AN EXERCISE IN INFLUENCING CHILD ABUSE POLICIES AND PROGRAMS IN VICTORIA

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In this article it is intended to describe the activities of a pressure group which was formed with the explicit objective of influencing the course of events in Victoria in relation to the development of child abuse policies and programmes. In the course of this it will be necessary to present something of the recent history of these developments, the place of such policies in the wider policies relating to child welfare, the reasons why it was thought necessary to establish a pressure group and the directions of the pressurising activity. It is also argued that pressure group activity is a necessary and legitimate part of social work activity and can be undertaken whilst recognising the limitations of such an approach in a liberal-welfare, or to give it a shorter name — a conservative economy. This part of the article will be dealt with first.

SOCIAL WORK IN A CONSERVATIVE ECONOMY — DECEPTION OR LEGITIMATE ACTIVITY?

In the last few years social work circles have been shaken by a great debate whether it is possible and honest to practise unless one is committed to a radical ideology, whether traditional casework-based social work not only fails to bring about desirable change but serves the interests of those who command and therefore control the resources available for welfare. The arguments are about fundamental theories of social change with structural functionalism at one end of the polarity and Marxist-type socialism at the other. Social workers who may consciously or unconsciously lean toward the former, consensus view, are accused of viewing society in static terms with no desire or incentive for change. The position they are in was displayed concisely and quite elegantly a year or so ago in an article by William de Maria in the *Australian Social Work* journal. (de Maria, 1979).

In an influential analysis of the political nature of social work intervention strategies, Galper, writing from an American angle which however seems to serve equally well for Australia, criticises the conservative nature of social work and doubts whether its practitioners can do any more than provide a soporific for clients without in any way disturbing the status quo of the political system which is biased against the welfare of large sections of people. (Galper, 1975) He argues that social workers should logically be involved and committed to political radicalism and struggle for fundamental social change which, when effected, would eliminate many of the problems which now provide social workers with the rationale for their activities.

Naturally then, the question must be asked whether social workers must abandon all thought of inducing social change except through a radical approach? Is it useless, or worse, actually unethical, to do less than that because to do less would constitute a betrayal of one's social work principles? Does one have to espouse a radical socialist view of society to bring about a better social order?

Answers to these questions are in the end left to one's individual

political ideology. There is ineeed little evidence of radical *social work* as distinct from radical *debate* in Australia (Throssell, 1975) The debate in the end is about preferring one kind of society to another but there is to the knowledge of this writer no society in the world, whatever its dominant ideology, which would suggest that it is overall "better" for all its constituent groups than any other society.

This writer is not persuaded that those societies which have evolved from radical social change in the past sixty years or so are to be preferred to those where change has been less spectacular. Anyone needing confirmation for this view would be well to read a remarkable and moving book that came out of Hungary a few years ago, which suggests that social work and people's problems are not much different there than they might be in Australia. (Konrad, 1975)

Australian society is undoubtedly conservative and based on capitalism and, unforeseen circumstances apart, likely to remain so; in which case political radicalism, however attractive it may seem, is an unlikely starter in the quest for change — more the kind of stuff that dreams are made of — not practical. Does this then mean that social workers had best continue to pursue a conservative practice? If the answer is in the affirmative it could be argued that they had better concentrate on doing it well, to the best of their ability, efficiently and effectively, so that they become excellent at it and be respected for it. Let them then concentrate on making life bearable for their individual or small groups of clients and leave mezzo or macro change alone. However it is possible to project beyond this point and it is argued here that the exercise of *influencing change is within the* capacity and legitimacy of the social worker, so long as such change is recognised for what it is. It is possible *to engage in the change process without selling one's soul to* radicalism but instead admitting that one is working within the frame of *incremental change*. Incremental change is associated with a basically consensus type of society and is sometimes put forward as evidence *that change in a socially desirable direction is possible and welcome even if it brings some disadvantage* to those who command resources. Sometimes incremental change is

change in a relatively unimportant variable, or on the other hand, relatively unimportant change in an important variable, but it is the kind of change that has been experienced in Australia for a long time, (Graycar, 1977) and is likely to continue to be experienced and furthermore, if social workers want to be in the van of change agents then they had best settle for incremental change. That way they may indeed live long enough to experience what it is like to bring it about, which is more than one can say of being sold on radical change. So by way of summarising this section, we may put forward the following propositions:

Incremental change is the most realistic kind of change that we can hope for in Australian society. If social workers want to be involved in bringing about at least such change, they should seek every opportunity they can to do so.

If they do, then they will find that being involved in such change leaves one feeling that one is not simply "playing the capitalist" game, and one can, once in a while, actually experience the effects of one's efforts.

The creation of a pressure group to bring about change and influence the direction of change in child abuse policies and programmes in Victoria, should be seen in the light of the foregoing section. What follows is essentially the story of WECARE.

THE BACKGROUND TO THE CREATION OF WECARE

Victoria, like the other Australian States and Territories was caught up in the rewakening of concern over child abuse from the mid-sixties onward, but this was not the first time that such a concern had been expressed. The establishment of the *Children's Protection Society* (as it is now called) in the 1880s is evidence that there had been previous periods of concern. In the more recent period, *the first concerns were expressed in* 1966 with Victorian medical practitioners, whose work brought them into contact with child abuse, *having articles published in the* medical press on the subject which also reflected a wider public concern. (Boss, 1980) The government *response was to set up first one inter-*departmental committee of enquiry in 1967 and another one in 1968 when the medical practitioners who had set the process in motion complained

that the first one had not been effective. As it was, there was nothing startling in the recommendations from the second enquiry. The recommendations did however include the setting up of a research project based at the Royal Childrens Hospital (Melbourne), to study the issues of child abuse in the Victorian context, necessary no doubt, but as sometimes happens, resulting in the buying of time to delay actually having to take some action on tackling the problem. As it turned out, the report *Maltreating Families*, although published by the Ministry of Health in 1978, was not released by· the Victorian government till 1980 and would probably have gathered dust on its shelves if its existence had not been leaked to the public by the Opposition Party. (Bishop and Moore, 1978)

Public pressure for the government to take some action however did not die down and in 1975 the State Health Department (now the Health Commission) launched a Child Maltreatment Workshop in which about 130 people participated, drawn from the medical and legal ranks, social work, teaching, nursing, the police and Parents Anonymous — a then newly-formed self-help group. All the participants had knowledge and experience of working with child abuse cases. The workshop ran some plenary sessions but did most of its detailed work in a number of groups which studied child abuse from a number of different angles which included:

1. examining professional and community attitudes and ways of promoting inter-professional understanding;
2. determining the need for preventive services and how they might be developed;
3. examining and evaluating methods of treatment, assessment and management;
4. studying socio-cultural influences and their relationship to child abuse;
5. examining legal aspects of child abuse.

Each group made appropriate recommendations for action. A report was published (Child Maltreatment Workshop Report, 1976) which was *well received not only in Victoria but* throughout Australia, as evidenced by an editorial in the Medical Journal of Australia on 5 November 1977. The *reason for this reception no doubt lay*

in the way that the Workshop Report conceived of child abuse, not narrowly like earlier committee reports but as grounded in socio-economic and cultural conditions, the way it dealt with the developmental needs and rights of children and the way it stressed an integrated preventive and developmental approach to meet those needs.

Even before the Workshop closed, after about fourteen months of activity, it became apparent that the Health Department, its original sponsors, were less than enthusiastic over the recommendations which were being formulated. A number of reasons would account for that. One was that the Workshop recommended that a completely new division should be created in the department with responsibility for child abuse management. This would mean that extra resources would have to be squeezed out of a reluctant Treasury; second, the Health Department was in the throes of being recast into the Victorian Health Commission which involved a good deal of administrative reorganisation without the burden of yet another department being added; and thirdly, there was more than just a suspicion that the broad sweep of the emerging Report with its overtones of criticism of a socially unfair system of distribution of resources in Australia, was unacceptable to a conservative State government.

When the Report was finished, it took the Health Department a long time before it finally released it and an even longer time after its launching in April 1976 before any tangible action on its recommendations emerged. A few of the Workshop participants, experienced in the ways of government, therefore decided to stay together as an action group when the majority of the Workshop disbanded. The action group met together from time to time to monitor progress and to lay the foundations for a lobbying and publicity campaign to force the government at least to come out with some plans for tackling child abuse. Nothing emerged for twelve months after publication of the Report although it became known that the government had set up an inter-departmental committee to study the Report. It was then decided by the action group to form a more widely-based pressure group with the specific purpose of influencing the Victorian government to declare its child abuse policy and to implement the recommendations of the Workshop Report.

CHILD ABUSE AND A WIDER CHILD WELFARE POLICY

The reluctance of the government to take action on the Report has already been explained in terms of impending changes in the administrative structure of the Health Department and the likely costs of creating the machinery for the management of child abuse. There were however other reasons which had to do with important, if less clear-cut developments in policy shifts in child welfare. For some time the Department of Social Welfare (since renamed the Department of Community Welfare Services) had been grappling with changes which moved the focus from rescue and in-care functions for children toward more preventive and community oriented family policies designed to avert situations where children had to be separated from their families. It was a shift that reflected a world-wide movement and debate about child welfare that had been sparked off by the seminal, if now tarnished, work of Bowlby first published in *Maternal Care and Mental Health* in 1952.

The government had before it, at the same time as it had the Workshop Report, another report, the result of a child care enquiry in Victoria, which had the theme of prevention and family support running through it. (Child Care Enquiry Report, 1976) This report also pointed to the ever-widening context in which child welfare had to be viewed to be understood and that in future this would have to be reflected in the policies of individual government departments which have community functions. David Green, a senior administrator in the Victorian Social Welfare Department, later expressed it in the following way:

"Increasingly (the) programme objectives must be stated in contextual terms, i.e. they are not objectives maintained solely by the organisation operating under mere licence from the community but are an expression of community objectives."

(Green, 1978)

Such thinking was shared at about the same time by the Families and Social Services Committee (1978) set up by the Commonwealth Government, so what was happening in Victoria was not unique. The inference was that child abuse policies would be seen as integral with wider child welfare policies and to act in isolation of those policies would have vitiated this developing, desired trend.

At the same time, decisions would have to be taken about which government department would take charge of child abuse management. Both Health Department and Social Welfare Department were contenders. The Child Maltreatment Workshop had opted for the Health Department partly because it was the stronger department and partly because so many of its representatives participated in the Workshop and therefore could push its claims whereas the Social Welfare Department was under-represented and was, in the early seventies, a weaker department. Both however dealt extensively with children and their families.

Some of these concerns trickled through to the action group and later to WECARE and there was some sympathy for the government's problems on these issues. On the other hand, the evidence on child abuse in Victoria was such that children were at risk and abused right there and then and, it was felt, to wait for the integration of child abuse policy with a wider, developing family support policy, amounted to nothing short of social and professional negligence, and now that the case for a child abuse policy had been made, and this was not repudiated by anyone, any further delay on action would be quite unacceptable.

Child abuse incidence figures are of course as difficult to find in Victoria as they are elsewhere, but one Victorian authority estimated in 1976 that in the period of twenty-four months between 1974 — 1975, 12,500 children under the age of five alone were at risk, roughly 4% of that age group in the population in 1980 (Birrell, 1976), and in 1980 the Royal Childrens Hospital, Melbourne, reported that in one year alone, 1979, it had dealt with 389 children either undoubtedly abused or highly suspected of having been abused. There are other telling figures from other sources, those quoted above are by way of samples.

So what was required was action and action to be taken swiftly. The

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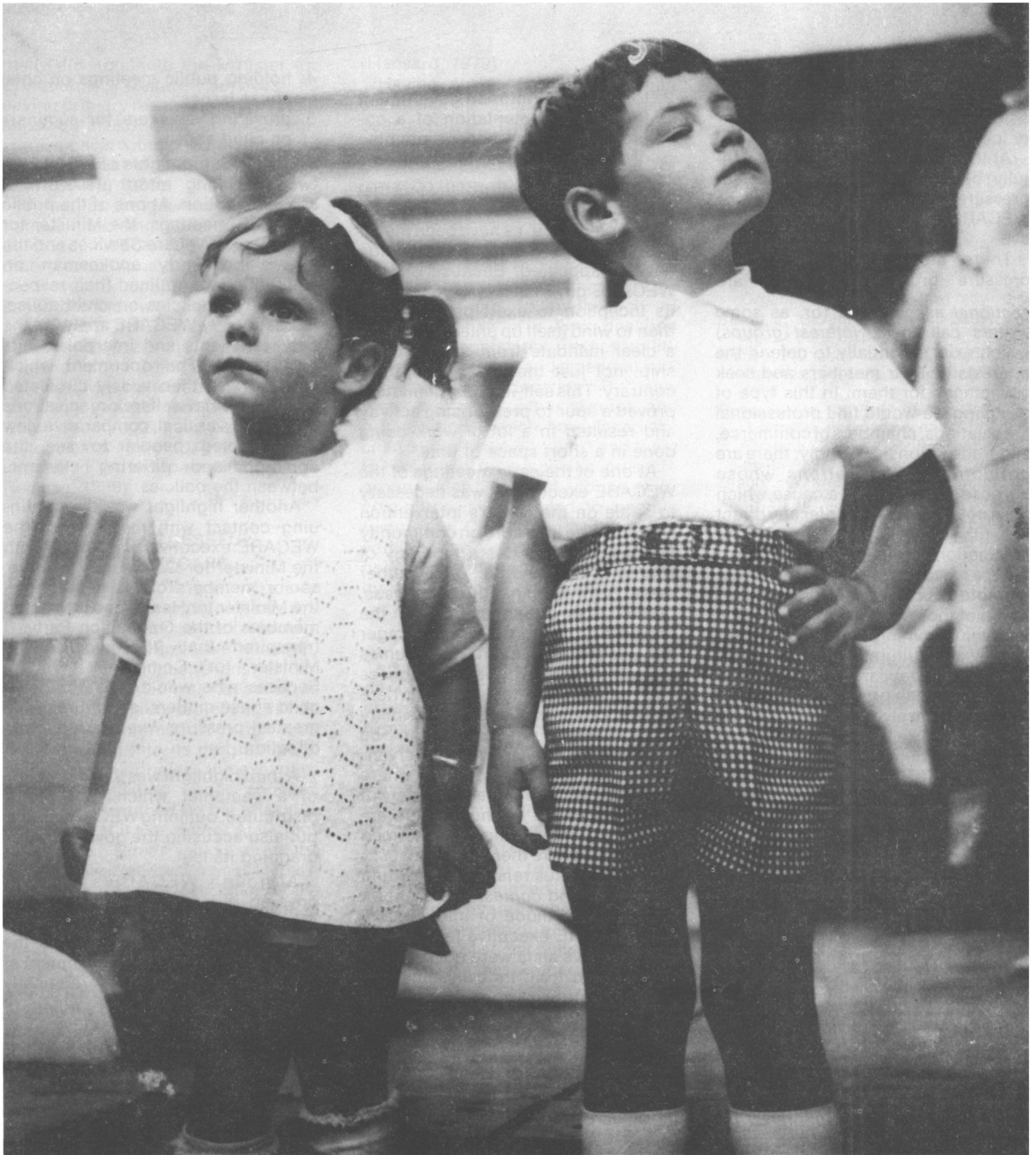
recommendations of the Workshop numbered quite a few concerning programmes which could be established quickly, including the setting up of child protection units, with local support and responding to local need; publicity to enable abusers or those who felt they were heading in the direction of becoming abusers to learn about access to appropriate helping sources;

educational programmes on parenting and child development; certain specific legal reforms; and in particular, a logical and integrated management structure.

WECARE AS A PRESSURE GROUP

The pressure group was formed in October 1978, and attracted sufficient support, mainly though, not exclusively from child welfare professional groups, to encourage it in its objectives and plans. Its inaugural meeting attracted about 100 people, most of whom became members, from which an executive committee was formed. All the people working for the group did so voluntarily, there was never any paid staff. A constitution was drawn up and the group

decided to call itself WECARE (attempts to produce a suitable acronym from the phrase 'child abuse' or 'child maltreatment' proved futile!)

At this point something might usefully be said about the concept of pressure groups so as to place WECARE in its operational perspective.

There are two main types of pressure groups: first there are

sectional associations (or, as some writers call them, *interest groups*) which exist essentially to defend the interests of their members and seek advantages for them. In this type of grouping we would find professional associations, chambers of commerce, and trade unions. Secondly, there are *promotional associations* whose purpose is to promote a cause which does not necessarily confer any direct benefits on the members of the association. There is a myriad of such groups in Australia such as those that promote abortion law reform, preservation of the environment, opposition to uranium mining, keeping Australia racially and culturally homogeneous, and so on. (Graycar, 1979) The value of promotional groups is that they *concern themselves with issues which* would be unlikely to receive effective sectional group sponsorship. (Hall, Land et al, 1975) In view of what was said in the opening section of this article, promotional type pressure groups ought to commend themselves especially to those social workers who seek a legitimate outlet for their social change interests . . . but to return to the theme of this section.

There was in fact an association already in existence in Victoria that concerned itself with child abuse and abusers. That was Parents Anonymous which had been copied from its American counterpart. But Parents Anonymous was not set up as a pressure group, rather as a group which gave mutual support to its members. WECARE, on the other hand, saw itself specifically as a promotional association type of pressure group. Its members consisted largely of professional people who did not expect to get anything for themselves out of belonging to the group.

WECARE's objectives revolved around two main areas:

1. to raise and maintain public awareness of the problems which arise from and are associated with child abuse; and

2. to press the Victorian government for the implementation of a coordinated policy and programme of action to combat child abuse.

The group was mindful of the fact that pressure groups can drag on long after their objectives have been met or the reasons for the group's formation have disappeared. Because of that, WECARE gave itself two years from its inception to exert pressure and then to wind itself up unless there was a clear mandate from the membership, not just the executive, to the *contrary. This self-imposed limitation* proved a spur to pressurising activity and resulted in a lot of work being done in a short space of time.

At one of the early meetings of the WECARE executive it was necessary to settle on the group's intervention strategy. The literature on community organisation provides a typology of strategies depending on whether there is predominantly consensus, difference or dissensus between the pressure group and its target. (Brager and Specht, 1973) Each type assumes a particular set of goals, responses and modes of intervention. Where *there is consensus, a high possibility* of agreement on goals can be assumed and the mode of intervention is termed *collaborative;* where there is difference, adjustment of resources would be the aim and the mode of intervention is termed *campaign;* where there is dissensus, a change of status relationships would be the aim and *contest* or *disruption* becomes the mode of intervention. The WECARE executive felt that the government's aims were not really so far removed from its own aims and hence the strategy to be used should follow the analogy of "pushing at a slightly open door which was inclined to stick". In the event, the strategy adopted was a mixture of the collaborative and campaign types, inclining toward the latter so that for the rest of this article, the strategy will be referred to as campaign. The actual manifestations of the campaign were as follows:

1. press releases and interviews on radio and television;

2. lobbying of members of the State Parliament and, in particular priming members of the Opposition Party to raise questions and engage in debates on child abuse in Parliament;

3. production of newsletters;

4. holding public meetings on child abuse issues;

5. providing speakers for seminars on child abuse.

Some of the highlights of WECARE's two year long effort are worth a special mention. At one of the public WECARE meetings, the Minister for Community Welfare Services and the Opposition Party spokesman on health matters outlined their respective party's policies on child abuse. Subsequently WECARE analysed the two statements and interpolated its own policy. The document which resulted was then widely circulated amongst social welfare organisations to provide a critical, comparative view and enabled people to see the common and differing elements between the policies.

Another highlight was the continuing contact with members of the WECARE executive maintained with the Minister for Community Welfare, senior members of his department, the Minister for Health and interested members of the Opposition Party. It transpired that it would be the Minister for Community Welfare Services who would take charge of child abuse matters, so naturally the greatest pressure was exerted in his direction.

A third highlight was the production of a pamphlet which was widely distributed, outlining WECARE's aims but also accusing the government of dragging its feet.

Although WECARE's concern covered a large area of the child abuse issue, they reduced themselves to two main aspects. One was the need for the speedy establishment of child protection units, regionally based and covering the whole of Victoria; the other was the need to have *one government department* — and WECARE accepted that it should be the Community Welfare Services Department — to take a statute-based overarching responsibility for all matters of child abuse; prevention, identification, notification, treatment and community education, on the pattern developed in other Australian States, notably Tasmania and South Australia. So far as the first of these concerns went, the government did establish a child protection unit at Geelong, built around the Childrens Protection Society there, and has promised to establish others around the State. So far as the second concern went, the government even-

tually did nominate the Minister for Community Welfare Services as having primary responsibility for child abuse but has done so on an administrative basis without giving the more statutory backing. (Communication to WECARE, 1980).

In fact, as the government's intentions on tackling child abuse have unfolded, WECARE's inputs and recommendations could be discerned. It must be counted as more than sheer coincidence that the appearance of WECARE's pamphlet, which actually aroused the wrath of the Minister for Community Welfare Services, was followed within a few days by a government press release which seemed to have been written almost as a reply to the criticisms expressed in the pamphlet. (News Release, 1980)

HOW SUCCESSFUL WAS WECARE

How can one know whether WECARE's campaign had the success it had hoped for? Would a child abuse policy have emerged anyway? No conclusive answer can be given. WECARE was not set up as an action research project so it had none of the methodology for such research built into its programme of activities. Nevertheless the executive kept its activities under constant review and weighed up the effectiveness of what it was doing. At various times too, senior officials of the Community Welfare Services Department voiced their appreciation of the concern of WECARE and in fact welcomed the pressure as helping them with their claims for resources. Even the Minister accepted that "WECARE and the department wanted the same things". Also, the record of the government of actually doing something, as distinct from setting up committees and then sitting back whilst they deliberated, had in the past been poor. Nothing tangible emerged from the time the second interdepartmental committee reported in 1969 right up to about 1977, and really all the progress that has been made has taken place in the past two and a half years. Certainly WECARE helped to raise public consciousness that there was (and is) a child abuse problem in Victoria. Its contribution to the debate was noted in a Parliamentary debate on child abuse which occupied twenty-seven pages of the official parliamentary record.

(Hansard, 1979)

Having got so far, WECARE can claim that its main objectives have been achieved. This is not to say that all has been done by the Victorian government that should be done; for instance there are still concerns over the system of voluntary notification that Victoria has adopted and which is of little value without sustained publicity as to its existence; a lack of statutory backing for the duty to investigate and follow-through of cases; absence of a firm, declared policy of ministerial responsibility and accountability and a general lack of community education. But now there are many other groups and organisations which have taken the child abuse issue on board and there is less need for a specific pressure group. Also, a child abuse sub-committee is scheduled to operate under the Child Development and Family Services Council which has been constituted under the Community Welfare Services Act, 1978.

CONCLUSION

This article was written primarily to chronicle the reasons for the establishment of WECARE, a pressure group created specifically to lobby for reforms related to child abuse policies and programmes. It is claimed that in the two years of its existence the group was successful in achieving its objectives. But the article was also written to give some encouragement to those social workers, and indeed others in the field of welfare, who sometimes despair of ever being able to influence the course of social policy. The claim made here is that ordinary people can influence that course so long as they do not expect vast changes to result from their efforts. This writer has no polite response to make to those who claim that such "tinkering" with the welfare machine is pointless, counter-productive and downright dishonest. Some change in the desired direction is preferable to no change and it is suggested here that it is possible to be involved in the determination of the direction. It presents a midway point between switching off altogether, wringing one's hands in saying it is all hopeless, and at the other extreme, waiting (though it seems never actually working) for the overthrow of the established order. This is not to suggest that a campaign type of strategy should always be used; there

may well be times when a more radical dissent-based strategy is to be preferred but it does suggest that care must be taken to select the right strategy which reflects the kind of situation in which change is to be sought. WECARE would claim that it made the right choice on this occasion. ■

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