



# **HOUSE OF REPRESENTATIVES**

**STANDING COMMITTEE ON LEGAL AND CONSTITUTIONAL AFFAIRS**

**Reference: Aspects of family services**

**PERTH**

**Friday, 18 April 1997**

**OFFICIAL HANSARD REPORT**

**CANBERRA**

HOUSE OF REPRESENTATIVES  
STANDING COMMITTEE ON LEGAL AND CONSTITUTIONAL AFFAIRS

Members:

Mr Andrews (Chair)

Mr Andrew	Mr Mutch
Mr Barresi	Mr Randall
Mrs Elizabeth Grace	Mr Sinclair
Mr Hatton	Dr Southcott
Mr Kerr	Mr Tony Smith
Mr McClelland	Mr Kelvin Thomson
Mr Melham	

Matters referred to the committee:

To inquire and report on:

the range of community views on the factors contributing to marriage and relationship breakdown;

those categories of individuals most likely to benefit from programs aimed at preventing marriage and relationship breakdown;

the most effective strategies to address the needs of identified target groups; and

the role of governments in the provisions of these services.

## WITNESSES

<b>DALZELL, Mrs Elizabeth Joyce, Contract Educator, People in Harmony, Wesley Mission, c/- PO Box X2222, Perth, Western Australia 6001</b>	<b>728</b>
<b>HALL, Mr James Christopher, Executive Director, Relationships Australia (Western Australia) Inc., 755 Albany Highway, East Victoria Park, Western Australia, 6101</b>	<b>685</b>
<b>HENRY, Ms Lucy Anna, Coordinator Build Better Relationships Project and Promotions, Relationships Australia (Western Australia) Inc., 755 Albany Highway, East Victoria Park, Western Australia, 6101</b>	<b>685</b>
<b>McCARTHY, Ms Helen May, Manager, Couple and Family Counselling Program, Relationships Australia (Western Australia) Inc., 755 Albany Highway, East Victoria Park, Western Australia, 6101</b>	<b>685</b>
<b>SILBURN, Mr Sven Robert, Consultant Clinical Psychologist, TVW Telethon Institute for Child Health Research, PO Box 855, West Perth, Western Australia 6872</b>	<b>705</b>
<b>WILLIAMS, Ms Anwen Angharad, Senior Project Officer, Mental Health Program, Health Enhancement Team, Health Promotions Branch, Health Department of Western Australia, 189 Royal Street, East Perth, Western Australia</b>	<b>705</b>
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HOUSE OF REPRESENTATIVES STANDING COMMITTEE ON LEGAL AND CONSTITUTIONAL  
AFFAIRS

*Aspects of family services*

PERTH

Friday, 18 April 1997

Present

Mr Andrews (Chair)

Mrs Elizabeth Grace

Mr Tony Smith

Mr Kelvin Thomson

The committee met at 9.33 a.m.

Mr Andrews took the chair.

**CHAIR**—I declare open this public hearing of the committee's inquiry into aspects of family services. May I welcome those witnesses who are here and any other witnesses and members of the public who may attend the committee meeting this morning. We are pleased to be here in Perth to be able to take evidence for the inquiry and to hear from people with particular expertise and from a Western Australian perspective and to learn about the Build Better Relationships projects from Relationships Australia.

We have sought evidence and input from a large range of witnesses. We have received over 160 submissions to the inquiry to date and taken over 600 pages of evidence at public hearings. I think we have been to all capital cities in Australia and now we are here in Perth. We are intending to go to Cairns or some other major regional centre as well before we conclude the inquiry. I would now like to call on the representatives of Relationships Australia (Western Australia).

**HALL, Mr James Christopher, Executive Director, Relationships Australia (Western Australia) Inc., 755 Albany Highway, East Victoria Park, Western Australia, 6101**

**HENRY, Ms Lucy Anna, Coordinator Build Better Relationships Project and Promotions, Relationships Australia (Western Australia) Inc., 755 Albany Highway, East Victoria Park, Western Australia, 6101**

**MCCARTHY, Ms Helen May, Manager, Couple and Family Counselling Program, Relationships Australia (Western Australia) Inc., 755 Albany Highway, East Victoria Park, Western Australia, 6101**

**CHAIR**—Although the committee does not require you to give evidence under oath, I should advise you that the hearing is a legal proceeding of the parliament and warrants the same respect as proceedings of the House itself. The giving of false or misleading evidence is a serious matter and may be regarded as a contempt of the parliament. I understand that you are going to make a presentation to us. So can I invite you to do that at this stage.

**Mr Hall**—Thank you very much. We appreciate the time and the opportunity given to us to attend this morning. Relationships Australia (Western Australia) welcomes this inquiry and the interest in particular of the committee members in the field of work in which we are engaged under the banner of family services. The national body of Relationships Australia has lodged a submission to the inquiry and we would be happy to address any issues in that submission. However, we have been particularly asked to give a presentation to the committee on the Build Better Relationships project. I am aware from records of previous hearings that the committee has an interest in this project, which is a unique initiative in Western Australia.

In May 1995, with the major funding having been provided by Healthway—the Western Australian Health Promotion Foundation—with financial assistance from the Lotteries Commission of Western Australia, with the support of the current Premier of Western Australia who officiated at the launch of the project and with public endorsement of the project by the Governor of Western Australia, Relationships Australia (Western Australia) launched a relationship enhancement project for young couples. The Build Better Relationships project aims to enrich and enhance the relationships of couples aged 23 to 30 in Western Australia. The project is the first project of its kind in Australia and links health promotion and the human relations area.

Planning for the Build Better Relationships project commenced in 1992. Its development arose out of concerns held by Relationships Australia (WA) management and staff in several areas: the apparent almost total preoccupation by governments and the community at large on family and relationship breakdown and a strong belief held by Relationships Australia (Western Australia) on the need for better resourcing of relationship enhancing programs; a commitment by Relationships Australia (Western Australia) to ensuring that the focus on family issues and relationships continued to receive high priority beyond the 1994 International Year of the Family; the considerable debate and discussion that occurs about the need for more preventative measures to promote quality of human relationships issues but with hesitation and considerable questions yet to be answered about how best to identify and implement these measures plus how best to predict and evaluate their effectiveness; and statistics and facts about relationships trends, relationships formation and relationships breakdown which do not appear to match the wishes, myths, beliefs, unrealistic expectations and often misinformation about relationships which many young couples in particular carry,

especially concerning relationships in general.

There are also concerns about the need to rectify the large imbalance that exists in the allocation of resources between remedial and preventative programs and services; the underutilisation of counselling and education services by particular groups in the community; the need for a better understanding of relationship issues by particular professional and para-professional groups; and how they can make better referrals to services available.

The impact of this project is limited only by the inadequate level of funding and resources available to it. Relationships Australia (Western Australia) has been extremely grateful to Healthway and the Lotteries Commission for their funding support of this project and also for the range of small sponsorships and donations which have been received from individuals and members of the business and industry in Western Australia to help support the project.

We have also linked and expanded our relationship education activities which are funded by the Commonwealth so that they are more integrated into a major strategy adopted by this project. The project's future success will be greatly enhanced by a greater investment of resources and funding. I will hand over now to Lucy to give a presentation to you on various aspects of the project.

**CHAIR**—Thank you.

*Overhead transparencies were then shown—*

**Ms Henry**—I am particularly pleased to be able to present to you a brief overview today of the Build Better Relationships project. I will be running through briefly the aims of the project and then talking about some of the strategies and presenting a small portion of our media campaign so you can get a flavour of what the messages have been about. I also have information available from our market research if you are interested in more detailed statistics.

This is an extremely exciting project. It has also been a very challenging one. This is the first project of its kind in Australia in that it is a large-scale community education campaign. One of the difficulties of this project has been that, because there have been no projects like this previously, we have really had to start from scratch in developing our messages and our strategies. We have combined health promotion with the human relations area and again this is a new combination.

It is a three-year project. The three years worth of funding finishes in November this year and might I say it has gone very quickly. The project uses a variety of community education strategies. The major funding source for the project has been from Healthway. They funded the project for \$287,000 over three years out of which comes a proportion of my salary, all of the budget for the media scheduling and development and the market research. When you break that down on a year-by-year basis, it leaves us with a relatively small media budget of approximately \$37,000 to \$50,000 a year and when you consider that a television campaign requires a minimum of \$120,000 that is a small budget. We have also received assistance from the Lotteries Commission and from other funding sources such as the rural access program and the migrant access program as well as sponsorships from radio stations and from other businesses in the

corporate sector.

The broad aim of the project is to enrich and enhance the relationships of couples aged 23 to 30 years in committed relationships by which we defined those who are living together or those who are planning to live together. I think in retrospect the age group should have been broader for the campaign. The strategies would be the same whether the target group was 20 to 35 and, in setting a narrower target group, it has just made the evaluation of the project more difficult. So if we were to run the project again, I would suggest an age range of, say, 20 to 35 years.

As I said before, this project is based on a health promotion model. The definition of 'health promotion' is: health education and other approaches aimed at changing living conditions and lifestyles for the purposes of promoting health. So you can see that health promotion encompasses a wide range of strategies. There is an educational component but there are also strategies aimed at changing the wider society environment.

I am sure members of the committee are aware that there are many links between relationships and health. Some broad statements are that people in supportive loving relationships are more likely to feel happy and satisfied with their lives; they are more likely to be healthier and to lead healthier lifestyles; and they are less likely to have mental health problems. There are numerous studies which support these data and we can forward them to the committee at a later time.

The links between relationships and health become more noticeable at the times when there are difficulties in the relationships or at the point of breakdown. We know that difficulties and relationship breakdown are associated with physical and mental health problems, work and productivity problems, and therefore have a wider impact on the financial and economic aspects of the society.

The next slide is a very brief summary of some the relationship trends. I am sure you are aware that the current divorce statistics are somewhat awesome: one in three first marriages end in divorce; two in three subsequent marriages end in divorce; and 20 per cent will divorce within the first 10 years. Some of the trends that are less well known and that give us clues to the fact that there may be potential for change in those statistics are that 37 per cent of people regret their divorce five years later—I think this is a quite surprising statistic—up to 40 per cent believe their divorce could have been avoided and only 10 per cent of couples seek counselling before they divorce.

There was a large market research survey done by Legal Aid and Family Services. The survey was conducted by AGB McNair and the statistics from that are also very interesting. In reference to relationship counselling, 96 per cent of the population had heard about it, 75 per cent thought it would be helpful if they had difficulties, 68 per cent said they would be willing to use it, but when it came to the crunch, only 12 per cent had. I think there are strong messages here. We need to do more than just inform people about services. We need to try to change some of their attitudes which act as barriers to them using the service.

There are also some similar statistics regarding relationship education courses. These results are from our own market research in Western Australia. We asked people if they thought that doing a course would enable them to learn new things about their partner and 53 per cent said they thought it would and 60 per



cent said they thought it would be a chance to learn new skills. But, when we asked whether people would seriously consider doing such a course, that dropped down to 30 per cent. So people think courses are a good idea, but they are good for other people who need them because 'I don't need it in my relationship'.

Why do couples not participate in relationship education? I think there are some key beliefs in here. Couples need to think that they are at risk of relationship breakdown. Even though the statistics on divorce are obvious, most couples when they marry really do believe that their relationship is going to last for a lifetime. They also need to think that doing a course will make their relationship better and/or prevent it breaking down.

I think at the moment there is not a lot of community support for the need for relationship education. For example, if I were to talk to my friends or my family and say, 'I am thinking about doing a course on relationships' the feeling would be, 'Why do you need to do that? Have you got a problem in your relationship?' So there is still a focus that counselling or courses are for people who have problems; they are not to build a strong foundation for your relationship in the beginning.

Some of the myths and assumptions around that area are that love is all it takes to make a relationship work—and I wish it were the case—that relationships happen naturally and that, if it does not work, it is because you chose the wrong person. So it is quite an external focus there. It is not about, 'I have control over my relationship. If I learn some more about some skills and expectations I could make it stronger.'

The focus of the project is a very positive one and we are really trying to get to people when their relationship is strong at the beginning stages so that they can build a foundation. That does not mean that they can take the rest of their lives off, but if the relationship is strong in the beginning, it stands a much better chance.

The reason 23- to 30-year-olds were chosen in the beginning is that this is the age group that seems to be most at risk of relationship difficulties and breakdown. It is the peak age of marriage and, interestingly, also the peak age of divorce. As I said earlier, if we did the project again, we would be looking at, say, the 20 to 35 age group.

We have also identified and have been working with a range of secondary target groups and these are people who are likely to come in contact with couples in our primary group—people such as marriage celebrants, ministers of religion, teachers, the media, medical practitioners, counsellors, psychologists, social workers, community workers, nurses and other health professionals.

The emphasis in working with these groups has been along the lines of appropriate referral to professional relationship services. We are not expecting marriage celebrants or ministers of religion to be able to counsel people, but just to pass information on. If they think a couple might benefit from counselling, then they should refer them to an appropriate agency.

One of the main strategies we have used is the media. We have also developed and distributed a range of resource materials. You would have received some samples of those in your packages that were submitted to the committee earlier. We have undertaken a lot of public relations activities, things such as displays in

shopping centres. We provide a range of relationship education courses and we have been looking at dealing with the professionals in those secondary target groups.

I am now going to present some examples of our media campaign. In the first year of the project, Healthway supplied us with 18 billboard sites in the metropolitan area free of charge. So we developed a billboard. This was a very difficult concept to try to reduce onto a billboard when you consider that most people have three seconds to look at a billboard as they are driving past in a car. This is a very complicated message and trying to distil it into a short version was very difficult, as I have said.

I will now show you this miniature version of what we put on the billboard. We ended up with very good recognition of this. About 43 per cent of people in the 24 to 39 age group had seen the billboard, which for 18 sites was good recognition.

I am now going to play four of our radio advertisements. The radio ads needed to have a very particular tone when you consider that our age group was 23- to 30-year-olds. They needed to be light but also to have a serious message so that we were not appearing to be frivolous. The radio ads are based on the skills of communication, being able to resolve conflict, being able to manage anger and being able to sort out the day-to-day issues in a relationship.

*Audio tapes were then played—*

**Ms Henry**—Those advertisements worked very well for us. We found when we evaluated the campaign at the end that 37 per cent of people had seen or heard advertising about how to improve their relationship. Given that we had such a small budget that was an excellent result. We also received very strong anecdotal feedback that people liked the ads, they found them quite amusing, but they were also picking up the correct messages about the campaign. I will give you some further results on that in a while.

The other strategy that we used was press advertising. I will give you a sample of one of our press ads which reads:

Darling, your deeply blue eyes drive me crazy especially when they keep staring at the newspapers while I'm trying to tell you about the day I've had.

Relationships go better when you take time to talk about problems. If we can help, we're Relationships Australia. For information, booklets or courses call 470 5109.

So the emphasis in this campaign was very much on trying to provide people with some information, but to encourage them to deal with their relationship themselves—to really empower them to think that they can make a difference in their relationship. If they do want extra information they can call us. The advertisements in the papers were approximately four columns by 20 centimetres deep and in one colour.

We have also been particularly successful at gaining a lot of unpaid media coverage. To June last year that amount was over \$237,000 and that comprised newspaper stories, media interviews and television and current affairs. So there is a lot of community interest in the areas of relationships and how to improve them.

I have with me an example of a story that appeared in the *Australian* immediately after the launch of our project. We got a large piece with a photograph on page 4. So how do we know that the campaign is working? As I mentioned earlier, between 28 and 37 per cent of people had seen or heard advertising about how to improve their relationship. Some 69 per cent of people liked the advertisement and these are just couples in our target group. The market research was done by Intercept survey. We conducted a baseline survey before the start of the first media campaign. We then surveyed people following each media campaign. So we now have three waves of results.

When we asked people about what message they thought the campaign was giving, 36 per cent said that help is available, 33 per cent said communication is important, 14 per cent said they must work at a relationship and 12 per cent said counselling can improve your relationship. We know that people are picking up the right messages from the campaign.

We also asked respondents how relevant the advertisements were to people their age in a relationship. Some 80 per cent said that that was very or quite relevant. Interestingly, this was slightly higher in males, 83 per cent, than in females, 76 per cent. Those in a relationship of less than two years were more likely to state that the advertisements were personally relevant. I think it is important when we are looking at the results of the media campaign to be realistic about the length of time and the amount of money that it takes to effect a change in attitudes to relationship education and counselling. To date we have not seen a large increase in the numbers of people in our community surveys who said that they would be likely to undertake relationship education. What we have noticed at our agency is that now our courses fill very early. That has not translated through to the rest of the community.

We also asked people if they had a problem in their relationship what they would do to try to sort it out. Some 90 per cent said that they would talk to their partner to sort out any problems—this was up from 59 per cent in our baseline survey. Some 35 per cent said a counsellor was an option—that was up from 18 per cent in our baseline survey. That is not a statistically significant result. The issue of statistical significance is based on the numbers that we surveyed. We surveyed 200 people in our first survey. That is a relatively small number. I think there is an argument for more extensive surveying of couples to find out what their knowledge and attitudes are and some of their behaviours in relationships.

We also asked people what they thought the warning signs of problems were in a relationship. Those who said a lack of communication was an early warning sign went from 59 per cent in the baseline up to 74 per cent. Those who said arguments were an early warning sign went from 26 to 37 per cent. Those who said lack of sex went from five to 19 per cent. I do not know where that one came from.

The evaluation that we are undertaking in the project is market research. I have presented some of those results to you today. We also conduct evaluations of our courses. We conduct evaluations of our professional development programs. We also have an extensive yearly review from the funding body Healthway.

I think some of the key achievements of the project are that we have used a reference group throughout the project and this comprises people with expertise and interest in the areas of the project. That has been a very successful strategy. We have conducted the first couple of surveys in Western Australia. We

have developed a large range of high quality printed resources. The launch of the project was particularly successful. About 200 people attended the launch. We also achieved media coverage on three metropolitan stations in Perth and we did radio interviews Australia wide. The media campaign has worked very well. We have achieved a significant amount of unpaid media coverage and we have also developed a strategic plan for the project for the whole three years and that is updated regularly.

In summary, the Build Better Relationships project is a three-year project. It is the first of its kind in Australia. It aims to enrich and enhance the relationships of couples aged 23 to 30 years who are living together or who are planning to live together. To do this it uses a variety of community education strategies. That is the end of my formal presentation. I am more than happy to answer questions about the project.

**CHAIR**—This project comes to an end this November, does it not?

**Ms Henry**—Yes.

**CHAIR**—You were talking about the evaluation of this project; will there be an evaluation when it comes to an end or towards the end?

**Ms Henry**—The final market research survey will happen after our media campaign which is scheduled for June and July. After that time there will be comprehensive reports written up about all of the strategies used in the project and their effectiveness.

**Mr Hall**—We are looking at ways to continue with the project. One of the strategies has been to integrate the messages right across the organisation so that they are impacting across all our programs in terms of what we are promoting as important messages to the community.

**CHAIR**—You said that the market research indicates that there is a higher recognition level in the community of relationships and relationship issues. In terms of that translating into people actually doing something, which is the next step, if you like, you said that courses are filling earlier. Can you elaborate on that?

**Ms Henry**—My understanding is that before the project started it was sometimes a struggle to fill our courses. The courses that I am referring to are the relationship enhancement courses. Since the media campaign, those courses have filled very well. We have also started a range of relationship education seminars. These are two-hour lecture style seminars. They are designed to be fun and informal and to give people some ideas about issues they might want to talk about in their relationships and some tips and suggestions. They have also been filling very well.

**CHAIR**—How many courses and seminars do you conduct in a given period?

**Ms Henry**—We conduct approximately eight or nine seminars a year. They are conducted once a month. Would there be four courses a year?

**Mr Hall**—A bit more than that—about eight a year, specifically in relationship education.

**CHAIR**—How long do they go for?

**Mr Hall**—That particular one is run over a weekend from Friday night through to Sunday afternoon. As Lucy has mentioned, there is a growing interest in the one-night specials, as we call them. I think there were close to 60 attendees at the latest one-night information session, which was held about two weeks ago.

**Ms Henry**—The seminars have quite catchy topics like ‘How do you make a relationship work?’. We have also conducted one on hot tips for dating in the 1990s.

**CHAIR**—The end of those radio messages finished up something like, ‘But, hey, you seem to be getting the hang of this.’ You have done some evaluation which suggests it has been very effective. The only concern I had with that was whether that tended to reinforce the earlier concern you had expressed that people felt that relationship education was for others and did not apply to them. I thought that perhaps the end of that radio message tended to reinforce that.

**Ms Henry**—We did not want to be giving people a message that the only way they could deal with their relationship problems was to come to Relationships Australia. We wanted to be able to give them some information and to get them thinking about the need for relationship skills and the need to obtain more information. For most people that is a very foreign concept. So we did not want to be going in there with the proposition that the only way that you can sort out your relationship is to do a course; most people would completely switch off at that point.

As one of the initiatives to try to distribute information in a way that is acceptable to our target group, we are developing an Internet site, which will have comprehensive information about relationship skills such as communication, fighting fair and the stages of a relationship. There will also be a relationships quiz that people can do and information about our courses and seminars.

**Mr Hall**—This campaign has not been about promoting Relationships Australia, although that is a secondary benefit. Sometimes it has been a secondary nuisance, as we have got more than sufficient demand for our services as it is—a demand that we actually cannot meet. It is really a message campaign out into the community, just as there are other health messages that we are trying to get out to the community. That has been the thrust. The fine balance between the two always is quite tricky.

**CHAIR**—How can we get more people to actually do something—whether it is a course or a pre-marriage inventory or something else? There is still that gap between the awareness level and the actual doing of something. I think the statistics show that, if you just talk about courses, about one in five couples getting married undertake some form of program and also that the great bulk of those are those who are being married through some church or religious celebrant rather than a civil celebrant.

I am particularly interested in what happens with the civil celebrants. I am not saying that we could not perhaps do better through the religious celebrants, but we are doing a fairly abysmal job in terms of getting couples who are being married civilly to do something. I am interested in your experience of that. What proportion of couples who come to either the seminars or the courses are being married civilly rather than in some church setting? I suppose the more fundamental question is: given your experience of the

campaign and your experience generally in this area, can you make any suggestions about how we can change that situation?

**Mr Hall**—In relation to the first point, I do not think this campaign is any different from any other public education campaign which is about getting messages out into the community, say, about what they can do to prevent heart disease. What we have been up against, which I addressed in my opening statement, was the lack of sufficient resources to have sufficient penetration throughout the community. But I think we have got some clear indications that we are having some impact, limited as that may be. So I do not think the challenges are any different in that sense.

I think it is a matter of having adequate resources to get those messages out there with a much greater impact than what we have got and also then the ability to do the pre and post research into the effectiveness of that sort of campaign. I do not think we have tried that anywhere in the country. I think we are really just piloting that concept on a small basis here in Western Australia. It would be the desire of Relationships Australia nationally, and certainly in Western Australia, to see that sort of campaign mounted, with some very clear evaluation as to its effectiveness.

**Ms McCarthy**—We have had some experience in getting the message out to groups in that we have a community development officer who is working with us and the communities who are linguistically and culturally diverse. We run with people called bicultural educators in that project so that we connect up with the communities and let them know about our services and know what counselling is about. In relation to attitude changing, that has been very successful. It is possible for us to adapt that kind of method in terms of changing attitudes to relationships generally.

**Ms Henry**—As service providers, we also need to be more flexible in the services that we provide. Courses may be clinically the best way to improve couples' skills and to increase their knowledge; however, if only a small percentage of people are prepared to do those courses, then it is not all that effective. So maybe we should be asking people, 'If you were looking to improve your relationship, what sorts of things would you do?' It may be that they say, 'We want some exercises to do at home; we would like a video; we like seminars more than courses; we like the Internet.' So I think we also need to be more flexible about what we provide and how we provide that information.

**CHAIR**—I do not want to look like I am labouring the point, but I think we have to address the civil celebrant aspect of the matter. Can I push you a bit further on that. Mr Hall, I know that you have had a background in Centrecare, so you have seen both sides, I suppose. Why is it that civil celebrants are not referring couples, or are they referring couples and the couples are reluctant to do anything? Is there an impediment in the system? What is the situation?

**Mr Hall**—I think it would be fair to say that from our experience—I do not have the statistics with me, but I would be happy to provide those—the civil celebrants are poor referrers into our services, full stop. How to address that, I am not sure. I notice from the records of previous hearings that some people have talked about some of the selection and training processes that we need to engage the civil celebrants in. We have actually tried some of those strategies.

**Ms Henry**—We have done a very small survey of civil celebrants. I think our total proportion was about 60 celebrants, so it is not a large sample. We found that there were some celebrants who were very supportive of the idea of handing out brochures and talking to couples about what they could do to develop a good relationship. Some civil celebrants saw it as none of their business, that their role was to marry the couple and that was it. So maybe there needs to be more input into who we are selecting as celebrants and what their role should be. Is it just to marry the couple or is it to provide a pastoral mechanism as well?

**CHAIR**—And what do you think their role should be?

**Ms Henry**—It is a difficult one. Some couples would be very resistant to the idea of someone telling them that they might need to work on their relationship, but if we could get all celebrants to hand out a brochure and say, ‘You might want to consider this. The courses are excellent. They are good fun,’ I would be happy with that.

**Mr Hall**—I think what we are also fighting here is some of the traditional stigma that has been associated with this whole area. Again, it relates to Lucy’s whole presentation, that the moment you mention counselling services or whatever somehow you have to have this massive problem. Part of this project has been very much around normalising counselling, normalising education. As we all know, it is avoiding the ‘bottom of the cliff’ mentality and getting to people earlier in the relationship. I think the difficulty couples have is being able to actually identify, in the moments of romance, that there could be problems later on down the track. There is an unwillingness to address some of those. They have been evidenced, I think, in a lot of the myths that have been perpetrated.

**Ms Henry**—It is a very long-term process to change those sorts of attitudes. It would be unrealistic to expect that a three-year project with a budget of \$287,000 would significantly change community attitudes. I think it is possible, but it is a long-term strategy and it needs a significant resource commitment.

**CHAIR**—Given there are limited resources in this area—and they are still limited, despite the fact that the current government and the previous federal Labor government increased resources to the areas, so there is some commitment there from the Commonwealth, I suppose—we want to be assured that what we are doing is building on what we have got. I do not mean this in a deliberate sense, but rather than ‘wasting’ them, I suppose.

**Mr KELVIN THOMSON**—You referred to divorces being 20 per cent in the first 10 years. Is that 20 per cent of all couples or 20 per cent of divorcing couples?

**Ms Henry**—Twenty per cent of divorcing couples. That is an Australian Bureau of Statistics result.

**Mr KELVIN THOMSON**—Does that mean that 80 per cent divorce after 10 years?

**Ms Henry**—I guess it would, yes. The relevance of that statistic is that in the 1960s it was only about five per cent of couples divorcing in that first 10 years. So that has risen substantially to 20 per cent.

**Mrs ELIZABETH GRACE**—You were talking about your seminars and courses filling much more rapidly than they have in the past. Are you keeping any statistics on this? Are you doing any follow-up as far

as longitudinal studies on couples that are coming to your courses? Is there any mechanism in place for any of that?

**Ms Henry**—We are not. We are currently surveying people approximately a month after they do the course. A longitudinal study needs to be statistically robust and we do not have the resources to be able to do that. But it would be a very interesting survey.

**Mrs ELIZABETH GRACE**—I was thinking that, following on such an extensive and concentrated media campaign, it would be an excellent opportunity to pick up and evaluate from the results of the campaign on a longitudinal basis. That was all.

**Ms Henry**—It would be. That would be a very interesting study. This was primarily a Healthway funded media campaign, and we can evaluate the results of that media campaign. We can do internal evaluation within the agency. We do not have the resources to longitudinally study couples doing our courses, which is a shame.

**Mrs ELIZABETH GRACE**—And you did say that you are trying to keep this program going and keep it up and running. From what we have seen, I think that is probably a very good thing. Are you going to use the material nationally or is it still going to be in Western Australia?

**Mr Hall**—We have talked at the national level within Relationships Australia about the use of such a campaign. We are actually anticipating, as are representatives from some of the other national peak bodies, reference groups with the Attorney-General's Department staff in relation to looking at community education campaigns or some sort of strategy, together with an evaluation about the effectiveness of relationship education. Certainly, through those channels we are having significant input into what we have learnt in Western Australia and trying to match that with what other states are doing. But that would certainly be a hope.

**Mrs ELIZABETH GRACE**—As I say, from what we have seen this morning I think it would be something that should be considered.

**Ms Henry**—The difficulty is that there are limited sources of funding for this sort of program. In Western Australia the only organisation that we know that would fund a project of this scale is Healthway. They tend to fund one-off projects. They occasionally re-fund a project for a limited period of time. They do not fund projects on an ongoing basis. So if we do not get funding from them, it is limited.

**Mrs ELIZABETH GRACE**—Chris, you said in your opening statement that everything would be enhanced by more resources and more funding. If you had a wish list—besides money, because money is what you need to produce your resources—what sorts of resources would you see as a high priority?

**Mr Hall**—The areas we think are worth canvassing are things like some concrete resources that people can actually get a hold of. There are a number of things that this project has produced by way of T-shirts, et cetera, that will get the messages of the campaign into the community.



**Ms Henry**—The other thing would be looking at self-help kits that couples could use at home. My strong feeling is that it is worth continuing with the media campaign so that we can continue to increase the community's knowledge and awareness of relationship issues. I think that is a very important umbrella under which the other strategies can sit.

**Mr Hall**—We have been very committed to ensuring that we do not just simply have a shotgun approach to this in the sense of trying everything without actually adequately evaluating what we are doing. So we have, for example in terms of establishing this self-help kit, applied to a number of funding authorities for assistance to produce that, all of which have been unsuccessful. Part of that was very much attached to a comprehensive evaluation as to the effectiveness and the penetration of those sorts of kits.

**CHAIR**—Do you have any comments on the present mechanism of funding by the Attorney-General's Department of marriage and relationship education?

**Mr Hall**—I suppose we are struggling with two systems at the moment. Firstly, we are operating under the old block grant system for some of the funding. In recent years, as the department has moved to target funding better in terms of high needs areas, et cetera, we are now struggling in that system as well. So we are accounting on two different fronts in terms of the guidelines we are operating under.

I suppose the biggest concern we have is the years that have gone with totally inadequate funding. I think we had, up to about two years ago—I would need to clarify the exact timing—something like \$10,000 or \$15,000. That would barely buy you five hours a week of somebody's time, let alone trying to administer that kind of program.

My comment would include a totally inadequate infrastructure able to support community and relationship education in its own right. What that basically means is that we have to rely on the infrastructure established by the organisations to support that, in particular we directly and indirectly draw on the resources of other funded programs in the sense of expertise in the organisation. They would be some comments I would have.

**CHAIR**—Is the new system of identifying areas realistic? I am not sure exactly what the areas here in Perth are: south Perth, north Perth, the east and whatever.

**Mr Hall**—Yes, I think it is. There are some particular problems with the level of funding that we were aware of at the time of actually applying for the funds. The level of funding, for example, provided to the East Pilbara region is \$40,000, I think, over a three-year period. It is going to be very interesting to see whether we can deliver effective services on that sort of funding given the high costs of a fly-in, fly-out service, which is the only sort of service that will operate effectively in that sort of a region.

I think what has been improved significantly has been the department's administration of the funding and accountability for the administration of that funding. The processes of tendering or expressions of interest are far more transparent than they have been—we believe far more equalised in terms of opportunities presented to community-based organisations and other organisations to apply for that funding. In terms of the administration, I think we would support what has happened and the developments that have occurred. The

areas of concern still are around the targeting of funding under the current program structure which gives little flexibility to really get on and provide an integrated set of services to couples.

If I can put in a comment there, we see a lot of counselling as preventative work. Education is largely preventative work. But we have this artificial demarcation in how we administer those sorts of services and programs which we believe is a very real problem to making our services much more customer focused. In Western Australia we will be looking, as part of a restructure in our organisation that is occurring at the moment, at implementing more of an integrated case management approach to the delivery of our services, at the same time maintaining our accountability for the use of taxpayer funds through complying with the various guidelines that are in place.

What we are trying to do is to reorganise our resources in such a way that they are actually going to meet the needs of our customers, in addition, I should say, to the needs of the funding authority, but that not being the primary focus of what we are on about. We have canvassed that and talked that through at some length with the Attorney-General's Department. As I understand it, they certainly have some interest in that sort of approach, but I think it will require eventually some sort of breaking down of the demarcation that exists between program funding and administration. That is why I think we are particularly encouraged by the preventative focus of this inquiry.

**Mr TONY SMITH**—I question really what you are trying to achieve with this three-year program. It seems an awful lot of money. What were you trying to achieve? Were you trying to identify what people would do as a result of hearing these messages? Were you identifying whether there were people out there who would otherwise have had their relationships break down, but who re-established their relationships because of the program, or who have managed to avoid those pitfalls or breakdowns?

**Ms Henry**—It is a positive project, so it is much more focused on the prevention of relationship difficulties. If couples do have difficulties the emphasis is then on seeking help early, but we are also trying to promote the idea of needing skills in the relationship and needing to obtain information about relationships.

**Mr TONY SMITH**—I was recently at a business-type sales seminar where it was great at the time but within a week you have forgotten about it because you are too busy to get on with it. You think, 'I should do that' but you never do.

**Ms Henry**—That is the argument for an ongoing campaign rather than one that is a one-off. The successful health promotion campaigns, for example, the 'quit' and now the 'smoke-free' campaigns have been conducted over a long period of time—in Western Australia it has been over 10 years or so—and it is now that the attitudes towards smoking across the whole community have changed. It is becoming unacceptable for people to smoke in restaurants; we are looking at smoke-free workplaces and often smoke-free public places. In the beginning of that campaign the messages were very much health-based in focus: 'Smoking harms your health.' It is now: 'Smoking harms other people's health as well.' The community change was starting with an attitude change in the beginning. It is now very much a structural change and that process takes time. That would not have been achieved with a one-off campaign.

**CHAIR**—Going back to those health campaigns, to what extent do you believe the changed attitudes

were because of the broad educational message such as you have just described, or to what extent did changes in laws have an educative value? I am thinking about a range of health programs. Take smoking and the fact that you can ban smoking in restaurants. These days if you walk through the city of Perth, no doubt at about 10 a.m., you will find whole groups of people standing around the entrances of buildings smoking because, for occupational health and safety reasons, smoking has been banned by law in buildings.

In Victoria, and probably elsewhere, you have had campaigns relating to traffic safety with graphic advertisements on television, but also you have had substantial tightening up of laws so that, even in speeding, if you go more than 30 kilometres per hour over the limit you lose your licence—a no questions asked type of approach. I am interested in the broader question. I suspect that the two go together but I am interested in your view of how much changes in laws or regulations which actually—although we do not like to admit this—force people to act in a certain way, are part of the program.

**Ms Henry**—That is a very interesting question and the definition of health promotion is a very broad-scale campaign. It does include education, but it also looks at a range of structural measures as well. In reference to the smoking campaigns, the community education messages about smoking being bad for your health were also combined with initiatives to increase the price of tobacco, because that has been shown to be a very strong indicator of reduction in use. They also looked at legislation as well, so there are smoke-free workplaces. We think it needs to be part of a whole package. Community education on its own is not going to change the world, on the other hand legislation is not going to change it either, you need people to be supportive of the legislation, as I am sure you know, before the whole package works together.

**Mr TONY SMITH**—I take it from that particular study that your target group was from 23 to 30 years old. Did that mean that if you were over 30 you could not participate?

**Ms Henry**—If you were over 30 you were excluded from the market research survey. That was one of our screening criteria with age. It did not mean that you could not listen to the radio ads or that you could not participate in the courses. My point about the evaluation of the program was that the strategies were suitable for a much wider age group, but evaluating only that seven-year age group made it much more difficult.

**Mr Hall**—I think in hindsight that we would have definitely gone for a broader age group. I think when you are looking, in particular, at some of the trends that are taking place in terms of divorce statistics, for example, where people now are divorcing later than they were earlier, some of those trends are escalating, particularly in recent years. The design for this project actually dates back to five years ago now and at that time we were looking at figures around the 30-year age mark. Again, in hindsight, we would have done it quite differently.

**Mr TONY SMITH**—I suppose you cannot have a second marriage breakdown without having a first one, but it seems to me—given that the statistics are quite horrendous: 66 per cent and greater for second and subsequent marriages—that second breakdowns are even more horrendous than first breakdowns because generally they combine a whole plethora of children, step-children and otherwise. It seems to me that your targeting must be broader to capture those people as well to ensure that you are addressing what is an horrendous position of people in that greater age group. I do not know whether you have seen that particular

publication *The effects of marital separation on men—10 years on*, but it is an excellent one and perhaps gives the clue to why so many subsequent marriages break down as well, at least one of them anyway. I am probably more or less making a comment rather than asking a question, but do you have any comments about that?

**Ms McCarthy**—Our services target quite a lot of that area. Counselling is designed for people who are going through separation to get over that, to look at their contribution to the past relationship and how they can change to make a more successful second one. We have relationship education courses for people who are going through separation. We also have a family skills program in Bunbury that targets men who have broken up and who are looking for parenting skills in order to be more effective with their children, either on access visits or in having the children in care. The campaign does not actually target those groups, but our services do.

**Mr TONY SMITH**—I want to pick up on Elizabeth's point too. Do you later follow up people who have come to your service for help, for example, at 12 months, two years, three years, four years or five years? Do you follow them up to see how they are going?

**Ms McCarthy**—An extensive Australia wide survey was done eight years ago by the Institute of Family Studies, which allowed a follow-up about a month after counselling and then six months later. This was an Australia wide study, and they had the resources and finances to do it. Unfortunately, all of those things cost money. So we were just able to do fairly small evaluations immediately after.

**Mr TONY SMITH**—May I just say that I find that a little extraordinary. Are you not in a position to make one phone call? You have a system which allows you to see the people who have been to you and have had counselling. You could make one phone call and say, 'Look, are you still together? How is it going?' Otherwise, if they are not, then your system has to be looked at, I would have thought.

**Mr Hall**—I am not sure what that will tell us. It depends on who is making the phone call for a start, so there is a whole lot of research methodology there that needs to be looked at. If you have the counsellor ringing up six months later, saying, 'Look, how are you going,' you may, in fact, get back quite a biased report on the progress that has been made. It comes down to a resource issue. We would love to do what you are saying.

The difficulty that we have is that a lot of the couples that we deal with move, particularly if there are domestic violence situations. So, even in terms of being able to get to them on a waiting list, by the time we have got down to the bottom of the waiting list, often 50 per cent of the people who are on that waiting list have actually dropped off because they have had to move out of violent home situations or whatever. So I think there is a range of ongoing problems with what you are suggesting.

I will just come back to the point that the strategies we employ as an organisation to deal with these issues are not limited to what the Build Better Relationships project is achieving. For example, in terms of addressing men, we took a strategic decision four or five years ago to take our services into the workplace. Part of the rationale for that was to ensure that there was better access for men who traditionally—as the Institute of Family Studies research back in the late 1980s showed quite clearly—were one of the major

groups as under-utilisers of the sorts of services that we provide.

So part of what we are on about—not only our organisation but a number of local organisations and organisations in other states and territories—is looking at ways in which we can improve the access to the services and take our services to the community and to those groups who traditionally have been under-utilisers. Again, they raise all sorts of resource issues about the capacity of that and the willingness of business and industry to pay for those sorts of services outside any government subsidies.

**Mr TONY SMITH**—Do you have a view about celebrants basically making a living out of marrying people? Do you see that there is a problem there with their inclination to send people to counselling, measured against perhaps their inclination to marry as many people as possible in order to make their living? Do you have a view on the notion of people making a living out of being a marriage celebrant?

**Mr Hall**—It is interesting; I was at a business lunch the day before yesterday and that same accusation was put to us—that we were actually making a living off those people who are disadvantaged in the community and are suffering as a result of separation and divorce. So in some ways we are accused of having quite a self-interest in the whole area.

I think it comes back to Mr Andrews' question about the impact of things like legislation. What we would be advocating is a whole-of-community approach and recognition of the importance of these sorts of issues as we now have in the area of smoking, as we now have where at least there is some recognition in the community about, 'Look, if you don't look after your heart, this is the impact that you are going to experience at some point down the track.' But as organisations we do not see that as our primary responsibility; we see it as an all-community approach that is needed—business, industry, governments and the sorts of industry that we are in, working together to achieve the same sorts of outcomes.

**Mr TONY SMITH**—The statistic I was very interested in was the 37 per cent regretting divorce five years later. That is one that really must get out there. I think that one is a very important public education statistic.

**Ms Henry**—Yes, it is. We have included that statistic in our brochures. It is certainly a statistic that was picked up when the project was launched in earlier times. The media picked that up quite strongly. I think the source of that is the Australian Institute of Family Studies. Is that correct?

**Ms McCarthy**—I think so.

**Mr Hall**—I am sure that is what the source for that statistic is. Yes, it is one that I think we need to heavily resource.

**Mr TONY SMITH**—I have a perhaps mischievous view that, if we educated more people about the child support scheme, the divorce rate may well drop. I do not think any of my colleagues would disagree with that, given the representations we get on that.

**Mr Hall**—We are also continuously reflecting on how we could legislate for people not to have any relationship problems, but I am not sure how we could do that.

**CHAIR**—Let us know when you work it out. I have one final question because we are running over time. You mentioned domestic violence. I do not want to open up a whole debate about that, but I suppose it is always difficult to know what the level of domestic violence is. There are various studies and all sorts of statistics around about that which tend to leave us a little bit confused about what the reality of it is.

I understand the department has domestic violence as one of the criteria in funded programs and therefore it is something you need to look at. Can you make an estimate—just a ballpark figure—of the couples who come to your courses or seminars for whom domestic violence is an issue, or is it not possible to make that estimate?

**Ms McCarthy**—I can tell you about an informal study we did some years ago on the clients who presented for couple counselling—that means they were not presenting as domestic violence. We took a sample in that group over a period of a month and about 40 per cent had either had or were currently involved with violence in the relationship. That figure would be greater now; that would have been about six years ago.

**CHAIR**—The trouble with that figure when we are trying to ascertain the level in the community is that they are people presenting with something they want to be counselled about and therefore you are getting a select group.

**Ms McCarthy**—That is right.

**CHAIR**—I am asking more about the couples who just turn up to the relationship education programs—the eight or whatever you run. Is it possible to make an estimate? You do not have an idea, I take it?

**Mr Hall**—The difficulty, and we have talked about this, is to try and get some information from them about the nature of the problems that they may be experiencing in the relationship et cetera. The problem with that is turning people off from what is an educative process to what verges on a therapeutic counselling orientation. I think that in terms of the growing sophistication in the area of provision of family services, it is an issue that we really need to come to terms with and determine how we are going to get that sort of information. We need to know a lot more about the profiles of the couples who are attending courses, why they are coming and what sorts of issues they are wanting to deal with. More particularly, we need to find out what issues they move away from as a result of that contact and how they are going to address them.

**Mrs ELIZABETH GRACE**—Do your self-help kits exist or are they something that you would like to produce?

**Ms Henry**—They are on our wish list at the moment. We do have resources that have tips and suggestions that couples can use. What we are hoping to do is to have a far more interactive process that will prompt the couple to talk about this or to talk about that.

**Mrs ELIZABETH GRACE**—Tapes and videos and things like that.

**Ms Henry**—Yes.

**CHAIR**—Thank you very much. I thank you for your presentation and for the discussion we have had this morning. It has been quite useful. Thank you.

[10.59 a.m.]

**SILBURN, Mr Sven Robert, Consultant Clinical Psychologist, TVW Telethon Institute for Child Health Research, PO Box 855, West Perth, Western Australia 6872**

**WILLIAMS, Ms Anwen Angharad, Senior Project Officer, Mental Health Program, Health Enhancement Team, Health Promotions Branch, Health Department of Western Australia, 189 Royal Street, East Perth, Western Australia**

**ZUBRICK, Associate Professor Stephen Rade, Head, Division of Psychosocial Research, PO Box 855, West Perth, Western Australia 6872**

**CHAIR**—Welcome. Although the committee does not require you to give evidence on oath I should advise you that the hearing is a legal proceeding of the parliament and warrants the same respect as the proceedings of the House. The giving of false or misleading evidence is a serious matter and may be regarded as a contempt of the parliament. We are in receipt of your letter of 26 September 1996 and the enclosures with that. I understand that you are going to make a presentation to us. I invite you to do so.

**Prof. Zubrick**—I have some opening comments to make and they will be followed by a presentation from Sven Silburn and Anwen Williams. Thank you for the opportunity to supply information to the standing committee relevant to its terms of reference. We also acknowledge that under separate cover we have provided the committee with copies of the three volumes of our major findings from the Western Australian child health survey. This is an opportunity for us to amplify those findings specific to your terms of reference and to also detail to you the manner in which our findings on families have been extended into practical applications in the health and family services sector here in Western Australia.

Our presentation to you today specifically addresses three of your terms of reference, notably those categories of individuals most likely to benefit from programs aimed at preventing marriage and relationship breakdown, the most effective strategies to address the needs of identified target groups, and the role of governments in the provision of these services. Our work is inevitably framed from the standpoint of children and young people in families, and in order to talk about aspects of family services we first need to talk about the consequences of family breakdown for children.

So we are going to start by talking about mental health in children and then link this to family function and structure. It is important to remember that today's children are tomorrow's parents. Much of what they will bring into parenthood and the families that they create will be carried from their experiences as children and young people today. For the past six years the TVW Telethon Institute for Child Health Research has been engaged in a major program of research into the nature and extent of child and adolescent mental health problems. This research has been aimed at developing a rigorous scientific framework to guide the development of programs and policies for prevention.

The need for this type of research has arisen from three main factors or challenges that we face here in Western Australia. First, in Australia as in other First World countries, there has been a substantial increase over the past two decades in certain mental health and psychosocial disorders which first become



apparent in the teenage years. These include problems that I am sure you are familiar with, including adolescence depression and suicidal ideation, substance abuse and juvenile offending. Over the same period there also appears to have been a rise in the proportion of younger children who are presenting with disruptive behaviour disorders. Those sorts of disorders include things like attention deficit disorder, aggression and other types of conduct disorder.

Secondly, services to support the mental health of children, adolescents and their families in Western Australia have largely been defined by the pattern of problems in individuals who use the services. However, if we are going to set targets for treatment and prevention of poor mental health then what is needed is information on both those children with and those without mental health problems. Prior to the WA child health survey no such Australian population base of data existed.

Finally, in contrast to other areas of child and adolescent health, preventative approaches in mental health have been very slow to develop. Comprehensive reviews of the available literature have recently been conducted in Australia by the National Health and Medical Research Council—I refer you to Beverly Raphael's report in that area as well as to reports in the United States—and these conclude that systematic preventative approaches that aim to modify risks for disorder are efficacious. They also indicate that the community cannot afford to pay the long-term costs of failing to take stronger steps in optimising the mental health and competency of the next generation of parents.

We have sought leave this morning to provide our evidence in the form of a database presentation so that we can condense and make more accessible some of the relevant findings from the Western Australian child health survey. These data describe some of the mental health and education implications of recent economic and social trends, and indicate that many of the most serious and distressing problems in children and young people are related to changes in family support structures. These reports, as I have noted, have been forwarded to you.

In this presentation we will describe how epidemiological analysis of the child health survey data contributes to an understanding of the nature and extent of various risks and protective factors affecting family functioning and the way in which these factors affect outcomes for children in terms of their health, education and general wellbeing. A key feature of all the material that we have presented in the child health survey is its emphasis on understanding what works for families and how this can be used for prevention.

We will also provide an example of the application of such an epidemiological analysis for the targeting and design of a large-scale population based family skills program that we have in operation here in Western Australia. Finally, we want to suggest ways in which governments could collaborate to ensure that policies in preventative services to support family function are jointly developed, and to recommend the need for a national agenda for family based research. With these opening comments, I will hand over to Mr Silburn to present the information. Thank you.

**Mr Silburn**—I will be telling you something about the rationale of the Western Australian child health survey and how these findings have been used in a large-scale demonstration project for prevention. To tell you something about the survey, it is the largest Australian survey of its kind. It involved in-depth interviews conducted by Australian Bureau of Statistics trained interviewers with the households in which

2,790 Western Australian children were living. These are children between the ages of four and 16. The sample is representative of the Western Australian population with one exception: we did not include Aboriginal families living outside the metropolitan area of Perth because of a number of technical and other difficulties in doing that.

The survey is unique in that it focuses on the three primary spheres of influence which shape the course of children's development. They are: the family, the school and the local community. The survey is very unusual in that it combines information from three separate sources. We sought information from parents about their circumstances of family life and details of their children's health and behaviour. We also sought permission from the parents and from adolescents to approach the schools where these children were enrolled to collect information from teachers and principals. We also gathered information directly from teenagers. That gives quite unique opportunities for data analysis and for fleshing out quite an interesting picture of what life is like growing up in the nineties.

The model that we have that guided the information we collected was based on the need to try to understand why it is that some children who are exposed to a range of adversities somehow overcome those problems and achieve good outcomes in terms of their mental health and their school achievement and may be less likely to take up substance abuse or juvenile offending behaviours. In doing that, we needed to establish at a population level the nature and extent of various protective factors and risk factors that may be operating in the lives of children and just what it is that tips the balance towards moving along a path of resiliency or a path of increased vulnerability. We looked at some very broad outcomes to help us map those processes, we also collected a lot of information about very specific disorders but, for the purposes of this analysis, we looked at some of those broad outcomes.

I would like say that I invite questions as I go along with this presentation. It would be helpful if you would ask questions as I proceed, rather than waiting until the end. I would be happy if that were possible.

*Overheads were then shown—*

To begin with, the survey describes the range of family circumstances that young people are living in currently. There are three broad distinctions that need to be made in looking at some of these other risk factors and how they might be distributed across different family types. For instance, about 72 per cent of children in this age range are living in original families with both natural parents, whereas nine per cent of families involve blended family arrangements and 19 per cent of families involve sole parent arrangements. You can see, on the right hand side, the number of children in this state that are in each of those situations.

Apart from changes flowing on from changes in rates of separation and divorce, there have also been major changes in the way families organise their working arrangements. With the increased trend for both parents to go out into paid employment, there are some things that begin to stand out. Around 74 per cent of one parent families receive incomes of less than \$20,000 per annum, and three per cent have incomes of \$40,000 or more. There are very few one parent families in the middle and higher income ranges. In many ways, one parent families have almost been seen as a proxy for disadvantage but that is not always so, and I need to show you why that is the case.

Almost half of all couple families, by contrast, have incomes of \$40,000 or more. What is interesting is that similar proportions of mothers in couple families and one parent families are working.

**CHAIR**—If 74 per cent of one parent families have incomes of less than 20,000, then can you conclude that the work they do is casual or part-time generally? It is obviously low paid, but is it mostly casual or part-time work?

**Mr Silburn**—Mostly, yes. In talking about families now, I think it is critical to recognise that the average family is a dual earner family, that more women participate in earning and that both fathers and mothers are working very much longer hours. The secondary care givers, usually the fathers, work on average 47 hours per week. That is on average.

The range for different occupation groups is quite large. There are some families working many more hours than that. Couple families average 72 hours of work per week, while some families averaged 96 hours of work per week. Just looking at Bureau of Statistics figures for 10 and 15 years ago, these represent huge increases in the amount of time which is not available for parenting and for family life.

Not surprisingly, over the period of our survey—the survey was actually conducted in 1993—we were able to look at, for each cohort of children born in successive years in our sample, what proportion of them had been in some sort of formal, paid day care. In our sample, around a third of children had attended some form of regular day care. Nineteen per cent of the children in our sample had used day care by the time they were one year of age. Seventy-three per cent of children had used day care by the age of three. The proportion of children using day care over the course of our study has increased steadily, but I understand it has levelled off since.

**Mrs ELIZABETH GRACE**—Did your day care survey include kindergarten-type and preschool-type day care, or just literally day care?

**Mr Silburn**—It was literally day care. We looked at preschool and other things as really education rather than day care arrangements. In thinking about these various risk and protective factors, we found it helpful to conceptualise it in terms of the resources which families can mobilise for their children. The key resources which we see as being important are income, time, human capital and psychological capital. I think income and time are fairly self-evident.

What we mean by human capital really extends to looking at the range of knowledges and resources that parents can bring to bear, which can be very important in terms of their protective functioning for families. Psychological capital also refers to some of the more emotional and skills based things which can affect their behaviour which can operate as a resource for children.

For instance, if we look at income on its own, I think there is a great danger in oversimplifying, in looking at the poverty story, to look at just income. What you see here is the association which income has with two outcome measures that were of interest to us. On the one hand we have blue bars, which represent low academic competence. This was defined by our assessments made in schools by teachers of how students were performing in a number of key educational areas relative to other students of the same age and relative

to their ability levels.

The yellow bars represent mental health problems, which were defined by a measure called the child behaviour check list, which is a universally recognised measure of child mental health problems. It really represents children who have significant behavioural and emotional problems which interfere with their normal development, which distress them or which disrupt and disturb others. That is what we mean by mental health problems. We are not talking about mental illness, but we are talking about problems which are actually disorders.

What you can see here is that with lower levels of income you have substantially higher rates of low academic competence and mental health problems. There is a fairly linear relationship with increasing levels of income.

Another resource families can mobilise is parental employment. Again, whether we are dealing with a couple family or a one parent family, if a parent is unemployed there are significantly elevated risks for low academic competence with the unemployed as compared with those who are in employment. It is clear that employment exercises protective values for children beyond simply what can be purchased with the increased income available for the household. There are actually benefits to the parents in terms of social benefits, of contact and social supports that would appear to operate for the benefit of children.

The same thing can be seen if we look at mental health. I touched on this earlier, just looking at the average hours worked by mothers and fathers per week. For all employed care givers, the fathers are working on average 47 hours a week. Ten years ago that was around 40 hours a week as a national average. Mothers are working nearly 25 hours a week. Ten years ago that was 15 hours a week. That represents a major social change in a very short period of time. Within some of these managers, administrators and professionals, we see some very long hours worked. Interestingly, one sees that there are very few mothers who are represented among the long hours worked by managers and administrators.

Another resource which families can mobilise for their children is the level of parental education. This, as a risk factor or a protective factor, is shown here. For children whose highest level of education of one of their parents was less than year 10, we can see very much higher rates of low academic competence. About 34 per cent of those children would have low academic competence in contrast to about eight per cent of those whose parents had some sort of tertiary education.

Another resource which families can mobilise for their children is parenting skills and different styles of parenting. What we found from reports from parents and adolescents is that we were able to describe families in terms of the typical style of parenting used by parents. The most common style of parenting is an encouraging one in which there is a lot of affirmation and encouragement and a very low use of punishment and coercive methods of child management. That accounted for just over half of all children.

Harsh forms of punishment and frequent physical punishment by parents produce much higher rates of mental health problems but do not seem to make much difference to educational outcomes. Parents who are uninvolved and more or less detached from their children and involvement with their behaviour had somewhat higher rates of mental health and low academic problems, as did those who used inconsistent

methods of child management.

What we have been able to do in this study, because it is a population based study, is take this whole array of different risk and protective factors and enter it into a statistical procedure to partial out the effects of these various factors which often overlap in some way. When one does that, if we are looking at mental health problems and family risk factors, there are three major risk factors which stand out. The first refers to discipline style. The second refers to the family type, whether it be an original, step/blended or one-parent family. The third major factor is the level of family discord which is present in the household.

Interestingly, in this model household income dropped out of the model as reaching significance when these three factors were taken into account. With the knowledge of just these three factors, one can correctly predict close to 80 per cent of those children with mental health problems. What you see here is the level of risk associated with each style. For example, if you are looking at a child living in a family with a coercive style of parenting, the children are 3.3 times more likely to have a mental health problem than are children living in a family where there is an encouraging style of parenting. Similarly, whether one is living in a step/blended or a one-parent family, there is a very similar level of risk associated with developing a mental health problem in contrast to those children who are living in an original family. In a household where there is a high level of discord, they are 1.7 times more likely.

Because these are adjusted odds ratios, the odds are multiplicative. If you are a child living in a family with a coercive parenting style, for example, in a step/blended household and there is a high level of family discord, the risks of a mental health problem are 3.3 times 2.4 times 1.7. The other interesting thing about this is that one sees how things like disciplinary style and levels of family discord are just as important as the structure of the family. So what goes on within families is equally important as the type of family that a child is living in.

**CHAIR**—I want to reflect on the debate—to the extent that there has been one over the last decade or so—about whether it is better for parents to divorce or not when there is high discord in families. A variety of studies have been carried out about that. Do those figures suggest that for children where divorce has occurred and they are in a single parent family or subsequently in a step/blended family the risk is higher than in the family where there was high discord? I know that you cannot particularise it.

**Mr Silburn**—What this exhibit is showing is the risk that can be attributed to discord in any family that has it. We can take an original, a step and blended or a sole parent family and we can say, ‘To what extent will mental health disorders increase in the children if there is discord within the family quite irrespective of that?’ This shows that there is about a 1.7 fold increase in the risks of mental health where there is discord present. What we are then able to say is that, if you add discord to a step and blended family, the contribution of being in a step and blended family doubles the risk of mental health disorder. Let us make it discordant. Then we take 2.4 times 1.7.

**CHAIR**—To go back a step, if you leave discord aside, is it not equally the case on your figures that simply living in a one-parent family has 2.5 times the risk of mental health problems than living in a two-parent family?

**Mr Silburn**—Again, remember that step and blended families are two-parent families.

**CHAIR**—Let me take the one-parent family. I am just trying to clarify whether that is the case. If you are in a one-parent family without any discord, you are still 2.5 times more likely to encounter mental health problems than a non-step two-parent family where there is no discord.

**Mr Silburn**—That is correct.

**Mr TONY SMITH**—How do you define discord?

**Mr Silburn**—We used a widely used instrument called the McMaster family assessment device. That is a series of questions that asks family members about how they get on together, how they make decisions, resolve problems and a whole range of things that indicate the health of relationships within that family. I think around 12 per cent of families fall into the level where there is what you call a clinical level of discord, where it is seriously disruptive of family functioning. What we are talking about here is high levels of discord, not just trivial fighting and bickering. This is serious disfunctioning.

**Mr TONY SMITH**—What is trivial to some may not be trivial to others.

**Mr Silburn**—I agree.

**Mr TONY SMITH**—Children are wont to interpret discord in a different way, are they not?

**Mr Silburn**—Absolutely. From the point of view of defining a standard of what we would call a discordant family, we use that particular device.

**Mr TONY SMITH**—Have you got those questions with you?

**Mr Silburn**—I do not have them with me. There is a reference to it in the appendix of this volume that you have.

**Mr TONY SMITH**—Okay.

**Mr Silburn**—When designing programs of prevention using epidemiological principles, there are two things that you need to know. You need to know what the size of the risk is and you need to know the proportion of people in the population that are affected by that risk. Knowing that, you are able to estimate the number of cases which theoretically are attributable to that risk factor. For example, if you were to take one-parent family status, we know that 16.6 per cent of children living in Western Australia in this age group fall into that category, that there are 50,000 of them and their risks of mental health problems are 2.5.

If you then take into account their prevalence, you get something which is called the attributable risk, which is 19.4. That theoretically means that 19.4 per cent of cases of mental health problems are directly attributable to that factor and that, in theory, if all children were somehow magically living in two-parent families and one-parent families ceased to exist, the best we could hope for in the reduction in the number of

predicted cases would be around 10,000 cases and that if we were to design a prevention strategy that either overcame the risks of being in a one-parent family or eliminated that risk in our state the best we could hope for would be a reduction in 10,000 out of about 50,000 children who have a mental health problem.

In a similar way we have looked at various other risk factors. Here we have looked at adverse parenting, and that includes the coercive, the detached and the inconsistent parenting styles. About 50 per cent of children are exposed to adverse parenting of one sort or another. They have an attributable risk of 19.1 per cent and the estimated number of cases attributable to that risk factor is about 10,000 in this state.

We looked at the various risk factors and made a decision about which ones appear to be most modifiable, and it seemed to us that adverse parenting was modifiable and that if we set as a target reducing the number of children exposed to adverse parenting by 20 per cent we could hope to achieve a reduction in the number of cases of mental health problems by 2,043. That number corresponds fairly closely to the number of cases that are seen in Western Australia's Child and Adolescent Mental Health Services in one year.

I think that is as much as I want to say before handing over to Anwen Williams, who will describe how this data has been used. This data was used, incidentally, as some of the scientific rationale for the West Australian parenting campaign run by our Family and Children's Services. You may have seen the media advertisements for the parenting help information and useful suggestions about parenting which have been screened on commercial television. Family and Children's Services have produced some very high quality parenting programs as part of this initiative.

**Ms Williams**—Are there any questions of Sven or Steve on the child health survey before we launch into the public health strategy?

The project aim was to evaluate the effectiveness of a public health strategy to prevent behaviour disorders in children. When you are looking at a public health strategy the components include intersectoral collaboration and commitment, research on epidemiological data, research on risk factors and on market research, and using that evidence to guide decisions on how we target, what target populations we need to address and what areas we need to address. It actually impacts on how we design our programs and how we implement and evaluate them.

In a public health strategy there are components such as professional education and training, community education strategies, followed up by screening, treatment, support and referral. So the demonstration project that I will be presenting to you incorporates those components, and it is a possible approach to preventing such problems and promoting positive relationships. The project was enriched by the evidence from the child health survey, as you see here. The survey provided a substantial database to give a rationale for a public health prevention program to address disruptive behaviour disorders. We have 18 per cent of WA children, aged four to 16, having clinically significant behavioural or emotional problems. Ten per cent of children from four to 11 years show problems of delinquency, and three per cent have significant aggressive behaviours, for example, bullying, teasing and fighting. Less than two per cent of these children with a defined mental health problem have received treatment from a mental health service mental health professional.

What you see there is a huge demand for treatment services that far exceed the available resources. The cost is clearly substantial to individuals and society in personal, social and economic terms. The key to prevention is the identification of risk factors. As this briefing shows, when you go a little deeper into particular or specific risk factors for the development of disruptive behaviour disorders, there are three risk factors—the child factors, parenting factors and family factors. Of the child factors, we cannot do a lot about inattentiveness, impulsivity and hyperactivity as they are genetic.

Considering the key risk factors, if you look at the family risk factors, for example, you will see that it actually identifies the target group we really want to have access to these preventive programs—those families with high family stress and change, low social resources and support, families with few economic resources and with marital discord. The parenting factors gives us an insight into what program strategies need to be used. When we look at aversive parenting, we have inconsistent management with poor limits-setting, harsher, coercive discipline styles and the absence of warm responsive attachment. The parenting factors that you see here are ones that have been specifically addressed in this positive parenting program.

**CHAIR**—You said that the child factors are ones which largely cannot be addressed, but I note that you made reference to hyperactivity. From time to time, there are reports in the media, and they may not be substantial, about things like poor diet, living on fast food and Coca-Cola, and sitting in front of the television set for more hours than you do anything else in the day, contributing to things like hyperactivity. Is there any substance to that, or are these things just urban myths?

**Ms Williams**—There are genetic and environmental factors that certainly contribute to these disorders. What I was referring to was the specific genetic components of these factors, which we cannot really do much about. However, there is a lot that can be done to alter the environment that would support or protect these individuals—with, say, attention deficit disorder—against more significant morbidity.

**CHAIR**—Thank you.

**Ms Williams**—The program's aim was to reduce and prevent disruptive behaviour disorders, which include conduct disorder, attention deficit hyperactivity disorder and oppositional defiant disorder. We are wanting to do this by reducing the use of aversive parenting behaviours, increasing the use of positive parenting behaviours, increasing parent self-efficacy in parenting, reducing parental depression, anxiety and stress, reducing the general level of marital problems, and consequently improving social competency and educational outcomes in the child. You can see from that list that we have actually addressed all of the risk factors that have been identified in the risk research.

The target group for the demonstration project was determined through reference to the child health survey, which identified the Perth East Metropolitan Health Region as the area of greatest need. Cluster areas were further identified, showing a high population density of three- and four-year-old children and families in receipt of family crisis benefits. So we have parents of preschoolers aged three to four years recruited from areas of high socioeconomic disadvantage in the east metro region.

**Mr Silburn**—Why three and four years?



**Ms Williams**—The three to four year age group was chosen again with reference to all of the research that was available on this. It is where one can make the most difference in selectively targeting that age group where the parents and the child are most vulnerable to intervention; where behaviours can be significantly changed.

**Mr Silburn**—And where lifelong patterns of parenting tend to get set up.

**Ms Williams**—The program implementation involved market research of the target population. This was very useful in that it identified the incentives and barriers to parent participation in such a program. It also gave us a sense of our target group and where they were actually at, which then informed the resource development—both educational resources and promotional resources. That was followed by professional training of 24 community health staff in the area, which took place at two levels. Level one was for those who were facilitating the population based intervention and the second level was for those who were involved in the delivery of the clinical intervention for families who were identified at higher risk and needing additional support. I will talk more about recruitment when I address program delivery and program evaluation.

Firstly, the market research findings. The barriers to parent participation were as follows: lack of child care was clearly a very important area for parents; lack of family support and partner support; the program cost; access issues such as what time the program would be offered; the venues—whether it was close by or whether there was a particular stigma attached to certain venues—and whether transport was available or necessary.

On the access issues, for example, it was clearly defined that 9.15 a.m. to 11.15 a.m. is when they could come for morning sessions and 7.15 p.m. to 9.15 p.m. for evening sessions. So it addressed the siblings' nap times and the pick-up and drop-off times of the three- and four-year-olds at kindy and day care. So that was all very useful information in specific implementation.

Another barrier was the stigma of presenting as a parent with problems. That is quite significant because it was very valuable as being part of a group program that they actually saw that they were not the only ones with problems—that they were shared problems and concerns. There was a great need for parents to feel affirmed—an affirmation that they are doing an okay job. They felt very unsupported and undervalued in the job that they were doing.

The incentives for program participation were that the content of the program needed to address personally relevant issues. There was a desperate need to engage fathers in the program, which we did with the program strategies that we ended up taking on. They wanted to know what they were coming to and what was in the program. They needed a free service with the provision of child care, and an opportunity to share concerns and make new friends.

All of these issues were addressed in the promotional material, in posters and brochures. So it was promoted as a program that would enrich their relationship with their child, that would help prepare their child for the transition from home to school and that would have the task of parenting be more satisfying and enjoyable.

**Prof. Zubrick**—What we are trying to do here is break a cycle of intergenerational disadvantage. That is why we are working at this particular level.

**Ms Williams**—The recruitment strategies have been very successful. By the end of June we will have reached over 900 families using health promotion strategies which include: local media; advertisements and features in community newspapers; displays in shopping centres, libraries and clinics; and posters, letters and brochures to schools, preschools, kindergartens—all of the places that are in touch with the target families, basically.

There was active promotion at preschool and day care registration days, which was particularly successful and also in alignment with the outcomes of the program in linking it with educational outcomes and preparing the child for school and supporting the parent in supporting the child.

There was recruitment also through direct professional referral from primary health care staff. Participant referral was very effective. Once the program got going for a term, the snowballing effect of program participants saying, ‘Haven’t you done it yet?’ was very significant. We had great success having it carry on. Of course, there were also self-referrals from the ads and the posters.

The structure of the program itself was eight sessions which took on two different levels, if you like. There was a two-hour group workshop once a week for four weeks, followed by a quarter hour telephone session once a week for four weeks. The parents were given a questionnaire pre-program and post-program. The analysis of the questionnaire indicated whether or not they were in the clinical range and whether they needed additional support. We are looking at about 10 to 15 per cent of families needing additional intervention following this first level of intervention.

Level two involves the clinical intervention, ranging from anything from three to nine individual sessions with those three modules as you see them there: the home visiting module; the partner support module, where there is marital conflict, on child management issues particularly; and the mood management module, which is looking at parental depression.

**CHAIR**—What did you actually do in your four two-hour sessions?

**Ms Williams**—The group sessions were really whole and complete in themselves in one sense. The first session was really an introduction to what positive parenting is. You are looking at providing engaging activities, providing a responsive environment—like being available to your child—and promoting their social skills development.

The second session was very much following up on the positive side of how you create a positive relationship with your child—by providing lots of affection, being available and giving quality time, short bursts of quality time, even if it is 30 seconds or two minutes. It is being available. It is looking at providing engaging activities and lots of positive reinforcement. Causes of a child’s problem behaviours was also addressed in that session. They start to analyse ‘Who am I being in my relationship with my child? With the interaction that is going on, am I inadvertently feeding a behaviour that I do not want to exist?’

Most of the time people are reinforcing bad behaviour and ignoring good behaviour. Parents get to see that and focus on that as a target behaviour that they look at the next week. They also look at giving instructions—whether they give too many, too few or they are too vague. They start to look at their communication strategies with their child.

**CHAIR**—How many parents would there be in a workshop?

**Ms Williams**—Up to 12.

**CHAIR**—And one person facilitates that workshop?

**Ms Williams**—One person facilitates, although part of the train the trainer program involved a co-facilitator for three programs and then they carried on facilitating their own group. There was a structured train the trainer program operating at each of the parent workshops.

**CHAIR**—Right. What was the training of the people who facilitated? Were they professionals? Were they people—

**Ms Williams**—The professionals who were trained were primarily primary care professionals, community health nurses and social workers, but—

**CHAIR**—Trained to do this specific—

**Ms Williams**—They undertook a four-day training course and were supported, as I said, over the whole year in a train the trainer program to support that. Peer review and accreditation was attached to that. To go back, we got up to the second session. The third session was behaviour management strategies that the parents were really hanging out for: giving clear rules and limits and how to follow up with consequences, time-out or quiet time.

**CHAIR**—Was that done in an experiential setting where they were able to—

**Ms Williams**—It was very participative. All sessions looked at didactic presentations and were followed by videos, role play, modelling and small group discussions. They had a homework book that they jotted everything down in, so they got very specific each week. It was goal setting, reviewing and evaluating each week. The fourth session was planning ahead. There were planned activities and high risk situations—bedtimes or the arsenic hour when dad gets home and everyone is highly stressed and tired out and cannot be bothered. There are strategies to manage those very stressful times and how to identify them. The phone sessions were about shaping the program to meet the individual families' needs—specific ideas and supporting them in all the strategies that they learned in the group program.

**CHAIR**—Thank you.

**Ms Williams**—I will hand over to Sven now to complete the presentation on the evaluation program.

**Mr Silburn**—I will very quickly whip through what the findings have been. We have recruited over 800 people in the intervention group. There is a similar number who are being followed up over the same periods of time and who have not had the intervention. We assess them before and after. We assess them again at 12 months and 24 months, and we follow them into their primary schools to see how they are doing as rated on another independent rating. We have measures of child behaviour problems, parenting style, parental depression, anxiety and stress, child management conflicts between the parents and measures of marital satisfaction.

In relation to the short-term results from close to 600 of the people in the intervention group, you can see that about 35 per cent of them were in the clinical range prior to the program. That dropped down to about 13 per cent after the program. You could see similar improvements in measures of parenting in terms of laxness, verbosity and over-reactivity, which are three measures that are usual in gauging changes in parenting behaviour. In the control group you saw nothing like that. The behaviours in the children remained unchanged. There was no change in parenting in terms of laxness, verbosity and over-reactivity.

There were other measures in the intervention group. We looked at parental depression. There were significant improvements in the level of parents' self-reported depression. Anxiety remained pretty well unchanged. There were significant improvements in terms of parental self-reported stress. This is the parent problem check list, which is a measure of the disagreement between parents about child behaviour management. That improved and, interestingly, the levels of marital satisfaction improved quite substantially. In the control group one did not see anything like those levels, the changes were not significant.

The important part of this is that we have been able to estimate what it costs in this demonstration. The total costs of the program have been for the first year of the study's operation—that includes all the evaluation—\$440 per family and in the second year the cost of implementation drops down to \$307 per family, which to me seems like a very small sum to pay for what we hope will be a lifetime improvement in life prospects for children and parents. Given that this program has been shown to be effective in a clinical sample of cases where there has been follow up over several years and that the initial gains have improved over time, our study has seen to what extent this can be applied as a general population intervention.

In comparison, the average treatment cost of cases seen in the Perth child and adolescent mental health services in one year was around \$1,800 per case. So the costs of prevention are very much less than the costs of treatment. This program I think has already paid for itself in terms of the results we have seen.

**CHAIR**—Thank you very much for a very interesting presentation. Can I take you back to the last slide you presented before you handed over to Ms Williams. The program Ms Williams has been describing really relates to the adverse parenting aspect of that?

**Ms Williams**—It does.

**CHAIR**—I wanted to ask I suppose a more broad question. On the basis of what you learnt from the parenting program, can you give us some suggestions about what you might do about the other factors—that is, are there lessons that you can draw from the parenting program that might help us deal with, say, family discord?

**Mr Silburn**—I think families with young children in this age range are at a period in family life where there are great vulnerabilities and it is the time of life when I think many families feel least supported. One of the things we are seeing with Triple P is that there are significant improvements in levels of family discord and marital functioning resulting from a program that has only addressed parenting issues. Getting better support for parents in the task of rearing their children has flow on benefits certainly to more general family relationships. So I think that is one very important thing.

The other lesson perhaps is that it is a question of whose responsibility is it to fund a parenting program? Is it the responsibility of the department of health, family and children services, the juvenile justice department? All of them should have a stake in it, but at the moment, with the way funds are tied up for family skills training, states often will say, 'That is a Commonwealth responsibility, that is for the Attorney-General's Department,' when we are needing to look at developing the data which shows that this is something that has implications across the whole of government and that proportions of each of those department's budgets should be being allocated to primary prevention for these sorts of things.

**Ms Williams**—The other point you made there is the population based approach versus selectively targeting, say, all one-parent families. Clearly, the big message here is that population based intervention that is for everyone will recruit all of these families anyway because there is no stigma or bias attached to coming along. It actually serves to screen out those who need additional intervention within that universal strategy. You are again catching them at that early age where you can alter the trajectory towards mental health problems.

**Mr Silburn**—It delivers the program in a non-stigmatising way. It is not welfare arriving on your doorstep saying, 'You are a high risk family.' This is something all parents are wanting to do because they know it gives their kids an edge when they go to primary school.

**Prof. Zubrick**—I wonder if I might go a little more closely to the heart of your question in terms of asking about, in this case, family discord and one-parent family status. I think our experience is showing us that, while we may in effect be aiming at parenting behaviours, it is impossible not to treat the relationship in the process of doing that. There are quite tangible benefits to the relationship and to the level, for example, of discord within the family. We do not have a direct program that is aiming at marital satisfaction per se and yet it is quite clear that there are very real benefits derived from this kind of approach.

**CHAIR**—I can anecdotally support that. I can recall that, when my wife and I had our first child—and I cannot remember how old she was—we did a parenting program which was about communicating with your child. We always said we learnt more about communicating with each other than we did about communicating with the child.

You are dealing with that cohort where the children are aged three and four. If you work backwards from that these parents—again, I am going to have to generalise—have got children three to four. The average length of time after people marry and have children is now five or six years and seems to be getting longer. So we are now talking about 10 years after they got married—and, of course, they have been in a relationship for some time before that.

My question is: in terms of prevention, which is our primary focus, accepting what you are telling us and the advantages of that, can we learn something from what you are doing then which we can bring back to an earlier stage even before they are having children? That is what I am trying to get at.

**Prof. Zubrick**—I believe that we could. We would need to take the measures of marital satisfaction and communication that are within this design and specifically study them to have a look at what is changing and then ask, ‘Can we uplift that information in a setting where there are children into the relationship at an early point where there are not?’ That is certainly something that is scientifically sound to do and can be done. Frankly, we are not prepared to talk about that today because we have not looked at the data in that way.

**CHAIR**—I might just use one more statistic. My concern of the need to look at that is, if I recall, the median age for marriage now is 28 to 30 and the median age for divorce is 38 to 40. So if you have got that period of 10 years and your intervention, as worth while as it is, is coming towards the end of the 10-year period, then obviously there may well be considerable problems for a lot of people and is not going to have the desired outcome.

**Prof. Zubrick**—I think that is undeniable. This is a start and a view into looking at particular methods that we believe have efficacy and need to be understood and, indeed, part of the debate that is fostered through the standing committee’s process.

**Mr Silburn**—This sort of touches on the whole issue of parenting programs and preparation for marriage and parenting. One of the things with this study is how much it has demonstrated that people are really only ready to learn when it is relevant. When you have got a screaming toddler, you are very ready to learn. That is something I think that makes this material very accessible to people.

Part of the problem with a lot of the parenting preparation programs is that it happens so far ahead of when it is likely to be relevant that it does not get the uptake that it should, but I think there are lessons to be learnt from that and there are relevancies that can be included in those programs which are relevant for the first few years of marriage and it could be flagged that parenting programs are also a useful thing, like a booster session for whatever you have done now, seven years down the track.

**CHAIR**—I am reminded of one program in Toronto which has a three-part component to it: one pre-marriage, one 12 months later and then one after the birth of the first child, which would be making those links.

**Ms Williams**—A lot of it though is on background research to determine when the person is ready to receive this information. When you are contemplating marriage you are full of the joys and you are oozing love and adoration; you do not think about the problems that are going to come up. You are not in that space. The value of research is in tapping into the most opportune time for intervention.

**CHAIR**—What has this research cost?

**Ms Williams**—Overall?

**CHAIR**—Yes.

**Ms Williams**—The overall cost of the demonstration program over the four years will be \$730,000.

**Mr Silburn**—That includes the costs of preparing the materials, the publication of the manuals for parents and trainers, and the evaluation costs.

**Ms Williams**—And that includes the development costs of the resources, the video, the text, the facilitator's workbook, the parent workbooks, the training of the professionals, the venues, the child care, the evaluation costs—everything. It is important to say too that these were funds committed by the Health Department although from the very moment it was initiated there was a collaborative process going on between three departments: Education, Health, and Family and Children Services. It has been extraordinary. This would not have got off the ground without the support of a cross-government approach. It has been very valuable in extending reach and penetration of the project in the community.

**CHAIR**—What did the prior research cost?

**Prof. Zubrick**—The core funding for the child health survey was \$280,000 to which we had to find about an equivalent sum through other sponsors. The core funding was provided by the Health Promotion Foundation of Western Australia. We went to the Rotary Health Research Fund as well as the state statistics committee and some of the government departments for additional funds to make it happen. What we had in hand at the end of the day allowed us to not only do the survey but to deliver high quality outputs that are usable.

**CHAIR**—All up it has cost about \$1½ million to date.

**Prof. Zubrick**—Yes.

**Mr KELVIN THOMSON**—What is the difference between stress and anxiety? One of your charts said that stress had gone down but anxiety had not. I found that a bit difficult to work out.

**Mr Silburn**—It is probably the difference between pressure and how you cope with it. Many families have lots of hassles and stresses that they have to deal with. Some of them cope with those very well. Anxiety is much more an internalised problem. It has a life of its own, as it were, that becomes independent of the external stresses.

**Mr KELVIN THOMSON**—There was a chart concerning average hours worked per week—family resource time—and there was a quite stark depiction of the number of hours that are being worked. The reference was to it having gone up from 10 years ago, but I did not notice the figures for 10 years ago as you were going through. If you have them, could they be made available to us?

**Prof. Zubrick**—We could undertake to supply those. Part of the advantage of the collaboration is that through the bureau of statistics we were able to design the child health questionnaires to fit in with census and labour force collections. So we have some comparability in this cross-sectional study with national

collections of data. We would be happy to provide those to you.

**Mr KELVIN THOMSON**—I think some of us would be interested in the change. That is the thing that is most interesting.

**Prof. Zubrick**—Sure.

**CHAIR**—Just on that, it would be useful if you were able to provide us with a hard copy of what you have shown us.

**Prof. Zubrick**—I would be delighted to.

**Mrs ELIZABETH GRACE**—I was interested in your comment, which I think everybody is aware of, that the lower levels of income show lower academic levels, more mental health problems and things like that. But how do we overcome this? Even if we increase their income it is still a low level of income because the catch-up process never works.

**Prof. Zubrick**—Sure. I think the data from the child health survey are important partly because they show the complexity that really exists when you start combining other family resources. At the outset, we said that family resources comprise income and time, and those are very frequently acknowledged. But the other resources are what we call the human capital, and that is knowledge about the world, education in the parents and how the world really works; and then psychological capital—love, security, stability and those types of things.

If you look within a family, those four resources are differentially available and it is the case that that lovely linear relationship in income does not hold up as well when you take into account the other resources that a family may have. That is one of the reasons why I guess we are saying it is not a matter of just throwing money at families. That is not what we are on about and, indeed, we would insist that the data do not show that to be just the only answer or the primary strategy.

**Mrs ELIZABETH GRACE**—Is this a group that we should be targeting from an educational point of view to try to improve those other factors?

**Prof. Zubrick**—In the third volume of the child health survey we are quite blunt about the answer to that question. We say that one of the long range strategies in reducing risks in the next generation of families is to increase the retention of kids within school through to year 12 or to make sure that in that end of school period from about year 10 to year 12 we have a more flexible range of options for kids that keep them within an educational or vocational stream. If we can retain larger numbers of young people within that stream, they become the next generation of parents and those families will have lower levels of risk and poor academic outcomes in their children. It is a fine primary preventative strategy that is largely under the governance of governments.

**Mr TONY SMITH**—I may have missed something but I am having a bit of problem with some of the things you are saying relative to our terms of reference. Are you saying that there is a causal link between



parenting problems and breakdowns in relationships?

**Prof. Zubrick**—I think what we are saying is that the skills that people bring into relationships are skills that they bring from their experience in childhood and in adolescence and that what you arrive at marriage or first relationships with is a package of goods that you have brought through your development. What we are trying to demonstrate are the linkages that exist and the advantages within those linkages of targeting certain types of problem behaviours in childhood and preventing them from occurring, because it will secure better quality relationships in those children who ultimately become adults. That is really what our causal pathway is about.

I might also add that the data do suggest that marital problems are lived out in patterns of child rearing. Certainly, the BFI results here do show that where you focus on tasks that deal with child rearing and are successful in doing that, aspects of the marital relationship improve.

**Ms Williams**—On that can I just add: the impact of a program such as this on building positive relationships is across the board. The skills relate to: how do you nurture a relationship? They include spending more time; acknowledging people and having them feel valued; paying attention to when it is working for you and giving them feedback on that; anticipating where problems might happen and plan ahead. So all of those communications skills, problem solving skills and conflict resolution skills are in there in a very basic way and transferable throughout, I think.

**Mr TONY SMITH**—Again I may have missed it, but have you demonstrated that there is some statistical evidence to support the view that your program will support its rather extended linkage, if I can put it that way?

**Prof. Zubrick**—We think the preliminary evidence suggests that that occurs, yes—

**Mr TONY SMITH**—Have you presented that here? I have not seen it.

**Prof. Zubrick**—The preliminary stuff should have. The acid test will be how these results hold up over time and whether three years down the track we are still seeing parents reporting that their relationships are better and that they are suffering less conflict about child management issues. If that is the case, then we will have done so. This is what the other study that we based this on demonstrated for clinically referred cases, and we are extending that into the general population.

**Mr TONY SMITH**—But you would need to literally have 15 years of statistical data to demonstrate that, would you not?

**Prof. Zubrick**—We would need to have 15 years of those sorts of data. Fortunately, those sorts of data are in other collections—not necessarily Australian collections. I think the thing that excites us is that the Australian data we have collected match those that can be found in Canadian and United Kingdom data. They are longitudinal.

**Mr TONY SMITH**—I would need to see that data—speaking for myself—in order to establish a link

with the terms of reference; I would need to be satisfied that what you are doing will in fact flow into young adults entering relationships so that their capacity to maintain those relationships, which is within our terms of reference, will be realised.

**Prof. Zubrick**—Sure. I believe those data exist in other collections. If the request here though is we have to have those findings in Australian data, then we will see you in 15 years.

**Mr TONY SMITH**—So really what you are saying is that there are other studies that suggest that and that is we are acting on.

**Prof. Zubrick**—That is part of what is guiding this process.

**Mr TONY SMITH**—That is all I want to know.

**CHAIR**—Can you give us a list of the relevant studies?

**Prof. Zubrick**—We can; we can point those out. They are well documented in the volumes, particularly in volume 2, the child health survey.

**CHAIR**—It would be useful to do that. Can I just go back to the funding and the state and federal issue about who is responsible for all of this, because it seems to me that nobody is assuming primary responsibility in the parenting area, whether it is the Commonwealth or the states. Have there been any discussions of any substance between the Commonwealth and the states as to sorting this out?

**Prof. Zubrick**—I am not aware of any.

**CHAIR**—I was probably directing my comments at Ms Williams.

**Ms Williams**—Sorry, I am unaware.

**Prof. Zubrick**—I am sure there would be other people better placed to comment than us.

**CHAIR**—Given the family schools program is part of the package of family programs funded by the Commonwealth Attorney-General's Department, what liaison do you have, if any, with the Attorney-General's Department?

**Prof. Zubrick**—In terms of them funding Relationships Australia, for example, in Western Australia, we would have some knowledge of what is provided through that agency.

**CHAIR**—Let me be a bit more blunt: has the Attorney-General's Department come to you and you have done a presentation of what your findings are for them in terms of informing them about what they might be doing in the future?

**Prof. Zubrick**—No. We last assisted the Attorney-General's Department with specific reference to suicide and gun legislation.

**CHAIR**—But not on parenting?

**Prof. Zubrick**—No, not on parenting.

**CHAIR**—Or any extensions into marital discord or things like that?

**Prof. Zubrick**—No.

**Ms Williams**—But that may be our fault as much as anyone's.

**CHAIR**—I am not trying to apportion fault; I am just trying to find a factual answer. I will ask them why. There being no further questions, I thank you very much for the presentation. I think I can speak for the committee members present that we found it very informative and very useful. It may be we would like to come back to you, as we get into the actual stage of trying to draw this together and write a report, to seek some clarification about various issues; so if you would be available for that, we would certainly appreciate it. Thank you very much for the presentation and for the discussion.

**Prof. Zubrick**—Thank you for having us in.

[12.27 p.m.]

**DALZELL, Mrs Elizabeth Joyce, Contract Educator, People in Harmony, Wesley Mission, c/- PO Box X2222, Perth, Western Australia 6001**

**CHAIR**—Welcome. Although the committee does not require you to give evidence under oath I should advise you that the hearings are legal proceedings of the parliament and warrant the same respect as proceedings of the House itself. The giving of false or misleading evidence is a serious matter and may be regarded as a contempt of the parliament. Do you have an comment on the capacity in which you appear?

**Mrs Dalzell**—I am a clinical practitioner in the field of marriage and relationship education and counselling.

**CHAIR**—Thank you. We are in receipt of your submission of October last year. Are there any opening remarks you would like to make in relation to it?

**Mrs Dalzell**—Yes, I would like to add a few things. It is a hard act to follow. I was pleased to hear the end of the last presentation. It was music to my ears because, in the field, this is what we are wanting to hear: the research that is proving that what we are actually doing is spot on.

I want to thank you for inviting me today. There are a couple of things I would like to add to my submission. If we are going to look at preventing breakdown of relationships, it is useful to look at what makes them functional. This really is the flip side of the first term of reference that I have indicated, and I refer specifically in this section to my points 7, 13 and No. 3.

As a counsellor and educator I see people before problems and I see people with problems and after problems. There are two aspects of relationship breakdown that I would like to focus on this morning. The first is the need in a functional relationship for the feeling of equality by both partners and the ability to let each other know constructively when they are feeling inferior, inadequate and have low self-esteem.

If these are not shared, they come out in behaviour patterns or stay inside in depression, ill-health et cetera. Inability to recognise this process and deal with it creates barriers and a distancing of a relationship. It also lowers self-esteem. So maintenance of equality in a functional relationship is a high priority.

The second factor is adaptability—adaptability of the partners to be able to adjust and respond to changing situations. And we find that the most functional relationships are the ones that are flexible and negotiable and not threatened by change. Dysfunctional relationships tend to come from very rigid, strict or very chaotic systems. So I believe adaptability is also of primary importance.

Both these ingredients seem pretty obvious when we think about them, but I believe a lot of the education is exactly that. What we are needing to do is just make people think about these things and be consciously aware of them, and then to give them skills to help them deal with it. Of course there are many other areas that I could go on to but I know time does not allow for that. I cannot omit effective communication and conflict handling.

I believe this sort of knowledge can be given more attention in our school system. If only we could help children learn to explore more about what is going on underneath their sometimes destructive negative behaviour! This could be done by teachers and parents if they learned how. Also, as we become adults, the skills of self-talk and identifying for ourselves what is going on underneath our behaviour are useful ones. Then we can deal with the issue constructively, and this is essential in a functional relationship. Needless to say, I could go on and on about other aspects but I believe we must look at what works and then help people work towards that.

In my submission I have tried to respond to the terms of reference. I have used the stages of the life cycle to address the second and third terms, but I would now like to focus particularly on the fourth term of reference, and that is the role of government.

Turning to page 8 of my submission, in reference to my previous statements I would like to highlight recommendation 1. There has been debate for some time as to what we can teach our children at school. I believe there needs to be more acknowledgment of the emotional education of our children. To do this, I believe they need professional people to come in and help them. I am often invited to private schools to talk, but state schools seem to be much harder to get into, and I am wondering if there could be more cooperation at the government level.

Likewise with health, I believe very strongly that functional relationships prevent a lot of health problems. More doctors are becoming aware of the value of our services but there are still many more who do not believe in it. Recognition and support from the ministries of education and health and from the Attorney-General's Department would be of benefit.

The issue of cost comes in here. It is cheaper for a patient to go to a doctor, especially one of those who bulk-bills, and even to receive a prescription than it is for them to come and see someone like me. With the doctor they may get 15 minutes; with me they will get an hour, but it will cost them more. I am just wondering if there is any opportunity for looking into tax rebates or for some of us professional clinicians to be able to offer health benefit promotion.

In point 4 I stress the need to continue focusing our efforts across the life cycle. We must not just focus on schools and children or pre-marriage. We must also focus on the other stages and on the specialist groups that I have mentioned.

One of the specialist groups that I forgot to mention in my submission is that of the single parent. This is a reality in today's society, and my concern is that when children are brought up by a single parent they are not exposed to a model of either mother or father or husband and wife. The positive side of this is that they will not have negative models. The negative side is that sometimes the bitterness that is passed on from maybe a mother to a daughter or son about the missing male gender can be very unhelpful.

Support for these families and opportunities for the children to have healthy alternative other adult models of the missing gender are an option and a way to go. To do all this, we need very qualified people in the field. In point 8 I stress the need for suitable training that is recognised nationally. Government support in this would be invaluable.

Finally, in point 10 I acknowledge the value of such projects as the one I am involved in with the Attorney-General's Department in researching the best methods to use for relationship education in rural and remote areas. This is proving to be a very worthwhile exercise. The findings to date are not revolutionary but this in itself is reassuring to people in the field that we are on the right track. The team will be compiling their report and producing suggestions for prototype projects to be tested in the field. I trust that funding will be available for the follow-on of this. I am excited about the work that has been done in this area and I congratulate all those concerned, but we must keep the momentum up.

Fifteen years ago when couples came to me for pre-marriage there were barriers, reluctance, fear about the process. Nowadays, couples are much more open. Most of them know people who have actually been through the process and have found it enjoyable. They are much more willing to learn. Attitudes are changing for the better but, please, help us to keep it going. Thank you. I am happy to talk further about any of the points raised in my submission.

**CHAIR**—Two of the things that you are particularly stressing are that, firstly, this has to be a process over a life cycle, not just an intervention surrounding some event; and, secondly, that there needs to be much more cooperation between various departments and various levels of government. On both issues, do you have any thoughts about where the primary responsibility should lie? Should it be with the Commonwealth? Should it be with the states?

It seems to me that there are some insurmountable problems here. If you talk about the school system, at least at the state school level where most pupils are, that is primarily the responsibility of the funding of the states. If the Commonwealth has a role to play, it must be in cooperation with the states. Have you thought about what strategies we might have to try to engender greater cooperation?

**Mrs Dalzell**—The answer briefly to that is no, I have not thought about that much. I know that this is a big problem, and when I am in the business of effective communication I suppose what I am trying to promote is more effective communication between the Commonwealth government and the states. I know certain state educational systems, particularly Queensland, are much more open to getting this sort of project into state schools. In WA, my experience is that it is quite an uphill climb. But we are continuing it. Private schools, of course, are not a problem. We can get into those relatively easily. I can empathise with schools and with state systems because they have got a very, very big curriculum. It is just that I am wanting to challenge and to change attitudes.

The whole emotional intelligence, in my opinion, has just not been addressed well enough in the school system. We compliment people for their sporting abilities, for their academic achievements, but we do not compliment people—although certain schools are now doing it—for their empathic skills and their ability to relate well to others, to be able to handle conflict, to have anger management skills. Those are the things that I want to get through. Yes, my simple answer to you, Kevin, is that I would like to be guided about how we in the field can perhaps make more of a move to the state systems when necessary and about whether there is back-up from the Commonwealth available to us.

**CHAIR**—It seems to me—I would be interested to know whether this is what you think—that in terms of what I might broadly call relationships within the school system, the concentration is on sex or

biological education and there is very little, if any, concentration on the relationship aspect of education. Is that a reasonable generalisation?

**Mrs Dalzell**—Yes, it comes very much from personal teachers. I am invited to schools that want me to go and talk to years 11 and 12, and that would be more specifically about relationship issues. We talk about value systems, emotions and sex. Sex, in those instances, is not a priority as far as the teachers are concerned. They are wanting more of the rest. What I am on about is getting into the primary schools, helping children to be able to understand why they are behaving in such a way. We know what creates anger. Anger is a secondary emotion. We need to be able to get underneath that and help people at an early age to be able to understand that and to be able to identify what is going on down here and to be able to deal with that rather than have the negative, destructive behaviour.

**Mr TONY SMITH**—In relation to sex education, I recall about 20 years ago when the push was on to get that into schools that it had as a background that it was one of the reasons why relationships were breaking down then. In that 20 years, we have had more and more relationships breaking down than ever before. So obviously, over time, it would suggest that we need to look more closely, perhaps, as you say, at a relationships program in schools as an overall thing.

**Mrs Dalzell**—As we all know, sex is a good part of a relationship. The healthy sexual relationships are the ones where there is equality, emotional input and where couples communicate effectively. If we are just going to educate our kids on the plumbing and the sexual act, then we are being irresponsible, in my opinion. It is much more special than that. We are degrading it.

**CHAIR**—Can I turn specifically to marriage and relationship education and the funding of it. You made comments in your submission partly about the inadequacy of funding for agencies and not covering the costs of developing programs and also the question about whether there could be some benefits, such as a tax deduction or something of that nature. Given the changes that have been made to funding, firstly, in terms of provision of more funds and, secondly, the targeting of areas that are seen to be in need by the Attorney-General's Department for tender for programs, what is your comment overall about funding in terms of adequacy and in terms of the way in which it is delivered?

**Mrs Dalzell**—We can never have too much; we are greedy. So I do not think we will ever have adequacy. I think part of the frustration of colleagues in the field is that the Attorney-General's Department is asking all the time for innovative and new programs and, quite honestly, we are struggling. We know that a lot of our programs that are established are running well. To get more funding we need to come up with new ideas all the time. The whole process is very, very time consuming. I am a taxpayer. I want programs to be accountable. So I am sitting on the fence a bit here. But it is very, very time consuming.

Most of us in the field are managers and clinicians. In the time we put into having to go through the whole process of accountability, stats, writing submissions and writing reports, we could actually be doing what we are best trained for; that is, clinically working with people. So there is a lot of personal conflict. As an agency, that I represent, we may not bother to apply for more funding in this area because of the long process it takes.

**CHAIR**—Should funding be tied to specific outcomes? At the present time, the way the funding is provided is that historically some agencies were funded to provide education and it did not matter whether they provided X or Y amount of education, they were funded for it. In the new programs, they are being funded to provide education for a target area, but again it seems to me that that is not related to whether you provide programs for 20 couples or 200 couples. I have wondered for a long time why the funding should not simply be tied to the outcome which has built into it accountability; that is, if you are providing a good program and people are coming along to it, you will get paid per person or per couple. If you are not, you won't.

**Mrs Dalzell**—That has certainly been a big frustration for us. One looks with envy at the agencies that get heaps of money. The reports that we have been giving back to the Attorney-General's Department have been quantitative. It does say how many hours you spend with each couple, but it is very ballpark. There is no actual evaluation process, which is why I am pleased that this evaluation and qualitative research is being done by the AG's department at the moment. It is well overdue. I am hopeful that that will actually raise some of these issues and that they will be resolved.

The other frustration is that our agency, for example, receives \$15,000. We have to do the same amount of paper work as other agencies that receive a million. These agencies are able to employ many more administrative staff to be able to do this work relatively easily. In the smaller agencies it is up to the coordinators or managers. This takes time away from clinical work.

**CHAIR**—Do agencies that get a quarter of a million dollars provide any more services than the agencies that get \$15,000?

**Mrs Dalzell**—Only because they have more staff to run them and more money available for marketing perhaps. I have not got their statistics. I could not answer that question.

**Mr KELVIN THOMSON**—You made reference to the Attorney-General's desire for new and innovative programs. I understand perfectly well how this operates at a political level—that is, that ministers, attorneys-general and so on like to announce new programs because they have a much better chance of getting media coverage than re-announcing the funding of ongoing programs. Are you suggesting that we are at a point where that is against the public interest in terms of support for existing programs as against the introduction of new ones?

**Mrs Dalzell**—No, I think we have always got to be innovative and we have always got to establish new programs. I think the threat to the people in the field is that that is the only way they are going to get more money. They then fear that their money for the present services will be cut back. We do not want change for the sake of change. There are some services out there that work really well. But if we do not get CPI increases and we do not get continuing top ups then those services are actually sacrificed because we have to pay more attention to establishing new services and therefore we would lose quality along the way.

**Mr KELVIN THOMSON**—You also referred in your submission to continued relationship education for all. We have had suggestions made to the committee that school curriculums should include relationship education? Do you have thoughts about that?



**Mrs Dalzell**—I think the phrase ‘relationship education’ is perhaps not the right one. I would rather deal with emotional education or handling conflict or specific skills rather than relationships. My fear is that if we actually go into schools, say, at the tertiary level and provide relationship education at a level when children or young people are very rarely in their final committed relationships they will think incorrectly that because they have done that they then know it all. I would rather get away from relationship education and use other terminology such as, as I say, dealing with feelings, learning self-awareness, learning what qualities are in a relationship, handling conflict, handling anger and that sort of stuff rather than actual relationship education.

There are people who come to our courses and say, ‘We have done communication at work. We have done management skills. We know all this.’ But what they actually have not done is get in touch with what comes on to them emotionally so that when they are in conflict with somebody that they love they know it is quite different to when they are in conflict with somebody at work. There is much more of an emotional component. So there are other skills that couples need to be able to learn about that.

**Mr KELVIN THOMSON**—In your submission you mention that you had worked in an agency which offered services that were government funded and services that were not government funded so we might conclude from that that despite receiving government funding for the marriage education services the agency still had to subsidise those services and despite the counselling services not being government funded the agency provided them presumably because there was a demand there, is that right? Is there any further comment you would like to make on that?

**Mrs Dalzell**—The agency applied and received funding for marriage education in 1983/84. At that time they thought of applying for funding for counselling but were informed that government policy was to only fund a Catholic agency, a non-Catholic church agency and non-church agency. Anglicare in Perth was already funded. The agency saw the need for another counselling service and so they funded it themselves.

One of the things that I really stress with my couples is that pre-marriage education is just the beginning of their journey. I want to have a healthy relationship with them at that point so as that they will come back. If you have a counselling service available then they can come back much more easily. Whereas if you just have the educational service then they will hopefully go to somebody else but you may lose a few of them along the way.

**Mrs ELIZABETH GRACE**—I have a particular interest in the rural and remote situation having family that live quite some distance from anywhere where they can access these services. Things have improved. They do have electricity and automatic telephones these days which makes communication easier. You are saying here that consultants have been appointed by the AG’s department. Is that the state Attorney-General or—

**Mrs Dalzell**—That is Canberra.

**Mrs ELIZABETH GRACE**—And do they have an ongoing program that we hopefully will have some sort—

**Mrs Dalzell**—The status at the moment—and I was over in Canberra earlier this week—is that the consultants are putting together the final report. They have been out in the field. They have been in WA, South Australia, Northern Territory, et cetera and spoken to people out there about what would be the best ways of getting relationship education services to people. The answers are not all that surprising in that some people will respond to videos, some people will respond to telephones, some people will respond to groups, some people will respond to the services that we actually offer in metropolitan area. They are also evaluating the content in the areas and the barriers that are out there obviously which therefore have to be addressed and overcome.

They will be reporting back to the steering committee in June with a draft report of their findings and recommendations of prototype programs which could be used in the field. Then their hope would be that those prototype programs would be adopted and run in some rural and remote areas for a trial period and then evaluated effectively to find out how useful they have been.

**Mrs ELIZABETH GRACE**—I see one of the biggest problems—and I do not know whether this has been addressed in this survey that you have been doing—is getting the message to the people in the rural and remote areas that these services are available. When they come to a crisis and they find they are 150 kilometres or 300 kilometres from town, depending on where they live, who do they turn to, where do they go and if they have not got the material in front of them or are not conscious of the material, and usually unless you are in crisis you are not conscious of that sort of material, where do they go. I was wondering whether that sort of area had been addressed?

**Mrs Dalzell**—The other project that is running parallel with the AG's one is the actual community awareness program. Certainly the report has come back from our consultants that there is a need for community awareness of what services are available and how they get hold of them. This is being reported back to the community awareness project. There is a sort of overlap. This consultancy will not necessarily be involved in community awareness except that they are reporting into that. I agree with you that it is vital that people know what is available. This will become easier through the Internet and such like that, but there are still a lot of people in the rural and remote areas that do not have access to that. We have to start somewhere. I am quite excited and positive about the whole process.

**Mrs ELIZABETH GRACE**—I was pleased to see your comments on it and I just wanted to know about that particular part of it.

**Mr TONY SMITH**—I noticed your comment about civil celebrants at point 11 on the last page of your submission. We have heard some evidence from civil celebrants and one of the things that has concerned me is the trend for civil celebrants to make a living out of marrying people when that was not the original intention of appointing civil celebrants. Do you have a concern about that? Are you saying, reading between the lines, that perhaps there is a bit of a conflict of duty and interest or one could arise?

**Mrs Dalzell**—There are civil celebrants and there are civil celebrants, so I must not generalise. Certainly I have a frustration. I have tried many times over the years to approach the civil celebrants in Perth, in particular, to recommend more strongly that couples come to our programs. Some have responded quite positively, but I must admit that it is a minority. Others say, 'This is not our job. We are just here to earn our

income. We give out the brochures that the Attorney-General's Department requires and it is up to the couple then whether they do the program or not.'

So I thank you for raising that point. I just wish that is another area in which the government could become a bit more forceful, on the actual choice, for future civil celebrants. To me, there is a balance of income producing and moral duty. As more and more research comes through—which I am convinced will continue to affirm that what we are doing is actually helpful, because we are training future families of origin—maybe that is what the government needs to be able to say more strongly to the civil celebrants. It is very frustrating because more people are choosing civil ceremonies as opposed to church ceremonies now, so we are not accessing as many as we could.

**Mr TONY SMITH**—In so saying, I do not want to sound like I am generalising. Also, there are obviously needs in the church ceremonies that possibly are not being met at times, too.

**Mrs Dalzell**—Of course.

**Mr TONY SMITH**—To me, it was just that perception of conflict of duty and interest. It is very easy to say it is none of our business as a way of avoiding consideration of that perhaps. The other thing that I was going to ask you was: do you follow-up your clients? Do you see how they are going down the track or are you too busy to do that?

**Mrs Dalzell**—No, we have a policy of sending anniversary cards out to all our clients—those that get married and come through our pre-marriage courses, whether they are getting married in our system or in others. We often have reunions. As I inferred earlier, my stress is that relationship education needs to be a positive experience, especially at the early years. If it is a positive experience, people will come back. If it is a negative experience, if they feel that they are being told what to do, if they are feeling threatened, it is a no-go.

I am excited when I get back evaluation forms that say 99 per cent of my couples would be willing to go for marriage counselling if there were problems. I always stress that my door is open and they should feel free to come back or, if they do not want to come back to me, they can come back to one of my colleagues. Yes, we certainly get quite a few coming back when they are making a decision to have a baby or some things like that, where they just want a third person to facilitate. That is great.

**Mr TONY SMITH**—In that trend, are you seeing positive results; that is, people staying together as opposed perhaps to the general trend of the population?

**Mrs Dalzell**—Yes, certainly there would be some couples that come back—and I have to be honest—who have gone through our program and it does end up in separation. For the majority of the ones who come back, it is because they have a temporary hitch if they are wanting counselling. For the ones who come back for the reunions, et cetera, it is because they want more education.

**Mrs ELIZABETH GRACE**—I would just like to follow-up on what Tony was talking about with civil celebrants. Also, in that article you mentioned judges and police and a few people like that which are

again put in a similar situation, as marriage celebrants are, where they could suggest that counselling may help take some of the tension out and may ease the problem. Do you think there should be some sort of compulsion or some sort of training? What I am saying is: first, should marriage celebrants be trained and have some sort of compulsion that they must recommend and, second, should this follow on through those other services that people come in contact with, such as the police and doctors and the clergy and people like that?

**Mrs Dalzell**—Certainly the civil celebrants are compulsorily asked to give out the brochures. But how those brochures are given out is our challenge, whether they say, ‘This is a really good idea,’ or, ‘Oh, you have got to have this. Read it if you have time.’ So it would very much depend on the attitude of the civil celebrant there.

In reference to the doctors, judges and police, again I am reluctant to put an authoritarian compulsion on it, but I would be very excited if in their training they could have some sort of understanding of the dynamics of a relationship. A lot of the police who often come through our programs are dealing with domestic violence. They feel very inadequate. I wish there could be more professional development within those fields of understanding behavioural patterns, how these things happen, and being more informed.

**Mrs ELIZABETH GRACE**—Juvenile offenders would come under that, too, wouldn’t they?

**Mrs Dalzell**—Absolutely. If that could be encouraged in any way, it would be fantastic.

**Mr TONY SMITH**—You are talking about judges in the Family Court and perhaps the Magistrate’s Court, are you?

**Mrs Dalzell**—Yes, probably. I suppose I have a bias. I think anyone can benefit. I have had a pretty good marriage, but I can tell you that it is much better since I have been in this field.

**ACTING CHAIR (Mr Thomson)**—As there are no further questions, thank you very much, Mrs Dalzell, for coming along and presenting the submission and answering questions this afternoon.

**Mrs Dalzell**—Thank you for your time.

**Committee adjourned at 1.02 p.m.**