



COMMONWEALTH OF AUSTRALIA

Official Committee Hansard

HOUSE OF REPRESENTATIVES

STANDING COMMITTEE ON ABORIGINAL AND TORRES
STRAIT ISLANDER AFFAIRS

**Reference: Involvement of Indigenous juveniles and young adults in the criminal
justice system**

THURSDAY, 4 FEBRUARY 2010

CANBERRA

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**HOUSE OF REPRESENTATIVES STANDING
COMMITTEE ON ABORIGINAL AND TORRES STRAIT ISLANDER AFFAIRS**

Thursday, 4 February 2010

Members: Mr Debus (*Chair*), Mr Laming (*Deputy Chair*), Mr Andrews, Ms Campbell, Ms Rea, Mr Kelvin Thomson, Mr Trevor, Mr Turnour and Mrs Vale

Members in attendance: Mr Debus, Mr Laming, Ms Campbell, Ms Rea, Mr Trevor, and Mrs Vale

Terms of reference for the inquiry:

To inquire into and report on:

High levels of involvement of Indigenous juveniles and young adults in the criminal justice system. With a particular focus on prevention and early intervention, the Committee will identify:

- How the development of social norms and behaviours for Indigenous juveniles and young adults can lead to positive social engagement;
- The impact that alcohol use and other substance abuse has on the level of Indigenous juvenile and young adult involvement in the criminal justice system and how health and justice authorities can work together to address this;
- Any initiatives which would improve the effectiveness of the education system in contributing to reducing the levels of involvement of Indigenous juveniles and young adults with the criminal justice system;
- The effectiveness of arrangements for transitioning from education to work and how the effectiveness of the 'learn or earn' concept can be maximised;
- Best practice examples of programs that support diversion of Indigenous people from juvenile detention centres and crime, and provide support for those returning from such centres;
- The scope for the clearer responsibilities within and between government jurisdictions to achieve better co-ordinated and targeted service provision for Indigenous juveniles and young adults in the justice system;
- The extent to which current preventative programs across government jurisdictions are aligned against common goals to improve the health and emotional well-being of Indigenous adolescents, any gaps or duplication in effort, and recommendations for their modification or enhancement.

WITNESSES

GUTHRIE, Dr Jillian Anne, Research Fellow, Indigenous Offender Health Capacity Building Group, Australian Institute of Aboriginal and Torres Strait Islander Studies 2

LEVY, Professor Michael, Clinical Professor, School of Clinical Medicine, Australian National University 2

Committee met at 12.41 pm

CHAIR (Mr Debus)—Welcome. I declare open this public hearing of the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs inquiry into the high level of involvement of Indigenous juveniles and young adults in the criminal justice system. I acknowledge the Ngunawal and Ngambari people, the traditional custodians of this land, pay respect to elders past and present and also acknowledge the present Aboriginal and Torres Strait Islander people who reside in this area.

I observe that these meetings formal proceedings of parliament, so everything said should be factual and honest. It can be considered a serious matter to attempt to mislead the committee. I invite witnesses to make comments that will assist us in our inquiry into the involvement of Indigenous youth in the criminal justice system, with a focus on prevention and early intervention. The hearing is open to the public and a transcript of what is said will be placed on our website.

[12.43 pm]

GUTHRIE, Dr Jillian Anne, Research Fellow, Indigenous Offender Health Capacity Building Group, Australian Institute of Aboriginal and Torres Strait Islander Studies

LEVY, Professor Michael, Clinical Professor, School of Clinical Medicine, Australian National University

CHAIR—Welcome Dr Guthrie and Prof. Levy. I invite you to make an opening statement.

Dr Guthrie—I am Jill Guthrie, a descendant of the Wiradjuri people of western New South Wales. I would also like to acknowledge the traditional owners, the Ngunawal people, on whose land we are meeting today. Our submission that you have was developed on behalf of group that we have named the Indigenous Offender Health Research Capacity Building Group. That is a national collaboration of interdisciplinary people in Canberra, Sydney and Western Australia, and a couple of universities and other institutions. You have the list of people on that collaboration there.

It is an NHMRC funded initiative for five years, and the model is that it has chief investigators, mentors and researchers who are dotted around Australia. Michael and I happen to be in Canberra. I guess what formed the basis of our submission was a trip that I made to Perth just before Christmas to meet with Tony Butler, who is the lead chief investigator on that collaboration, and Ted Wilkes and others. We made a trip out to Albany—we had been invited to visit this initiative, which is known as the Nowanup farm. You have there some photographs of that visit.

What is happening there is that one of the locals, Mr Eugene Eades, has been working with Greening Australia at that farm. Greening Australia owns the land. The local magistrate, Elizabeth Hamilton, had had five or six young boys between the ages of 11 and 15 come before her three or four times, and she could see that they were on a journey of potential criminality, I guess. So she worked in with Eugene and others in the area, including those boys' mothers; Eugene was running an eight-week camp, and those boys went on that camp. The day that we happened to visit was like a graduation day for the boys, so it was a celebratory day, and the magistrate, the local judiciary and the mums and other community members were there. But the thing that was pointed out to us was that it is not a program, per se; it is a community-driven initiative. There is no funding that sustains it. Therefore there is no inbuilt evaluation of it.

I guess that is an example of what we would like to see as a demonstration site, looking at justice reinvestment. Justice reinvestment, as you may already know, is something that Tom Calma has been talking about recently. He has done some study tours of the US and the UK; it is also the subject of a chapter in his recently released *Social justice report*. So, as part of our capacity-building group, we are hoping that we might have a couple of demonstration sites like that that could form the evidence for justice reinvestment as a concept that might be picked up.

Prof. Levy—I, too, wish to acknowledge the traditional owners of the land on which we meet, the Ngunawal people. I am a public health physician. I have been working in prisoner health for

15 years now, initially in New South Wales. My substantive position at the moment is director of corrections health for the ACT. But I am here today in my capacity as a chief investigator on the grant.

My discipline takes me to data, and so I would like to present to the committee some data and refer to some reports which you can then access; they are all publicly available. In 2005-06, the Australian Institute of Health and Welfare reported that there were 13,254 juveniles under juvenile justice supervision. So we are talking about a relatively large number of children. Of the young people in custody for that financial year, 2005-06, 38 per cent were Indigenous—a vast overrepresentation of our Aboriginal citizens.

If we go back to the Muirhead Royal Commission into Aboriginal Deaths in Custody report, the seminal point they made back then—and here we are 20 years later—was that too many Aboriginal people come into contact with criminal justice system too often. We see that these young people are initiated into the criminal justice system far too early in their lives and that becomes the single biggest predictor of their continued contact with the criminal justice system. Like in every domain in Australian public life, there are differentials across the different jurisdictions. Western Australia trumps everyone else in this regard. Something like one in five male Aboriginal juveniles in Western Australia come in contact with the criminal justice system. Once they are institutionalised, it means they have to come to Perth. The massive geographic expanse of Western Australia means that young kids who fall foul of the law, for whatever reason, are dislocated from their communities and their families. The institution, with all its good intentions, wants to rehabilitate these young kids, but in fact, because of the nature of the institutions and the geographic spread—we are talking about Western Australia, just the south-eastern corner—they are dehabilitating and these kids are lost. But it is worse.

I will now defer to some data from the young people in custody survey done in New South Wales in 2004, I think. Associate Professor Tony Butler from Curtin University in Western Australia is the first author. You can find the report on the justice health website www.justicehealth.nsw.gov.au. At the time they surveyed young kids in custody in New South Wales, 41 per cent had a parent who had been in prison at some time during the formative years of that young person in custody. Eleven per cent of them had a parent in custody at the same time. It is incomprehensible for a parent—I am a parent—that I should be in custody and that that predicts my children coming into custody. I am sorry to say that it gets even worse. These young kids in custody do not have the messages of safer sex, so they themselves have kids very young. I know the case of a person in custody who has not even touched his 35th birthday and he is a grandfather, and his child has been through juvenile justice.

A second theme that leads to the issues that Jill brought to the table is that of justice reinvestment. I bring to your attention a review by the Human Rights Commission in the ACT. Their website is www.humanrights.act.gov.au. It is one of many reviews that have been done nationally on juvenile justice systems. I use this as an example. In 2005, they tabled a report on the then Quamby Youth Detention Centre in the ACT and found that it was not 'fit for function'. They came up with number of reasons why: there was no privacy, there was a commitment to surveillance as against programs and there were problems with record keeping. You will find the recommendations in their report. A direct outcome of this report was a commitment from the ACT government of \$40 million to build a new juvenile detention centre, subsequently built and called the Bimberi Youth Justice Centre. The philosophy of justice reinvestment says: regarding

the money that you, the ‘community’, are investing in justice, there are other ways to allocate your funds. See it as discretionary funding, see it as funding that could go back into communities—to build parks, to support schools, to support local education, to stop the traffic of young kids from remote Western Australia to these institutions. Perhaps it is not fair to focus solely on WA, although they do have the highest detention rate for young kids.

It says to the communities, ‘You, too, have a choice. You can buy into this discussion.’ Here is a person who has offended and has been arrested by the police. She is now in court. The court wants some discretion—some diversion programs—or some funding that would otherwise go to the institutional criminal justice system. This concept says that we as a society are prepared to reinvest that funding from institutions back into the deprived communities from where so many offenders come from. That is discretionary money. This is not new money; this is money that must come out of institutional justice and must be relocated, refinanced towards communities. So this is not a play for new money; this is an explicit attempt to defund institutional care and to buy into the government’s policy of social inclusion.

Mr LAMING—Professor, is mental health a good allegory? We made the same arguments and saw the money disappear from institutions and not reappear in the community?

Prof. Levy—So that is a bad example, because there was a deficit in the funding of community based mental health. And there were other issues. It is a slight digression, but perhaps it will highlight some of the issues that we could face if we wanted to deinstitutionalise criminal justice, because it has been immune from that process. The problem when mental health was deinstitutionalised—and no-one will say that those asylums should have survived; they were cruel and horrible places; they were not open to public scrutiny—but they were also training facilities for the next generation of mental health practitioners. So we deinstitutionalised the mental asylums and we actually lost a generation of mental health professionals. There are better ways of doing what was done with the de-institutionalisation of asylum. There are certainly lessons to be learnt.

What we are proposing as a research group is a commitment to the concept of ‘justice reinvestment’ and then we would want to work with a growing group of young researchers, because the very nature of the grant that we have from the NHMRC is to foster a new generation of researchers.

Mr LAMING—It is a hard question, because if I show you the balance sheet of a detention centre or a hospital, it is very, very hard to say where you would take that money from when it is also a cost and a recurrent expenditure. It is almost impossible not to do it with new money, even though you are making the case there are savings in the future. It is very hard to say to a hospital, ‘Show us the money you are going to hand over to a community based program,’ because there is no money to hand over.

Prof. Levy—There is a constant discussion that happens at cabinet level and it happens at the area health service level about where the dollars go. In contrast to the adult system, the juvenile system has a very heavy commitment to community supervision. I do not have the exact numbers in my head, but I would hazard a guess that something like 70 per cent of young people under supervision would be in the community. I am sure you could find the exact figures from the Australian Bureau of Statistics or the Australian Institute of Criminology—they put out

periodic reports. So there already is this discussion about what funding is community and what funding is 'institutional'. But what often happens is that the community intervention is a fast-track to institutional care. Certainly in the adult system, if you breach parole, you go to jail. In the juvenile system, it might be less resistant to that transition, but perhaps a case-by-case review would be important.

CHAIR—But in any event you are speaking of replacing incarceration in a juvenile detention centre with some other form of formal rehabilitation?

Prof. Levy—Yes, but rehabilitation in the community directed from the community.

CHAIR—Can you be more specific about what 'the community' means. You are still talking about formally structured institutions, like this farm.

Prof. Levy—Not necessarily. I will relate to the committee a visit I made to Bourke, NSW about four or five years ago. We were talking to the Aboriginal health service. There was a new prison opening up just south of Brewarrina. A service of the Aboriginal health service was going into that prison farm. There was a phone call back to the Department of Corrective Services' prison called Yetta Dinikhal in Sydney. You, Chair, were probably the minister of corrective services at the time.

CHAIR—I opened it.

Prof. Levy—There was a phone call to their Department of Corrective Services statistics unit saying, 'How many men from "postcode Bourke 2840" were incarcerated last night?' 'Six per cent,' was the answer. Six per cent of Bourke's men were in adult custody that night. Some of those were mass murderers, some were terrorists and some were rapists and pillagers, and some were best in custody. Some had mental health issues and some had major drug dependence issues. 'Could we have a discussion with the fine citizens of Bourke about local rehab services, local detoxification services, financial commitments—transferred from justice, a human service, to health, another human service—that is about: instead of taking these men down to Bathurst or Brewarrina, we will attract drug rehabilitation services; we will have a residential service, we will have good outreach, we will have a bus service that runs people from the more remote villages into Bourke. We could start to build up the social capital of Bourke rather than denude them of six per cent of their men, holus-bolus. Because there are no options, because the magistrates have no choices, because it is an issue of public safety, let's change the discussion, let's have a discussion about public safety, drug addiction, mental illness—

Ms REA—Is that what you did? Did you actually—

Prof. Levy—No, we did not do that. This is the plan ahead. If we are successful in influencing you, the idea of justice reinvestment is something worth considering.

Ms REA—Sure—I appreciate that.

Prof. Levy—The outcome of the visit was that that particular Aboriginal medical service did not provide a medical service to the prison farm, but the one at Brewarrina did, briefly, but that is somewhat incidental.

Ms REA—Just to follow up the chair's question, expanding that a little bit more: when you talk about taking children out of detention centres and putting them back into the community, that is a very broad word, 'the community'. Do you mean within their own community or does it still mean removing them from their social environment and putting them somewhere else? What do you mean by putting them back in there?

Prof. Levy—If we progress the idea, we would find that there is a spectrum of responses. There are some very severely damaged people who damage social safety, and those people continue to be institutionalised in this extreme institution called prison or called a juvenile justice centre. It is down to a spectrum of people who are disruptive at school, are expelled, do petty larceny, break and enters and cause public disorder. The police arrest them and caution them and they breach. They are cautioned again, they breach again, and then the magistrate has had enough and sends them to Perth or wherever—or to Bimberi Youth Justice Centre here in the ACT. What we are saying is: 'Take some of the force of the institution; give the magistrate and the community elders some options around reconstructing public safety.'

It might be that graffiti removal is something that is really important. I do not have a set position on that. It might be that we do some remedial work around drunk driving, break and enter, early onset of dangerous drinking. We might get some funding to get grandmothers to keep kids at school. Its potential is broad. I am conceptualising it in the community. I am thinking Bourke and surrounds. I am even thinking Canberra. Canberra is not a very segmented community but it had a juvenile justice centre and it had the oversight of the Human Rights Commission. It decided to use \$40 million to build a 32-bed facility. A comparable decision made in Queensland to build a centre up in Townsville; the Queensland government is spending \$2 million per bed. The ACT spent just over \$1 million per new bed. I do not think it takes too much to carve out just a little niche as a testbed to test these ideas, which are being tested in America, which is not a great social laboratory for Australia but still there are ideas. In the United States the justice reinvestment has been supported by the Soros Foundation since at least 2003. Tom Calma has been influenced by it.

Mr LAMING—Mission Australia was doing similar stuff in Sydney with predominantly the Islander populations and with good results.

CHAIR—Have you something more specific to say about Nowanup Farm and also similar programs? Obviously it fits within your suggested strategy.

Ms CAMPBELL—If I may jump in here, I would like to find out if it is on a day-to-day basis and if it is eight to five and how it works.

Dr Guthrie—These are young boys. It is residential in that it is like a bush farm.

Mr LAMING—Yes, 24 hours.

Dr Guthrie—I think they are up at the crack of dawn and they go all day.

Ms REA—They live there.

Dr Guthrie—Yes, for eight weeks. They are kept really active.

Ms CAMPBELL—You are saying it is a good thing but there is no evaluation, so you are not sure. You are saying it is a good thing but there are not any statistics to say this is working.

Dr Guthrie—Yes. That is for this particular one. There might be others.

Mr LAMING—There is a long dialogue about residential care for all sorts of these cohorts. In general, state administrations have moved away from residential care because of recidivism rates. Every one of these individual programs claim above average to spectacular results, but we still have not got the political will to say that they can be replicated when we move away from that farm with its incredibly motivated individuals. When we set it up over here without those motivated individuals running the farm we do not get the same results and the whole thing falls over. That is the frontier of this debate. It is the limitation in the political will. It is the fact that we are yet to find a model that actually does pay for itself in recidivism rates. You can quote these numbers but you just go and watch another year and then another year. We had the same issue with drug dependence and substance misuse in mainstream populations. We are yet to find a model that actually convinces lawmakers to fund it on a scale larger than those very successful small models that work beautifully because they are usually personality driven.

CHAIR—Do you know of the institution called Tirkandi Inaburra at Coleambally?

Dr Guthrie—I don't.

CHAIR—It is a more structured version of the kind of thing that you have described with Nowanup Farm. I am quite interested in your views. The conventional idea is that somehow or other you have got to break the cycle of recidivism. Can you speak some more about that?

Prof. Levy—What I have already mentioned are the intergenerational issues and the virtual ensnarement of a very small number of families, where opportunities to break out diminish for those families under intense social welfare care. For them, probably the best evidence based interventions are prenatal. You need to intervene prenatally, and then have intensive monitoring of and stimulatory programs for neonates and young children. That does work. It is hugely expensive but there is evidence that it works. What does not work? Institutional care does not work. The work of Don Weatherburn at the Bureau of Crime Statistics and Research, BOSCAR, www.boscar.nsw.gov.au says, 'Yes, prisons do work—they do keep bad people off the streets. But you have to invest \$10 for every dollar of benefit.' So that does not 'work'. It kind of works, but it does not really work. In the end we are talking dollars in trying to provide some alternatives to those 10-to-one lost bets.

The courts struggle. Magistrates want alternatives. The diversion programs work. And when they are subject-specific—like the mental health diversion programs in Western Australia and New South Wales, and the Drug Court—they work. But they have not been applied nationally. The skilled mental health nurses in the Magistrates Court are not everywhere.

CHAIR—This returns to the issue of the absence of resources to support diversionary programs in remote areas. This is one fundamental, apparently fixable problem.

Prof. Levy—And we keep on draining skills into the centre, into the cities. So you cannot get a psychiatrist beyond Dubbo. You probably cannot get a psychologist beyond Nyngan—though I

say that somewhat with hyperbole; maybe you can. But the skills are being progressively drained away from the peripheral centres.

This is an attempt to buy into the social inclusion arguments. The investment that this philosophy talks about is also about getting a skills base back out there—getting skilled drug and alcohol workers, who are married to teachers, who have kids who become nurses who return to the towns to re-skill these very remote centres, so that, when things go bad for these small families, there are more resources to rely on and more resources to refer them to.

Mr TREVOR—Professor, when these diversionary practices to which you refer do not work, where do we send the kids then if you are talking about deinstitutionalised care?

Prof. Levy—My day job is working in a prison and in the Bimberi Youth Justice Centre, so I very much appreciate the benefits but also the risks of those institutions. There will always be a place for the asylum. There will always be a place for the drug rehab centre. There will always be a place for the prison and the juvenile detention centre. But they should be used very, very cautiously, as institutions of last resort. Some people will be resistant to all the attempts to reintegrate them into the community, to re-engage them with school or training programs, to re-engage them with health promotion and health protection programs so that they do learn the skills of safer sex and safer drug use, and so that they do use alcohol safely and not destructively. There is a whole range of responses to a range of interventions. What the institutions provide is a port of last resort. But, unfortunately, it is too readily available, or—by a kind of double default, the magistrates and the police—there is a lack of alternatives.

I dearly believe that in every individual case they want to find an alternative to incarcerating or institutionalising these young kids. Sometimes it is through lack of choice. I know of a specific instance at Alice Springs where for the safety of the young child they had to go to the refuge, which is run as the juvenile justice centre, because there was nowhere else for that child safely to be. That was that child's first introduction to the criminal justice system. That then desensitises him to his next excursion. He already, by default, gets a criminal record. That is not the proper use of that very extreme institution called the juvenile justice centre.

Part of broadening the options is also broadening the debate once more around community safety and letting the community have perhaps on a case-by-case basis a discussion about it. 'We can take Chris back. We will say to the court at Burke, "We'll take Chris back down to Byrock. That is where he lives. We will look after him. We will get into school. We will try our darndest to keep him in school."' The magistrate might set conditions and say, 'Okay, if Chris doesn't attend school, he will be back before the bench and face the consequences.' But Byrock needs some resource to support the grandmothers to keep the kids at school or to have a culturally appropriate course at school to make school interesting for Chris. There are some examples.

CHAIR—Am I my right to think that your idea of justice reinvestment would manifest itself, at least in the first instance, simply in the provision of more rehabilitative and diversionary services in remote places?

Prof. Levy—That is one of perhaps several possibilities. That is a possibility.

CHAIR—As we come towards the end of the time here, have you two or three more propositions of that degree of generality?

Prof. Levy—I would refer you to some sources from the Soros Foundation. They have a number of pilots running in America. Soros normally only operates in Eastern Europe, but he has got some pilots running in metropolitan American cities.

Ms CAMPBELL—This is a question to Jill: in relation to the farm, how do they fund the program?

Dr Guthrie—It has no funding per se. Greening Australia owns the land and there is I think one full-time worker employed by Greening Australia who had some trainees under him. Eugene, I understand, was on CDEP money—whatever form that is now I am not sure; virtually self-employed if not on CDEP. It is not a program; it does not have program funding. It is purely a local initiative.

Ms CAMPBELL—In this particular instance, when the boys went home, is there any follow-up with that? How does that work?

Dr Guthrie—This graduation day was just before Christmas, so I don't know. We could possibly find out through the magistrate—

Ms CAMPBELL—I would be interested to find out and follow that up.

Dr Guthrie—but she has not had further contact with them. The other example I was going to mention when Michael talked about the human rights report that resulted in Bimberi, locally run through Winnunga Nimmitijah, the Aboriginal medical service here—and I have permission from the CEO of Winnunga to use this example—is that they run a mechanics workshop as a diversionary program. The funding for that mechanics workshop comes through different sources. Capital funding comes from one part of government—it might be the federal government or the ACT government—and the funding to employ the workers comes through another source of government, and the two never quite match up. They will have a beautiful facility but no salary that the workers to be employed there. In a way it goes to Andrew's point of personality-run initiatives. The worker at the mechanics workshop is a personality, so the kids are very attracted to him, but it does not have ongoing salaries. Eugene is a local personality. They are there and they are willing. They want to run these—

Ms CAMPBELL—Are there many of these initiatives across the country that you know of?

Dr Guthrie—There are. There is a third one that we have become aware of in the last week or so up in the Kimberley. The same sorts of things go on for them—the incongruity between funding sources. There is no inbuilt evaluation to see the effect of putting kids through that program. There is no funding for the salaries of case managers to look into the journey after they graduate from the program. Those are just three examples that I have become aware of in the past couple of months.

Mrs VALE—Do those programs lead to any certificate standard? Is there a qualification?

Dr Guthrie—I know that the local one does supply TAFE certificate—a mechanics certificate.

Mrs VALE—I apologise for not being here. It was in no way disrespect for this important subject matter. I just had another commitment. On the basis of diversionary programs, if there were facilities to send people to—say, an appropriate boarding school that was local, where they could still access their families—would you consider that as an acceptable opportunity as a diversionary program? I am just concerned about loss of education. Programs where they have training have so much value, especially if that training can be applied in the course of their lives—it has some meaning. Are there any opportunities for education in diversionary programs?

Prof. Levy—I would say that, in the philosophy of justice reinvestment which we are introducing into the committee, if that were an initiative that came from the community, it would be one of the possibilities. How much more school can you buy for \$1 million than a bed in a juvenile justice centre? I think more than one bed.

CHAIR—Unless someone on either side of the table would like to make a contribution, I would like to thank Dr Guthrie and Professor Levy for giving their time and explicitly introducing the committee to the concept of justice reinvestment. It is a useful idea.

Prof. Levy—May we each have the liberty of giving one more statement?

CHAIR—Yes.

Dr Guthrie—We did not put a recommendation from our group in our submission, but I would like to put one now—that a national reference group on justice reinvestment be established. We have suggested a membership group: the Australian Social Inclusion Board, state and federal attorneys-general, Tom Calma as the outgoing Social Justice Commissioner and Mick Gooda as the incoming Social Justice Commissioner, representatives from the state and federal health and education departments, economists—because it is an economic based approach—from Treasury and academic institutions, and research institutions like our own that would provide the evidence from different demonstration sites.

CHAIR—Thank you for that.

Prof. Levy—I would like to bring one point to the attention of the committee, unrelated to our formal presentation. In Queensland—it is unique to Queensland—17-year-olds go to adult correctional centres. In every other state it is 18-year-olds. I just want to bring that anomaly to your attention and consideration.

Mrs VALE—Is the age of majority in Queensland 18?

Prof. Levy—That I do not know, but—

Mrs VALE—It is 17, is it?

Prof. Levy—At the age of 17 years they go to adult correction.

Mrs VALE—The community puts the age of majority at 17?

Prof. Levy—In Queensland they have a special rule.

Mrs VALE—Really? I thought we had that sorted out.

Mr LAMING—No. Go and talk to the UN about it. They wrote nasty letters to Anna Bligh.

Mrs VALE—I should think that they would.

Prof. Levy—They are considering that issue at the moment.

Mr LAMING—Thank you.

Mrs VALE—I have one more question, Professor: have you had any dialogue with, say, some of the grandmothers in these communities about what they would like to see happen? Dr Guthrie?

Dr Guthrie—Not recently and not as part of our submission, but I do know that there are grandmothers programs going on. For example, the Graniators, as they are known up in Moree, work with the local kids—

Mrs VALE—With the juveniles?

Dr Guthrie—Yes. So there are examples of grandmothers working with kids in different communities. I can forward some work that I know was done around the Graniators, if you like.

Mrs VALE—I think that would be helpful.

CHAIR—What was that word you were using?

Dr Guthrie—Grannyators, they call themselves. It is a great name. There are other examples, but that is the one that springs to mind. I am happy to—

CHAIR—I was just reading this morning that there is a sign outside, I think, Fitzroy Crossing that says, 'If you pinch anything, the aunties will get you'. Thank you all very much.

Prof. Levy—Thanks.

Dr Guthrie—Thank you.

Resolved (on motion by **Mr Trevor**):

That this committee authorises publication of the transcript of the evidence given before it at public hearing this day.

Committee adjourned at 1.27 pm

