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HOUSING SUPPORT FOR PEOPLE WITH MENTAL ILLNESS

BY KRISTY MUIR

James spent most of his twenties and early thirties in hospital psychiatric units. Diagnosed with schizophrenia, he was also severely paranoid and frequently suicidal. He used alcohol and other drugs problematically, suffered from untreated illnesses and had neither friends nor contact with family. In 2003 James joined the Housing and Accommodation Support Initiative (HASI). Through the program, he obtained secure housing and received appropriate clinical, accommodation and community support. Participating in HASI changed James' life. He has maintained his tenancy, decreased his hospital admissions and improved his physical health. He now works on a casual basis and participates in his local community:

Now I've got the support I need, plus the very effective medication ... I am living a life and I enjoy it. I never had that before. (James, HASI participant)

James was one of approximately 100 people who participated in Stage One of HASI, a partnership between the NSW Department of Health (NSW Health), NSW Department of Housing (DoH) and non-government organisations (NGOs). A longitudinal evaluation of the program, commissioned by the funders and conducted by the SPRC, found that James was not alone in benefiting from HASI. The program reduced the effects of mental illness for many of its participants.

THE HASI MODEL

HASI aims 'to assist people with mental health problems and disorders requiring accommodation ... support to participate in the community, maintain successful tenancies, improve quality of life and most importantly to assist in the recovery from mental illness' (NSW Health and NSW Department of Housing 2005).

HASI Stage One was established in 2002/03 and supports people with complex mental health problems living in nine locations across NSW. Currently the program also supports approximately 1000 people in HASI Stages 2, 3 and 4 (NSW Health 2006).

HASI has a psychosocial rehabilitation focus and uses a coordinated approach between



Kristy Muir

Continued on page 4

CONTENTS

Housing Support	1	Supporting Older People with Disability in China	11
Staff and Visitors.....	2	Self Neglect and Squalor	12
From the Director.....	3	New Projects	13
SPRC Research Staff Award	6	Research Scholar News	14
Social Exclusion and Children	7	Theories on Multiple Personality Disorder	15

LEAD ARTICLE:
Kristy Muir discusses housing support for people with mental illness.

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STAFF AND VISITOR UPDATE

ARRIVALS:

ROBYN EDWARDS has joined the SPRC from the New South Wales Department of Ageing, Disability, and Home Care, and is working on a variety of projects related to disability.

ANNA ZHU has commenced at the SPRC after working for the Australian Treasury, and will be working with Bruce Bradbury and Peter Saunders.

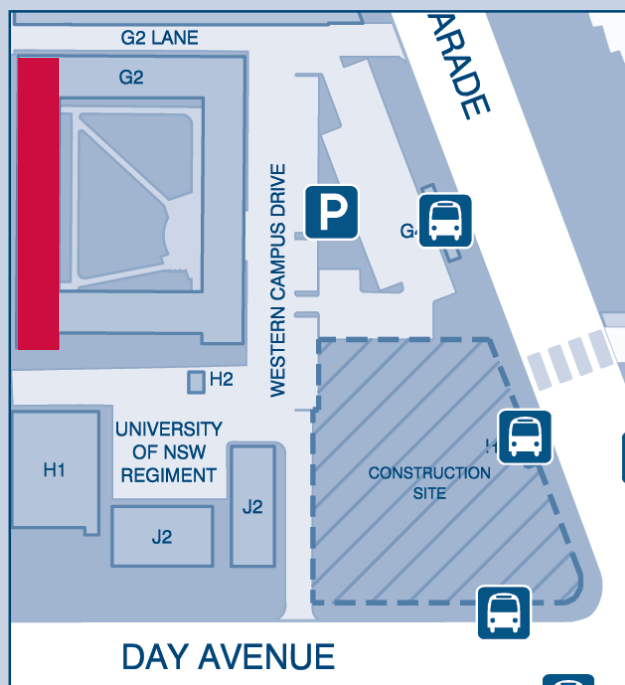
ANNOUNCEMENTS:

The Centre would like to extend its congratulations to CHRISTIE ROBERTSON and PETER SIMINSKI on the submission of their doctoral theses.

YUVISTHI NAIDOO and GERRY REDMOND have commenced doctoral programs. POOJA SAWRIKAR and NATASHA CORTIS have received Post Doctoral Fellowships from the New South Wales Department of Community Services and University of New South Wales respectively.

MELISSA ROUGHLEY is currently on secondment to the Faculty of Arts and Social Sciences in a research development role.

MARILYN MCHUGH's PhD thesis has been approved for admission to the degree. She has begun working as a Research Fellow on the Evaluation of Brighter Futures for the Department of Community Services, NSW.



The Social Policy Research Centre is located at G2 on the western side of Anzac Parade, Kensington Campus, enter from Anzac Parade.

THE SOCIAL POLICY RESEARCH CENTRE

The Social Policy Research Centre is located in the Faculty of Arts and Social Sciences at the University of New South Wales. Under its original name, the Social Welfare Research Centre was established in January 1980, changing its name to the Social Policy Research Centre in 1990. The SPRC conducts research and fosters discussion on all aspects of social policy in Australia, as well as supporting PhD study in these areas. The Centre's research is funded by governments at both Commonwealth and State levels, by academic grant bodies and by non-governmental agencies. Our main topics of inquiry are: economic and social inequality; poverty, social exclusion and income support; employment, unemployment and labour market policies and programs; families, children, people with disabilities and older people; community needs, problems and services; evaluation of health and community service policies and programs; and comparative social policy and welfare state studies.

The views expressed in this Newsletter, as in any of the Centre's publications, do not represent any official position of the Centre. The SPRC Newsletter and all other SPRC publications present the views and research findings of the individual authors, with the aim of promoting the development of ideas and discussion about major concerns in social policy and social welfare.

FROM THE DIRECTOR

BY ILAN KATZ

The child protection system in Australia is in crisis, and nobody knows what to do about it. Community services and child protection departments in NSW, Queensland, Western Australia, and of course the Northern Territory, have been repeatedly castigated in the press recently.

But this problem is not confined to Australia. Every developed country, especially English-speaking countries, have to confront more or less the same issue – child protection systems that simply cannot cope with the volume, complexity and level of risk in the work that they are expected to undertake. The same mistakes are repeated again and again, with slight variations which serve to hide the fact that policy makers are simply reiterating the failures of the past.

An almost inevitable pattern has emerged. A gruesome child death (or some other event such as alleged satanic abuse, organised paedophilia or widespread sexual abuse) is picked up by the media. This leads to a commission of enquiry or other investigation, and the public is promised a better, more effective system that will prevent horrific deaths and/or traumatic sexual abuse.

The enquiry is often followed by restructuring of the relevant department, a change of leadership and the introduction of new programs or policies aimed at improving the quality of services. These inquiries and structural changes prove that ‘something is being done’, and they diffuse the problem politically. However, the situation is bound to recur sooner or later, and another child death or scandal is inevitable. This scenario has occurred in every State and Territory in Australia, as well as the UK, Canada, the US, France, Belgium and Germany. In each case the inquiry and media attention are narrowly focused on the failures of the local system and the local practitioners and managers

– in other words, the specific individuals and/or structures or policies are blamed.

But look at the broader picture, and it is difficult not to conclude that there is something fundamentally wrong with how child protection and child welfare are positioned in our society. The problem is not specific ministers, managers or practitioners. Nor is it dysfunctional structures, inadequate information systems or procedures. It is not even insufficient resources. Although many, or even most, child protection systems suffer from a number of these problems, they are all symptoms rather than causes.

For over two decades academics have acknowledged the crisis in the child protection systems. However, academics and policy makers are at a loss about what should be done. In child protection, as in most other areas of policy, deconstruction is a lot easier than construction.

The majority of proposed solutions tend to be either narrow and programmatic, or unrealistic ‘pie in the sky’ ideas. Almost everybody agrees that ‘prevention is better than cure’, and that systems should refocus resources from investigation and assessment towards early intervention.

However, agreement is not universal. A recent column in *The Australian* by Angela Shanahan entitled *Protect children, not their non-hoper parents* advocated an end to ‘welfarist’ policies and a return to removing children from inadequate parents – this in the same week as the apology for the stolen generations!

A number of other quick fixes are touted in Australia and internationally. Typically they consist of implementing, on a wide scale, an early intervention program that has shown some promise. I despair when I hear about these so-called ‘solutions’. The problem is not that these programs have no

value. On the contrary, many early intervention programs are exemplary and have benefits far beyond reducing child abuse. However, the problems of the current child protection system are much more fundamental than a lack of early intervention. Some of the basic drivers of the system need to change if there is to be significant reform. Early intervention, whilst absolutely crucial, is only a small part of the answer.

Paradoxically, a way forward might be offered by the Northern Territory intervention. Whilst I have no sympathy at all with the overall approach, there are some elements that offer interesting pointers for the future of child protection. Firstly the intervention is a population level program. Rather than focusing on investigating specific allegations of abuse, substantiating them and then intervening, its fundamental assumption is that child abuse is occurring because of broader social factors, in particular the breakdown of social sanctions and social networks. Secondly the intervention does not focus narrowly on child abuse. Improvements in health, housing, education, alcohol abuse, government benefits and community governance (most being outside the remit of departments of community services in States and Territories) are all acknowledged as contributing to the solution.

To use the fashionable cliché, we still don’t know ‘what works’ in child protection at a system level. But we know what doesn’t work, and why it doesn’t work. So the paradox is that an ill thought out intervention such as that in the Northern Territory may provide us with the impetus to envisage multi-agency and holistic child protection systems that go beyond the report/investigate/assess paradigm and can therefore make a real impact on the wellbeing of the most vulnerable children.



Ilan Katz

HOUSING SUPPORT FOR PEOPLE WITH MENTAL ILLNESS

CONTINUED
FROM PAGE 1

housing providers, Area Mental Health Services (AMHS) and NGOs. In HASI Stage One, the Department of Housing funds permanent social housing if needed; NGOs offer long-term accommodation and community support to enable independent living and access to community services; and AMHS case managers provide active mental health case management.

EVALUATION METHODOLOGY

Between 2004 and 2006, the SPRC evaluated HASI Stage One (hereafter HASI) with three data collection stages in each of the nine locations (Morris et al., 2005). This included 633 interviews and surveys with participants, AMHS, NGO and housing provider personnel, family members, consumer advocates and people involved in the governance of the program. Data were also collected from a participant information database as well as hospital admission and clinical assessment records. Processes and outcomes were measured and a cost-effective analysis conducted. The evaluation assessed whether HASI was meeting its objectives of:

- engaging people with mental illness and high levels of psychiatric disability;
- enabling the sustaining of successful tenancies with appropriate support;
- maximising participation in the community;
- improving mental health; and
- increasing access to specialist and generalist community services.

FINDINGS

Participants

During the evaluation period, HASI participants were largely men (67 per cent) with a primary diagnosis of schizophrenia (74 per cent) and a secondary diagnosis (64 per cent) such as intellectual or physical disability and/or substance use disorder. The participants had histories of long-term hospitalisation, unstable tenancies and poor rental histories, minimal living skills, low levels of occupational, social and psychological

functioning, limited social networks, and some had spent time in prison (Muir et al., 2007b).

Based on the prevalence of mental illness and hospitalisation rates of different demographic groups, women and people from ethnically diverse countries were under-represented in HASI (Muir et al., 2007b). While Indigenous people were well represented in the initial recruitment, their proportion decreased significantly during the program, from 8 to 4 per cent. Overall, however, retention rates were high, with 78 per cent of people out of 113 who joined HASI still involved at the end of the evaluation.

Tenancy

HASI provided secure, affordable housing to the majority of participants. By the end of the evaluation, 70 per cent remained in the home they were housed in when they joined the program. An additional 15 per cent moved properties, but remained with the same housing provider, therefore demonstrating positive rental histories. Most tenancies were maintained because of the intensive support from housing providers, NGOs and AMHS case managers in relation to rental payments, relationships with neighbours, living skills and property care. The small number of tenancies that were not successful could be attributed to inappropriate matching between tenants and tenancies, poor access to services and facilities, neighbourhood social problems and/or geographical distance from family and social networks. There were also a few instances of property damage, noise and nuisance. However, tenancy retention rates are testimony to the effectiveness of the program in providing people with mental illness with secure, stable accommodation.

Mental health

Consistent monitoring and maintenance of mental health is a core component of HASI. Improvements in mental health were consistently reported by HASI participants, their family members or carers, NGO workers and AMHS case managers. This improvement was also evident in

the Global Assessment of Functioning Scores (GAF) and in hospitalisation rates. GAF scores, which measure psychological and social functioning, were provided for 63 participants across all three waves. Over two thirds of these participants experienced improved GAF scores (Muir et al., 2007a).

Hospitalisation rates for psychiatric and emergency admissions dropped in frequency and duration (Figure 1). For 84 per cent of HASI participants, the proportion of time spent in hospital in psychiatric units and emergency departments decreased by 81 per cent, an average of 70 days per person per year.

With decreased hospitalisation, a stable and affordable home to live, improved mental and physical health and a commitment of support from NGOs, HASI participants had the opportunity to improve their social and community participation.

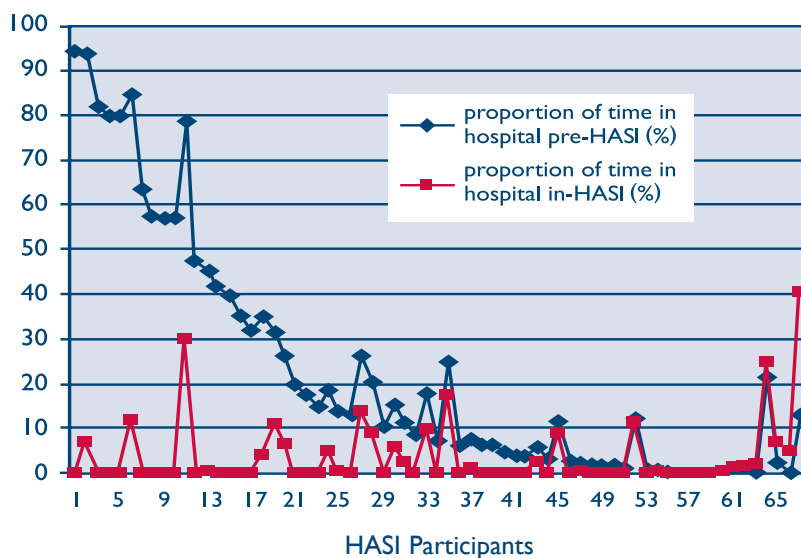
Community participation

When most HASI participants started the program, they were excluded from work and education and had limited social networks. Eight per cent worked in supported employment, 2 per cent were studying or training and 23 per cent reported having no friends. By the end of the evaluation, 43 per cent of participants were working in paid or voluntary roles and/or studying, 94 per cent had established friendships, and 73 per cent were engaged in training or education, and social or community activities. Increases in participation resulted from support provided by NGO workers, finding employment, access to transport and other support including financial, domestic, educational, social and community services. Despite increases in community participation, loneliness remained prevalent among around half of the participants. This reinforces the importance of focussing on community participation in psychosocial rehabilitation.

Model, partnership and governance outcomes

The HASI model and outcomes are reliant on the commitment of

Figure 1: Psychiatric Unit and Emergency Department Hospitalisations by Individual as a Proportion of Time, Pre-HASI and In-HASI (n=67)



the AMHS, NGO and housing providers, and the interaction and partnerships between support personnel. Partnerships between the three service providers were found to be largely mutually beneficial. However, where tensions existed and responsibilities were not clear, collaboration could be difficult and time consuming. However, most relationships strengthened over time and individuals became increasingly effective at working together.

The evaluation identified numerous factors that strengthen and challenge interagency working relationships and the HASI program (Muir et al., 2006a: 47-49). Some of the factors that strengthen partnerships include a shared understanding about, and commitment to, HASI as a model and program; a clear understanding of the roles and responsibilities of each service provider; respect for varying stakeholder opinions, skills and experiences; and frequent, regular, open and constructive communication through formal and informal meetings.

At an operational level, HASI could be further strengthened by formulating and signing service level agreements at the outset of the collaboration. For some NGO workers, occupational health and safety issues and adequate clinical

supervision and support were not addressed to as high a standard as they are within the AMHS. These issues require forethought and action at the planning, budget and implementation stages of a program like HASI. The evaluation also found an inherent conflict between Area Health Services acting as both contract providers and 'partners' in the program. At the time of the evaluation, HASI required clearer policies around exiting the program, future entitlement to housing and transitioning between different HASI stages.

Cost-effectiveness

The HASI program cost \$5.8 million to support 100 people each year. This cost includes recurrent funding to NGOs for accommodation support, program management and housing costs (leasing, rental arrears, housing vacancies, appeals and locating new properties). In addition, one-off set-up costs were \$11 million, including \$9.7 million for DoH capital costs.

For the recurrent annual program cost of less than \$58,000 per person, HASI resulted in substantial decreases in hospitalisation rates, stabilised tenancies, improved mental and physical health, increased life skills, and social, educational and workforce participation.

CONCLUSION

The longitudinal evaluation found that HASI mediates some of the effects of mental illness for many people in the program. It provides a networked system of support from housing providers, AMHS and NGO accommodation and community support providers. This enabled some people to maintain their tenancies, increase their participation in the community and develop and strengthen social and family networks.

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- Acknowledgements:** Karen Fisher, Ann Dadich, David Abello (Social Policy Research Centre); Alan Morris (Social Science and Policy, UNSW) and Michael Bleasdale (Disability Studies and Research Institute).

1 The names of program participants have been changed to protect their identity.

SPRC RESEARCH SUPPORT STAFF RECOGNISED AT UNSW AWARDS

The Social Policy Research Centre's research support team has been recognised at the inaugural professional and technical staff awards at UNSW. The SPRC nominated its research support team, who won the award in the Support for Research Outcomes category.

The award was presented in December by the Pro Vice-Chancellor Research, Professor Les Field. The Director of Human Resources, Neil Morris, noted the strong support from the SPRC staff for the nomination, calling the award winners 'the team who could do no wrong'.

The SPRC would like to congratulate its research support staff: Melissa Roughley, Business Manager (currently on secondment to the Faculty of Arts and Social Sciences); Roxanne Lawson, Acting Business Manager; Carol Sullivan, Office Manager; Duncan Aldridge, Events and Publications Officer; and Kate Cummings, Specialist Librarian.



From left: Roxanne Lawson, Melissa Roughley, Duncan Aldridge, Carol Sullivan and Kate Cummings. Photo by Adrienne Harris

INTERNSHIP OPPORTUNITIES AT SPRC

SPRC INVITES APPLICATIONS FOR THE 2008 INTERN PROGRAM

The program enables senior undergraduate and postgraduate students from Australia and overseas to undertake unpaid placements in a leading multi-disciplinary policy research environment. Interns will have unique opportunities to gain an understanding of social policy in a leading Australian research environment; gain practical experience in research and evaluation; and develop their research and analytical skills.

Details about how to apply are available at http://www.sprc.unsw.edu.au/Intern_Program.htm

The application form and attachments must be completed and submitted by 5pm Friday March 28th 2008. For further enquiries (after reading the website and application form) please contact Maree Williams (m.williams@unsw.edu.au)

TOWARDS NEW INDICATORS OF DISADVANTAGE PROJECT

BULLETIN NO. 4

SOCIAL EXCLUSION AND CHILDREN

BY PETER SAUNDERS AND YUVISTHI NAIDOO

INTRODUCTION

This Bulletin complements earlier reports in the series that have examined community views on the essentials of life (Bulletin No. 1), the scale and scope of deprivation in Australia (No. 2) and the profile of social exclusion (No. 3). All three Bulletins present aspects of the findings generated by the *Left Out and Missing Out: Towards New Indicators of Disadvantage* project. The project is funded by the Australian Research Council (ARC) and is based on collaboration between the SPRC and our Industry Partners Mission Australia, the Brotherhood of St Laurence, ACOSS and Anglicare, Diocese of Sydney. The project report *Towards New indicators of Disadvantage: Deprivation and Social Exclusion in Australia* was released in November 2007 (Saunders, Naidoo and Griffiths, 2007), and can be downloaded from the SPRC website at www.sprc.unsw.edu.au or provided in hard copy free of charge on request.

The focus of this Bulletin is on social exclusion among Australian children, although it is based on data provided by those adults who participated in the two surveys that are an integral part of the project. In this regard, the results should be seen as being indicative only, since they need to be supplemented by other studies that examine more directly the nature and impact of social exclusion as they are experienced by children themselves. (This is the focus of a new ARC-funded SPRC project that is being conducted in partnership with a number of government and non-government agencies; the findings of the new project will be described in future issues of the *SPRC Newsletter*).

Research on social exclusion has been given a new impetus by the

election of the Rudd Government, which has placed the concept of inclusion at the centre of its social policy agenda. A new Social Inclusion Unit has been established in the Prime Minister's Department, nominations for membership of a Social Inclusion Board have been advertised, and the members will be appointed by the Prime Minister and the Deputy Prime Minister and Minister for Social Inclusion, Julia Gillard.

When she addressed the ACOSS National Annual Conference in the week before last November's federal election, Julia Gillard noted that: 'Too many individuals and communities remain caught in a spiral of low school attainment, high unemployment and under-employment, poor health, high imprisonment rates and child abuse. Too many Australians are socially excluded. But if we are going to solve the problem of social exclusion we have to develop a new agenda that can bring social and economic policy together to complement each other'. We will also need a suite of indicators that reveal the extent of the problem and its incidence among groups differentiated by a range of socio-economic characteristics, including family type, labour force status (and history), educational attainment and location. Many of these aspects have and are being addressed in the *Left Out and Missing Out* project, which will hopefully inform policy development and assist in the targeting of resources in ways that combat exclusion and promote inclusion.

DEFINING CHILD EXCLUSION

There are two ways in which to identify how social exclusion affects children. The first involves using indicators that are generally applicable and examining their

incidence among families with children. The second involves focusing on that sub-set of indicators that relate more specifically to exclusion among children. We have adopted the latter approach here, for two reasons: first, this method taps more directly into those indicators that have an impact on children; second, it is possible (indeed, likely) that parents and their children experience different forms of social exclusion and respond differently. We acknowledge that the two surveys from which we have derived our exclusion indicators were completed by adults (although some young people participated in the client survey) and the indicators will thus primarily capture an adult perspective on exclusion unless an explicit attempt is made to shift the focus onto children. We have moved in this direction, but we also agree that there is a long way to go before we can claim that our indicators reflect the experience of children, as reflected in their own views about inclusion and exclusion.

The project has developed 27 indicators of social exclusion, separated into the following three broad areas: disengagement; service exclusion; and economic exclusion (see Bulletin No. 3). Two of the indicators of disengagement relate specifically to children, and we have selected 7 other indicators that are most likely to have the greatest impact on children, giving the following 9 indicators, three from each of the three broad areas identified above:

1. No week's holiday away from home each year
2. Children do not participate in school activities and outings
3. No hobby or leisure activity for children

4. No medical treatment if needed
5. No access to a local doctor or hospital
6. No access to a bulk-billing doctor
7. Does not have \$500 in emergency savings
8. Could not raise \$2,000 in a week in an emergency
9. Lives in a jobless household

The first three indicators have a direct bearing on children's ability to engage with others in a school setting and to engage in the most common form of family inclusion, the annual family holiday. The last three are indicators of economic exclusion suggesting that children are growing up facing severe financial stress within the family. This is likely to act as a barrier to many of the forms of inclusion enjoyed by others and have a range of immediate and longer-term adverse effects on children. Growing up in a jobless household in particular was recognised by the previous federal government as an issue that justifies taking action in order to improve the longer-term prospects for children. The interpretation of the middle three indicators is more problematic because the extent of their impact on children is less certain. Adults may feel that they have inadequate access to health and medical services but this does not necessarily translate into poor medical treatment for their children, whose needs may be given the highest priority, particularly when they are sick. The indicators are that – indicators – that act as signposts of exclusion but also need to be interpreted with care.

SAMPLE SELECTION

In terms of our two samples, the first (community sample) is a representative sample of 2,704 adults drawn at random from the federal electoral roll. The client sample includes 673 people who were asked to complete the survey when they approached a community sector agency for welfare assistance. By design, the second sample is not representative of the general

population, nor is it a fully representative sample of all welfare service users, although it does provide a valuable insight into the problems confronting disadvantaged Australians. The community and client samples can also be compared in ways that provide useful insights into the extent of the adversity that disadvantaged people have to deal with.

For current purposes, we have restricted both samples to include only those households that contain dependent children (defined as those aged under 18). This results in a sub-set of 879 families in the community sample, disaggregated into 739 couples with children and 114 sole parent families, and a small number (26) of mixed family households. (This latter group has been included in the total figures shown below but not separately identified because of the small

sample size). The truncated client sample consists of 268 families, of which 130 are couples, 102 are sole parents and 36 are mixed family households.

THE INCIDENCE OF EXCLUSION

The incidence rates for each of the 9 indicators of social exclusion are shown in Figures 1 and 2 for the community and client samples, respectively. In each case, the rates for couple families with children are shown in blue and those for sole parent families in red. All of the estimates have been derived from the raw (unweighted) survey data. Although there are important differences in the *overall* age structures of the two samples, this is less of a problem when it comes to comparing families with children because our sub-samples have been standardised by age.

Figure 1: The Incidence of Social Exclusion among the Community Sample

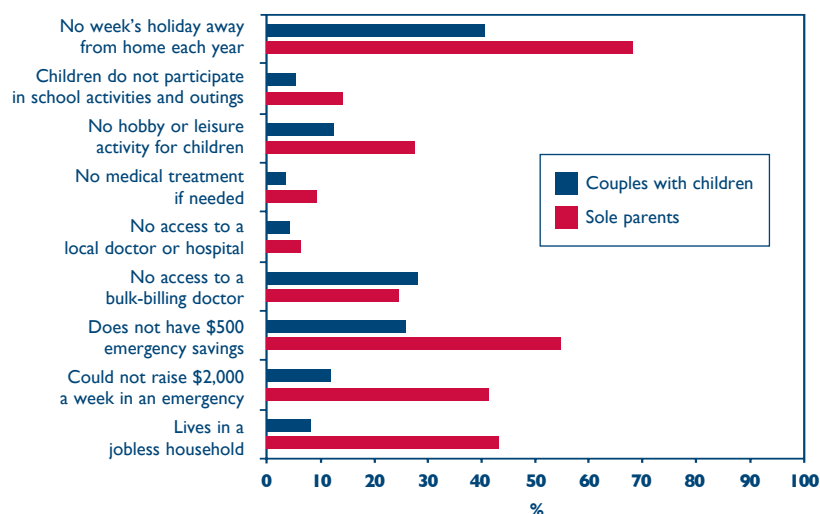
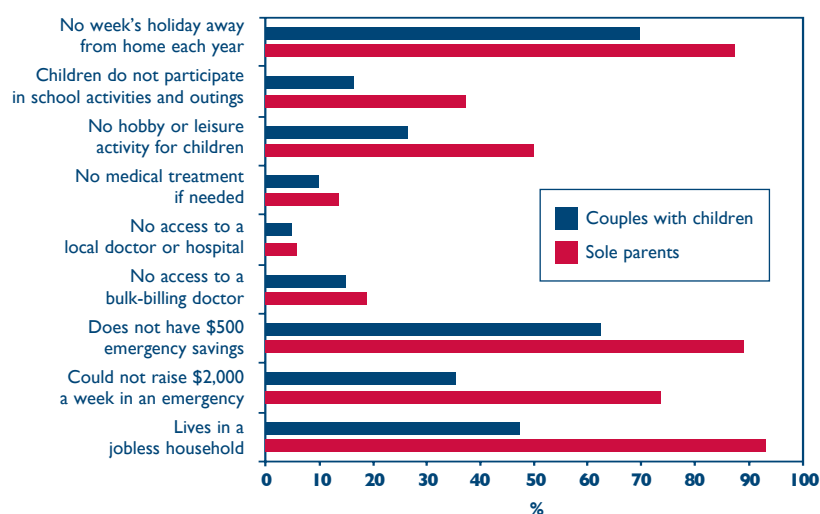


Figure 2: The Incidence of Social Exclusion among the Client Sample



Several features of these results are worthy of comment. First, child exclusion is much more widespread in the sample of welfare service clients than among the general community. This is particularly the case for economic exclusion, although this feeds into other forms of exclusion by restricting children's ability to participate in school activities and outings, for example. For all but one of the indicators, and across both samples, children are more at risk of exclusion if they live with only one parent than if they are living with two parents. The one exception is lack of access to a bulk-billing doctor, where the incidence rate is lower for sole parent families than for couple families in the community sample, and is only slightly above that for couple families in the client sample.

The relativity between the exclusion incidence rates for sole parents and couples tends to be highest in the area of economic exclusion. More than two-fifths of sole parent families in the community sample are jobless, as are a staggering 93 per cent of those in the client sample. The high proportions of both samples who do not have \$500 in emergency savings or are unable to raise \$2,000 in an emergency, highlight the precarious circumstances of many families with children. More than one-quarter of couple families in the community sample and over one-half of sole parent do not have \$500 in emergency savings, and the corresponding figures for the client sample are far higher. These results imply that many families (and their children) are likely to be exposed to severe risks of being seriously excluded if an emergency arises. And one of the undeniable features of modern life is that emergencies do arise – sometimes with alarming regularity.

In terms of the mean incidence of exclusion among children, derived by simply averaging the 9 separate incidence rates, the average incidence rates for couple and sole parent families in the community sample are 15.5 per cent and 32.2 per cent, respectively. The

corresponding figures for the client sample are again both substantially higher, at 32.0 per cent and 52.1 per cent, respectively. It is notable that the mean incidence of exclusion among couples in the client sample is the same as among sole parents in the community sample, and this is true for many of the individual indicators (as can be seen in Figures 1 and 2).

MULTIPLE EXCLUSION

Many studies of exclusion prefer not to aggregate the incidence of specific forms of exclusion into an overall figure because they are each very different, making it difficult to interpret any total figure (Burchardt, Le Grand and Piachaud, 1999). Against this however, it is natural to try to put an overall measure of the extent of the problem so that those who have to deal with it have a better idea of

the magnitude of the task. While we have sympathy with those who resist calculating aggregate figures, we also think that it is useful to estimate the incidence of multiple exclusion, because this provides an indication of how many people are facing a combination of problems.

Figures 3 and 4 show the cumulative incidence of exclusion among families with children in the community and client samples respectively. As before, the rates for couple families are shown in blue and those for sole parent families in red. Two-thirds of couple families in the community sample face at least one form of exclusion and around one-in-twelve (8.5 per cent) face 4 or more forms of exclusion. The corresponding figures for sole parent families are 88.6 per cent and 34.2 per cent, respectively. The incidence of multiple

Figure 3: The Incidence of Multiple Exclusion among the Community Sample

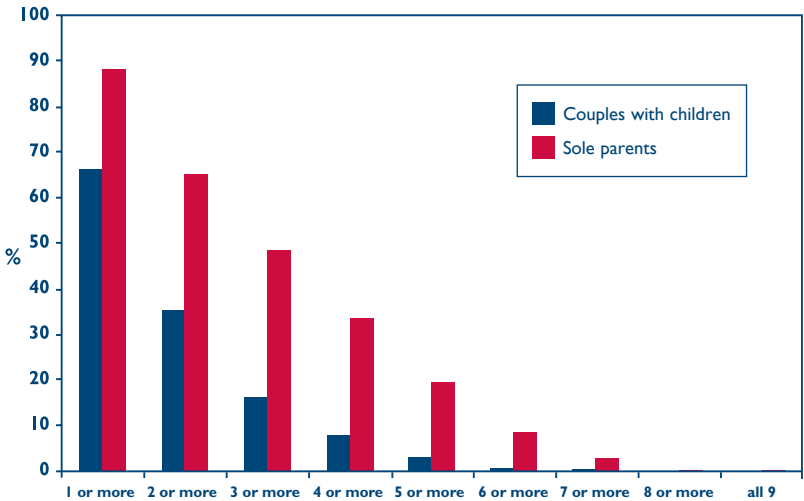
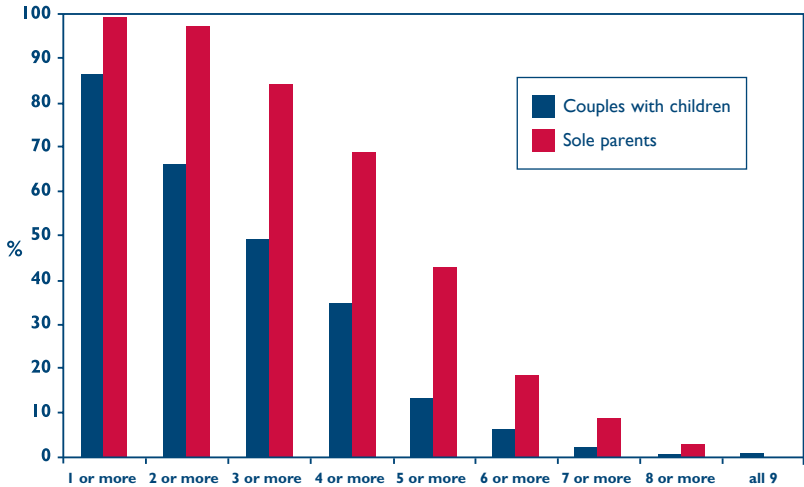



Figure 4: The Incidence of Multiple Exclusion among the Client Sample





exclusion among the client sample is far higher, with more than one-third (34.6 per cent) of couple families and over two-thirds of sole parents (68.6 per cent) experiencing 4 or more forms of exclusion simultaneously. These figures again show that the severity of exclusion among couples in the client sample is the same as among sole parents in the community sample.

One of the challenges faced by those who conduct research on exclusion is to differentiate between those forms of exclusion that are imposed and those that are 'chosen', or between what Sen (2000) has referred to as active and passive exclusion. The word 'chosen' has been put in quotation marks to reflect the fact that such choices may themselves be a consequence of previous acts of exclusion and may thus be in part also imposed by past actions that restrict current capacities (Hills, Le Grand and Piachaud, 2002). But there may be other instances where what has been identified as exclusion here may be the outcome of a genuine choice not to engage in a particular activity. Where this is the case, agency has been exercised and the resulting non-participation cannot be validly described as an example of exclusion that reflects the absence of agency, seen by many as a defining feature of all forms of social exclusion (Atkinson, 1998).

To give an example, some families may prefer not to have an annual holiday away, or choose to forgo it at particular times because they have other, more urgent priorities. Is it legitimate to regard those who are missing out on a holiday on these grounds as excluded? The case can be argued both ways, with the balance probably favouring regarding the children as excluded, since they are unlikely to have participated in the original decision to give a higher priority to another item, but must face its consequences in terms of missing out on their annual holiday.

This discussion highlights the difficulties inherent in identifying the incidence of many forms of

social exclusion and drawing unambiguous conclusions from them. Ideally statistical studies of exclusion incidence need to be accompanied by other information that seeks to better understand the underlying motivations that affected the choices that end up being identified as exclusion. One thing that does, however, seem likely is that the more incidences of exclusion are present in any one family, the more likely it is that they have been imposed rather than chosen, and this insight provides another rationale for examining the incidence of multiple exclusion.

IMPLICATIONS

Social exclusion in one form or another touches the vast majority of Australian children. Only 30 per cent of all families with children in the community sample experience none of the 9 indicators of child exclusion discussed here. The figure is slightly higher among couple families (33.3 per cent) but is much lower, at around 11 per cent for sole parent and mixed families. Less than one-in-twelve (7.8 per cent) of the sample of welfare service clients experienced no form of exclusion, with the figures again much lower among sole parent families (1.0 per cent) than among couple families (13.8 per cent).

What are the numbers involved? If, in order to derive a single figure, we define 'being excluded' as experiencing 4 or more of the 9 indicators listed earlier, then the overall incidence of exclusion among the community sample is 8.5 per cent among couple families and 34.2 per cent among sole parent families (we have omitted mixed family households because the data is likely to be somewhat less reliable). Using figures on the numbers of households and average number of children per household presented in the latest ABS income distribution report (ABS, 2007: Table S3), these percentages translate into just over 250 thousand excluded couple families with children and 184 thousand excluded sole parent families. There are just under 800

thousand children – around one in six of all children (the vast majority of them dependent children) – living in socially excluded households. And this was in 2006, when the economy was booming and economic prospects were at an all time peak.

We have not linked these aggregate figures back to the specific forms of exclusion experienced, although it is clear from the indicators themselves that they cover a broad range of issues and require a multi-faceted response. Above all, the response needs to recognise the inter-related nature of the underlying causes of exclusion and develop solutions that address this in a coordinated way. The work of the federal government in this area is long overdue. The actions of the newly elected Rudd government will be keenly watched as a barometer of its commitment to social policy based on the principles of social justice and opportunity.

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SUPPORTING OLDER PEOPLE WITH DISABILITY IN CHINA

BY KAREN FISHER AND XIAOYUAN SHANG

Ageing of people with disability is a changing social policy research field in Australia, China and internationally. Not only are populations ageing and living longer with increasing disability, but people with disability are also ageing.

In recent years, international and domestic attention has begun to focus on the rights of people with disability in China (Fisher and Li 2008; Kohrman 2005). From 1986 to 2006, the number of older people with disability in China increased by 23.7 million people - more than one million per year. The World Bank has projected a four-fold increase in China's population aged over 64 to 300 million by 2050, presenting a significant challenge to Chinese policy makers. The sustainability of China's economic growth, and its impact on human development, will partly depend on how adequately the Chinese government provides for older people with disability.

Today China has 44 million

older people with disability. Until now, their circumstances and social support have not been systematically researched inside or outside China. Our project, funded by a UNSW Faculty Research Grant, applies a disability rights framework to analysing a new national disability dataset and conducting fieldwork interviews with older people with disability in China to investigate their circumstances.

CHINESE DISABILITY SUPPORT

The current social support system for older people with disability in China was developed before China's transition to a market economy. It remains based on the premise that the primary source of protection for older people with disability is the family. But rapid social, economic and demographic changes have severely reduced the capacity of family networks to support older people with disability. Moreover, China

does not have a Western-style social welfare system: public health care does not extend to most older people with disability, who have no working history in the public sector; and less than 12 per cent of people with disability receive social assistance benefits. As a result, older people with disability are over-represented in measures of vulnerability and disadvantage. Seventy five per cent of families with people with disability live in rural areas in impoverished conditions, with little or no services. The mean income of families with people with disability is less than half of the mean income of all households.

RESEARCH ON CHINESE DISABILITY EXPERIENCE

Our research applies a disability rights framework in three domains - economic security, services in health, aged care and disability, and social participation - to profile the needs and well-being of older people with disability. The two research methods are: the first international analysis of the Second China National Sampling Survey on Disability (SCNSSD) in relation to older people with disability; and interviews with older people with disability, families and officials in China. The China Research Centre on Ageing and the China Disabled Persons Federation will participate by providing and analysing the SCNSSD.

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Karen Fisher



Xiaoyuan Shang



A mobility scooter issued by the China Disabled Persons Federation on a suburban street in Beijing (photo: Karen Fisher).

SELF NEGLECT AND SQUALOR: CHALLENGES FOR PROFESSIONALS

BY SHANNON McDERMOTT*



Shannon McDermott

Older people who refuse or are unable to perform essential self care tasks, such as providing adequate food, shelter or medical care for themselves, can pose significant challenges for human service professionals. In the United States, older people who do not conform to societal norms of self care and cleanliness are believed to be experiencing a form of elder abuse called self neglect (Rathbone-McCuan and Bricker-Jenkins, 1992). The project 'Self neglect and squalor among older people: the ethics of intervention' critically analysed the concept of self neglect among older people and explored whether this concept translates into the Australian context (McDermott, 2007). The research methodology included a five-month period of observation at a community-based organisation that provided case management to people living in squalor, and 18 semi-structured interviews with professionals who worked with situations of squalor and self neglect in the community.

The research revealed that self neglect was conceptualised differently by Australian professionals than it is in the American context; participants in the research differentiated between self neglect, or lack of self care, and environmental neglect. They commonly used the terms squalor and hoarding to refer to varying degrees of environmental neglect.

Perhaps more importantly, this research uncovered that situations of self neglect, squalor and hoarding can pose difficult practical and ethical dilemmas for professionals working in the community. For example, one participant shared a story in which an older woman kept 500 pigeons inside her home. The birds were noisy and their faeces had an

extremely strong odour, which prompted complaints from the neighbours. The woman refused assistance and was determined by local authorities to be legally capable to make decisions. Eventually the local council became involved because they believed that the situation threatened public health. Council spent thousands of dollars in a one-off clean, but this cleared the birds out of her home for only a short period of time because she continued to feed neighbourhood birds. The food also began to attract other vermin in addition to the pigeons.

This situation highlights the intractable problems that squalor, hoarding and self neglect can pose for professionals working in the community. Professionals were required to balance autonomy, or the right of clients to refuse assistance, with beneficence, or professional duty to minimise harm. Beneficence was also in conflict with justice, or the duty to distribute scarce resources fairly. Finally, participants experienced conflicting ethical duties within a wider organisational context requiring them to manage risk and provide services in an increasingly efficient and effective manner.

The literature on professional ethics suggests that objective approaches, which employ rational decision-making processes, are the best way to resolve such dilemmas (Beauchamp and Childress, 2001). However, objective approaches to ethics only partly explained participant responses. Most participants frequently spent time building relationships with clients and conducting hands-on work in situations of hoarding and squalor, particularly when other service providers refused to assist. Furthermore, all participants expressed deep motivations for

doing this work. Hence, professional ethical decision-making was more closely aligned with relational approaches to ethics such as the ethics of care, emotion and virtue ethics than with objective approaches to ethics.

Consequently, this research demonstrates the advantage of utilising a pluralistic approach to explaining how ethical dilemmas are resolved in practice. When faced with a difficult dilemma, participants struggled with and reflected on the dilemma, but eventually came to an internal consistency between ethical approaches. Perhaps this shows moral imagination, or the ability to imagine possibilities and to accept situations that could not be changed (Hinman, 2003). The research also found that participants required both formal and informal support from their colleagues to ensure consistency between ethical approaches and to accept that not all difficult situations could be resolved.

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* This article summarises the author's doctoral thesis at UNSW, School of Social Sciences and International Studies. Her degree was awarded in 2007.

NEW PROJECTS

COMPARING THE LIVING STANDARDS OF CHILDREN AND OLDER PEOPLE WITHIN AND BETWEEN NATIONS

Peter Saunders, Bruce Bradbury, Jonathan Bradshaw (University of York, UK), Tim Smeeding (Syracuse University, USA) and Aya Abe (National Institute of Population and Social Security Research, Japan)

ARC Discovery Grant

The living standards of children and older people depend on public and private resource transfers from the working generation, but little is known about the factors other than income that determine them, or how they vary within and between groups. This project has assembled a world-class research team to measure and compare the living standards of young and old within and between countries using a range of data and a variety of methodologies. The research will generate new knowledge about the measurement of living standards, document and explain inter- and intra-generational inequalities, and assess the impact of government policies.

TRENDS IN TIME: WORK, FAMILY AND SOCIAL POLICY IN AUSTRALIA, 1992-2006

Lyn Craig

ARC Linkage Grant with the Human Rights and Equal Opportunity Commission, Australian Government Department of Families, Housing, Community Services and Indigenous Affairs and Australian Bureau of Statistics

This project will provide new information on how Australians manage the challenge of balancing work and family. Using large nationally representative datasets including the ABS Time Use Survey it will describe empirical trends in work and family time from 1992-2006, conceptualised within demographic change and social and economic policy developments, and explore how a range of intra-

household work-family management strategies impact upon the gender division of domestic labour, the quantity, composition and scheduling of time with children, joint family time, leisure, subjective time pressure, and work force participation in contemporary Australia.

MAKING A DIFFERENCE: BUILDING ON CHILDREN'S PERSPECTIVES ON ECONOMIC ADVERSITY

Peter Saunders, Bettina Cass
Gerry Redmond, Tess Ridge and Megan Griffiths

ARC Linkage Grant with Mission Australia, The Smith Family, Office for Children (Victoria), Brotherhood of St Laurence, Association of Child Welfare Agencies, Department of Education and Children's Services (South Australia), Social Inclusion Unit (South Australia), Australian Government Department of Families, Housing, Community Services and Indigenous Affairs

Governments allocate a large volume of resources to address the needs of children. Listening to the voices of children in order to investigate children's perspectives on the nature and impacts of economic adversity in the family, at school and in the community will provide a better understanding of how policy can make a difference to children's lives. The direct involvement of major government and non-government agencies in the research will strengthen its relevance and impact. The resulting improvements in service design and delivery will generate substantial economic and social benefits in areas that align with the designated national research priorities.

EARLY CHILDHOOD EDUCATION AND CARE: BUILDING AN INTERNATIONAL RESEARCH COLLABORATION

Deborah Brennan
Australian Research Alliance for Children and Youth

The project involves the development of a policy-relevant

research agenda locating Australian early childhood education and care policy in comparative perspective, and connects a strong team of Australian researchers with international experts. The network aims to extend the recent work by the OECD by building a research agenda that reflects the needs and interests of the local research, policy-making and practitioner communities. The network will map the 'big questions' in comparative early childhood policy across four liberal countries and encourage collaborative applications for competitive grants. A symposium attended by scholars from Australia, the UK, USA, Canada, Sweden and New Zealand was hosted by the SPRC in February 2008.

OTHER NEW PROJECTS

The New Social Productivity: research paper, funded by the Academy of the Social Sciences in Australia and the Australian Bureau of Statistics. Researchers: Bettina Cass and Trish Hill

Integrated Services Project for Clients with Challenging Behaviour Evaluation, funded by the New South Wales Department of Ageing, Disability and Home Care. Researchers: Karen Fisher, Shannon McDermott, Kristy Muir, Edwina Pickering (Disability Studies and Research Institute)

Literature Review: approaches to packages of support, funded by the New South Wales Department of Ageing, Disability and Home Care. Researchers: Bettina Cass and Denise Thompson

Supporting Older People with Disability in China, funded by the UNSW Faculty of Arts Research Grants Program. Researchers: Xiaoyuan Shang, Karen Fisher and Robyn Edwards (see article on page 11).

Young Carers: their characteristics and geographical distribution, funded by National Youth Affairs Research Scheme (NYARS), Australian Government Department of Families, Housing, Community Services and Indigenous Affairs. Researchers: Trish Hill, Bettina Cass and Ciara Smyth

NEWS FROM RESEARCH SCHOLARS AT THE SPRC

BY MARILYN MCHUGH



Marilyn McHugh

The SPRC continues to support a vibrant and diverse group of PhD and Masters by Research students. The Centre currently has 18 students at various stages of thesis work, from commencement to submission and successful examination. Students are supervised at SPRC and also have joint or co-supervisors in other schools and centres at UNSW, including Social Sciences and International Studies in the Faculty of Arts and Social Sciences, Economics, the National Centre in HIV Social Research and the Australian School of Taxation in the Law Faculty.

NEW PHD CANDIDATES

Five candidates are commencing their PhDs this year:

Wendy Hermeston, whose study is entitled 'Looking after the grannies: a social policy audit of Commonwealth and State legal and social policy systems impacting on grandparent headed extended Aboriginal and Torres Strait Islander families' (supervised by Bettina Cass and Deborah Brennan);

Yuvisthi Naidoo, who is undertaking a study on 'Living standards of the elderly: cross national comparisons' (supervised by Peter Saunders and Bruce Bradbury);

Ji-Sun Kim, an international student from Korea who is working on a 'Comparative study of welfare policies in Australia and Korea focusing on the treatment of immigrants' (supervised by Peter Saunders and Rogee Pe-Pua,

School of Social Sciences and International Studies);

Anne Wills is working on 'Women and retirement incomes'; and **Angelica Hannan's** thesis is entitled 'Gender, Migration and Education'. Both Anne and Angelica are supervised by Deborah Brennan and Bettina Cass.

NEW MASTERS BY RESEARCH SCHOLAR

In addition to the PhD candidates mentioned above, **Marianne Rajkovic** is commencing her Masters by Research this semester exploring 'Parents and carers of children with Autism' (supervised by Kylie Valentine and Deborah Brennan). Other SPRC staff, Ilan Katz, Tony Eardley, Lyn Craig and Sheila Shaver, also supervise or co-supervise higher degree students.

PHD SCHOLAR NEWS

Peter Siminski and Christie Robertson have completed their thesis work. **Peter Siminski** submitted his PhD dissertation in Economics titled 'Essays on the distributional impacts of government' early in 2008. The dissertation is in the 'three paper model', by which three of the chapters are stand-alone papers. These are titled 'The price elasticity of demand for pharmaceuticals amongst high income older people in Australia: a natural experiment'; 'The recipient value and distributional impact of the commonwealth seniors health card in 2007'; and 'What would the average public sector employee be paid in the private sector?' These

papers will be available as working papers from the School of Economics website at the University of Wollongong, where Peter has been appointed as a Lecturer.

Christie Robertson's study of the Smith Family VIEW Clubs of Australia investigated the effectiveness and sustainability of women's voluntary participation through a case study of the VIEW Clubs: 'Social capital, women's agency and the VIEW Clubs of Australia'. Christie has submitted her PhD thesis, and the examination is nearing completion. She is currently working as a Senior Policy Officer in the Office for Women, NSW Department of Premier and Cabinet.

As the author of the regular updates on higher degree research scholars at the SPRC, it is my absolute delight to report that UNSW has approved my admission to the degree of Doctor of Philosophy. My thesis 'Costs and consequences: understanding the impact of fostering on carers' reports on a study examining the direct and indirect costs to volunteer carers of providing a fostering service in Australia. The study highlights the current difficulties in carer recruitment and retention, the increases in the challenging and complex needs of the children coming into care, and the growing professionalism of fostering. I will be continuing to work at the SPRC as a Research Fellow on the evaluation of the NSW Department of Community Services' project *Brighter Futures*.

THEORIES ON MULTIPLE PERSONALITY DISORDER

BY BELINDA NEWTON

Belinda Newton, a Research Officer at the SPRC, recently completed her honours degree in Sociology at UNSW. Her thesis was entitled *Me, Myself & I: the social embodiment of Multiple Personality Disorder*. Below, Belinda presents a summary of her research.

The honours project looked at how social interaction can affect the creation and facilitation of psychological disorders. Multiple personality disorder (MPD) is where a person's body appears to be inhabited by several different people. The research explored the transformation of MPD symptoms and social trends over time by reviewing the vast literature and studies that have been published on the disorder since as far back as the 18th century. In the present day, MPD (or dissociative identity disorder, as it is now known) is understood quite differently from the way it was a century or more ago.

In the literature there are two opposing schools of thought for understanding modern MPD: the posttraumatic model and the sociocognitive model. The posttraumatic model (PTM) argues that MPD is a psychological illness caused by severe traumatic abuse experienced as a child. To try and escape the trauma, the child will 'hide' inside themselves, and another aspect of their self, an 'alter', will emerge. Each time trauma occurs, a different alter will manifest. MPD patients will generally repress traumatic memories. The goal of therapy is to locate each alter identity and recover the repressed memories, working towards integrating them and making the patient whole again. This view has been the dominant model of thought since the 1970s and been highly influential in dissociative theory (Spanos 1994).

The alternative theory, the sociocognitive model (SCM), asserts that MPD is a social

construction created by media and cultural influences coupled with therapeutic intervention. SCM proponents cite as evidence the sudden 'epidemic' in MPD patients since the 1970s. By 1990 more than 20 000 cases of multiple personality disorder had been diagnosed in the United States; a far leap from the 100 cases reported between 1920 and 1970 (Spanos, 1994).

How do theorists explain this sudden outbreak of multiple personality disorder? Proponents of the PTM claim that modern therapists now have the knowledge and expertise to diagnose MPD; it is not an epidemic because MPD patients have always been there, rather they were diagnosed with a different disorder such as schizophrenia or borderline personality disorder (Spanos, 1994). SCM proponents, however, attribute this rapid increase to the rise in social awareness about MPD from media and cultural factors, particularly the highly influential book *Sybil* (Schreiber, 1973), which told the story of a young woman with sixteen multiple personalities, developed as the result of traumatic abuse suffered as a child. Following the release of *Sybil*, American society spiralled into a full-blown obsession with multiple personalities. There were self-help books, movies, talk shows, biographies, documentaries, organisations and support groups for patients and their families, not to mention recognition as a legitimate disorder in the *Diagnostic and Statistical Manual for Mental Disorders*.

After *Sybil*, patients and therapists alike had a preconceived notion of who should have MPD and what symptoms they should present. According to the SCM argument, MPD is a fabrication by both the patient and the therapist, where the therapist coaches a patient to construe this condition in a way that is expected and believable

in society (Spanos, 1994).

The honours thesis concludes that both the PTM and the SCM models are valid. MPD is a real condition, not because of childhood trauma resulting in dissociation, but because the human body is capable of inscribing symptoms so they can be empirically tested. MPD patients suffer from a range of physical symptoms that usually differ between personality states. Studies have found differences in heart rate, blood pressure, respiration, reactions to medication and tolerance to pain between separate personalities. Some alters will have poorer eyesight or hearing compared to their counterparts, while others will report different allergic reactions to stimuli (Putnam et al., 1986).

Multiple personality disorder has a long history in psychological assessment, and it is only in the last few decades that it has been attributed to child abuse. The research shows that this latest explanation is just one way of understanding the disorder. People are cultural beings and will interpret unusual phenomena in a way that makes sense in our social world, but this does not take away from the fact that biological responses are really happening, it just means that, this time, they are attributed to trauma and interpreted as evidence of multiple personality disorder.

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Belinda Newton

SPRC SEMINARS

All seminars are held from 12:30-1:30pm, in Room 250, Level 2, Robert Webster Building (G14), UNSW
For more details for seminars please visit: <http://www.sprc.unsw.edu.au/seminars/2008sl.html>

8th April

Children and families of diverse cultural backgrounds and solution focused community partnerships to address social exclusion

Professor Elizabeth Waters Professorial Fellow, McCaughey Centre, University of Melbourne

13th May

Supported living arrangements for people with disability – a national review

Dr Karen Fisher, (Social Policy Research Centre), Edwina Pickering, (Disability Studies and Research Institute) and Ofir Thaler, ARTD Consultants.

20th May

Jean Martin and a Sociology for nation-building

Emeritus Professor Sheila Shaver, Visiting Professor, Social Policy Research Centre, UNSW

3rd June

Old-age security in Korea: the strengthened role of the state

Dr. Gyu-jin Hwang, Lecturer, Department of Sociology and Social Policy, University of Sydney

1st July

Modes of transition from the Workforce

Emeritus Professor Sol Encel (Social Policy Research Centre)

8th July

Applied Ethics and Social Policy: freedom and the limits of paternalism

Dr Tony Fitzpatrick (Reader in Social and Political Theory Sociology and Social Policy, University of Nottingham, UK)

15th July

Is it working?: Low-income children's perspectives on managing work and care in lone-mother families

Dr Tess Ridge (Lecturer in Social Policy, University of Bath, UK)

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