



The Development of Assessment Panels in South Australia

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The care and control of children who have committed offences, or who are identified as being "at risk" or in need of special programmes is a matter of continuing debate and concern.¹ One of the declared objectives of the South Australian Department for Community Welfare is —

to promote the welfare of the family as the basis of community welfare, to reduce the incidence of disruption of family relationships and to mitigate the effects of such disruption where it occurs.²

Amidst the debate (philosophical, theoretical and occasionally emotive) over the implementation of this policy, the juvenile court and state welfare authority must daily make difficult decisions. Their task is to appraise complex situations and make recommendations and decisions which often have far reaching consequences. The subject of this article, the assessment service in the Department for Community Welfare, is central to these difficult decisions and reflects not only the need of Courts to have access to specialist information,³ but also the social workers' demands to an approach in which they may share their expertise with that of other professionals.

Assessment may be simply described as the process of exploring, evaluating and making recommendations about the way people or groups operate in their environment. Although people are usually referred to assessment panels because of alleged problems, (ranging from specific to general), assessment is not so narrow as to look at these problems in isolation. Assessment, then, is comprehensive, and can involve people from parents to teachers and social workers to psychiatrists. In South Australia as in other countries, the basis of the approach is a specialist unit calling on the services of other people (i.e. not full-time assessment personnel) as required.

Assessment has received comparatively scant attention in the literature on child care and writings about it range from descriptive papers to those arguing about specific concepts or practices.⁴ Our approach is to report the development of both the concept and the practice of assessment in South Australia. To do this we will present its history and relationship to its British parent system and outline the significance of the changes in concept and practice over the years. We will conclude by gathering the threads of trends, problems and

needs, and weaving them into suggestions and predictions about its future course. It is our hope that dialogue and argument will be provoked by this overview.

THE LEGISLATION FOR A SEPARATE ASSESSMENT SERVICE IN S.A.

The Juvenile Court system has its origins in the general humanitarian progressive reform movement of the nineteenth century. Its philosophy is grounded in the concept of *parens patriae*, allowing the State to intervene when a child's well-being is in danger. The emphasis is on rehabilitation and not punishment, whereby youthful transgressors should be able to move into adult life without being stigmatised by their pasts. The State, then, has a special obligation to children through its judicial and welfare services.⁵

The recognition that assessment of children and families is an important area in its own right has only recently been recognised in legislation and practice. The Juvenile Courts Act 1971-1974 in (S.A.) was written with an over-riding spirit that the interests of the child should be paramount. The focus was on the child as a person in need of assistance and this was, and continues to be, the foundation stone of assessment. The Act went a stage further than its English counterpart by adding to the recognition of the concept of assessment the specification of two instances when it was mandatory; before a child could be placed under the care and control of the Minister of Community Welfare and/or sent to a specialised community based intervention programme.⁶

Legislation in the United Kingdom made assessment the statutory responsibility of local authorities and every regional plan had to contain proposals –

*for the provision of facilities for the observation of physical and mental condition of children in the care of the relevant authorities and for the assessment of the most suitable accommodation and treatment for those children.*⁷

In South Australia this concept was embodied in two acts – the Juvenile Courts Act 1971-74 (S.A.) (now repealed), and the Community Welfare Act 1972-79 (recently amended). The former could order that children attend an assessment centre (or be taken to one if in custody), so that they might be examined, and an assessment made of their personal circumstances and social background, and of the most appropriate means of rehabilitating them.⁸ The latter allows the Director General to establish the assessment panels which aid in the examination of children and in planning the most appropriate treatment or rehabilitative correction or education for each child.⁹ There are, then, basic differences between the South Australian and United Kingdom systems. Although in South Australia assessment has a larger mandate and more specific guidelines for residential assessment, much less investment has been made in observation and assessment centres. In contrast to the United Kingdom, where expensive facilities have "mushroomed", the continuing policy aim here has been decentralization and assessment in the community.¹⁰

The reason behind specifying conditions for use of residential care (including residential assessment) was to minimise damage resulting from its inappropriate use. When we look at the figures we get a paradoxical result: whereas the number of children locked up for treatment has dropped dramatically, more have been incarcerated for assessment.¹¹ We can but speculate about this contradiction. It may be that the population of children coming for assessment has changed over the decade, the advent of Juvenile Aid Panels removing the less problematic cases. Alternatively, courts and social workers may refer children for residential assessment from habit, without analysing each case. Yet again, the remand period

could be seen in a different capacity, providing either a breathing space for harrassed social workers and parents, or providing a "short, sharp punishment" in line with some vocally expressed community attitudes.

A major result of the 1971 legislation was to change the practice of assessment. Previously decision-making contained either a large element of chance, or such an arbitrary structure that the needs of the individuals were not met.¹² In practice the change caused the development of assessment as a skill in its own right within the Department for Community Welfare.

Before reviewing the system which has evolved in South Australia, we draw attention to an issue which is ever in the minds of assessment personnel; the moral responsibility of society and the ethical responsibility of the individual professional with respect to assessment, for the system established to protect children's rights may in some cases mitigate against them. One can point to the dangers of labelling, alleged by the theoretical literature and by the case history alike.¹³ Labels, whether overt or euphemistic, can, irrespective of their validity, be self-fulfilling. Even if labelling is avoided the fact is that a lot of information is collected. How much should be passed on, to whom, and in what form? A further frustration as common as it is vexing, is the detection of a problem requiring resources or types of intervention which are just not available. This can result in stop gap measures or second best alternatives which may be as damaging as the child's original home circumstances. It may then be argued that the state has not fulfilled its statutory obligations to the children in its care.

Yet another complexity is the debate about intervention which is imposed, not requested. Under the now repealed Juvenile Courts Act 1971-74 (S.A.) there were occasions when children appearing before Court on trivial offences were made Care and Control because their personal circumstances demanded it.¹⁴ The very nature of assessment, albeit for a comparatively trivial reason, may uncover deeper problems and concerns which result in massive intervention beyond that initially indicated by the presenting problem.¹⁵ The relative balance, or indeed the difference between, punishment and intervention (often imposed) occupies a large percentage of time in debates amongst those concerned with assessment. By separating the civil and criminal jurisdictions, the Children's Protection and Young Offenders Act, 1979, has taken the middle course between over punishment (as existed prior to 1971) and over "treatment" (as some would argue occurred between 1971 and 1979). It also has a section designed to guard against information being casually recorded without the writer being accountable, and S.88 of the Act states that¹⁶

1. In any proceedings before the Children's Court or, before an adult court pursuant to this Act, a copy of every report received by the court shall be furnished to the child the subject of the proceedings, to any guardian who is a party to the proceedings or is present in court and, where the proceedings are under Part IV of this Act, to the prosecutor, and any of those persons or counsel for any of those persons, shall be permitted by the court to cross-examine the person, or any of the persons, by whom the report was made, or who carried out any investigation on which the report was based.

2. Notwithstanding subsection (1) of this section, if the court is of the opinion that a report contains material that, if disclosed, may be prejudicial to the welfare of the child, the court may order that the whole, or any part, of the report shall not be furnished in accordance with subsection (1) of this section.

As in the adult courts children or youths and their parents may in theory challenge what is written about them, although

in reality this does not often occur. Assessment panels attempt to maintain the rights of people referred by following the principles of S.88 and ensuring maximum involvement of parents and children. Accountability is stressed at all times and there must be a built-in research and evaluation component to ensure this. A discussion of the way the South Australian system has developed will provide more information to help us reflect on these issues.

THE DEVELOPMENT OF A SEPARATE ASSESSMENT SERVICE IN S.A.

Initially there were two assessment centres in Adelaide to serve the whole state, one a secure residential facility and the other non-secure and community-based. A report prepared for the Department for Community Welfare in 1972 was an exercise in planning but did not consider fundamental issues such as purpose or concept. Consequently the practice of the new task was somewhat haphazard, since children were referred to a number of specialists, such as psychologists, in the absence of agreed guidelines or criteria.

In 1974 some consistency was introduced into the assessment process by the appointment of a suitably qualified person to supervise and develop assessment services. Children and parents were now interviewed by a social worker specialising in assessment work (and administratively responsible to the assessment service) who made referrals to other professionals using the newly developed criteria.¹⁷ In that year assessment services in Adelaide gradually decentralized into the country and subsequently into the metropolitan regions.¹⁸ It was argued that a centralized service may operate more for staff than client convenience. The remoteness of the staff from the clients' environments and the distances clients had to travel, were seen as major drawbacks.

Decentralization of the service is considered beneficial because assessment panel social workers retain their specialist positions while enhancing contact with local resources. They are more likely to establish links with various community workers, links which are superior in quality and quantity to those in a centralised service. That they have more opportunity to follow the progress of the cases they assess is so significant an improvement that it may change the entire concept and structure of assessment services.

The service is more accessible to the users as it is closer to their own environment, perhaps in a familiar building. No longer are they sent miles to a centre which they may perceive as being remote and judgemental.¹⁹ Predictably there are two sides to the argument. Some have found visits to the local facility for assessment stressful, either because of a previous bad experience there, or because of the stigma of "going to the welfare".

While the service has been decentralizing into the community, it has also enhanced its links with the Education Department, Hospitals, Mental Health Services, and a host of other agencies, (such as the Alcohol and Drug Addicts Treatment Board, Central Mission, Catholic Family Welfare Bureau). One measure of this link is the frequency with which they ask the assessment service for its co-operation and vice versa. These links maximise the variety and depth of problems which can be assessed without the expense of a large central team. The decentralization is a reflection of the policy that assessment and indeed subsequent treatment, should be based as much as possible within the person's natural environment.²⁰

An important principle alluded to earlier, which has aided the decentralization movement, is to involve the parents or guardians and child in every stage; from interviews, to the case conference, to reading the completed assessment panel

report. A logical outcome of decentralization, this principle approaches the philosophy "do with" as opposed to "do to" or "do for". It reduces the chance of wrong information being promulgated and makes it essential that those assessing justify their conclusions rather than making ivory tower pronouncements. Indeed, the very involvement of the family at this stage can be interpreted as an early start to the therapeutic process, a point pursued later in this paper.

The latest legislative change, the Children's Protection and Young Offenders Act, 1979 has not been in operation long enough to ascertain accurately its effect on the practice of assessment. Until the dust raised by its introduction has settled into solid data, we can but speculate on the interplay of some possibly contradictory forces. Certainly, the legislation has more than reiterated the importance of the practice of assessment. It specifies three instances in which an Assessment Panel Report is mandatory; — before the child is placed under the guardianship of the Minister of Community Welfare; before a child can be ordered to attend a Youth Project Centre; and before sentence of detention is passed.²¹ By demanding that children in need of care appearing before the Children's Court in its Civil Jurisdiction should be assessed as offenders are assessed, the new Act rectified an important omission in the earlier legislation. However, for children coming into care by administrative processes, there is still no requirement for an assessment panel report, an omission which we regret.²²

Although the process of assessment seems on the one hand to have received recognition by the new Act, it can be argued that the provisions within it dealing with the sentencing of offenders, have affected the assessment process by limiting its involvement in the cases of some very serious offenders who will be dealt with in an adult Court. We have indicated that in South Australia "paramourcy of the child's interests" has been expressed by assessing the needs of each individual child and family. The new Act leans more towards both the pre-1971 legislation and the adult legislation in increasing the emphasis on a punishment fitting the crime and the philosophy that the child should not be placed in a worse position than an adult appearing for a similar offence. The decision of a court under this system may be predicated by the nature of the offence²³ excluding the child's circumstances. Were this difference in emphasis to be maintained in practice, the nature of the crime would become the most important parameter; so were the assessment panel's recommendations to be made on the basis of the child's circumstances, they could be deemed inappropriate. Thus in the long term the importance of assessment could decline if decisions relied increasingly on precedents dictated by the nature of the crime. The issue we have raised is an empirical one and we will be interested to see the basis on which Courts make their decisions.

THE COMPOSITION AND DAY TO DAY PRACTICE OF ASSESSMENT PANELS IN SOUTH AUSTRALIA

Most literature on assessment accepts the approach whereby a team of professionals from various disciplines interview, test, and observe the child. The disciplines conventionally represented include psychology, psychiatry, education and social work, meeting in a forum known by the somewhat medical name of "the case conference". Information is exchanged, opinions voiced, and plans discussed in an effort to achieve a consensus decision stating clearly what should happen to the child.

The major difference in South Australian practice is the flexibility of panel membership, contingent upon the child's circumstances. In other words, children are not seen by a variety of specialists just as a matter of course. South Australian panels see specialists in the manner their name suggests,

as people with skills in particular areas. In order to use scarce resources more efficiently, and to reduce the number of times people are interviewed, the assessment social worker makes referrals using the guidelines alluded to earlier.

The issue of repeated interviews has recently been re-examined. Initially it was seen as a reliability check and a way of gaining more information than would be forthcoming from just one interview. Increasingly practitioners are questioning this belief.²⁴ It has been proposed that the child learns what to say from the responses of interviewers and thus for the children each successive interview is a learning experience whereby their self images and reporting of circumstances are refined to suit what they perceive the expectations of the interviewer to be. Further more each interviewer has a predetermined picture of the child, based on earlier reports, rules, and indeed the present referral process. Each interview can be seen to some extent as a validation of the pattern spun by previous professionals. Certainly the process yields reliable data; it is the validity which is the subject of debate.²⁵ Assessment personnel in recognition of these problems are increasingly conducting joining interviews with their departmental colleagues.

Obviously this area is one fraught with "ifs" and "buts" and there is a dire need for research. The South Australian solution is to take care in choosing assessment social workers, and to aim to make assessment and referral skills the basic tools of the social worker. The criteria for referral need to be followed and continuously evaluated. It is apparent to us that as many decisions have to be made about the assessment service as are made by it.

Assessment makes decisions about problems using the best possible information so that the interests of the people being assessed, and the community in which they live, are maximised. To achieve this end many diverse points of fact, theory and methodology must be assimilated. The task of assessment services is not made easier by the lack of a comprehensive universally agreed approach to the assessment and change of human behaviour. There are not as many certainties in the social services as in the physical sciences (witness the debates on the learned versus inherited behaviour, biological versus social causes of behaviour and differing treatment models). That assessment does not have a universally accepted method is not so much a critique of its practitioners as a reflection of the state of the sciences from which its ideas are drawn.

The fact that the original assessment blueprint was for a "one off" process, with its own professional and administrative structure, reflected the tenets of the sickness model of behaviour, assessment being a process of uncovering symptoms which are indicitive of underlying disturbances. As a result of this assumption, there was a strong parallel between the roles of assessment, and medical personnel. Indeed, the presence of a central facility which people attended for assessment, and the language used (client, diagnosis, case conference, treatment, prognosis) are all consistent with the model.

During the seventies, the social sciences have changed and the medical model of deviance is now being challenged from many quarters.²⁶ For example, the behaviour modification school sees assessment as a continuing process of making and testing hypotheses about what causes behaviour. Because they assume most behaviour is learned, their task is to examine and alter the conditions affecting learning. The process is like an experiment, in which treatment decisions are based on information collected and refined continuously.²⁷ The distinction between assessment and treatment is further blurred by techniques of behavioural self-control²⁸ and the work of Robert Carkhuff and his associates.²⁹ Both

suggest that professionals assist clients to monitor their own behaviour, and determine and implement their own strategies for change.

Similar changes have taken place within the education system.³⁰ Children in need of special education are increasingly remaining in settings as close as possible to the ordinary classroom. Continual assessment for continual refinement of teaching methods is replacing an initial assessment determining subsequent placement and teaching. As practitioners change their methods, so the structure of the systems they work within change. Assessment has changed by decentralizing and involving parents and children; a process which is gradually blurring the once hallowed distinction between assessment and treatment. We have noticed more informal feedback about assessment decisions, and envisage the day when feedback is an integral, not optional, part of the very structure of assessment. This will bring assessment personnel even closer to the effects of their decisions. Indeed, the more assessment moves away from a medical model, the more it considers environmental forces (housing, unemployment, the workplace). Debates then arise over the extent to which assessment should consider features of the environment and recommend that they be changed. In other words, assessment involves a wider view than looking at the individual or family in isolation. Therefore assessment is becoming vital not only as a tool to discover the needs of individuals and families, but also the deficits of the communities in which they live. In South Australia assessment services will continue to determine the needs of individuals, and comment on treatment issues, welfare policy, and legislation.

FOOTNOTES

- (1) This culminated in the *Royal Commission into the Administration of the Juvenile Courts Act and Other Associated Matters. Part 2, S.A. 1977.*
- (2) Community Welfare Act 1972-1975 (SA) s7 (b).
- (3) See Social Welfare Advisory Council Report "Legislation Concerning Young Offenders" mimeo, Department for Community Welfare, May 1970.
- (4) See HOGHUGI, M. Myth, method and utility. *Social Work Today*. Vol.10 No.29 1979 pp.11-17.
Assessment of Children, Social Work Services Group, Edinburgh Scottish Home and Health Department, 1971.
PAYNE, C., "The Questionable Role of Assessment Centres", *Social Work Today*, May 10, 1977.
GRAY, M., "The Myth of Objective Assessment" *Community Care*, March 1, 1978.
- (5) See KITTRIE, N.N., *The Right to be Different*. Baltimore, Penguin, 1974 pp.8-12 discusses the *parens patriae* and Chapter 3 analyses the role of the state.
- (6) Juvenile Courts Act 1971-1974 (SA) s.44.
One specialist programme is the Youth Project Centre.
- (7) The Children and Young Person's Act, 1969 (UK) s36(4)(b).
- (8) Juvenile Courts Act 1971-1974 (SA) s41(a).
- (9) Community Welfare Act, 1972-1975 (SA) s58(2).
Referrals to assessment panels come from the Children's Court, Children's Aid Panels, social workers, Education Department, and other agencies both State and voluntary.
- (10) Remands in custody have been specified in S.A. in Juvenile Courts Act 1971-1974 (SA) s30(2). Children's

Protection and Young Offenders Act 1979 (SA) s44(2). See HOGHUGI, op.cit. p.11 for a discussion of the growth of observation and assessment centres in the United Kingdom.

For debate on residential versus day assessment see CARRADINE, P. "Assessment Centres, expensive white elephants?" *Community Home and Schools Gazette*. Vol.71, No.8 Nov.1977. pp.320-324.

Hampshire Social Services Department, "First year at Fairfield Lodge". *Community Home and Schools Gazette*. Vol.70 No.3 June 1976. pp. 115-126.

- (11) Although the absolute number of children placed on orders requiring them to receive treatment in secure care has steadily decreased, there has been no such decrease for children being remanded for assessment in secure care.

1972/3 1973/4 1974/5 1975/6 1976/7 1977/8 1978/9

Children treated in secure care	392	367	374	296	207	169	177
Children assessed in secure care	598	530	605	742	609	644	710

- (12) It was not unusual for a young offender to follow a natural progression from a Bond for three years Supervision for a first offence to institutional committal for a second or third. We recall ten year old children convicted for petty larceny, other locked up on remand on a first offence for punishment, and/or parents guardianship removed for the most inadequate reasons.

- (13) In a recent case referred to an Assessment Panel in Adelaide, a 12 year old boy was labelled "dangerous" by a psychiatrist. It was concluded that this prevented him from admission to school for over six months.

See MIDONICK, M.L. and SONDERLICK, M.G. Children before the bench. *Trial*. Vol.10 No.3 May/June 1974. pp.38-41.

See SCHEFF, T.J. (ed.) *Labelling Madness*. New Jersey, Prentice Hall, 1975.

- (14) Juvenile Courts Act 1971-1974 (S.A.) s43. In one unreported case before the Juvenile Court in Adelaide the presiding Judge commented that it was rare for a Care and Control order to be made in respect of a child who had committed only a trivial offence, although he supported the Order in view of the child's circumstances. He queried whether a complaint that the child was uncontrolled might have been more appropriate. In another case involving a first offender who was an orphan in need of care the Assessment Panel recommended that the charge be dismissed and an Order be made under S.39 of the Community Welfare Act (1972-1975). This suggestion was accepted.

See also MCGREGOR, S.N. and BAILEY, R.J. Taking Children into Care by Non-Judicial Process in South Australia - Some Problems. *Adelaide Law Review*. Vol.6, No.1 September 1977 pp.44-76.

- (15) MIDONICK AND SONDERLICK (1974) op.cit., p.39, report that in "In re Gault" (1967, U.S.) a 15 year old boy was charged with making lewd telephone calls, and was committed to a State Industrial School until the age of 21. For an adult the penalty would have been a fine of \$5 to \$50 or 2 months imprisonment.

- (16) Assessment Panels are concerned about possible implications of s88. The word "furnished" has been interpreted as meaning that the child, guardian, and (under Part IV) the prosecutor and counsel can keep a copy of

any report received by the Court. With respect to confidentiality, it is considered that sensitive information may be kept by people who no longer need it. With so many people in possession of information, it is conceivable that some could be used in the wrong way.

- (17) When a social worker is contemplating referral to a psychologist, the following guidelines are considered:
 (a) the seriousness of the offence.
 (b) the need for intellectual or personality assessment.
 (c) whether behavioural assessment would assist with future plans.
 (d) whether a second opinion is required.

For further details see

The Operation of Assessment Panels in South Australia. Adelaide, Department for Community Welfare, 1976.

- (18) There are now 16 assessment centres operating in S.A.: 10 non residential centres in the country and four in the city, and 2 secure residential centres in the metropolitan area. Assessment Panels may be convened in any location deemed necessary.

- (19) This is increasingly the case as more and more Department for Community Welfare Offices are being located in community centres housing a variety of agencies.

- (2) The I.N.C., or Intensive Neighbourhood Care Scheme, is an example of an initiative aiming to keep young offenders out of secure care and with selected, trained, families, for various periods.

- (21) Children's Protection and Young Offenders Act (1979) S.14(b) S.51(1) (a) S.71.

- (22) See MCGREGOR and BAILEY (1977) op.cit.

- (23) S.47(1) states that the Attorney General may apply for a child to be tried in an adult court if the nature of the offence or history of offending is serious enough. If found guilty an adult court may deal with the child as if he were an adult - S.56(c), in which case the provision of the Children's Protection and Young Offenders Act no longer apply, including those relating to assessment. Under S.51(6) the Court may order a suspended sentence, meaning any further offence results in detention. Any subsequent referral to an assessment panel would have little point as any recommendation for community treatment would not be possible.

- (24) The issue of a second opinion is a vexed one. Some argue that an objective, independent evaluation is essential. The opposers of this view argue that the social worker who has known a child and his/her family for a long time is the next person to assess their needs - an independent social worker appearing to have, by contrast, only a superficial knowledge. As always it is the competence of the person involved which is crucial.

- (25) See CARTER, R.M. "The pre-sentence report and the decision making process." *Journal of Research in Crime and Delinquency*. No.4 July 1967. pp.203-211.

BEAN, P. *Rehabilitation and Deviance*. London, Routledge and Kegan Paul, 1976. especially chapters 3 to 5.

- (26) For discussion of the medical model see LAZARUS, R.S. *Patterns of Adjustment and Human Effectiveness*. NY, McGraw-Hill, 1969. Chapter 6.

POTEET, J.A. *Behaviour Modification*. London, Hodder and Stoughton, 1978 Chapter 3.

YATES, A.J. *Behaviour Therapy*. NY John Wiley, 1970. For an analysis of the framework of assessment see

YATES, A.J. *Theory and Practice in Behaviour Therapy*. NY John Wiley, 1975. Chapter 1.

- (27) For discussions of assessment and behaviour modification see GOLDFRIED, M.R. and POMERANZ, D.M. "Role of Assessment in Behaviour Modification. *Psychological Reports*. 23 1968, pp.75-87.
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WEISS, R.L. Operant conditioning techniques in psychological assessment, in McREYNOLDS, P. (ed) *Advances in Psychological Assessment, Vol.1*. California, Science and Behaviour Book, 1968.
- (28) See MAHONEY, M.J. and THORESEN, C.E. *Self-Control: Power to the Person*. Monterey, California, Brooks/Cole, 1974.
- (29) See CARKHUFF, R.R. *Helping and Human Relations: A Primer for Lay and Professional Helpers, Vol.2, Practice and Research*. New York, Holt Rinehart and Winston, 1969.
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- (30) See STEPEHENS, T.M. *Directive Teaching of Children with Learning and Behavioural Handicaps*. Ohio, Charles E. Merrill, 1970, and
WARNOCK, H.M. *Special Educational Needs. Report of the Committee of Enquiry into Education of Handicapped Children and Young People*. London, HMSO, 1978.

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