

# service delivery at the regional level . . .

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## Introduction

The aim of this Paper is to delineate a number of principles related to the effective delivery of welfare services at a 'regional' level. Regional level is used in this Paper in a general sense to distinguish 'community' based planning from planning at State or Federal level (or planning at an interpersonal, agency, specific field or societal level). No attempt is made to distinguish the precise characteristics of the regional level, but in detailed operationalised planning related to a specific area clear distinctions need to be made between the various planning levels and between the particular services being provided at each level.

Within this context clear distinctions need to be drawn in particular between 'regionalization' and 'localization' in terms of scale, organization and power. One of the fundamental concepts of regionalization in fact is to relate most effectively to localised decision making and resource allocation. Ideally one might perceive of a dovetailing and mix of services providing a comprehensive pattern of services integrated with basic local area generalist and developmental services (1).

The proliferation of welfare activities and provisions of Commonwealth, State and local governments and voluntary agencies provide a complex and bewildering variety of points at which people obtain social help or services in the community. Planning and responsibility between the various levels of Government, between statutory and voluntary organisations and between Government Departments even at the same level (e.g. Commonwealth or State) is frequently haphazard, fragmented, or simply non-existent.

Within the Australian 'welfare' system there exists the lack of planning and co-ordination, an uneven spread and quality of service, lack of clarity over service goals, lack of accessibility and a proliferation of different and frequently overlapping structures. The whole fragmented pattern of existing welfare services leaves the client and frequently the welfare worker utterly confused.

Family and child care services are certainly no exception to this general pattern. For example in the area of family counselling and advisory services alone there exists considerable repetition of services with subsequent problems of referral co-ordination and integration.

The Geelong Study (2) for example found that no fewer than 60 organisations were individually and frequently haphazardly providing supportive services to families in the Barwon Region. At another level recent Commonwealth intervention into the pre-school area (while adding considerably to available resources and in many respects providing innovative approaches to child care, particularly in the provision of "extended" community-based services) provides another example of increasing service fragmentation particularly between the various levels of Government.

Whatever categories or levels are used in the planning of welfare services they are seldom mutually exclusive. The social planner needs to be deliberate and conscious about each of the possible intervention levels and possible 'mix' of levels. Approaches to clarifying levels and types of planning for service delivery have been developed by several writers including Kahn (3) and Martin Rein (4).

Planning may involve modest projects more ambitious programs or comprehensive change. Kahn (5) suggests that planning "may take as its point of departure 'formalistic designs' or ideal models; 'heuristics' (generally accepted principles); or available skills or organizational precedents; or it may avoid commitment to models, principles, or units and proceed with a view of present reality as the only constant in its equation. Planning may be 'patchwork' or incremental the choice of word depending on the evaluation — or it may represent a basic new fresh start. Scope, depth, level, and type of planning are issues to be explored at the policy development phase in the light of the reality appraisal, the access to sanction, and the value of exploration." (6).

In this paper, the prime focus is on some of the essential principles or characteristics at effective service delivery networks at the regional level, rather than organization structure (or functions) or systems approach that might address a particular field of service. Programming aspects are not specified in detail and need to be developed in the context of a particular locale. Issues discussed are illustrative rather than exhaustive or definite.

## Boundaries and Service Location

Effective and accessible service delivery is closely related to geographical

boundaries and location network of service centres.

Proposed regions need to be related to effective service delivery patterns.

While the assumption that smaller communities or regions will facilitate better access, service delivery and citizen participation is fairly clear it is much more difficult to specify the actual size of region and which powers are to be dispersed. Dahl suggests that the 'units' should be small enough to allow accessibility to power and comprehension of issues and large enough to incorporate significant social problems. (7).

The Geelong experiment in Social Planning adopts a not dissimilar concept when they suggest a 'minimum sufficient network' within which social services can be provided effectively and efficiently, and within which social development may be analysed. The need for a 'sufficient' network derives from the need to look at the totality of a situation to understand its parts. The need for a 'minimum' network derives from the need to retain to fine details in the picture, and to keep the parts in an integrated whole. (8).

In the context of boundaries a clear distinction needs to be drawn between 'localisation' and 'regionalisation' with respect to scale, organisation and power. The Canadian case studies in fact strongly question the validity of the neighbourhood as an organising base for social planning. The Vancouver experience indicates that the size appropriate for developing social relationships may well be too small to plan and administer social services. (9). The key notion in any model needs to be one of 'community' integration rather than scale.

In a contemporary analysis of regions in the Sydney metropolitan area Sutton suggests that 'local government areas often come close to the size which several overseas studies, e.g. Rees (10), have regarded as optimal for recognition by individuals of a local community. Such figures are very hypothetical but would seem to be in the range of 30,000 to 100,000 people. This is considerably smaller than proposed by the Barnett Committee on local government in New South Wales in its recent report and the recommendations in the United Kingdom of the Redcliffe-Maud report on local government which has recently been implemented. In a sense, the process of regionalisation proposed by the Department of Urban and Regional De-

velopment corresponds well to the proposals in the United Kingdom and in New South Wales for the amalgamation of local government authorities' (11).

The Seebohm Report advocated the setting up of community based teams of ten to twelve social workers to serve populations of up to 100,000. (12). In a recent study by Shaw (13) which examined the location of area offices within the Seebohm local authority services it was found that the clients subjective feelings regarding the accessibility of the agency were important determinants of agency use. The study suggests among other things, that (a) 'decentralisation may not simply enable better work with the same group of clients but draw in a different population of clients' (14) (b) 'where the area office lies between a residential district and the city centre it is far more likely to be 'seen' than if it is situated away from the city centre. The most effective location is probably near to the city centre side of the area' (15) (c) 'the relative importance of 'felt accessibility' as against 'geographical accessibility' in determining the use made of the office by voluntary callers needs careful observation. (16).

'If area boundaries are to be predetermined, a model of geographical accessibility is one of the few available means of fixing such boundaries, however there appears to be no reason why a more flexible approach cannot be adopted.' (17). Deacon and Cannon (18) make a similar suggestion arguing that the best procedure is first to locate the offices and only then to make some decision about the areas they should serve. The 'concern should be centred on where to locate the offices and not on where to draw the boundaries'. They go on to argue 'that the offices should not only be physically and socially accessible, but easily visible, and perceived as accessible'. (19). Ultimately integration and co-ordination will rest primarily upon philosophical and planning consideration rather than the physical location of services.

### Access and Channelling

In Australia there has been little or no systematic analysis of the relative accessibility of welfare services or to what extent services are utilised by eligible individuals at either, national, state, regional or local levels. This is particularly true in the family and child care field

where bureaucratization, historical accident and specialization have created inherently disfunctional service boundaries and inadequate case integration and accessibility. There has however been considerable questioning of centralised resources and the lack of available and accessible information that has meaning for the majority of those in need of particular services. Within such a context the client has limited knowledge of his eligibility and rights.

There have been some developments particularly at the local level through groups like the Citizen Advice Bureaux, that have attempted to close the gap between client awareness of eligibility and available services. The movement towards regionalised service delivery involving citizen and consumer participation decentralised service structures, and devolution of administrative responsibility will also facilitate this process. One of the primary sources of social intervention is the information network. This network has traditionally focused on 'fact giving' and 'referral' systems. Hopefully regionalisation will also add an 'exchange' dimension to this network that will provide essential feedback for programme planning and evaluation.

When one adds the problems of boundaries, access, integration, fragmentation, co-ordination and accountability presently existing it is difficult to conclude that there is any comprehensive network of service delivery at the regional level.

Access and channelling (which encompasses information case finding and referral, as closely interrelated processes) form a basic requirement of all service delivery systems. 'Access machinery is especially important for the general social services in so far as they deal with people under stress and disadvantaged populations and adopt a rights concept'. People do not categorise their lives or classify their needs in social service language or dimensions'. (20) (21).

One way of achieving better access is through what are known generally as **neighbourhood information centres**. Ideally such centres form a link between the individual and bureaucracies of the social welfare system. Their functions include information, advice, and referral. They form an accessible, visible, unstigmatised, universal facility. Such centres need to be available within easy walking distance or at strategic points on the public transport system.

The foremost example of such centres are the British Citizens Advice Bureau (C.A.B.). The Australian equivalent follows a similar model. The C.A.B.'s may be concerned with a very wide range of functions from landlord and tenant problems, consumer rights, social security and social welfare rights, to referrals to statutory or voluntary agencies. The exact way in which such centres work depends on whether they are part of the so called multi-service centre concept or operate separately. The creation of information or access centres does not of course relieve organisations of their responsibility to enhance their own service accessibility.

Another alternative to information centres is the French social work pattern based on the system of the all-purpose family social worker where each family is assured 'coverage' by a general family worker who is assigned usually on a geographic basis a caseload of about 400 families. The families know where the social worker may be located and that they have a right to his service. Each family is on a social workers 'list'. These workers are called 'polyvalent' or 'multipurpose' because they operate as general practitioners, offering initial counselling and information with subsequent referral to specialists if appropriate. (22).

### **Clients Rights, Choice and Participation**

"Walter Gellhorn, (23) who has done most to analyse the strengths and weaknesses of 'governmental grievance procedures' in many countries reminds us that organised power makes the wheels of life go round, makes modernity feasible. But public authority may be oppressive, mistaken, or careless . . . A general spread of democratic impulses and increased understanding of the problem of protecting individual, group and civil servant rights in an increasingly complex and bureaucratized world of government have led to considerable interest in protective mechanisms against official mistake, malice, or stupidity'. (24).

While social planners need to consider governmental grievance procedures in conjunction with mechanisms for access and channelling already discussed, the greatest protection for clients will come through citizen and consumer participation in all phases of the planning process. Regionalisation offers one arrangement for increasing

citizen and consumer participation in social planning processes and hence accountability to clients.

It is important in this context that both Federal and State departments do not rely solely on representational democracy for their accountability base but provide the opportunity for welfare recipients in particular to state their preferences and participate in programme evaluation.

Part of these sorts of provisions could include Resource and Information Centres which would collect information on the needs of a particular region and assist groups and individuals, particularly from the less articulate low income groups, on the skills of participation, appeal procedures, use of information and so on. (25).

The mere decision to offer participation is not enough particularly where it leads to token representation. It has been suggested that the Regional Councils for Social Development in this respect are in danger of being chosen from a regional elite who potentially could be controlled from outside the Council and are not genuinely answerable to the region. The position of ethnic groups and aborigines also needs special consideration.

Through consumer participation clients will also have some influence over the choice of service or services to be offered. In an effective regional service delivery system individuals would have at least some choice between services and agencies. The 'choice' concept not only facilitates the encouragement of freedom of choice among consumers as a basic right but promotes competition among agencies in the region thereby hopefully improving the quality of service.

Rein in relation to the American situation suggests the possibility of facilitating choice through a voucher scheme. An eligible group can be granted a voucher which permits them under the stipulations of the voucher to find their own service supplier who will be paid either directly by the agency responsible for the voucher or by the consumer who will later be reimbursed by the same agency'. (26) (27).

Such a scheme may not be suitable for Australia but it does illustrate the princi-

ple of promoting competition among agencies which in turn maximises individual choice and improves the quality of service.

### **Integration and Co-ordination**

In Australia a proliferation of social welfare organisations has arisen in a largely haphazard fashion, particularly in child welfare. Most organisations are specialised and limited in their welfare interest and scope. The lack of service integration in Australia is found at several levels of the welfare system.

Firstly there is little clarity of objectives within either statutory and voluntary agencies in Australia. 'Ad hoc developments characterise policy formulation and will continue to do so with a context of unspecified, unformulated goals and limited evaluation' (28). The range of tasks, size and diversity of some organisations, particularly government departments, create particular difficulties for integration at the level of service delivery. At times even the objectives of different parts (or sections) of such organisations are in conflict.

Secondly our bureaucracies in their pre-occupation with providing more extensive and effective services have failed to resolve the problems of size and its impersonal effects, fragmentation of effort, and simply service overlap. Frequently organisations expanding services not only give scant attention to the activities of other organisations but not uncommonly compete for new services. There is an increasing need to develop in this context mechanisms for interdepartmental planning and co-ordination at both a State and National level. This should also assist in the regionalisation of services which in itself should lead to more effective co-ordination and integration.

Thirdly centralisation of service and authority has been a traditional feature of welfare services in all states. It is only in recent times that organisations have begun to decentralise or regionalise their structures and authority to provide effective service delivery. Through decentralised centres and administrative authority regionalisation should help facilitate co-ordination and integration.

Fourthly existing organisational structures have been and remain inadequate to service the broader preventive-developmental goals of modern society which require a very high level of service and social development integration. Far too much emphasis has been placed on the narrower remedial rehabilitative functions to the detriment of preventive developmental perspectives. Too much emphasis has also been placed on 'systems maintenance' and administration of regulations rather than policy development and planning.

Fifthly in terms of case integration there is considerable evidence that many people with complex problems have been involved with a number of agencies or even a number of representatives from the same agency. Often even at the referral level the receiving agency is not clear on the reasons for referral or what the referred person has been told or promised. Such systems undermine rather than reinforce positive continuity of client care. Fragmentation of services is also a reflection of the tendency for organisations and professions to strengthen their own roles and identities.

In the past direct service organisations have been influential in planning the delivery of services at the local level. These organisations however, because of limited resources, have often tended to concentrate on intraorganisational provisions and have rejected or resisted changes that were not seen as conducive to their own survival or expansion.

Social planning organisations such as the Regional Councils for Social Development are also in a difficult position, in that while attempting to develop a rational comprehensive range of services that are not duplicated and provide for continuity of care, are confronted with an anomalous situation in which they often have no formal area of operation or authority and an increasingly complex interorganisational field.

If social planning is to be pertinent to the specific needs and accountability of a particular region, then autonomy and authority needs to be regionally based. Only organisations that are 'fully' regionalised can effectively make decisions at the regional level as to whether they may amalgamate or integrate all or

part of their programme with other organisations.

A service delivery network should seek to provide for case integration defined by Kahn as 'the sequential and simultaneous meshing of interventions directed towards a given client or user (individual, couple, family, group). Case integration is distinguishable from although obviously related to, program and policy co-ordination as between agencies or among groups of agencies. The former focuses on the consumer of services. The latter relates to policy provision, procedure, and agency interrelationships in terms of general principles and overall planning'. (29).

To help overcome some of the above service integration difficulties Kahn suggests a number of possibilities including multi agency case conferences (30) a number of administrative alternatives around an intensive service unit or worker; (31) area teams (32) and multi-service centres. (33) (34).

### Multi-Service Centres

One popular answer to providing a service that is comprehensive, accessible, sensitive, responsive, and accountable, is that of the multi service centre. It has also been suggested that the information services (as discussed earlier) can be located in such centres. A number of concepts of multi service centres exist but there is still little evidence available as to their effectiveness. (35) (36).

The multi-service centre can range from a direct facility providing a comprehensive range of separate services (or service components), to a 'drop in' type of centre offering one generalist service to a small locality.

The latter type of centre can offer a focus for the provision of social planning to a region. What ever name they are given, multi-service centre, community centre, neighbourhood service centre, welfare centre, regional centre, there are no pure types. The concept of a centre from which a range of services is provided is common to many countries. Most centres have a co-ordinating element to combine services around a 'total' population, and operate from a common set of principles involving ac-

cessibility, responsiveness, and accountability.

Among the range of regional centre facilities are the 'multi-Service Neighbourhood Centres' of the U.S.A. There are some 3,000 such centres in the U.S.A. that receive government finance. To receive this assistance the centres must incorporate clear community development aims, undertake programme evaluation, and be accountable to a Board elected by the local citizens. The majority of these centres were established under the Community Action Programme. 'Typically area residents participate in centre activities both as members of boards and committees and as staff workers. Except for the very poor, the most militant and the established political leadership, the boards represent a reasonable cross section of the neighbourhood'. (37). 'Neighbourhood centre staffs vary greatly from one man operations to those employing over a hundred. The median size of the 20 centres Perlman and Jones (38) studied was 14.' (39).

In England and Scotland regional services are integrated around a generalist social services team administered by the local authority. The Seeborn proposal (40) of a field team serving a prescribed region is highly dependent on comprehensive accessible services and administrative integration. The principle of providing services around a focal team is applicable to a whole range of different situations. For example, the Service Integration Projects in the U.S.A. sponsored by the Department of Health, Education and Welfare, are aimed at evaluating the comparative effectiveness of approaches that bring welfare services together.

Some of the difficulties of the 'classic' multi-service centre approach include the problem of merging specialist services into a generalist framework, the difficulty of ensuring equal access to services while providing for increasing specialisation of services to meet highly specific needs, 'personalisation' of service delivery, and provision of consumer choice.

The multi-service centre also raises several fundamental questions. Firstly whether they provide anything more

than a loose relationship among services that may have been just as effective as single units, and secondly what are the effective distinctions between centres that provide a community development emphasis, and those that concentrate on providing a range of co-ordinated services?

Some evidence suggests that because centres in the U.S.A. have concentrated on 'community development' rather than the development of direct service provision that quantitatively the provision of welfare services has not been increased. (41).

### Specialisation

The present fragmentation and segmentation of welfare services in Australia is in large part a reflection of service specialisation. There has been a tendency in bureaucratic organisations and at central government level to meet welfare needs by increasing specialised services. Overseas experience however points to the need for increasing local responsiveness and responsibility as the key dimensions of social welfare. (42).

'There is utility and validity in program specialisation relating as it does to the protection and development of uniqueness and expertise. But there is also in it a reflection of needs and motives not necessarily or solely related to the promotion of service goals and meeting of needs. The result, known wherever welfare services exist, is a pattern of service fragmentation, gaps, and failure to interrelate simultaneous and sequential service effort for optimum effect. Many service failures, much wastage, and considerable client disillusionment grow out of these facts.' (43).

However convincing the evidence about interrelations among needs and argument for generalist services it would not be possible to design an undifferentiated, accessible, and efficient service delivery system for the full range of social services. The range of services is subject to differentiated professional dominance, and distinct service delivery patterns (e.g. health, education, housing, welfare, income security). The sheer volume and range of services in any one region would create chaos if put into one operation.

However accepting that it is possible to establish appropriate linkages among services and at least provide generalist service delivery patterns where possible, we are still left with the problem of designing a viable delivery system. For example what kind and range of services will be integrated into the regional system. Martin Rein suggests that social services can be organised around role transition points in life — adolescence, old age, the early married years. (44). If we establish a multi-service centre which services will it deliver? What sort of differentiation do we make, if any, between preventative, remedial and community development functions, or between social control and therapeutic functions?

'Sweden is reportedly encountering some difficulties with the newly developed health and welfare services because the centres serves alcoholics, drug users, persons in receipt of social assistance and families requiring day care, homemaker and counselling. There is obviously no easy answer here. One option is to differentiate between the helping, therapeutic function and the control function. But some emerging experience questions the validity of this separation. The amalgamation of the Family Service Agency and Children's Aid Society in London has apparently not resulted in a diminution of requests for family counselling. The image of the authoritarian Children's Aid Society has either been altered or has not acted as a deterrent to those families requiring counselling.' (45).

While specialisation and the maintenance of high standards will continue to question the generalist service agency and concept of one worker one family, this does not preclude the establishment of a general social welfare system aimed at service integration rather than segregation that taps specialist services as needed but constantly refers back to the generalists who form the core of the service delivery network at the local level. Both specialist facilities and the role of the generalist worker need to be strengthened at the local level. (46).

### Conclusions

Decentralisation and participation are mechanisms for resolving some of the

problems of access, case integration, accountability, responsiveness, and consumer preferences. They are also mechanisms for facilitating the goal of forming a service delivery base at the local regional level.

As has been discussed earlier it is important that if social planning is to be pertinent to the specific needs and accountability of a particular region then 'full' administrative authority and autonomy should be decentralized along with the decentralized service. One can have decentralized field operations or service centres with minimal devolution of authority. It is also important, that departmental structures and objectives at all levels (not just the regional base) reflect 'effective' service delivery requirements. Organisational structures need to reflect the service delivery requirements of the regional and local level.

Decentralisation allows for more equitable access of citizen and consumer participation to the policy-making processes if only because the decentralised service centres are in closer proximity to the community. In effect access and participation reinforce each other thereby increasing the responsiveness and accountability of welfare organisations.

Organisations need to provide not only for consumer choice but also consumer preference on how the service is to be delivered. Regionalised systems also potentially provide for various types of 'priority area' and positive discrimination of resources to areas of need.

Kahn suggests that what must emerge eventually is an hierarchical pattern in which —

(1) Certain services, facilities, resources and responsibilities reside at the most immediate local level.

(2) Other services, facilities, resources and responsibilities (generally more specialised) reside in certain larger units — several neighbourhoods combined, a district, or a borough.

(3) Still other services, facilities, resources, and responsibilities (quite specialised) reside at a central governmental level: country, city, state, regional. The level would also be the locus of program co-ordination, budgeting,



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planning, standard-setting, and certain central services. (47).

Local preferences, population density, geographic size, manpower, citizen and consumer participation, community development, centralisation-decentralisation, and many other factors will all influence local service delivery variations; however if effectiveness of access and delivery patterns is the objective it should be possible both to design a service hierarchy relevant to a particular region (or locality) incorporating local options, and to support such a design by an appropriate central structure that provides for policy formulation and development, technical services, and support and developmental functions.

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