thing for social researchers to try to be oblique about these things and talk about your friends or what happens in this district but we did not need to. The young people were perfectly open about how they made ends meet in the circumstances where they were dependent on Commonwealth and other forms of support that they found quite inadequate to get by on.

Part of the reason that they reported it being so difficult to get by was that so many of them were cut off from support like family and friends. They had few that they could depend on to supplement by way of assistance in kind what they considered to be, and demonstrated to my satisfaction, the inadequacy of the funds they were receiving by way of income maintenance.

I have got two other things I want to briefly refer to. One is a study of sentencing of Aboriginal people particularly which was conducted while I was at Uniya and which brought home to me as an ex-gaol administrator, I suppose, the absolute degree of concentration within poor areas of Sydney of so many of the clients of our prison system, so I am here referring to adult offenders rather than juvenile offenders.

I will just isolate the really pertinent points that emerged from that study. There were many, but one of them was that it enables me to say that in gaol today in all probability in New South Wales of the women who formerly resided in Sydney before going to gaol 30 per cent of them will come from three suburbs of Sydney, and these three suburbs are three that rank lowest on a social prestige ranking of 500 Sydney suburbs.

I am referring there to a scale developed by Dr Cunningham at Macquarie University in a stream of research which is fairly commonplace in which people are asked to rank the prestige of different suburbs or occupations or whatever, and I am saying that 30 per cent of the prisoners came from the three lowest ranking suburbs on that list. Again I do not think that the names matter so much. In fact, I would be hard pressed to remember them now, but the point is that so many of the institutional residents, so many of the people with mental health problems, so many of the delinquents, which, of course, are of particular interest to this Committee, have their social origins in suburbs with that degree of social deprivation.

Among the male Aboriginal prisoners in New South Wales today, of those who formerly resided in Sydney, 34 per cent will have come from the bottom 5 per cent of Sydney's suburbs, and among the prisoners in general, the non-indigenous prisoners, 20 per cent will have come from the bottom 5 per cent of Sydney suburbs.

So the broad sweep from Newcastle 1970 down to the present has presented to me a uniform picture of the very marked concentration of crime, delinquency and associated problems in a smallish number of areas of our cities.

The most recent report, called "Unequal in Life", published last week by the Jesuit social services and of which I was the author, has repeated the picture, this time taking a sweep of indicators but confining my attention to New South Wales, looking at things like those indicators we used in Newcastle 25 years ago - unemployment, low income, low birth weight, child abuse, leaving school early, before 15 years of age, emergency assistance, psychiatric hospital admissions, court convictions, child injuries, long-term unemployment, unskilled workers, people appearing before the courts, as I have mentioned, very similar indicators to those we used 25 years ago in Newcastle.

What we have done this time is develop rates of occurrence of all of those indicators for 580 post codes in New South Wales, and, coincidentally, 620 in Victoria. Using much the same statistical procedures that were used 25 years ago, we have asked is it possible to isolate a mathematical factor which summarises the vulnerability of the post codes of New South Wales to that range of difficulties that I have mentioned.

The results were quite similar technically to those we obtained 25 years ago, and, to my surprise and disappointment, one was able to see that if you just take the top 5 per cent of New South Wales post codes in terms of overall disadvantage, vulnerability to many social problems, including crime, then five of the areas quite near the top on a statewide comparison were five of the same seven suburbs which 25 years ago were similarly placed but at that time only in relation to Newcastle.

Now, I am saying that they are disadvantaged in relation to the whole of New South Wales, the only variation being that two of the seven suburbs, either through a process of what is called gentrification, referring here to Cooks Hill, Newcastle, have changed their social profile, or perhaps the closure of BHP and people having an eye for a good investment in the area have changed the profile there.

When you look at the correlations in this recent study, the way we have of asking to what extent crime waxes or wanes with things like unemployment and the other forms of disadvantage that I have mentioned, then you find that crime, with the exception of one variable only, low birth weight, which I will explain in a moment, is significantly interlocked, interrelated with those other forms of disadvantage, just as it was 25 years ago.

The connection, I suggest to this Committee, is so blatant and has been known so well by people involved in the field of social service for so long and, I would add, those responsible for the governance of our community that the amazing question to me at this stage of my rather long career in these matters is: why have we not moved upstream long before now to try to concentrate assistance in those areas that so assuredly, if left alone, will remain the same and will continue to produce more and more human problems, problems for the individuals concerned, and costly problems for society at large? Perhaps that is where I should stop my introduction.

CHAIR: Thank you, very much, Professor Vinson. Could I start by referring to the fact that Dr Don Weatherburn, the current Director of the Bureau of Crime Statistics and Research, has appeared before this Committee as a witness. He has done some recent research suggesting that offending behaviour is not motivated by poverty;

rather, it is the result of neglect of children brought about by economic and social stress. Would you agree with that interpretation?

Professor VINSON: No, I would not, and I will give my reasons. First of all, let me hasten to add that I have the greatest respect for Dr Weatherburn and I think his period of running the Bureau of Crime Statistics and Research has been an outstanding success, but on this particular matter I have another perspective, and it is based on a study which I made some years ago of the reasoning engaged in by field officers of the Department of Community Services when they assess whether or not neglect is present in a household.

Now, if we were exceptional in this respect - and we are not in Australia; we are the same as most other countries - we would be looking at attributes of the child; we would be looking for manifestations of behaviour of various kinds; we would be looking at the child per se in making this judgment. But when you carefully analyse the reasoning, at least as recorded in files - I am reliant on that - you find such an intrusion of moral judgments, judgments about cleanliness of home, conduct, behaviour of parents and so on, factors outside of the child who is being assessed but which are evaluated as being harmful, that you come to the conclusion that neglect is a term that is synonymous with many things that we would normally in everyday speech refer to as poverty: state of the home, the education of the parents, the marital situation of the parents, all of these factors. By my lights, these are the light and shade of poverty.

Neglect is not something which is freestanding and independent of those considerations. Many of the variables that we have used in these studies would ultimately register I think in the minds of those making those assessments as signs of neglect.

CHAIR: Dr Weatherburn also advised the Committee that his research indicated there is a very strong correlation between neglect - and you are placing a particular interpretation on neglect by extension I suppose to surrounding poverty - and subsequent offending behaviour by young people and that that was, in fact, the best predictor of subsequent offending behaviour, even more so than it is. Would you agree with that?

Professor VINSON: No, I cannot, for the reasons I have given, and, Mr Chairman, could I hasten to add that it is not my interpretation of neglect that I am presenting here; it is my interpretation or my reading of the reasoning engaged in by those who attach that label to situations in the field. I think it is possible to have a view of neglect which would be grounded - it would be difficult to make - in the conduct, the wellbeing and so on of the child, but what I am saying is that the issue is confounded by the way in which the statistics that Dr Weatherburn has used have been formed in the first instance. They are based on judgments of field staff, and the reasoning of the field staff implicates poverty in the assessment of neglect. That is what I am trying to say.

CHAIR: So, would it be correct to say that your view would correlate with Dr Weatherburn's to the extent that poverty could be said to be an excellent predictor of future offending behaviour?

Professor VINSON: Yes, for a combination of things - I went out of my way to mention that postscript to the original Newcastle study because I had a reason for doing so - that are part of the situation of poverty such as lack of education and a range of things like that, which I am sure we will get to, but also because the way in

which the law is administered is not quite as we have seen so often in films and plays where someone says, "One of you has done it. Shut the doors. No-one is leaving until we find out who the culprit is."

When you are talking about cities of the scale of Newcastle, let alone the scale of Sydney, those who have to apply the law have to work on the basis of certain hypotheses about where the culprit is going to be found, and that is where poverty comes indirectly into the determination of rates of crime, delinquency and so on.

It is not as though everyone is equally suspect. It could not be. It would be beyond the human agents involved to approach it that way, so that study in Newcastle is one of many, I think, which again are not confined to Australia, but which show that crime has its roots in a combination of things, not the least of them being that those who are prosecuting have to pursue a course of action based on hypotheses, and that helps to explain the difference between the official distribution of crime and that distribution which you get when you try to find out from people what they have been up to.

CHAIR: The Jesuit Social Services Study entitled "Unequal in Life", as you have indicated in your preliminary remarks, is based on post codes?

Professor VINSON: Yes.

CHAIR: Mention is made that perhaps you, as director of this research, or the Jesuit organisation itself had an internal debate as to whether to identify particular suburbs or not?

Professor VINSON: Yes.

CHAIR: And the final decision apparently came in favour of naming the suburbs in question?

Professor VINSON: Yes.

CHAIR: Could I take as an example one of the suburbs in Newcastle called Windale? I visited Windale quite some years ago when I was Opposition Spokesperson on Housing at the invitation of the local member, Richard Face. My recollection is that the housing in Windale is remarkably neat to an external visitor. Why is it that there are problems in Windale? Is it a case of too many people from the same socioeconomic background being put together in a large housing estate? Is that a major mistake that has been made in the past, building a housing estate rather than having public housing as in-fills in other suburbs?

Professor VINSON: Well, with Windale the impression any visitor would get is that it is neat. I agree with that. If the visitor paused and looked beyond that which has been maintained and so on by the authorities - and here my interest is only in helping the Committee to get somewhere in thinking about these things; it is not a case of pursuing Windale - I actually believe Windale should be given a great deal of assistance, and I am encouraged by the fact that the Government is going to give some assistance.

Pursuing the general point, there are many signs in Windale of an aspect of community life which I think is vital to the terms of reference of this Committee, and that is what kind of attachment exists between the residents of Windale and the place in which they live.

In other places, like Waterloo, other areas which have been researched, indeed most of the international conferences that I have gone to over the decades have emphasised the importance of the factor of how strongly is the individual or the family sensing that they belong to this location and would not like to part from it. As that sense of attachment goes up, and a lot of work has gone on, assisted by the School of Social Work that I am with, to try to develop that sense of attachment in Waterloo.

There was newspaper publicity last week concerning some of the positive changes that are occurring, but until you get to a point where people take pride in where they live and supplement what the Government provides with indications of their own of belonging there, whether it is gardening, whether it is in the realm of sporting activity, or whatever, then the pristine state of the buildings is not much of an indication of what that community's problems might be.

There are three aspects of community that remedying some of the problems that I have been alluding to would necessarily be involved in. One is building sociability, just building social links between the people in a highly disadvantaged area. There are locations in southern Sydney where it has been documented that people only go out to get their shopping done. They do not have any contact with other people. It might be once or twice a fortnight that they go out. As many as 30 per cent of people in a study conducted by South Sydney Council are in that situation.

The next thing is do they engage in acts of reciprocal help. Anyone trying to restructure and rebuild highly disadvantaged communities would be tending not only to sociability but encouraging those sorts of mutual or reciprocal acts of assistance between the residents.

The third one is one that is frequently seen to be of a lower order but in relation to crime and delinquency and the perception of the threat that exists in your community, the attachment factor is probably the most important.

In Waterloo four or five years ago we conducted a benchmark study to see where things were at in terms of the way the community was operating, and we found a very close connection between lack of attachment and apprehension about what might happen to me if I go out of my building. Among those who were more attached and had reasons for taking pride in where they were living, those fears were not so markedly present.

Many of the things that have been done in Waterloo have been addressed to bread and butter issues like employment and so on, but it is the state of the community itself. Those sorts of connections that I have itemised must be the target of remedial activity. You might think, as people of Waterloo did, "We have a high level of crime here and therefore we need more police in the place."

Around the Western world it has been shown that you might have to be sensible about that. You may have to have an adequate number of police. Crime will go down as people begin to have more attachment to one another and to the area in which they live. That is what I fear is missing in Windale.

CHAIR: Can I ask you to indicate to the Committee what governments can do to promote that attachment within a community?

Professor VINSON: Going back to a statement I made earlier that the connection seems so obvious between depressed social circumstances and high levels

of crime and delinquency and other things, including mental illness, the question for me is: why hasn't there been more done that has been directed at the community as a community, rather than just individuals residing there?

One of the main themes of this "Unequal in Life" report was to try to cut through from a governmental point of view the seeming endlessness of the challenge.

You hear people say that poverty has always been with us. In relation to disadvantaged communities, where in Sydney a number of projects have been concentrated which have involved intensification of surveillance, intensification of policing, what we are trying to do here is to say you would sweep up a very large proportion of society's problems if you were to concentrate on a limited number of regions or communities.

We have tried to make the problem, from a government point of view, more manageable. It is not completely endless. It can be done step-wise. When these first 30 in Victoria or New South Wales have received attention then one can go on to other things.

What can government do? Let me say what government should not do. If government were to merely arrange the intensification of helping services in a place like Windale, it would be nothing more than cargo cult mentality, which would last for as long as people's interest and government's interest were sustained, presumably no more than a few years, and then it would cut out.

What government has to do in these highly disadvantaged areas is ensure that certain key services are intensified and tailored to the needs of people, and I will give some examples of that in a moment, but the other half of what must be done - and without it, it will all be to no point at all - is to change the temper and environment of the community.

This seems like such a delicate and subtle thing that it might be beyond the realm of government, but I am meaning by the use of community development, such as we have in Waterloo and such as I hope will now exist in Windale, that the people must become engaged in the design of the response to their problems. They must be invited into administrative roles in relation to those problems, and ultimately they must own both the problems and the solutions that are being attempted. Unless that is emphasised, then government can probably not do much except throw buckets of money at the situations. Both sides of the equation must be handled.

With respect to the services, we have some excellent examples in Sydney that I can quickly refer to. From my review of the world literature on this, some of which is summarised in "Unequal in Life", and from one's own professional experience over decades, there is no doubt in my mind that education stands head and shoulders above all the other things that need to be done by way of government services.

In the study of western Sydney that I have previously alluded to, where we found such a concentration of problems within half a street block, the location of those problems was so well known to people in the community health centre, to DOCS officers, to everyone, that they were able to draw on a map for us where the areas were.

I am so conscious of the remark made by a staff member of the community health service when she said, "Tony, give me a piece of paper and I will write down the names of a dozen future clients of Long Bay for you. You won't have to wait

long". "On what basis would you do that?" I asked. She replied, "On the basis that they have already fallen well behind at school. They are a constant source of irritation to the other students and the teachers and they are beginning to engage now in delinquent acts which will surely grow into major offences".

I asked her, "What would you do?" Her answer was rather too simple, but she said that the first thing that has to be done is that these kids have to perform at the maximum level of their ability and feel accepted and confident within the school environment. If that does not happen, we might as well book them a cell at Long Bay now.

In Sydney there have been some heroic examples in recent times. I have in mind particularly Redfern Public School, where, until recently, the principal instituted a - what is it called these days - no tolerance policy of the most positive kind.

CHAIR: Zero tolerance?

Professor VINSON: Zero tolerance; no child would be allowed to not go to school. Having seen her in action with the bus going out and refusing to accept any explanation as to why the kid could not come to school that day, dealing with objections like: "I have not got a pair of shoes." "Hop on the bus. We will get you some." "I have not got a clean shirt." "Get on the bus. We will find you one." That sort of approach. The most meritorious outcome of that was the children were together in preschool. They were brought up to the school in kindergarten and were kept together as a cohort, and the zero tolerance of their absence and the results have been remarkable.

Likewise in other locations one is aware that parents have been brought in to undergo extensions to their own education, because that appears to be the key to getting them interested in motivating their own children.

I think that is one example, but on the service side there are wonderful things that can be done.

Unless it falls on fertile ground, and by that I mean a community prepared to make maximum use of these opportunities - people have been brought together, integration being developed in the community - then I think it will all be a flash in the pan.

CHAIR: I might turn to a slightly different aspect. I would like to draw on your expertise regarding prison issues. Next year the Committee will be examining prison issues, in particular how to prevent people reoffending, particularly after they are released. Do you have any views on changes that might be required both while a prisoner is in custody in a prison and post-release, which could reduce recidivism in the future?

Professor VINSON: Yes, I do. A start was made after the Nagle royal commission to give expression to the idea that our best hope of avoiding recidivism was to keep alive the significant relationships between the prisoner and people in the community, particularly partners, children and so on. That was a step forward. It has wavered from time to time, but the idea of unfettered correspondence and a reasonable number of telephone calls and contact visits and so on were the beginning.

I have had the chance to see in Holland, and also in Sweden particularly, a furtherance of that policy, which I think would be really good for New South Wales.

I have in mind the opportunities that they afford for private conversation between the prisoner, or privacy just between the prisoner and the most significant people in that person's life.

The automatic assumption is that if you give a prisoner and a visitor access to a private cell this is for purely sexual purpose. Sometimes it is, but very often there is a desperate need on the side of the partner in the community, if she or he is going to remain in a relationship with that prisoner, to have intimate conversation, let alone intimate sexual contact.

It seems very difficult for our country to accept that. That remains a problem for our country. I think that even now it is still the case, and particularly since, in recent years, prisons have been built in such remote places as Junee, when such a huge proportion of the prisoners are resident in Sydney, that the Swedish principle of nearness, of having the prisoner incarcerated in reasonably close proximity to the community of origin, is another thing that would be helpful in avoiding recidivism.

In those countries it is taken to the point where you do not necessarily have specialist services instituted within the prison. It is the local community health service and the local community social work service that are brought into play because you remain a citizen of that area. The more that we can move in that direction of not severing but keeping alive the ties between the prisoners, their home communities, and, of course, those people who are most significant in their lives, the better that will be.

The other thing I am going to suggest is so old-fashioned that it is going to surprise you, but in the earliest days of my involvement in the prisons, back in the fifties, under the wonderful leadership of Mr Frank Hayes, the then principal parole officer, who is sadly grievously ill today, there was a practice developed of getting people from the community of origin of the prisoner to maintain an involvement and interest with the prisoner throughout the sentence. That was a principle that was universally upheld, even though there were only three of us. Every prisoner would be seen prior to release, a relationship would be formed, cultivated, and then the community member involved.

I am sad that over the decades that approach to things has declined. It would be very helpful to the State and to the prisoner if that were renewed. There is too much division of labour today which interferes with the human aspect of this. It is not the same thing for a person to be interviewed in a prison by someone and then referred to someone else. The person who is going to be supportive and helpful, either as a citizen or as a professional person, should establish and maintain that relationship throughout the terminal stages of the person's sentence.

CHAIR: When I was Minister for Community Services and responsible for juvenile justice I became aware of the severe and unfortunate overrepresentation of young Aboriginal people in the juvenile detention system and I tried to do something about it by mentor schemes and the Safe Haven program and so on. There is a similar overrepresentation in the adult prison system.

Professor VINSON: Grossly so.

CHAIR: Could you address your mind to what ideas you might have in mind for programs to address the severe overrepresentation of Aborigines in the adult prison system, and in the juvenile one for that matter?

Professor VINSON: Yes. This is something that I frequently do. It is now running in the adult male prison population something like twelve times overrepresentation of Aboriginal people. The last time I checked, which was only a short time ago, 25 per cent of the women who were under sentence in New South Wales, not including remand but under sentence, are Aboriginal women. It is a problem of the highest moral order for this society, and for this to continue is totally unconscionable.

It is not a solution to the problem to turn on special programs for Aboriginal prisoners, whether they be in the role of crafts, or arts, or even a restoration of outdoor living for Aboriginal people. That is not a solution. I am not aware of any solution to the problems of Aboriginal people which can be separated from solutions to not only overcrowding, but overimprisoning of people in New South Wales. I believe that it is quite fallacious for people to talk about special ways of preventing Aboriginal people from being imprisoned, except in so far as they happen to travel with poor white people in some of the disadvantaged communities that we have identified in this report.

Assistance of the varied kinds that I have mentioned, directed to those communities, would help both poor non-Aboriginal people and poor Aboriginal people.

Now, it is not a case of Aboriginal people any longer being more harshly treated by the courts of New South Wales. I will leave behind for the Committee probably my last copy of this report which I did with ATSIC. Twenty years ago it was possible to write reports, one of which I did write with the then Chief Magistrate of New South Wales, which must have been 25 years ago, which showed quite different sentencing patterns applying to Aboriginal people, or in towns with a concentration of Aboriginal people compared with other rural areas, and certainly compared with the city.

The evidence that I have adduced leads me to the conclusion that that is no longer the case. Using the best statistical means I could use, I have come to the conclusion that when you take account of things like previous sentences, severity of the offence, a range of factors that I will not go on about but include all of those in the analysis, Aboriginal people are not receiving more severe penalties than non-indigenous people.

The problem is that we have failed to use the principle that Mr Justice Nagle enunciated in 1978: use prisons as the last resort; use them with great discernment. They are not places of rehabilitation; they are places of punishment.

There is an organisation in England called the National Association for the Care and Rehabilitation of Offenders, and in this report, which is called "Comparison of the Sentencing of Indigenous and Non-indigenous Prisoners in New South Wales", which I have prepared, I cite NACRO's intended solutions to these problems, and I quote very briefly from my report:

New offences should be susceptible only to a community based penalty unless it can be shown that a custodial sentence could in some circumstances be necessary. A review of existing offences should be undertaken with a view to reducing the number of offences which carry a custodial sentence.

The problem is, and this can be shown, and has been shown by Dr Weatherburn and I have tried to show it too, that there is in operation a penal ladder in New South

Wales. Decisions made by our courts are not necessarily of a logical kind, at least to my way of understanding things. Is this an offence that warrants a custodial sentence? If a person has a history of previous offending, then that person will almost invariably move up the penal ladder.

Until we get rid of that assumption in the way we respond to crime, we are going to have far too many non-indigenous people in prison, but even more indigenous people in prison, because they are appearing before the courts with such a history and the penal ladder simply pushes them into the prisons of New South Wales. Rather than posing the question, "Is this an offence that warrants the use of prison?" it becomes simply, "Your history is such that you are going into prison."

Now, this is unpopular. It does not fit the namby- pamby conversations that go on in public places about how we can do something special for Aboriginal people. Sure we can back at the wellsprings of their troubles in their disadvantaged communities, but when it comes to the courts the problems facing disadvantaged non-indigenous people are intermingled, interwoven, with the problems facing the even greater number of disadvantaged indigenous people.

Mr RYAN: I want to ask you a question about the methodology. I have not had the opportunity to read the full report, only the media reports of it, but one of the suburbs mentioned there with which I am very familiar is Blairmount-Claymore. As a resident of Campbelltown, I can tell you that there are a large number of suburbs in close proximity of Blairmount and Claymore that are almost identical in their social profile, Airds, Curran, Minto and so on, and what struck me as different about Blairmount and Claymore that may have made them come out in your survey far more than those other areas is that they are in the unique position of having their own post codes and names, whereas Airds, for example, shares the Campbelltown post code; Minto housing estate shares the post code of Minto and St Andrews, which is a project area, and so on. Is there a possibility that your methodology may not necessarily be accurate in throwing up exactly the places of social disadvantage?

Professor VINSON: Yes. Whichever unit of counting you use will affect the results, I agree with you. Up until now, most of the studies that have attempted to chart the distribution of the sorts of variables that we have have been on a local government area basis. By going to post code, I believe that we have refined things to that degree that we are talking about, smaller units of population, but it is an iron law of this sort of thing that as you count so will your results be affected. My comment is, yes, there are some areas where, had they been coupled with other areas of a different social character within a post code, the degree of disadvantage, may have been camouflaged.

I have to agree with you on that but my overall response is, well, the next time around, since you cannot go beyond post code areas and get this sort of material, maybe whoever does it will supplement the post code level stuff with a couple of ABS-type indicators on unemployment and so on for areas as small as collector's districts.

That said, it does not negate the high degree of disadvantage of the areas we have identified. It is a case of our 30, or 5 per cent, that we have listed I believe being true positives.

Mr RYAN: I guess the point that would be interesting for policy makers is that this list appears to give the impression that there are 30-odd areas in New South Wales where we have to address social disadvantage and that will largely solve a myriad of social and other problems. What I am saying is that, for example, one of the other districts that has not featured at all and that I would have thought was in a

similar position is the area of Shalvey-Lethbridge Park-Miller. There are districts all over western Sydney that fall into that category, and the problem may, in fact, be larger than your survey would indicate.

Professor VINSON: I am sure it is, and I have done a fair bit of work with St Vincent De Paul actually in the very areas that you are mentioning, Minto, Shalvey and so on. I can agree with you that, for example, a suburb like Airds is quite outstandingly disadvantaged. There are no two ways about it. So my overall comment is that there are a variety of sources of information about these things. I actually published one recently with St Vincent De Paul that highlighted some of those smaller areas in western and south-western Sydney.

My contention was that Airds and Claymore stood head and shoulders above any other area that we could identify. First of all, there is integrity in what we have done. We have said, "These are the 30 post code areas."

My fear, which is not strictly a research one but more to do with my judgment of the kind of responses you get is rather than simply going on and on with another 50 or so I would say that any area that was in the top 100 probably needs assistance.

My policy intention and that of the Ignatius Centre was to say, "Look, there are plenty more to come but start with these ones," because up till now we have not used this mode of intervention very much. You will assuredly be dealing with serious things if you start with these ones, but it is not the whole story.

Mr RYAN: As I said, I was just interested. One way in which policy-makers could react to your survey would be to feel, "This is a great way to limit the problem," whereas in fact it is a little larger than that.

Professor VINSON: Could I say that another way of expressing it is to say, "Well, here is a great way to get started."

Mr RYAN: The only thing that, I guess, comes to mind is that, again, my familiarity with Claymore and Airds and so on is that there are a large number of social programs operating within those districts and the difficulty that this Committee is trying to look at is how do the various bodies, whether they are government or non-government, deal with this instrument called Treasury, which somehow has to allot funding for various projects and which is trying to say, "These are guaranteed projects which will work," because policy-makers looking at it from the Treasury perspective tend to take the view that this is a bottomless pit and there is no level of social assistance which will ever solve the problem?

We could double the Department of Community Services budget tomorrow but we would still be back here in three years time making the same investigation with the same outcome and result.

I think one of the attempts to try to change that came from Dr Weatherburn's study, in which it was thought that tackling the single issue of supervision of parents - and it was not really neglect, it was supervision; it was a little more narrowly defined than that - was going to have a significant outcome on crime. Thus we have the Families First program heavily targeting the early years of childhood with volunteers assisting to supervise.

I guess what I want to know, having gone through that long explanation, is whether you think that in using a program like Families First as a spearhead or a

beginning and an attempt to focus our effort, we are going to make any impact given it is a very defined attempt to find a very defined program to get a specific outcome? Is it possible to overdefine the problem?

Professor VINSON: Yes, but if you have to choose the most economical means of getting to root causes I think Families First is a good program. I think there is quite a bit of research around to show that early contact with parents and children and sustained assistance, either through volunteers brought into play, natural helpers shall we call them, and/or professional people, is one of the more enterprising and more potentially useful things that can be done. I think it is very good.

But you have raised another problem which I did not regard as part of my brief today. Can I go back one step and say you have made the point that there are a lot of services in Minto and other places like that, and I have observed the same thing. In Waterloo there is an abundance of services. So another very deep question, profound question, is: why are they not having better results than they are?

That raises the whole issue of how can the community service component of the relevant parts of the human service departments of New South Wales - health, housing, DOCS, juvenile justice, ageing and disability, just to mention some - since they are all doing a combination of specialist things and more general community service things, be rendered much more effective than in this case?

I just mention to the Committee that one sequel to this work is that I have been requested by those departments to prepare a briefing paper, which I almost have and which will go before the relevant executives of those departments in November bearing on this very issue: what can we learn from overseas, what can we learn from anywhere about what constitutes an effective community service system?

I am with you in agreeing that it is not a matter of simply piling more money and more services on top of each other. There are questions about how they can be brought into more effective integration.

Mr RYAN: Can I ask a final question? Some might say that the result of your survey is that the antidote to the problem is income redistribution whereas Dr Weatherburn's survey talks about a specific targeted service. Do you see there being a conflict between those two options?

Professor VINSON: I have difficulty with the proposition that it would point in the direction of income redistribution as being the solution to things. What I found in all of these different studies that I have mentioned today is a close interweaving of half a dozen or a dozen aspects of poverty from income shortage to also, I suppose, income management, to education, to health, to a whole variety of things. I would never see deficiency of income as being the sole indicator of disadvantage.

I am more aligned with the Swedish view of this, with the kind of studies they conduct there called levels of living, that one can be rich or one can be poor in a variety of ways, and I am rather more wedded to that view than simply one variable. I mean, I would not deny anyone's wish to make more income available to poor people, but I would not see it as the solution to all problems.

Mr RYAN: I suppose if you are going to have a significant number of social services targeted specifically at districts someone is going to ask the question how you solve the problem. In places like those it would be fair to say that my cursory knowledge of those neighbourhoods is that there is a fair level of, to use a crude

expression, welfare dependency. I would not deny that it was not legitimate, but there is certainly a different approach to some welfare services than you might find outside those districts.

It is almost seen as a necessity to lodge applications of right, and life would be impossible without them and so on, whereas many of the people who provide those services sometimes themselves express the frustration, "If only these people could learn to do some of these things themselves."

Professor VINSON: Well, I gave the particular example of Waterloo but also, in discussion, of Windale and said that merely providing services was one half of the equation. The other half was trying to build self-help, co-operation and so on on the side of the community itself. I did say that unless you have got that it is a cargo cult approach that will not work.

Now, I say that respectfully because I have been in so many homes of late, and I am sure, given your responsibilities, you have too, where it is not the ordinary calendar that I know that seems to be operating; it is a calendar of, "Where are we through the week before we get some more assistance?"

I am touched and humiliated by the degree to which what is on the table tonight in some homes in south-west Sydney will depend where we are through that cycle, but I do not want to wallow in it, and I do not want my society to wallow in it; I want to lure as much initiative and as much effort as possible from people themselves so that opportunities, as they become available, will be utilised.

When you talk to breadwinners - it is an old-fashioned word but it so often is the case that one person is the breadwinner - about when they last went down to the abattoirs or when they last went down to the factory and so on and they tell you they did that every week for six months and it did not produce anything in the way of a job, then you start to understand how morale can slip, but you also see the opportunity of building morale, as I believe we have in Waterloo, by a range of activities which do not solve economic problems but at least keep human spirit on the rise rather than the sort of depression and absolute dependence that so often we see.

Mr BREEN: Professor, the Committee has travelled to Ballina and also to Moree and observed, at first hand, some programs implemented through local government under the Parental Responsibility Act. These programs have created, certainly in the case of Ballina, a street beat facility which interposed a group of citizens between the police and the youth on the street, particularly late at night.

So often the youth would have a problem so the police, instead of going to the problem themselves, would send out the street beat team. In those two areas the statistics suggest that there has been a reduction in the crime rate as a result of those programs of up to 40 per cent. Do you have any experience of those kinds of community involvement programs in terms of your studies?

Professor VINSON: Specifically dealing with people who are in strife in some way relating to the law?

Mr BREEN: Yes?

Professor VINSON: No, I have not, but it takes me back to a point I tried to make earlier, which is that we talk about crime levels as though they were absolute things. So often we talk about them that way. Crime occurs. There is the statistic. But

it is not like that at all, and I think that that study that I did in Newcastle all those years ago in which we asked people what they had been up to shows you just how flexible the administering of the law can be.

Now, it seems to me from your very brief description of it in Ballina, for example, to be a very constructive social thing to do, to interpose some other kind of social attempt at remedying the situation rather than bringing in, if I could be flippant at this stage, the cavalry, because the moment you bring in the cavalry, then the whole thing becomes a heavy scene and crime statistics are going to ensue. I think that is an example of how the bookkeeping on criminality in our society can just go up or down or be inflated or deflated by the way we respond to the situations.

I would see it as a very constructive thing to do, provided we did not raise other problems that are more of a philosophical nature about vigilantes and so on. I have no time for these, but that is my own personal position. But in terms of keeping the crime level in due proportion and doing something constructive, I like that idea.

Mr BREEN: I was struck when you were speaking before about your statistics with the number of women - I think you said 30 per cent - in gaol in Sydney coming from three suburbs and, similarly, with the figures on Aboriginal people and Aboriginal women particularly. If 25 per cent of the gaol population are Aboriginal, is there a correlation between those three areas in the concentration of Aboriginal people in those areas?

Professor VINSON: Oh, yes. The study I did with St Vincent De Paul produced this kind of overview of the situation. If you rank the suburbs of western and south-western Sydney in terms of the proportion of the local population that is Aboriginal and then you list separately the unemployment rates, the household income rates, the rate of unskilled workers, you will find almost all of the initial 12 highest ranking suburbs in terms of Aboriginality reappearing at least 10 times on the other lists. There is just a complete overlap between these things, and there is no doubt that Aboriginal involvement in crime is related to social disadvantage in the first instance.

Mr BREEN: If, then, as you say, the courts are now treating Aboriginal and white people equally, could it be that we need to go a step further back to the point where the police are involved and somehow ensure that our resources are directed in a way that actually addresses the problem of Aboriginal people, the specific problem that they have? Do you think that there is any value in trying to implement programs such as the one that I mentioned in Ballina and Moree that would be directed specifically to Aboriginal people, or do you think that that actually creates more division in the community?

Professor VINSON: Well, I think it would be less likely to create division if the people involved in that activity were themselves Aboriginal people. There was something you said that I wanted to respond to, but that is my point. It would not do that. I think there is a stark choice available to us, "us" here meaning society.

I have gone out of my way to observe policing methods in places like Cabramatta. I have stood with good intention, studious outlook, in places like Strathfield railway station and I have watched the implementation of the searching laws that now exist. The stark choice is whether we want to so aggravate young people, with the consequence of inflating both the apparent level of criminality and the number of people we put in custody by continuing with that kind of supersurveillance approach, or whether we want to use an equally effective method

like the one I think you have been describing, where the first requirement of law to maintain the peace is achieved by non-abrasive, less official means. I am all for it.

Mr BREEN: Could I ask you finally about your report? I have to say from my own perspective as I mentioned to you earlier that I am not so good with statistics. I found that the level of statistics in the report was so great that it seemed, in some cases, to overshadow the actual results or put them in a way that perhaps a person like me could not get hold of. Phase 2, which I notice you have referred to, or certainly the society has referred to in its letter enclosing the report, would involve actual productions or community demonstrations, I think they were called. Can you perhaps elaborate on what the plan is for that?

Professor VINSON: Many a plan is affected by subsequent developments. What Father Norden would have been unaware of, as I was, at the time he penned that letter was the Government's response to the report itself. Now, it had always seemed likely that the initiative would have to be taken by the Ignatius Centre in showing, by a combination of community development activities and perhaps additional services, how things might be improved in some of the areas we have listed, but the Government has responded with very considerable interest to the report. It has not been the usual ambush situation where somebody drops a report in the *Sydney Morning Herald* on a particular morning.

For two months I have been briefing government departments in New South Wales, the Premier's Department, the Cabinet Office. I have had an opportunity to brief the Human Service Department in Melbourne, and a very considerable dialogue has continued with a section of the Premier's office which is involved in rolling out programs to strengthen communities. I think all this has been extremely productive. From my point of view it has presented an opportunity to challenge the idea of simply providing more services on a time-limit basis.

Citing the example of Waterloo, which is well known in some government departments, and it is known as a success story, because morale has lifted, more opportunities are felt to be there for local residents. One has been able to influence the intended style of response to the results of this report.

As I understand it, the Government has committed itself to undertaking an assistance package in Windale, which will include both sides of the equation that I have mentioned, both the effort to involve local people, to get a steering committee going, which will involve local residents, and a co-ordinated response from among the government departments located in Newcastle to bring services to bear on Windale and another area of Newcastle.

If that pilot program fares reasonably well, my understanding is that the same approach will be extended to some of the other areas like Islington, which so obviously need special attention. Now, the involvement of the Ignatius Centre in that is, I guess, for Father Norden to decide, but it may be that rather than say us having a separate worker we simply contribute to some of the expense that will be incurred in that Newcastle exercise - that is currently being considered by the Ignatius Centre - and that we play a part in helping with the management side of the project.

CHAIR: Professor Vinson, if I could conclude with one final question, in your preliminary oral observations first thing this morning you did refer to the overincidence of medical problems in disadvantaged areas. What medical problems do you have in mind - respiratory, illnesses arising from non-immunisation perhaps?

Professor VINSON: Well, I was referring at the time, I think, to the study so long ago in Newcastle, but that emphasised a range of, let us call them, medico-social problems which have quite a long research history of being related to disadvantage. I had in mind particularly low birth weight. In Newcastle at that time I think was also infant deaths. Certainly the low birth weight indicator was used again in our most recent study.

In that earlier project we also used notifiable diseases, but the scene has become so much more complicated today in that regard that we did not repeat that measure on this occasion, so mainly the things to do with the beginnings of life - infant death and low birth weight.

CHAIR: Professor Vinson, we are very grateful indeed to you for coming along to give evidence this morning, so could I convey our thanks in that regard. You did indicate that you wished to make available a document, and you I think said that it may be your last copy. If so, we will photocopy it and return it.

Professor VINSON: That would be helpful.

(The witness withdrew)

(Short Adjournment)

GRAHAM VERNON VIMPANI, Paediatrician, Head of the Discipline of Paediatrics and Child Health, University of Newcastle, Longworth Avenue, Wallsend, sworn and examined:

CHAIR: Did you receive a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act 1901?

Professor VIMPANI: I did.

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

Professor VIMPANI: I am.

CHAIR: Can you briefly outline your qualifications and experience as they are relevant to the terms of this inquiry?

Professor VIMPANI: I am a community paediatrician. I have been involved in the promotion of early intervention programs for a number of years. I was involved as a consultant by the Commonwealth Department of Health and Community Services, as it was then, to undertake an audit of home visitor programs in Australia in 1995-96 and I have subsequently been involved with a group of other people in establishing an initiative nationally to focus on the early years and the importance of intervention in those years.

CHAIR: I think I am correct in saying that there is no written submission that we have from you but in a moment I will invite you to make an oral statement of about 20 minutes in length. Would that be suitable to you?

Professor VIMPANI: That is fine.

CHAIR: If you should consider at any stage during your evidence that in the public interest certain evidence which you may wish to present should be heard or seen only by the Committee, the Committee would be willing to accede to your request. I invite you to speak to the Committee for about 20 minutes, relevant to our terms of reference.

Professor VIMPANI: Fine. Can I clarify, do you want me in this address to respond to the questions that you have outlined in the issues paper?

CHAIR: Those questions are intended as a guide and we would be more than happy if you do address those, but that is not to preclude you from saying anything else that you wish to.

Professor VIMPANI: Fine. Perhaps as a bit of further introduction, in my clinical work as a paediatrician my work has been in the area particularly of child protection and, through that, I guess, I have become very aware of the work of Bruce Perry and some of the other American researchers looking at the effects of trauma and poor relationships between children and their parents, particularly their mothers, on early brain development and the consequences that has not only during childhood but throughout the rest of the life cycle.

As a result of becoming more aware of that work, I have been involved with a number of other people across Australia in collating the evidence that exists on the

impact of early intervention on a range of adverse health and wellbeing outcomes, of which criminality is one.

As part of that work I have become aware of what I think is quite a helpful term, the term developmental health, which is one that Dan Keating and Clyde Hertzmann in Canada have used in their recent book, which was published earlier this year, called *Developmental Health and the Wealth of Nations*, and I will show you a definition of that in a moment.

As a result of my awareness of these issues, I have been very keen to increase the awareness of both policy makers and the general public about the particular importance of the very early years of life from a number of different perspectives, but I think probably the one that I have found the most integrating of the lot is the notion of what again Hertzmann and Keating called biological embedding. I will come to that in a moment when I show you some overheads.

I have been particularly aware of initiatives in the United States to raise public awareness of the importance of the early years of life in terms of this being a critical period in which support is essential if good outcomes throughout the rest of the life cycle in a range of areas are to be achieved, and those areas include criminality, but are not confined to that. They include physical and mental health outcomes, educational outcomes and employment outcomes.

I have also been very aware of initiatives in Canada, where Fraser Mustard and Ms McCain, who is the Lieutenant Governor of one of the Canadian provinces, have recently completed a report for the Ontario Provincial Government called "Reversing the Real Brain Drain", in which they highlight again the importance of government and community support for families with young children in the early years of life.

I have also been very impressed by the review done by the Acheson Committee in the United Kingdom, which revisited the work that had been done over a decade ago on "Social Inequalities in Health". The Acheson inquiry for the British Government highlighted again the importance of intervention in the early years of life.

If we want to interrupt the cycle of consequences of socio-economic inequality on health and wellbeing outcomes throughout the rest of the life cycle, the importance of a range of interventions in those early years of life cannot be underestimated. One of the people who was on the Acheson Committee is an Australian, Professor Michael Marmot from the University of London and he has been one of the key people, I think, who has been instrumental in drawing our attention to the important knowledge that there is a gradient in outcomes across the whole of the socioeconomic spectrum.

I think this is very important information in terms of looking at social policy responses, that in fact some of the largest gains in outcome may in fact be achieved by trying to lift the improvement in outcomes across the whole of the population and not just focusing on those, as it were, at the bottom of the pile who are the most disadvantaged. Again, that is something that I wanted to turn to later.

I guess in terms of my current research I am not doing anything in the way of original research just at the moment in this area, but what I have been doing is trying to bring together the strands of evidence from a number of different fields which I think now paint a picture that is indisputable about the importance of focusing

support on families with young children in those early years of life to improve their developmental health outcomes.

I will respond to some of the questions that you asked me and I will use some overheads to do that. The first question that you asked me was in relation to the major risk factors for involvement in criminal behaviour and, as I indicated, criminality is, in my view, one marker of poor developmental health. If I can just give you the definition of developmental health that Keating and Hertzmann use, it encompasses physical and mental health and wellbeing, coping and competence of human populations, and developmental health arises, in large part, as a function of the overall quality of the social environment.

If one looks at the evidence for risk factors in criminal behaviour, these are the ones that I would identify: the issue of poor attachment, a poor relationship between young children and their primary caregivers, particularly their mothers, leading to a pattern of coercive parenting, by which I mean using physical discipline as one of the key strategies, parenting which is inconsistent, and parenting which is insensitive to the needs and responses of young children.

The evidence is now starting to emerge related to the failure of young children to develop self-regulation and the control of impulsivity with respect to their behaviour.

This cycles on to conduct disorder, the emergence of antisocial personality disorder in adolescence, and later during adolescence criminal behaviour, and this pattern of parenting is, of course, quite frequently associated with overt neglect and abuse.

I think it is one of the factors that explains the pathways that people like Don Weatherburn have been so instrumental in demonstrating.

Another risk factor clearly is socioeconomic inequality, which is often linked with these other points. Poor academic achievement and school drop-out is again related to the emergence of behaviour problems and also the emergence of criminality. There was one slide here which I was going to show you with respect to that, which I think is actually quite helpful.

This is some work from Canada that has looked at survival of children from socioeconomically disadvantaged backgrounds in regular school in relation to their demonstration of physical aggression. You can see that even with the best children in this environment at the time, at the age of seven, only about 90 per cent of them were in an age-appropriate regular classroom.

The children who did best of all were children who did not demonstrate any evidence of aggression. These are at the time that they were in the junior primary school. These are in the group called NHF, which is short for non-high fighters. The group who did worst of all were this group here, who started school demonstrating aggressive behaviour and continued to demonstrate it throughout their school career, a group that they have termed stable high fighters. You can see that by the time they were 16 only about 10 per cent of these kids are still in an ordinary classroom situation.

This group here, who did quite well initially - and we do find that with some children, that their aggressive behaviour does not start until they hit adolescence - is the late onset high fighters. In fact, their prognosis or outcomes were virtually

indistinguishable, by the time they got to 16, from those who had been aggressive right throughout their school career.

Then there was a group in the middle, some who had started off as high fighters, this group, the DHF, which is short for desisting high fighters. They started off being aggressive, but their aggressiveness ceased as they got older and a greater proportion of them ended up staying in the ordinary classroom situation, whereas this other group are those that were termed variable high fighters. Some of the time they demonstrated aggressiveness and at other times they did not, but their outcomes were not all that different from the desisting high fighters by the time they were 16.

You can see the consequence of this is that these children become withdrawn from ordinary education and many of them drop out of school completely and enter the high-risk group for criminal behaviour.

Another important thing, when people have asked the question as to why have we got this rise in criminality today, compared with, say, 20 or 30 years ago, one writer actually points out that criminality and maleness and adolescence actually go together, so that if you actually have a rise in the proportion of adolescent males in your total population in absolute numbers, you are going to get, by virtue of these linkages, regardless of anything else, an increased rate of adolescent antisocial behaviour.

Another important issue in this - and the two of them I guess are linked - is the peer group exposure and the living in what I term the criminogenic neighbourhood, and I am not sure if that is the term that Don Weatherburn uses, but neighbourhoods where there is less supervision, where there is a higher proportion of adolescent males of low socioeconomic background.

Perhaps just to say something about the issue of child abuse and neglect, I think that the kind of insecure relationship that we talked about earlier between parents and their children is likely to affect both short and long-term cognitive and emotional wellbeing. Some of the work of Perry on early brain development highlights the fact that these traumatic experiences in infancy affect the way in which individuals respond in the rest of their life to stress and stressful or threatening situations. It is as if those traumatic experiences kind of alter the thermostat, alter the template within the brain in the way in which individuals respond to stress.

I think that the consequence of that is reflected in the poorer health and wellbeing outcomes in a variety of areas in children who are exposed to adverse childhood experiences. Some recent work has suggested that up to a third of children who have been physically or sexually abused have lifetime post-traumatic stress disorder and the symptoms of that and obviously associated increased rates of substance abuse and criminal behaviour, so I think abuse is really very significant in terms of the extent of the added risk it provides for children living in disadvantaged circumstances.

Perhaps just to summarise that in terms of the links with brain development; poor attachment and exposure to traumatic parenting affects infant brain development, and the way that caregivers relate and respond to young children and mediate their contact with the environment directly affects the formation of neural pathways. I think this is some of the new stuff that is really so exciting.

We have known that attachment has been important for years but we have now actually got some better clue as to why it is important. It actually shapes the way

in which the brain pathways are established and so a child's capacity to control emotion hinges to a significant extent on the biological systems that are shaped by early experience and attachment, and this is where this notion of biological embedding is so important.

Another of the issues you asked me to comment on was resilience factors. I think the best summary I know of this is from Werner's study in Kauai, one of the Hawaiian islands, which followed up a very disadvantaged group of young people over a number of years. In a review which she did in 1992, the major factors they found in their study which made children who were at risk of a range of poor developmental health outcomes do well were these kinds of things: the kids' personal competence and determination, their ability to cope. They were brighter kids, cognitively competent. They knew they could succeed in things, including hobbies, and I think a spiritual dimension to their lives was another thing that gave them hope and confidence in the future and was another thing that was associated with resilience.

Temperamental characteristics which elicited positive relationships with a variety of caring persons. So these were kids who were able to engender warmth in their relationships. Meeting a caring friend and marrying an accepting and supporting spouse and the presence of supportive adults other than parents in their lives and a supportive educational climate, including opportunities for adult education and also including the opportunity to serve in the armed forces were also important.

So in terms of things that a government can do and where I think things like home visiting are of importance, particularly for some young women who have been through the cycle in their early life which places them at increased risk, is the way in which the befriending a home visitor can engender a greater sense of confidence.

The other issue you asked me to comment on was trends in child neglect and abuse, what were they doing. I think we are all aware that there are rising numbers of notifications to statutory authorities but the issue is what it means. Does it mean better recognition, better ascertainment with more groups being required to report and a higher index of suspicion in the community? Is it because the definitions have changed and there is a lower threshold for reporting? Or is it because there is actually a real increase in abuse?

The best data that I know which actually support the latter conclusion, at least in terms of severe abuse, are from the Western Australian Cerebral Palsy Register. Again I will show you the data, and I guess we would need to get permission from Professor Fiona Stanley to include this in the report.

The Western Australian Cerebral Palsy Register has been going since 1975, and it is a registration of every case of cerebral palsy, which is brain damage which is acquired either before birth or in the first year or so. This data that I am going to show you now just relates to cases of cerebral palsy which arise from damage to the brain after birth in the first couple of years of life.

These are a breakdown of the proportion of cases due to different causes over the period 1975 to 1992. You can see that head injury accounts for around two-fifths of all cases, motor vehicle accidents being the most common, followed by non-accidental injury and other forms of head injury. Other things like infection and things like meningitis and stroke and cerebral haemorrhage in young children account for all the rest.

I want to show you some data now that just looks at head injury, but just before I do that, just to show you the trends, what they did then was split the data into three equal seven-year periods and look at the trends in infections, stroke, head injury and other causes.

You can see there was a general trend down in infection. Strokes stayed about the same. Head injury increased slightly and other causes perhaps increased slightly. But when you actually look at head injury and the different kinds of head injury, you remember that motor vehicle accident was the largest cause, but that has actually declined over these three seven-year periods and now amounts to only around 10 per cent. These are actual cases. Sorry, this is the percentage and these are the actual numbers, so I have combined two things on the slide.

The interesting thing here is in relation to non-accidental head injury. In the first seven-year period there were two cases; in the second there was one; and in the most recent period, from 1985 to 1992, 17 cases. That, to me, is some of the strongest evidence that I am aware of that suggests that there has actually been a rise in certainly severe forms of non-accidental injury.

If I could just summarise again this notion of biological embedding, we think this occurs by creating latent effects. By that, we mean that sometimes there are things that may go on in the first few years of life that, regardless of whatever else happens to you in your developmental progress, that put you at a much greater risk of adverse outcomes.

The so-called pathway effects are where the insults in early childhood are but the first of a series of confrontations with adversity that people encounter. There is evidence for both of these.

I think some of the strongest evidence for the so-called latency effects that is relevant to the area that we are looking at is the impact of home visiting. Looking at the results of David Olds' follow-up study for 15 years of the effect of home visiting in the first two years of life and during the last two months of pregnancy, comparing the outcomes in the mothers and the children 15 years later, regardless of what happened to them after the home visiting stopped when the children reached the age of two, there were significant benefits both for the mothers in terms of improved job prospects, a longer interval between pregnancies, higher self-esteem, lower contact themselves with the criminal justice system and far less utilisation of welfare and, in terms of the children's outcomes, there were lower notification rates of child abuse and neglect and lower rates of uptake of substances like tobacco and alcohol in adolescence and also reduced contact with the criminal justice system, so that was regardless of whatever happened after the age of two.

We know there is plenty of evidence also in support of the pathway effects, but we think that one of the ways in which that happens is by this notion of sculpting of early brain development which, in turn, also has an impact on the immune system - and it is thought that this may account for the reason why people exposed to early life stress seem to be at an increased risk of immune system disorders, including cancer - and also this sculpting affects the endocrine system and the way in which the body reacts to stress.

There is good animal and human evidence in support of all this but, again, the important point to emphasise is that whilst all these things are risks, it does not mean that risks become destiny.

So in terms of what we are thinking of today, that an unstimulating and emotionally and physically unsupportive environment affects the sculpting and the neurochemistry of the central nervous system and the brain leading to cognitive and socio and emotional delays and the likelihood of these children experiencing more acute and chronic stress at school with physiological and life path consequences, and because the brain talks to the immune, the hormone and the clotting systems of the body, systematic differences in life experience will increase or decrease levels of resistance to disease affecting the long-term function of vital organs of the body and increase the risk, or give rise to socioeconomic differences in morbidity and mortality. Within the morbidity group I would include things like criminality.

The other point I would like to make is in relation to some of the other benefits of early intervention which I have just touched on but, just to summarise some of the others, including the cost benefits of that, I think clearly home visiting is one of these programs but it needs to be part of a package that we know works.

The early intervention programs need to be a mix of universal programs available to everybody and programs that are targeted to people with additional needs that address individual family and community needs, and these programs need to be based on an ecological approach that recognises the importance of the environment and the impact that has on children. Part of that environment is the range of services that are available within it, and the importance of intervening early and at other critical transition points in life.

I think this was a point that was emphasised very much by the "Pathways to Prevention" report and others. The Blair Government's phrase "joined up solutions for joined up problems" is, I think, a really important notion which encompasses the important idea of partnership between providers, between provider agencies. We have got to get out of our silos and work together with communities that need to be active participants in developing the solutions for their communities.

I mentioned that one of the reasons that I think there has been so much interest on early intervention recently is that a number of these reports are really quite recent, as you will see there with the Elmira home visiting program results being published only in 1997 and 1998.

Probably one of the most significant of the reports has been the one from the RAND Corporation, which brought together and compared outcomes in a number of programs. Just to summarise there, the outcomes when they looked at the Elmira program and the Perry Preschool program were the outcomes in terms of the higher risk families. In the Elmira Study the cost of the program for both low and high risk was the same, \$6,000 per family over a two-and-a-half-year period, and the benefits in terms of welfare, criminal justice, taxation being raised on income earned were quite significant.

Even when you allow for discounting, because the benefits do not all accrue until 15 years later, there is still a significant beneficial effect. I think the other thing is that although it shows that the costs in the lower risk families - these were first-time mothers who were not single, who had support, whereas higher risk category single, first-time, young and poor mothers, the higher risk - actually exceed the benefits, it needs to be remembered that in terms of the intensity of the intervention this group actually got the same as what the high-risk group did. In real life, of course, you would not actually do that; you would tailor the program to the needs of the family.

One of the other points you asked me to comment on was in relation to Federal Government changes to social support systems. I know there have been a number of those. I am not quite sure what things you were referring to, but things like the Good Beginnings program, the response to that, both from the communities that have been involved and the evaluations that have been done, is quite positive.

The other thing is that we do not really know what is in the new national family strategy which the Commonwealth is preparing and which we anticipate being released, I think, early next year.

Another issue you asked me is what issues have an impact. I think the existence of gradients across the whole socioeconomic spectrum suggests that whilst it is important to provide services for those who are most disadvantaged, that needs to be done in the context of a universal service system that will also address the needs of the whole community, and there is some good evidence that communities that actually try to improve outcomes across the whole of the spectrum actually achieve better outcomes overall for their communities than those where the focus is just on those who are most disadvantaged.

You asked me also specifically about home visiting, and I think it is important to recognise that home visiting is a strategy for reaching families and not a program in itself. The reason that I think home visiting is successful is because of the support it provides to parents, the modelling the home visitors provide to parents and the linkage that is achieved through people's involvement in home visiting with a range of other social support programs in their community and their neighbourhood.

I think it is important to recognise that not all home visiting programs are effective in improving outcomes. The program that David Olds piloted and replicated in Memphis in Tennessee is probably one of the best of the home visiting programs.

A recent review by an organisation called the Future of Children of home visiting programs showed that a number of the other ones were nowhere near as successful as his was. He has also not yet published but presented when he was here in August some results of his comparative study looking at nurse home visiting versus volunteer home visiting.

That study found that the volunteer home visiting, at least in terms of the outcomes that he had looked at before in Elmira and in Memphis, did not achieve either practical or statistical significant benefits over and above the control group.

Now, there may have been outcomes that he did not look at which may have been beneficial in the volunteer group, and I think one of the things that he has never examined, for example, is the impact of home visiting on social support networks.

If home visiting is all about improving social support, it needs to be measured, and I would have thought that volunteer home visiting would actually show some benefits in that area.

I have talked about targeting, and I do not think I need to say any more about that. I think targeting is fine, but within the context of a universal program targeting to provide additional services for families with additional needs is appropriate. I do not have any qualms with the things that have been found in the conclusions of the other reports that were mentioned.

I have talked about embedding, and I do not know want to go into that again. I guess the other final point I would make is this mismatch between the importance of early childhood and the gains that can be achieved by investing there compared with our actual investment in those years as a community.

These are American figures from Bruce Perry. It is schematic and I think it is to illustrate a point rather than to be taken too literally. In terms of the development of the human brain, it is most sensitive to the impact of environments, whether they be good or bad, in those first three or four years of life, yet our investment in terms of social services spending on health, education, income support, social services and crime is not down here; it is up the top of the age scale.

The argument that flows on from this is that because of the benefits to be achieved from investing in early life, the benefits that are likely to be achieved in terms of the impact on early brain development, it makes a lot more sense to be investing a lot more of our dollars down at this end of the life cycle.

The other point I would also make is that by investing in programs that improve outcomes like criminality we are also going to be investing in improving outcomes in a range of other areas - mental health, literacy and so forth. I might leave it at that and I would be happy to take questions.

CHAIR: Thank you. Professor Vimpani, if I might start by asking a couple of medically related questions, there have been reports recently relating to an increase of depression in society, particularly affecting teenagers. Are you able to tell the Committee whether depression has an outcome in criminal behaviour or substantially is it confined to self-harm?

Professor VIMPANI: I am not familiar enough with the literature in that area to answer your question, I am sorry.

CHAIR: You referred to neurological problems associated with poor attachment in young children. Are those problems able to be rectified early or subsequently, or is the damage essentially permanent?

Professor VIMPANI: I think I would reiterate the point I made about risk not being destiny, and I think there are ways in which relationships between children and their parents can be enhanced.

There is some interesting work going on in the United Kingdom at the moment. Peter Fonagy, who is a psychoanalyst in London, submitted to the Acheson inquiry some evidence that included reference to some work in Sweden which showed that parents, mothers in particular, could be trained, helped, to respond more sensitively to the cues of their young infants. I think that is very promising.

I think there is a prevailing view within a lot of the community that pre-verbal children are kind of non-people; they do not actually take up much from their environment and they can be left in front of the television to have that baby-sit them.

I think some of this work on early attachment is really highlighting the importance of reciprocity between children and their parents in that first year when children are actually starting to explore their relationship with their mother.

The importance of that to and fro I think cannot be overemphasised, and I think that is one of the messages that we need to get out into the community about

how important that is, because I think at the moment there are a lot of people who do not have that awareness.

In terms of whether you are lost forever, there is always the exception that proves the rule. I think Jerome Kagan was fond of quoting Frank McCourt as an example of somebody who, despite an horrendous early childhood, did well. But I think it does not alter the fact that the risks are there and, unless there is intervention, unless there is support - and home visiting is one way of providing that support and modelling new ways for parents of interacting with their children - unless that kind of opportunity is there, the risks are very strong and adverse outcomes will follow.

CHAIR: Earlier today, as you are aware, Professor Tony Vinson gave evidence to the Committee. His evidence largely related to what he terms locational disadvantage. He was basing many of his remarks on a study entitled "Unequal in Life" that has been published recently that identifies locations by post code areas.

Professor Vinson tended to the view that poverty is an important contributor to subsequent criminal behaviour on the part of young people. Earlier, though, the Committee had evidence from Dr Don Weatherburn, the Director of the Bureau of Crime Statistics and Research. His evidence, in part, suggested that neglect was an important predictor of subsequent criminal behaviour on the part of young people, so they characterised the matter rather differently. Can you indicate whether the findings that they respectively have made are useful to early intervention?

Professor VIMPANI: I think, firstly, there is a significant degree of overlap between neglect and poverty to start with, and neglect may be one of the significant pathways by which poverty actually results in adverse outcomes, including criminality. Again, I think neglect is kind of an end result of poor attachment, poor responsiveness between children and their parents and, therefore, strategies that will improve that relationship are likely to have an impact on neglect, so I think, yes, it does give us some clues. It supports some observations of why things like home visiting may actually have beneficial results.

CHAIR: Turning to home visiting, during the winter recess this Committee visited Ballina. We spoke to the Families First Co-ordinator for the North Coast region. She identified gaps in existing government services and plans that exist to fill those gaps, one of which was a home visiting service, as I understand it, provided by professional visitors, early childhood nurses.

In contrast to that, as I mentioned to you in informal conversation when we were having a cup of tea, I visited the University of Newcastle a few years ago as Minister for Community Services for the purpose of looking at the Home Start program and the home visiting programs that were being operated in the Hunter. What are the merits of lay or non-expert home visiting programs? What can they achieve?

Professor VIMPANI: I think there have been a number of process evaluations of volunteer home visiting. As far as I am aware Olds' as yet unpublished work is that there is an attempt to compare the outcomes of volunteer as compared to professional home visiting in the literature.

The early work in the United Kingdom looking at volunteer home visiting found that volunteers were often able to befriend and get alongside of families in a way that professionals may not be able to. One of the interesting things, though, in Olds' Denver study is the comments that he made when he was here, that in fact the

parents found that they were less inclined to ask the lay visitors than the nurse visitors for help, or when they did they did not find it was particularly helpful, so I think that there is room for both. They provide different kinds of support for families.

I think that one needs to remember with the professional home visiting is that David Olds has a very clearly defined curriculum and what guidance it gives to the nurses for issues to be raised at each home visit. In fact he told me it runs to three volumes. It is a very professionally driven program and may not be always perhaps as responsive to the articulated needs of families as a volunteer based program may.

I am aware that there are some home visiting programs in Australia, including Victoria and New South Wales, which used both. Burnside has a scheme going at Lake Munmorah, where there are three paid professional home visitors, supplemented by 10 or 12 volunteers that work with them, and the volunteers will often do additional visits to the family.

I think with some of the higher risk families that we would be wanting to keep involved with ongoing intensive home visiting over a period of months, for the first couple of years even. People need to be very aware of what they are getting into. The other thing is that volunteers may not always be available for the kind of long haul.

There is a turnover amongst volunteers. There is a turnover amongst professionals as well, but most benefit is clearly going to come from having a relationship with a visitor which is sustained over a period of time. Both volunteers and professional home visitors have been described in qualitative research of the comments of those who have been visited: "This is really the first time I have experienced mothering in my life and I now know what it means to be mothered."

CHAIR: Would it be fair to characterise what you are saying as suggesting that there are pluses and minuses regarding lay home visiting and professional home visiting?

Professor VIMPANI: I think so. One of the things that home visiting is clearly designed to do is improve the linkages between families and the community and improve social support. It is interesting that David Olds has never measured the impact of home visiting on social support. In his follow-up study looking at volunteers versus professionals, that has not been measured and yet one would expect that would have a very positive outcome from volunteer involvement.

CHAIR: Does home visiting, especially professional home visiting, create a potential problem of stigmatisation of the family in question?

Professor VIMPANI: That is why I think it is important that it be done within a universal context, that all families receive some home visiting following the birth of a new child, particularly the birth of their first child, because that is a key transition point for everybody in our community, maybe more than in previous times. For mothers who have been involved in the work force, and their social network is their workplace, to suddenly be dropped into a neighbourhood that they have not related to socially, and be isolated within that by having a new baby to care for, it is a really important transition where I think that there is a great need for someone or a group to be able to facilitate linkages with others in the community who are perhaps going through the same stage of their life cycle.

Home visiting has a major role to play, and I think everybody benefits from that kind of home visiting. It may only need to be one or two home visits for a lot of people, if they have the social skills to be able to make those linkages with other parents who are going through the same stage of higher life cycle. There are others who do not have the confidence to engage in that sort of thing, at least initially. That is where I think a more prolonged form of home visiting, perhaps using volunteers, is important.

CHAIR: Regarding volunteer home visiting, would it be important in your view for volunteers to recognise when they should vacate the field, so to speak?

Professor VIMPANI: It is very important.

CHAIR: If they picked up clear indications of potential or actual abuse?

Professor VIMPANI: I think it is very important. I think training and supervision of volunteers and professionals is really very critical. Even amongst the professionals I think the level of supervision we are talking about, say early childhood nurses, if they are going to be involved in home visiting, is over and above what they would need to carry out traditional centre-based programs. Both need both initial training and ongoing supervision.

CHAIR: Immediately after the lunch break today the Committee will be hearing from a witness from the community-based child-care sector. What do you see as the positives and negatives of child care for the development of a child under three? Does it depend on the quality of the child care provided? Does the number of hours have any bearing?

Professor VIMPANI: I think the quality of child care for children within the first two or three years of life is absolutely critical. Interestingly, there is a book by Schore, published in 1994, but new to me, which I have recently come across called *Affect Regulation in the Origin of the Self*. A reference would be among the photocopies that you have. In his final chapter he articulates some concern about child care, particularly in the first year of life, and gives a couple of references which I have not had time to pursue so far, but I guess he has not been alone in expressing those concerns.

Penelope Leach several years ago raised the issue. I do not have a fixed view on it at the moment, but I just alert you that there are professionals who, on the basis of what we know about attachment, are saying that exposing children to an enormous range of different care providers may not always be in the child's best interests.

Phillip Gammage, Professor of Early Childhood in South Australia, has also expressed his concern about the changing pattern of care arrangements for children over the last 20 or 30 years, or even compared with traditional society, where a young child may have been cared for by a mother and aunts and grandmothers but all from the same kind of tribe, all from the same value system, whereas that may not be the case for children in child care today.

Phillip Gammage says that these young children are exposed to 12, 13, 15 different intimate carers and really is saying, not necessarily at this stage, because we do not have the evidence strongly enough that there may be deleterious effects, that we need to look at this to see that it is not having an adverse effect.

If there are those questions there, it really highlights the importance that child care needs to be of the highest standard and children need to have that same understanding that parents have about the importance of reciprocity in terms of interaction with young children. Kids either at home or in child care should not be dumped in front of the television as a child carer.

CHAIR: If I could return for a moment to home visiting programs, is there a proportion, and, if so, what approximate proportion, of families who do not consent to being visited? Is that a significant factor in the overall effectiveness of the program?

Professor VIMPANI: I do not have any Australian data on that, Mr Dyer, but David Olds found that somewhere between 10 and 20 per cent of his disadvantaged group did not consent to being involved, but that means that 80 to 90 per cent of the high-risk group did consent to being involved, so there is always going to be a group that are not reached by volunteer programs.

I suppose that France has been amongst countries that have been keen to introduce incentives or penalties for people who do not take up things that are deemed by their society to be in the best interests of their children. The French for a long time, and I do not know whether they still do, had a proportion of family allowances tied to parents ensuring their children had health checks three times within the first couple of years of life. I would think that would be counterproductive.

I think that would become yet another kind of penalty for families who have already had a history of not doing well, so I would certainly want to see how we went with a more extensive program of volunteers in the sense of parents volunteering to be participants in home visits.

CHAIR: Dealing again for a moment with locational disadvantage, Professor Vinson when dealing with poverty in the locality and what can be done to get people out of it - I think I am correct in saying this - tended to emphasise education as all important. Would you agree with that?

Professor VIMPANI: I think having an education in particular is very important. The context within which education takes place is also critically important. Many of the people that I think we were trying to reach with home visiting programs, people with low self-confidence and poor self-esteem, until they have been involved in a program that can deal with some of those issues, giving them education in the traditional school approach, I think is not the appropriate way to go.

I think that education that uses adult learning principles, where you start with where people are at and build on that is important, but again that recognises the importance of dealing with people's own issues relating to self-confidence as an essential part of the educational process.

CHAIR: Also during the winter recess this Committee was in Moree and together with another member of the Committee I went into the South Moree area, which is populated by Aboriginal people. I thought I was in a war zone. The desolation that was apparent was so stark and I never expected to see such a thing in Australia. It occurred to me, I must say, that unless these people are educated and placed in employment, nothing very much is going to change. Would you agree with that?

Professor VIMPANI: Well, I think a number of these people are people who have totally lost hope, who have lost any sense of their own personhood as a result of a whole range of things.

One can see the relevance of work and the impact of environments on early brain development and I think very much of the relevance applies to disadvantaged minority groups, whether they be our Aborigines or other disadvantaged groups in other countries. I think that one of the critical things is the involvement of people from their own community and in seeing them do well and involving them in leadership positions within their community so that they have a sense of identification with people from their own background. That is very important.

The issues they face in relation to bleak economic prospects are issues admittedly a magnitude greater but are also issues that a number of people in rural Australia are currently confronting.

CHAIR: Do you feel that the State Government's Families First initiative is useful in addressing inequalities?

Professor VIMPANI: I think it is a great start and I think that the important thing about it is going to be making sure that there is real ownership and participation from the communities in tailoring the elements within the Families First package to suit their own needs. I think that is going to be the critical thing. I think that the concept of actually knocking those of us who work in government bureaucracies out of our silos and focusing on the needs of the community and having the first loyalty to meeting those needs is an important principle. There needs to be permission from on high for that to occur, but there also needs to be encouragement of communities to pick that opportunity up.

CHAIR: You have referred a number of times to silos. Have you been listening to Mr John Mant and his theories regarding place management, or is silos a generally used academic term?

Professor VIMPANI: I think it is becoming part of a lexicon of people working in human services now. We have all sort of tended to try to define the world through the frame of reference from our own professional backgrounds and tried to define people's problems in that way. I think that the reality of the nature of developmental health, the concept I referred to earlier on, is such that health, education, housing, community services, all of us have got to work together more effectively and bring our own tool kits, professional tool kits, to the service of the communities we are trying to serve.

CHAIR: This may be outside your area of expertise, but referring again to Mr Mant, he has advocated to this Committee the concept of place management, as a place manager to draw threads together locally.

Professor VIMPANI: I think that is a great idea. We have seen that in a sense already in a small way through the community centre pilots set up under the previous Government, where you have three or four departments actually collectively contributing to the salary of a co-ordinator who actually works basically as a place manager, but with a restricted focus on families with preschool children. I think that concept is certainly one I would like to see extended.

CHAIR: Thank you very much indeed for your help to us, Professor Vimpani. We are very appreciative of it.

(The witness withdrew)
(Luncheon adjournment)

EILEEN ALANNAH BALL, Director, Community Child Care Co-operative New South Wales, of Level 2, 30-34 Wilson Street, Newtown, sworn and examined:

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

Ms BALL: I am representing children's services in New South Wales. The organisation that I am representing is the peak body for children's services.

CHAIR: Did you receive a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act 1901?

Ms BALL: Yes.

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

Ms BALL: Yes.

CHAIR: Could you please briefly outline your qualifications and experience as they are relevant to the terms of reference for this inquiry?

Ms BALL: I have been working in the early childhood field for 21 years, I have worked in a range of areas in children's services, I hold early childhood qualifications, I also hold a Bachelor of Arts degree, and all my work experience has been related to children birth to five.

CHAIR: You do have a written submission which you have sent to the Committee. Could I ask whether you wish your submission to be included as part of your sworn evidence?

Ms BALL: Yes.

CHAIR: If you should consider at any stage during your evidence that in the public interest certain evidence or documents you may wish to present should be heard or seen only by the Committee, the Committee will be willing to accede to your request. Now, having asked you those formal questions, could I invite you to make an oral statement arising out of your written submission of about 20 minutes in length, or less if you choose?

Ms BALL: In representing children's services I guess I would like to state firstly that we believe that good quality early childhood services provide families with a support structure within the community and that young children able to attend those services have access to a whole range of care and education programs that support them in their early learning and development.

The thing that I wanted to stress in giving evidence is that children's services provides an infrastructure to the community that supports the families, so it is not just a case of the children being cared for in terms of their care and education needs and allowing parents to be able to work in relation to child care, but it is actually about being able to provide parents with services that actually support them in their parenting role and also enable them to have access to other community services.

So the way we would view it is that good quality children's services actually are, if you like, at the centre of family support and that they ensure that children are cared for in the day care centre in an appropriate way, but they also support the

family in caring for the child in an appropriate way, and we believe strongly that if children are cared for and educated appropriately between the most important years of their life, which is birth to five in terms of being foundational years of their development, this will lead to an improved childhood in their middle childhood years and subsequently they would have better prospects in their adolescence and young adulthood.

Community Child Care is a peak for children's services in New South Wales and provides a range of services to children's services themselves to enhance the quality of service provision, so our role is one to represent children's services in situations such as this but also to work with the services to assist them in improving their service delivery.

We provide a range of services such as training to people who work in children's services and to management who operate children's services, and we provide a range of publications to support them in their day-to-day work and also provide them with accurate and relevant information.

Most importantly, the organisation sees itself as a peak and takes a strong advocacy role in the provision and the promotion of quality children's services and would actively participate in forums such as this to be able to talk about the value of early childhood education.

Community Child Care has also had a history of 21 years of operation in New South Wales and has earned a reputation for being a strong advocate agency and for also being an agency that can support its members and people working in the services.

I should say also that when I am talking about children's services in relation to Community Child Care we are encompassing long day care and are also encompassing preschool services and, where the need may be, we support other service types as well, so the work that we do is not limited to any one particular service type.

If people using children's services wish to talk to us about the service, they can, so parents have access to us as well, but also services can talk with us about any range of issues.

I should say that, historically, Community Child Care Co-operative has had an advocacy role particularly in the area of sustaining community-based children's services but more recently, due to changes in funding, Community Child Care provides services to both the community sector and to private child-care services, and we would hold as a strong belief that it is in the best interests of the community and the children that we serve that all child care, regardless of its management model or type, be of a good quality.

When I am speaking here today I am speaking on behalf of all children who attend child-care services in New South Wales regardless of what the service type is or the management model.

CHAIR: Thank you very much. If I could start with a question that is controversial in the sense that I might, were she here, have had a different response from Mrs Bardetta than I might anticipate from you, as you are aware, there have been some funding changes at a Federal level affecting the children's services industry. I am referring in particular to the decision to cease the operational subsidy for community-based child care.

We have had some evidence on this matter from the New South Wales Council of Social Service. Could you tell us what your organisation's perspective is on those changes and the impact they might have had on access to child care in the community-based sector?

Ms BALL: Community Child Care has been at the forefront of this change in the community sector and, because we also provide training and resources for services, we have been able to work closely with services and to try to support them through a change process.

On 1 July 1997 operational subsidy was removed from the community sector, which basically meant that community-based children's services, on average, lost \$40,000 per service. The services were then forced into a position of having to rethink how they operate and, I guess, to move into operating as a small business. This was quite a change process for those services, and in many cases it presented extreme difficulties for the service to be able to make the changes they needed to make and maintain the standard of quality service provision that they had provided in the past because of the obvious loss of funding.

One thing that I think needs to be said is that Community Child Care was aware that service provision had to change in many of those services and that there were certainly changes in the way the service operated that would impact on the provision of care in terms of the quality. That may have been that there were staff reductions or the number of qualified staff reduced. It may have come down to operational issues such as removing the cook or bringing in catering services or no longer providing a nappy change service. I guess I am just trying to give you an idea that there were some day-to-day changes that had to happen in the services.

The initial period was very difficult for services and it was quite disruptive until they had been able to, I guess, go through a change management process. The thing that was interesting about this was that the full impact of it was not felt initially. It has taken some time for it to be felt.

What we have seen is that there were fee increases initially, because that was the first strategy that services had to implement in order to make up for the money that had been removed, but subsequently from that what started to happen was that there was a general movement away from usage of the services by parents, so the usage patterns changed, and that was because of the fees increasing, so we have actually seen in the community sector that there have been changes in the provision of care, then an increase in fees and then a move away from formal child care arrangements, which has actually meant that there are a lot of services that have had underutilisation.

The other thing that we have seen is that there have been changing usage patterns. Whereas in the past children may have attended a day care service for three or five days a week, so they were much more like full-time children enrolled in the service, what we are seeing is that there are many, many more children enrolled for one or two days a week, which means that the children are being cared for in other circumstances or in a different child-care arrangement at the other times.

This raises an issue around parents feeling that they need to choose a patchwork of child-care arrangements, which may provide for very young children an environment of care that is not as secure as the one that they may have had if the parent could afford full-time arrangements in the one facility.

I think that many child-care centres now feel that they are operating like occasional care centres because they have so many children in and out one day or two days. That is directly linked, we feel, to the cost of care, and there is a concern, about the children moving away from formal child-care arrangements where are they actually being cared for and whether that is the best option for such young children.

We know also that there is a need for child care for nought to twos, even though there may be utilisation problems, and there may be a case of the child-care centres not being able to fill their places, yet, at the same time, through other planning mechanisms we know that generally there is a need for care for children nought to two and yet that need is not necessarily being met.

I raise the issue of birth to two year olds because we also know from the brain research that has been done recently and certainly would be of interest in terms of future issues for children that the care of very young children and the secure care of them is very important.

CHAIR: Are you saying that the incidence of use of community-based child care for birth to two year olds has declined even more than for older children possibly because providing for the care of those younger children is somewhat more expensive?

Ms BALL: No, I would not say it has declined. I do not have evidence of that. I guess I was just making the point that at the same time as we know that in the community sector there have been issues of underutilisation and movement away from full-time care, it appears that the need for child care is not there or the need has been met but, at the same time, we know also that there is a need for children to be cared for, particularly nought to two year olds, and that that need has not been met.

CHAIR: This morning the Committee heard evidence from Professor Tony Vinson, the Professor Emeritus from the Department of Social Work at the University of New South Wales. He has been research director of a study that has just been published called "Unequal in Life". It is based on post codes, and various measures of disadvantage are taken into account. These post code areas are ranked according to disadvantage or affluence as the case maybe. Are you in a position to indicate to the Committee whether drop-outs or lessened usage of community-based child care vary as between areas according to socioeconomic status? Is there any evidence in what might be termed disadvantaged areas that the problem is worse?

Ms BALL: I know that work was done by Senator Chris Evans of Western Australia and that his report indicated that closures of community-based services in relation to the cuts in funding, and as a result there have been closures across Australia of services, were predominantly in low-income areas. I would like to say something in regard to that.

My experience in working with these services since the funding cuts has been that parents in low socioeconomic areas in which a large number of the parents using the service may have been unemployed, may have been single parents, may have been from a disadvantaged group basically and were using children's services predominantly because they needed that family support and they needed that respite, have experienced difficulty because of the 20-hour limit that was placed on the child-care assistance funding. Those services in those particular areas may have had a very high percentage of parents who were in a very low socioeconomic group but because that 20-hour cap has been put on they are able to utilise the service only for a limited amount of time.

In terms of the services, issues in terms of financial viability and being able to maintain operations, in some of those areas in Sydney there are not any other parents to attract. We are talking about particular areas in which the bulk of the community falls into that category of being disadvantaged or a low socioeconomic group. In that case those services have difficulty, and I do know of services that have closed in areas such as that.

I am assuming that I am allowed to say the area I am talking about, for example, is Campbelltown. My organisation did work with services in the Campbelltown area, and that is what I am referring to. We know that those services were experiencing great difficulty and that they actually provided care for children who were growing up and living in areas that were very socially isolated in the sense that they do not have a great deal of other support mechanisms. There are a huge number of social problems within the community and the child-care centre actually facilitates support mechanisms beyond just the care of the children and probably modelled appropriate parenting.

CHAIR: Could you say something to the Committee about the usefulness of formal child-care arrangements from a child protection point of view and to prevent neglect and, one would think, future offending behaviour?

Ms BALL: I should just say in talking about this that prior to my role in Community Child Care I worked at the Department of Community Services and I have had experience first hand of working in the area of child protection, so I feel that my background in children's services is linked with my knowledge of child protection issues for young children.

One of the things about child-care services being able to support families in terms of where the child is neglected or the child is at risk of child abuse or where there are family circumstances that are unhealthy for the child's development, is that the child-care centre by its nature models appropriate practice in terms of the care of the child, so the parent actually has the opportunity to mix with people who understand the needs of that particular child, and also talks to the parent about ways of managing the child's behaviour, because often these children will demonstrate very difficult behaviour because of the way they have been cared for in previous situations. So there is that role of assisting the parent, and I think you cannot deny the link between the parent and the child and the child-care centre.

The other is that the child will be in a group where it is cared for by people who have early childhood training and understand the needs of children and child development. Also there is the great opportunity for a child who has come from a dysfunctional and at-risk family to actually be in a social situation that allows the child to learn normal social conduct, to participate at its level with its peers and to prepare for school and for moving on into the broader community.

The formal child-care program also means that a trained early childhood person will actually provide a program for that child so the child goes into the centre, and an individual program is developed that takes into account, especially if the service is aware that this is a child who has been referred, the background of the child and the child's particular needs, just as it would if the child came to the centre with any number of special needs or any particular issues.

It is a very individualised program. There are not many, support mechanisms within the community where you can have children given one-to-one programs that are specifically designed to observe their behaviour, to provide appropriate activities

and interactions for them and guide them to outcomes that are going to be about ensuring that they are competent and socially adept when they move on to school.

CHAIR: Supposing a special needs child, to use that expression, has not been referred in a formal way or in any way and suppose that those special needs children might be, say, from a non-English speaking background, they might be neglected or abused, they might exhibit hyperactivity of one sort or another or might have disabilities. How, in the ordinary course, would they be identified? What would happen in a child-care setting?

Ms BALL: In children's services there are a number of mechanisms to do that. We have an accreditation system which puts in place policies and procedures within the service to ensure that there is appropriate interactions with the children and appropriate programs, et cetera. We also have a licensing process by which services need to ensure that they meet the requirements of the regulations, and those regulations are about having appropriate people employed and appropriate programs in place.

What I am saying is that there is a foundation within children's services which is actually a regulated foundation for generally assuring that once a child attends a service there are people within that service who have the skills and knowledge to address the child's needs.

Now, should a child who could have any one of those special needs attend a child-care centre, given that the requirement of the service is to provide an individualised program that actually meets the developmental needs of that child, when the child comes to the centre the child will be observed by the staff as part of the programming process.

The child would actually have observations ordered in terms of its development and the types of things it likes to do and what it can and cannot do in terms of interaction with staff and other children, and some assessment would be made of its actual development. That would involve all the different aspects of development, be it cognitive, physical, emotional, social development, and it would be age appropriate, so it would be developmentally appropriate assessment of where you would expect a child to be in terms of its development at that age.

Then a program would actually be established whereby you know suitable activities would be put in place for that child to participate in, and the child would be monitored and changed as necessary with a desired outcome, and the desired outcome would be to enhance the child's development in all those different areas.

That is the snapshot of a program within a child-care centre, and obviously there is a lot more to it than that, but if it is a good quality child-care centre and it is running a program like that with trained staff, the child has the opportunity by attending that service and by gaining from all the other processes that are in place within the service, that is, good hygiene, healthy food, healthy environment, all those aspects of it, to gain substantially in terms of its development and wellbeing. I think it is those quality principles that make a difference.

CHAIR: We had evidence this morning also from Professor Graham Vimpani of the University of Newcastle, who is a paediatrician. He was cautious about expressing any firm view, but he referred to some emerging evidence from a study that perhaps where a young child passed through a large number of hands in child care, say

15 or more, that may be less than helpful. Have you heard of any such research, or do you have any views one way or another regarding stability, to use that expression?

Ms BALL: Can I just clarify, you are meaning if a child was actually within a child-care centre and there were a number of staff changes?

CHAIR: Yes.

Ms BALL: So they actually get passed on with the child carers?

CHAIR: A large number of changes, say 15 or more.

Ms BALL: I do not know of any research, and I can only base it on my own experience of caring for young children in a child-care setting and also from the years I have worked with children's services professionals and also it is a general observation. One thing I know is that the younger the child is, and we have been talking about children from birth to five, the more important - I guess you understand it is very, very important for a very young child to have some consistency. It does not have to be the mother, it does not have to be the father, or the same carer all the time, but there does have to be some consistency there, and the consistency is linked to the child's sense of security and basically that they feel safe and understand what is going on around them and that they know the person.

As children get older, four and five year olds, they are much more adaptable to a number of people and can deal with a larger social context. I guess for children nought to three in particular I would express concern if I felt a child was having too many people caring for it over a period of time, based on my view of consistency.

However, having said that, it is important to note that the child could be in a range of child-care arrangements. So long as the child had the same carer each time, that may be okay for that child, because they know, "This day I am with this person, this day I am with this person," and they know the person and they understand the interaction, but it is the inconsistency that causes the problem and probably could be seen as an insecure environment for the child. That is based on my own observations.

CHAIR: When NCOSS gave evidence to the Committee it made some reference to, as an objective, the need for perhaps universal preschool or child-care placements for all four year olds. Can you explain what the implications of that would be in practice? Is there any precedent for it interstate and would it be desirable?

Ms BALL: I understand that other States have universal preschool for four year olds. Seeing you have mentioned preschools, I would like to say that there is an issue in New South Wales in that funding in the New South Wales preschool sector has been actually frozen since 1990 and so preschool services that are providing care for children with special needs, or children from a non-English speaking background, the subsidies associated with that funding have been frozen for a very long time, so we have had a cap on funding. Generally, preschools in New South Wales experience some difficulties because of that.

The other thing is you have a situation historically that preschools in New South Wales originally started on a submission model and then the model of funding changed, so there is a situation where there are some discrepancies, I guess, around the planning of where preschools are. In some areas you might have lots of preschools and in other areas not so many, so there are issues around the distribution of funds in relation to the geographic location of preschools in New South Wales.

I wanted to state that there are two major issues in preschool funding before I talk about universal care for four year olds, and I would stress that there are some issues to be resolved with both of those things prior to ensuring that there is universal care for four year olds because we have a problem that exists regardless.

I am of the opinion that the four-year-old preschool child care is about the transition to school, so they are looking at giving children the opportunity to have that preschool year prior to starting school to assist them in the transition and to ensure that all children have that opportunity across the board to be socialised and ready for moving on to school. As we know from research that has been done, children experience a great deal of fear and anxiety around making the adjustment from home or preschool and then on to school.

Certainly there is something valid there in terms of it. I have to say, and I am supporting NCOSS's claim, and I know that this has been raised by a number of other groups as well, but given the brain research that is also available around the care of young children, I think that we also need to be stressing the care of birth to two year olds as being important and that it needs to be of very high quality as well, given what we know now about the early years being instrumental in actually ensuring children later on are able to adapt socially.

So I would not like to think that by providing universal four-year-old care we were discounting the need for good quality birth to two-year-old care, and it is with children of that very young age that parents often need the most support because being a new parent or having a new baby come home is very stressful for them. Programs like Families First obviously are designed to do that, but I think child-care centres also provide that support.

I think that for a lot of children in disadvantaged groups the universal preschool year would be very good in terms of just putting them through a process of being able to be totally socialised to make the transition to school, and often it would be those children, especially those whose parents are affected by a 20-hour cap, who are not going to have access to a five-day-a-week preschool education where they would have an intensive education program.

CHAIR: Professor Vimpani had quite a lot to say to the Committee this morning regarding home visits. I notice that your submission refers to that issue and in particular makes reference to the practice of the Lady Gowrie Child Care Centre. Can you tell the Committee something of that policy of Lady Gowrie and whether it is replicated anywhere else in the children's services sector?

Ms BALL: I am aware of it from the work we have done with Lady Gowrie Child Care Centre and as a process that they have had in place for many years. Basically it is for the younger children and it is where a new child comes into the child-care centre group. Throughout that year an arrangement will be made with the parents to actually take the other children from that group - it may only be a small group - on an excursion, if you like, to the child's home, and they were certainly encouraged that the parents were available for that visit and that the children would have the opportunity to see where the child lives and what the child's life at home is like.

The home visiting is about a familiarisation for the other children as well as for the staff at the centre. It is seen as a way of breaking down barriers, if you like, between the family and the centre, supporting the parent. For them to even get to the

point where they can go to the child's home, they have had to go through a fair amount of bonding, and I think that is really what it is about, about seeing that there are lots of opportunities for discussion around the co-responsibility between the centre and the parents.

I am not actually familiar with any other child care centre that is doing that but we did include Lady Gowrie as an example.

CHAIR: You mention that Lady Gowrie had staff beyond the recommended ratio. I imagine that the implication is, from what you say, that were that not so they would not be in a position to home visit.

Ms BALL: In a centre where they are absolutely running at the bare minimum regulatory requirements, I think that it would be very demanding to expect that the staff would be able to do these extra things. One of the issues has been in the past community managed and owned children's services. Because they were funded, they did operate often with more trained staff than the staff-child ratio that is allowed in the regulations, so they had a higher ratio - not everyone, but there were centres that did have that.

What that enabled them to do was to be innovative and to demonstrate leadership and initiative in quality programs that facilitated these types of activities that supported parents with young children, and the issue is that regulations are there to ensure health and safety, but they are a minimum standard and if services are forced, due to financial constraints, to operate a minimum standard, it is difficult to expect that they could also implement these types of programs without, of course, jeopardising the care of the other children.

It would be a difficult thing for them to go on an excursion if they do not have enough staff to do that.

CHAIR: I think you are aware of the State Government's Families First program?

Ms BALL: Yes.

CHAIR: It does have a home visiting component within it.

Ms BALL: Yes.

CHAIR: Does that program, to your knowledge, involve any role for the children's services sector, community based and private alike? What do you think are the possible impacts of the Families First program on the children's services sector?

Ms BALL: My understanding is that in the mid north coast and the far north coast regions where the Families First program has been implemented, representatives from children's services have been involved in the planning stage, so I do not have first-hand knowledge of this. I am going on the information I have been provided by people in that area, but I understand that they are seen, certainly at a regional level, as important players in that process.

These representatives act as a contact person for all children's services in their area or town, so they have a contact role for the Families First program. Certainly my information indicates that it is only at very early stages at the moment, but in small regional areas and in rural locations, the child-care centre is actually acting as the

contact, so I guess you can see, when I was referring earlier to children's services having that role in the community of linking families to other activities, clearly in small towns and in rural areas that is what a child-care centre would provide.

I think that the Families First program is so closely linked to children's services that it would be difficult to say that children's services does not have a role because clearly, although I know it is for children from birth to eight, looking at those years, certainly the emphasis is on the care of very young children and the support that families need to receive, particularly when the children first come home from hospital after being born, so I think that the children's services could be utilised and be very supportive and influential in the provision of the Families First program.

I would say that children's services generally would be very supportive of that program, because it actually mirrors work that children's services already do, and the aims and objectives and the outcomes of the Families First program would also mirror the aims and objectives of the child-care service in terms of wanting the outcome for the family to be a positive one and the child development to be enhanced.

CHAIR: I note that in your written submission you make reference to the Federal Department of Family and Community Services report entitled "Child Care in Australia", released in July this year, as stating that child-care fees have risen by 56 per cent since 1991, although government fee relief has only increased by 29 per cent. You go on from that to make the remark that this reduction in affordable formal child care has forced many families to seek informal child care. You adhere to that, do you?

Ms BALL: Yes. That is what we feel has happened, yes. This is the report, the department's statistical analysis of what has been happening in children's services, and that is dated July 1999. The difference between the increase in fees and the increase in child-care assistance is a fairly dramatic differential, so from all the work that has been done by various agencies and organisations, reports done by NCOSS, and the National Association of Community Based Child Care Centres, the presentations to the Senate inquiry into child-care funding, various reports, and now the department's very own statistical analysis, leads us to the conclusion that a high increase in child-care fees is moving people away from formal child arrangements, particularly the long day care sector.

We cannot actually give you evidence that these children are going into informal child-care arrangements in the sense that I do not have proof of that. I can only give you proof in the sense that we have heard it from a range of providers. We have also participated in an NCOSS phone-in and parents actually phoned in and told NCOSS why they were not using child care, or why they were leaving child care, what were their situations, and the findings of that telephone phone-in were very dramatic in terms of parents saying, "I have cut my hours down and I am not using child care arrangements," or "I am choosing to use a family member," or whatever, but I would say that, certainly, although I cannot give you written evidence of this, our feeling from information gleaned is that children are being removed from formal care and are going to informal care arrangements.

CHAIR: There is reference in your submission to a Senate report on child care funding dated December 1998, which is said to provide evidence regarding poorer families finding it more difficult to pay what is described as increased gap fees and were more likely to withdraw the child from child care or reduce their hours of attendance. Is it your feeling that that is a sound finding?

Ms BALL: Yes.

Mr BREEN: Ms Ball, you spoke just a few moments ago, in response to a question from Mr Dyer, about children being removed from formal child care and going into informal child-care arrangements. That seems to be anecdotal evidence as a consequence of funding cuts. Are you able to say what the other implications of those funding cuts might be? As I understand it, you represent the government perspective on this and the other person who was coming along today I think was from the private child-care sector. I suspect there would be a difference in attitudes as to what the implications of funding cuts were. Do you have a particular view on that?

Ms BALL: I will just clarify, you are asking me, as a representative of community owned and managed children's services, what our views are on funding cuts and its implications?

Mr BREEN: That is right.

Ms BALL: One would say that there has generally been a change in service provision as a result of funding cuts, so community owned and managed children's services had to go through a change process whereby they have had to, in some cases, lower the standard that they were operating prior to the funding cut. Those services may have been operating above minimum licensing requirements and now they have come down to minimum licensing requirements, so when I am saying that there has been a change in provision of care, it is relative to what they were operating at before. That is one of the issues.

I am not saying that they have gone below licensing requirements but they may have come down to the minimum. They may have had to change some of their operational practices in order to try to cut costs.

In the past they would have made as many facilities, or programs, or services, available to parents to support a parent in using the service. They would have made lots of those available and they may now have had to cut some of those to save money, to try to keep the costs down. Even though they may have made those changes, generally services have had to increase their fees as well, so they may have tried a whole range of things in terms of cutting their costs but they have had to increase their fees, so there has been a general increase in fees.

Since the loss of the operational subsidy, and it has been gradually going up, I think that the thing that we are not talking about when we talk about this is that it is not on its own. There are other factors that are involved. The loss of operational subsidy was one factor, but the other factor was that in the early nineties child-care assistance was granted to the private sector, and rightly so. Parents using the private sector had a need for child-care assistance as well. All parents now could access it.

What happened was that once the funding became available, what we saw was a massive explosion in the development of children's services, and this occurred all through the nineties. I think it peaked at about 1995, but what happened was that you got a large number of private services and it was unplanned and not regulated in terms of where the services were located, and so you had a very high competitive situation.

There was high competition, so when we are talking about the loss of operational subsidy to the community owned and managed children's services, that was one fairly major impact, but at the same time those services were in a competitive marketplace where they had to find a way of surviving when there was a much larger

number of private services opening which were strong competitors. I feel I need to say that because it is not just on its own. It is a number of factors.

Mr BREEN: Do we know how many children, what percentage, are now not using child care facilities that would have been in there previously?

Ms BALL: I do not have that information for you.

Mr BREEN: There is a decline in the number of children in child care?

Ms BALL: Yes. One way of looking at it is that we know that there is high underutilisation in the services across the board. This is nationally, and we saw a drop in utilisation. That is one issue. I do not know of any actual research on this, but we know the Commonwealth has saved an enormous amount of money on child-care assistance. In the past it was paying large amounts of child-care assistance to parents who were able to access it and were using it more fully. We know that the Commonwealth has made a large saving in child-care assistance so its records - that is this report - would indicate that there is a drop in utilisation.

The Commonwealth would say that the need for child care has been met. I would argue that it could be a case that it is not about the need being met, but rather that people have moved away from using it, so the need is there, but they are choosing to move away from it because they cannot afford it.

Mr BREEN: Are you getting feedback along the lines that people resent the fact they are not able to use child-care facilities?

Ms BALL: Prior to 1 July 1997, and that was at the time when community owned and managed children's services had long waiting lists, you would put your name down on a waiting list when you were expecting a baby, or when you first had a baby, because it could take you three years to get a place in a child-care centre. That was quite common. Now we have a situation where there are no waiting lists, or very few waiting lists, and large numbers of vacancies, but people are not taking up the vacancies, and we believe it is because they cannot afford it, or they are taking up only what they can afford, which may be a limited number of hours or days.

Mr BREEN: I think you said in the papers that there was 70 per cent of private child-care services, that is, for long day care centres. Are there comparable figures for preschool services? I think 70 percent are in the private sector. I wonder what percentage are in the private sector in preschools.

Ms BALL: In long day care it is about 75-25 now, the split. That is my understanding. In preschool it is very different, I think, because the preschools grew up differently and have a different history in New South Wales. I cannot actually give you figures on private preschools. I do not think there are as many.

Mr BREEN: There are not as many in the private sector you mean?

Ms BALL: It is just the terminology. There used to be as many preschools privately owned and run as there were other service types. When the Commonwealth introduced child-care assistance to preschools or to long day care centres, in order to access that you had to operate from eight until four and you had to operate without taking off for school holidays, so it was a continuous service provision.

A lot of what we called private preschools then operating from nine until three and having school holidays off, converted and started to operate what we

referred to as extended preschool hours, from eight until four, so it is not quite a long day care centre, and they remained open during the holidays, so those centres got absorbed as long day care centres, but in actual fact if we were to get down to tintacks, they would be referred to as extended-hour preschools.

In terms of the Commonwealth funding you tend to have more long day care private than you would preschool because you will not attract that funding. The State-funded preschools in New South Wales are the ones that have had their funding capped since 1990, and I cannot think of the number off the top of my head, but there is a substantial number of those.

Mr BREEN: There is an understanding that I have that people expect to have access to adequate child-care facilities and, indeed, I think in some human rights treaties it is a right.

Ms BALL: Yes.

Mr BREEN: What is the level of feeling in the community about that? Is there demand out there that is not being met because of this problem with access?

Ms BALL: I think that people like myself and my colleagues in the early childhood field and many other interested individuals in the whole area of equal rights believe that we have actually made gains in children's services over the past 20 years. We had to fight for them, and we fought for them because we believed that it was right for children to have good quality child care, for parents to have access to quality, affordable child care, affordable being one of the key issues, and also that it was a right for women to be able to have the support of quality, affordable child-care services when they wanted to go to work.

That was the original claim. I do not believe that has changed. I believe people still believe that it is a right. I think the changes in government policy have caused an amazing sort of disruption, if you like, a schism in the children's services arena and that people have been so stressed - and I say this quite honestly, working in the field and dealing with a continuous wave of change, an absolute continuous wave of change; it does not matter what area of children's services you work in, you have had to deal with that for the past few years - and they are so busy just surviving that you are not hearing those adamant calls about not having their rights met.

I think that parents want to access child care as well and want to be able to ensure that their young children have a quality program but also are under similar stresses.

To some extent, the view that we give parents choice and that they are individually responsible for the care of their child, that they make the decision about what is in the best interests of their child and utilise their parental choice is only an added stress when the choice is very limited if you are a low-income parent. It is an added stress if both parents are working, trying to pay a large mortgage, to maintain child care and if they want to have more than one child.

The NCOSS phone-in actually had parents ringing in who had one child and were considering whether or not to have a second child. They indicated that they had to make a decision between a second child or a mortgage and, you know, when you are thinking about people making life choices they are fairly serious life choices in terms of what they would be able to provide for one child and what they would be able to provide for two, so I do think it has impacted at a fairly intense level.

Mr BREEN: My final question is, apart from the question of funding obviously, which we can address, are there any other issues that you think this Committee ought to address in this reference? Is there anything we might have missed that is worthy of examination, bearing in mind we are talking about child care and early intervention for the purposes of crime prevention?

Ms BALL: Well, I just think that as a result of all the changes in the last few years there has been a bit of a negative effect on the perception of children's services to some extent, and I would say that we have fought for a very long time to promote a view that child care is a really positive experience for young children and it is a positive experience for families to utilise it. Certainly one of the ways of promoting that positive outcome is through an inquiry like this.

Seeing children's services as something that is preventive, that enables intervention, that can be seen not only as good for young children now but is actually seen as ensuring that the future of Australia is sustained in terms of the types of people that we are going to have as our citizens.

I think that people are losing sight of the value of first, the early childhood years, that is the foundational years for young children, but, second, the value of early childhood education in terms of what we can provide to those young children this year, so I do not necessarily think that you have missed anything out but I think it could be utilised in a very strong way to support further funding and the general view of children's services.

My concern is that we do not recognise enough the early years for children and as a community we are not necessarily very child friendly or child focused, and certainly this type of inquiry can help that.

CHAIR: Ms Ball, I was referring earlier to special needs children in child care. If a child-care worker identifies such a child who is in need of assistance or referral to another service, how would that ordinarily be done without stigmatising the parents?

Ms BALL: Sorry, can you just repeat that for me?

CHAIR: Well, if a child is identified in child care as in need of referral to an outside agency because, to take one example, child protection concerns or whatever the problem needing assistance might happen to be, I take it that can be done in a way that avoids stigmatising the parents?

Ms BALL: Oh absolutely. I think that it is about professionalism and about the centre having appropriate policies and procedures especially around issues of confidentiality. Certainly that is one of the areas that my organisation works with centres around because some of the work we do is around management advice and support. These are the type of management issues. How do you actually manage these types of things in your centre?

I think when the service is operating with a high level of policy and procedure and all the staff, not just the director but all the staff from the ground up, everybody who is working at the centres, understand those policies and procedures and that, parents using the service are able to see that, I think that that assists in it.

I also think that it would be commonplace for a service to have policies around not just confidentiality but actually equality across the children using the centre so

that no-one, regardless of whether it was a child at risk or whether it was a child from Aboriginal and Torres Strait Islander background or non-English speaking background or whatever, who needed a referral would go through a process of being singled out.

I actually think that the accreditation process is another system that is actually in place to assist services with those processes because it is about ensuring professionalism in the service.

CHAIR: Could you tell the Committee whether there are any programs in place to assist children successfully effect the transition from child care to school, and are there after-hours care services available to assist in that regard?

Ms BALL: In terms of the transition from day care to school I certainly know that there is research being done around that. There is a research program being operated at the moment. I have information here about it. The University of Western Sydney is actually running a program to look at the issues around transition. That is actually Sue Dockett. It is the early childhood wing of the University of Western Sydney that is doing that research.

I know that there have been a number of sort of home-to-school transition programs that have been run particularly in relation to children at risk, but I am not familiar with the details of those programs. Sorry, what was the second part of the question? I know, after-school care.

CHAIR: Yes, after-school care.

Ms BALL: Certainly there are a number of outside- school-hours care services. Network Community Activities is the peak body for out-of-school-hours services, so I would just like to acknowledge it in speaking about out-of-school-hours care services because it is not really my area but certainly the issue with the out-of-school-hours care services, as I understand it in New South Wales, is that care for children from six to 12, whether it be in vacation care or whether it be in before or after school care is not regulated.

Therefore, you have a situation where children are going from a day care service, which is being very regulated and where the care has been carefully monitored, into an education system that is also regulated and monitored. They are actually able to attend a service that is provided in the morning and the afternoon that is not regulated, so that is an issue in terms of health and safety issues and general care issues for that age group.

I would raise a concern about very young children in before and after school care, given that it is not regulated, because you can have children in before and after school care, who could just be five, just in kindergarten, they have only just got there, and then you have children up to 12 in the same group. Littlies have very different needs, even at five, from the older group.

Without regulation, you have no way of guaranteeing the number of staff to care for those children and the circumstances. There is a voluntary code of practice that has been implemented to assist those services in terms of their service provision, and my understanding is that they are certainly encouraged to do that but there is no legal requirement.

Parents sometimes, once the child leaves long day care and they go to school, are in a very difficult situation because the hours for school are a lot less than a long day care centre. If they are working parents and they are both working they may have difficulty in being available for the child before and after school. So children do access those services, but there is a problem that there is no way to monitor the type of program that is offered.

CHAIR: Would you say there are any differences in approach to early intervention as between the community-based child care sector, the private child care sector and home-based child care?

Ms BALL: Well, firstly, I should say that long day care centres, whether they be private or community owned and managed, are governed by the same regulations and the same accreditation system, so, for a start, the actual standard that they operate at should not differ that greatly.

I guess I cannot speak on behalf of the private sector; I can only speak on behalf of the services that I am representing here today.

My view is that for a child-care service to provide prevention and facilitate that intervention that you are talking about, it really is reliant upon it being a good quality program and on ensuring that the foundations for a good quality program are there in the service.

We know from research that one of those things is about the number of trained staff that you have in a centre, so it is really dependent on that and the staff-child ratio so, really, if you only looked at those two issues, if we were talking about quality in order for a service to be able to provide across the board a preventive program and to do it well, it really does hinge on having enough staff, qualified staff, and the staff-child ratio, so, regardless, I think you would have to look at those issues.

CHAIR: Thank you very much, Ms Ball. We are very appreciative to you and Community Child Care for giving evidence?

Ms BALL: It is a pleasure. I am very glad that we were invited. Thank you.

(The witness withdrew)

(The Committee adjourned at 3.12 p.m.)