

REPORT

OF

**THE COMMUNITY WELFARE ADVISORY COMMITTEE
FOR YOUTH ASSESSMENT AND TRAINING CENTRES
IN SOUTH AUSTRALIA**

JULY, 1977

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✓ **REPORT**

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ACQUISITIONS

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IN SOUTH AUSTRALIA

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COMMUNITY WELFARE ADVISORY COMMITTEE FOR YOUTH ASSESSMENT AND TRAINING CENTRES IN S.A.

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The Hon. R.G. Payne, M.P.,
Minister of Community Welfare,
G.R.E. Building,
50 Grenfell Street,
ADELAIDE. 5000

Dear Mr. Payne,

On behalf of the members of the Committee, I have pleasure in presenting the final report of the Community Welfare Advisory Committee for Youth Assessment and Training Centres in South Australia.

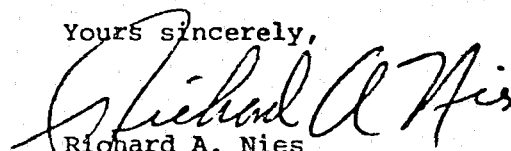
From the outset of and on several occasions during our investigations it came to our attention that a number of the staff in the Department as well as Press comments expressed the opinion that the Committee was either a 'white wash' operation, or that no matter what it might recommend nothing would come of it. Understandably this has given us much concern.

We believe that we have obtained all the information needed for us to adequately respond to the terms of reference. The recommendations contained in this report are substantial and will require careful planning, money and time to put into operation. It will be evident in reading the report that they are extensively interrelated. To treat various of them separately would not only be difficult, but would seriously compromise their effectiveness. In other words, the set of recommendations are offered as a package. Accordingly, sir, we urge that they be treated seriously and as a matter of urgency to achieve a sound but early implementation.

We are aware that some changes have been implemented in the Centres in recent months, especially at McNally, but we believe that they do not in any way detract from the thrust of our comments and recommendations.

We would like to thank you for this opportunity to serve you, the Government, and the community in this important matter.

Yours sincerely,


Richard A. Nies
CHAIRMAN.

THE COMMITTEE

In July 1976, the Minister of Community Welfare in South Australia, the Honourable R.G. Payne, M.P., appointed a Community Welfare Advisory Committee comprising:

MS. P. COOKE,	Director, Community Services Training College, West Perth, W.A.
MR. P.A. FOPP,	Director, Specialist Services, Department for Community Welfare. S.A.
MR. E. McADAM,	Field Officer, Aboriginal Legal Rights Movement, S.A. (Initially MR. T. AGIUS, Field Officer, Aboriginal Legal Rights Movement, S.A.)
JUDGE L.K. NEWMAN,	Judge in the Adelaide Juvenile Court, S.A.
DR. R.A. NIES,	Head, School of Social Work, S.A.I.T., S.A.
MR. B.R. PADDICK,	Executive Officer, Residential and Treatment Services Employee Council, S.A.

The Secretary/Research Officer was MR. M. ODHAVJI, Research Assistant, Specialist Services, Department for Community Welfare.

ABSTRACT OF CONTENTS

The Report consists of 8 sections

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|-----------|--|----------------|
| Section 1 | <u>Introduction</u> , briefly indicates the work of the Committee, and the view taken vis a vis the present programmes. It also notes the need for a Master Plan with related guiding principles. | <u>Page 2</u> |
| Section 2 | <u>Prevention and After-Care</u> , presents a perspective for considering Assessment and Treatment as parts of a more inclusive concept. In particular, emphasis is placed on working with each person from his/her own sense of social reality. | <u>Page 3</u> |
| Section 3 | <u>Assessment</u> , advocates more emphasis on professional assessment as the key process, through a 'Youth Assessment Service' and including de-institutionalised and differential residential assessment facilities. | <u>Page 6</u> |
| Section 4 | <u>Treatment</u> , advocates separation of treatment facilities from residential assessment facilities, provision of de-institutionalised and alternative treatment facilities as a series of small units on a family-style cottage basis, wherever appropriate, and implementation of treatment activities commensurate with a total programme designed for each individual according to his/her own needs. Attention is drawn to the urgent need to provide adequately for on-going research on both the treatment and assessment processes. | <u>Page 13</u> |
| Section 5 | <u>Staff</u> , relates particularly to Residential Care Workers, advocating a stronger support base for them, improvement in their effectiveness and efficiency through greater participation in relevant decision-making processes, and up-grading of their status and improved training at both the information and skill development levels. | <u>Page 18</u> |
| Section 6 | <u>Security</u> , places particular emphasis on security through youth/staff relationships and through the morale of the staff. This recognises the need for a small maximum security unit for some individuals. Comments in this section are in addition to comments on security in other sections of the report. | <u>Page 29</u> |
| Section 7 | <u>Publicity</u> , acknowledges the need for a greater flow of information from the Department for Community Welfare to the public, and recommends provision for an expansion of the Community Information Service. | <u>Page 31</u> |
| Section 8 | <u>Summary of Recommendations</u> , presents a list of the recommendations contained in the report. | <u>Page 32</u> |

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THE COMMUNITY WELFARE ADVISORY COMMITTEE FOR
YOUTH ASSESSMENT AND TRAINING CENTRES IN
SOUTH AUSTRALIA

1. INTRODUCTION

This Committee commenced its proceedings in July 1976 under the following Terms of Reference.

"To report to the Minister of Community Welfare on the following matters:

1. The training facilities, programmes and security at Brookway Park, Vaughan House and McNally Youth Assessment and Training Centres.
2. Visits to the Centres by the Committee to hear staff and/or youth problems and achievements.
3. The process of public information and how to increase community awareness in relation to Training Centres.
4. To consider and recommend if any changes are needed to the system to further develop the programmes for rehabilitation of the youths under care."

During the ensuing months, the Committee received 18 written submissions, 43 oral submissions, and made 14 visits to various centres. We are satisfied that these submissions and contacts constituted a good sample, both stratified and representative, to provide sufficient information and understanding. Where necessary we sought appropriate inputs to the Committee. Throughout all these activities, members of the Committee were consistently impressed with the high level of concern of people for the welfare of youth, the dedication and devotion of staff, and the courtesy and co-operation of all persons with whom we met.

From the outset of our work, we were aware of background factors and of adverse press publicity regarding youth assessment and training in South Australia. Amongst our members are experts who are aware of alternative theoretical and applied frameworks and possible implications in relation to present local practices. In reacting to these and related matters it is essential to be aware not only of the present state of relevant knowledge, but also in areas in which there is a relative lack of knowledge. Pertaining to the latter, it is particularly essential to be aware of influences from personal biases and cultural mythologies to fill knowledge gaps. We are of the opinion that in general the present programmes of youth assessment and treatment in South Australia are commensurate with international trends in

theory and application. In all the evidence received, no one suggested otherwise. To the contrary there was consistent and general support for many aspects of the present system. What became evident to us very early was the need for refinement and further development in some areas as a matter of urgency.

It appeared to us that there is a lack of a master plan, or an ideal model, to provide guiding principles. Accordingly we recommend the immediate appointment of a professional standing committee to develop a master plan and related guiding principles for youth assessment and treatment, to oversee its implementation, and to develop and maintain an on-going monitoring of youth assessment and treatment programmes. Our comments and recommendations in this report are not meant to offer such a plan per se. However, it is hoped that they will lend themselves not only to that end but also the improvement of the immediate situation.

2. PREVENTION AND AFTER-CARE

At the inaugural meeting of the Committee the decision was made to request modification of the Fourth Term of Reference so as to allow consideration of after-care. This request was denied, constituting somewhat of a handicap for us as after-care and prevention are real issues that emerged continuously throughout our investigations. Both, however, are functionally integrated with assessment and treatment, and of necessity came into consideration. Although outside the terms of reference, the material in this section is offered primarily as perspective for subsequent comments in other sections and also for recommended action as indicated.

2.1 None of us knows the extent to which genetic factors contribute to various forms of anti-social behaviour. But whatever that contribution, it is abundantly evident that almost all youths who come under assessment and treatment are psychologically and socially deprived and therefore handicapped. That deprivation can almost always be traced directly to familial conditions and influences. Those conditions and influences are in turn compounded by conditions and influences from a variety of sources: police and their approaches to stereo-typical situations and categories of people; teachers and the educational system with its general tendency to further disadvantage the disadvantaged; news media and their devotion to pedestrian mythologies and reliance on gross labelling. In addition dominant features of our general culture add confusion for these people; e.g.

greater emphasis on leisure consumption, challenging the traditional concepts of authority and discipline; development of technology and related consumer economics, resulting in a sophisticated form of cargo cult with a decreasing sense of individual responsibility and accountability to the community.

What we have been attempting to grapple with in this exercise is often symptomatic of far-reaching community disruptions and dysfunctions more than individual problems. Therefore, we recommend that policy and related programmes at every level of government be reinforced and extended to further emphasise rehabilitation vis a vis punishment and "paying a price to society". In addition, we recommend that policy and related programmes promote the notion that the community collectively should be directly involved in the rehabilitation process and not be allowed to "fob off" to various statutory agencies who can conveniently remove the offending evidence, all for the price of the tax dollars that they don't see anyway. Characteristic of the great tendency to "fob off" is a marked paucity of community willingness, let alone actual alternatives, to contribute to either preventive or rehabilitative measures. As a significant step to encourage more community willingness and alternatives, we recommend that policy should encourage and support non-statutory agencies in providing alternative forms of rehabilitation as complementary to statutory programmes.

Implementation of a number of our recommendations will require a greater community awareness and sense of responsibility for youth rehabilitation. It can be anticipated that unless government intervention is forthcoming soon to promote such awareness and sense of responsibility, there will be considerable opposition to implementation. This in turn would be at the expense of the youth who would be denied a more effective approach to dealing with their difficulties, youth who are in need of such an approach in the first instance largely because of community factors. Too, it would encourage the community to avoid recognition 'ostrich-like' of those disruptions and dysfunctions, relying instead on the naughty boy syndrome to account for those youths.

Therefore we recommend that the State Government plan and mount in the first instance an immediate programme to marshal support for a broader community based approach to the rehabilitation of youth, and

in the second and longer term instance a programme to lead the community into tackling the more far-reaching considerations with emphasis on preventive programmes.

We were disturbed but not surprised at the disproportionately large number of Aboriginal youths under the care and control of the Minister; they are from the largest and most deprived ethnic sub-culture in Australia. In harmony with and as an extension of the other recommendations in this section we recommend that immediate steps be taken to develop procedures whereby Aboriginal communities can become formally involved in rehabilitative and preventive programmes relating to their own youths. It might be that this could be a function of an Aboriginal section within the Department for Community Welfare.

- 2.2 In the immediate situation, assessment and treatment procedures must take into account as a basis the above socio-cultural conditions. Both must start with and relate to the youth's individual sense of social reality. If adjustments to that sense of reality are to be undertaken, then they must be justified and approached in terms of the total, with an awareness of various consequences. That is, assessment is to be made and proposed courses of action formulated in terms of that total, with as clear as possible indications of alternatives and consequences. Part of any proposed course of action should be provision for after-care in cases where detention for treatment is involved. Both treatment and after-care must be meaningful to the youth to be effective.

Departmental policy regarding after-care has been presented clearly and succinctly to the Committee. In principle it has much to offer, but as practised it leaves much to be desired. This has been one of the major themes to arise in our investigations. There has been a general complaint about lack of follow-through from treatment to after-care, although some disagreement was noted as to how this follow-through should be achieved. Although it is not in our terms of reference, we cannot ignore this matter and call attention to the need to seriously review Departmental policy on after-care. In doing this we call attention to the Key Worker concept as discussed in "How can residential and field social workers co-operate?" - Social Work Today - 2/9/76 Vol. 7 No. 12.

In the following sections we will be recommending that certain measures be taken with regard to assessment and treatment. It should become

evident that if they are to be effective then after-care must be linked with them in a total programme as suggested above. We recommend that this be achieved along with the recommendations to follow, in the manner indicated with them where appropriate.

3. ASSESSMENT

The Committee understands that the present operation of youth assessment procedures commenced in 1972. We are particularly pleased that the concept of assessment behind this move was incorporated in relevant legislation. To give further significance to that concept we recommend more specific emphasis be given in policy and practice to the point of view that assessment is the key process in the chain of events that transpires during the time a youth is being considered as a recipient of a Care and Control of the Minister order, and during the whole period under control.

It is the feeling of this Committee also that serious consideration should be given to the significance of assessment during the initial stage of dealing with illegal behaviour. Assessment as the key process emphasises accurate diagnosis or evaluation, as the essential pre-requisite to any form of contemplated treatment intervention. Starting from and always in terms of the youth's sense of social reality and focusing on the youth as an individual, assessment should always be a thorough, independent and professional total evaluation of personal and environmental factors which affect the youth's behaviour, of every area of the youth's life, the youth's needs and functions in family, school, peer group and the community generally. This should be done to the highest level of quality possible before any decision is made as to any further involvement of the court and the Department in the life of that youth.

From this framework, then, assessment is to work toward a total programme as appropriate for the individual, including prescriptive and contingency details of confinement, treatment, and post-treatment (after-care). In other words, subsequent activity on behalf of and relating to the youth develops out of and takes its measure from assessment. Quite obviously, given the kinds of things to be done in the assessment process and the skills and expertise of the staff involved, it is inevitable that some initial treatment may very well transpire in the assessment process itself, but the emphasis is always on diagnosis, evaluation, analysis. This distinction at present does not seem to be sufficiently clear to a number of the Residential Care staff. The extent to which some initial treatment does take place should be clearly recognised and accounted for in the programme emanating from that assessment process.

Built into the total programme should be (i) provision for the assessment report, except for specifically identified confidential segments, to be made available to treatment and after-care staff, and (ii) procedures to facilitate appropriate systematic feedback from treatment and post-treatment staff to assessment staff so as to enable, as it were, assessment of the assessment and the total programme, to monitor effectiveness of procedures and programmes. This systematic feedback during and after treatment will not only work to refine the assessment process but will allow for consultation and possible re-assessment when new information comes to light at later stages. To the extent that this happens it should make it possible for released youths whose release programmes have broken down to go straight back into a treatment programme without having to go through assessment. In addition, lengthy remands for assessment of re-offenders should be minimised.

The individual youth is the subject of attention in the assessment process. Because it is the youth's life and social reality that are in question, he/she should be involved in working out and be consulted on the total programme as far as this is possible and appropriate.

It should never be, and never be seen to be, that assessment (and treatment) is 'doing unto'; rather it should be 'doing with'. In this relationship the relevant aspects of the programme as determined and agreed upon are to be expressed as contracts to achieve specified goals that are clearly stated so that the youth knows and understands them. In this the youth is aware, participates in decision making, and contributes to the working out of goals. It is essential that hollow threats and promises be replaced by specific identification of alternatives available and consequences of choices between them, by drawing specific lines of tolerance and the direct consequences of non-adherence. These should be quite firm, contractual arrangements so that the youth knows where he/she stands, what expectations and responsibilities (to self and others) are involved, and what would be the consequences of the various forms of response. In cases of assessment reports ordered by Court, youth should understand that these are recommendations to the Court and need to be ratified or amended by Court.

Confidential aspects of reports should be marked before the reports are made available to others, including the youth. A youth should have knowledge of what is in the report regarding him/her self except for sections marked 'confidential' or 'not for youth'. We acknowledge that there are things from time to time that are not good for the youth to know, or that assessment staff do not have the moral right to divulge, but which are

important to the whole process of responsible decision making. However, these instances should be relatively few, certainly not sufficient to compromise the principle that the youth should have access to information regarding him/her self and in terms of which major decisions are being made about his/her life. After all, it is the youth's life in question, and this involvement in most instances should be a significant part of the 'treatment' process as well. Here, as elsewhere, discretion must always be used in a professional manner. We strongly support the existing policy that the youth's family be involved in all stages of assessment and treatment as far as necessary and possible.

During the assessment process all youth should be assessed in situations as closely approximating as possible normal family life situation. In our opinion the residential assessment units in the three centres (Vaughan House, Brookway Park, McNally) do not even attempt to achieve this basic standard. Therefore we recommend that urgent and immediate steps be taken by the Professional Standing Committee to determine strategies and a time scale to remove residential assessment units from the existing centres at the earliest possible time to be re-formed along lines as commented on below, and to be established for the large majority of youths as ordinary houses in ordinary streets, or in accordance with some other arrangement of the same proximation which will achieve the same aims. In no way can existing residential assessment situations ever hope to approximate 'normal situations' for purposes of assessment for these people. The exception to this would be the few youths who need maximum security care.

For various reasons it seems that youth attending the three centres for assessment are receiving less than adequate attention, e.g.

- the mixture of non-assessment youths ⁽¹⁾ in existing units places undue strain on assessment staff and encourages more emphasis on a merely custodial function
- it appears to us that residential assessment in the Centres is too greatly influenced by the treatment component of the Centres
- it appears to us that the residential care component of assessment relies more on evolution than plan; many of the residential care staff did not appear to understand fully what was required of them

NOTE:

(1) Categories of youths currently mixed with youths under assessment in residential assessment units include :

- youths on warrants of commitment including those serving out time in default of payment.
- youths on remand pending the determination of guilt or innocence by a Court, and
- youths under Care and Control of the Minister temporarily placed in residential care by administrative decision.

- because of the fact that in each Centre there is only one framework available, and each Centre services a different segment of the population, there are any number of inappropriate placements for assessment; there are no alternatives available and there appears to be no real justification for the existing practices.

Accordingly we recommend that as a matter of high priority the residential assessment procedure be de-institutionalised, that it be removed from treatment facilities, and that the whole assessment procedure be re-constituted as a specialised professional service, a Youth Assessment Service, within the Department for Community Welfare. It would have appropriate delegated authority for all functions of the services to be carried out with the required flexibility and expertise. This service would continue to (i) incorporate all day and residential assessment, country and metropolitan, and (ii) would be separate from but maintain close reciprocal relations with treatment programmes, post-treatment programmes, Regions, Courts, schools, and other interests involved in the assessment process. We cannot over-emphasise the need for this service to maintain an objective professional setting, relatively independent of various interferences.

Using the 'ordinary house in an ordinary street' approach wherever appropriate residential assessment should consist of various settings catering for various assessment needs as well as the individual characteristics of the youth. Except for the few hard-core ⁽²⁾ offenders this would remove the oppressive 'punishment' environment of existing facilities, which should not be a part of and which in fact mitigates against more effective assessment. More, smaller, and differential family-style settings would allow for a more careful placement for residential assessment, would allow for a closer approximation to 'normal' situations to enhance assessment, and would avoid the highly undesirable current practice of mixing a variety of types of youth in any one residential setting. Except for the hard-core cases, which for the most part should be screened out and separated from the rest in the early stages of assessment, this approach would get away from the custodial and institutionalised atmosphere of current residential assessment, which seriously compromises effectiveness of the assessment process. We envisage

NOTE:

- (2) In the first instance, for assessment purposes, hard-core cases are those who are assessed as needing maximum physical constraint for the protection of the community and/or for their own protection, and who without these restraints can be seen by the Courts as maliciously dangerous. For treatment purposes, this determination is substantially aided by a more thorough evaluation from the assessment process. Hard-core cases are not necessarily determined by the nature of the offence or the number of offences.

that most of these small units would be of an open style with some discrete physical security, by degree, in some of them. Probably only one unit utilising maximum security would be necessary for the few hard-core cases. For the majority of cases there should not be need for a lock-up situation, although they do require firm supervision.

We also envisage that as much as possible provision would be made for normal social activities and that where appropriate the settings would be co-ed. Neither of these appear to be feasible under existing procedures, desirable as they are.

Much of the present assessment procedure relies on memory and the emotional tone of the youth relating to the situation in question. The more the assessment procedure is removed in time from that situation the more distorted recall may become and the emotional tone will be more detached. Accordingly, we recommend that the 'Youth Assessment Service' be so organised that staff can be or call to make initial preliminary assessment at the point of crisis, using a crisis intervention approach involving the youth concerned. Such information obtained is not to be divulged to any court, police officer, or other person, unless and until guilt has been established. Meeting with the youth at the point of trouble will provide assessment staff with more reliable basic information, will put them in a better position to recommend placement for assessment when instructed by a Court as well as assist the Court on matters of bail and likely length of remand necessary for full assessment.

3.1 Assessment Staff

At the outset of this section we urged the central importance of quality assessment as a skilled, difficult, complex activity that is to be handled by professional and experienced staff. This would involve a multidisciplinary team approach, with clinical psychologists, professional social workers, and psychologists specialised in assessment forming the base and providing overall control. Other professionals would include educationists, health personnel, and psychiatrists as needed, mostly on a consultant basis. The provision of a skilled professional full-time staff would lead to more balanced panels, greater consistency across the assessment process, and refinement of standard procedures. We maintain that quality assessment is not something that just anyone can do, even any psychologist or social worker, as it requires particular ability and skill for which experience is vital. With senior administrative acceptance of this proposal, it is all the more reason

why assessment needs to be a separate relatively independent operation, with appropriate procedures for accountability built in.

Accordingly, in determining appropriate staff loads, functions and responsibilities, it is essential that provision be built in for adequate back-up personnel for both full time and consultant staff. This back-up staff would not only cover for sick leave, annual leave and study leave, but would be available at times of sudden influx of cases. Given the skill and experience needed in assessment, it is imperative that this provision be built into the system rather than relying on whoever happens to be available to fill a position on a temporary basis.

The more generic (i.e. not specialised) the assessment procedures and the staff become, the less likely it is that:

- a youth will be approached in the more individualised manner required;
- clear distinction between fact, hypothesis and hunch will be made;
- fundamental questions of assessment rationale will be raised by the assessors;
- there will be follow-through in to total programme concept;
- recommendations of assessors will be accepted on the basis of professional competence, therefore requiring more detailed justification;
- there will be adequate familiarity with specialised consultants and frameworks for referral;
- there will be adequate familiarity with alternative treatment frameworks, resulting in a tendency to concentrate on a certain few.

Mediocre assessments can be expected if a generic approach is encouraged in the procedures and the staffing of assessment.

Residential care workers attached to residential assessment units, especially the type of units proposed above, at their level of expertise are to be seen as specialists with certain skills and abilities refined through experience. Some mobility of residential care workers between assessment and treatment could be anticipated. However, because of the skill development involved and the vested interests that develop in each, it would not be taken as a prerogative of management to shift staff at will between the two substantially different functions to alleviate staff shortages, which practice can be considerably detrimental to both assessment and treatment activities. Sufficient staff should be

provided to maintain stability in both areas.

The residential care workers in assessment settings, and as part of 'Youth Assessment Services', will need to have better training and guidelines, especially in behavioural analysis and reporting. It will not only be necessary to make more structured behavioural observations (e.g. recording in the log book), but to operate more from a knowledge base than is the demand in the current practice. There is at present a lack of sufficiently specific and selective monitoring of the residential care component of assessment activities to ensure that all necessary inputs are included. In addition it is envisaged that the proposed family-type units will provide the residential care worker greater opportunity to know the youths on an informal basis. It is often in the casual relaxed informal chats and activities of a more personal nature that significant contacts are made with the individual at his/her point of need. The skilled residential care worker should be able to create a climate for doing this, will know what to watch for, and will be more able to perceive relevant information and know what to do with it. Existing practice makes it very difficult for him to achieve these.

At this stage it would be difficult to determine the specific number of staff needed in the proposed cottage units. However, we can offer a few points that may serve as guidelines:

- (i) quality assessment, as a total assessment process, is a very serious matter that takes time
- (ii) each case is to be dealt with on an individual basis, giving particular attention to the youth's needs and problems, and consulting as appropriate to develop the most meaningful programme; the youth is not to be run through the process as a commodity
- (iii) reflection time is essential; quality assessment is normally time consuming, taking more than just a few hours (if staff have too many reports to write too quickly and too close together, as some Residential Care Workers at McNally claim to be the case currently in residential assessment, it is obvious that quality will and does suffer and that a high degree of sameness will characterise all reports).

3.2 Assessment Desiderata

- 3.2.1. Special consideration for assessment of Aboriginal youths should be provided for in consultation with their respective communities. In particular we question the wisdom of Courts

remanding Aboriginal youths to the city from rural communities and country areas. Only in cases of the more serious offences should it even be contemplated to move a youth from a significant sub-cultural base. Such alienating activities only serve to distort the assessment process. Therefore, we recommend that particular attention be given to the placement of Aboriginal youths for assessment and that at least one suitably selected Aborigine be included on each assessment panel appointed for an Aboriginal youth.

3.2.2 The concept and philosophy of assessment should be kept under review. This review would include not only on-going evaluation of the procedure but research on the process of assessment per se. Every opportunity should be taken to consult with specialists in the area of assessment when they are available. The on-going evaluation would necessitate continuous record keeping and regular processing of the records.

3.2.3 Provision of school activity in residential assessment settings is acknowledged as a difficult task, but we are concerned that some form of educational opportunity be available. The Guidance and Special Services Branch of the Education Department should be involved in developing an on-going programme of special education for the residential assessment settings.

4. TREATMENT

We consider 'treatment' to refer to a particular set of activities identified through the initial assessment procedures as appropriate to the individual youth in terms of his/her sense of social reality and programmed over a necessary period of time through which skilled and qualified staff work with the youth to assist him/her to better cope with life not only by developing appropriate survival skills and adopting culturally and legally approved behaviour but also in acquiring a value system and life style that will enhance the youth's own life as well as that of others.

Five points in particular are strategic to the significance of this statement:

- i) appropriate treatment activities are identified in the initial assessment procedure as part of a total programme for the individual youth;
- ii) treatment courses for youths are designed from different available frameworks;
- iii) the length of time for treatment depends on the nature of the treatment course and the individual youth's response to it;

- iv) treatment, like assessment, is not something that is 'done unto' but 'done with' with the youth;
- v) residential care treatment staff are skilled practitioners in facilitating disadvantaged youths in self development; they are not caretakers, warders or keepers.

These five points reflect most of the comments and recommendations we care to make with regard to treatment.

- i) As discussed in the section on Assessment, any treatment course must grow out of a detailed analysis of the life situation of the youth, must relate back to that assessment, and must be building up systematically to the after-care components of the total programme.
- ii) There should be a variety of treatment alternatives available from which the treatment course can be designed. We do not wish to enter into an endless debate on the merits of various treatment frameworks. A number of them should be included in a repertoire of available alternatives. Some alternative models might concentrate more on :
 - (a) highly individualised activities, mainly concerned with developing self worth and self acceptance;
 - (b) building responsible and caring relationships;
 - (c) introjecting a stable and acceptable frame of reference or value system;
 - (d) social and physical survival skills;
 - (e) achievement and self application skills;
 - (f) disciplinary needs and response tendencies;
 - (g) psychiatric disorders.

The precise models to be included in this range and the extent to which they can be regionalised would need to be determined, probably by the professional standing committee recommended earlier.

We also recognise the value of the Youth Project Centre and recommend the creation of more such Centres on a regional basis, and an extension to provide facilities for girls.

- iii) The length of time for the treatment course should be determined by the needs of the youth and the rate of response of the youth to the programme; it should be tailored to the individual. Committal to treatment should be as an integral part of the total individual programme, including after-care. It is the developmental progression through the programme that is

important, not the pre-determined length of any one component. Pre-determined lengths are often established as penalties to be paid by the youth ("punishment to fit the crime") and do not take cognisance of the relationship between the treatment process and the subsequent ability of the youth to participate more harmoniously in the community. Too short a treatment period or too long a period of detention will do little to alter any likelihood of further offences. This is a matter of serious concern to us as a committee.

- iv) The treatment frameworks should provide for the youths, who are at a very crucial age, more acceptable appropriate life styles as alternatives to their present life styles, and more appropriate to the development of each youth's sense of social reality. Each in its own way should emphasise individual growth and should be geared to meet each youth at his/her particular growth points. Commensurate with this the youth should reside in and be offered the treatment programme in situations as close to 'normal' situations as possible. As with assessment, the preferred setting is the family-style ordinary house in an ordinary street. The desired benefits of a good treatment programme are severely compromised if the programme is not offered in a proper setting. Coupled with this is the observation that institutionalisation of treatment facilities and programmes mitigates against 'doing with' and encourages instead the 'doing unto' approach. Accordingly, we recommend that as a matter of high priority the treatment facilities be de-institutionalised with alternative treatment frameworks available on a family-style cottage basis (this recommendation excepts the few hard-core cases who need a maximum security situation.)

With the recommended removal of all assessment activities and treatment programmes into the community, in more normal family-type small de-institutionalised and individual-oriented settings, the need to retain the larger present Centres no longer exists. Therefore we recommend that the three Centres, Vaughan House, Brookway Park and McNally, be closed down as soon as possible. The only possible exception would be a separate small maximum security setting for the hard-core cases, which should be separated from all other youths at an early stage in assessment. It is our understanding that the proposed network

of de-institutionalised and differential treatment facilities can be accommodated within the existing administrative structure for treatment services.

Some people may be concerned about physical security in the settings proposed. We are quite satisfied that adequate but relatively unobtrusive security measures can be installed. There are examples of this interstate and overseas. We will have more to say on the concept of security later but for the purpose of the point being made here, any fears of lack of physical security should not be allowed to interfere with implementation of this recommendation as these fears can be dispelled in fact.

- v) In Section 5, dealing with staff matters, we will comment on the 'second-class status' of residential care workers. To a certain extent this image may have been somewhat justified in the past, but we are urging that residential care workers particularly those involved in treatment be trained as proficient and expert in creating and providing a variety of alternative treatment frameworks in which the emphasis is on facilitating growth and re-socialisation as indicated in individual programmes from assessment.

Reference is made to the comment in Section 3, Assessment, urging that the treatment programme be developed with the knowledge and participation of the youth, and that it be entered into as a social contract with the youth. The same nature of comment applies here with regard to the treatment process; it should be goal-oriented, the goals agreed upon in consultation with the youth, and the achievement of the goals determined in ways agreed upon. From this the youth is to have an active identification with the treatment programme, which may involve further contact with assessment staff, and certainly feed-back on response to the programme. Obviously, the treatment staff will be directly responsible for relating the youth to the achievement of the goals, providing guidance, interpretation, counsel, stimulation and feedback as appropriate.

By relating the treatment programme to both the assessment and after-care processes, and by having available a variety of treatment opportunities, it is anticipated that more appropriately sequential training programmes will be devised leading up to

preparing the youth for release. The present arrangement places undesirable compromises on this approach.

We are aware of Departmental practice in involving community welfare workers, particularly in assessment and after-care activities. We also understand that by raising the qualification requirements for residential care workers to the minimum required for community welfare workers opportunity will be possible for some exchange between the two categories.

In the light of the particular nature of both assessment and treatment aspects of residential care and the total package concept of assessment, treatment and after-care, we are very strongly of the opinion that more emphasis be given to factors relating to job satisfaction in order to improve stability, consistency and integration of programmes and staff. This matter will be expanded in Section 5.

4.1 Schooling in Treatment

We endorse the point that schooling should be an integral part of most treatment programmes. Accordingly we recommend that the Guidance and Special Services Branch of the Education Department, in consultation with senior personnel of the Department for Community Welfare, devise and provide appropriate schooling opportunities commensurate with the intention and needs of treatment programmes. In particular they should give attention to devising ways of providing appropriate schooling opportunities in the proposed de-institutionalised and differential treatment settings. There is a need for research to provide the necessary information in relation to learning problems and educational difficulties in this area, and therefore to facilitate curriculum planning and the development of special teaching methods.

4.2 Treatment - Desiderata

4.2.1 Reiterating a point made in Section 3, Assessment, we question the wisdom of bringing Aboriginal youth from rural communities and other country areas to the city for treatment opportunities. We recommend that appropriate treatment programmes and opportunities be devised for Aboriginal youths to enable maximum individual development in terms of the sub-culture to the extent that the individual youth concerned, and his/her Elders, if appropriate, want it. Commensurate with this, we recommend that residential treatment workers who deal with Aboriginal youth, especially if country based, should if possible include persons of Aboriginal descent, and all workers involved should have specialised training in Aboriginal Affairs. This form of training

is available in at least two tertiary institutions in Adelaide.

- 4.2.2 We recognise the paucity of and the need for on-going selective and skilled recording of relevant treatment data, the collation and availability of information, and the need for on-going evaluation and research programmes relating to treatment. Coupling these observations with those made in 3.2.2 (Page 13) we recommend that adequate funds be made available and immediate steps be taken to provide for on-going research, monitoring and evaluation programmes relating to both the assessment and treatment procedures.
- 4.2.3 As with residential assessment, we believe that as much as possible provision should be made in treatment settings for normal social activity and that where appropriate, according to the phase of treatment, type of treatment, and special needs of the individual, the treatment settings should be co-ed.
- 4.2.4 It is essential to have a built-in system of accountability all the way through the total programme for each individual youth, so that Court, assessment, treatment and after-care components maintain on-going liaison.
- 4.2.5 We appreciate the burden under which the police operate, but feel that there is need for improved communication, special instructional sessions to improve appreciation and understanding of current issues, of research and practice in these areas, and for efforts to achieve some sense of informed involvement in the procedures used and to be developed. Perhaps the Community Information Service recommended in Section 7 could have responsibility for this with appropriate specialist assistance provided.

5. Staff

The third and focal area of concern to the Committee relates to the staff of the existing Centres, in particular the Residential Care Workers. We say focal because the quality, quantity, morale, contentment and commitment of assessment and treatment staff, over and above whatever assessment and treatment facilities and frameworks are used, will determine the extent to which they are effective and efficient. As utilization of human resources is the linch pin to the "total economy" of any organisation, so it is to the "total economy" of youth assessment and treatment.

The press seem to delight in making much of abscondings but the measures taken to make McNally and Vaughan House visibly physically secure stand as major contradictions to the principle enunciated above for the treatment of the majority of offenders. Those measures seriously compromise the significance of residential care staff and therefore the "total economy" of the Centres. While recognising the pressures that resulted in these measures being taken, it still remains to concentrate more on staff development and enhancement, i.e. greater attention to the human resources within the Centres to improve on the now more difficult present situation.

We were impressed in general with the calibre, attitudes and sense of commitment on the part of residential care staff, and their relationships with the youths. Although the morale of the staff at the various Centres seemed to be relatively high, significant deterioration in staff morale at McNally has been noted. At the time of this report we are particularly concerned about this matter. We therefore deal with it first, and then consider matters of wider concern. Part of this deterioration of staff morale at McNally can be attributed to various of the matters we will be commenting on later in this section, matters which are not limited to McNally.

For the greater part however, it appears that this deterioration has resulted from such factors as :

- difficulty in coping with changes in policy and treatment programmes
- lack of adequate training opportunities
- poor physical amenities
- shortage of support, professional, and back-up staff
- lack of appropriate expertise especially on the part of residential care workers
- low job satisfaction
- press pressure.

These have been confirmed by a variety of comments from staff.

Obviously it is very difficult to pin-point all specific instances of administrative matters that contribute directly to this problem especially in a relatively short time and when members of the Committee have not been in a position to monitor day-to-day operations. (However, in contrast to other Centres, initially some members of the Committee were sensitive to what might be termed a suppressed disquiet generally amongst the McNally staff, as well as a reserved stance by some senior administrators.) We cannot fault the response of senior administration

in providing access to staff and youth, and on providing hospitality at our repeated visits. But behind this level of co-operation and hospitality appears to be rather deep anxieties, frustrations, and in various ways lack of trust and confidence, particularly among the residential care workers, which in turn could be expected to be reflected in the youths. Various members of staff referred to personality cults, cliques, and power groups, both past and present, within McNally. The majority remained silent. The underlying motive of those who commented adversely seemed to be a deep concern for the effect these factors were having on assessment and treatment procedures.

At the same time, it is recognised that the senior staff at McNally, with their staff teams, have been able to achieve considerable development in youth care. While these achievements are far from sufficient we feel that in view of the fact that some staff have not been in favour of various changes introduced over time, and in the face of considerable difficulty, including an unsympathetic press, the efforts of most staff at McNally in working conscientiously at attempting to improve the situation must be recognised.

The perceived social distance amongst various staff could be to an extent a consequence of the physical structure of McNally, but the feeling is that it relates more to the climate of staff relationships generated in the place over time, and a long standing lack of solid unifying direction from all levels of management. Help that can be given to youth is seriously compromised when staff feel insecure, especially when that insecurity is related to lack of confidence in

- the opportunities provided for self development and two way communication
- stabilised attachment to one unit for a sufficient period of time to effect meaningful self application
- opportunities to influence development of assessment and treatment programmes, especially within their units
- opportunities to pursue external studies and to improve skills, for both management and line staff.

Obviously, staff who feel rather insecure, and whose morale is declining, cannot handle the over-all demanding scene as characteristic of youth assessment and treatment programmes.

One point made above refers to a lack of confidence in stabilised attachment to one unit for a sufficient period to effect meaningful self application. Management must always reserve the right to deploy staff from time to time as necessary to achieve overall effective and efficient performance of the organisation. In addition, some mobility

within the organisation is good. But from information that has come to us it seems that there is a distinct sense of tenuousness within unit teams brought about by a rather high rate of mobility between units within the Centre. The adverse effects of this mobility is compounded by mobility between treatment and assessment units, requiring different skills, different forms of mental application, and a different orientation in relating to the youth. We noted the accelerated efforts to make the whole of McNally a maximum security centre and we are deeply concerned about this. In addition to the reasons given earlier in this report, it has a direct bearing on staff, and may also be contributing to the problems under consideration here. Not only is the immediate and constant presence of high fence and barbed wire anathema to philosophies and theories underlying their work (youth are very perceptive of this contradiction) but excessive security for those youths who do not require it can result in increased internal tensions and assaults, especially on staff.

Although we are concerned about the staff situation at McNally and have given it particular attention, there are a number of points about staff that are shared with the other Centres. The remaining comments in this section apply equally to all three Centres.

5.1 Quantity of Staff

Right across the whole of the assessment and treatment facilities, the point most consistently pressed upon us was the need for more personnel. We are convinced that this is not in any way to be perceived as a luxury item or as an attempt by existing staff to create a "cushier position" for themselves. Rather it is in response to a sense of desperation, to high pressure situations in which a percentage of staff burn themselves out. As good as is the South Australian approach to youth assessment and treatment in comparison with some other places, it is quite clear that it needs to be better.

Since we have recommended earlier a differential and de-institutionalised approach to both assessment and treatment, it would not be appropriate for us to recommend a specific formula for staffing at the existing Centres. However, with either the present or the proposed approach, a few guidelines can be suggested:

- always at least 2 staff with any unit of youths, even though there may be but one or two youths in any one unit
- there should be sufficient staff to enable a rostering system that will allow more stability to their individual domestic life-styles
- there should be sufficient staff to enable coverage for necessary absences such as sickness, study and special duty away from the particular unit
- there should be sufficient staff to enable unqualified staff block

time to undertake study in an approved external course

- there should be sufficient staff available so that management does not find it necessary to regularly shift staff from one unit to another as a regular procedural measure on an ad hoc and short term basis
- total number of staff should not be determined solely by a staff/youth ratio but by guidelines adjudged to be adequate to ensure effective and efficient implementation of assessment and treatment programmes established in terms of a stipulated master plan and related guiding principles.

5.2 Turnover of Staff

During our enquiries at Vaughan House and McNally we were repeatedly told about the high turnover rate amongst residential care workers. Although official figures do not substantiate this, the consistency of comment on the matter from various levels and quarters, and responses of staff to queries about length of employment as residential care workers, indicate that there is cause for concern. Further, the indications are that there are two major reasons which would account for most of the perceived turnover. It would be hard to rank the two in importance as they seem to be considerably interlinked : conditions and expectations; and recruitment and selection.

We note at the beginning of this section that we were impressed in general with the sense of commitment amongst the residential care staff. Related to this was the desire on the part of many of them to do more, in the sense of being more effective or more productive, but felt they were fairly limited in how far they could realise this desire. As a summary statement of the various comments on conditions and expectations, we recommend the development of a strong support base for residential care staff that would adequately cover number of staff, rostering procedures, study release, staff development, stability within the unit team, open expression and participation in administrative procedures, participation in residential care staff selection, stability in work relationships with other staff outside the unit team, a climate of trust and confidence, a clear understanding of responsibilities and expectations, and provision for a variety of job maintenance factors.

5.3 Qualifications of Staff

Detailed information was provided for us on previous and present programmes for the total education requirements of residential care workers. We believe that the present programme, once transition has been achieved, should be adequate if the external courses are experientially oriented and if the Department insists on influencing the external courses sufficiently to achieve graduates who are effective practitioners.

Given the demanding nature of the present programme and the pressures relating to it, and the nature of the present rostering procedures, we are concerned that the programme could become counter productive. It is a rare person indeed who can blend pressures to complete an external course in as short a time as possible with full participation in a demanding work situation on a roster basis, and at the same time maintain a balanced and sane family life. It seems from evidence that either one or more of the following adjustments commonly occur: the study programme is minimised or neglected (creating a greater burden), domestic difficulties develop (we were told of a number of family break-ups or near break-ups amongst residential care workers), or the person resigns (contributing to the perceived turnover rate). Therefore, we recommend that pursuit of an external studies qualification by residential care workers be separated as much as possible from full time residential care work, that the time needed to achieve that qualification be shortened to a minimum. At present most of the people involved are looking to at least six years.

We noted the rather considerable lack of experience and basic skill qualifications among the staff generally, in spite of their attitudes, commitment and potential for development. We feel that any form of on-the-job training would not be sufficient, especially if our proposals for redistributing the services are implemented. In stating that on-the-job training is not sufficient we do not mean that it is not important or necessary. We recognise that there are some aspects of the work that can only be taught while "it is happening" by instruction, modelling, and debriefing. External, tertiary courses do not train people to deal with raw, aggressive behaviour, and unless they are adequately prepared and supported in their jobs they are more likely to use existing programmes to project their inadequacies and lack of skills. There is evidence to suggest that tertiary trained

people in residential care, though caring people, are lost to this aspect of the corrections field and go through unnecessary personal anguish because of this lack of on-the-job training and support.

We recommend an on-the-job training programme of high quality that closely complements external tertiary courses. Such a programme will retain experienced resource people on the staff expressly for this purpose. It appears that such personnel have been employed in the past to develop special programmes and that once established they lapse for various reasons without comparable replacements. When this happens, and key resource people are not available (e.g. existing Guided Group Interaction and Behaviour Modification programmes), new staff coming in get a more watered down experiential training. Such key people are especially significant to modelling and debriefing procedures which seem to be seriously lacking in the existing situation.

So long as an external course award is necessary, and we fully endorse this policy as indicated above, considerable attention should be given to adequate provision for study time. As a minimum, an unqualified person should carry a half time workload, planned to allow the person to carry a half-time external course load, this arrangement to continue until the qualification is obtained. As a maximum, an unqualified person should be placed in an external course full time until the qualification is obtained, with appropriate bonding provisions. As a compromise between the two, an unqualified person could be placed in an external course full-time until half the course is completed, and then placed on a half and half basis as suggested under the minimum arrangement, until the qualification is obtained.

We are mindful that any one of these arrangements, or combinations will be costly in money terms. But we suggest that this form of cost is recoverable even on a short-term basis, and that it would be outweighed by the increased quality of staff confidence and performance and the impact these would have on the lives of the youths. What we are suggesting as a significant contribution to overcoming the various concerns raised in this report (but by no means a panacea) is the development of appropriate skill and knowledge bases before attempting to function as an effective and efficient residential care staff.

In addition to basic qualifications through an external course, we

strongly endorse the notion of on-going staff development integrated with the work situation. We have some reservations about the efficiency of present arrangements, and the demands they place on staff, and fully support the notion that a full-time staff development officer be appointed to treatment services. We also suggest that attention be given to exploring the desirability and feasibility of instituting appropriately trained residential care assistants to relieve residential care staff of a range of chores.

5.4 Selection of Staff

Whilst we fully endorse the present policy regarding external study awards, and have made recommendations for expeditious achievement of those awards (if not already obtained), we do not want to leave the impression that the award is necessarily the most important factor in making good residential care workers. Instead, we are mindful of the need, particularly in the social welfare field, to match the person to the job in terms of motivation, temperament, values, and emotional stability. In this sense, as a forerunner to (in most instances right now) obtaining academic qualification, staff selection in matching residential care workers to the tasks is more important than the academic qualification per se. A person who already has an appropriate qualification obviously will not automatically be suitable for appointment. (But a person suitable for appointment should obtain basic qualification as quickly as possible before confronting the work tasks.) We are aware of the present procedures for selecting residential care workers and are generally in support of them. However, we feel that they could be refined and make the following suggestions.

In the first instance, there needs to be a distinction between appointment to assessment and appointment to treatment, and the differential frameworks employed in each. Given the different programmes, methods and needs, it is all the more essential that a close matching of worker with at least initial work be achieved in the selection process. For example, in units where the emphasis is on close parental-type ties, it is necessary to have workers who can provide caring, sensitive, and supportive relations. Where the emphasis is on discipline, the worker needs to be sensitive but must also be prepared to be authoritarian. (This is not to suggest that subsequent mobility within assessment and/or treatment is not secure and articulated base, which would enhance the significance of such mobility.)

We are aware that this refinement will also necessitate a more careful articulation of necessary and desired competencies for each setting, and how best to assess potential for as well as development of them.

The other procedural refinement suggested is to utilise the more experienced and successful workers (determined as a point of reputation and consensus) in the actual selection procedure. It is very well to have a range of people and professional expertise involved in the selection team, but the people who have the greatest overall sensitivity to the needs and demands of the practice on the practitioner are those who have proven track records. No one person should have power of selection, but appropriate residential care workers should have adequate representation on the selection teams with the particular emphasis put on matching people to positions from a practical point of view.

One other point regarding staff selection, we strongly urge that considerable effort be made to appoint suitable workers from amongst the Aborigines and major migrant communities.

5.5 Staff - Desiderata

5.5.1 We have earlier in this report made comments about various aspects of relationship between residential care workers and community welfare workers. In summary form here we recommend that the concept(s) of residential care worker(s) be refined, not only in terms of skill and knowledge base requirements but also in terms of distinctiveness vis a vis community welfare workers. There is unfortunately a fairly pervasive notion amongst residential care workers that community welfare workers are regarded as superior; and this is born out by the pay scale and by basic qualification requirements. With the advent of a common basic qualification there may be a number of residential care workers who would use the position as a stepping stone to community welfare worker positions. Although promotions are possible and we endorse the concept of vocational mobility, what is far more important to a more effective and efficient residential care service is for the positions of residential care workers to be upgraded so as to be seen in every way to be equal with community welfare workers. There is no inherent reason why it should be seen to be inferior and we encourage efforts being made in this regard. In other words, the two

categories of workers should be seen as equal but not directly interchangeable, that different sets of skills appertain to various positions and specialisations in each broad category. As consistently emphasised in this report, close working relations between various field personnel is absolutely essential, especially at the understanding and support level. This kind of relationship cannot be achieved by legislation or departmental regulation alone, but by a climate of confidence, trust, support, understanding, and acceptance right through the whole department. Although there are individuals and sets of individuals endeavouring to achieve such a climate, these principles need to be clearly stated, and understood and accepted by everyone as a condition of service.

5.5.2 Earlier comment was made regarding the physical security of staff, that it is for the most part achieved in terms of relationships between the staff and the youth. Nevertheless, it still remains important that staff have basic skills in physical defense. It appears that limited opportunity for effective instruction is provided, and we urge that careful consideration be given to this matter. We believe that there is a need for the Department to periodically re-affirm its policy on physical restraint, that it may be seen to be both industrially and legally correct.

5.5.3 Residential care cannot avoid situations where residents and staff, either or both, may need to consider reporting an assault to the police. It is clear that the Department has responsibility to ensure that residents have recourse to legal advice and assistance. We are concerned that staff members, who might have cause to report or defend a charge of assault, could be placed in a difficult position. One case in particular that was brought to our attention clearly demonstrated that the staff member, and others, felt there was prejudicial treatment by management. Departmental policy takes the line that it is the individual's decision whether to report to the police or not. Management cannot offer legal advice and the providing of a legal service for staff could involve a conflict of interests.

Since our inquiry began, the Public Service Association of South Australia, Incorporated, has made it possible for its residential care members to have recourse to legal advice and representation. The Association, like the Department, insists that individuals make a personal decision whether to charge in the first place and then, only discuss the legal implications with a registered legal practitioner. The availability of this legal service should help

alleviate the misgivings and doubts which inevitably arise where there is conflict of interests. We commend the action taken by the Public Service Association.

Residential care staff are unlikely to report any youth without giving serious thought to the circumstances, the treatment factors involved, and the youth's needs. A decision to report assault by a youth should be based on what is seen to be a proper course of action in the circumstances. The youth's needs may be best served in some cases through legal process and application where from the youth suffers the consequence. Therefore, and in any other event, it becomes essential that the matter be dealt with in the shortest possible time.

Currently, there is grave doubt whether charging a youth with offences, like wilful damage and assault, serves any purpose if the process involves considerable delay before the matter is dealt with. We acknowledge that the real value in reporting a youth rests in the appropriate consequences being immediate and not delayed. Also, it is obvious that the staff member is left in an invidious position during the period of delay. A more immediate process would be less likely to impair staff/youth relationships.

There is a Departmental obligation to consider the personal impact on a staff member once an assault has taken place. Following an assault, there is danger that the staff member may not take time out to assess his/her personal feelings. Closeness to the situation, together with professional commitment and expectation, as conceived by the individual, can lead to an imbalanced view which neither serves the best interests of the youth nor the staff member. In that situation, and in any other situation where the staff member may tend to adopt an antagonistic, prejudicial attitude toward the youth, the staff member may need counselling outside the legal context. The provision of a confidential counselling service would be appropriate.

There is a need for the present policy to be extended to provide that whenever a wilful assault occurs within a Centre which results in injury serious enough to perhaps give rise to a claim under the Criminal Injuries Compensation Act, the assault must be reported to the police for action. The delays which have

sometimes occurred in the past in bringing such alleged offenders before the juvenile court should be reduced to a minimum and it is suggested that this could be achieved by a formal request from the Director-General, Department for Community Welfare, to The Commissioner of Police; there is precedent for this practice which we understand operates well in the adult sphere.

We recommend that the matter of assault within the residential care setting be given urgent attention in the best interests of the youths and of residential care staff.

5.5.4 Implicit in various comments along the way, and especially in the early part of this section, is endorsement of the principle commonly referred to as industrial democracy. We do not wish to spell out any one particular model for implementation of the principle, as each model must be assessed in its particular setting by all the people involved. The consistent line of our thinking through this section has been that competent, dedicated, secure (psychologically and socially), responsible staff is the linch pin to effective youth assessment and treatment programmes. Staff with these characteristics will want and need to be involved in expression and participation in the development and administration of their respective areas of operation. Increasingly personnel employed for administrative functions vis a vis the workers, should strive to provide broad philosophical and functional guidelines within which staff can apply themselves, and to work to achieve integration of the many contributions.

If South Australia is to have a first class programme for its youth, it cannot have residential care workers who see themselves as second class citizens. Yet to us it appears that this is very much what has been and is the case, that residential care workers do very often see themselves perceived to be and treated as Second Class workers industrially, professionally, and administratively.

6. SECURITY

The First Term of Reference refers to security at the three Centres (apparently physical security in relation to absconding) and this has been a particular topic of attention in the press over a period of time. In the preceding three sections we have made some comments as appropriate on this

matter, but would like to make a few additional comments here as they do not conveniently relate to material developed earlier.

In our visits to the three Centres we were impressed with the almost total lack of concern with physical security as a primary issue, this in spite of the fact that it was intentionally raised repeatedly by members of the committee. Instead, the staff seemed predominantly occupied with the serious business of "rehabilitating" the youth rather than "keeping them in"; as noted in Section 5, we were impressed with the overall commitment of staff to their work of assessment and treatment. We have also noted in Section 5 the tendency toward deterioration of morale at McNally with the accelerated introduction of high fences and barbed wire and with consistent negative and adverse publicity.

We recognise that generally absconding has much less to do with physical impediments and much more to do with the inter-relationship between the state of the individual youth's sense of social reality and the effectiveness of the staff and programme in working with it. Most youths will stay put if the relationships in assessment and treatment are humane, if the youths are permitted a reasonable freedom of movement, if they have adequate opportunity to work at their own personal development, the development of social skills and a sense of responsibility, if the staff are able to meet them at their points of need, and if the programmes are adequately catering for their development. Until conditions, facilities and community attitudes allow staff to improve on this inter-relationship, the pressure for absconding will always be at a somewhat higher level. But even with these improvements, there will always remain some pressure for absconding and these should be tolerated, so long as it is kept in mind that the hard-core intractable cases are retained in maximum security conditions and are excluded from these comments, and a responsible commitment is undertaken to protect the community from serious harm.

We feel that because of adverse press publicity, too much is made of physical security. There are other factors of security that are of greater importance but tend to get relatively little attention:

- i) some youths under care need security of relationships
(psycho-social)
- ii) some youths need security from self and others

- iii) some staff need security in support and satisfaction
- iv) some staff need security from assaults which take place predominantly in confined stressful situations
- v) relatively few youths need physical constraint.

7. PUBLICITY

The Third Term of Reference directs attention to public information and community awareness in relation to the training centres. Whilst we appreciate the need to concentrate the Committee's attention on the Centres, we would like to point out that public educational activities should encompass far more than information about the Centres, whatever happens to our recommendations regarding the Centres.

The Department for Community Welfare is a large and complex operation offering to the community a wide variety of essential services which deserve community support and involvement. We suggest that generally the people of the community have limited awareness not only of those services but of the effectiveness of them. Even recipients of the various services are usually limited in their awareness to those particular services. If the public is not given information, there is a strong tendency to fill the vacuum with myth, especially when encouraged by the media. The adverse publicity given to Vaughan House and McNally can be attributed to the media filling, in an uninformed manner, a gap created inadvertently by the Department.

We suggest that what is needed is a general programme of public education at every level, not to counteract media sensationalism but to build a solid base of understanding and trust, not a glossy hard-sell approach but a gentle and pervasive raising of the general level of consciousness regarding community welfare. Within this context, details regarding philosophy, practice, procedures, and achievements in youth assessment and treatment can be developed, to provide a framework for public reaction to any "sensational" publicity, and to provide a confident avenue to seek further information as needed.

To this end, we recommend provision for an expansion of the Community Information Service in the Department for Community Welfare.

8. SUMMARY OF RECOMMENDATIONS.

1. We recommend the immediate appointment of a professional standing committee to develop a master plan and related guiding principles for youth assessment and treatment, to oversee its implementation, and to develop and maintain an on-going monitoring of youth assessment and treatment programmes. (page 3)
2. We recommend that policy and related programmes at every level of government be reinforced and extended to further emphasise rehabilitation vis a vis punishment and "paying a price to society". (page 4)
3. We recommend that policy and related programmes promote the notion that the community collectively should be involved in the rehabilitation process. (page 4)
4. We recommend that policy should encourage and support non-statutory agencies in providing alternative forms of rehabilitation as complementary to statutory programmes. (page 4)
5. We recommend that the State Government plan and mount in the first instance an immediate programme to marshal support for a broader community based approach to the rehabilitation of youth, and in the second and longer term instance a programme to lead the community into tackling the more far-reaching considerations with emphasis on preventive programmes. (page 4)
6. We recommend that immediate steps be taken to develop procedures whereby Aboriginal communities can become formally involved in rehabilitative and preventive programmes relating to their own youths. (page 5)
7. We recommend that after-care be linked with assessment and treatment as a total package programme. (page 6)
8. We recommend more specific emphasis be given in policy and practice to the point of view that assessment is the key process in the chain of events that transpires during the time a youth is being considered as a recipient of a Care and Control of the Minister order, and during the whole of the period under control. (page 6)
9. We recommend that urgent and immediate steps be taken by the Professional Standing Committee (Recommendation No. 1) to determine

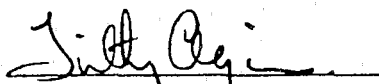
strategies and a time scale to remove residential assessment units from the existing Centres at the earliest possible time. (page 8)

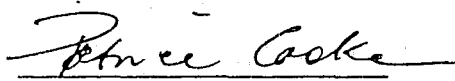
10. We recommend that as a matter of high priority the residential assessment procedure be de-institutionalised, that it be removed from treatment facilities, and that the whole assessment procedure be re-constituted as a specialised professional service, a Youth Assessment Service, within the Department for Community Welfare. (page 9)
11. We recommend that the Youth Assessment Service be so organised that staff be on call to make initial preliminary assessment at the point of crisis, using a crisis intervention approach involving the youth concerned, and in a manner not prejudicial to the youth. (page 10)
12. We recommend that particular attention be given to the placement of Aboriginal youths for assessment, and that at least one suitably selected Aborigine be included on each assessment panel appointed for each Aboriginal youth. (page 13)
13. We recommend the creation of more Youth Project Centres on a regional basis, and an extension to provide facilities for girls. (page 14)
14. We recommend that as a matter of high priority the treatment facilities be de-institutionalised with alternative treatment frameworks available on a family-style cottage basis (this recommendation excepts the few hard-core cases who need a maximum security situation). (page 15)
15. We recommend that the three Centres, Vaughan House, Brookway Park, and McNally, be closed down as soon as possible. (page 15)
16. We recommend that the Guidance and Special Services Branch of the Education Department, in consultation with senior personnel of the Department for Community Welfare, devise and provide appropriate educational opportunities commensurate with the intention and needs of treatment programmes. (page 17)
17. We recommend that appropriate treatment programmes and opportunities be devised for Aboriginal youths to enable maximum individual development in terms of the sub-culture to the extent that the individual youth concerned, and his/her Elders if appropriate, want it. (page 17)

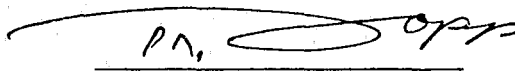
18. We recommend that residential treatment workers who deal with Aboriginal youth, especially if rural community or town based, should if possible include persons of Aboriginal descent, and all workers should have specialised training in Aboriginal Affairs.
(page 17)
19. We recommend that adequate funds be made available and immediate steps be taken to provide for on-going research, monitoring and evaluation programmes relating to both the assessment and treatment procedures. (page 18)
20. We recommend the development of a strong support base for residential care staff that would adequately cover number of staff, rostering procedures, study release, staff development, stability within the unit team, open expression and participation in administrative procedures, participation in residential care staff selection, stability in work relationships with other staff outside the unit team, a climate of trust and confidence, a clear understanding of responsibilities and expectations, and provision for a variety of job maintenance factors. (page 22)
21. We recommend that pursuit of an external studies qualification by residential care workers be separated as much as possible from full time residential care work, that the time needed to achieve that qualification be shortened to a minimum. (page 23)
22. We recommend an on-the-job training programme of high quality that closely complements external tertiary courses. (page 24)
23. We recommend that the concept of residential care worker be refined not only in terms of skill and knowledge base requirements but also in terms of distinctiveness vis a vis community welfare workers.
(page 26)
24. We recommend that the matter of assault within the residential care setting be given urgent attention in the best interests of the youths and of residential care staff. (page 29)

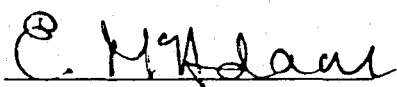
25. We recommend provision for a Community Information Service in the Department for Community Welfare (Page 31).
26. In addition to these specific recommendations we have made some observations, urged or lent support to various points, and offered some thoughts that together provide strength and rationale for the various recommendations, specifically or contextually. Finally, therefore, we recommend that this report be studied carefully and considered seriously for a comprehensive further development of youth assessment and treatment in South Australia.


Respectfully submitted,

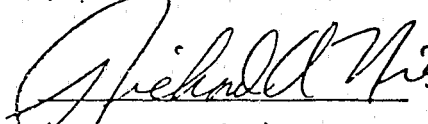

(MR. T. AGIUS)

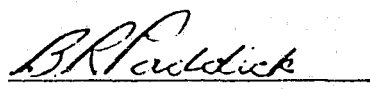

(MS. P. COOKE)


(MR. P.A. FOPP)


(MR. E. McADAM)


(JUDGE L.K. NEWMAN)


(DR. R.A. NIES)


(MR. B.R. PADDICK)

JULY, 1977

ADELAIDE, SOUTH AUSTRALIA.

ACKNOWLEDGEMENTS

The Committee is appreciative to various ladies particularly to Ms. B. White, N. Beard, A. Forgione, F. Perry, R. Rositano, S. Johnston and V. Riddiford for assisting with the considerable amount of transcribing taped oral submissions, typing of draft reports and other clerical duties in the preparation of this report.

END