

# LORNE PAPERS



# Child Welfare in Victoria

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This paper was the final paper given  
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## INTRODUCTION

The purpose of this paper has two major aspects. First, it provides an opportunity of presenting an overview of some of the innovations and recent developments in the field of Child Welfare in Victoria. Second, it poses a challenge to make some comment on what these developments might actually add up to; in other words, it begs the question of whether one can make some sort of sense of what is going on. When you are working "in the field", or as we would say with equally telling imagery in the U.K., "at the coal face", you cannot always be aware of the implications and ramifications of what you are doing. True, the managers and the planners of your operations must, and do, give thought to this, but for the majority of us, beset by the problems of everyday work routines, it is hard to lift one's glance beyond the eye-level plane; what is more, one is too exhausted to read the unabating volume of reports and articles and statements that are around. But this is precisely what I found I had to do. My brief, handed to me by your hard-working conference director, John Smith, was to the effect that I would "need to draw together aspects of new developments in child care and propose a futuristic concept of where these developments are leading us and how they relate to an overall plan of welfare". It looked so simply written that, back in April when I received the brief, I did not pay too much attention, but more recently I have had cause to doubt my ability as a prophet, ranging from spheres of weather forecasting to forecasting the results of Tattslotto.

Yet the task remained to attempt to do this for the field of child welfare and so I evolved a plan for this conference paper. I have had the benefit during the past few months, for a number of reasons, to peruse a fairly large volume of reports and papers, some of which would have only a limited circulation around their source. There must of course be a lot more that I have not read and I apologise in advance if I fail to refer to or take into account anything you may have written or read which would have made a contribution to my ideas. Anyway, arising out of this I have been able to formulate a way for dealing with the mass of information that has come my way. The plan for this paper then is as follows:

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First I will look at recent developments, focussing especially on Victoria, although not exclusively so, then I will attempt to conceptualise these; concepts are mechanisms associated with the field of theory which act as generalising constructs, i.e. they help us to understand phenomena which may be looked at in isolation and seem unique but when put together share certain characteristics that enable us then to view them within a generalised idea or under a label.

## RECENT INNOVATIONS IN VICTORIA

There would be no profit in listing these developments either by going through the names of the various agencies under whose auspices they are taking place or to give the titles of the various projects. Instead I propose to deal with them under a number of headings and then make reference under the appropriate heading to the relevant organisation or project. I have therefore arranged them as follows:

- I. Service Delivery: This will include reference to developments in regionalisation and localisation of services.
- II. Involvement of clients or consumers of services, stimulation of self-help.
- III. Forms of caring for children, the move away from congregate care.
- IV. Preventive work, focus on families.

None of these headings should be seen as discrete entities, each is interwoven and closely related with the other, each therefore has a bearing on the other. It is because of that that I believe it is just possible to discern some patterns or paradigms, which make sense.

## I. SERVICE DELIVERY

Service delivery is concerned with how you organise your services in such a way that they are effective, i.e. a) meet their objectives, and b) do this efficiently, i.e. at the lowest cost per unit of operation commensurate with the objectives you are trying to meet. This thinking is certainly contained in the programme of the Social Welfare Department which is currently engaged in a process that started five years ago. Of decentralising a number of its operations by the creation of some 18 regions.<sup>1</sup> The rationale for this change is largely the need to make services more accessible and visible and to render them more sensitive to people's needs. But this decentralising process into a regional structure, i.e. covering large geographical or demographic areas, is possible only for large organisations. Most organisations in Victoria which cater for child welfare needs are too small for such an operation. But even for smaller agencies the trend has been to think and re-organise on lines of what might best be called localisation. This has the same basic ingredients as regionalisation has on a larger scale, in particular it involves a commitment to respond to local needs. What, in this context, 'local' means may differ from one agency to another, but I like the definition given to it in the Child Maltreatment Report which takes as its starting point the geographical areas of local government and within each of these, accepts as 'local' whatever people within the area would claim to be local.<sup>2</sup> Some people would use the notion of "pram-pushing distance" as indicating what is local, although clearly that could not hold for anything but the urban areas. Time and time again in my reading on the subject this notion of localising child welfare delivery services came up, getting services closer to where people are who need them and should be listened to as to how they interpret their need. This also raises another recent development closely tied in with localisation, namely client or consumer involvement in services so far as their planning and execution is concerned. It goes further than this inasmuch as it leads us into the area of self-help groups and the phenomenon of the self-help movement. Perhaps the pre-school care schemes epitomise this best. The pre-school programme must be counted as one of the qualified successes of the last decade. Under the stimulus of the Project Care Report<sup>3</sup> at least we have got acceptance of the need for such provisions although according to Ms. Fearn-Wannan's research we need far more than we have got and a much fairer distribution across the State.<sup>4</sup> But to get the full flavour of what is being achieved by people,

stimulated by professionals but otherwise doing things for themselves and for each other, one needs to go to the recently published catalyst report.<sup>5</sup> Perhaps this epitomises the self-help movement best, though it is only one example. When the history of this movement comes to be written, pride of place will of course have to be given to the A.A.P. stimulus which, though it is now defunct as a distinct programme, has lit a path which will continue to be followed, albeit under other auspices.

## II. METHODS OF CARE

The second type of development must be seen to lie in the changes that have taken place in the methods of care. In general terms it is a movement away from congregate care in large children's establishments and toward alternative forms of care — some of these projects are small, family-type group homes, others are beginning to look to fostering as an alternative, at least for short-term care. Another movement still lies in the efforts to avoid bringing children into care at all. Inevitably the move away from residential care is slow, and it is not just a case of being able to shut down work that has often been built up over decades. For instance this is what the Sisters of St. Joseph said in their recent report, *St. ANTHONY'S FROM KEW TO FOOTSCRAY*. "St. Anthony's at Kew was opened in 1922 to cope with the toddlers from the Foundling Home at Broadmeadows . . . during the 1970s we have established a number of small family group homes in the western suburbs, hoping to provide residential care for western suburbs children closer to their own families and in familiar neighbourhoods."<sup>6</sup>

### Institutional care

The drive to reduce the institutional type of residential care has long been on the agenda of the Social Welfare Department and can be seen there as a properly-thought-out, rational policy of dispersion into smaller scattered units.<sup>7</sup> It is a case of policy based on child development theory for by now no-one in the child welfare field can be unaware of the voluminous literature on the effects of institutionalisation, which despite great improvement in the care of children who perforce today remain in large establishments, still remains irrefutably undesirable.<sup>8</sup> Fortunately for us, and even more so for the children concerned, the economics of child care are for once on our side. In 1974-75 the Social Welfare Department estimated the average cost per week per child to be<sup>9</sup>:

Departmental Children's Home	\$100.00
Departmental Reception Centre	\$190.00
Departmental Family Group Home, . . . small	\$75.00
large	\$85.00
Departmental Foster Family Placement . . . per child	\$15.00
Plus expenses connected with schooling.	

Another aspect to be noted is the move toward foster-care. This type of care has had a chequered history in Victoria, waxing and waning in popularity since it was first introduced back in 1871. It apparently flourished in the late 1870s but in more recent times fell into disfavour,<sup>10</sup> so much so that at June 1975 only about 7.6% of Wards of the State were in foster care.<sup>11</sup> But there has been a revival of interest. A number of feasibility studies have been carried out by different sources. The Social Welfare Department has published a number of papers and reports in recent years, particularly the Family Welfare Advisory Council Report of 1974 which is a thoughtful document.<sup>12</sup> This in turn gave rise to a feasibility study, itself to be the precursor to a larger-scale study which centred around the Broadmeadows area and was undertaken by Jean Paul. This was a very good study and concluded that fostering programmes could be a feasible as well as desirable proposition, so long as a number of quite reasonable conditions could be met, e.g. sensitivity to local needs and forming part of a range of care services.<sup>13</sup> Similarly a demonstration study by the Children's Protection Society into the feasibility of short-term fostering as an alternative to their short-term residential care, came up with similar affirmative statements — fostering is possible provided one applies "only the highest standards of foster care, family counselling backed up by adequate finance and staff and able administration."<sup>14</sup>

These projects were weather vanes, showing the direction in which care facilities are moving and will be referred to again when we consider another development under the heading of alternatives to residential care. We need not suppose that foster-care will become very extensive covering say half the child population involved, nor need we suppose that it will be as cheap to provide as it has been to date — rather, if the caveats of the feasibility studies are noted and acted upon, the investment of the necessary resources could make foster-care quite a high cost operation.

It is not only fostering of young children that epitomises important changes in care arrangements. In the youth training field the emergence in

recent years of establishments like the Grassmere Centre, the Hawthorn Youth Welfare Service, and similar centres at Brunswick and Windsor, Unit 64, and the Four Flats Project, all show the same urge to get away from the institutional form of care. Furthermore we are witnessing the substitution of a social work model for a medical treatment model.

#### AVERTING CARE

Side by side with the changes dealt with above, there has been another process; it is emerging quietly and cautiously (like most things do in Victoria!) and on a very small scale only. This process is subsumed under the title of "alternatives to residential care". It grew out of funding originally provided by what would have been the Children's Commission, if it had not been stifled just before birth, and which is now the Office of Child Care within the Department of Social Security. The notion at its simplest was to see whether some means could not be found of avoiding children coming before the courts and hence into care, or otherwise coming into care, by early intervention in the critical situation. Both notion and process have a long history in the U.S.A. and U.K. and like so many other programmes in child welfare show an uneven progress, which again would explain why the Victorian projects are on such a small scale. There are five projects currently operating in Victoria (not all of them now directly government funded). One of the opening shots in that particular campaign was fired by a study, sponsored by the Children's Welfare Association Victoria, with A.A.P. funding, a couple of years ago which was essentially concerned with finding alternatives to wardship.<sup>15</sup> The rationale was that wardship is inimical to the welfare of children because of the effects of separation, high financial cost of wardship, high incidence of delinquency associated with wardship, the stigma which it imposes, the demoralising effect of court action and police intervention, and the open-ended nature of wardship. The measures used during the project included provision where required of immediate financial and other material aid, emergency accommodation, counselling, employment, homemaker service. The net result of the study, again the accent is on its positive aspects, is that it can be made possible to avert care for children in some situations.

A progress report from St. John's Homes, THE CARE FORCE REPORT, outlines the kinds of situations where intervention takes place, the means that are required and that are applied — though not as yet the outcomes.<sup>16</sup> Similarly the report from St An-

thony's, previously referred to, covers the same kind of ground; as do reports from the others, Catholic Welfare Society and Mission to Streets and Lanes.<sup>17</sup>

Some of the points they stress are the features we have already touched on — services to be delivered on a regional basis and bringing help to the point of need at the local level — and use of short-term fostering. But the main signals are clear, namely that work must involve an immediate response to threatening family situations; that help must be varied — emergency care, family aid, counselling, child minding, transport, material aid, and above all a real human concern for others in trouble.

Whether these programmes can or will avert wardship or long-term residential care of course remains to be proved but that they are taking place at all is again a sign of the times . . . I like to believe they represent a move in the right direction.

### TOWARD A THEORY OF CHILD WELFARE OR FAMILY WELFARE

What can we make out of these developments? Are they just ad hoc or pragmatic responses to changed situations or do they constitute a movement which it may be possible to analyse more closely and thereby get toward an understanding of what is happening?

I have headed this section: "Toward a Theory of Child Welfare or Family Welfare" for two reasons; first my use of the word "theory" which implies that one can find an explanation of what is happening based on a progressive understanding of how our society works and what determines the individuals behaviour within it and attitude to it. Second, my hedging of whether we ought to stick with child welfare or go beyond this and see it as family welfare.

I discern that we may be moving toward family welfare not, more narrowly, child welfare . . . certainly most of the reports that I have read point in that direction. The alternatives to residential care projects are essentially family projects, albeit families with dependant children. The Henderson poverty studies focussed on families and suggested a family policy without actually saying so outright. The reasons why so far we have not seen the development of a family policy has to do more with the accidents of history rather than a well-thought-out rationale. Services at public level at least have focussed on individual needs or problems and have tended to develop functional-administrative frameworks that first encapsulated this concept and later tended to perpetuate it, e.g. social security income transfer services are good examples, education another. There are exceptions and WITHIN a social service there may be focus on a family, but rarely do two or more administrative services combine to focus on a family. Yet we may get half-a-dozen social service agencies

variously dealing with individuals in a family or more rarely with the whole family. I think we may soon come to reconceptualise this into a framework of family needs for: income, shelter, employment, education, health care, personal service, recreation, which in turn must lead to re-structuring of the administrative frameworks to meet that need more adequately. In such a re-structuring, the focus will be on the family and the child will be seen as a member of it. So the social worker and the welfare worker will be charged to take account not only of the child's needs or problems but of mother's and father's and grandma and retarded cousin Jane who live with them, and will need to have the requisite resources for this purpose.

Another trend I see as emerging is that of prevention, more properly prevention of family breakdown, and the services that are being developed are clear indications of that. But there are other signs which add another dimension one step back from prevention, and that is what is often called the developmental approach. This was inherent in the A.A.P. programme and has been the subject of much of the community work literature in the past two decades.<sup>18</sup> The developmental notion looks to strengthening community networks, giving them the facilities to do things for themselves — total community service programmes such as information services, community and neighbourhood centre, clubs, networks, catalysts<sup>19</sup> as Ricki Dargavel's Gippsland Study Report well expresses it. Then we may add the preventive services and when those fail, the care and curative services. This may be summed up in a process which reads . . . developmental — preventive — curative.

In the prevention literature it is variously referred to as:

PRIMARY  
IMMEDIATE  
DEVELOPMENTAL

SECONDARY  
INTERMEDIATE  
SUPPORTIVE°  
SUPPLEMENTARY

TERTIARY  
ULTIMATE  
CARE/REMEDIAL/  
SUBSTITUTIONAL

And if we look at this in a rational way we can do so in either direction: at the primary level it is better to strengthen such community resources that already exist. Any number of studies have shown that people in trouble want to turn to their own kin and friendship networks first, not to the helping services.<sup>20</sup> Only if these break down should we put in the preventive services, the skilled personnel and the back-up facilities. Finally, if

these fail, then let the curators and custodians take over, as they must and will have to continue to do so in many cases.

We seem to be groping our way toward such a framework though it will still take a long time before it becomes crystallised. Not surprisingly, for it is made up of a myriad of tributets which do not yet look like a stream, but given time they will.

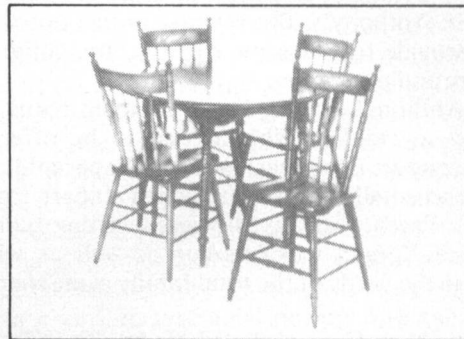
Finally, I have today concentrated on some of the positive and to my mind good things that are going on in the child welfare field. Most of the time we agonise about what is wrong, on the negatives, on the pathologies — why should we apologise if once in a while we look at what is good and progressive. Surely we can learn something from doing that too'.

## NOTES AND REFERENCES

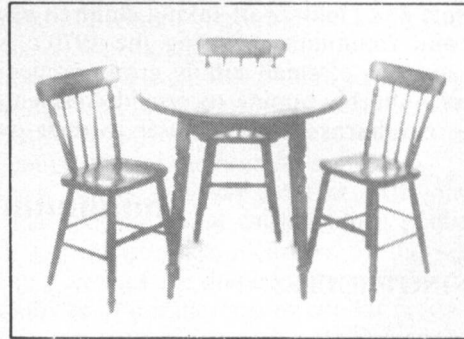
1. see the Ministerial Statement by the Hon. B.J. Dixon, M.P. 27 April 1977, on the VICTORIAN FAMILY AND COMMUNITY SERVICES PROGRAMME  
  
for a rationale of the regionalisation programme see Report of the Committee of Enquiry into Child Care Services in Victoria, July 1976, in particular p.p. 20-22. see also V.C.O.S.S., THE LOCALISATION OF HEALTH AND WELFARE SERVICES, 1971.  
  
Benjamin, C. and Morton, J., A MODEL FOR WELFARE PLANNING AND DELIVERY, AGPS, 1971
2. REPORT OF THE CHILD MALTREATMENT WORKSHOP, Melbourne, 1976, p. 32
3. PROJECT CARE, CHILDREN PARENTS COMMUNITY, Australian Government Social Welfare Commission, Canberra, 1974
4. Fearn-Wannan, B., GOVERNMENT SUBSIDIZED DAY CARE CENTRES IN VICTORIA, Day Care Research Project No.2, 1975
5. EVALUATION REPORT OF THE CHILD CARE CATALYST PROGRAM IN VICTORIA, Centre for Urban Studies, Swinburne College of Technology, Melbourne, 1977
6. St. ANTHONY'S FROM KEW TO FOOTSCRAY, Nov. 1976
7. SOCIAL WELFARE DEPARTMENT, VICTORIA, ANNUAL REPORT 1974-75, p.p. 21-29.
8. see Rutter, M., MATERNAL DEPRIVATION REASSESSED, Penguin Education, 1972  
  
see also Dinnage, R. and Kellmer Pringle, M., RESIDENTIAL CHILD CARE FACTS AND FALLACIES, Longmans, 1967
9. Abstracted from: ALTERNATIVES FOR CARING FOR CHILDREN AND YOUNG PERSONS WHO ARE A RESPONSIBILITY OF THE SOCIAL WELFARE DEPARTMENT AND COSTS TO THE SOCIAL WELFARE DEPARTMENT IN EACH FORM OF CARE (Departmental paper), 1974-75
10. SURVEY OF CHILD CARE IN VICTORIA, 1962-1964, Government Printer, Melbourne, 1964, p.p. 48-49.
11. SOCIAL WELFARE DEPARTMENT ANNUAL REPORT 1974-75, Table 4, p. 63.
12. Family Welfare Advisory Council — Ministry of Social Welfare, Victoria — FOSTER CARE SEMINAR REPORT, Melbourne, 1974
13. Paul, J., REPORT OF THE FEASIBILITY STUDY IN FOSTER CARE IN THE NORTH WEST METROPOLITAN REGION, FOR THE FAMILY WELFARE ADVISORY COUNCIL, Ministry of Social Welfare of Victoria, May, 1975.
14. Childrens Protection Society (Victoria), TEMPORARY EMERGENCY FOSTER CARE PILOT PROJECT, Melbourne, 1975.
15. PROJECT REPORT ON ALTERNATIVES TO WARDSHIP, April — July 1975, Children's Welfare Association, Victoria, Jan. 1976.
16. CARE FORCE REPORT 1976, St. John's Homes for Boys and Girls, Melbourne.
17. The last two have not yet issued publicly circulated reports, neither has the Social Welfare Department which has only recently commenced a project in the St. Kilda area.
18. Cox, F.M. et al (eds.), COMMUNITY — ACTION, PLANNING, DEVELOPMENT: A CASEBOOK, F.E. Peacock, Hasca, 1974.
19. Dargavel, R., FAMILIES AND CHILDREN IN GIPPSLAND — REPORT OF THE GIPPSLAND FAMILY AND CHILD CARE PLANNING COMMITTEE, July 1976, Melbourne.
20. Apart from most of the local reports noted in the above references, this point is made with full emphasis in "The Family Study" in: McCaughey, J. et al, WHO CARES — FAMILY PROBLEMS COMMUNITY LINKS AND HELPING SERVICES, Sun Books, 1977.



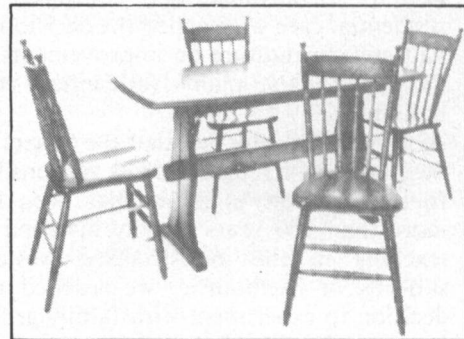
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