REPORT OF PROCEEDINGS BEFORE

STANDING COMMITTEE ON SOCIAL ISSUES

INQUIRY INTO CHILDREN'S HEALTH

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At Sydney on Wednesday 14 August 2002

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The Committee met 4.15 p.m.

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PRESENT

The Hon. Jan Burnswoods (Chair)

The Hon. Amanda Fazio
The Hon. James Samios

GRAHAM VERNON VIMPANI, Professor of Paediatrics and Child Health, University of Newcastle**,** affirmed and examined:

CHAIR: We know the capacity in which you are appearing. Did you receive a summons issued under my hand?

Professor VIMPANI: I did, indeed.

CHAIR: You know the terms of reference?

Professor VIMPANI: I do.

CHAIR: You are not really here to talk about a submission as such, but to give us your opinions. Did you get the questions?

Professor VIMPANI: I did, and I have prepared a written response that I will be happy to leave with the Committee. I thought I would speak to that.

CHAIR: Do you want to say anything before we get into them specifically? If we have your responses we will probably use them as a guide.

Professor VIMPANI: I suppose I had an opportunity to comment on the issues paper when it was launched earlier in the year. At the time I was fairly cautious in my support for one of the ideas being floated, which was the idea of a new department. On reflection—and my reflection has been formed by some of the things I saw while I was on an overseas study tour at the end of June and July, particularly some of the very exciting things that are happening in the United Kingdom at the moment and as result of good discussions I have the Fraser Mustard in Toronto—we probably need a structure that brings together those initiatives that are centred around building human capital in the early years of life, including things like Family First but also the issues you raised about where child care and preschools fit? There is a model for that in the way that things are being brought together in Britain under the new Building Years Unit within the Department for Education and Schools, which I will talk a little bit more about later. Do you want me to respond to this first question?

CHAIR: We were probably trying to, not be provocative, but give you an opening. You have expressed a view. I was brought up to with the wig view of history, which was ever onward and upward, but more and more people are suggesting that perhaps that is not the case and that things are actually getting worse.

Professor VIMPANI: You asked about the rate of increase of social and health problems among children, and that included mental health problems, child abuse, obesity, eating disorders, learning disabilities and substance abuse. The evidence is patchy across different conditions. Probably one of the most comprehensive reviews is by Michael Rutter and Smith in 1995 in a book of theirs called *Psychosocial Disorders in Young People: Time Trends and Their Causes* in which they gathered evidence over a long time that suggests that there has been a substantial increase in psychosocial disorders in young people over the last 40 to 50 years. They are very different from the trends that were evident earlier in the century. The disorders they mentioned particularly include crime with the age of onset appearing earlier than it has previously; similarly with the use of alcohol and other drugs, depression, suicide and suicidal behaviour. They believe that there is inconclusive evidence of trends in eating disorders. They do not think there is any conclusive evidence about bulimia and anorexia. They are keeping an open mind at the moment. But in regard to obesity there is some good Australian data that suggests quite a significant increase in the prevalence of obesity and overweight in Australian children, with something around 18 to 20 per cent of children now falling into the overweight or obese category.

CHAIR: What about learning difficulties, things like attention deficit hyperactive disorder [ADHD] and those sorts of things?

Professor VIMPANI: Because learning disabilities and ADHD go together, there has certainly been a marked increase in recognition of disruptive behaviour disorders within the medical

profession. There has certainly been a marked increase in the use of medication over the last 10 years. There is very good data from Australia showing that. But does that mean that there has been an increase in the underlying prevalence of the problems, or is it that they have now been medicated? I was trying to find this data last night, but I could not. I have seen some United States data using the Achenbach child behaviour checklist, which is one of the instrument that clinicians use to get a rating of children's behaviour symptoms to see whether there is sufficient support for a diagnosis of ADHD. There is an American paper that shows an increased prevalence of problems on the attention subscale of the checklist. That is using the same instrument over a period of 15 years. I will continue to try to track it down because it is the only paper of which I am aware that actually shows a real increase in terms of behaviour symptomatology rather than an increase in diagnosis and medication.

CHAIR: You said that was over 15 years, but earlier you said that there was consensus on deterioration in some years over 40 or 50 years. Do we have to put different periods on all of these problem areas to which you are referring?

Professor VIMPANI: I said 15 years for the Achenbach because that is an instrument that has been around only since the 1980s, and there had not been standardised instrument available to compare cohorts of children of the same age back in the 1970s.

CHAIR: In relation to drugs, people might say that a serious drug problem or drug culture has been with us for only 20 for 25 years. We cannot really take that back 40 or 50 years.

Professor VIMPANI: It is a phenomenon of the 1960s and later, and that is why I think they talk about 40 to 50 years because some of the problems were evident before that, but substance misuse is probably a more recent phenomenon.

CHAIR: Is it your view that childhood has become more difficult or worse?

Professor VIMPANI: The environment within which children now grow up is a lot more challenging and a lot more complex. There is a much wider range of choices compared to what life was like when we were children. Options as to how one spends one's leisure time now have vastly increased over what existed. It is not just the changing use of leisure patterns, it is changes in the nature of families that has been one of the key drivers in all of this. That is where this concept of the toxic environments arose. As far as I am aware, the person who first used this term was Jim Garbarino in his book *Raising Children in a Socially Toxic Environments*, which was published in 1995. He is an American. About three years ago he was the keynote speaker at a conference in New South Wales. It was the transition stage of the Child Protection Council to the Children's Commission. There have been changes in families, changes in school, changes in expectation and changes in pressure on children to do well at school to better their prospects for employment in an employment market that is fully saturated. All of those things together with changing values have underpinned the changes in morbidity.

One of the important things that we are going to learn more about over the next couple of decades is the importance of gene environment interactions. Some people because of their constitutional make up are more prone to adverse environmental circumstances than other people. There is a recent article I think last week in *Nature* that sort of showed that some people who have a particular genetic constitution are more likely to have their gene switched on by adverse environmental circumstances. So I think we are in for some interesting times as all of that underpins but I do not think anybody is saying that it is anything other than always this balance between nature and nurture. No-one is going to pin everything down to a genetic cause any more than we are going to be able to pin everything down to bad environments.

CHAIR: So when you use the term "environment", and specifically toxic environments, you are using "environment" very broadly?

Professor VIMPANI: I am using it very broadly. I am not just talking about the physical environment, although there are things about the physical environment that are potentially harmful such as street violence.

CHAIR: You are not just talking about the chemical environment?

Professor VIMPANI: I am not just talking about the chemical environment, although that is important, I am talking about the social and the cultural environment as well. Interestingly, Michael Rutter in another quote he made on a millennium Web conference that was hosted by the Institute of Education at the University of Toronto in November last year, made the comment that whatever it is we have done in the West over the past 50 years it has been a spectacularly successful natural experiment in making psychosocial outcomes worse for children and young people. Balancing these things have been the kind of rapid improvements we have seen over the last 20 or 30 years, rapid and continuing improvements in things like perinatal mortality, survival from cancer and physical health. We are doing better. Psychosocial health I think is where the evidence suggests that we are having a few problems.

CHAIR: Thank you for that. I guess it is a very broad context but it is an important context. Getting onto possible solutions, we wanted to ask you a couple of questions about the Families First initiative and whether you could outline the evidence for the argument that the Families First initiative is based upon stronger evidence of efficacy than most other early childhood interventions?

Professor VIMPANI: I am not sure what are the most other early childhood interventions you were talking about but perhaps if I talk about some of the evidence for what is within Families First. I think it is based on a variety of evidence that has been accumulating over the last 20 years.

Excuse me a minute. I am on call for child protection. Can we just break for a minute while I make a phone call?

CHAIR: Do you want somewhere more private?

Professor VIMPANI: I think it will be alright here. I am sorry about this.

[*Evidence interrupted*.]

CHAIR: We were talking about Families First and the evidence for it.

Professor VIMPANI: I was saying that it is based on a variety of evidence that has been accumulating over the last 20 years. I have listed a few of the key reports in the written evidence that I will leave behind. This is both Australian and, in particular, North American data. In New South Wales the evaluation of schools and community centres, which is one of the planks of Families First, was very positive early on in the 1990s. But the overseas literature is around the value of home visiting, in particular David Olds' work and the cost benefit analysis done of that by the Rand Corporation, which I know a parliamentary committee here has already looked at.

Also, quite interestingly, one of the conferences I attended in Washington DC in June was the HeadStart research conference. They presented at that conference the three-year-old follow-up data from early HeadStart, which was a new initiative starting prenatally and going through to when children were around three; whereas Headstart, as it was originally set up as part of Johnson's war on poverty, was for four-year-old and five-year-old children. Finding some statistically significant trends in children offered HeadStart as opposed to those who are not, the effect sizes are quite modest—up to 20 per cent of a standard deviation. Given that these are foundational skills for children's later learning and behaviour, the fact that there were these gains in early life, one would anticipate that success being built on in the later years of childhood.

Those are all the kinds of things that Families First incorporates within its system of services. But I think we need to be careful about making claims on the basis of the way in which we translate the evidence into policy. We make sure that we do not actually go beyond what the evidence says as a justification for certain policies. One example that I guess I would use is the notion of universal home visiting, which is a key plank of Families First. Families First is talking about one-off home visits by a child health nurse following the birth or before the birth of a child and using this as a non-stigmatising way of engaging families with the health system or with the health and community services system in a way that they could then be almost triaged, as it were, into a level of intensity of support that was related to the needs that that family had.

There is no evidence in Olds' work, which is frequently cited in Families First, of the value of a one-off home visit. What he is talking about is sustained home visiting starting in mid-pregnancy and going through until around two years of age. He is talking about this in regard to first-time mothers in particular and the benefits being greatest in teenage, single, poor women. So I think we have to be very careful of the way in which we use the evidence to justify other policies. I do not have a problem with the importance of universal home visiting as a means of engaging families, who then may need a higher level of home visiting support. But there is nothing magic about a one-off home visit. I do not believe it will achieve the kinds of benefits—there is no evidence that it will achieve the kinds of benefits—that Olds' work has shown are achievable with this particular group of women.

CHAIR: So you need to unpack the evidence and say, "There is evidence for this and there is evidence for that?"

Professor VIMPANI: Yes.

CHAIR: If the package is put together differently the evidence may not be as strong.

Professor VIMPANI: This is why there is a clear need for Australian research to go along with the implementation of these early intervention strategies in Australia, whether at a State or a Commonwealth level. We really need to know whether it works in our social system, which is very different from the American context. We are also offering a different quantity of visiting from what others have shown to be successful.

The Hon. JAMES SAMIOS: Just going back to that point, you are reflecting on the value of just one visit?

Professor VIMPANI: Yes.

The Hon. JAMES SAMIOS: For single, teenage, shirtless people and all the rest of it?

Professor VIMPANI: I was reflecting on the value of universal home visiting to everybody who has a baby as a means then of being able to non-stigmatise.

The Hon. JAMES SAMIOS: That is tremendous. Why could you not replicate that up until the child goes to kindergarten? Instead of just having a one-off, have a one-off every year, as it were, which gives you the opportunity of a check?

Professor VIMPANI: I think it is very different. What goes on in a home visit is very different from what traditionally has gone on in child health centres. An annual kind of health check, or in the first couple of years of life, more frequent health checks were advocated as a means of ensuring good health outcomes. I think home visiting has a different purpose. It seems to me to be all about—and the evidence suggests that it is all about—working to enhance the self-efficacy of women who, through their earlier life experiences, have suffered damage to their self-esteem and self-worth and come into their experience of parenting unconfident and sometimes with very little in the way of parenting skills to bring to that situation.

One of the messages that comes through very clearly when one talks to David Olds' group, and interestingly kept coming through at the three conferences I was that, is the notion that home visiting works because it is based on the effectiveness of a good relationship between the home visitor and the person being visited. That relationship builds their sense of self-efficacy and self-worth, it often enhances their capacity to get into the work force, it often enhances their capacity to be assertive with their partner.

CHAIR: And it is not the welfare coming to the door to check up.

Professor VIMPANI: Yes, it is not the welfare. It is a strength-based, relationship-based approach that builds on people's previous life experiences. There are two quotes from Pliar Baca, one of David Olds' nurses involved in the rollout of his home visiting program, mounted around 250 sites and whole State in the United States. Two years ago I visited her in the United States and the first thing she said was that for her nurses "advice" is a dirty word. That was underpinning this whole

notion of going in and helping the client, helping the parents to identify the issues for them. Parallel with that statement was the aim to help women identify their heart's desire, what it is they most wanted to achieve in their life, and work on that with them. On the basis of that success they could move on to some of the other agendas that the person doing the visiting might have.

The Hon. JAMES SAMIOS: You mentioned aspects such as confidence. In a multicultural society, of course, with different cultural values in the background, that confidence may not be forthcoming after just one visit.

Professor VIMPANI: Exactly.

The Hon. JAMES SAMIOS: So there is a need for that dialogue to be expanded so that there is no embarrassment to anyone.

Professor VIMPANI: Yes. That raises an important point. It may not be possible after a single visit to triage that person into the most appropriate mix of services that they want and need. Obviously there is a resource issue, particularly if they are involved in Families First, particularly for New South Wales Health. It has been estimated that to provide the kind of sustained home visiting the Olds' program offers to this higher-needs group would cost in the order of $15-20 million a year.

CHAIR: There have been higher estimates, it depends on how "sustained visiting" is defined.

Professor VIMPANI: Yes, and the other issue is the nursing shortage that already exists and to what extent putting more nurses into nurse home visiting would exacerbate that. Are other professional groups able to participate with nurses in home visiting? Interestingly, Olds' latest work replicated the original study that was carried out in a rural community in New York State, in Memphis and in Tennessee and subsequently in Denver. The original cohort was predominantly white American; the Memphis cohort was 90 per cent African-American; and the Denver cohort was a mix of all three cultural groups, including Latinos.

Another thing they did it differently in Denver was to introduce another group providing home visiting called paraprofessionals, who are high school graduates who have had some training. They are paid, they are not volunteers, but they do not have a college education or a university degree. In most outcome measures it was found that the paraprofessionals were somewhere between the control group who got nothing and the nurses. In social support the paraprofessionals might have done better than the nurses. The results will be published next month in *Paediatrics*. It would be worth having a look at those.

Another group that we need good evidence that it works for other people who are accusing substances. Olds left them out in his original cohort. It was not such a problem in the early 1980s in an upstate New York community as it is now. At the moment I have some funding to try to pull together a randomised controlled trial of home visiting in opiate dependent mothers. The other group that showed that home visiting was attenuated was when domestic violence was a strong feature of the life of those mothers. If there had been more than 20 or 25 incidents of domestic violence in the period that visiting was taking place that showed a reduced impact.

Other things that Families First is trying to are based on commonsense rather than necessarily a strong research foundation. For example, the importance of joined-up policies and services between agencies. That makes much more sense, given that there is a range of professional skills that can work with families to enhance their capacity around nurture. Those agencies need to work together in planning. There is another set of principles that underpin both Families First and the early intervention literature and that is the fact that David Olds would argue very strongly that the birth of the first child provides a unique opportunity in all of our life cycles to effect change, particularly in the life cycle of women whose childhood and teenage years have been problematic.

We need to see early intervention, and the kinds of things that Families First is doing is very much a bi-generational strategy that also impacts upon the community. It enhances the parents' skills in their own lives, including their roles as parents but as a result also enhancing the lives of children. It is very interesting when you look at the resiliency literature and how that fits with early intervention; it is quite clear that early intervention is providing ingredients that we know from the resiliency

literature are the kinds of things that turn young lives around. Probably the best study I have read on this is the follow-up study of the children of Kuai, in the most north-westerly of the Hawaiian Islands.

Emmie Werner, a psychologist from the United States, recruited a whole year of births in that island in the 1950s and followed them through until they were into their thirties. The island's population was only about 35,000 and about 1,000 only were children. It was an impoverished community. As well as native Hawaiians there were Japanese migrants and some Polynesians. Poverty was a fairly strong feature of community life. That cohort was tracked overtime and they studied the shifted trajectories. What were the things that shifted the life course of young people who were doing badly at 18, and turned them around so that they were productive citizens by the time they were 32 compared with those who were bad at 18 and still bad at life outcomes at 30.

The critical things were having a mentor and if someone in their own family had been unhelpful, they needed someone in their life who cared about them and mentored them. Relationships were important; a relationship with a stable partner. Another thing was the structure they got into their lives. One thing they found that was important was for them to get into employment with either the police for the armed forces. The only other industry was sugarcane cutting, there was not much else. The personal resource was a sense of hope and it was often found that some kind of religious belief was more likely to be associated with a turnaround. That could be a variety of spiritualities.

So, what is provided by home visiting and some other early intervention strategies? It is mentorship and support and it is the relationship within some early intervention strategies that is so critical to their success. If that is to mimic what we know about resilience, it has to be something like that.

CHAIR: To achieve that the one-of home visit would need to bring people into connection with all kinds of services.

Professor VIMPANI: Yes, and that is where volunteer home visiting, or a supplement to it, is really important. I do not deny its value. There is good evidence that it is important, but volunteer home visitors are not necessarily going to be able to turn that around, they will not have some of the skills needed to transform the way in which a number of people view their lives. The other thing that has come through very clearly is the involvement of parents in identifying issues they want to deal with and the ways they wish to deal with them. There is a really one of the very strong elements of Sure Start in Britain. They identify an area where they are going to put in a Sure Start program and they write to the agencies working in that area.

They advise the agencies to work together and get a proposal about what should happen in the area and to involve the local community. It was impressive to visit some of the Sure Start projects in Birmingham when I was there last month. I visited four of their centres and we had a focus group with parents. I heard some of their stories about how different it was and how thrilled they were to have been engaged in designing the kind of services that they felt they needed for themselves and their families. Another thing I found to be really encouraging was a number of men who were involved. There were two or three men on the staff of the first place I visited and also men were involved within this group.

CHAIR: Were fathers involved?

Professor VIMPANI: Yes, I am talking about fathers. That was really very encouraging to see.

CHAIR: I refer now to the support that out issues paper has given to the potential of Families First to improve the integration and delivery of services. Of course, people tend to ask whether they are enough resources. What do you think are the main barriers to the effective implementation of Families First?

Professor VIMPANI: Resourcing is a significant issue. We are certainly thrilled at what is there, it is better than what was there previously. I use the United Kingdom as an example, because as a result of their recent spending review for the next three years which, coincidentally, came out as a white paper in the week before I hit Britain, their range of early years initiatives include improved

access to child care and universal preschool for three-and four-year-old children as well as the Sure Start initiative are going to be investing £1.5 billion a year.

There are population differences and exchange differences, but when you put together what is going on in all the States in Australia and what the Commonwealth is putting in through things like Stronger Families and Community Strategies, we are way below that level of investment. Quite clearly the motivation there is to fulfil their pledge to abolish child poverty within a generation—the belief is that it would take at least a generation to achieve that. These are just one of a raft of strategies around the issue of dealing with social exclusion and getting joined-up policies and programmatic solutions to the joined-up problems that society is currently facing.

I have already alluded to the issue of the inability of the current level of funding within Families First to permit sustained home visiting of the type that we know is successful for the group that we know has some of worst outcomes in their own lives and the lives of their children. That seriously needs to be addressed, particularly when you recognise the savings over a 15-year period for an investment in this age group—the figures are 5:1 and 7:1 , again based on US data. This is the sort of thing we need to have a good research base for in Australia, to show whether or not that will be successful. It is interesting that in Britain they are spending 18 million pounds on the evaluation of Sure Start. That is no mickey mouse bit of research. They are really wanting to look at every aspect of Sure Start—the extent to which it impacts on the service delivery system and the extent to which it impacts on the lives of communities, families and children. I am very impressed with the approach being used in that, and that will be supplemented by case studies, people telling their stories, projects telling their stories of what has worked and what has not worked.

CHAIR: That evaluation is quite early? Is it unusually early in the process?

Professor VIMPANI: They are starting it now. One of the doyens of evaluation and research literature, a fellow called Campbell, says "Never evaluate a program before it is proud." One of the issues of Sure Start, and we had the same issues in New South Wales with the roll-out of Families First, is that it takes a lot longer to get these things up and running than you think. A lot of these programs will be in various states of implementation when the first wave of data collection takes place. That was also an issue with the early HeadStart evaluation in the US, where they found that programs that were in place for a longer time were better bedded down, the impacts were greater, not surprisingly.

CHAIR: But is it still a good idea to start the evaluation process early?

Professor VIMPANI: I think the evaluation is already being undertaken as part of Families First. One of the point I have been advocating, I suppose, over the past couple of years, and it looks as if it may be a framework wherein this might occur, is that there needs to be a pooling of ideas in methodology and indicators around the evaluation of initiatives like Families First, Stronger Families and Community Strategies, Sure Start, the Californian proposition 10, early intervention initiative. There was a meeting in California in January that I think June Wangmann went to, and I understand from talking to Ted Melhuish, the director of the team involved with the evaluation of Sure Start, that in conjunction with a meeting of the Society for Research in Child Development in Tampa, Florida, in March next year there may be a meeting of the groups involved in evaluation of some of these key strategies. I hope we would be able to get people from New South Wales, if that meeting occurs. It would be neat to have some commonality of indicators of outcomes being used across the different evaluation strategies. A think you will get your answers about how well they work sooner that way than if everybody is using different outcome measures.

I had some experience in the 1980s with the process that did that, looking at outcomes in relation to lead exposure and its impact on child development. There were several consensus conferences that the US Environmental Protection Agency organised that brought together four or five research groups to bang their heads together and say, "Come on, guys, let's agree upon some common outcome measures at two, four and seven." We will then be in an easier position to do a better analysis of all of these studies if we do not have the problems of different tests being used to measure outcomes.

The other challenge is the capacity of staff to provide services for this kind of new model. Again, this was an issue raised with me in Britain around Sure Start. What Sure Start is doing is sucking out of mainstream services people who have always wanted it this way, who have a passion for working in this way and who have the intuitive and sometimes practical skills to work like this, but they recognise there is a major challenge for universities and training institutions around building the capacity for new workers and existing staff to work in this kind of strength-based, relationship-based approach, one that empowers and works alongside communities.

CHAIR: Do you have any idea on that or do they have any idea of what sort of professions, what special groups, are being affected? Obviously there are a lot of people from health, from social work, from a whole range of backgrounds. Does it impact on a particular profession? That in turn has huge implications for putting resources into training. You have to guess what areas people are coming out of and going into.

Professor VIMPANI: I think it is the professional groups working in children's services, broadly defined. That includes a range of health professionals and obviously child care and preschool. They are the kind of central groups with all of these. The Commonwealth is funding a research study at the moment through the Australian Council for Children and Parenting just to get a cross-sectional snapshot of what universities and training institutions are doing around training and awakening people's understanding around some of the new ideas around the early years, early intervention, early brain development. We should have some feedback from that within a year as to what the training system out there looks like. But I would imagine the demand on it over the next few years is going to increase.

The other challenge—and I keep referring to Sure Start because I think it is the paradigm at the moment—one of the things it hopes to achieve is a real transformation of the mainstream service system. Sure Start is only going to go into the 20 per cent most disadvantaged neighbourhoods in the country. So, how do you use this as a change agent to get the whole of the system to start working in this sort of way. That is one of the challenges for Families First. There is probably less risk in the way in which Families First has been set up of that not happening than there is in the case of Sure Start, which is working in parallel rather than working within the mainstream system trying to transform it. That is one of the good things to commend the way Families First has been set up, that we do not have, in most areas anyway, a whole set of things called Families First programs, that they are part of the existing service system.

CHAIR: So, Families First actually scores a bit on the integration of service delivery?

Professor VIMPANI: Yes. The other thing that will act as a barrier to successful implementation of Families First is that we have to convince the shock jocks and other sceptics that this is a worthwhile and necessary investment in building the human infrastructure of the kind of society we need to deal with the challenges of living effectively in an information-based society. I do not think we have quite won that argument yet, there is a lot of work to be done in convincing people.

CHAIR: Do you think the UK and US, the places you visited, the programs you watched, have really addressed that problem, or is it a matter of government making decisions to provide a certain amount of funds?

Professor VIMPANI: I think in some ways government is a lot further ahead of public opinion in this area, in understanding the issues. I think that is true here and I think it is certainly true in the UK.

CHAIR: You can do it two ways. I suppose what I am asking is you can either have government ahead and government says that we are confident enough to devote these resources to these programs although the shock jocks might think it is a waste of money, or you can say we had better try to educate the public opinion and bring people along with us so that everyone agrees on it.

Professor VIMPANI: I think the issue is too critical for the Government not to be taking a lead but it is using what is happening as a way of building the understanding within the community, in the media community.

CHAIR: Do you think that is happening effectively, say, with Sure Start?

Professor VIMPANI: It is interesting. They are playing it very cool in the UK. I think the equivalent of the shock jocks in the UK is the *Daily Mail*. It is critical for the Government to keep the *Daily Mail* on side. A lot of these initiatives go ahead without a huge fanfare of publicity in the hope that the people who are involved in the programs will become the greatest advocates for the concept. So, I think it is good that government takes a lead but it is also important that there is some valuing of that lead from the elite and the others who are perhaps more reactionary around the value of what is going on.

CHAIR: But you do not necessarily start off with a huge blaze of publicity that you think will capture the front page of the *Daily Telegraph*?

Professor VIMPANI: No. I think the people who are going to change your mind are the people who speak your language. If there was anybody that I met while I was away who I thought would be terrific to get to Australia it was Ann Crittenden, who was a journalist with the *New York Times*, a Pulitzer Prize nominee in Economics, and a foreign affairs journalist with *Newsweek*, who has written this book called *The Price of Motherhood*. She talks about her experience of becoming a mother as a professional journalist in her late 30s. The critique she makes of the way in which our economic statistics totally devalue the importance of work done in the home in a way that in the early nineteenth century or the late eighteenth century did not occur. That work was recognised as critical to the family's capacity to be an economically independent unit. It is someone like that who speaks the language of economic journalists who needs to convince economic leader writers in this country. I think the social commentators in the media understand the issues but the real challenge here is getting a level of investment that is more appropriate than we have at the moment. It is a matter of convincing economic journalists, as well as economists within government, that this is an investment that we cannot afford not to make.

CHAIR: We should move on. We have your written answers, which you have given to us. In your opinion, where does this leave the issue of the proposed transfer of Families First to the Department of Community Services [DOCS]?

Professor VIMPANI: I expressed my concern at the launch of the issues paper. I am even more concerned about the appropriateness, given the recent publicity and series of crises that seem to have affected the department. We need to recognise that this is not a new phenomenon. If you look at the history of the Department of Community Services and its predecessors over the last two decades, it has had a series of similar crises. Those sorts of things are inevitable in an environment that is struggling with limited resources within a complex legal environment to respond to the needs of families with diverse and complex needs. It is just an incredibly difficult ask for the department. As a consequence of that, a proactive initiative such as Families First is likely to receive less attention at a senior level, which is going to be always preoccupied by the crisis and the adverse publicity around it. Interestingly, Fraser Mustard's comments, when I was talking to him in Canada, were "Agencies with a repair shop-spare parts mentality are ill-equipped to contribute policy leadership in human capital development." That sends a very clear message not only about DOCS but also about Health as the appropriate location for the co-ordinating group for Families First.

The other issue too is the one we experienced when disability services were a part of DOCS. That is the inability in the minds of some people whom you would want to engage in preventive services to separate what they see as something that is DOCS-auspiced from the ability of DOCS to remove their child. I have got patients who have a child with a disability and have had experience with the welfare child protection arm of DOCS. They steadfastly refuse to use DOCS disability services. Even though they were the most appropriate services, there was no way that they were going to go into that system and risk another intervention from child protection. Although I well recognise that DOCS would not be running a lot of these services—as proposed, it would be the kind of driving unit for Families First—there is still a risk that there would be perceptual difficulties in the minds of some of the people we would be most trying to reach.

The Hon. JAMES SAMIOS: Going back to the transfer of Families First to DOCS, in all the travels you have achieved and you experience in the United Kingdom, Canada and America, did you find a better model?

Professor VIMPANI: Sure Start, or what is now going to be an expanded early years unit being based within the Department for Education and Skills, has, I might say, some very complex ministerial arrangements. Naomi Eisenstadt, who is the acting Director of this expanded early years unit, has been in Australia the last couple of weeks and has shared some of her concerns about these ministerial arrangements with the chair earlier this week. Nevertheless, as things existed previously, the unit was based in the Department of Education and Skills overseen by a ministerial sub-committee that included all the relevant mainline service-providing departments—Health, Social Services, Education, the Home Office and so forth. Where responsibility for both commitment and ownership was spread across a number of ministries such that although you had these Cabinet sub-committees chaired by, I think, one of the junior Ministers for Education, the responsible Minister in the House of Commons to take questions was the health Minister. So I think that kind of complex arrangement will exist.

CHAIR: With considerable Treasury involvement too?

Professor VIMPANI: With significant Treasury involvement. In fact, the whole Sure Start initiative was one that was set up as a result of a cross-cutting review that the Chancellor initiated when the Blair Government came into power. The passion and commitment to social justice of Chancellor Gordon Brown is seen as invaluable support to the success of Sure Start. As I said earlier, it is part of the very strong commitment of that Government to actually deal with the issue of child poverty in a way that has not been achieved before.

CHAIR: Before you leave that structural issue, under the British system the local authorities deliver the services. So Britain has a central government for the country, in effect no States, and the services are delivered at local level. Does that make a difference to the very complex set of ministerial committees and departmental boundaries?

Professor VIMPANI: In different parts of the country there are different local authorities that take that lead role. In Birmingham it was Health and elsewhere it was the local Social Services.

CHAIR: Which would not be possible under the Australian governmental system because those structures do not exist.

Professor VIMPANI: We have the added complexity of the third tier of government, which we have to grapple with all the time. There are precedents for other population groups in terms of bringing together services though a population group under the one umbrella. South Australia in the 1980s established an Office for Childhood Services, I think it was called, within the Department of Education. That was an attempt to bring together child care and preschool responsibility within the one government department, whereas previously they had been split between the equivalent of community services and education and also a very significant non-government player, the Kindergarten Union. Those three all came together. As I understand it, that worked quite well. The group that was left out at the time, and the issue that was left out at the time, was health. I think there was a fear around that the culture of health was quite different from the culture of the rest of the childhood services group, but also the notion that early intervention had not really taken off back in the early 1980s in the way it has subsequently.

My view is that the solution of the future location of Families First, as well as the means of co-ordinating better child care and preschool, lies in the same area. The recent decision to establish an early years unit within the Department of Education and Skills, with significant involvement of the Department of Work and Pensions, is signalling to me the recognition that what we are on about with early intervention is creating a system for building human capital of health, education and welfare. Education to me is the one that seems to resonate most neatly with the idea of rebuilding human capital. Although, I think, to just deposit all of these things within education as it stands at the moment would not be a satisfactory solution. You need either a separate department or office, with the head of the office reporting directly to the Minister responsible for early years initiatives.

CHAIR: You have got on to question 5. We turned the transfer of Families First around to ask should we go the other way. Should we build on the structure of Families First and not establish

another bureaucratic structure? Should we say, "Here it is. Let us turn it into a early childhood unit or department."?

Professor VIMPANI: You could work through that revolutionary approach. It may take considerable time. The group that Families First has had real difficulty engaging is the children's services sector, that is, preschool and childcare. One would not want to put the blame or responsibility for that at the Families First door, because it is not. The children's services system is very fragmented. There is no structure at an area level in most places for any representation of children's services on a Family's First management group. Fortunately in the Hunter there is now a Hunter Children's Services Forum that has been established, which brings together a range of children's services providers, child care and preschool.

CHAIR: Who initiated that?

Professor VIMPANI: It was initiated by this group of children's services leaders from within the children's services sector. Rebecca Ferbrache is the current chair of that group. They got some Commonwealth funding through the Stronger Families in Communities strategy to employ a co-ordinator to work on maintaining this group as a more effective force. The new early years unit needs to engage the children's services sector. If we just worked on incrementalism within Families First, the question that has to be asked is: Will that achieve that outcome or do you need to go to a more definitive step? That is a judgment issue. You have to weigh up the pros and cons of both.

CHAIR: I am conscious of the time, and we are keeping you late. We have only two questions to go. Does the Hon. James Samios move that Professor Vimpani's written answers and transcript be tabled and accepted by the Committee?

The Hon. JAMES SAMIOS: Absolutely.

Professor VIMPANI: If I could say one other thing in terms of what that unit's relationship to health might be, because there are similar issues that still exist to those that confronted the South Australian situation. If you set up an early years unit, there might need to be some memoranda of understanding developed between that unit, for example, and New South Wales Health around what level of service provision is going to be provided for children in their early years. You might do that rather than hauling them out, which will create all kinds of industrial disputations, I would suspect, at least initially and also sever them from their professional links and professional training resource base. That would be worth considering.

CHAIR: That relates in a sense to our next question, which is a double-barrel question about the problems created by the lack of commonality and regional boundaries. Also, we specifically asked you about the absence of a childhood family health unit within New South Wales Health and whether these problems have a negative impact.

Professor VIMPANI: I have raised the question of the lack of co-terminosity in the regional boundaries in various forums. I asked the former Director-General of Education at a seminar once and he said, "We have just been through a reorganisation. We don't have to do another one."

CHAIR: I am old enough to remember when the New South Wales Government set out to solve this issue in the 1970s. There was some sort of edict that we were going to have identical regional boundaries.

Professor VIMPANI: Don Dunstan did the same thing in South Australia too in the 1970s. The situation in the Hunter just pinpoints the silliness of where the boundaries lie at the moment. Five Department of Education and Training school districts impinge on the Hunter. The Taree district is responsible for schools in Raymond Terrace, which is 15 kilometres outside the most eastern suburb of Newcastle. It functions within the health system as part of the Greater Newcastle sector. It is crazy. Similarly, the Upper Hunter relates to Tamworth. That is probably less of an issue than Taree. When you have five school superintendents one is kind of delegated by the group to become the person involved with Families First. So that person is really engaged in the Families First process and the others are less engaged. There is certainly a view around within education still that Families First is not their core business. Not having senior management involved in the process of early years cross-

departmental work encourages that happening. With respect to the Health Department, I think there needs to be a better focus on services for children than exists at the moment. We have a range of areas within Health with mental health, immunisation and the child health group that are responsible—hospitals—for different aspects of children's health policy. That is a problem.

CHAIR: We sometimes get the impression that GPs in particular are to some extent floundering around out there not particularly guided by or linked to anyone much.

Professor VIMPANI: I think that is true. Again, it comes down to the crazy funding split between the Commonwealth, which predominantly funds the GPs, and the State Government funded public hospital system. Part of the problem with general practice until recently has been the same one that has affected children's services. There has been no grouping at a geographical area. There now is with the divisions of general practice. There are significant attempts to engage better with that. We have struggled locally trying to get GPs engaged in Families First. The response when we first approached them was, "You pay us to come to your meetings and we will come." It was not a high enough priority for that to be one of the meetings they would fund people to come to. They get requests to come to an enormous number of interagency groups. Some real work needs to be done between state-funded services and Commonwealth-funded services out there in the community.

CHAIR: How much support is there for the notion of an early learning unit or a department?

Professor VIMPANI: Some of the senior people in other disciplines from my own have warmed to the idea. I guess part of our conversion has been looking at some of the success that has been achieved elsewhere, not only in Britain but also in South Australia, as I said earlier. The unit would need to include people from all the stakeholders. It would be wrong to set it up just with people from child care and preschool education. It needs to have key people from the other areas working as part of that unit. The other question is the reporting responsibilities. It has been very good the way Families First has been supported by the heads of departments, the senior officers group. But the same sort of thing should happen at ministerial level in the way that has been achieved with Sure Start. It has also existed in South Australia with the human services subcommittee of Cabinet.

CHAIR: We have begun to talk a bit about how to break through. It would be nice to get the shock jocks on side with the things we are talking about. At one stage we considered having a huge summit to bring people together across all the boundaries you were talking about so that we could come out with some agreement from the other end. But some people say that that works only where there is already a sense of crisis. The Drug Summit is an example. Do you have any views on that?

Professor VIMPANI: The idea of a summit has been floated around at both State and Commonwealth level. I do not know what the current views of the Commonwealth Minister for Children and Youth Affairs is on a summit. I know that it has been put to him that something like that should occur. I tend to agree with you that unless there is a perceived crisis a summit will not necessarily generate the kind of political will that is needed.

The Hon. JAMES SAMIOS: Do you see that there is a crisis of some nature?

Professor VIMPANI: As I said earlier, the evidence in terms of some of the psychosocial outcomes for children and young people is there that things are not well with that age group. The rising prevalence of obesity has just been the latest. We have had the Ritalin epidemic. These things are pointing to the fact that there have been changes in the lifestyle and the environments of young people that have not been healthy in their impact on many of these—

The Hon. JAMES SAMIOS: More challenging.

Professor VIMPANI: More challenging, yes.

CHAIR: But no-one is looking in a connected way at the long-term impact of these things.

Professor VIMPANI: The notion of joined-up policy and program responses to provide joined-up solutions to the joined-up problems—it is a cliche I know, but it really does sum up the kind of approach that is needed to tackle some of these problems. I think our biggest challenge in Australia

is also achieving good working relationships between the Commonwealth and the States on this issue. Each has a legitimate toehold in the area. The Commonwealth's commitment to early intervention is around its wish to see welfare payments reduced. But it is the States that have the responsibility for most of the on-the-ground service delivery. We need a really effective system of policy and program development, not only joined up within the New South Wales Government but joined up, if it is not to impossible to ask, between the States and the Commonwealth.

CHAIR: The evidence we have taken just on the issue of the diagnosis of disability brought out the distortions and dishonesties caused by attempts to get Federal funding.

Professor VIMPANI: Yes.

CHAIR: You have probably already told us quite a few outcomes you would like to see from the inquiry but if you had to sum it up in a couple of sentences what would you say?

Professor VIMPANI: I do not think it would be in the best interests of the future of Families First and early intervention in general for it to be moved to the Department of Community Services or the Department of Health. Both of those departments have the problem of dealing with crises that are going to divert the attention of senior management from the importance of injecting their higher-level thinking into developing the early years initiatives. A little quote from Naomi Eisenstadt is: It is hard because it is hard. That is an important point to make. At the HeadStart conference there was a debate going on between Ed Ziegler, who now must be in his late seventies or early eighties. He came into the HeadStart bureau at the very early stages as someone with an established track record in developmental psychology and early intervention. He drove the establishment of HeadStart in the first couple of years.

There was a kind of panel discussion between him and one of the other younger but relatively senior paediatricians around my age, Judith Palfrey. He said, "You know, it's not rocket science." She said, "It may not be rocket science but that kind of devalues the complexity of the endeavour, because what we are trying to do is to bring off something that requires as much intellectual rigour and commitment and drive as what actually did translate the dream of putting somebody onto the moon into putting somebody onto the moon." So dismissing it as not being rocket science is oversimplifying and devaluing the importance and magnitude of the task. I think that New South Wales is further ahead than any of the other States in terms of these early years interventions and I would hope that it would keep the lead in that way by doing something really innovative with the opportunity that it now has.

CHAIR: That is a nice note to finish on.

(The witness withdrew)

(The Committee adjourned at 5.56 p.m.)