DEVELOPING PREVENTIVE SERVICES

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What services do we require? Who should provide them? Who should benefit and under what conditions?

Before discussing the types of services that are required I would like to look, just briefly, at some of the recent history in the provision of services.

Edith Bennett was the Director of the Family Welfare Division in what is now Community Services Victoria. Those of you who have been around for more than ten years will remember her. She once said that what we need is a range of flexible services. Being rather young and believing I knew it all I thought at the time that this was a load of simplistic rubbish. How could something so simple be true. The field likes to make these things complex. However, looking back I feel she had made a key point that is perfectly obvious now.

Up until about 15-20 years ago there was only one predominant method of child care where the family was not functioning i.e. residential child care. The history of child care has been based on the need to save children and it is only in comparatively recent times that this notion of "saving" has been challenged. However, I think we need to realise that in the past, especially the last century and early this century, children probably did need saving. What in many circumstances was being prevented was death. Certainly drinking water, public health, sanitation etc. were so poor that people (especially children) who lived in cities were often lucky to survive. The early records of our organization makes frequent mention of such conditions in society.

So until fairly recently it was quite clear what needed to be prevented. Death is obvious and clear. Also if a child's parents died, or were very ill, or didn't have anywhere to live it was very clear what needed doing. The sense of purpose was strong and clear: get these children out of the slums; put them where there is good water, food, air; put a roof over their heads; train them in some skill for the future. Save them from a good chance of death or a life of degradation and misery.

It is now less clear and less dramatically observable what we are trying to prevent by providing services. Putting it in simplistic terms I believe we are trying to prevent the following:-

1. The break up of the family in all its variations or perhaps more simply the break up of relationships.
2. Preventing the need for the very expensive tertiary services - hospitals, psychiatric centres, jails etc.
3. More specifically, preventing children moving into the statutory child welfare system and requiring placement in residential care and or foster care.

As I have said previously, until fairly recently the only alternative was residential child care with some dabbling in foster care. Although there were some creative things being done prior to 1975 it was not until then, when the first Child Care Workers award was introduced and the cost of residential care skyrocketed that there were any serious moves to look at alternatives to residential care.

The move towards alternative solutions was based on a number of notions:-

1. Sociological causation i.e. individual and societal problems were seen to be due to the way society was structured and its consequent inequalities. (Fix society and the individual will be alright and there will not be a need for the individual services). There is very little room in this viewpoint for an individual psychological approach. In fact ideological purism has been the order of the day and anything less than a total commitment to a sociological view has got short shrift and certainly those "non believers" in Community Services Victoria were purged in the early 1980' s.
2. The second notion which affected the solutions offered is that individuals and communities know what is best for them and there is no place for the professional, which some professionals may have deserved. (An anti professional approach). However it does ignore the fact that in most areas of human endeavour, if you are going to get beyond a certain point some specialised knowledge and skills are required. For example many people can build or renovate their own houses but I don't know many individuals capable of constructing a multi story building. Most of us can do first aid but we wouldn't attempt the odd bit of brain surgery. When it gets to a certain point you need to go to somebody who has done it before or has some knowledge and has training and experience. I don't think problems of relationships, child care etc. are that much different. The important thing is to make sure the professionals aren't controlling the solutions.

These types of notions in turn led to solutions to do with regionalisation, localisation, normalisation and universalisation. Universal services, the self help movement and the community development approach in turn seemed to be based on the view that for an individual or group to need special attention or input was somehow denigrating, stigmatising and encouraged dependency. It seems to me that stigmatising and dependency has more to do with how services are delivered rather than simply the fact of requiring a more specialised service.

Furthermore, our field has traditionally been seduced by the latest and apparently quick solution, the trendy solution or "the solution". We seem to be responding to our clients' need to have the magic wand waved and all their troubles go away. We are always looking for the quick fix and of course this is attractive to governments who see them as simple, easy to understand and best of all if they don't cost much.

The purist sociological, anti-professional, anti dependency approach that sees the solution in terms of universal services, self help etc. seems to me to be just as silly and non productive as the exclusive view that all the problems are related to the individuals psyche and their relationship with the world, and that the person has to adapt via intensive long term psychotherapy.

This brings us back to Edith Bennett's point that what is required is a range of flexible services. Further they need to be based on a variety of perspectives and are not rigidly controlled by one perspective or theoretical viewpoint. This approach is based on notions of:-

1. Multiple causation, therefore, a variety of solutions are needed V's single causation and single solutions.
2. Individuals and communities vary in their responses to stress, crisis, upbringing etc. and will therefore need assistance at different stages of their lives and at different levels of input.
3. Individuals and communities do know what is best for themselves but something they may need help? is to define and meet their needs. Certainly in allocating resources there are other factors that have to be taken into account. There is a simplistic view around that expects government to fund services simply because there is a need. Little attention is paid to cost or priorities. Insufficient effort has gone into firstly proving need and secondly, why this need should be met over something else. What is perfectly obvious to those in need and to those who want to provide a service is not so obvious to those not directly involved and who have to decide between a large number of competing priorities.
4. It is only fairly recently that integration of services is seen to be important or necessary.

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5. It is important to have a range of services which people plug into when they need them. This is the opposite of those services which are rigidly defined and people can take or leave. I believe the non government sector has demonstrated that it can be flexible and change according to needs. The move away from residential care has been done creatively and relatively painlessly over a short period.
6. Constructive use of authority by government agencies when that authority is needed e.g. child protection. Government Departments, and the field generally, does not sit comfortably with authority and has tended to under or overuse (abuse) it. I believe there is an important place for the constructive use of authority.

Following on from the above it is not a question then of which service is required, (to the exclusion of all others). The questions are more to do with: what are the mix of services that are required? How can they be integrated? How are they able to flexibly meet the needs of families and individuals?

There is therefore a place for the universal service, the self help, the family support, the residential care, the foster care, the specialist service, etc. Too often the debate has been over the promotion of one to the exclusion of others. This was certainly the case in relation to residential care and its demise in the late 1970's and early 1980's. The ideological pursuits of the "fix society" persuasion certainly won the day. However, there were some negative effects of this as well as positive:-

- there were a lot of "babies thrown out with the bathwater". The thinking was too concerned with having to get rid of the old.
- debates were unnecessarily dichotomised into such topics as universal v's specialist services, professionals v's non professionals, non government v's government sector.

Although many changes had to occur and the debates had to happen the ship now has to be turned around again and a settling down to a more rational approach. The ideological purists must take some of the blame (and credit) for the changes and negative effects but the non government sector too must also share some of the blame in that it either too readily accepted the "fix society" view or did not question it enough.

The field, especially the non government sector, needs to do a great deal more to prove its worth and that it has a role and is needed. As I've said before it is not enough for us to know that we are needed and can provide effective services. We must be able to communicate this to others, especially the wider community and government. The financial restraints are there and are not going to go away. I believe we must begin to think more in financial and cost benefit terms. This is the language of the policy and decision makers, treasury officials, business etc. This does not mean we forget that we are in a helping profession but if we ignore the financial arguments we do so at our peril.

One of the ways we can do this is to "sell" much more the financial benefits of prevention. It is always difficult (if not impossible) to prove any connection between the provision of a service and the prevention of requiring a more expensive and costlier service later on. We can only get indications but I believe there are sufficient indicators around that can be used to make connections between services and prevention. As a rule of thumb the more universal the service the less tangible is the connection with prevention. However, I think you can look at universal and specialist services having had some preventive benefits. Some of these are less tangible and cruder than others but I would like to mention a few indicators of the effects of prevention:-

1. The number of children admitted per year as Wards to Community Services Victoria in 1974-75 was 1396. By 1979-80 this was down to 680. This was a remarkable reduction but I feel it was due a great deal to such things as the introduction of the Family Support program, Single Parents Benefit, more public housing etc. The numbers have been a bit erratic since then but seem to have stabilized around the low to middle 700's (in 1986-87 there were 717 admissions).
2. The reduction of those children in residential care. Table I B Szwarc "Statistical Report on the Changing Distribution of Children In Care of Government and Non Government Organizations in Victoria and its Relationship to Funding". The Victorian Children's Aid Society December 1987). In this table it is highlighted that in 1979 there were 1881 children in residential care. By 1986 this had dropped to 1000. This is largely due to increased foster care (less expensive) and continuing the Family Support Programme etc.
3. The number of divorces in 1975 was 1.8 per 1000. In 1976 this jumped to 4.6 per 1000 due to the introduction of the Family Law Act. Since then it has been dropping and in 1986 was 2.5 per 1000. It needs to be recognized that the provision of services has had some role in this reduction.

APPENDIX 1

PROPORTION OF GOVERNMENT AND NON-GOVERNMENT CONTRIBUTIONS TOWARDS CHILDREN IN SUBSTITUTE CARE – A COMPARISON 1979 & 1986 *

Table 1

Numbers and percentage of children in care of Community Services Victoria and Non-government organisations

30 June 1979 - 30 June 1986

Year (as at 30th June)		Foster Care CSV	Foster Care NGO	Foster Care Total	Residential Care CSV	Residential Care NGO	Residential Care Total	Total CSV	Total NGO	Total Total
1979	No	* 465	* 135	600	641	1240	1881	*1106	* 1375	2481
	%	77.5	22.5	100.0	34.0	66.0	100.0	44.6	55.4	100.0
1980	No	**	**	415	355	1275	1630	**	**	2045
	%				21.8	78.2	100.0			
1981	No	**	**	579	347	1209	1556	**	**	2135
	%				23.3	77.7	100.0			
1982	No	**	**	640	338	1476	1814	**	**	2454
	%				18.6	81.4	100.0			
1983	No	287	423	710	330	1506	1836	617	1929	2546
	%	40.4	59.6	100.0	18.0	82.0	100.0	24.2	75.8	100.0
1984	No	82	725	807	312	1330	1642	394	2055	2449
	%	10.1	89.1	100.0	19.0	81.0	100.0	16.0	84.0	100.0
1985	No	101	757	858	230	998	1228	331	1755	2086
	%	11.8	88.2	100.0	18.7	81.3	100.0	18.9	81.1	100.0
1986	No	126	967	1093	199	801	1000	325	1768	2093
	%	11.5	88.5	100.0	19.9	80.1	100.0	15.5	84.5	100.0

* These figures are approximations – based on the findings of "Particular Care" and the CSV 1979 Annual Report

1979

The Government paid:

100% of 44.6% of children in *Government care costs* = 44.6%

85% of 55.4% of children in NGO care costs = 47.1%

TOTAL: 91.7%

:: NGOs contributed 8.3% of the cost of all children in care in Victoria

1986

The Government paid:

100% of 15.5% of children in *Government care costs* = 15.5%

70% of 84.5% of children in NGO care costs = 59.2%

TOTAL: 74.7%

:: NGOs contributed 25.3% of the cost of all children in care in Victoria

*From B. Szwarc – Statistical Report on the Changing Distribution of Children in Care of Government and Non-Government Organisations in Victoria and its Relationship to Funding, The Victorian Children's Aid Society, December 1987.

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4. Up until 1985 our organization (Family Action) provided the Social Work service in a Local Government area of outer Melbourne. In the first 8 months of 1980 we received 13 referrals from one small suburb of that L.G.A. A community house was then established in that area and we worked closely with them. By 1984-85 (a full year) we only received 3 referrals from that same area despite a large increase in the population. There were of course other factors at work but I believe it can be argued that a significant reason for the reduction of referrals to our social worker was the establishment of the community house and the working together and integration of our two services.

5. Our organization is currently involved in a joint family support program in South West Gippsland with a number of other organizations. It has been operating for nearly 12 months and since September 1987 there has only been one admission to the care of Community Services Victoria from that area. Normally they would have expected at least 2-3 in that time. Of course this is far too few in number and length of time to draw any real conclusions. However it will be interesting to see if this continues.

6. A more concrete example is of another project with which we are involved with Office of Intellectual Disability Services Southern Region. We are jointly providing a family support service to a small number of families with severely intellectually disabled children. The intention is to evaluate the types of services that are required for a child to remain at home. In one family we paid for the home to be centrally heated because the child had severe respiratory problems. Each year he has been hospitalised for at least 2 weeks during winter. Last year was the first winter he did not go to hospital. At least 2 weeks hospital bills were saved, let alone the emotional trauma.

7. We have an adolescent counsellor who works closely with adolescents referred mainly through the courts and schools. He sees about 200 per year. Based on the cost of residential care (about $25,000 per annum for each adolescent) he would only have to keep less than 2 of these (1%) out of Baltarra, Turana, Youth Training Centres, adolescent units etc. to more than cover the cost of approximately $40,000 per annum of providing this service. Last time we looked we conservatively estimated that he kept about 20 (10%) out of the system. We could afford to be wrong an awful lot of the time and still cover his costs.

8. In late 1986 our agency undertook a study of some child abusing families with whom our family aides were working. In the period 1 July 1985 to 30 June 1986 they worked with 27 child abusing families involving 60 children. This was actual abuse, not suspected. (They also deal with other than child abusing families and in this period saw 46 families altogether but only 27 were identified as child abusing).

The characteristics of these 27 families were:-

- the type of abuse was varied -
  20 emotional
  15 neglect
  11 physical
  3 sexual
- in 18 families more than one type of abuse was noted.
- there was a very high incidence of a destructive or no support from the extended family (21 out of 27).
- in only 4 of the families was the extended *family supportive.*
- 19 had significant physical health problems.
- 15 had significant mental health problems.
- 9 had both physical and mental health problems.
- 11 had alcohol or drug abuse problems.
- 14 had had some prior contact with the police or a statutory child protection agency (8 were State Wards or on a Supervision Order).
- 20 were receiving Social Security and therefore in poverty.
- 15 were in the private housing sector therefore housing was a high cost to them.
- 9 were raised in institutions or by relatives (some were unknown).
- 16 were lone parents and 11 were couples.
- of the 80 children, 35 were pre-schoolers.

The families presented a picture of being socially isolated from the usual social networks; not receiving support from their extended families or more likely being in a destructive relationship; a high incidence of health and alcohol and drug problems. In addition they were disadvantaged through poverty and housing deficits, and often in contact with protective authorities.

The common factors that emerged in the types of services provided to these families were:-

- a relatively long period of involvement of the agency (More than 12 months).
- involvement in groups.
- intensive counselling at certain times by agency or other social workers.
- short periods of the children being away from the family (a few days) in ``Yallum'' (short term emergency care), temporary foster care, or day care.
- attention to the specific needs of the child (Child Guidance, psychologist).
- poverty, housing and other socio-economic issues were a problem but of less severity.

Each family was rated by the family aide, the family aide supervisor, and the Senior Social Worker in regard to some or significant change having occurred along some or all of the following variables:-

- child abuse ceased or modified.
- increased use of usual community services.
- growth in self esteem, confidence and enjoyment of relationships.
- more consistent parenting.
- more consistent management of household routines and budgeting.
- transfer to Ministry of Housing accommodation.

Based on this rating, in our estimate, 13 families involving 27 children out of the total of 27 families and 80 children would have been placed away from home but for the involvement of the family aide.

Of these 27 children:-

11 children were kept at home.
6 children have been returned home since the involvement of the family aide.
10 children were kept at home for varying periods but were later removed or voluntarily went into care.

Therefore looking at the first two categories only, a minimum of 17 children have been kept out of (or returned from) foster care and or residential care.

In comparing the costs of family aides, foster care and residential care it can be seen there are very considerable financial savings in providing a family aide service. (1986 figures).

	Costs per child
FAMILY AIDES	$ 37.00 per week
	$ 1,924.00 per annum

(The $37 includes all costs for family aides i.e. $16 per week and an estimate of $21 for the cost of counselling time and temporary placement away from home for 1 week per year. It is assumed all other costs - child guidance, health, housing, etc. would be a cost irrespective of where the child is placed).

FOSTER CARE	$ 160.00 per week
	$ 8,320.00 per annum

(Figures from a composite of foster care programmes)

RESIDENTIAL CARE	$ 400.00 per week
	$20,800.00 per annum

(Figures from our own organization).
(Also these would be minimal costs for residential care as these figures apply to less expensive F.G.H.'s).

The cost for these 17 children on an annual basis in the various forms of care are:-

at home and in the Family Aide programme the cost was	$32,708.00
in Foster Care would have cost	$141,440.00
in Residential Care would have cost	$353,600.00

These are only the savings in financial costs now and for one year. If families and children can be kept away from expensive tertiary services in the future then ongoing cost savings are immeasurable. In addition how can you measure the cost savings of increased self esteem and family functioning?

Some of the above examples may, quite rightly, be criticized on the grounds of the connection between services and prevention being a bit nebulous. I believe these are the types of connections we have to make and I have given these as examples only.

The emphasis from State Government is for local government to take over human service delivery especially the universal services. However, it would seem to me that although universal services do have a preventive aspect they are also greatly concerned with quality of life, enjoyment etc. i.e. dealing with those families who are not really at risk of breaking down (This is not to say their work is not relevant). What I am saying is, if the objective is to provide services that will eventually reduce needs for more individual services then I would query that local government is able, appropriate or wants to provide the preventive services. What is in it for local government? They have already had their fingers financially burned with other universal services e.g. home help, I.W.S., Infant Welfare Service, Home and Community Care.

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By all means provide universal services at local government level but let us also recognize the limitations in that it is not *necessarily going to reach those who require it* most. It may be of great benefit to those already relatively intact families perhaps in a crisis. However, there is still a group of families who are not being reached. They are described by a variety of words - "at risk", multi-problem, excluded, socially disadvantaged, vulnerable, etc. Whatever words are used these are those families who:- have a multiplicity of problems and are unable to cope; the parents generally have deprived backgrounds; they have probably used many services; are unable to use and are unwelcome at self help and general (universal) community resources; and they have usually had negative experiences with authority. It seems to me that this is the group with which the non government sector can and does work.

This does not mean that the non government sector has to exclusively deal with this group of families. If the agency deals with a wide range of problems, offers a variety of services it can broaden the perspective of the agency and has other benefits to the family in being able to offer a range of services under the one roof. In our agency we see about 1000 *families per year but only 10-15% would be as* described above.

State and Federal governments should not in my view be moving too much into the direct service delivery area. There are some services that are more appropriately delivered by them, especially those requiring the use of authority - reception centres, Youth Training Centres, statutory supervision, some adolescent facilities etc. In addition as long as the current subsidy arrangement persists government will provide the high cost services. The role of government should be more to fund local government and the non government sector to provide the universal, general and specialist client centred services in various combinations.

I'd like to finish on a note of caution about prevention:-

- It should not be prevention at all costs e.g. there are some children who clearly should not be with their families. A lot of damage has been done by individual workers and the system avoiding taking decisions, and letting situations drift.
- The field has to come up with reliable indicators of the benefits of prevention, especially financial. If we don't the *economic forces against us may* overwhelm us.
- There is a danger in increasing the bureaucracy, consultants, co-ordinators, policy makers etc. while there is a shortage of workers who deal directly with people.
- The non government sector has been doing more for less. Again I refer to the Table prepared by Barbara Szwarc. In this it is pointed out that in 1979 the non government sector cared for 55.4% of those children in residential care and foster care. By 1986 this had increased to 84.5%. At the same time however, the non government sector paid to 8.3% of the costs in 1979 but by 1986 this had increased to 25.3%. This shift in the workload was gradual but dramatic over the 8 years and was not accompanied by appropriate costs.

"ALL IN THE FAMILY"

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