

REPORT OF PROCEEDINGS BEFORE

STANDING COMMITTEE ON LAW AND JUSTICE

INQUIRY INTO CRIME PREVENTION THROUGH SOCIAL SUPPORT

At Sydney on Monday 26 July 1999

The Committee met at 10.00 a.m.

PRESENT

The Hon. R. D. Dyer (Chair)
The Hon. P Breen
The Hon. J. Hatzistergos
The Hon. J. F. Ryan

DONALD JAMES WEATHERBURN, Director, New South Wales Bureau of Crime Statistics and Research, 111 Elizabeth Street, Sydney, and

BRONWYN LEE LIND, Deputy Director, New South Wales Bureau of Crime Statistics and Research, 111 Elizabeth Street, Sydney, sworn and examined:

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

Dr WEATHERBURN: Yes.

Ms LIND: Yes.

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

Dr WEATHERBURN: Yes, I am.

Ms LIND: Yes, I am.

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

Dr WEATHERBURN: The main aspect of my past which is relevant to this inquiry is that Bronwyn and I have been engaged in research into the effects of economic and social stress, firstly, on child maltreatment and, secondly, on juvenile involvement in crime.

Ms LIND: My qualifications and experience are similar to Don's in that we have done some research together on the effects of social and economic stress on neglect and juvenile delinquency.

CHAIR: Do you have a written submission to present this morning?

Dr WEATHERBURN: I have some notes which I am happy to make available to the Committee after the session.

CHAIR: That being the case is it your wish that those notes be included as part of your sworn evidence?

Dr WEATHERBURN: Certainly.

CHAIR: Ms Lind, I assume that so far as a written submission is concerned you rely on the written notes to which Dr Weatherburn has referred?

Ms LIND: That is correct, but I have also brought along copies of our report and also our trends and issues paper that was written for the Australian Institute of Criminology on the same research.

CHAIR: Will you tender those for the benefit of the Committee inquiry?

Ms LIND: Yes.

CHAIR: Dr Weatherburn, at this stage I invite you to elaborate on such written material as you might have. I assume you wish to show some overheads.

Dr WEATHERBURN: I thought I might do it in three steps. Firstly, I will walk you through some research that we have done, then Bronwyn will take you through the second part of that research and then the document which I indicated earlier I was happy to hand in is by way of comment on the questions which were forwarded to me by David. If it is convenient I am prepared to answer those questions if you wish to proceed that way.

CHAIR: Yes, that is convenient. Normally witnesses make oral submissions and then the Committee asks questions. It may well be that the answers to which you refer are to the Committee's questions.

Dr WEATHERBURN: Some questions that were forwarded to me are "Is economic stress or neglect increasing? Are we looking at higher levels of crime in future years?" I do not mind how we proceed.

CHAIR: Can you provide the Committee with a copy of that document and the Committee will ask you questions orally?

Dr WEATHERBURN: I do not have a spare copy but I can look at Bronwyn's copy. With regard to the first overhead I should explain by way of background that when we started this research we were grappling with an old and familiar problem in criminology: that is, why there appears to be, in most studies of the relationship between economic stress and crime-prone communities—that is to say, generally speaking an impoverished neighbourhood—a tendency as a matter of course towards higher crime rates than in neighbourhoods which are not so impoverished. That is generally agreed to be the case. What is not agreed is why that is the case.

Some theoreticians take the view that it is just an artefact; there is no causal relationship at all. The most conventional view is that poverty or what we call economic stress motivates people to offend, and that that in turn increases aggregate crime rates. That is the commonsense explanation: that people who are impoverished are, by reason of that impoverishment, motivated to commit crime as a means of overcoming their disadvantage. There are a number of anomalies though associated with that. There are at least six problems with that commonsense view that poverty or economic stress motivates offending because it motivates people to commit crime in response to their poverty.

First, from surveys of individuals there is not much indication that otherwise law-abiding citizens turn to crime when they become unemployed, for example. There is very little direct survey evidence that individual poverty motivates otherwise law-abiding people to offend. Second, most persistent offenders begin their involvement in crime long before they have any real interest in earning an income. For example, most persistent juvenile offenders start their offending careers at age 11 or 12, well before the end of secondary school and well before their entry into the labour market. On the strength of that it is difficult to argue that offending behaviour is something done by people in response to their poverty and as a means of overcoming that poverty.

Third, when one looks across neighbourhoods at the relationship between economic stress and crime one not only finds higher property crime rates in areas which are marked by poverty—something you might expect if crime were committed as a means of overcoming poverty—but one also finds higher rates of non-utilitarian crime such as assault or malicious damage to property, crime which produces no material reward whatsoever for the person. It is hard to reconcile that finding with the notion that people commit crime in response to poverty solely as a means of overcoming it.

Fourth, when one looks at time series studies, that is, studies which look at the relationship over time between such things as unemployment and crime, there are quite inconsistent results. Sometimes

it appears that higher unemployment rates are associated with higher crime rates and sometimes it does not appear that way. Not long ago we did a study which looked at the effects of the 1982-83 recession and there was no relationship whatsoever between the colossal growth in unemployment that occurred at that time and changes in crime. So over time there seems to be an inconsistency with the classic notion that people commit crime in response to poverty as a means of overcoming material disadvantage.

Fifth, one generally finds that poor people in poor neighbourhoods are more likely to get involved in crime than poor people not in poor neighbourhoods. I am putting that very crudely but as a rough rule of thumb if one looks at juveniles growing up in a poor neighbourhood from families that are not so well off they are much more likely to get involved in crime than if they come from similar families but in neighbourhoods which are more middle class in notion. Again that is difficult to reconcile with a conventional model of how poverty causes crime. The last inequality anomaly is basically that one finds a stronger relationship with income inequality than with poverty as such. In other words it is not the absolute level of income that seems to be the predictor, it is the relative level of income. All of those things make Bronwyn and I rather unhappy with the conventional wisdom that poverty causes crime because it motivates people to offend as a means of overcoming material disadvantage.

These slides were designed for an academic audience so they are not immediately transparent but I will take my time working through them. We have been working in a somewhat different approach to the relationship between poverty and crime and it basically works like this: that economic and social stress—such things as having a large number of children and no supportive partner—make it harder to cope with the day-to-day exigencies of life, and, especially when combined with a lack of social support when there is no supportive partner, relatives or friends, that increases the prevalence of parenting problems. In other words parents exposed to poverty but who also lack social support tend to be less effective in their parenting and, as a result, their children are more susceptible to delinquent peer influence. What happens is that if those children who have not been well parented live in a neighbourhood where they have an opportunity to associate with kids already involved in crime, that increases the flow of kids into crime. That is the alternative model with which we have been working. Is that clear on its face?

CHAIR: That is clear.

Dr WEATHERBURN: The rest of what Bronwyn and I are going to describe is the research designed to test this hypothesis. I am going to talk about the individual level of research that we did and Bronwyn will talk about the neighbourhood level of research. To conduct the individual level of research we drew on data that had been gathered by Western Australia in a very large survey involving approximately 2,000 families called the Western Australia Child Health Survey. To measure social stress we looked at single-parent families and for economic stress we looked at low-income families—families earning less than \$16,000 per year. Our index of neglect in this survey was the level of supervision that parents gave young children. Involvement in crime was measured according to whether the child had any contact with police, Children's Court or children's panel.

Our measure of a crime-prone neighbourhood was whether respondents in the survey viewed their neighbourhood as crime prone in various ways. The first question is whether there is a relationship between economic stress and social stress and supervision. We start with the question of whether poverty and social stress disrupts parenting. The next slide indicates families earning less than \$16,000 and families earning more than \$16,000, and shows that 14 per cent of families earning less than \$16,000 have children who are involved in crime. This slide also shows the percentage of kids who are allowed out very often in the evening. I will come to the question of their involvement in crime in a second, but the slide shows that 3.3 per cent of those are in higher income families.

Looking at the rows, you can see that among the single-parent families 11.9 per cent of kids are allowed out any evening they like, as against 3.4 per cent. Whether you are looking at social stress, that is, single-parent families without support, or at economic stress, that is to say a family earning less than \$16,000, there is a tendency for the kids to be less effectively supervised. I am sorry I confused you with my jumping of slides. There is not much else to add to this table, but you will note that the combination of poverty and single parent families is worse than either one of them separately, at 19.8 per cent. Is everybody with me so far? I have done my best to confuse you by jumping slides.

On the next slide we see the relationship between that parental supervision variable and whether the kids themselves get involved in crime. You see here that the percentage of kids who were never allowed out in the evening but who became involved in crime is 6.2 per cent, whereas of those who were allowed out in the evening by their parents 43.7 per cent—nearly half of them—were involved in crime. You can see a close relationship there between the level of parental supervision and the likelihood of a child getting into trouble with the law. Just to summarise, we have these two steps now. We have shown a relationship between economic and social stress and parental supervision. We have shown here a relationship between parental supervision and the kids' likelihood of being involved in crime.

With the next slide we ask whether or not there is any neighbourhood dependency here. Does being in a crime-prone neighbourhood make this worse? You will recall the reason we are interested in this is that we are wondering whether or not poor parenting has more adverse effects when you live in a crime-prone neighbourhood because of that interaction between poor parenting and delinquent crime. There are a couple of points to pick up on here. First of all, if you live in a neighbourhood that is not perceived by the residents to have a problem and you are allowed out very often every evening—these are the poorly supervised kids—sure enough, a large proportion of them get involved in crime—33.8 per cent. Have a look at the situation for the same types of families—that is families whose kids are allowed out every evening—who live in a neighbourhood that is perceived to have a crime problem. You see that 51 per cent of them are involved in crime. So living in a crime-prone neighbourhood when you are not properly supervising your kids has a poorer outcome than otherwise. So there appears to be an interaction between parental supervision and delinquent peer influence.

The Hon. J. F. RYAN: I wonder whether that is not a circular argument. If you have kids who are frequently involved in crime in your neighbourhood, are you not going to say you have a neighbourhood crime problem?

Dr WEATHERBURN: Well, this is about your kids, whether your kids are involved in crime. The judgment about whether you have a neighbourhood crime problem is not made with reference to your family; it is made with reference to the crime that your family might have suffered. They are independent things.

The Hon. J. HATZISTERGOS: What if you go to the "often" group. I notice that one group has 9.1 per cent and the neighbourhood group has 5 per cent.

Dr WEATHERBURN: There does not appear to be a lot of difference between "never", "sometimes" and "often". It is when you get to the "very often". Bear in mind, we did not design this survey so it is not perfect for our purposes, but I suspect when you get to "very often" you are basically talking about parents who do not give a damn where their kids are.

CHAIR: Does very often mean perhaps every night of the week?

Dr WEATHERBURN: It could mean that. It is just what the respondent in the survey endorsed. It is not the way we would like to have asked the question, but the survey was not conducted for our purposes. I think you are quite right to point out that there is not much change here until you get into the "very often" group. Our suspicion is that when you have reached that group you are basically talking about parents who are not worrying at all or may not be worrying about the whereabouts of their kids. This is not a novel finding. The finding of a relationship between parental supervision and crime is one that comes up over and over again in the literature.

Ms LIND: I might just make the point that the figures in brackets are actually confidence intervals. Those things are not measured terribly precisely. So you should be looking to see whether they are different from each other to see whether those confidence intervals overlap or not. It is only on the right-hand side you actually get that confidence interval for the "very often" in the neighbourhood crime problem that is different from every other percentage in the table, because its confidence interval does not overlap with any other. Actually, it does for the "very often" for the neighbourhood problem but it does not for any of the other supervision levels.

Dr WEATHERBURN: That is if you understand confidence levels.

Ms LIND: Yes.

Dr WEATHERBURN: That is the individual level evidence, I think. Ms Lind will now describe to you how we went about examining this at the neighbourhood level. While she is setting up, I should explain that just because all those things I have described are about individuals, it does not mean that neighbourhood level crime problems come from that. It is a separate issue to discover to what extent parenting problems drive neighbourhood crime rates, and that is what Ms Lind is going to speak about.

Ms LIND: It is also important to do it at the neighbourhood level to find out how important this pathway into crime through poor parenting is. When we did this neighbourhood level analysis we basically had data from official sources, all postcodes in New South Wales. To measure social stress we took three measures from the census—the percentage of single-parent families in a postcode, the percentage of families who had lived at the same address for five years or more—that was the residential stability,—and the percentage of households with more than 1.5 residents per bedroom.

Dr WEATHERBURN: On average.

Ms LIND: That was our measure of crowded dwellings for social stress. For measures of economic stress we had poverty, which is the percentage of families with household incomes under \$16,000 a year, and the percentage of unemployed in a postcode. For neglect we actually took data from the Department of Community Services, so it was actually reported officially, so it was quite a severe level of neglect, probably more severe than we would talk about normally, such as poor parenting and supervision. And here, we have the rate of children under 16 who have been reported to the Department of Community Services for neglect over a five-year period in each postcode. Again, as a measurement of involvement in crime we actually had children who had appeared before the Children's Court, so again it was quite a severe level of involvement in crime.

I move to the next slide. The way we did the analysis was by means of regression analysis, which you are probably not familiar with, but it is a way of trying to predict the level, in this case, of neglect in a postcode from the other information we have. In this case we are looking to see whether the levels of social and economic stress predict neglect. These coefficients here are an indication of whether there is an effect of each of these things on neglect. Basically, if there is no effect, you would expect the coefficient to be zero, and you can actually do a statistical test to find out whether you would have got

this value by chance or if it really was zero. This "P" value is giving you that chance.

What we are saying is there is a four in 10,000 chance of getting that value for this coefficient if it was really zero. There is a one in 10,000 chance with single-parent families and a one in 10,000 chance with crowded dwellings, which is really strong evidence that each one of these is important in predicting neglect in a postcode. This R^2 measure tells you the total amount of variation in rates of neglect you are able to explain between postcodes, if you know the levels of poverty, single-parent families and crowded dwellings, and this tells you that you can explain 60 per cent of the variation from those. So, with that information you are getting 60 per cent closer to predicting neglect in a postcode, which is quite high.

The next step along the way is, does neglect predict delinquency. Here we have only one predictor to predict delinquency, and again we have a very high level of significance—a one in 10,000 chance of getting this if there really was no effect—and it explains 57 per cent of the variation with just one predictor, that is the level of neglect. To see the effect of that, what we have done on this slide is taken all 261 postcodes in the urban areas of New South Wales—Sydney, Newcastle and Wollongong. To reduce the amount of variation, instead of plotting all 261 postcodes, which would be a lot, we have divided the postcodes into 20 groups with 13 postcodes in each group. Every one of these points represents one of those groups of postcodes and we are plotting the average rate of neglect along here against the average rate of delinquency here. So, what we see is that postcodes with very low levels of neglect also have low levels of delinquency. As you get higher rates of neglect in a postcode, you get higher rates of delinquency—there is a very strong relationship between delinquency and neglect.

CHAIR: How do you define delinquency?

Ms LIND: Delinquency was the rate of appearances before the Children's Court. What we wanted to do was say okay, we know that social and economic stress predicts neglect and we know that neglect predicts delinquency, but how important is neglect in being the sort of mediator between those two things? Does social and economic stress predict delinquency apart from neglect? So, what we are trying to do now is put them all in together. We can compare them side by side. If we look at neglect alone—this is the same one you saw before—57 per cent of the variation is explained. If we now add in those other predictors that we have—poverty, single-parent families and crowded dwellings—we get a bit of an increase but it is only another 12 percentage points. So, this is really saying that neglect is very important in predicting the level of delinquency in an area. We are not getting a lot more value by putting in social and economic stress, but we also knew these were very important in predicting neglect. It appears that is the pathway that is happening.

If you look at the next slide you can see that in a diagrammatic version. This is a path diagram. I know it is quite complicated. We are starting here with poverty, single-parent families and crowded dwellings. It is possible that each of these things has a direct effect on delinquency, so we have arrows that go directly from each of these boxes, or they are working through levels of neglect and abuse. I have not actually talked about abuse. We looked at both neglect and abuse. Neglect was basically what was defined as neglect by the Department of Community Services. Abuse was actually physical or sexual abuse of children. The numbers on these arrows indicate how important these pathways are, and you will see that the biggest number here is this 0.5 on this pathway here from "neglect" to "delinquency". It is quite clear that these things going through "neglect" are more important than the ones that are going directly from "poverty" and "single-parent families" to "delinquency". This is showing us that these are important predictors of delinquency because they are important predictors of neglect.

The Hon. J. F. RYAN: So, on your diagram abuse is worse than neglect?

Dr WEATHERBURN: It is less important as a pathway.

Ms LIND: It is less important as a predictor of delinquency because the value on this arrow here is only 0.1.

Dr WEATHERBURN: Think of it as being a bit like traffic flow, how much traffic on its way to delinquency is going through abuse versus neglect. You can see some is going through abuse, but not much. Most of the traffic going from poverty, single parent families or crowded dwellings to delinquency is going through neglect.

The Hon. J. F. RYAN: Is it fair to say that fewer kids would be abused than neglected or do your figures take into account that there is a smaller number of kids abused than neglected, you have a smaller sample?

Ms LIND: They would, but actually one other possible explanation that did not occur to us at the time that we did the analysis but later is that particularly with the sexual abuse you are more likely to have girls than boys being abused. Boys are much more likely to get involved in crime, so there may be some sort of effect happening there. But I actually think that neglect and poor parenting—although abuse is the extreme level of poor parenting, I think you are right that there are probably more neglected kids than abused kids, so this is more important as a pathway.

Dr WEATHERBURN: Other research literature shows that abuse has devastating consequences but crime is not necessarily one of them. It is not suggested here that because abuse is not an important part of the pathway to delinquency it has no adverse effects; it is just that those adverse effects compared to neglect may not be as big when one is looking at delinquency.

The Hon. P. BREEN: Are there any differentials between neglect and abuse so that some people might fit into one category or both categories in fact and might not be differentiated in the diagram?

Ms LIND: The way we did this was to only include kids who had been neglected, not those who had been subject to physical or sexual abuse, and these kids had only been reported for physical or sexual abuse, not for both. If they had been reported for both, we did not include them because we did not want to muddy the waters.

The Hon. P. BREEN: Or clear the waters, some might say?

Dr WEATHERBURN: I am not sure how it would clear the waters at all to put those cases in which have a mixture of both.

The Hon. P. BREEN: Presumably you could design a diagram to accommodate it somehow?

Dr WEATHERBURN: The problem from our perspective is that if you have families where both neglect and abuse is occurring you have lost any chance of working out which is important. Either one of them could be associated with delinquency. We were trying to set it up so that we could see when there was a clear case of one or a clear case of another which was more likely to be associated with delinquency.

CHAIR: It is highly probable, though, is it not, that many children would be subject to both neglect and abuse?

Dr WEATHERBURN: I do not know whether that is true. I really could not say to what extent

there is an overlap. I think quite a few families we encountered had both.

Ms LIND: I cannot remember. It is a while since we did this.

Dr WEATHERBURN: But to keep the thing in the its broad perspective, we are interested here in exploring a new view of the relationship between poverty and crime and we are not putting too fine a point on the neglect-abuse problem. Our main argument is that poverty influences crime and social stress influences crime, not because they motivate law-abiding citizens to run out and commit a robbery but because they disrupt the parenting process. Whether they disrupt it primarily in the form of neglect or abuse is not something I would be expecting to resolve in this particular study. We just highlighted the results and what they were. The main point is that it is the parenting process that gets disrupted and the importance of that, apart from anything else, is that there is not going to be a sudden turnaround in crime until that parenting process is brought back to a satisfactory level. Just applying an employment program, for example, whatever its benefits for the unemployed, will not have a dramatic effect on crime immediately.

The Hon. J. HATZISTERGOS: In what way is it disrupting the parenting program?

Dr WEATHERBURN: For reasons that are quite complicated, it just seems to be the case that parents who are exposed to poverty without the benefit of social support—and I do not mean government support but support from a partner, relatives or friends—are more inclined to react by either neglecting their children or abusing them. Whether that is because the stress level is so high that they cannot cope themselves I could not answer. I do not think that question has been properly resolved but as an empirical fact it seems to be the case with parents exposed to social and economic stress that parenting seems to take a slide.

CHAIR: Have you completed your formal presentation?

Dr WEATHERBURN: Yes.

CHAIR: The Committee will ask questions and if any question coincides with the document you referred to, please use the material in the document if you wish. First, can I confirm that by neglect you mean neglect as defined by the Department of Community Services? Is that substantially the position?

Dr WEATHERBURN: That is the position for the research but as Bronwyn alluded to, one does not need notifiable neglect to increase the risk of a juvenile getting involved in crime. Something well short of notifiable neglect is sufficient to increase the risk of juvenile involvement in crime. It is not a threshold that once you have passed a certain point you are in trouble. It is a matter of the degree.

CHAIR: Do you agree with me that neglect overwhelmingly would be confined to lower socioeconomic groups and physical and sexual abuse might not be confined to those groups to the same extent?

Dr WEATHERBURN: The way I prefer to put it is to say that you will find neglect and abuse in all socioeconomic strata. Neglect and abuse are much more prevalent in poorer areas, but you will find them in the best of families.

CHAIR: In regard to another matter, many years ago when I did a diploma in criminology I was taught that crime essentially is a characteristic of young people, and that young persons tend eventually to grow out of criminal activity as they mature. Would that still be the case?

Dr WEATHERBURN: Absolutely. The vast majority of kids dip their toe in the water and then withdraw it. Some take the plunge and then stay a long time.

CHAIR: It is within my knowledge that 70 per cent of young offenders who appear before juvenile courts appear once only and do not reoffend. Why is it that some, having dipped their toe in the water, continue to reoffend? How does one draw the distinction? Does it have anything to do with the background from which those children come?

Dr WEATHERBURN: The big predictors of kids who stay as opposed to kids who become more fully involved over a longer period are such things as the level of drug use—kids who consume large quantities of cannabis are more likely to stay involved—and the level of parental supervision. Kids whose parents much more poorly supervise them are more likely to stay involved. What are some others that came out of Joanne's survey?

Ms LIND: Truancy.

Dr WEATHERBURN: What is not clear is whether these are flags for those who will stay or causes. In other words, it is easy enough to identify a predictor but whether it is the cause or just the signal of something else is not so easy.

CHAIR: Dealing with high crime rates in areas of socioeconomic disadvantage, do you believe that any bias is caused by the operation of criminal justice agencies in those areas? By that I mean there may well be more police in a lower socioeconomic area. If I am correct in that belief, is there some bias produced by that?

Dr WEATHERBURN: Yes, it is a good question and one that is often asked. I will make a couple of points about that. Firstly, you look at studies that do not rely on contact with the formal criminal justice system and only on self-reported offences. We recently conducted a survey of secondary school students.

Ms LIND: It is also true of the Western Australian material that you showed which was all self-reported contact with the criminal justice system and self-reported level of supervision.

Dr WEATHERBURN: And the same in the United States. The second thing is that in our aggregate level of analysis we deliberately excluded offences that the police discover as opposed to being reported to them. In other words, we excluded offensive behaviour, drug offences and the sorts of offences where a heavy police presence or an active police intervention might increase the risk of being picked up. We relied upon things such as break and enter, which basically have to be reported to generate a problem.

CHAIR: Your study, "Socioeconomic Stress, Child Neglect and Juvenile Delinquency" was released in about July 1997. Has there been any response to the findings in that study by government agencies and, if so, what has it been?

Dr WEATHERBURN: Perhaps I should preface my comments by saying that as a general rule government agencies do not write back to me and tell me what they do with our reports so whether they go into the dustbin or find their way into policies is a matter of inference on my part. I know there were a good many requests from both the Government and the Opposition for the report and I know it was seen as providing support for the Government's Families First program but I have not had any formal response from any member of the Government or any other departments saying, "Thanks very much. That was a great job and we are using it in this way."

The Hon. J. F. RYAN: Do you find that high crime rates in areas of economic and social disadvantage reflect social biases in the operation of law enforcement and criminal justice agencies?

Dr WEATHERBURN: I answered that earlier when I referred to the result of the self-reports study. In the United States and in Australia where instead of relying, as we do, on whether a child has turned up before a Children's Court or been arrested, one simply surveys a representative sample of juveniles through the school system and says to them, "Have you ever been involved in crime?" That way all the potential biases are avoided but the same pattern of results is achieved.

The Hon. J. F. RYAN: Your agency has noted some increase in criminal activity and it was often thought that there was a relationship between an economic downturn and an increase in economic activity whereas the reverse seems to be the case. When there is a period of economic growth there seems to be some increases in certain levels of crime. It is ironic that in a period of economic growth there is an increase in property-related crime, in particular. Is there a sensible explanation for that?

Dr WEATHERBURN: No, the international evidence is hopelessly confused in what I call time-series studies, that is, studies that look at the relationship between poverty or economic growth in crime over time. Some of them show that when things get worse crime gets higher. Some show that when things get better crime gets higher and some show no relationship. As I mentioned before, we looked at the effects of the last recession and we were looking for both types of effects and found none. It is very complicated, at least for this reason that the motivation to offend might grow in bad economic times but the incentives for offending go up in good economic times. It is easier to dispose of stolen goods, for example. People are more interested in buying things if they have cash to spare. I do not think the relationship over time is in any way clear. It is much clearer across space.

The Hon. J. F. RYAN: Witnesses have commented on the difficulty of convincing central agencies to invest in crime prevention. Are the types of studies undertaken by the United States based Rand Institute and American Professor Larry Sherman useful in this regard and can the findings be utilised in New South Wales?

Dr WEATHERBURN: I think Rand has done an absolutely superb job in this area in as much as it has been mindful of the fact that the Government has a choice. It is not only possible to deal with crime by providing support to families; it is also possible to deal with it by locking people up. It was brave enough to have a look at all the options and compare their cost effectiveness. It transpired at least in the United States that some of the early intervention programs are more cost effective than some of the more punitive lock them up and throw away the key programs. Having said that, you cannot automatically transpose the Rand findings into an Australian context, not least because one has to make appropriate adjustments for the costs of different types of programs here. However, they are encouraging and it would be good to do that sort of work here.

The Hon. J. HATZISTERGOS: In the paper that you prepared for the Institute of Criminology, you refer to the models that you have described for us today and then you describe under this heading of "The Role of Neighborhoods" the effects that neighbourhoods might have in terms of the poor parenting relationship. You say that there is a body of evidence which suggests that the influence of these parenting factors on juvenile involvement in crime is mediated by association with delinquent peers. In other words, once the effect of the association of his peers has been factored out, the effect of what might be called inept parenting on delinquency is either reduced to insignificance or greatly attenuated in magnitude. To what extent does the neglect issue cease to be a problem when social support is provided outside the family structure? In other words, the availability of youth facilities, which might take some of the responsibility and supervision away from parents but prevents the

association of juveniles with other delinquent peers. What impact do those sorts of social facilities have in reducing the incidence of crime? Has that impact been demonstrated at all?

Dr WEATHERBURN: It has been demonstrated without doubt in a number of studies that the provision of social support to families and assistance with the basic process of keeping the show on the road is effective in reducing later juvenile involvement in crime. What has not been demonstrated is the kind of social support you alluded to, which is social support that is provided directly to juveniles to keep them away from delinquent peers. I am not aware of any demonstration that such support is effective, although I do not call it into question.

The Hon. J. HATZISTERGOS: Many policies, particularly at the local level, are designed to give young people something to do so that they can be productive with their lives and not associate with other delinquent peers who are going to get into trouble. The community in general puts a large investment into providing those sorts of avenues—not just government departments, but also church organisations, scouts. I am not necessarily saying they are all provided for crime prevention, but they are provided. Do you know whether it is a worthwhile investment?

Dr WEATHERBURN: We do not know. There is every reason to think and hope that they would be. The hard truth is no study has been undertaken which has looked at those sorts of peer support programs and rigorously demonstrated that they reduce juvenile involvement in crime. I should point out this is a very common problem in government. Someone will raise an issue, government money will flow to deal with it but it will never flow in a way that makes it capable of rigorous evaluation. At the end of the day we are always left scratching our heads wondering whether it worked or not.

The Hon. J. HATZISTERGOS: In your view, what are the best methods of dealing with the problem of parent neglect? Do they involve education, encouragement and support to parents, alternatively legal sanctions to require parents to supervise their children, or an alternative method of supervision.

Dr WEATHERBURN: At the moment the best evidence would suggest supporting the parents and providing an enriched environment for the children. Those methods have been tested and shown to be effective. For example, the type of support that has been found to be effective is home visits for the first two years of life by a trained nurse who provides encouragement and tips on parenting and, perhaps, remedial support for the child. They are the sorts of methods that have been found to be effective in the prevention of later juvenile involvement in crime.

The Hon. J. HATZISTERGOS: Do you see any role for the other alternatives I mentioned?

Dr WEATHERBURN: I am not aware of any evidence which has found the coercive sanctions for bad parents to be effective, nor am I aware of any study that has properly examined it.

The Hon. J. HATZISTERGOS: What about the provision of alternative supervision?

Dr WEATHERBURN: What do you mean by alternative supervision?

The Hon. J. HATZISTERGOS: I have noted that when parents are not able to supervise particularly younger people that sometimes there are incentives.

Dr WEATHERBURN: You have to distinguish between what seems wise on the basis of the evidence so far gathered and what has been demonstrated to work. On the evidence so far gathered it would seem wise to try to help supervision in any way, shape or form because the evidence shows that

is important. Nevertheless, there has not been any study to show as a direct test whether or not providing supervision support prevents children from getting involved with delinquent peers. It seems wise on the evidence available, but I cannot say there has been a demonstration of its efficacy.

The Hon. J. HATZISTERGOS: Bearing in mind this is largely an issue for the State Government, what role do you see the Federal Government and local councils playing in the development of delinquent crime prevention strategies?

Dr WEATHERBURN: I think all of them have a huge role to play. The Federal Government, which controls so much of economic and social policy, can basically set the framework within which we tackle problems like child maltreatment. I imagine a lot of the support is best provided at a local level. I guess this is a judgment that this is a bit outside my area, but the State Government does its best to administer social support. However, I would imagine that local government would be interested in providing it and I think it would be well placed to do so. It is a question of the balance or division of labour between State, local and Federal governments in this area.

The Hon. P. BREEN: Dr Weatherburn, you said that crime statistics are analysed by space. I have always been curious about the notion that crime is getting worse and that compared to the rest of the world we are in a terrible state. I have the feeling that is not really true. Do you have statistics about our crime rate compared to that of the rest of the world?

Dr WEATHERBURN: The rest of the world is a big place. Things are certainly not as good as they were 20 years ago. It would be hard to sustain a proposition that they were. For example, at the moment our rate of break and enter is higher than it is in the United States of America and our robbery rates have been climbing towards those of the USA. Things seem to be easing now compared with the situation two or three years ago. A dramatic turnaround seems to be taking place. However, we are certainly not returning to the situation as it was in, say, 1985, bearing in mind it is difficult to judge such matters because we are reliant on police statistics, which are fallible instruments, especially over the longer term. All we have to back them up are the crime and safety surveys.

On the whole, when looking at the crime and safety surveys, across Australia crime has gotten significantly worse over the last decade or so. I do not think it can any longer be said that the crime rate in Australia is all just a media beat-up and our problems pale into significance compared with the USA. The one area where it has been nothing but good news is the homicide rate, which does not seem to have risen in 25 years and which is substantially lower than that in the USA, albeit not as low as in Britain. That is a broad brush answer. I am not sure I can compare our crime rate with every country.

The Hon. P. BREEN: Comparing our rate with statistics in the USA and the United Kingdom is always relevant. With regard to what I would call the culture of crime, I grew up and went to school in Liverpool. Some of the children I went to school with are in gaol. In retrospect, as far as I could see there was no evidence that those children particularly suffered neglect or abuse. Yet, there was a culture of crime and you knew which ones were going to get into trouble, not so much because of their background or parent neglect but because of the culture of crime. Has any analysis or study been done about what I call the culture of crime?

Dr WEATHERBURN: As I mentioned earlier, there does not need to be notifiable abuse or neglect to lay the groundwork for someone to get involved in crime. Something well short of that is sufficient, such as what you might have regarded as benign parenting. Just not knowing where your children are is enough to get the show on the road. The second thing is there is an interaction between the level of parenting and the number of delinquent peers. That is what I would see as a culture, as you call it. If you grow up in a neighbourhood where half of your peers are involved in crime, or half of

them have been arrested or half of them have been in prison, then clearly your inhibitions or the attraction about getting involved in crime will be more substantial.

That is the position for many Aboriginal children in north-west New South Wales towns, and perhaps for some children in Liverpool. They grow up in an environment where a large number of their peers have criminal histories and they have had adverse contact with police. In that situation it is much harder for parents to be a counterweight. In a sense, that is what we are arguing: It is not just parenting or delinquent peer influence; it is both of those working together.

The Hon. P. BREEN: What would you like the Committee to examine during this inquiry, and what do you hope that the inquiry will achieve?

Dr WEATHERBURN: I would hope it lends further support to programs such as Families First. I would hope that it lends further support to the view that when we engage in new policies in a way that makes them susceptible to proper evaluation. I would hope that the inquiry would promote more informed and rational discussion about how to deal with crime, something that we are in short supply of sometimes in New South Wales.

The Hon. J. HATZISTERGOS: Following on from a question asked by the Hon. P. Breen about peer influence in crime, you indicated that parenting may act as some form of counterweight. The extent to which it does would depend in many cases on the individual. In the model you have prepared you have not indicated peer pressure as a matter leading to delinquency.

Dr WEATHERBURN: The way it appears in the model is: think of good parenting as an inoculation against delinquent peer influence. In its absence the child or juvenile is much more susceptible to delinquent peer influence. The value of encouraging better parenting is that, in a sense, you are inoculating the children of those parents against delinquent peer influence. That is the way in which it comes up.

The Hon. J. HATZISTERGOS: I understand that, but the inoculation may not always work.

Dr WEATHERBURN: No, far from it. We are not talking about crude, mechanical cause and effect, merely what raises the odds of children getting involved in crime. On the other hand, a single mother might be going to work, barely able to make ends meet, barely able to find the resources, let alone the time to be with her children, and the child is spending great wads of time with similar children who are running around looking for entertainment, whether that be car stealing or malicious damage to property. It does not take an Einstein to see what is likely to come out of that situation, nor is any of this certain. Nor, as has been pointed out earlier, does it mean that having become involved in crime they are doomed to spend their lives involved in it. It is what is called self-limiting, most of them will stop of their own accord. However, collectively they will do a lot of damage on the way and, therefore, they cannot be ignored.

The Hon. J. F. RYAN: I want to ask a final question about good parenting. Your studies largely define supervision as a measure of good parenting—and I do not mean that you intended it to be a definition of good parenting. Could factors other than mere supervision give interesting results or is supervision the critical ingredient? For example, a home in which there has been a great deal of domestic violence or drug use might also be an interesting coefficient in the likelihood of being involved in crime. Are there studies that use other definitions for measuring good parenting?

Dr WEATHERBURN: There are four. I do not mean at all to suggest that there is only one aspect of parenting that matters here. The first is the level of attachment between parent and child.

There needs to be a strong attachment for supervision to have any effect. The second is, of course, supervision. The third is consistent and fair discipline and the avoidance of harsh, erratic discipline. When a child does something good he should be consistently rewarded and when he does something bad he should be consistently told that is so. The fourth is not modelling deviant behaviours and attitudes. They would be the top four from the most famous review by Stouthamer-Loeber. I will provide you with the details of that. Those four are crucial and all four are important. We were restricted to supervision because that is all we could get out of the Western Australian child health survey. The Department of Community Services has no measures of the level of child-parent attachment or consistency of discipline. You are right that those things are fundamental.

CHAIR: You made passing reference in your evidence to Families First. The last occasion the Committee sat, a witness from the non-government sector was critical of Families First. I summarise her evidence by saying that she tended to characterise it as bureaucrats meeting together. I assume that you do not share that view and that you believe something positive can come out of the government program known as Families First?

Dr WEATHERBURN: When I last had discussions on Families First it was the architecture of an effective intervention. I do not know whether it has turned into the practice of an effective intervention. A great deal depended, to be concrete about it, on what local communities in the three sites came up with by way of family support. The concept was that the Government would invest money in providing social support, and I think that was a well-advised move. Whether it has turned out that way depends on what social supports local communities have grabbed onto. I am not aware of what they have. Perhaps the witness was commenting on the practice as opposed to the theory.

CHAIR: To be fair, Families First is still in its early stages so we should not rush to judgment. I was simply wondering about your perception of its role and the likely impact.

Dr WEATHERBURN: The program was well grounded. It was grounded in a proper understanding of all the relevant research. There is always a danger that between the idea and the creation there will be some slippage, but I am not in a position to judge whether that has occurred. My biggest concern about Families First was whether it could be properly evaluated.

CHAIR: I think it would be true to say that central to your evidence this morning has been a consideration of poor parental supervision and what effects that might have. I refer you to the Children (Parental Responsibility) Act which, as you will be aware, was very controversial when it was introduced. It was piloted at two locations, Gosford and Orange, and it has now been confirmed in the sense that it is available to be spread to other areas, although I am not sure to what extent it has spread. Do you see that as a likely prospective vehicle to promote effective parental supervision?

Dr WEATHERBURN: Not really. I have grave doubts about the capacity of the State to coerce parents into effective parenting. I just do not think it is the way to achieve this result. Most of these parents are not simply being wilfully negligent; they are experiencing their own problems and difficulties. Having said that, I am not aware of any study that shows that this sort of legislation is doomed to fail. It simply seems to me *prima facie* and plausible to suppose that the threat of the law, the threat of sanctions, will induce good parenting where it might not otherwise exist.

CHAIR: So you would see encouraging good parenting as resting more in the socioeconomic area than within the criminal justice system or coercion?

Dr WEATHERBURN: Good parenting is inculcated by assistance. In the studies that have been shown to be effective, what happens is that a qualified person comes in and gives tips, advice and

guidance, and they are taken up willingly, rather than having to be foisted on someone by the threat of prosecution.

CHAIR: Given that most crime is committed by males, especially young males, are there any particular strategies that should be adopted to address that bias or imbalance within the categories of people who commit crimes?

Dr WEATHERBURN: I am not sure of the question.

CHAIR: I know that it is a very general question. Given that there is a preponderant representation of young males in criminal activity, should there be some special programs endeavouring to strike at whatever might be causing that overrepresentation?

Dr WEATHERBURN: My colleague Professor Homel might have different views on this. I am not sure whether we fully understand the gender difference involved in crime. In fact, some people ardently dispute that there is a gender difference and argue that it is just a selective operation of the criminal law. I do not belong in that camp. I think there are real differences, but I would not suggest for a moment that we understand them. I do not know why there are gender differences. I do not want to put Professor Homel in the hot seat but that is a question you might like to put to him. I think the gender difference is one of the great puzzles of criminology, as is the age difference: Why do people stop committing crimes when they get past a certain age?

(The witnesses withdrew)

ROSS JAMES HOMEL, Professor, School of Criminology and Criminal Justice, Griffith University, Queensland, 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 HOMEL: I did.

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

Professor HOMEL: I am.

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

Professor HOMEL: I have a PhD in behavioural sciences from Macquarie University, and I have been working in the area of criminology and crime prevention for a number of years. Recently I produced, with some colleagues, a report with which you are familiar, "Pathways to Prevention", which is about early intervention and family support.

CHAIR: Do you have a written submission, or do you rely on the "Pathways to Prevention" report?

Professor HOMEL: I rely on the "Pathways to Prevention" report, plus some more recent material, which I can make available for you to copy. In addition, if you wish, I am prepared to submit a further document to the Committee in the light of our discussion today, which might help to expand or clarify points.

CHAIR: It would be most helpful if you could furnish to the Committee a further submission. I invite you to make an oral submission, then the Committee members will ask you questions.

Professor HOMEL: Thank you for the opportunity to speak with the Committee this morning. Unfortunately, when I left the university on Thursday I forgot to put in my overheads. With your indulgence, I will use the whiteboard to make some notes. All of you have had an opportunity to look at the material, but there is a lot in the report so perhaps it would help if I clarified some of the basic concepts, then moved on to talk about the choices that face us as State and Federal governments in terms of what to do in this area of early intervention. At the weekend I thought it might be helpful to draw a different diagram from those that are in the report.

This is a time line. This is an individual person's life from conception—C day here, with birth about here, being a major point of transition in all of our lives. If we do not make that transition, that is the end of it. On the vertical axis here we have what we might describe as positive outcomes in life, which are growing up in a healthy, supportive, warm family environment and turning into a good active citizen, although not necessarily conforming to all of the things that parents might have said, but being, at the very least, not engaged in law breaking or any antisocial behaviour. On the other end of the scale we have negative outcomes.

We can think of every person's life, or biography, as being able to be charted. I am not saying that we can do this, but perhaps in the future, with better systems of data and so on, we will be able to chart a person's life in terms of whether it is a positive or negative pathway. One of the key insights of the research into family support and early intervention is that what happens fairly early in life, perhaps three

to five years, those preschool years, is fairly important for the rest of our lives. We have another transition point at age five when kids go to school, and another transition at about 12 or 13 when children move into high school.

Life is divided into a series of phases, which can be different for different individuals. For example, a child's parents might get divorced and that could be a life phase, a transition point for that child when it moves out of one family into another kind of family formation. There are other life events that can mark particular phases for individual people, but these are the normal progression through life. The report and the literature talk a lot about risk factors. These are the things that can impact on families and young children, and which will produce a downward push towards negative outcomes.

On the other hand there are protective factors, which are the factors that promote resilience and can help to counteract the negative impact of adverse circumstances in life. We can see a person's life as being almost squeezed in at the upper and lower end by forces that are, to a large extent, beyond their control, particularly as young children. I note that you have already been talking to Dr Weatherburn about the kind of risk factors that are set out in our report and in the literature. Family conflict, family violence, is clearly one of the major risk factors for growing children. Family violence can take a number of forms: direct violence against the child in the form of either sexual or physical abuse, and neglect and lack of supervision.

There is very strong evidence now that the constellation of abuse, sexual abuse and neglect variables, are of profound importance for the developing child. In fact, the evidence is that if a child is seriously abused in his or her early years, it is one of the major predictors of involvement in juvenile crime and in a range of other problems later in life, particularly for boys. As you know, Don Weatherburn's group recently analysed the 1996 Australian Bureau of Statistics women's safety survey data, which showed that one of the main predictors for women being victims of physical violence as an adult is being the victim of physical child abuse as a child and similarly for sexual abuse, one of the prime predictors for sexual abuse is sexual abuse as a child.

Child abuse and neglect have pervasive effects. They have different effects on boys and girls. They increase the risk of future victimisation and future offending. There are probably a range of other factors as well, which are quite negative. There are a range of other risk factors to do with the individual child, the family, the local neighbourhood and sometimes external events like wars. Think about the children growing up in Kosovo: a whole generation is traumatised. We should not focus only on the individual or family. Things going on in the neighbourhood can be extremely important.

Some recent American research suggests that part of the reason why some neighbourhoods, although very poor, are not violent compared with neighbourhoods just over the road that are equally as poor but are far more violent, is what is referred to as the "collective efficacy" of the community. That is, the capacity of local adults to intervene positively in the lives of children; to step in when the family breaks down, to exercise a watchful eye, supervise in public places, through a whole variety of mechanisms, to compensate for the stresses that are imposed by a poverty-stricken environment. It is a matter of identifying the features of a healthy community, as well as healthy families and healthy individuals, and trying to promote them.

Developmental prevention is about intervening, particularly at key transition points in life: the transition at around the time of birth, the transition from preschool to school, the transition from primary school to high school to move children who are vulnerable or at risk of a negative pathway toward a more positive, prosocial pathway. The reason this field has become so interesting is that it is not simply theory. Quite a range of overseas programs are reviewed in section 3 of the report. In the two years since the report was prepared—unfortunately it was not published until earlier this year

because the Commonwealths sat on it for a long time—a range of other programs have been evaluated.

One of the papers I will make available to the Committee is an unpublished review by Professor David Farrington, who is based at the Institute of Criminology, Cambridge University, and Brandon Welsh. The paper is called "Delinquency Prevention Using Family-Based Interventions". Most of the references relate to programs that were not available in the literature at the time we prepared our report. This is a very useful resource, and I will refer to it in a moment. The good buys, as it were, in family support and early intervention—these are the promising proven intervention programs—can be divided into four or five main categories. Parent education or parent training is clearly one of the primary approaches for which there is abundant evidence of success. Their training can take place at a number of levels with a range of degrees of intensity. It can take place here in the preschool years, in the primary years or in the high school years. It is not focused exclusively on one age range.

The best known parent education program in Australia for which we have the best evidence is probably the Positive Parenting Program [PPP], which was developed by my colleague Matt Sanders at the University of Queensland. He began the focus on parents of preschoolers who were exhibiting conduct disorder, severe disruptive behaviour. Parents who were at their wits end came to the clinic to seek assistance. He has expanded the program and it is available via a very professionally produced video as well as group discussions, group input from facilitators through to individual counselling and therapy for parents.

Evidence is accumulating that the program is very effective and there is extensive overseas evidence, some of which is in the paper and our report, that parent education can be extremely useful and can reduce all the precursors to juvenile crime in the form of disruptive and aggressive behaviour, and even impact on things like hyperactivity and so on. If one looks at the summary table in the paper by Farrington and Welsh, they look at programs that involve home visiting, day care, preschool, school, clinic, community and so-called multisystemic, in that they list the main interventions: parent education, parent education, parent education, parent education. It is very much a prominent feature of many of the programs they are reporting as successful. That is one approach.

I mentioned home visiting. You are probably aware that Professor Graham Vimpani has done a lot of work in this area and has published an audit of home visiting programs in Australia, some of which are in our report. This is an extremely promising area. Like parent education, it can cover a lot of things. It can be done by a range of professional people: nurses, preschool teachers, social workers, psychologists, teachers, or volunteers who do not have any particular professional qualifications, but who receive some training.

They can have a focus on health issues, particularly in the prenatal and immediately post-natal period, or they can support a preschool education program, as in the famous Perry preschool study which began in the early 1960s in Michigan in the United States. As you probably know, the children have been followed up to the age of 27, with multiple benefits demonstrated through the evaluation. Home visiting—although understanding that it covers a variety of approaches—is another approach which is important. We are fortunate that, although there has not been any systematic evaluation of home visiting in Australia, our colleagues in New Zealand have been far more professional about it. David Fergusson, in particular, at the School of Medicine in Christchurch, New Zealand, has been doing some wonderful work recently. There are three stages to what he is doing to which I will refer, as they are important.

The first stage was the piloting of a home visit program using Plunkett nurses. I am not too sure that I know very much about them, but a report has been published, for which I could give you the

reference, which shows that the nurses were very effective in being accepted by some of the most vulnerable and at-risk families, and that they appeared to be effective in persuading mothers, in particular, to remove many of the risks for accidents and for harm that could occur to children in the home. There is pretty good reason to believe that the risks of child abuse and neglect were greatly diminished as a result of this pilot program using the Plunkett nurses.

CHAIR: Are the Plunkett nurses located in Victoria?

Professor HOMEL: I do not know. They are a New Zealand group. I do not know whether there is a Victorian version. David Fergusson has received funding to do a randomised controlled trial where families will be randomly allocated to a visiting program or some kind of control. That is currently taking place. He told me last year that he had received funding for that. The third stage, which has not begun yet, is to mainstream the whole system of home visiting, based on the careful research that they have done. I think this is a model. You do not just rush in and say, "Home visiting is a good thing. Overseas literature has shown it. We have some social workers and nurses available, let us just do it." They have carefully piloted it, done a qualitative analysis, and worked out what seems to be working, what does not work and how to get the program implemented with a high degree of integrity. Then they are doing the randomised trial so that they can demonstrate scientifically that it does have an impact and they can develop measures to demonstrate that.

Third, that will be a basis for some kind of mainstreaming nationally. We may not want to do exactly that here, but it is a good, rational and cost-effective way of proceeding in this field. Start small, test it out, and then mainstream it. You will always lose some benefit it seems in the mainstreaming process as it is difficult to bottle all the essential ingredients and reproduce them across the country. That has been the universal experience: that programs which were effective in their demonstration or experimental form usually are not as effective when they are developed more widely. You are probably aware also that Professor David Olds is in Australia in August 1999. He is the instigator of the famous Elmira home visiting program. I will be meeting him on Friday and I will be speaking at a seminar being organised in Brisbane. I think he is in Sydney earlier this week. Are you meeting with him?

CHAIR: No, we are not. I was unaware of his presence.

Professor HOMEL: That is the most famous home visiting program of all and it is the one for which we now have the longest-term follow up data. David Olds started with 400 very poor, vulnerable young women in the late 1970s, in Elmira in upper New York State. These were mostly single mums; they were mostly 17 to 18, quite young; and they were mostly from disadvantaged backgrounds. He trained community nurses essentially to do three things: first, to visit in the pre-birth period to provide advice on nutrition and health and substance abuse. Half the group also received visits in the post-natal period for up to two years. There was an average of nine visits before the birth and 23 visits for the first two years of the child's life. In addition to the specific health focus for the mother, there was a personal development component, so the nurses were trained to provide advice and family planning if that was one of the needs of the mother.

In the personal development component mothers were instructed on how to get a job, how to get back into the work force, and they were given advice on social and health supports that were available. So they really had a three-pronged approach. The nurses are very carefully trained and David Olds is proud of his training program. This was a randomised trial as well. The initial evaluations within the first few years showed quite marked drops in child abuse and neglect in the group of children who had received visits. The 15-year follow up with the kids—who were the babies at that time—which was published last year shows, for, example, if you look at probation violations and convictions for these 15-year-olds, that the rate was one-fifth in the treatment group as in the control group. Also arrests

were two or three times less. So it seems that early home visiting, with mainly a health focus and a support focus for the mother, can provide major benefits, not only to the mother and not only in the reduction of child abuse but, in the long term, in reductions in delinquency. Although my reading of that latest paper reveals that the reductions in alcohol and drug abuse were not as marked as the drops in delinquency. So we need to look at that a bit more closely.

The Hon. J. HATZISTERGOS: Is this very different from the early childhood centres that many councils have? This program involves home visiting.

Professor HOMEL: It is not. You are referring to baby health clinics and so on?

The Hon. J. HATZISTERGOS: Early childhood centres.

Professor HOMEL: It is not, except that it does not rely on the most vulnerable mothers who are, in fact, least likely to seek this kind of help, taking the initiative. It is an outreach. The challenge of recruiting the most vulnerable groups is one of the key elements of implementation.

The Hon. J. HATZISTERGOS: So basically it is outreach?

Professor HOMEL: It is there in the home.

The Hon. J. HATZISTERGOS: It goes to the home and these people make themselves available much more readily. Is it voluntary?

Professor HOMEL: It is all voluntary.

The Hon. J. HATZISTERGOS: But in relation to the content of information which is given, there is not much difference?

Professor HOMEL: No, probably not. The fact that it is fairly regular in this period before birth and in the two years after birth I think is important. So it is providing support at that critical transition point and it is followed up. It is not just one or two visits; it is nine before and 23 after. The quality of training of the nurses seems to be very good as well.

The Hon. J. HATZISTERGOS: Have you looked at all the early childhood centres that are operating in this State?

Professor HOMEL: I was a recipient of one many years ago, but I have not looked at them recently. One of the points that we made in this submission is that Australia is really very rich in family support and early intervention programs. There are thousands of very good programs. Only one is evaluated.

The Hon. J. HATZISTERGOS: If we were going to go to some sort of home visiting program it may be that that could be used as some sort of basis from which to kick if it off, rather than developing a totally new structure.

Professor HOMEL: Absolutely. I could not agree more. Do not reinvent anything; just make the existing structures work better. One of the key points I want to make, and one of the exciting things about this area, is that we are now beginning to get evidence that these things work, and we are getting evidence about what works and what does not work. We have to ensure that whatever service is delivered is risk focused, that is, that it is really targeting the downward forces on these families and

children. How can we know that? We have to look carefully at program integrity, the way in which it is implemented, and we also have to have ways of evaluating it.

Outcome evaluation is critical. I am not saying that everything we do should have a million dollar evaluation program, but we have to ensure that there are flagship or key programs within each of these areas, which are carefully evaluated, if we as a country are to get this right in relation to our specific population mix, specific demographics and so on. I will summarise what I was saying. First, good intentions are no longer good enough. We should utilise all the evidence available on how to get these programs targeting the things which really matter. Second, for at least some of them we must do a careful evaluation so that we are progressing the knowledge base which underpins this whole field.

The Hon. J. HATZISTERGOS: Just to follow up one other thing, there are available, as you are probably aware, prenatal courses in a lot of hospitals and community groups. Do you see value in linking the structure of those courses at the prenatal level to post-natal—early childhood—so that it is done basically in a co-ordinated way by the one organisation?

Professor HOMEL: I am sure that, if you are talking to Graham Vimpani, he would not disagree with that. So there is a continuity. It does not all just stop two weeks after the baby is born, and it is not just a matter of weighing the baby intermittently or going to the clinic whenever he will not sleep or whatever; it is a more co-ordinated approach which, as I have said, is specifically designed to target the risk factors of child abuse and neglect. There will not be the cost benefit for middle-class families that there is for the most vulnerable. One of the points that comes out of Olds' research is that the benefits were far greater for the most vulnerable group, the poorest, the youngest, and those without other supports.

CHAIR: The risks are probably greater there too.

Professor HOMEL: The risks are greater. That means that some kind of targeting, geographically or in relation to population groups, may be called for in this more careful, systematic, long-term outreach.

The Hon. J. F. RYAN: If the goal is crime prevention.

Professor HOMEL: Or child abuse prevention. The risk factors for crime prevention seem to be identical to the risk factors for substance abuse, adolescent mental health problems, even possibly a range of injuries and accidents, and possibly suicide risks as well. I would not want to be nailed to the wall on that one, but in the evidence—which I have not completely reviewed—the same factors keep coming up. If you read some of the literature of the early intervention network in mental health—the Australian early intervention network; a mental health network—you will see that it talks about the same factors that we are talking about for crime prevention. That is why I emphasised at the outset that any program which successfully reduces the risk factors for child abuse and neglect will be of critical importance because that will have multiple benefits further down the line.

The elimination or reduction of child abuse in itself is an important social goal. We know how difficult it is for government departments to respond to the problem once it has occurred, or once it is occurring. It is better to try to reduce the incidence further upstream. The other category of early intervention programs that I will draw your attention to briefly are a range of school-based programs. This includes in particular cognitive skills training for kids who are impulsive or hyperactive—programs like Stop, Think, Do and a range of behaviourally based programs which can be implemented in schools with the assistance and training of teachers, and often supported by parent education. There is a paper reviewed in this submission—a 1999 paper by David Hawkins and his colleagues from Seattle in Washington—which does exactly that.

It is a combination of parent training, teacher training and skills training for the children. In that study 500 six-year-old first-grade children from 21 classes in eight schools were randomly assigned to experimental and control groups. The children in the experimental classes received special treatment at home and at school which was designed to increase their attachment to their parents—something to which Dr Don Weatherburn referred—and their school. The assumption was that offending was inhibited by the strengthening of social bonds. The children were also trained in interpersonal cognitive problem solving—dealing with problems, thinking about them rather than exploding in anger, hitting first and thinking later. The parents were trained to notice and reinforce socially desirable behaviour in a Catch Them Being Good program. The teachers were trained in classroom management, for example, providing clear instructions and expectations to the children. The follow-up evaluation is very positive. The program started in the late 1980s and early 1990s so there is now a long period of data.

There are many school-based programs and we are very fortunate to have a database here which is a good guide for action. One of the critical things, though, is that school-based programs alone are not as effective as those that involve the home and often the peer group of the child, so community networks as well. There is a very recent publication from the Home Office in the United Kingdom which can be obtained off the web, but I will leave a copy. The publication talks about using mentors to change problem behaviour in primary school children. The preliminary data is positive from the community-based project in Islington, London called CHANCE. Adults are trained to be mentors for the kids who are at risk of serious behavioural problems and ultimately suspension or exclusion from school. The initial qualitative evaluation is extremely positive. Our report emphasises that we do not need to get into the mind-set of supporting a particular program with a particular approach.

We should utilise the best mix of programs for a specific community or a particular school. We should, of course, draw on the best available programs that suit the needs of a particular community. Communities vary enormously in their needs. To illustrate my point about variations in communities, at the moment I am working in an Aboriginal community in Queensland which has been there for nearly 100 years. It was created by government fiat with 39 different language groups. The community has a primary school but no high school. Some of the kids go out to the local township to go to high school. That is very different from a working class neighbourhood in Brisbane where I am also working where one does not have the 39 different language groups but one has a large population of Samoan people, traditional Aussie battlers and one or two other groups.

What works in providing parent education in one community may not at all be appropriate in any community. Programs designed to assist transition from primary school to high school may be fine in an area where most kids actually do go on to high school but the programs need major modification in communities such as the Aboriginal one to which I referred, where just getting the children even to think about high school as a possibility is a major challenge. I said I would talk about the way forward. I have started to indicate the ways forward. To summarise, there are three main choices that we face at the moment. One is what I have described as the David Ferguson approach. These alternatives are not necessarily mutually exclusive. The first alternative is a focus on developing, testing and mainstream promising approaches or promising programs. Parent education which comes in many forms is clearly a good thing.

One way is to now go into a phase of research and development and figure out what works best in which communities, get the evidence and then devise policies which will ensure that those sorts of programs are available across the nation and across the State. Parent education becomes your program approach, that is the major form of early intervention. Indeed, that is what the Queensland Government did in the last funding period. The Government put \$3 million into expanding PPP statewide. There is a lot of controversy about that but on the whole it has been very positive and the same could be done

with home visiting and building on the infrastructure that is already there.

The Hon. J. F. RYAN: Why is that controversial?

Professor HOMEL: The argument is that PPP is a fairly middle-class program—Matthew Saunders will fight you to the death on that and has evidence to disprove it. There are those who have said that all our eggs should not be put in one basket, with which I am inclined to agree. Indeed, the Queensland Government is keen now to supplement PPP with other programs. The second approach is the co-ordinated delivery of a range of programs, not just parent education but home visiting, school-based programs, health programs and so on in local communities and small areas. The total needs of areas, particularly the more disadvantaged areas, cannot be met just by a parent education program, useful as it is, but home visiting, school-based programs, et cetera are required. They should be supported by programs that intervene very early, even before birth, and provide basic health information and support.

The challenge then becomes to deliver a range of services and programs in a way that is acceptable to a local community and has a higher uptake so that there is real implementation of them. As I understand it, the Families First program is essentially like that. That is an extremely intelligent program that provides a framework for delivery of a range of co-ordinated services, particularly in disadvantaged communities. I agree with Dr Don Weatherburn that it is critical that out of that program we learn about whether it has or has not worked, what works and in what kinds of communities. Again, one would want to move from the Families First demonstration projects to a more mainstream policy for the whole State.

The third approach is a continuation of the second one, which acknowledges that we need the co-ordinated delivery of a range of programs, but it is no good the white coat brigade or government bureaucrats walking in to an area and saying that is what is needed but there has to be in addition an emphasis on community development and empowerment. I have the Aboriginal community in mind, where empowerment is one of the keys to success because the communities will not come unless they feel they own the program, unless it is a program with which they identify and unless it is something they believe they need and are involved with.

In addition, we also need to strengthen the existing institutions within each community that are relevant to child development. We need to strengthen the community capacities to provide that pro-social, friendly environment for children. I am thinking of child-care centres, preschools, schools, churches and also informal networks that either do or do not support families. Many of the women who are most at risk of child abuse are very socially isolated. It is not simply a matter of wheeling in a range of services because those women may never hear about them and may never come to the party.

There also has to be a process of community development and community strengthening so that the communities themselves have a greater capacity on an ongoing basis to target these risk factors. That is essentially what we recommend in recommendation 16 of "Pathways to Prevention". We consider those approaches all have strengths but we think that there is now a need for a demonstration project in selected disadvantaged communities which delivers a range of programs that target the risk factors in those areas but which also engages the community, empowers them and has that goal of strengthening the institutions of the communities.

If properly implemented it is hoped that that approach has more likelihood of a long-term impact even when the resources for the programs diminish, as there will still be an infrastructure which will continue to support the kids and the families in years to come. Again, if we implemented that approach it would be an end in itself with a view to developing policies which would enable early intervention

to be delivered in a way that has meaning and use for the most vulnerable and disadvantaged sectors in the community. These are all stages towards a social policy which more adequately meets the needs of particularly our most vulnerable families.

The Hon. J. HATZISTERGOS: Are you talking about local or cultural communities?

Professor HOMEL: It could be cultural, for example, an ethnic group which is geographically dispersed but which has an identity, or it could be a caravan park. We know from Brisbane City Council research that some of our most at-risk disadvantaged people live in caravan parks. We know where they are. There is already some very good work going on, particularly by St Vincent de Paul with its Vincent Van project which goes beyond the hand-outs, the welfare and the crisis calls to try to help these people get their lives together. General support is provided for families to move out of that environment into more adequate housing. It could be a caravan park, an ethnic group, a rural Aboriginal community or a suburb of a capital city.

The Hon. J. HATZISTERGOS: Does it include a composition of both at-risk parents and non-risk?

Professor HOMEL: That is one of the big questions in the literature. Generally you can reduce the risk of stigma by making a program universally available rather than just focusing on those identified as the disruptive kids or the dysfunctional families. When one implements a program that is universal in focus one would want to particularly pay attention to recruiting into the program those who are most in need of it. My preference is to work at the whole-of-school level, the whole-of-community level with a program that is available to everyone, but to put particular resources into the most vulnerable and disadvantaged.

CHAIR: Earlier this morning Dr Weatherburn gave evidence to the Committee. He was asked some written questions before he appeared. For the sake of completeness would you respond to an answer he gave to the question of what he thought of the "Pathways to Prevention" report. He said:

The report provides a very useful review of the literature on early intervention, a very interesting theory about early intervention and a very comprehensive summary of the early intervention programs or initiatives which can be found in Australia. It has been very effective in raising the level of awareness about early intervention among Australian policy-makers.

It is important, however, to distinguish theory from fact in the report. It is a fact that events throughout childhood and adolescence increase or decrease the risk of juvenile involvement in crime. It is a fact that intervention in the first three years of life can reduce the later risk of juvenile involvement in crime. It is a theory that the risk of such involvement can also be lowered at various points after the first three years of life and before the onset of involvement in crime.

Can you respond to those comments?

Professor HOMEL: He is wrong, and the evidence is here. I think it is very important, when we think of early intervention, to think not just of the first three years, although that is critical, and I am fully behind Graham Vimpani's first three years program, or campaign or movement, whatever he calls it. But one of the critical emphases of our report is that early intervention is intervention early in the pathway that leads to problem behaviour. One of your questions is what are the gaps identified in intervention programs. One of the gaps we identified was that transition from primary school to high school. The reason that is important is that at least 50 per cent of the juvenile crime problems that the community is so concerned about involve kids who were not problems at three, one or five years of age, who appeared to be perfectly normal, happy kids, but who in those late primary school and early high school years started to go off the rails, as it were. Think of the imagery. It is the pathways imagery again.

Why do they go off the rails? Maybe there are disruptive influences amongst their peer groups, maybe they fall in with the wrong kids, maybe they do not like their new high school or maybe they are developmentally immature for the demands required of them in the new environment. There could be any number of reasons. A more adequate preparation for that transition from primary to high school for many kids would probably reduce the risk of those problems. That is supported by Hawkins' study that I summarised a moment ago. Remember, that is an intervention for six- to 11-year-old children. It is in the primary years. Other programs are recorded in here and in our report that are not in the first three years but in those later preschool years, primary school years and even high school years which have demonstrated an impact. So early intervention is as early as possible in the developmental pathway, not necessarily early in life.

CHAIR: You referred in your evidence this morning to the New South Wales Government's Families First program. Could you indicate to the Committee how you believe it fits within the policy framework suggested in your own report and how it could be usefully evaluated?

Professor HOMEL: I cannot answer the latter question except in general terms.

CHAIR: You would agree it should be evaluated?

Professor HOMEL: Yes, it must be evaluated, otherwise it will be yet another set of fine ideas with money put into them and at the end of the day we will not know what has been accomplished. The answer to the first part of your question is yes. From my very limited knowledge of the program it appears to fit very well indeed into the framework we propose in our report. As I said before in my evidence, it appears to be a sincere and major effort on the part of the New South Wales Government to ensure the co-ordinated delivery of services at the local level in a way that meets the needs of that community, and it is risk focused. Risk-focused prevention, as I understand it, is what it is all about.

Unfortunately, governments in this country are not very well set up to do this kind of intervention work. It is interesting that almost all the successful programs from overseas and in Australia are not government based. They are university based or private agencies have had good ideas that received some funding and they have been evaluated. That is not to say that government is not important, and I think the Families First approach is a way the Government can provide that friendly environment for the delivery of appropriate services. It is also important to understand the limitations of government. I would actually prefer to see this kind of emphasis where the initiative is with local communities at least as much as it is with the central bureaucracy. I would say the same in Queensland and in New South Wales. I think that is particularly true with Aboriginal communities.

The only evidence I see of real success in the reduction of violence and the improvement of conditions in Aboriginal communities anywhere in this country is where local people have genuinely taken some control over their situation. The community justice programs in Queensland are very good examples. There is a preliminary report on those. Communities like Kowanyama, up on the Cape, do seem to have turned around, judging from the official statistics on juvenile crime and some other indicators, because some of the local people's power to deal with their justice issues has been returned to them, and they have taken the opportunity not only to resolve justice issues in a locally appropriate way but also to develop a whole range of interventions that they see as appropriate for their young people. There is a video and a report on this, but the key to it is a little bit of empowerment, and that approach is going to have to be developed further. That is not to say everything is fine, but it is the only promising sign I see in what is otherwise a series of war zones, just like Kosovo.

CHAIR: I think it would be fair to say that Dr Weatherburn, in his evidence this morning, placed

a great deal of emphasis on the lack of parental supervision as a causative factor in subsequent offending. When I was questioning him I referred him to the Parental Responsibility Act. I am not sure whether you are familiar with that.

Professor HOMEL: We have our own version.

CHAIR: That being the case, would you agree or disagree with Dr Weatherburn that that type of legislation, which he described as coercive, is not particularly helpful and that other forms of intervention are better?

Professor HOMEL: Lack of supervision merges into neglect, which is an aspect of abuse, at the most extreme end. My preference would be to follow the evidence rather than to adopt a moralistic approach, which says that parents should take responsibility for their kids and we will make them do so. Indeed, in Queensland we will fine them if their kids vandalise or graffiti some property. The problem is that the kids who are most likely to do this are from dysfunctional families where there is violence already, where the parents are hardly in a state where they can pay a fine, so we will end up with more people in gaol—that is one of the main reasons why the rate of imprisonment is going up in Queensland, although we have just adopted the New South Wales model of the agency for fine defaulters. But on the basic point I would agree with Dr Weatherburn, we will get much further in improving the levels of supervision through family support. I agree that lack of supervision is one of the factors that emerges in all the studies, it is a pervasive indicator of subsequent juvenile crime problems. We need to do something about it. We can do many more effective things through family support rather than through family punishment.

CHAIR: You probably heard me asking Dr Weatherburn about the propensity of young males in particular to engage in criminal activity. When I pressed him as to what could be done about this and why it was so, he more or less deflected the response and I described it, using football parlance, as a hospital pass to you. Do you have any views about the matter; what can be done about that?

Professor HOMEL: I think it is true that males are most at risk, particularly of serious violent offending in the adolescent years, persistent offending. Girls are more likely to get pregnant, more likely to abuse drugs and at age 18 to be bringing up boys who will be the problem kids in the next generation. They reproduce the passive, dependent dysfunctional type of parenting that they have been exposed to. What can we do about it? One of the early indicators of persistent serious violent offending in the adolescent years is disruptive aggressive behaviour at age five. According to the Mater Hospital study in Brisbane, which is a sample of about 11,000 children followed up to the age of 13, 50 per cent of the boys who are aggressive at age five are rated violent at age 13. So, doing something about the disruptive behaviour, the oppositional behaviour, of boys in that preschool, early primary, period is probably one of the most effective ways of heading off those serious problems in adolescence.

How do we do that? Well, go back to the menu of programs for which we now have evidence emerging. We do have evidence. It is too detailed to go through all of it now but the kinds of things that will work are beginning to emerge. Again, it may not be just focusing on the individual child who is disruptive at age five but, say, in the school environment, having a whole-of-school approach which says this is a no-hitting place, this is a place where we encourage other ways of resolving problems, so that the child who is a particular problem is at school in an environment where every message he is getting is that there are other ways. He would receive the cognitive skills training and behaviour management at an individual level and, hopefully, his family would have some intervention as well.

I am thinking in particular of a young lad—a six-year-old—who quite severely assaulted my six-year-old last year in his first year at school. Call the aggressor Gary. He had formed a little gang of like-minded thugs who were going around beating up fellow year 1 pupils. The injuries were not

inconsequential; they were quite serious. Gary's father is in psychiatric care. His mother is not to be found. They have moved five times in the past few months. He was already known to education authorities before he came to school, he had been a problem at preschool. We can do something about these boys. We need a co-ordinated approach and we need to draw on the best evidence available on how to provide the supportive environment to them and their families, but to do it over time. It is not going to be fixed just by one intervention after he has engaged in some bullying. It is going to require a longer period of particular support for that family. That is not cheap, and it is not easy, particularly as they are geographically mobile. For the problem of serious male juvenile crime, those early years—nought to three and nought to five—are critical.

The Hon. P. BREEN: Professor Homel, how do parent-based programs address, if at all, the economic stress factors involved in later antisocial behaviour?

Professor HOMEL: They do not directly address that, except very indirectly and in a long-term way. If one looks at the evaluation of the Perry preschool program, that had two key components—an enriched preschool component combined with home visiting one afternoon a week by the teacher to the mother of the three- or four-year-old child. That obviously involved education about interacting with your toddler, dealing with problems, reading, listening and answering questions, and all of that kind of stuff. I do not know whether the mother's economic situation was improved through that intervention—that is not reported in the evaluations—but we know that at age 27, the children who were aged three and four at the time of the program are earning more than the control group. They are better educated, they have more stable families and they are engaged in far less crime. So parent education in that case had a benefit for the next generation. If one looks at things like triple-P the focus is on equipping, facilitating, parents for more constructive interactions, rewarding good behaviour, having skills to deal with problem behaviour.

That is not addressed directly by the economic circumstances and that is one reason why I favour options two or three, where we just do not put all our eggs into the one basket but where we also have a program that might parallel triple-P, which addresses some of those economic stresses that you have referred to. There are controversies about how one does that because it should be done in a way that is non-stigmatising to the families, who do not want to feel that they are recipients of welfare. One of the most significant strategies seems to be the provision of transportation and there are various ways to achieve that, such as minibuses taking kids around or encouraging families with cars to pick up kids or mothers who do not have cars to take them to preschool or other activities.

There are ways of ameliorating the effects of economic stress which are very practical and which we know work. However, one of the basic problems with Aboriginal communities is that there are no jobs for the kids so one should not be surprised that they are not motivated to go on to high school and do the usual thing. I agree with the critic who said that one cannot just work at the local level but must also do what one can to create jobs or deal with some of the other economic problems that are impacting on those families. It would be quite wrong to give the impression that I believe these problems can be solved through one project or a certain amount of money. In this country we may be at the point where we cannot solve the problem of long-term unemployment, particularly in rural communities, but we may be able to ameliorate some of the worst impacts of it on the most vulnerable families.

I think that is a morally acceptable approach because until someone comes up with a solution to the long-term unemployment problem, which is the main factor in the increase in child poverty in this country, at a macro level we are morally bound in terms of practical crime prevention to do what we can to provide the supports that these families would otherwise have if they had the purchasing power to drive to facilities and buy the things they need. I am anxious to avoid the impression that we are

arguing for welfare. That is why I always emphasise community development and empowerment, but I acknowledge that at the end of the day real empowerment depends on economic factors as well as all the things I have talked about.

The Hon. P. BREEN: It is a tough question and you have answered it very well. I wish to ask now about postnatal depression. Has any research been done on the specific link between postnatal depression and later abuse or neglect and is it possible that better treatment of postnatal depression could have significant impact on later offending by children of depressed mothers?

Professor HOMEL: I do not know. It is an interesting question. It should not be too difficult to do a search of the literature to see what is there. I have not done that, I am sorry. Again, that would be a question I would address to someone like Vimpani, who ought to know.

The Hon. J. F. RYAN: I would like to ask a couple of global questions. You put to the Committee an excellent case for why governments should invest, if they have a choice, more in support rather than necessarily in traditional crime prevention programs such as more gaols and police. With this wide menu of programs how does the Committee select between them. Your argument has been that there is a global menu of social support programs that include preschool, postnatal, perinatal and even multisystemic forms of support. Treasury takes the view that there is already a wide variety of social programs available, particularly within disadvantaged communities, and every time more are funded there seems to be an increase in crime. The problem is regarded as a black hole into which more money cannot be put. How does the Committee use your information to deal with that argument?

Professor HOMEL: That is why recommendation 16 was for a careful demonstration project in selected areas, including cost-benefit analysis right from the word go. My reading of the literature is that some interventions work but are very expensive, and preschool is one of them. The Syracuse program provided free preschool for kids up to age five, and although it had very positive outcomes the cost-benefit ratio was 0.5:1, that is, the benefit was only half of every dollar put in. That is because the preschool program is very expensive. On the other hand, the Perry preschool program that involved both home visiting and enriched preschool for three- and four-year-olds had an estimated cost-benefit ratio of 7:1.

To try to answer your question in a practical way, I would opt initially for programs which are not all that expensive to implement and which have a track record of being effective. Parent education is one, and home visiting is another which is not all that expensive, certainly not compared to the cost of a prison or the Police Service. In fact, all the things I have mentioned are not horrendously expensive as government programs go. We can ensure that we are cost effective in our approach through the kind of piloting program that David Ferguson has done with home visiting and with projects of the kind demonstrated by Families First, provided we know what has been done, what effects these programs have and what they cost. We could estimate the benefits now and in the future making some reasonable projections on the basis of what is already known.

Where should governments go? My thinking today is that New South Wales should certainly strengthen its Families First approach and hopefully there will be a good evaluation of that. At the same time, given the strong infrastructure in those early childhood centres, I would be thinking about a program of home visiting or at least a program which achieves the same effects in terms of impacting on the key risk factors and utilising that infrastructure. The other way is to put resources into parent education. The South Australian Government has developed its own parent education program, which is reviewed in our report. There is triple-P in Queensland, which is also being developed in Western Australia.

I do not know what New South Wales is doing in terms of parent training, support and education. That is an area that this Committee might want to look at more closely. One can focus on home visiting and parent education, but should also learn more about community development and strengthening communities by funding the evaluation of Families First to an adequate level. Perhaps through Federal funds we will see an implementation of recommendations 16 of our report, which will provide more evidence of what works in terms of a mix of programs and how they can be implemented, particularly in very disadvantaged communities.

The Hon. J. F. RYAN: If an extensive menu of services is being provided to a wide group of people at significant points in their lives, how does one counter the argument that we will have a nanny State or the more legitimate argument might be that it is spreading the State net fairly wide?

Professor HOMEL: I have very little patience with that argument but then I come from a State which has more than doubled its imprisonment rate in the last three or four years and for which prison building is the biggest public industry, with 28 per cent of the prison population being Aborigines and 62 per cent of those in juvenile detention being black. For my money I reckon we are not putting enough into the kinds of interventions early on that I have described. If that means we will be accused of creating a nanny State, I would rather that than the kind of prison environment we are moving into.

However, I think it is an unfair criticism because it is not welfare. It is about empowering families and individuals to move from destructive pathways to pathways which are constructive and which lead to prosocial outcomes and positive citizenship. The real challenge is to get a better bang for our buck in terms of what is already there. The basic problem is that human services industries in this country are not well informed by the admittedly limited scientific evidence, however it is growing. Most of what we do is good intentions rather than good science and we do not have a track record in this country of evaluating what we do, which is crazy. What industry or corporation would invest as much as governments do in this country in major problems without having the faintest idea of what the short-term or long-term results are?

The Hon. J. F. RYAN: You have spoken about critical events in people's lives and various interventions. Interestingly enough one category of young people who frequently turn up in our juvenile justice system are State wards.

Professor HOMEL: Yes, that is right.

The Hon. J. F. RYAN: A survey carried out in New South Wales indicates that the average State ward lives with about 21 different families during his or her time as a State ward. Have you any research to suggest that moving from family to family is an extension of the critical events issue? To some extent moving from one family to another is an intervention, but it could also be seen as a critical issue that needs to be addressed?

Professor HOMEL: Yes, we referred to that at the end of chapter 3 in the report. It is obviously very destructive in its effects but these are difficult kids and I guess they are moved around so much because many of the foster families have not been able to cope.

The Hon. J. F. RYAN: In some American States judgments are made on the basis that when a child is placed, whether with parents, foster parents or whomever, it is more important that the placement is permanent than to consider with whom the child is placed, when and what previous relationships they might have. Do you have any comment about that judgment?

Professor HOMEL: It sounds very attractive, except of course one would not want the child to

be permanently fostered with a family that was abusive or lacked warmth, and so on. One would need some mechanism for monitoring that but, yes, it sounds like the system at the moment facilitates this constant movement. I do not have anything particular to add. I think the comment is sensible and we refer to that in the report. At the moment I cannot think of relevant research that might throw light on that. That is not to say it is not there. I might take that question on notice.

The Hon. J. HATZISTERGOS: Dr Weatherburn raised a matter relating to crime-prone neighbourhoods and said evidence shows that there is a greater chance of crime being committed in an area where persons are exposed to some form of peer pressure or where they come into contact with other juvenile delinquents who may lead them astray. Do I take it that you are suggesting the sort of program that basically Dr Weatherburn described as a form of inoculation against that pressure?

Professor HOMEL: I would be interested to see whether the mentoring program would affect the influence of peers on these vulnerable children.

The Hon. J. HATZISTERGOS: You have not put mentoring forward as one of the alternatives.

Professor HOMEL: It is embedded here in the school-based programs. I did not finish the list. There are a whole range of programs in there that can be implemented, of which this may be one. I will leave a copy of it with you. You are quite right about the peer group. Again, I would have to go back and carefully read some of the studies. There are studies which show that we can work in an effective way, even with gangs. Sometimes that is through a criminal justice intervention of a different kind. You are probably aware of the work of David Kennedy from the Kennedy School of Government at Harvard, about the intervention with gangs in Boston who were killing each other with handguns at a very high rate. The intervention, which was very effective, involved probation officers and people with street credibility talking to the leaders of these gangs and saying, "We have had enough. There will be real trouble if this continues." A range of strategies or alternatives were put to these gangs, which they took up with alacrity because it turned out that none of them wanted to die. They were looking for a way out of the cycle of violence that the various gangs were involved in.

That is an extreme example, but I mention it because it illustrates that there usually is an imaginative approach that is a bit different but which has the potential to work even with the most difficult and serious crime problem. This was different because it did not involve the police doing the usual patrolling or hassling of the kids. It involved credible adults who knew the kids talking face-to-face with them and delivering a credible message. Of course, most of the problems we have to deal with in this country are not that serious, thank God. However, working with the peer group of some of these troublesome adolescents is an approach which has been shown to be effective, for example, in anti-drink-driving campaigns. I do not see why we cannot generalise some of that research to other crime problems. I am sure there is literature on programs that focus on peers and dealing with peer influence, which I have entirely forgotten at this point. Do you want me to follow that up?

The Hon. J. HATZISTERGOS: Yes. I have noted some material on this issue that I want to raise with you. Do you have anything more to offer on it? You referred to the situation in Queensland, where the prison population has exploded and prisons are one of the largest capital works projects. There is similar evidence from California, where the policy makers have elected to use enforcement in the prevention of crime. Is there any evidence in cost analysis terms of the value of the sort of work you propose at the end of the chain?

Professor HOMEL: There is a very useful Rand Corporation report which addresses this very question—the cost effectiveness of early intervention versus California's three-strikes law and, more generally, the cost of preventing crime through imprisonment. That is available off the Web if you go to their recent reports. I have forgotten the precise title of the report. I am sure it is referenced in

"Pathways To Prevention". I would have to check the reference list. I have a hard copy in my room.

The report is a cost-effective analysis by Peter Greenwood and his colleagues. They show that preschool is more expensive as a crime prevention measure, but home visitation, parent education, community supervision of delinquents early in their criminal career and programs which provide incentives for at-risk kids, such as paying them to stay at high school until they graduate, are all more cost effective in terms of per crime prevented than imprisonment. The report by Karoly, Greenwood et al, 1998, called "Investing In Our Children: What we Know and Don't Know About the Cost and Benefits of Early Childhood Interventions", which compares early intervention with imprisonment, is on the Web. Generally, the summary states:

A recent study by the RAND Corporation reanalysed the benefit:cost findings of the Perry programme (at 22 years post-intervention) and the Elmira programme—

that is David Olds home visiting program—

(at 13 years post-intervention) to investigate how the monetary costs of the programmes compared with savings accrued to the government over time. Savings to the government—in the form of reduced criminal justice costs and health care and social service usage costs—were found to exceed programme costs for the Perry programme and for the higher risk sample of mothers in the Elmira programme by two and four times, respectively . . . It was estimated that savings to the government would continue to accumulate for a long period of time after the interventions had ended.

Further benefit:cost research on delinquency and crime prevention programmes has been carried out by the Washington State Institute for Public Policy.

The research generally finds benefit to cost ratios of 2:1 for the Seattle Hawkins program, which involved a range of parent training, teacher training and skill-based training for kids. The evidence, although limited, is encouraging in terms of the cost-effectiveness of these approaches. As I say in some public meetings that I address, almost anything is cheaper than imprisonment as a way to reduce crime. I do not deny that prisons reduce crime to some extent, particularly through their incapacitation effect. Some people are taken off the streets for a period and cannot offend, at least not on the streets. However, it is an awfully expensive way to do it and we know that it has dysfunctional aspects as well. What happens when they are eventually released?

The Hon. J. HATZISTERGOS: One of the matters Dr Weatherburn raised in his theory is how the supply of motivated offenders can be reduced by preventing the geographic concentration of poverty, thereby limiting the influence of peer pressure. I do not know exactly how it is achieved, although some would say that the Government could influence the geographic spread by reducing the concentration of Department of Housing tenants in one area.

Professor HOMEL: I am aware of Dr Weatherburn's research on that, which I think is very persuasive. As I understand it, housing departments around the country are now changing their policies, selling off a lot of the public housing and, as it were, dispersing the population across a range of areas rather than concentrating them in certain areas. Is that happening in New South Wales? It is certainly happening in Queensland.

The Hon. J. HATZISTERGOS: They are tending to develop in the areas where they already hold land, which is based on acquisition policies from 30 to 40 years ago. Part of that, of course, involves the cost of being able to spread development around to other areas. Real estate costs may be higher in other areas. Therefore, selling off land could provide more people with opportunities for housing.

CHAIR: It is no longer the case that the housing authority in New South Wales tends to develop

a whole suburb comprising of public housing.

The Hon. J. F. RYAN: It has already done so much of that it is difficult to get away from it.

Professor HOMEL: The point that comes out in Don's work is so vividly illustrated by the Aboriginal communities I have referred to. If you went out of your way to create dysfunctional communities in this country, you could not do it any better than we have done through those policies. Undoing it is the challenge. In conclusion, I have left a copy of "Delinquency Prevention using Family-based Intervention". You can take a copy of the mentoring program summary. I will also leave for copying and for return to me a copy of the paper on Aboriginal communities called "Risk and Resilience: Crime and Violence Prevention in Aboriginal Communities", which again updates a lot of the material in this report.

(The witness withdrew)

(Luncheon adjournment)

NIGEL HENDERSON SPENCE, Chief Executive Officer, Association of Children's Welfare Agencies, Level 2, 323 Castlereagh Street, Sydney, sworn and examined, and

ADRIAN JOHN FORD, Deputy Chief Executive Officer and Director, Benevolent Society of New South Wales, 171 Glenmore Road, Paddington, affirmed and examined:

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

Mr SPENCE: Yes, I did.

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

Mr SPENCE: Yes.

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

Mr SPENCE: I have formal undergraduate and post-graduate qualifications in social work, and I have worked in the child, youth and family welfare field for the past 18 years.

CHAIR: Your organisation has made a written submission. Do you wish to have that submission included as part of your sworn evidence?

Mr SPENCE: I would like it included as part of my evidence.

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

Mr FORD: I did.

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

Mr FORD: I am.

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

Mr FORD: Like Nigel, I am a social worker by training. I have been working in the field for the past 25 years. In particular, I have been working in the area of prevention of child abuse and neglect for most of that time. I see a particular connection between children who are at risk of abuse and neglect and children who are at risk of getting caught up in juvenile and adult crime later in life.

CHAIR: Have you made a written submission, or are you associated with Mr Spence's written submission?

Mr FORD: I have joined with the Association of Children's Welfare Agencies [ACWA]. I made some papers available to the Committee last week, which have been submitted to Mr Reynolds, and I am tabling some overheads as evidence today.

CHAIR: Do you wish to have all the written material you have submitted included as part of your sworn evidence?

Mr FORD: I do.

CHAIR: I now invite you to make a brief oral submission to the Committee.

Mr SPENCE: We welcome the opportunity to present evidence to the Committee. The Association of Children's Welfare Agencies is an association in the State of New South Wales which has a membership of a large number of child, youth and family welfare agencies working across the State, and it is in that context that I am presenting the evidence. As Adrian said a moment ago, we wish to emphasise to the Committee some of the links that are present between the experience of some children and young people and the subsequent risk of developing criminal behaviour as a juvenile or as an adult. I believe we have extensive experience in relation to children and young people at risk that can be of value to the Committee.

We would like to emphasise and draw to the attention of the Committee two areas. First, the links between the experience of children and young people who are in care, who are under the substitute care system, and the risk of subsequent development of criminal behaviour; and, second, early intervention programs with high-risk families. Children and young people in care are a fairly specific but important group. No doubt you will have already heard evidence which confirms some of the links between early child abuse and neglect and the risk of subsequent criminal behaviour.

In some ways we feel fortunate that we are following Dr Weatherburn and Professor Homel who no doubt would have presented evidence of this type. Certainly, the landmark research by Weatherburn and Lind found that neglect and abuse—particularly neglect—were very strong predictors of juvenile crime. The population of children and young people who have experienced abuse and neglect is very large. We know that 65,000 notifications were made to the Department of Community Services in the year ended 30 June 1998. So we are not talking about a small group; we are talking about a significant group.

The specific group of children and young people that I wish to draw to the attention of the Committee is a subgroup of that population, that is, children and young people who as a result of abuse, neglect or family circumstances are required to enter foster care or residential care, as well as those young people under the age of 18 who live in refuge accommodation. Some of the statistics for this group of children and young people are particularly concerning. We have known for some time that children in care are much more likely to come into contact with the juvenile justice system and to end up in detention centres than other children in the community.

The 1996 report by the New South Wales Community Services Commission found that male State wards were 13 times more likely and female State wards 35 times more likely to be admitted to a detention centre than non-wards. The commission released a second report earlier this year which contained a similar finding. The commission found that, "While overall numbers of wards in detention or under supervision orders are small, they highlight a significant overrepresentation of this group in the juvenile justice system." In June 1998 there were 63 wards in detention or on supervision orders, which represents a particularly high proportion.

Of course, wards are only a minority of children and young people in care. Many more State wards represent approximately 35 per cent of the in-care population. A considerable number of children and young people on short-term care and protection orders or in voluntary care are not technically State wards. Unfortunately we do not have good data which indicates the link between the

total in-care population and the risk of criminal behaviour or involvement with juvenile justice. However, anecdotally, I suggest that the evidence is strong that the link between in-care experience and subsequent criminal behaviour is very high.

There is a wide range of reasons for this overrepresentation. One reason is simply the increased visibility of young people in care. We know that their behaviour is more likely to come to the notice of police, often directly as a result of conflict within the place where they are living, and if they go to court the chances of receiving a detention or supervision order are found to be much higher than those for other young people. That was the finding in the report of the Community Services Commission. They are more likely to be refused bail because of a lack of suitable accommodation—sometimes that is because their care provider refuses to have them returned—and because of a lack of family and community relationships.

I would like to cite an example in which I was involved when I was working at Centacare Catholic Community Services before moving to the Association of Child Welfare Agencies [ACWA]. We set up a residential care unit in the Bankstown area. There was quite significant, not unpredictable, community outcry about setting up the unit in a residential area. It also happened to be in a street not far from the youth refuge where, tragically, a worker had been killed some 12 months previously. Every time there was any kind of ruckus at the house the neighbours would ring the police and the police would be around there like a shot. There was a rapid response, there was very close watching, the police were highly suspicious of our activities. On one occasion, and this comes to mind vividly, the police turned up, the young people, who were highly strung to begin with, engaged the police in a sort of a slanging match. Often such a situation would escalate and one of the kids would be put in the wagon and taken up to the police station and cautioned. What started as a fairly innocuous event would escalate. I know that other care providers could give similar instances.

As well as increased visibility other factors contribute to children from the care system being overrepresented in that justice system: homelessness; the need to commit crime, such as fare evasion, theft, break and enter; exposure to what the "Pathways to Prevention" report calls deviant peer groups in refuges, some of the connections that kids in care establish are problematic; people and young children are less likely to have access to advocates who can prevent an escalation of the consequences of these minor infringements, such as the example I just gave. However, the single, most significant factor that appears to link being in care with development of criminal behaviour is the degree of stability or instability that children and young people experience while in care, specifically the number of moves and the number of different placements during the child's time in care.

Fortunately, it is not the experience of all children in care, but for the group which, in some literature, has been referred to as the "long-term unsettled" we have particularly concerning outcomes. These are children and young people who are in the care system for extended periods—years or sometimes their whole childhood—because of family circumstances, who have had multiple placements and disruptions. It is this group that warrants particular concern. For this group outcomes are very poor with a high risk of criminal behaviour, homelessness, mental health problems and suicide risk. One researcher, Widom, found that children who moved three or more times have significantly higher arrest rates, almost twice as high as children who move fewer than three times, all types of criminal behaviours, juvenile, adult and violent criminal.

I do not think that three is necessarily a magic number, but clearly once we establish a pattern of unsettled placements in care we start to increase dramatically the risk of criminal behaviour developing for these young people. I do not believe it is difficult to understand why this instability in care is such an issue. Frequent moves in placement have lots of effects in preventing a child from forming significant relationships with caring adults. These frequent moves disrupt the child's schooling and

further increase the likelihood of educational delay; prevent emotional peer relationships and thereby increase social isolation; tend to disrupt the child's relationships with the birth family; fracture their identity formation; and make it extremely difficult for the child or young person to have some cohesive sense in their life story.

Achieving stability and continuity for children and young people in care is a major challenge for the New South Wales Department of Community Services and for agency substitute care providers. In this State we have a mixed service provision: both DOCS and non-government agencies. Finding any placement at all for children in care is a problem at the moment, and was named as the single biggest difficulty by DOCS district officers in the staff survey carried out last year. DOCS officers and agency staff are acutely aware of the importance of achieving stability and the need to reduce the movement of kids in care. However, the capacity of our system to do this at the moment is seriously in doubt. On a more positive note, there are a number of developments.

In the past couple of years, and I think it was a decision made when the Hon. Ron Dyer was Minister, leaving care services were established to support young people who were leaving the care system to achieve support through the transition into independence. We now have a specialist leaving care service, which works in target areas designed specifically to help young people make that transition. We have a number of important initiatives in the substitute care system. I will not go into detail, but they involve a standards and accreditation program, which is in its early stages, an initiative called "Looking after Children" and, of course, the major reforms contained in the new Children (Care and Protection) Act. All of these developments give some hope of improvement to the care system that might deliver better planning and reduce the instability that I have been talking about.

Some of these developments will help to build that opportunity, and give greater opportunity to children and young people in care to develop continuous relationships with caring and supportive adults. However, I would have to remain pessimistic at present about the ability of our care system to provide the sheer number of placements and quality of placements to make a serious impact on this problem of adequacy and stability of placements. In short, the argument I am mounting to the inquiry is that any strategies to prevent crime or the development of criminal behaviour must include efforts to strengthen and improve our substitute care system to reduce what has been, unfortunately, a trend for the care system to provide inmates for our detention centres.

Mr FORD: Mr Spence asked me to join him in the presentation to give an example of some work that our service does to provide early intervention services. The Benevolent Society of New South Wales is a member of ACWA, and it is in that context that we are providing evidence today. The Centre for Children is part of the work that we do. We also work with older Australians and we also have a centre for women's health. Within the Centre for Children the key concerns are that we look at prevention of child abuse and neglect. We also provide child-care services and work with people affected by adoption through our post-adoption resource centre. But it is the first one that I particularly want to look at today.

Mr Spence has already mentioned the statistics of last year in New South Wales and the national statistics of the last count of 1995-96, which once again reinforce the extent of child abuse and neglect in this country. What is significant and relevant to this inquiry is that as the number of reports increase we are learning that more and more children are emotionally abused and neglected than they were in previous years. It is that group that I particularly want to concentrate on. The philosophy that the Benevolent Society takes in working to prevent child abuse and neglect is to work with families when children are young. We try to work with families when mum is pregnant, before the child is born. We find that sometimes leads to our best work.

We visit families at home and we work long term to promote change. None of this work happens quickly. When we are trying to intervene in a family that has intergenerational issues of child abuse and neglect, it is unrealistic to expect to solve a problem within a matter of weeks. We have found that we are usually working for two years to be able to bring about a change which can be sustained in a family. With some families where there is a long history of neglect we are sometimes working for three or four years. The importance of this is that if we are going to try to make some changes, which means that when these young people become adults they do not get involved in juvenile crime, as Weatherburn's research and the research of others highlights, we have to do a lot of work in the early years.

What do I mean by children who are at high risk? These are the kids that we particularly concentrate on. It is usually a combination of a number of these factors: substance abuse, domestic violence, a past history of child abuse and neglect, mental illness, stress and deprivation, social isolation and cognitive limitations in the parents. Unfortunately, it is rare that it is just one in the families that we are dealing with.

It is not uncommon, as I have highlighted in the background papers that I submitted to this inquiry, for the issues around substance abuse and stress on families to have actually got more serious in the last 25 years than before. We have also had growing rates of unemployment, although they seem to be stabilising at the moment, but we have had a long history where there has been a significant amount of unemployment, particularly in young families as well as older Australians, and these combine to add a lot of stress for families. This may have led to an actual increase in the number of children who have been abused and neglected over these years, even though it is also at exactly the same time when the community has been trying to do something about it.

The Benevolent Society has tried to respond to these needs in two ways. The first is to develop some programs which work with families before abuse is identified but where there are already clearly significant issues in the families that I have described previously—children of high risk. As you would expect, it is actually not all that difficult to identify these families when they go through maternity hospitals and through early childhood systems. Professionals in both those networks are very attuned to families where there are issues, and we have no problem in identifying these families. The problem is more one of trying to provide enough services to respond to the need. The programs we have set up are only two one-off programs which work in the inner city and eastern suburbs.

The Early Intervention Program [EIP] works with families where there is a range of difficulties, personality disorders, substance abuse and domestic violence, whereas our Families Together program concentrates on families where there is a long-term mental illness, such as schizophrenia or manic depression. We have found that this is the only program of its type in New South Wales and we are working with these families most intensively. The program has been going now for five years and we have worked with a number of families for the whole of the five years. Our Early Intervention Program, by comparison, usually is able to succeed in turning families around in 12 to 18 months, but sometimes it takes longer.

The other response is to work with families where abuse has been recognised, but it is judged by the Department of Community Services and by us that it is safe enough for these children to remain at home. An increasing number of children are remaining in their families these days, rather than even 10 years ago when child protection services were stronger. So we find that we are having to make arrangements for children to be able to survive in a safe enough environment in their family. These three services are funded by the Department of Health and they work in the eastern suburbs, in the inner city and at Liverpool. They are specific therapeutic services that work with these families where there has been a range of neglect identified. We have found mainly neglect, physical abuse and

emotional abuse as the predominant factors that lead to referral to these services and then working with them to bring about enough change.

I guess what is important about what we have found when we have been modelling these services in these three locations are the differences. In south-west Sydney we find we are dealing mainly with families where there is long-term neglect, families where there are cognitive limitations in the parents, massive stress and massive unemployment. In central Sydney we are dealing mainly with drug and alcohol as the major reason to lead people to get involved in the program, combined with mental illness. In the eastern suburbs it is a range of issues from alcohol abuse through to emotional neglect and abuse of children.

The Benevolent Society is fairly fortunate to actually have these five services which work with these families. They cost \$1.9 million per annum. We work with 500 individuals at any one time, and there are about 300 children in that group. That is being attended to by those five services. One of the issues that all services struggle with is resources.

This slide highlights what has happened with these five services over the last five years. The light blue line highlights the cost of services which you see consistently rises, not to anyone's surprise. The dark blue line refers to government support for these services which is actually rising in real terms but, as you can see, it is not rising as fast as the cost of the services. The difference is being met by private sources, be it the Benevolent Society or private donations from the corporate sector. I think like most non-government organisations we face the same issue. If we are to really address this issue around responding to these families in need at this vital, lifesaving time, it does not cost as much as prison services but it will still cost and, unfortunately, there are not the dollars in any one source to meet the extent of the need.

What are we learning through our early intervention services as one example? We are finding that we are having more successful outcomes when we work with families antenatally. If we can work with the families while the child is forming, before they have got some clear ideas about what they expect from this baby but they are beginning to wrestle with the issues that a baby is going to come into their lives and they have to deal with the outside issues that they are already confronted with, be it substance abuse or mental illness, we have a much stronger rate of success with those families that we work with then. When we meet them, be it six weeks later or a year later, we do not have the same level of success. Already some damage has been done, which seems much more difficult to turn around.

It is interesting to find that, we have many more two-parent families in our early intervention services than in our child protection programs. Our only inference is that it would seem that, once abuse and neglect are notified to the department, we wonder whether the level of breakdown is so great that families break. Seventy per cent of families in our child protection services are single-parent families. In our early intervention program 70 per cent are two-parent families. On average, the risks are little less with two-parent families. It is by no means a decisive factor, but it is an important factor and it would seem that it is worthwhile thinking again about the value of early intervention. We have been able to demonstrate through the evaluation of our services that children in these services have become securely attached. Our most extensive evaluation has been in our Families Together program which is working with families with a long-term mental illness. We have found that we are able to show that children are as securely attached as in a normal population, which goes against all the predictions in a very disadvantaged population.

Finally, what are we learning from the families once abuse has already occurred? We have found that when we get involved with the families, the extent of abuse and neglect is far more serious than it was known at the time of referral. We may get a referral around neglect and we often find there is

a range of forms of abuse and neglect. So it is rather saying that the families that come to our attention, whatever protection needs, have major needs, but unless we properly assess them we do not really know. If these families fall through the net, you end up with big problems when these kids have grown up because there are silent issues. These families find it hard to trust and hard to disclose what is happening. It is hard to know really what is going on. The kids keep it to themselves as well.

First, you need time to establish a relationship, find the extent and seriousness of the problems so you can tackle the real problems. Second, emotional abuse and neglect are more common than any other form of abuse. Weatherburn's research highlights that neglect is the predisposing factor for a child to end up in a juvenile system. It is much more difficult to actually change children and change families when there has been neglect because of the overlooking of these families. A child who is neglected is depressed and does not cause a great nuisance in a child-care centre. You will never know unless you are really well-experienced in observing these kids. So these are the forgotten children. The problems become endemic; they are much more serious.

So we need time with those kids. Once the problems are identified we have to give ourselves three or four years. The costs go up, which again is my argument for early intervention, even before child protection services, that will be therapeutically involved with these families. You have to do that work which again is much more cost-effective than a juvenile or adult criminal justice system. However, the problem we have is how to be able to prove that link conclusively. It will take time. There are not the research facilities around to actually document that absolutely, but we know that there is enough evidence. I think these sorts of services highlight what can be achieved in these early years.

CHAIR: Members of the Committee may direct questions to one or other of you, but that by no means precludes the other from also responding to that question if you so choose. Mr Spence, you referred to the high risk of future offending when young people in care have unstable placements. You referred, for example, to three or more. Is there an answer here? Has anyone overseas or interstate got it right and been able to more or less install permanency planning so that these disruptions do not occur?

Mr SPENCE: I do not believe that I can point to any one program that would claim to be the answer to that issue. We have been able to see successful outcomes for some children and young people, even when that has been their experience in care. In fact, I will speak anecdotally for a moment. Last week I visited a young man who just turned 19—a young man with whom I have worked on and off over the last five years. This young person moved out of Renwick, the large institution in the Southern Highlands, back in 1994 when that place was closed. He was a young person who already at that time had multiple placements in care. He had psychological reports inches thick and all sorts of indicators of emotional disturbance.

We moved that young person into a residential unit in the community. His father, who was still involved with him at that time, said it would be the end of him and that he would undoubtedly end up in juvenile detention because it was only the large institutions that had been able to contain him. His father was strongly opposed to the boy moving into the community. The father was not in a position or not really fit or able to provide care himself.

The boy gave us absolute hell for the first 12 months of his time in the community. He got into a lot of strife for minor offences. A number of staff and one in particular put in an enormous amount of time with that young person and developed a very supportive and close nurturing relationship. One youth worker stuck by him through thick and thin. When I talked to him last week the young man cited the fact that the particular youth worker's support over a period of about 3 years was the critical determining factor in helping him, I suppose you might say, turn his life around. He is now married

with a baby and has a full-time job and has not had any trouble with the police for some 2 years.

There was every likelihood that he would have ended up in long-term detention. He never did go into detention, although he sailed awfully close for a while. It is significant from that example that we were able to maintain him in one living environment over a space of about 3 years. There were continuous relationships with fairly skilled and very supportive adult youth workers, and one in particular who had the ability to form a particularly supportive relationship. There was every indication that his lifestyle would continue to be unsettled while in care but we were able to reverse that through some very intensive effort.

That is a long answer to the question but I am saying that it is possible. It requires a very intensive effort but if care providers are able to intervene and provide stability of accommodation and, in particular, provide continuity of a relationship with a significant adult then we do dramatically improve the chances but not guarantee that they will avoid moving into detention or further trouble with the criminal justice system.

CHAIR: You said earlier that you were pessimistic about the number of placements that would become available. Why is that? Can anything be done about it?

Mr SPENCE: I am very pessimistic about our substitute care system not because of the quality of the organisations or individuals involved—there is an awful lot of commitment from government and non-government agencies—but because of the sheer number of placements not being provided.

CHAIR: Is that partly because the kids are becoming more difficult to manage?

Mr SPENCE: There is some evidence that children and young people are becoming more difficult to manage. That may be because many children and young people are entering care at a later age now than might have been the case previously, or the level of deprivation or mistreatment is greater. There are a number of theories for that. Certainly a lot of agencies are reporting great difficulty providing the level of care. A lot of foster parents are reporting great difficulty managing children and young people who now have very challenging behaviour, often compounded by things such as attention deficit disorder. The level of professionalism and skill required now for carers seems to be much more significant.

CHAIR: Mr Ford, it is true to say that you have identified that neglect and abuse have increased during the past 25 years. It would be equally true to say that more social supports have been made available in recent years to such an extent that there would be more support available now than there was, say, in the 1960s. Could we say that some of the intervention has been ineffective and misdirected? What is wrong? Where are we falling short of the mark? Why are we not doing better now than we arguably should be if the supports are properly directed?

Mr FORD: Our living environment has changed during the past 25 years because of the extent of drug and alcohol abuse. As Nigel was saying, some of these kids are more difficult to deal with because of drugs. We are not doing a better job now than we did in the 1960s—even when we have got so much more—because the problems are enormously harder to deal with.

At the same time, we should not also ignore the fact that in the 1960s and 1970s children were coming into paediatric hospitals seriously battered and grossly neglected. It is very uncommon to find such children appearing in paediatric hospitals today because the community has been well educated in reporting its concerns about child abuse and neglect, and that has contributed to the rise of reports. It means that there are more attempts to try to work with families now at an earlier stage and that there

are more social supports, such as family support systems, available for families in New South Wales.

It is a complicated picture, but why is it that we are not doing better? I have to say that we have spent our time and money focusing on identifying the problem. We now know how big child abuse and neglect is, but we have not spent money trying to do something to help enough of the children and families. That is where fairly big dollars needs to be spent. For us to work with one of our families that our child protection services are working with costs us \$10,000 a year. That is a big commitment to make but it is not that big when you look at a lifetime. It is a big commitment for us to make today for something we are not certain will actually prevent a child ending up in the criminal justice system. It is giving that family a better start, but it is not coming cheaply.

CHAIR: Would you comment on the efficacy and effectiveness of the Government's Families First program? A witness from the non-government sector at an earlier hearing tended to pour cold water on the program. I know the program is in its fairly early stages at the moment but would you give us your perspective from a non-government sector as to the effectiveness of the initiative?

Mr SPENCE: The Association for Childrens Welfare Agencies [ACWA] is on the record as being in support and in favour of the Families First model. The four components of that model are a reasonable approach to supporting families, particularly vulnerable families, and draws on relevant research in putting together that model. The effectiveness of the program is yet to be proven in New South Wales because it is yet to get under way. Our criticisms would be that it is proving very slow to get under way. The planning and consultation processes are taking a very long time and we are yet to see any tangible services on the ground as a result of the Families First initiative.

We were concerned that initially it was only to be in three areas of the 16 community service areas of the State. The Government has now indicated that it will extend the initiative across the whole State, about which we are pleased, but we remain unclear as to the details of how that will happen and what resources will be put in place to make sure that it is adequately extended across the State. The non-government sector has serious reservations about an over-reliance on volunteers as a strategy for assisting vulnerable families. Adrian may wish to say more on that.

Mr FORD: Our society will support the four levels of the Families First initiative being implemented. We have those four levels in our own organisation. In regard to volunteers, I understand the concerns and it is unfortunate that when talking about Families First people have talked more about volunteers than professional intervention, which I have understood to be as much a part of it as volunteers. Our society has a Home-Start program for families who have additional needs but we exclude from that program any of those high risk categories to which I referred earlier.

They are families that basically need a good neighbour and we offer a trained volunteer to work with that family when their child is born. We find that our volunteer needs to be with that family for about six months and then the family is well and truly strong enough to move on. That sort of model of volunteer support of families is fine but I know of other volunteers in programs who say that they are able to address any need in any family. I would argue against that.

In the 1970s when we were starting on the road to addressing child abuse and neglect we thought volunteers were the answer. In those days we had parent aides and we got into all sorts of strife because we left it to the parent aides to address highly needy families. They got overwhelmed. We spent more time supporting the volunteers than doing any work with the families. We should learn from that history but, sadly, we forget it all too quickly. Volunteers are great for families who need a good neighbour. Unfortunately, families that have any of those high-risk characteristics need professionals and therefore that combination is right. Volunteers alone are not the answer.

The Hon. J. F. RYAN: Mr Spence, referring to permanency for State wards, are there any new steps that we need to take or potentially useful things that we could do to restructure the form of substitute care to make it more permanent for the kids that are in, as I understand it, up to 21 placements sometimes in their childhood?

Mr SPENCE: There is a range of things that could be done and should be done. I believe it still is the case that for many children and young people in care basic case planning is still not done in a systematic, routine and professional manner. There are a lot of ad hoc decisions made for children and young people in care. Because there is such a shortage of placements, children and young people are often placed in far from ideal but expedient placements. Then the carer runs into difficulty and finds he cannot manage the child's behaviour and the placement breaks down. Very often the behaviour of the children and young people deteriorates and it becomes even more difficult to place them again.

Certainly a range of measures needs to be taken to improve proper case planning. A lot more care needs to be taken in the way foster parents are assessed and appropriately matched with children and young people. As indicated in response to an earlier question, the degree of difficulty of behaviour that some carers are having to manage requires foster parents and youth workers in residential facilities to have much more training. In many respects we have to professionalise their role by providing much more training, education and intensive support. I think the reliance in the past on people's goodwill and good nature is proving not to be adequate.

The Hon. J. F. RYAN: Has there been a trend as to the likelihood of people to take foster placements? There is an increased likelihood of both members of a two-parent family to be working and a tendency for most people to minimise the size of their families. They tend to think that the idea of taking on more is not such a great idea. Does that affect the availability of foster parents?

Mr SPENCE: Yes, it does—and for the reasons you have mentioned. All of the agencies and the Department of Community Services report much greater difficulty recruiting foster parents nowadays than they did five, 10 or certainly 15 years ago. We have great difficulty getting the numbers of carers. Their recruitment efforts—and some of them have been quite widespread and sophisticated—are not getting the numbers of carers to come forward that we need, so there is certainly a decline in the availability of foster carers.

The Hon. J. F. RYAN: At the moment, as I understand it, the majority of kids in substitute care are with foster families.

Mr SPENCE: That is right.

The Hon. J. F. RYAN: Can you see a time when that will be reversed?

Mr SPENCE: I think we will always rely on families and individuals to a large measure to care for children and young people but what I think we are likely to see—and what we are already seeing—is that we will be required to pay much more substantial amounts of money and we will be required to provide much more intensive support and training so the distinction between a private foster carer looking after a child in his or her own home on a voluntary basis and a paid youth worker is becoming very much less apparent. In some cases we are paying people substantial sums of money to look after difficult children in their homes.

The Hon. J. F. RYAN: Almost like a profession?

Mr SPENCE: Yes.

The Hon. J. F. RYAN: When you made your submission to the Committee you did not seem to have a list of things you wanted the Committee to address itself to other than the fact that you said it was necessary for any crime prevention program to have special regard to State wards. Would you like to try a shopping list or is it not possible?

CHAIR: Or, alternatively, you can submit any supplementary remarks in writing later.

Mr SPENCE: I think it is inevitable that the substitute care system will need a substantial injection of resources if it is going to come up to anything like an adequate level of professional planning, et cetera. We need to make greater use of the available research also in focusing on those children and young people who have had multiple placements. In other words, it is not difficult to identify who those individuals are and I think we need to be much smarter in the way we direct resources to those children and young people who have already had three or four or more placements and to put much more intensive intervention into those children and young people to prevent further escalation out to the 20-plus placements that you referred to. Beyond that, there would be a whole raft of measures of substitute care we would need to introduce.

The Hon. J. F. RYAN: Is there any tendency to look at the possibility of patching up the biological family better as a means of avoiding substitute care as an option down the track?

Mr SPENCE: Undoubtedly we have to do that. I certainly would not want my presentation to suggest that we should start pouring more and more into substitute care without addressing preventive services, and I hope Mr Ford's presentation has emphasised that part of the equation. But I think it is inevitable that for the foreseeable future there will be a group of children and young people who cannot live with their own families. We do not see anywhere in the world any comparable country being able to eliminate a proportion roughly equivalent of our own of an in-care population. So, if we accept we are going to have 3,000, 4,000 or 5,000 children in this State in substitute care at any point in time, we need to exercise our duty of care much more diligently than has been the case so far.

The Hon. J. F. RYAN: Mr Ford, you had a list of things that you referred to as indicators of children at high risk. I think you used the expression "we know the families that fall into this category". I did not understand who you meant by "we". Were you referring to the public agencies? Are there families who are easy to identify even before a child is born who fall into the high-risk categories or is it that we have had so much multiple interaction with dysfunctional families we know what we are likely to find when one emerges? Are they really that easy to predict?

Mr FORD: Yes.

The Hon. J. F. RYAN: By whom?

Mr FORD: Professionals in the maternity system and the early childhood systems are very adept at being able to identify the families that are needing help early on. There will always be a fuzzy line between those who may or may not, but there are many families who do need help and that are clearly identifiable. Some long-term research studies have been done, particularly in New Zealand, in an attempt to get some screening tools developed to identify these families. It almost matches exactly the clinical skill of the staff involved. I said "we" meaning the professional community at that point. I think there is quite a large amount of knowledge now available which means we are able to identify the families that may well need help. It is not saying necessarily that their children will end up in a bad situation but that they do need help and support, and if we can address that and give them a proper

turnaround there is a real chance. If we leave it, we know what happens when nothing is done.

The Hon. J. F. RYAN: Is it possible that there are people who are professionals who identify these families but, to the best of my knowledge, there is not a great deal of need or facility for these professionals to communicate with each other? For example, when a mother gives birth she tends to be in hospital for a short period. She may see her GP or a series of GPs but if it is a dysfunctional family it is possible it will not be making as much contact with professionals as we might otherwise hope.

Mr FORD: That is right.

The Hon. J. F. RYAN: So what sorts of systems do you envisage, if you are going to target families at risk, as to how that information might come together so the agency that will do the targeting for these programs will in fact know?

Mr FORD: It involves making sure that the people who are at the coalface, who have the contact with these families, like the GPs and the casualty and maternity hospitals, are well trained in identifying the risk features and being alert to them. We are all very alert to wanting to cover our heads from these families many times over. Training is important. There are also initiatives such as the Families First program, where you have groups of trained nurses doing home visiting. For more serious problems you have multidisciplinary teams home visiting. I would see those sorts of interventions as being very appropriate. They are the very things we do, and we know they work. We know they can actually turn around families. At the same time I would have to say it will also bring out of the woodwork some of the families that will end up in substitute care.

The Hon. J. F. RYAN: In the Families First initiative, for example, we have a team of individuals who will be doing home visiting, but to the best of my knowledge I do not know that they would have immediate contact—if you wanted visitation to occur quickly—with at-risk families. There may not be the immediate ability for doctors and nurses and the whole diverse range of professionals to make contact with them. It may not need to be a bureaucracy but there may be a need for some means so that people are trained to get into the habit of reporting risk factors somewhere so that someone directs attention to them. Would you see that as being an important part of an early intervention program or do you think the current informal arrangements are sufficient?

Mr FORD: It is a difficult one—you do not want to start stigmatising families and making them afraid to get preventive help. Again, I can only rest on our experience of building up close relationships with the maternity hospitals and the early childhood system. When they trust you as a working professional they will say it in a way that is able to encourage a family to come along, and by home visiting and reaching out to them you can then make contact. There can be those sorts of informal contacts. If people committed to that system do that well, it can work very well to prevent people getting into more formal systems with more serious consequences when things go wrong. It comes down to good practice. We can try to be prescriptive but it will not actually turn it around all the time.

The Hon. P. BREEN: Mr Spence, you mentioned that children in care who move more than three times experience significant relationship problems. You then went on to give a very good example of somebody you knew who had been in the one place for 3 years and in that situation had the benefit of contact and some kind of bonding with the social worker. Are you able to say what situation that person was in?

Mr SPENCE: That was a small group home. It was a residential care unit with four or five young people and a team of rostered youth workers. We were fortunate—in fact, it was more than

fortunate—as we worked very hard to maintain a consistent group of staff and were able to put in some very intensive work with those young people. That was a young person who had had certainly many more than three placements by the time he was 12 and went to Renwick. He had had multiple placements and foster care and residential care, as well as bouncing around within his own birth family.

The Hon. P. BREEN: So Renwick was the group home?

Mr SPENCE: No, I am sorry. His early history with his own family was quite traumatic. He then had a series of foster placements and various residential care units which, for various reasons, failed. He then went to a large establishment run at that time by the Department of Community Services called Renwick which was in the Southern Highlands. That was then closed as part of a deinstitutionalisation process in 1994. It was then that I first met him, when he moved to the agency that I was then involved with—Centacare—where he was placed in the community in a small group home.

The Hon. J. HATZISTERGOS: Can you tell the Committee the difference between the group home accommodation and substitute care in terms of foster care families? Have you evaluated the relevant criteria by which an agency might make decisions as to which one is more appropriate for a young person and what are the relative successes, strengths and weaknesses of those two systems?

Mr SPENCE: In terms of the practice currently, sadly decisions are not really based on those kinds of considerations but on what is available. One would be extremely lucky at this point in time to find a placement for a 10-year-old or 12-year-old who needs care because there is such a shortage of placements. Unfortunately, decisions of where children go at the moment are largely based on what is available rather than what is best for them. In terms of whether there is evidence to support one form of care over another, there is not really anything definitive on that score. There is a very strong view which does have some support from the research that for young children—that is, under the age of 10—family-style care, namely foster care, is infinitely preferable because that allows the development of parental ties and/or substitute parental ties in the case of foster care, which are very important to their development.

We have seen a number of programs in recent years that are trying to develop more effective teenage foster care models, which are sometimes more akin to a supported lodging arrangement in terms of trying not necessarily to convince a 15-year-old that he or she needs a new mum or dad but give them a private household in which they can live with support and supervision. There is experimentation with teenage fostering models. ACWA for a number of years has argued that we need a mix of foster care and residential care facilities, residential care facilities usually being small units of no more than four or five children and young people living together in a group environment.

The Hon. J. HATZISTERGOS: Are you familiar with the Stretch-a-Family proposal?

Mr SPENCE: Yes.

The Hon. J. HATZISTERGOS: What does that involve and how successful is it?

Mr SPENCE: That is an organisation which runs several forms of care for young people and is very well regarded. It includes a teenage foster care program and a group home environment.

The Hon. J. HATZISTERGOS: Are those group homes located in special locations or could they be located anywhere?

Mr SPENCE: They have had particular difficulties finding a location. One of the reasons which

I did not mention for the disruptions is the fact that sometimes local communities force out some of the group homes. Stretch-a-Family's experience has been that they encounter community opposition while seeking to establish a group home in a residential area, even though in my view they are a particularly well-run service.

The Hon. J. HATZISTERGOS: Community opposition based on what?

Mr SPENCE: On the local neighbourhood—

The Hon. J. HATZISTERGOS: Feels it is going to be robbed or something?

Mr SPENCE: Yes.

The Hon. J. HATZISTERGOS: There is a Stretch-a-Family home around the corner from my parents' place and it is not a problem at all.

(The witnesses withdrew)

ALLAN WILLIAM RICE, Executive Director, Early Childhood and Primary Education, Department of Education and Training, 35 Bridge Street, Sydney,

ELIZABETH ANNE STARR, Acting Co-ordinator, Schools as Community Centres Program, Early Learning Unit, Department of Education and Training, 3A Smalls Road, Ryde, and

JO GAI FLETCHER, Facilitator, Connect Redfern Community Centre, c/- Redfern Public School, George Street, Redfern, sworn and examined:

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

Dr RICE: Yes.

Ms STARR: Yes.

Ms FLETCHER: Yes.

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

Dr RICE: Yes.

Ms STARR: Yes.

Ms FLETCHER: Yes.

CHAIR: Dr Rice, would you briefly outline your qualifications and experience as they are relevant to the terms of reference for the inquiry?

Dr RICE: I have experience in the management of early childhood programs in the Department of Education and Training, experience in community development activities both with the department and external to the department, and some quite a few years experience in general management, budgets and so forth.

CHAIR: The department has provided a written submission to the Committee. Do you wish that submission to be included as part of your sworn evidence?

Dr RICE: Yes. We have provided firstly some material for the consideration of the Committee today but the department will be putting in a formal submission to a number of terms of reference and we will include material in that also.

CHAIR: Ms Starr, would you briefly outline your qualifications and experience as they are relevant to the terms of reference of this inquiry?

Ms STARR: I have worked as part of the early learning team now for a number of years in the capacity of co-ordinator of two community-based programs, firstly as the co-ordinator of the parents as teachers program, which is a home visiting program to support parents of young children from zero to three, and now as co-ordinator of the Schools as Community Centres program where I support the facilitators in the field and work with the steering committee.

CHAIR: I assume that you rely on the written submission to which Dr Rice has referred already?

Ms STARR: Yes.

CHAIR: Ms Fletcher, would you please outline your qualifications and experience as they are relevant to the terms of reference of this inquiry?

Ms FLETCHER: For the past four years I have been working as facilitator at Connect Redfern Community Centre developing project initiatives within the community.

CHAIR: I assume that you also rely on the written submission referred to by Dr Rice?

Ms FLETCHER: Yes.

CHAIR: Each of you may address the Committee if you wish and the Committee will then ask you a series of questions. Dr Rice, would you like to start?

Dr RICE: Yes. I had planned to give a short overview of the program but to make the program practical I thought we would then refer to the Redfern program and to some of the other initiatives at other programs across the State. I shall make some brief remarks about the initiative. The Schools as Community Centres program has been a very prominent program not only in our department but in the departments with which we share, that is, it involves co-operation with the Department of Community Services, the Department of Health and the Department of Housing and in its operation it involves the Police Service, other non-government agencies, particularly local government services, and at times even other kinds of voluntary services that come to assist with programs.

The rationale for the program went back to a report in 1989. The committee of review of New South Wales schools put forward a tentative proposal about a project prior to school that would enable communities to undertake some form of community development activity with a focus on preventing disadvantage for children when they come into school. It was really focused on the first five years prior to school but was using the school as the centre for that particular activity. To ensure that there was partnership with the community, and that followed through into transition to school, it involved integrated activities with a range of departments that were to provide services to that community.

The program currently operates in six centres: Redfern, Chertsey on the Central Coast, Curran in Macquarie Fields, Coonamble, Kelso and Kempsey West, where it serves both the Kempsey South and Kempsey West communities. The initiative has been recognised in a number of publications. It initially was developed to prevent educational disadvantage but the benefits of this type of community activity are much broader and I understand it is recommended in the report from the Drug Summit that has just been brought down and also in the national crime prevention document.

There are some features of the program that are worth noting. The first is that it is a whole-of-government approach to addressing issues within a community. When I speak of the four lead agencies, they are providing the funding for the current six sites that operate. It develops very strong partnerships with parents so that the issues that the program seek to address are raised as needs, issues or gaps from within a local community. It is a prevention program with an early intervention focus for the younger children and for families who are connected with that local area. It links with the child's transition to school and at the same time it provides increased access to services through linking them with a range of agencies. There is a local community advisory committee and a local committee of agencies who work with the local community in putting programs together on the ground.

A facilitator is appointed to each centre. That person has broader skills than are normally seen in teachers and has a community development role—working with the community, the school and other agencies. It is moving towards a concept of a full service school so that there are more services than schools would normally offer to the community. The document that is in the folder lists the goals of the programs. I will not go through those. Importantly, community involvement is promoted through the committees and the structures, and through interaction with other agencies we gain services. More particularly, there is the opportunity to identify people within the community by referral from the community, the school and other agencies, and they are encouraged to be part of the programs. It is a broader program than the types of initiatives that are developed. To give you a feel for a program on the ground I will introduce the Connect Redfern program.

Ms FLETCHER: This slide shows the site of Connect Redfern at Redfern Public School, which was built in 1878. Redfern has a high percentage of public housing, which you can see in the background. The student population comes from families which live in public housing. Currently, we only have a small student population of about 120 children. All the inner-city school numbers are dropping. About 62 per cent are Aboriginal or Torres Strait Islanders, about 35 per cent are from non-English speaking backgrounds and a small percentage are Anglo-Australian. I work not only in the Redfern community but also in the neighbouring suburb of Waterloo. An average of about 15,000 people live within those two suburbs.

This slide shows a couple of photographs of the site within the school. I have a large room to which anyone in the local community can come along. However, I have found that particularly within the Aboriginal community that the school is not one of the places that people want to be seen, much of the reason being their own experience within the education system. Therefore, I go out of the school quite a bit and meet people on the street or in other community services where people are living or gathering.

As Alan mentioned, each site has a management committee. This slide shows Connect Redfern's management committee. Senior personnel are represented from the four participating departments. The local commander of Redfern police has also been included because a lot of our community have a great deal of involvement at the local police station and, also, the local commander would like to improve community relations. The school principal is also on the committee. The Aboriginal co-ordinator and a few extra people from Central Sydney Area Health have also come on board.

The role of the management committee is to endorse any of Connect Redfern's project initiatives and additional funding, if needed for any of the initiatives, from the individual departments at the local level. If funding is needed for a particular project in which all four departments are involved, the people at that level are able to look at their own budgets and decide whether some of their resources can be put into the project. The management committee meets four times a year, once every school term.

The project team, which is more the grassroots level, is represented by local workers in the area from government and non-government organisations, people who are involved in the early childhood area. As you can see, a range of people come in. Our Aboriginal high school liaison officer comes from the department, there are clinical nurse specialists from the early childhood centres, and there are preschool teachers or directors and co-ordinators of child-care centres. Speech pathologists come from the local community health centre, as well as a school nurse. In the beginning we had local community members but they were feeling not as comfortable in the group with professional people. So they prefer to meet separately on a much more informal basis.

As I mentioned, as a quick run-down on the profile of the community, we have Aboriginals, people of non-English speaking background and Anglo-Australians. A small community of Aboriginal

people come from a range of Aboriginal communities from around urban areas and rural areas coming into the city. It is an itinerant population that move in and out of the area, go up to the country and then come back. The majority of the community live in the public housing that is available in the area, and a lot of the children come from single-parent families. More than 50 per cent of the households are without private transport, many of the households do not have phones and many are low-income households with high and long-term unemployment.

As to the services in the area, there are many early childhood services. The facilitators at other services found that very limited services were available and had to develop their own on site. My role has been to link the services that already exist, so that there was not any duplication. Some of the issues that the project team has discussed, as well as talking with the local community, are long-term unemployment, poverty, crime and a high level of domestic violence. Redfern has a high notification rate for child abuse. There is limited child care for our local people, which tends to be more for the employed population. There are often long waiting lists for community health needs, and particularly around Redfern over the last few years there has been a fear about physical safety and security. We have quite a few elderly people in the area who fear for their own safety. Services are having difficulty finding the availability of resources and funds for the projects they would like to run.

Some of the projects that Connect Redfern has been involved with are a Kids for Kindy transition program and training programs for early childhood workers. We are running initiatives that are for children aged up to five years, for their parents and families, and for the workers who work with those families. It seems to be working very well targeting all those different areas. The area also holds many community festivals. We find that the Redfern-Waterloo community members like to have events so that they can come together and basically be anonymous. There may be up to 1,000 people at an event. They can remain anonymous but collect information that is available at the festival, take it away and use it as they wish. They feel if they were to come into the school to Connect Redfern they would be identified. Other community members would see them coming in, so I find it is a lot better if I go out into the community.

The last few slides show some of the initiatives that have been held. We have had several open days so that people know that Connect Redfern is open to families with children under five years of age. We have provided a whole range of activities and information and other agencies were invited to come along to promote their service. We also have two playgroup promotions in the park per year, which is where professionals come along. Hearing and visual screening is provided and community services such as the fire brigade, mounted police and local police officers come along to talk with the community. This slide shows our Kids for Kindy transition program which assists children from preschool and the early childhood area moving into the school environment.

CHAIR: Ms Starr, do you wish to add anything?

Ms STARR: Yes. In the folders I have prepared there is a section on the project initiatives. I have included two specific profiles of projects that are operating at Redfern, which give you information in greater detail. I have included the facilitator's report that was given to the local management committee at Chertsey community interagency last week, to give you an idea of the current number of programs and participants that are involved in those programs on the Central Coast. I have also included from our evaluation report an overview of the initiatives that were happening in each of the four centres which were part of the pilot project when the program was evaluated in 1997.

I have also included the booklet with the yellow cover, which is another example of a project initiative from Redfern targeting workers in the community. Jo was co-ordinating, but she was also working with other community services to identify the range of services so that everyone knows what everyone else is doing and there is better co-ordination and collaboration. I was going to talk briefly

about how the facilitators go about identifying their projects, and to emphasise that if you visited each of those six centres you would see six very different programs. They truly reflect the needs of the community and the issues. The image that Jo is creating at Redfern would be very different to what you would see and hear when you visited one of the other sites.

When the facilitators sit down with their committees to talk about projects they have to be very clear and mindful about their target group. It is easy to become very excited about what we can do for our community. But our target group are families with children up to the age of five years. We are targeting those children, their families and community workers. Does the project relate to our program objectives? We have clearly defined objectives, which are listed there. We have to make sure that we are not going off on tangents, that our projects always come back to what we are trying to achieve, that is, the objectives that have been identified.

It is important that our projects relate to the needs that have been identified by the community, not what I think is a good idea. It is a collaborative and co-operative decision-making process. Also, a project has to be seen to be a priority within the community. There has to be a great deal of discussion, negotiation and collaboration throughout this process. Each of the facilitators in working with their teams has to develop a management plan. The needs of the community are identified within the management plan and, again, projects need to relate to that. We have to look at what the funding and resource implications are for these projects. We have to be able to manage these projects within existing resources. A finite amount of money is available and we have to be realistic when we go about identifying what we can realistically do for the community.

The projects have to be endorsed by a management committee, which Jo mentioned. Again, we must be involved in constant monitoring and evaluation of our projects to determine whether or not they are being effective. It is very easy to let something go on year after year and assume it is being effective. Obviously, it is hard to evaluate some of the projects and the issues that we work on together. When we looked at the projects or program initiatives we found that they roughly fell into four categories: projects supporting children, projects supporting families, projects supporting workers in the community and projects supporting the community in general. I just grouped them to give you an example of how that breaks down. We found that that is a convenient way to look at these projects and to keep us on track in targeting projects for the community.

CHAIR: This morning we heard evidence from Professor Ross Homel of the School of Criminology and Criminal Justice at Griffith University. You will be aware that this Committee is inquiring into the social means of preventing crime. Professor Homel indicated that in his view three useful things can be done: parent education, home visiting and school-based programs. Am I be correct in thinking that you see the schools as community centres program as at least partly fulfilling the two objectives of parent education and school-based programs to assist children?

Dr RICE: Yes. I am aware that you heard from Professor Homel earlier today. I did a little research in terms of the whole range of programs. I am sure Professor Homel presented them to you and emphasised the importance of investment in this area. We would agree with you on the two areas of parenting and school-based community programs. We see the program primarily as being a community social development project. Professor Homel's research included a list of at-risk factors relating to families, children, schools and the community in general. I believe that the risk factors are clearly isolated in the types of programs that are developed.

We attempt to build those risk factors into our programs—although it is not quite as explicit as you saw in the way they developed—in the sense that we seek to provide protection to children so that they become more resilient and can address issues that arise. In relation to the home visiting aspects, an

interesting development is that Families First has co-located at Curran an officer concerned with home visiting so that our program, while it has its dimensions, is supporting the additional initiative. Another officer is co-located at Kempsey West. Those officers work closely with the community development strategy, adding that extra element to it.

CHAIR: Ms Fletcher referred in her initial remarks to the Aboriginal community at Redfern as not wanting to be seen at the school. Is that because members of the Aboriginal community are overawed by a formal environment, or are there other reasons for that?

Ms FLETCHER: With the families it seems to be their own experience of school. Many of our families have not completed school, and they simply do not have any good experiences of institutions. I also find that with housing or Centrelink that is the last place they want. However, they spend a lot of time there because a lot of our community are receiving welfare benefits so they have a lot of dealings there. We have found over the four years with the school initiatives and Connect Redfern initiatives that more of the Aboriginal community are coming to the school because they feel more comfortable and more welcomed into the school.

CHAIR: One of the participating agencies is the Department of Community Services which has, admittedly many years ago, an unfortunate background regarding the stolen generation. Is that a factor? Is there any perception that they are involved or are reluctant to come along on that account?

Ms FLETCHER: It could be because they see the school as the mandatory notifiers of any child abuse that is happening. They see that the school has a connection with community services and there could be some difficulty there as well. I think those difficulties are breaking down, but it is a very slow process.

Ms STARR: I do not think it is unique to Redfern either. From my experience in working across the programs and in other centres that would be fairly typical where there is an Aboriginal community.

Ms FLETCHER: Building up that trust and a relationship.

CHAIR: Could I ask Dr Rice and/or Ms Starr a question about the role of non-government agencies? Reference has been made to a management committee. Am I correct in believing that non-government agencies are represented or have some role? If so, what is it?

Dr RICE: It has not been a prime development of the project. Initially it was in the pilot period working through government agencies, but certainly in the Coonamble area there are non-government representatives. Do you have any non-government representatives?

Ms FLETCHER: On the project team which meets on a regular basis, yes.

Dr RICE: I think they are more broadly participating in the types of initiatives that the centre offers. It is a negotiation that occurs between the team and the agency.

CHAIR: Does this program bear any relationship to the Government's Families First program? If so, can you briefly illustrate that relationship?

Dr RICE: One element of the Families First Program is community development. This initiative is viewed as one approach to community development that Families First would like to promote. At the moment it is planned to put together a policy on community development which will be overarching in relation to the types of strategies like this one. At present we collaborate closely with Families First in Curran, south-west Sydney and Kempsey with officers involved in planning and co-location of

initiatives. I understand that the directions of the program will open up additional schools as community centres as part of the project. We believe that while we are one dimension of the program we are an integral component of the directions of Families First.

CHAIR: Some rather critical evidence was given this morning regarding the general lack of evaluation of programs run by governments. Is the schools as community centres program being evaluated? If not, will it be evaluated at some stage?

Dr RICE: Yes. In the opening section of your package, where there is an overview of the program, I have included a summary of the evaluation report and I have placed on record for the Committee a copy of that report. As a pilot project we had an evaluation undertaken. The evaluation showed that we had achieved the objectives and it outlined a whole range of particular things where improvements had been affected by the program. For example, the evaluation report stated that enrolments for transition to school programs had increased significantly, so there were a lot of items at that level as well. Increased immunisation in the communities was also noted.

The evaluation identified some key success factors which will be important in our future development. Since the program was evaluated we have moved to expand to two more centres, and we are setting in place a longer term strategy to evaluate how the new initiative will develop. We have also looked at types of initiatives in relation to the at-risk factors to ensure that our programs are targeting those kinds of factors that are present in the maladaptive behaviour of young people which lead to other disadvantages at school and beyond. Evaluation is a key component.

CHAIR: I do not mean to be facetious but when I was Minister for Community Services I was asked to define "community development", and I gave a rather circular definition. Can you tell us what you believe it is?

Dr RICE: I have written down that the key idea is that by changing the community one may change the behaviour of the people who live there. The emphasis is on strengthening the social infrastructure through integrated interagency services and formal and informal networks providing opportunities for family and children and enabling residents to address issues of local concern. I then mention advocacy and direct access to services. In our project there is a focus on at-risk communities and, within that, on at-risk families.

CHAIR: I take it that I would not be mistaken in assuming that a generalised objective of the program might be to prevent offending behaviour?

Dr RICE: Yes.

CHAIR: Do you believe that the program will assist in that regard?

Dr RICE: Yes. The results indicate that we have achieved prevention. This is where anecdotal evidence is important. I have visited a number of schools where Aboriginal programs are in place, and I have talked with kindergarten teachers. The response is that the students are better prepared for school and the programs have brought families into closer linkage with the school. For example, The Transition to School program which is operating at Coonamble Public School is being implemented now at Boggabilla Central School. Boggabilla does not participate in the Schools As Community Centres program but the transition initiative has been embraced by the community and it is having noticeable positive effects on the preparedness of young Aboriginal children enrolling at school. At Boggabilla and Coonamble the program had placed children 12 months ahead of where they may have been. That evidence, plus our report, suggests that such initiatives are important in strengthening

students' preparation for school.

The Hon. J. HATZISTERGOS: Is this mainly a project targeted at the Aboriginal community?

Ms FLETCHER: No.

The Hon. J. HATZISTERGOS: It is across the board, is it?

Ms FLETCHER: Yes.

The Hon. J. HATZISTERGOS: Is it just being piloted at the moment?

Ms FLETCHER: It was piloted for a couple of years from mid-1995 and then evaluated. It has now gone into an actual program.

The Hon. J. HATZISTERGOS: Who funds it?

Ms STARR: It is jointly funded by education, community services, health and housing.

The Hon. J. HATZISTERGOS: What is the capacity for it to be expanded?

Ms STARR: The capacity would be limited by the funding that is available.

The Hon. J. HATZISTERGOS: How were the existing locations selected?

Dr RICE: They were nominated for disadvantage by the different departments and selected to ensure that a proper pilot program was in place. The latter two were nominated on the basis of planned expansion of the Families First initiative.

The Hon. J. HATZISTERGOS: I am sorry, I thought you said that the program has already been piloted. Are you suggesting that it is still being piloted?

Dr RICE: No. The pilot program ended in 1997 and we are now increasing the project where possible.

Ms STARR: It is important that the program be seen as being for all families. While we are targeting disadvantaged communities, the program is a universal program for all families in that community. Anyone who walks through the door seeking information, support, access to services or participation in an activity is not labelled as an Aborigine or a person at risk involved in a child protection issue.

The Hon. J. HATZISTERGOS: There is a lot more available in Redfern than when I was a young boy.

Ms FLETCHER: The thing is to find all the different services.

The Hon. J. HATZISTERGOS: I have read your material about all the services that are available. I still have family who live in the area so I visit there quite a lot and see what is going on. It is a very intensive range of services.

CHAIR: Have you had many negative reactions, not only in Redfern but anywhere, evidencing

the feelings that parents might feel stigmatised in any way? Is there any incidence of that, or is the feedback largely positive?

Dr RICE: It has been positive, yes. Community initiatives tend to take charge of the way in which the project is developed. For example, at Coonamble the community, in a broader sense, with the local government set about putting in place a community park. That development enabled a lot of other initiatives to spin off. It brought closer together the Aboriginal community with other residents of the town. Specific programs from that collaboration were brought into place as a result. At Curran a network has been formed to improve nutrition and healthy living. Part of that was the community working together to purchase vegetables at a cheaper rate. That, in itself, was a broad endeavour. A lot of people participated in it. At the coalface it enabled groups of people to meet and talk about what was necessary in the upbringing of a child in terms of healthy food and healthy exercise. Nutrition and physical activities were generated through it.

The Hon. J. HATZISTERGOS: This morning we heard from Professor Homol that his view is that you need to provide support at different stages. For example, from birth and then the transition to school, then from primary school to high school. Your program seems to concentrate on early intervention. Have you any proposal, or are you aware of any proposal, or is any scheme in place that looks at transition at later stages?

Dr RICE: There are programs that operate with older children. It is a similar concept, but adapted to the particular level of need. This program took as its emphasis, as you rightly point out, the first five years. We are using early intervention in the literal sense there, because it is intervening with families with young children. I would agree with Professor Homol that early intervention ought to apply at any stage when a problem begins to emerge. There should be a mechanism to address the problem at that point. We have maintained our focus on that younger period because of its link with transition to school, which is another program we are developing, and to ensure a stronger beginning for students when they first come in to school. You could argue, as you have, for better programs to assist students as they move into the secondary school. That would be appropriate as well. At this stage we have discussed it, but we do not have a program to demonstrate.

The Hon. J. HATZISTERGOS: Are you still following through with people, even when they are in primary school, to see what happens?

Dr RICE: Yes.

Ms STARR: I think it is still too early. Many of the children of those families would just be entering their first year of school. Most of the centres are just starting to see a turnover of the families that have been involved from the initial stage. Those children would be moving into school now.

The Hon. J. HATZISTERGOS: Is it your intention to continue to monitor those people?

Ms STARR: It certainly would be worthwhile, and that is something we would look at in terms of evaluation.

Ms FLETCHER: School attendance was a major concern for the Redfern community. Children were not attending school on a daily basis and they were arriving at school at 10.30 a.m. or 11.00 a.m. We have done a shift around there and I have been monitoring the attendance at school of each child who has been involved with either our morning bus service or our Kids for Kindy transition program

The Hon. P. BREEN: Do you find that everyone in the community who would like to take

advantage of your program can do so, or are you touching only a small section of the community and others are left wondering how they can get into the program?

Ms FLETCHER: We touch quite a deal of the community through our community events, that is where people feel most comfortable. Then they have the choice to join. If it is parenting information or a more specific program we might limit the number of families that come into it, but our larger community events that are held in open public space are accessed by a wide range of the community.

The Hon. P. BREEN: Are the people who come into the program those in the community who are most in need, or is there no definition as to who they are?

Ms FLETCHER: Again, there is a great range of the needs within the community, but we realise that a section of the community is not accessing Connect Redfern or other services in the area, and they are the ones who are really hard to get to. It is difficult to find out who they are, where they are and why they are not accessing any of the services.

Ms STARR: The so-called hard-to-reach group and how to reach them is a problem for all service providers. The longer these programs are in the community, and credibility and trust are built up within the community, some of those people at some stage may access the service.

Dr RICE: One of our surveys showed that 1100 families linked to the four initial centres, which digs pretty deeply across the community.

The Hon. J. F. RYAN: I recognise that it is funded from a variety of agencies, but what would be the approximate budget of each program in each area?

Dr RICE: The overall budget was \$500,000, which was put in by the four departments. An additional amount of funding was made available for initiatives at the centre. At the local level funding is obtained through the departments, through grants that are obtained through initiatives, and it is quite a variable amount depending on the level of initiatives. A fair amount of the local effort is provided through the involvement of government employees participating in a program at a site. They provide their time and their expertise to meet particular local needs.

Ms STARR: The day-to-day running costs of a centre is about \$10,000 per year.

The Hon. J. F. RYAN: The \$500,000 largely pays for the co-ordinators, I suppose?

Dr RICE: Yes, that is correct.

The Hon. J. F. RYAN: When you have to fund something like that bus run, what do you do? How did you negotiate your way through all the difficulties that pertain to the requirements of the Department of Transport before you can apply for a bus pass and so on? How did you get through all that nightmare?

Ms FLETCHER: Slowly, and we are still doing it. At the moment there is no bus service, but we are negotiating with Variety Club. We have done fundraising. People who have become involved have links within the corporate sector. We have received funding from Aboriginal Affairs, the steering committee, and the police. The local council has come to the party to see how it can support the project. We have passed all the requirements for the Department of Transport, which is waiting for us to get the bus and then we can get the program running again. I have trained up as a driver and we have other drivers in the area. We are trying to train up community drivers.

The Hon. J. F. RYAN: When you say "again", you have had it running at some other stage?

Ms FLETCHER: Yes. A bus was donated to us by the local high school. It was run on a very low budget with me being one of the drivers on a daily basis, so there was no cost there. We had another driver who did it two days a week.

The Hon. J. F. RYAN: How will you determine whether you can establish this program in other sites in metropolitan Sydney or country New South Wales? Is it limited now to the half-dozen projects that exist, or is it capable of being expanded?

Dr RICE: The network of programs could be expanded. We believe there will be additional sites through the original planning for Families First. We are the lead agency, so on behalf of the Families First initiative we would put in place a process of recruitment, refurbishment of a facility in a school, train the facilitator and all the necessary collaborative discussions with the other departments and the community about the project. The departments have identified a range of communities in which this initiative could be located, and we have received many letters from communities that want the program to be part of their local operation. It is now a question of moving forward at a rate that we can manage and ensure quality control and quality assurance.

The Hon. J. F. RYAN: A lot of other areas have a community development program funded through the area assistance program, local councils and so on. It sounds to me that by delivering that program through a school, when you happen to be in a situation where a large number of the community are connected to the school, is a better way of delivering the program. Has there been a suggestion about moving some of those people into schools, therefore using available resources? It is not as though community development programs have never been run before. It seems that the unique feature of this program is that it is run outside of a school and because people in a community who tend to need this are associated with a school, suddenly the links are there.

Dr RICE: Your point is taken. Our director-general made a commitment to schools being much more prominent in the delivery of services to the community, and our schools, therefore, are available. Not all of them have space, but in many cases the space is available and the commitment is there to ensure that kind of program meets the needs. We have worked closely at this point with the Good Beginnings program to ensure that that program, operating out of Lewisham Public School, meets the needs of that local community. We have worked closely to integrate it into the operation of the school. That is an example of how your concept works.

The Hon. J. F. RYAN: Does it have any relationship whatsoever to the former Disadvantaged Schools program?

Dr RICE: No.

The Hon. J. F. RYAN: It is a separate initiative?

Dr RICE: It is a separate issue. The Disadvantaged Schools program was aimed at programs operating above kindergarten within a school.

CHAIR: Should any further expansion or proliferation of the program await evaluation, or do you feel that it has been proved to a sufficient degree to warrant expansion?

Dr RICE: I believe that we have the evidence and the runs are on the board for the initiative.

Expansion should be planned to ensure that proper training and quality assurance measures are in place. I believe it can make a contribution to communities and to the issues that your Committee is addressing.

Ms STARR: The evaluation clearly identified key features of the program, which have contributed towards the success of the programs. It is essential in any expansion of the program that we do not water down those factors and dilute the model, because we have identified the key factors. It would be very easy in an attempt to save money or cut corners to incorporate just a few of the features of the Schools as Community Centres. We need to be very mindful in the planning process that we address all the areas that have been identified.

The Hon. J. HATZISTERGOS: This project seems to have a very big emphasis on bonding the community, on bringing the community together through this network you are able to establish through all these other agencies. Does any aspect of the program provide assistance to deal specifically with parenting at an individual level?

Ms STARR: When the various committees meet at the local level to determine the needs all the gaps in services for families, it may be that parenting is a significant issue in a specific community. It then becomes the task of the advisory committee to work out what strategies, programs or services can be put in place to meet those needs. Because Ms Fletcher's project is a little bit different in that most of her work is outside of the centre in working across the community, the other five programs are very much centre based and run many, varied programs out of those centres, many of which will address specifically parenting issues. Some of them are direct, face-to-face with parents; others involve training workers to implement programs that are directed towards parenting education across the community.

Dr RICE: We also have a program called Parents as Teachers, which is not the subject of our meeting here, but that program, which is located in 10 centres across the State, provides a parenting program with home visiting for parents with children up to three years. Many of the parents who are referred to that program come from the Department of Community Services, the Department of Health, or local doctors, and they are parents at risk. It is a broader program, again bringing together other young families within the community, but its focus is on ensuring group activities and home visiting to address issues that parents have raised about children.

CHAIR: Is it possible, rather than prolonging the hearing too much today, for you to provide a brief synopsis to the Committee regarding what I think you just described as a parents as teachers program?

Dr RICE: Yes.

CHAIR: That sounds interesting. You suggested that it involves home visiting.

Dr RICE: Yes.

CHAIR: That really is of great interest to the Committee. Could we have a synopsis of that program, which I take it is distinct from the schools as community centres program?

Dr RICE: Yes.

The Hon. J. HATZISTERGOS: I have noticed the locations that you have chosen so far for these projects. Have you done any work with diverse communities? You seem to have a fairly heavy concentration of Aboriginal people. If you have a community that is ethically and culturally diverse have you done projects, or do you know how you would approach such a community, in particular,

getting people to participate in a project, bearing in mind their varied attitudes to matters of this kind? Have you thought about it?

Ms FLETCHER: Redfern has quite a diverse community. The Aboriginal and non-English speaking community is increasing by the day. We have a high Russian population, Turkish, Spanish, Greek and Italian speaking people and a high Vietnamese and Chinese population. Within a small area it is quite concentrated and diverse and they have been involved, but it has taken a bit longer, maybe also because of the language barrier.

Ms STARR: There are other issues that we would need to look at in planning for areas that are culturally diverse. Just to pick up on the parents as teachers program, we have a centre located at Punchbowl which has a large non-English speaking background population and a high proportion of Arabic, Vietnamese, Korean and Indian families. The centre is based at Punchbowl Public School. There is a lot of activity to incorporate all the community within the school. The person working with families in the parents as teachers program works with interpreters. We have also had materials for families on child development translated into four different languages. So, with proper planning, it is possible to work across a range of different ethnic communities.

(The witnesses withdrew.)

(The Committee adjourned at 4.20 p.m.)