

Protection to Prevention: Child Welfare Policies

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SOCIAL WELFARE RESEARCH CENTRE

Reports and Proceedings

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Jan Carter



THE UNIVERSITY OF NEW SOUTH WALES
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FOREWORD

This study was undertaken to examine child welfare policies in terms of their relative emphases on protective or preventive measures, and it set out to determine whether, in general, protective policies enhance or reduce the impact of preventive policies or vice versa. There are great contradictions implicit in governments attempting simultaneously to pursue protective and preventive policies. Protection is used, in this report, to mean the rescue or supervision of a child from adverse family circumstances by compulsory government intervention, while prevention is used to refer to the summoning of an appropriate range of services on a non-compulsory basis, to reinforce and enhance the caring capacity of the family for the child.

Each State and Territory has a series of protective policies, ranging from legislation to special services, which differ in their detail, but which allow a child to be apprehended, taken before a children's court and if necessary, removed temporarily or permanently from parents. Thus, the States have significant coercive powers to rearrange and, if necessary, terminate relations between parents and children. In some States, the coercive powers date from the end of the last century. However in the past decade, some States have developed policies other than the explicitly coercive for dealing with child welfare care and protection cases. New preventive policies have supporting legislation and the services which sustain them are essentially voluntary and promotional: in theory, to facilitate aims such as the expansion of family welfare; the development of local services to prevent the disruption of the family, and so on.

In order to better understand the changes in the past decade, the shifts in emphasis, and the very broad questions of what the state should protect children from and how this might best be achieved, the Social Welfare Research Centre commissioned Jan Carter to spend four months examining these questions and illustrating them primarily with Australian data, but also with some comparable British data. By examining official statistics she found some interesting trends in de-institutionalization of children. During the 1970s the proportion of children in guardianship in Australia fell by one third, from 5.9 per thousand to 3.8 per thousand. By comparison the proportion in the U.K. rose from 5.3 to 7.25 per thousand, while in the U.S.A. it rose from 5.0 to 8.0 per thousand. Does this mean that in Australia preventive measures have had more impact, while in the other countries increasing protection has been the name of the game? Even within Australia there are enormous variations among

the states. Throughout the 1970s the number of children under guardianship in South Australia fell by 60%, while in Queensland it fell by only 2% (the absolute national decline was 29%).

These outcomes are the result of purposive interventions which raise questions about the past, present and future relationships between the family and the state. Carter develops a framework around substitutive, supervisory, supplementary and support interventions to try to explain shifts along the care continuum. She makes the important point that while the Commonwealth Government has put increasing resources into supplementary interventions (through the Office of Child Care) the numbers of children under guardianship in the States declined. With a decrease in the real value of Office of Child Care funds the numbers of children in institutional care in 1980 and 1981 has shown a new increase. This report does not deal with cause and effect, but it does raise interesting relationships in its analysis of child welfare data.

Adam Graycar
Director
Social Welfare Research Centre

PREFACE

In the past decade, the numbers of children under the guardianship of the State and cared for by agencies other than their own families has diminished considerably in Australia. By contrast, in England and Wales and in the United States, the number of children in the care of the state has grown. Yet in each of these three countries, there have been similar pressures on governments to reconsider their services to children. There have been arguments for the development of preventative services, such as day care, to bolster the caring capacity of the parents and to avoid the removal of children from their families. On the other hand there have been pressures on governments to increase protection for children, in response to the discovery that some children are harmed by the behaviour of their parents. Although advocates of both protection and prevention are in favour of government intervention, the strategies they advocate are frequently opposed to each other and contradictory in intention and means. In particular, the pursuit of protective as opposed to preventative policies and services has different implications for relationships between families and governments. An emphasis on preventative services implies a consensual, negotiated partnership between families and the state in the care of children, whereas an extension of official protective services implies an official endorsement of the use of the coercive powers of authorities, to prescribe and regulate the standards by which children should be raised, at the expense of the views of the natural family.

This report explores protection and prevention as these concepts relate to the difficulties of drawing a line in developing policies and services which proscribe harms to children on the one hand and aim to meet their needs on the other hand. Gains and losses for the state and the family result from pursuing these aims simultaneously. A comparison of interventions and services for children in all States of Australia is contrasted where possible, with information from England and Wales.

In this report, government welfare services for children will be classified into four groups, which also describe their interventions from the protective to the preventative end of the spectrum. Traditionally, most government intervention for children has been in the form of substitute services, with the purpose of providing services to stand in for the family, after the child and family have been separated. However, the idea of offering increased services to children before the break up of a family, has involved the supervision and oversight of children within the natural family. Towards

the preventative end of the scale is the supplementary service, where the voluntary acceptance by a family of government resources for a child, such as subsidised day care, has been developed to back up the capacity of a family defined as being 'needy', or limited, materially or psychologically, to cope better. A fourth intervention, the supportive services offers support to all families, irrespective of need or capacity to help them to bring up children more effectively.

These interventions raise different questions about the family and the state. Other issues include the role of national, as opposed to state or local governments, in promoting services for children; the relative balances that need to be achieved between institutional and community services and the powers of government officials who implement policies and services for children. Thus in this report, as in other discussions about social welfare policy, a central matter is the type of relationship; past, present and future, between the family and the state.

1. PERSPECTIVES

The Politics of Child Welfare

During the nineteen seventies, the existence and nature of services for children and their families became politicized. Traditionally, governments had provided low-profile services of disputable quality, to a minority of children whose family life had broken down, temporarily or permanently. Usually such children belonged to families regarded as deviant or poor. In fact, twenty years ago, it could be assumed that users of child welfare services came from a special class of families, a group who reproduced themselves from generation to generation in a "cycle of deprivation." A minority group in the population at large, such families were easily distinguished from the majority of families who were independent and autonomous of government help. Public policy regarded the majority of families as ideal, as here there was no "slack to take up - every child would be planned and wanted, would be physically and emotionally healthy and would live with economically self sufficient parents who maintained affectionate, interdependent relationships between themselves and their child or children" (Steiner, 1982 p.9).

But suddenly, the clear distinction between the majority and the minority faded. Twenty years ago, to be "under the welfare" was a distinctive mark of social incompetence and carried with it disapprobrium and stigma. Whilst the stigma has not disappeared completely, during the seventies, a number of rapid social changes took place, which faded the clear dividing line between the minority and the majority of families. These changes affected the capacity of families to raise children under the ideal conditions of economic self-sufficiency, health and affection. Of many social changes, affecting the abilities of families to care for children independently, perhaps the most important have been those affecting the permanency of a family unit and the continuity of care of children. These changes affected all social classes (although not necessarily at the same rate). Family impermanency evidenced itself in higher divorce rates and discontinuity in the subsequent reconstitution of new family groups. Departures of family "type" from the convention of two-parents-with-one-male-breadwinner became more common. Illegitimacy became more respectable; the solo parent could be a nurse, or a teacher as well as a teenage girl from a slum. More women entered the labour force. In general, there was a widening of the numbers of families who departed from the established conventions of privacy, self containment and autonomy. New family arrangements, potential family breakdown and working women and their child

care arrangements became pertinent preoccupations for all families, regardless of class.

Another process which raised the political profile of child welfare services was the rediscovery of children who were at risk of physical, psychological or sexual harm, whilst hidden within the previously private world of the family. Most governments had legislated at the turn of the last century or after, to protect children from ill treatment from guardians, but it was believed that violence to children was restricted to a very small group of deviant adults and child maltreatment was not thought to be a widespread matter. Then in the 1960s and 1970s, medical, rather than welfare groups suggested that child abuse was a universal matter. One of the more fiercely debated issues in this field became the association, if any, between child maltreatment and social class. Whilst some of the arguments about this relationship were complex, it did, at least, become accepted that violence to children could not be regarded exclusively as an attribute of a small, deviant class of families. Child maltreatment could take place in the "best" as well as the "worst" families and sons and daughters of professors were battered, as well as those of process workers. There were calls for governments to increase their legal powers to control child abuse and to increase powers for compulsory interventions into family life where harm to children had occurred, was suspected or anticipated. Where to draw a line of compulsory government intervention became a new problem.

Thus, crucial to the politicization of child welfare has been a broadening of the base of both the potential consumers and producers of such services. New interest groups connected with children's welfare services developed, as have coalitions of occupations and organisations providing services. Consumers of services have formed together in self help groups to promote the interests of children. When government was tardy in committing resources to children, active pressure was applied, by the press or by interest groups. (Boss 1980). With the endangered child as an emotive rallying point, it was possible to press politicians for new resources for children's services.

New sets of occupations dealt with the young, their development and needs. Whilst the numbers entering these new child-centred professions (such as pre-school education, child psychology, social work, child health nurses) have increased, it should not be assumed that professional intrusion into the family is completely new. The intervention of governments into the private world of child rearing outside the sphere of welfare has a long history. In

1870, in England, when compulsory primary education was introduced, the propriety of exercising government compulsion on families was debated and fifty years later, when maternal and child health services were introduced, a service was established by child health agencies which depended on the co-operation of the mother of the family (Davin, 1978). Yet, half a century later, when government intrusion into the family on behalf of the child once again became an issue for discussion, this time in the area of welfare, rather than health or education, it was frequently discussed as a dangerous precedent.

But the question of government intervention for child health and education is generally viewed as less contentious than intervention for welfare. Requests for increased services have come at a time when mass unemployment has created uncertainty about the future employment of children and there is also a fear that more intervention may erode the family as a child-rearing base. Given the fragility of the modern family, others argue that it is logical to extend welfare programmes to families on the basis that "the years of child rearing have become the period of greatest financial hardship for many families, that the effects of failure of basic income support for families with children can have serious long term effects on the future lives of children and therefore on the future of the society of which they are a part and that the economic and social situation of families is the largest single determinant of the opportunities open to children and hence should be the largest component of a policy of investment in children and in the future society to which they belong" (Brown, 1980).

Another major change in the profile of child welfare services is a new recognition that children cannot be considered separately and in isolation from their families. In the old days, the families of children "under the welfare" were usually written off as a bad job. Children were "rescued" from their families; government or voluntary services provided other care; there was no philosophy or practice about restoration or rehabilitation in child welfare legislation and there was little comprehension of a child's identity as part of a family. But the sixties and seventies saw a new scientific interest in unravelling the circumstances leading to the breakdown of a family. In order to understand a child it was considered that one needed to understand its family. In the search for enlightenment, it was recognised that families no longer belonged to two simple types, a small 'inadequate' minority and a large 'normal' majority. Families were recognised as varying in shapes and styles and demonstrating their variations became a new clinical preoccupation. But most research, policy and practice was directed at families who presented

a difficulty in dealing with a social or emotional problem, presumably on Tolstoy's assumption that all happy families resembled one another, while each unhappy family was unhappy in its own way.

If the key to understanding the child became the family, the family also became the route to helping the child. Policies for children began to be seen in connection with policies for families, and one subject that this report will try to explore is the degree to which policies for children and policies for families are associated. Of course, policies for children are only one aspect of policies for families, but it is important to know whether or not policies for children are a reliable indicator of the efficacy of policies for families. Certainly in the past, child and family policies were not linked together. Rather, they were discontinuous, for public policies for children came into operation only after policy for families had broken down. As we have seen, past family policy indicated that families should be as independent from the state as possible in their child rearing capacities and only after the family had failed at this task did the state intervene. But the changed recognition was that it was not sufficient to merely substitute for the care of a family after breakdown; that breakdown itself should be resisted. When children were maintained with their natural families instead of being removed, some argued that this indicated successful child, and therefore, family policies.

Child welfare policies as an aspect of family policies vary from country to country (Kamerman and Kahn 1978). In the UK, central government has no written policy for either children or families although of course, a range of social policies influence both. Although the Local Authority Social Services Act of 1971 advocated a local family-based social service available to all, subsequent developments through the decade suggested that central and local attention was still focussed on the minority "deviant" group child welfare families. The major research initiative supported by central government in the seventies on child and family policy concerned the "cycle of deprivation" (Brown and Madge 1982) whilst the government-funded National Children's Bureau restricted itself almost entirely to "categorical" child care problems such as adoption, or children in care (Steiner 1981). In England and Wales, there is no central government office stimulating policies for children, or families; the major piece of children's legislation of 1975 facilitated the removal of children from their families and although the initial philosophy of the new local authority social services departments was to provide access for all to family services, it became apparent that providing services for the

majority of children and families was not a matter for the central government, while the local authorities lacked resources to implement universal child and family welfare services.

In the US, in the seventies, child and family policies as a subject had more political appeal. (Kamerman and Kahn 1979; Steiner 1981). Now criticised by some as a well meaning, but high sounding endeavour, the Carter Administration promised to act for the family, but its search for a family policy has been described as inherently futile. As "many causes with many votaries", family policy must address what are described as "intractable problems": abortion, illegitimacy; day care; child support; formal care; family violence; women's rights; (Steiner 1981). This range of dilemmas is said to be politically irresolvable, and thus are matters which politicians prefer not to address.

Despite this, attention to the matter of family policy appears to have made rather more political progress in Australia than in either the US or England and Wales, perhaps because the boundaries of the debate have been more modestly drawn. Commonwealth and State Social Welfare Ministers have publicly debated the pros and cons of family policy with academics and professionals; the subject of family allowances as a cash transfer to families is a much discussed matter of political and social theory; the Commonwealth government sponsors the Institute for Family Studies to examine "normal" Australian families rather than deviant subgroups; family law has been the subject of comprehensive and radical reform by the Federal government; there is a named Office of Child Care in the Commonwealth Department of Social Security, which has viewed itself as stimulating initiatives for the care of children. Two major government reports published in the seventies acknowledged the processes of change affecting the structure of families. Both the Royal Commission on Human Relationships and the Family Services Committees' report Families and Social Services in Australia accepted that there had been far reaching changes in "the family". In fact, within the Family and Social Services Report of 1978 a family was viewed as "a group of individuals which produced and brought up children whilst providing economic and social and emotional support", (Coleman 1978) rather than as the conventional "nuclear" group of father, mother and 2.2 children.

Policies for families in the Australian context, then, included policies for groups of adults looking after children. Yet even in Australia, where it has been argued that a political consensus has emerged, amongst women at least,

about the primacy of children's services (Flynn 1982), it would be wrong to imply that offering services to children is a bi-partisan matter. Services for children are caught between several dilemmas. The first dilemma is the priority which should be given to preventative services, and where the boundaries of prevention should be drawn. Since World War Two, child development-ists have invited government responsiveness to a range of newly defined children's requirements - physical, material, psychological and social needs. Some experts take the view that the family alone cannot be responsible for the complex preparation of citizens for the next century (an argument accepted, as we have noted, by governments in the context of education and health services). Expectations of governments have become more complex and for some, governments should have responsibilities to meet the needs of children, as well as to protect their physical lives. It is argued that interest, as well as altruism, implies that governments should promote the needs of the child, the "seed corn of the future." This view is expressed in the United Nations Declaration of the Rights of the Child. According to Principle Two, not only should the child be given special protection, but that (s)he "shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity ..."

But against the question of the type of preventative services which might provide for children's needs are the dilemmas which surround child protection. It is often argued that children have "rights" as well as needs and adequate safeguards to protect children from danger and harms from their parents or other guardians are required. Legislation for mandatory reporting of maltreatment, whether physical, sexual or emotional; central registers and specialist units of trained officials are government reinforcements developed in the nineteen seventies to safeguard children. These statutory procedures have given rise to new expressions of dissatisfaction with coercive methods of intervention used to "rescue" young children from their families. It has been argued recently that when governments do intervene involuntarily to protect young children from danger that the outcome frequently does more harm than good (Goldstein, Solnit and Freud 1980, Wald 1982). There is now a large literature on the "welfare drift", demonstrating that children can drift for years in state care without permanent homes. As well there is a new, but growing attention, to the abuses and harms suffered by children in state care, the phenomenon of "institutional abuse."

These conflicts of protection and prevention are specialised versions of

the more general policy problem of whether services should be residual or universal. But there are special twists connected with children's services, as there is probably a political consensus that under some highly limited circumstances, governments must intervene in the lives of children to protect them from harms, as for example, when a child is destitute, or found living in circumstances of extreme cruelty or neglect. The doctrine of "parens patriae" indicates that the state may intervene to protect the interests of the child, but this is balanced against the legal and natural right of parents to raise their children in privacy without interference from the government. (Abrams 1979).

Classically, this minimal view of intervention to protect children from extreme harms causes few difficulties. The argument in the exercise of protective policies is not whether the state should be involved, but from what harms the state should protect the child. Not only neglect and ill-treatment are forbidden by child welfare legislation, but other moral and psychological categories of parental behaviour justify coercive intervention by the state. Jurisdictions now vary in the degree to which they confine the attention of child welfare law to specific abuses, rather than to generalised and vague conditions such as "improper" or "unfit" guardianship. Some governments, such as England and Wales and Victoria, allow the state to intervene, not only when a parent harms a child, but also when a parent does not foster the good of a child, for example if the child's health or proper development is neglected. So one problem is whether governments should only protect children from specific harms inflicted by parents, or whether governments should also be able to compulsorily supervise parents doing good to their children, by making sure that they meet children's needs for development, health and welfare. Unfortunately, there is no adequate agreement of the meaning of concepts such as "development", "health" and "welfare" and these ideas are subject to wide degrees of subjective interpretation.

Governments have accrued wide powers to support their function of providing protection for children. Interventions into family life can be compulsory (or coercive); can sever permanently the legal bond between parent and child; can give a child, whether he or she wants this or not, a set of newly forged family relationships, as in adoption. If governments decide that their role is to supervise the needs of children as well as to protect them from harm, should these dual aims be pursued through the use of the coercive mechanisms of present children's law? Or should voluntary services which aim to meet children's needs be separated entirely from statutory services? In short,

can preventative and protective policies be pursued together without undue contradiction or confusion?

Definitions - a complex difficulty

Defining protective and preventative services is bedevilled by difficulty. Legal definitions are not necessarily the categories used in everyday work by professionals (Giovannoni and Becerra 1980; Abrams 1979; Carter 1982a). Similar definitions may produce wide interpretative differences between professionals and services (Carter 1982a). Further, the meanings of protection and prevention over the years have come to represent the opposite of the original intentions.

Child "protection" is now used in two senses. The common meaning refers to the system of legal sanctions and services supporting coercive state interventions in the rescue of endangered children from their natural circumstances. A second meaning, very recent in origin, refers to the need to rescue children from negligence resulting from compulsory state interventions. "There is substantial evidence that, except in cases involving very seriously harmed children, we are unable to improve a child's situation through coercive intervention. In fact, under current practice, coercive intervention frequently results in placing a child in a more detrimental situation than he would be in without intervention ..." (Wald, 1982).

Prevention has also acquired a complex set of meanings and the definition has altered drastically over the years. Initially, prevention meant rescuing a child from adverse or improper family circumstances (Ross 1980). but now, prevention, more commonly means either maintaining, or improving children in their natural environments, without removing them compulsorily. Subsidiary meanings can mean avoiding more serious or repetitive damage from a child's environment, or improving the quality of life of a child. But prevention is a very fluid concept, shaded in various colours of grey, and dependent for its meaning on the ideologies of agencies and practitioners, as is discussed further at the end of the report. (Addendum).

For the purposes of this report, however, the more conventional usages of protection and prevention will be followed. Protection will mean the rescue or supervision of a child from adverse family circumstances by compulsory government intervention. Prevention will mean the summoning of an appropriate range of services on a voluntary basis, to reinforce and enhance the caring capacity of the family for the child. But more important than codified

definitions of protection and prevention are the symbolic meanings of each. The terms "protection" and "prevention" need to be understood as mandates, as complex generalisations about the overall aims and direction of child welfare activity. Protection and prevention are symbols that mobilise and hold professionals and organisations together. The terms act as "banners", to enable people of discrepant views to come together to offer services (Strauss et al 1971). Thus, the terms protection and prevention can mask profound ideological differences between occupational groups dealing with child welfare (Carter 1974) and disguise conflicting views on intervention. Protection and prevention are rather like the term "family policy". Generalised statements, they have the asset, and liability, of meaning all things to all men. But they provide the "symbolic cement, that metaphorically speaking, hold people and organisations together" (Strauss et al 1971, p.109).

2. PROCEDURES

This report tries to examine the contradictions implicit in governments attempting simultaneously to pursue protective and preventative policies. Protection and prevention may be symbolic mandates, but how do they translate into concrete resources and services? With this in mind, the aims of this report are to answer the following questions.

1. Is there a potential classification of protective and preventative policies in the child welfare field, which might assist politicians, senior administrators, planners and practitioners, to review current services and plan for the future?

2. How do particular child welfare policies in the UK and the Australian States and Territories compare, when translated into services, and what can be learned from aggregating their individual patterns to a national scale?

3. Have child welfare resources, in particular, in Australia and the UK, changed over the past decade and if so, in what directions? For example, has government intervention become more or less coercive? What value do government services place on the function of the natural family in child rearing: do they aim to replace the family, to dictate to the family, or to support the family as a partner in caring for the child?

4. By what criteria can child welfare policies, as a measurement of family policy, be considered a success or a failure?

With these questions in mind, each of the eight child welfare administrations located in the six Australian States and two Territories were approached and asked to provide information about their operations. In addition the Australian Commonwealth Government children's agency, the Office of Child Care was approached. It was decided to use annual reports from the years 1972-1981 to find out what interventions were recorded in the fields of child protection and prevention. This meant reviewing, in Australia, a decade of annual reports from the Commonwealth Department of Social Security and the welfare departments of six States and two Territories (referred to hereafter as the States). In the UK, information from the Department of Health and Social Security was reviewed over the same decade.

It was decided to start the review at 1972. In the early seventies there were several significant realignments of children's welfare services. The Commonwealth Child Care Act, 1972, marked the entry of that Government to children's services; both South and Western Australia amalgamated Aboriginal and Child Welfare departments into departments of Community Welfare; South Australia passed innovative community welfare legislation based on the local authority social service department reorganisation in England and Wales in 1971. So the decade 1972-1981 was chosen as a period which would encompass these changes. More practically, it was also a time when all State welfare departments could offer copies of annual reports. This decade also accorded with changes in child care legislation and organisation of services in England and Wales.

To avoid possible discrepancies between the statements of intention about protective and preventative policies and the actual resources available, it was decided to analyse statistics presented to the various State Parliaments in annual reports. These statistics are viewed as indicators of resources and services. Of course, this exercise depends on the statistics being reliable, but reviewing figures over a ten year period provided some check, since any large discrepancy from year to year could be questioned. Frequently there were minor anomalies from year to year; for example, a few children 'lost' to statistics one year would surface twelve months later. But as this review was about establishing trends, rather than achieving numerical accuracy in the strictest sense, this was not an overwhelming difficulty.

A word needs to be said about the relevant government agencies for providing children's services, since their operations provide the "dependent variable" of the report. In England, under the Local Authority Social Services Act 1970, local authorities amalgamated welfare, mental health and children's sub-departments into comprehensive Departments of Social Services from 1971. Central government, through the Department of Health and Social Security retained control of allocations for services and some co-ordinative responsibility, but offered no direct children's services. In 1972, the Australian Child Care Act allowed the Commonwealth to fund children's day services, but the legislative powers for protection of children remained with the States. The Commonwealth Government funds some children's services directly, although such services are a very small part of its expenditure. Child welfare powers in Australia are regarded as "States' matters", under their general constitutional power to provide for the "peace, welfare and good government of their territories." (Coleman 1978). State child welfare services usually started

life as branches of other government departments, but all States now have separate Welfare Ministries. Most are currently reviewing their welfare legislation and the organisation of their welfare legislation. With the exception of South Australia and Victoria, most States still work to legal provisions concerning child protection which are the legacy of a former century (Carter 1982a; Foreman 1975). Some examples are given in Table 1.

Table 1

EXAMPLES OF PROVISIONS ENABLING STATE TO APPLY FOR GUARDIANSHIP

Child is neglected/in need of care or protection if ..

1. has no parent or guardian
2. parent or guardian unfit/incompetent/improper
3. parent or guardian abandon or desert
4. neglected or properly cared for
5. not given necessary food, lodging, clothing, medical, nursing care
6. illtreated
7. exposed
8. exposed to moral danger
9. not prevented from falling into bad associations
10. associates or lives with thieves, drunkards, prostitutes or vagrants
11. has no settled place of abode
12. has no settled subsistence/destitute
13. loiters or wanders in a public place
14. found/resides in a brothel
15. found in a place where opium is smoked or a drug is found or uses drugs
16. (if female) solicits, importunes or accosts for immoral purposes
17. does not go to school/truants
18. lives a life of vice or crime/is likely to lapse into such
19. unfit conduct or habits
20. lives in a house where there is venereal disease/tuberculosis
21. convicted of specified criminal code offences
22. begs alms or is adjacent to a place where alms are begged
23. takes part in a public exhibition
24. endangers life and limb in a public exhibition or performance
25. is found in a betting shop or in a beer garden, billiards room or bar room of licensed premises
26. is served intoxicating liquor
27. goes street trading at night or on a Sunday or unlicensed
28. mental, physical or moral welfare is likely to be in jeopardy.

(Selected from Child Welfare Act 1947, (Western Australia), Child Welfare Ordinances 1958-1972, (Northern Territory), Children's Services Act, (Queensland); and Child Welfare Act 1960 (Tasmania)).

(From Carter 1982a).

Welfare departments like other government agencies, work to statutory charters and are hierarchically-structured formal organisations, with a chain of accountability from the lowest echelons, (the welfare practitioners), to the highest (a Director) who reports to a Minister (in the Australian States) or to the Chairman of the Committee of locally elected representatives (in England and Wales). There are, on average, in Australia between six and eight layers of organisation between a welfare practitioner and a Director. However the pyramid shape of Australian welfare departments has been slightly modified in the interest of decentralising departments to offer local service. Whether or not resources and decision making powers of the departments are devolved as well as personnel is not known.

In the UK, the perception that the local authority social services departments from 1970 offered a new type of service has been much debated (Barclay 1982, Hadley and Hatch 1981). There has been rather less analysis of the job of welfare departments in Australia, but there have been considerable changes in their philosophy and operations over a decade however, if the reports of their Directors are to be believed. These changes were portrayed by the Director of the Tasmanian Department of Social Welfare recently, as a "moving out" by social welfare. The emphasis in social welfare had changed from "merely picking up social problems as they arise out of social and economic systems, to a community welfare model with State social welfare departments taking initiatives in facilitating co-ordination between human service agencies and establishing community participation and social planning mechanisms ..." (Tasmania, Dept. Social Welfare, Annual Report, 1982). In similar vein, the Director for Community Welfare in Western Australia said earlier: "Welfare programmes in 1976 bear very little resemblance to those of a decade ago ... it is expected that the extent of this change (of emphasis in the delivery of services) will increase in the years ahead, as the community seeks services of a new kind, more in keeping with the needs of the times and the evolving face of Australian family life" (Western Australia, Dept. for Community Welfare, 1976).

Similarly, the Director of Children's Services within the Queensland Welfare Department asserted in 1978: "The field of child and family welfare has altered dramatically in recent years, as part of an ongoing evolutionary process. The demand for departmental services has increased significantly." (Queensland Department of Children's Services 1978). And in South Australia, the Director General of Community Welfare said in 1972: "(Our) philosophy demands that the provision of welfare services should be readily available and

easily accessible and must be in a form which will not perpetuate a dependence on the service provided. To prevent this, a new emphasis must be placed on preventive services. (This) is taking the Department into new areas, where little has been done before" (South Australia, Dept. for Community Welfare, 1972).

Thus, the public statements about welfare services embraced prevention. But another major theme was the need to "improve" child protection services by providing more fail-safe procedures and services for children, particularly those in physical danger. "Significantly, this year has been an upsurge of public interest in all aspects of child abuse," wrote one Director (Western Australia, Department for Community Welfare 1979-80). Another said: "There has been considerable publicity about child abuse ... We wish to encourage parents and others who have children in their care who fear that they will one day abuse their child to seek our assistance" (Queensland Department of Children's Services 1977). As Boss (1980) indicated, all States increased the scope and scale of their child protection work after 1975 (the year of the first Australasian Conference on the Battered Child in Perth). In one form or another each State now has a specialist assessment and treatment unit for child protection - except South Australia, which established a system of management by regional panels. Specialist child protection services are now more common in Australia than in the UK, where specialist child protection services are rare, except where the National Society for Prevention of Cruelty to Children (NSPCC) has set them up in conjunction with local authorities.

The report concentrates on a special group of children within the child welfare network. This network is really composed of two categories; those children who come to the notice of the criminal justice system after committing offences, sometimes known as the "children in trouble" group. The other group of children are those who have not committed offences but who are maltreated, or neglected, or uncontrollable. Their "welfare" is said to be "at risk". However, these two groups of children overlap and the overlap between them "is an extremely important feature of child welfare law and practice ... and gives rise to many of the problems which the system is facing" (The Law Reform Commission, Australia, 1981, p.11).

The non-offenders who come to the notice of departments because their welfare is said to be at risk are the focus of this report. The "welfare at risk" group "covers those who are placed under the guardianship of a State or Territory welfare department because their physical, mental, emotional or

moral welfare is at risk" (ABS 1979). It includes children admitted or committed to the state because of the death, sickness or desertion of parents; because of destitution; or because of "unfit", "improper" or "incompetent" guardianship, neglect or abuse. A further category consists of those who have been found to be uncontrolled, or uncontrollable, likely to lapse into a life of vice or crime, or exposed to moral danger, etc. Other small categories exist. (ABS 1979). In Australia, the term adopted for children whose care is provided by the state is "guardianship", although the children themselves are most often known as "wards". In England, the child under the local authority is said to be "in care".

This report is in no way comprehensive. Concentrating on the "welfare at risk" group in government child welfare services leaves many children undiscussed. Statutory departments do not operate in the abstract, or in isolation; there are all types of relationships and contracts with voluntary agencies caring for children. (The activities of voluntary child care agencies in Australia have been surveyed recently by Gregory and Smith 1982).

Another limitation in this report is the inability to assess if there is a correlation between annual report statistics and the day to day practices of welfare practitioners. However, a small interview study of welfare practitioners took place as a partial check on the world of "lies, damn lies and statistics." Information provided by some practitioners about their work loads is available at the end of the report.

Some sections of this report are more substantiated than others. Children's court appearances and formal care outside the natural family is recorded in more detail in departmental annual reports than services to children still living with their families. So comparisons between Australia and England and Wales can only be sustained for the part of the results which deal with substitute care.

No coverage has been given to the descriptions of individual schemes and programmes for child protection and prevention which exist on both sides of the health/welfare dividing range, as well as in non-statutory organisations. Some have been described recently in Australia in the proceedings of the Second Australasian Conference on Child Abuse held in Brisbane, in September 1981, (Queensland Health Department 1982). The analysis which follows attempts to provide a perspective for much of the material presented at that conference.

No attempt has been made to define child abuse and neglect. In the UK, the DHSS has offered definitions to local authorities in circulars; in Australia, nationally agreed definitions are being implemented in the States in terms of a Child Maltreatment data collection. These WELSTAT definitions exist for physical, sexual and emotional abuse. An alternative definition for emotional or psychological abuse has been attempted elsewhere by Carter (1982a).

A major omission is a lack of analysis about Aboriginal children in the child welfare services in Australia. Since Aboriginal children are found in formal care far more frequently than their numbers would suggest, it is clear that aboriginality is central to any consideration of child welfare services; past, present and future. Precisely for this reason, it was decided not to tackle this issue, but the WELSTAT collection of data has information on the placements of Aboriginal children; the Australian Law Commission is considering Aboriginal customary law and its relation to child custody, fostering and adoption; Richard Chisholm for the Social Welfare Research Centre is considering the place of Aboriginal children in child welfare services; and there is the state-funded Aboriginal Children's Research Project in NSW.

Method

The first aim of this report was to develop a classification by which interventions for the 'welfare at risk' group of children might be classified. The classification which follows was developed after the data in the next chapter were uncovered. However, the classification will be provided first, to assist the reader to map a route through the four interventions to be outlined. These are as follows:

*Substitute interventions: These are interventions where the state, or statutory authority, often compulsorily, assumes parental rights over children in guardianship and, in that sense, substitutes for the biological family. Thus, legally, the state becomes a substitute parent. Sometimes, although not always, this means that formal care for a child is arranged outside the biological family.

*Supervisory interventions: These are interventions where the government arranges the compulsory oversight of a child who remains within the domain of the natural family. The mandate given the government by the courts varies, but oversight of children under legal supervision is a less drastic legal intervention than assuming parental rights.

*Supplementary interventions: These are interventions where the government, usually voluntarily, offers children in natural families services of a nature which plug assessed gaps or deficiencies. The nature of legal powers supporting supplementary interventions is less clear. In the UK and in some Australian state, there is legislation which suggests a government role in providing services to prevent family breakdown. But unlike substitutive and supervisory interventions, there are no compulsory powers to insist that families comply with supplementary interventions, nor can a legal order for supplementary intervention be directed at a particular child. The mere existence of substitutive and supervisory legal sanctions may induce a co-operation with supplementary services which may not otherwise be given, even although, technically, interventions are directed to selected voluntary clients.

*Support interventions: These include government interventions directed at all children, and thus include programmes of income maintenance, such as family allowances or child benefit and any direct services provided to families in general. As we have already noted, support interventions are more common in the areas of health and education than welfare, although the policy of offering children a subsidised year of pre-school, could arguably, be viewed as a support welfare policy (Brennan 1982).

These types of interventions, from the substitutive to the supportive, are, of course, ranged along a continuum, from the protective to the preventative. Substitutive services exist at the most intensely protective end of the scale, while support services can be regarded as the least protective. Substitutive interventions are prescribed in legislation and the type of dispositions available after substitutive interventions commence (i.e. when the state assumes parental rights) are usually legally defined. On the other hand, whilst legislation may "permit" supplementary and supportive services in broad terms, legislation rarely regulates their specific operation. Thus, foster care (a substitutionary intervention) is carefully regulated in the legislation of most child welfare jurisdictions, but the same cannot be said of homemaker or family counselling services, both of which are supplementary interventions without legislative status. So while all types of children and family services are provided in a legal framework, their legal precision varies from the highly specific, at the substitutionary end of the scale, to the non-specific at the supportive end of the scale.

A similar rationale appears to apply to the question of compulsory intervention, or coercion. Substitutionary and supervisory interventions can

demand compliance, on legal grounds, while supplementary and supervisory services are voluntary. This difference, however, relates more to qualitative shades of difference between interventions which are the "most coercive" (substitutionary and supervisory interventions) compared with the "least coercive" (supplementary and support interventions).

<p style="text-align: center;"><u>Table 2</u> <u>Protective <-----> Preventative Services</u> <u>Typology of Child Welfare Interventions</u></p>				
	<u>Substitute</u> (State as parent)	<u>Supervisory</u> (State oversees parents)	<u>Supplementary</u> (State compensates parents)	<u>Supportive</u> (State partners parents)
	Protection <-----> Prevention			
Legal Mandate	Specific	Specific	Non specific	Non specific
Compliance	By Coercion	By Coercion	By Persuasion	By Persuasion
Philosophy	Remedial	Remedial	Remedial	Universal

3. PROTECTION TO PREVENTION

A. SUBSTITUTE INTERVENTIONS

There was a considerable reduction in the numbers of children under State guardianship in Australia over the decade of the 1970s. For example in 1972, it is estimated (from collating figures from departmental annual reports) that 26,846 children were under guardianship, an estimated ratio of 5.9 per thousand of the population under 18. But in 1980, the numbers of children under state guardianship had reduced to 18,560, a ratio of 4.2 per thousand children under the age of 18 years. By 1981, there had been a further reduction, to 17,353, a ratio of 3.8 per thousand. Thus the number in guardianship had reduced by over a third in a decade.

In comparison, the number of children under state care rose during the same time period in England and Wales. In 1970, there were 71,210 children in care, or 5.3 per thousand. The number of children in the care of local authorities in England and Wales increased to 90,586 children in 1972 and then to 100,200 children in 1980, a rise of 10%. The ratio of children per thousand in care moved from 7.06 in 1972 to 7.25 in 1980.

In the U.S.A., assessments of the numbers of children in care are based on derived estimates and in a strict sense, the numbers are not directly comparable with the categories of Australia and England and Wales. However, a 1977 study of an American national sample indicated that 502,000 children were in care outside their families, a rate of 8.0 per thousand of the population under eighteen years. As the rate was 5.0 per thousand in 1969, there was thought to be an increase over the period of 75% (Steiner 1981).

Thus, when comparing the ratio per thousand of the numbers of children in public care in England and Wales with Australia, it is clear that the numbers of children in guardianship decreased in Australia and increased in England and Wales. Further, in 1980, the ratio of children under guardianship per thousand children in Australia is nearly half that of the rate of England and Wales, and possibly half the rate of the U.S. Nevertheless, in Australia, there were considerable variations in the numbers of children under guardianship in each State and there were even wider differences in England and Wales between local authorities. These variations, expressed as a ratio of the numbers of children per thousand under guardianship are outlined in Table 3. Rates for the Australian States are compared with a sample of Local Authorities in England

and Wales, (randomly selected and stratified by region, type of authority and population, to reflect as far as possible the comparable variation found amongst the Australian States).

Table 3

Ratio of Children under Guardianship/in Care per thousand
Australia^(a) (by State and Territory) and England and Wales^(b) 1980.

<u>Australia^(a)</u>	4.2	<u>England & Wales^(b)</u>	7.3
New South Wales	2.9	Surrey	4.3
Victoria	3.8	Cheshire	6.4
Queensland	6.6	Northamptonshire	6.5
South Australia	3.2	S. Glamorgan	9.9
Western Australia	7.2	Hillingdon	5.7
Tasmania	4.7	Oldham	8.0
Northern Territory	3.4	Solihull	1.7
Australian Capital Territory	1.1	Islington	19.9
<u>Range: 1.1 - 7.2</u>		<u>Range: 1.7 - 19.9</u>	

(a) Ratios from :ABS (1981) Persons under Guardianship and Children in Substitute Care, Australia June 1980 (ABS Canberra) Table 2

(b) Ratios from: (1980) Children in Care in England and Wales, March 1980. (DHSS, London) Table A6.

Note: Australian states and England and Wales local authorities are arranged above in descending order of population. Sample areas and population estimates for England and Wales were derived from Edwards, C. and Carter, J. (1981) The Data of Day Care (National Institute for Social Work, London) with the advice of the Office for Population Censuses and Statistics (OPCS) London).

Within Australia, there has been a variable contribution by each State to the overall reduction achieved between 1972 and 1980 in the numbers of children under guardianship. South Australia achieved the greatest decrease, by a reduction of nearly two thirds of its population under guardianship between 1972 and 1980. In comparison, the size of the population under guardianship in Queensland is similar in the two given years. Table 4 compares the numbers of children under guardianship in Australia in 1972 with 1980. It also offers a ranking, which lists the greatest reduction of children under guardianship to the least. Thus, South Australia, Western Australia and Victoria have reduced their population under guardianship most substantially; and Queensland the least.

Direct comparisons between the local authorities of England and Wales are not really possible between 1972 and 1980, as the boundaries of local authorities changed in 1974. However, a comparison between the local authorities listed in Table 3 between 1972 and 1980 suggests that most authorities increased their numbers of children in care, or the numbers remained constant. Only in two authorities was a percent decrease noted.

	<u>1972(a)</u>	<u>1980(b)</u>	<u>Percent Decrease</u>	<u>Rank Order of Achieved Decrease</u>
NSW	5949	4449	- 25%	5
VIC.	7236	4561	- 37%	3
QLD.	4601	4525	- 2%	7
SA	3111	1243	- 60%	1
WA	4907	2901	- 41%	2
TAS.	937	636	- 32%	4
N.T.	n.a.	162	n.a	n.a.
ACT	105	89	- 15%	6
<u>Total(d)</u>	<u>26846(c)</u>	<u>18566</u>	<u>- 29%</u>	

(a) Figures taken from Annual Reports of welfare departments.
 (b) Figures taken from ABS, (1981) op. cit. Table 1
 (c) Estimate excludes Northern Territory.
 (d) Figures include 'welfare at risk' and 'offence' categories.

Each State and Territory increased the overall numbers of children in guardianship during the first part of the seventies and having reached a "peak", the numbers of children in care began to fall away. In the Table 5 below, the "peak year" is identified for each State, along with the numbers of children in guardianship listed in the annual report for the "peak year". This is compared with the statistics of children in guardianship for 1980. The importance of the "peak year", as the precursor to falling rates of guardianship will become obvious later in the report.

The numbers of children under guardianship or in care, can be influenced by several factors - fewer children coming into care, or by more being discharged; or by shorter stays once in care; or by a combination of these

factors. Apart from examining the assumption that the reduction in numbers of children under guardianship might indicate the entry of fewer children, information to test these factors is not available. But if there are fewer children in guardianship, or care, does the reduction reflect altered practices by the departments, or does it suggest different judgements by the children's courts, who, overall, commit most children to the care of the state? Differing percentages of children are admitted into guardianship or care through the courts; some children are admitted through an "administrative" route to be discussed later. For the present, changing patterns of entry through the courts will be discussed. In England and Wales and all Australian States (except Victoria), the number of appearances before children's courts can be influenced by the practices of practitioners in statutory departments. Aside from children who commit offences, a practitioner can "apprehend" a child, lay a complaint under a provision of the relevant child welfare act and make an application to the court for guardianship or care. This procedure can also be used by police, and in Victoria and England and Wales is contracted out by legislation, to voluntary agencies, the Children's Protection Society and the National Society for Prevention of Cruelty to Children, respectively. Thus, practitioners can affect directly the numbers of children for whom the State acts as substitute parent, by increasing or reducing the numbers of applications or complaints placed before the courts.

Table 5
Numbers of Children in Guardianship in "Peak Year"
Compared with 1980
(Australia by State and Territory).

<u>State</u>	<u>"Peak Year"</u>	<u>Number in Guardianship,</u> <u>"Peak Year"</u>	<u>Number in</u> <u>Guardianship</u> <u>1980</u>	<u>Percentage</u> <u>Decline from</u> <u>Peak Year</u>
NSW	1972	5949	4449	-25%
Victoria	1971	7257	4561	-37%
Qld	1978	6553	4525	-31%
S.A.	1971	3206	1243	-61%
W.A.	1976	5142	2901	-44%
Tasmania	1974	939	636	-32%
N.T.	n.a.	n.a.	162	n.a.
ACT	1973	116	89	-23%

Although it was not always possible to separate the influence of the police, as opposed to practitioners of the departments, an estimate can be made of the degree to which reductions in numbers of children under State guardianship relates to altered practices by the welfare practitioners, or to

changed decision-making by the courts. An Australian analysis of the frequency of applications, or complaints, to children's courts was made, to determine the source of reductions in the numbers of children under guardianship. The investigation was confined to the States offering annual information on cases processed by courts, that is, New South Wales, Queensland, Western Australia and Tasmania. No comparable information is available for England and Wales.

There was a considerable reduction in referrals to the courts by the welfare practitioners, who thus had the role of "gatekeepers" to State guardianship. Altered decision-making by the courts had a secondary influence, more influential in some states than others. For example, in Western Australia the numbers of children taken before the courts dropped by more than half, from 456 in 1972, to 225 in 1977. However, the numbers of cases dismissed by the courts in these years was minute - never more than 1% per annum and the percentage of committed to guardianship per annum by magistrates stayed constant. In fact, on average, nine out of ten court appearances in Western Australia led to a "committal" or "re-committal" to guardianship. So, in this State, the responsibility for the reduction of the numbers entering guardianship lies with the welfare practitioners, or "gatekeepers", rather than with the Courts.

On the other hand, in Tasmania the impact of the practices of "gatekeepers" on the number received into guardianship is less clear cut. Although fewer children were placed under guardianship in 1980 than in 1970 (96 down from 174), the "gatekeepers" increased the frequency of their applications to the court during the period (i.e. 1,671 appearances in 1970 compared with 3,690 in 1975, then reducing to 1,909 in 1980). The courts played a more prominent part; rejecting, on average, many more complaints than the courts in Western Australia. The total numbers of cases dismissed or rejected ranged from 12% (in 1980) to 44% (in 1974/5). Thus, in Tasmania, gatekeepers first increased, then reduced the frequency of applications to the courts over the period. But on the figures given, the courts exerted a more marked influence on the outcome of applications than those in Western Australia.

In New South Wales although the number of applications (or complaints) brought by "gatekeepers" to the court diminished by a third from 1971-1979, the numbers of complaints rejected by the courts also rose, in almost linear fashion, from 2% in 1971 to 18% in 1979. In the only State where the numbers of court appearances rose during the decade rather than fell - Queensland - the number of offence cases brought before the courts increased considerably, while the applications for non-offence conditions diminished. The referral of

"gatekeepers" in offence cases, (who were the police) increased court appearances, while the referral of gatekeepers in "welfare at risk" cases (the welfare practitioners) decreased appearances at the courts. There was also an incremental but very small increase in the numbers of applications rejected by the courts over the period.

Thus, in three of these four States, "gatekeepers" exerted the major influence over the reduction of the numbers of children in guardianship, by reducing the number of applications to the courts. The courts themselves appeared to exert a secondary influence on the numbers of children committed into guardianship, more important in Tasmania and a minor but increasing influence in Queensland and NSW. Since the referrals of "gatekeepers" precede the decisions of the courts, the altered practices of welfare practitioners appear a more crucial causal determinant in reducing the numbers of children coming into guardianship. More information about welfare practitioners is given at the back of the report (see Addendum).

However, children also enter guardianship through departmental administrative procedures as well as through the courts. These allow a parent (and certain defined others) to make an application to a welfare department (or a Minister) to admit their child into guardianship. The significance of these actions is that the case for the State to assume parental rights goes untested by the courts, Tasmania and Queensland used this procedure most frequently at the beginning of the seventies: in 1972 in Queensland, half the children entering state guardianship were admitted administratively, while in Tasmania the figure was a third. By 1980, in these two States, administrative admissions decreased, whilst in Victoria and in particular in Western Australia, administrative admissions increased. The variation between States in one year, 1979, is outlined in Table 6.

Administrative admittance to guardianship or care needs to be distinguished from short-term voluntary care, where children enter substitute care, without transferring parental rights to the State. Admissions are not really voluntary if the State can then assume or extend parental rights, or determine the time and conditions of discharges. A Western Australian and a British study suggests that Ministers and elected officers "rubber stamp" departmental actions. Only one of 545 submissions for ministerial approval over a two year period were rejected in Western Australia (i.e. Dufty 1982) and a similar finding is reported in England by Fletcher, (1982).

Table 6

Percentages of Children Entering Guardianship/Care
by Administrative Admission, 1979
Australia (by state) and England and Wales (a).

England, and Wales	Aust.	NSW	Vic.	Qld.	SA.	W.A.	Tas.	N.T.	ACT
41%	21%	5%	11%	33%	10%	50%	15%	n.a.	n.a.

Note:

- (a) England and Wales percentage relates to children in voluntary care, over whom local authorities subsequently assumed parental rights. The number left in voluntary care, excluding those for whom parental rights were subsequently assumed by local authorities, was 26,600 or 27% of the total of children in care.
- (b) Australian percentages are derived from welfare department annual reports and ABS data for June 1979.

In England and Wales, the bulk of admissions to care are by voluntary application. In 1980, 78% of new admissions to care in that year were voluntary. However, local authority voluntary admissions have reduced since 1975 and the practice of terminating parental rights has increased considerably over recent years, (from 13,200 in 1975 to 18,400 in 1980).

Placements With Families

Wide choices can be made as to where children under guardianship, or in care should live. Children under guardianship can stay with their biological family, or with relatives; or, this contact can be permanently broken by design or default. State powers can initiate adoption and eventually transfer parental rights, by legal process to a new family.

This section will explore the relationship of governments to families of children in guardianship. By examining, first, the numbers of children under guardianship placed with their own family and second, the numbers of children placed for adoption with a family where one parent is a biological parent, the state's attitude to cooperation with biological families will be adduced. Fewer children are now placed under guardianship in Australia than in England and Wales, and as well, a higher proportion of children under guardianship are placed with their biological families in Australia than are children in care in England and Wales. Table 7 indicates this.

Within Australia the patterns between States again varied strikingly. Only 7% of children under guardianship in NSW in 1980 were placed within their

own family, while this applied to 37% of such children in Queensland. Placements of children under guardianship with the biological family increased by at least 10% in Queensland and Victoria and decreased by 23% in South Australia and 16% in Western Australia (Table 7).

Table 7
Children under Guardianship/in Care.
Percentage of Placements with Biological Families:
England and Wales and Australia (State/Territory)
1972, 1976, 1980

Year	England & Wales	Aust.	NSW	Vic.	Qld.	SA	WA	Tas	NT	ACT
1972	17%	27%(E)	3%	30%	24%	50%	38%	19%	n.a	n.a
1976	18%	32%(E)	4%	35%	40%	44%	41%	27%	n.a	n.a
1980	18%	25%	7%	34%	37%	27%	21%	22%	27%	30%

Notes

(E) Estimates exclude NT and ACT.

(a) ACT figures aggregate children living with biological and foster families. In 1973, 62% of children under guardianship lived with biological or foster families. In 1977, this figure was 57%.

Sources: (i) England and Wales (1972, 1976 and 1980) DHSS and Welsh Office Children in Care in England & Wales, HMSO, London publications for 1972, 1976, 1980.
(ii) Australia: 1972 and 1976 Annual Reports, Departments of Welfare for each state.
1980 ABS (1981) Children under Guardianship and in Substitute Care, 1980 (ABS Canberra). Table 5.

Proportions of placements with natural families of Australian children in guardianship decreased slightly over the decade. Reductions in placements with families in South Australia and Western Australia reflected an overall reduction of children under guardianship. Despite the reduction of children in guardianship, plus the fact that similar proportions of children under guardianship were placed with biological families at the beginning as well as at the end of the decade implies that the Australian official emphasis was on maintaining children with their biological families.

Preferences of the Australian States to maintain the biological family of children as the basic unit of child care can be seen in adoption. At the beginning of the 1970s the State governments' traditional role in adoption was to act as a "clearing house" or "broker" for the redistribution of children from their natural families, to unknown parties considered more suitable. By 1980, this had changed, since half the adoption orders signed were to couples

where at least one adopter was a biological parent; this in a context where the numbers of children placed for adoption in both Australia and England and Wales reduced dramatically over the 1970s. In the last five years of the decade the proportion of children adopted within a family where one parent was a biological parent increased in Australia and decreased in Britain. Table 8 outlines these trends.

<u>Table 8</u>									
<u>Percentage of Adoptions by Biological families of adopted children.</u>									
<u>Australia, (States and territory) and England and Wales,</u>									
<u>1975 and 1980.</u>									
England Wales	Aust(a)	NSW	Vic	Qld	SA	Vic	Tas	NT	ACT
1975c 68%	33%(b)	20%	26%	7%	37%	29%	28%	n.a	72%
1980c 58%	49%	39%	57%	37%	60%	52%	39%	44%	62%

Notes:
 (a) excludes N.T.
 (b) N = 1776 (excluding N.T.)
 (c) Percentages are rounded.

Sources: Australia: ABS (1982) Adoptions Australia (ABS, Canberra) Tables 1 and 3. England and Wales: OPCS 1976 and 1981, OPCS Monitor Fm 76/3; Fm 81/11 (OPCS London)

Formal Care : Institutional or Community?

There has not been a great change in the percentage of children under guardianship placed in formal care in either Australia or England and Wales (Table 9), although as we have noted, the actual numbers of children involved have altered. What has changed is the distribution of children within the various facilities for formal care.

<u>Table 9</u>									
<u>Placed in Formal Care.</u>									
<u>Percentage of Children under Guardianship/In Care</u>									
<u>(Australia State and Territory) and England and Wales, 1972 and 1980).</u>									
England & Wales	Aust.	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
1972 83%	69%E	97%	66%	71%	50%	55%	75%	n.a	n.a
1980 82%	71%	90%	61%	63%	69%	74%	75%	71%	68%

Notes: E:(Estimate) - excludes NT and ACT.

Source: (i) England and Wales DHSS (1972) (1980) Children in Care (HMSO London).
 (ii) Australia 1972 - from annual reports, welfare departments. 1980 ABS (1981) Children under Guardianship and in Substitute care in Australia 1980 (ABS Canberra).

Formal care, as its name indicates, replaces care by the biological family. Traditionally, formal care has taken place in child care institutions, or by "boarding out" of children in foster placements. But formal care now varies greatly and formal placements can now be classified as "institutional" or "community". Institutional placements include children's homes and hospitals, while community placements include foster care and other methods of private board. In addition, there are alternatives to residential institutions, in the form of small homes ("family group homes"), presided over by houseparents. Family group homes which are scattered throughout the community are classified as community placements, while family group homes in clusters are considered to be institutional placements. Thus an "institutional" placement provides congregate care by staff who work on shifts. A "community" placement offers non-congregate (i.e. individual or small group) care, by staff who are present "around the clock".

Two thirds or more of formal care for children under guardianship in Australia now takes place within a community setting, whilst in England and Wales the proportion is just over a third (Table 10). The Australian States (except NSW, Victoria and ACT) provide more than three quarters of their formal placements in community rather than institutional settings. This is outlined in Table 11.

Table 10

Percentage of Persons(a) under Guardianship/in care:
in Community Placements
Australia (by state) and England and Wales, 1980

England & Wales	Aust.	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
42%(b)	68%	66%	50%	75%	78%	78%	76%	90%	71%

Sources: (i) DHSS (1980) Children in Care in England & Wales 1980 (HMSO London). Table 5.
(ii) ABS (1981) Reasons under Guardianship and Children in Substitute Care 1980 (ABS Canberra).

Notes

- (a) ABS data refers to persons rather than children: i.e. table includes a small number of adults under guardianship.
(b) Of 42%, 37% of children are in foster placements. 10% of children are in 'other' accommodation, (i.e. lodgings, residential employment, boarding and special schools homes and hostels not included as community homes, or voluntary homes) so it was estimated that half, (5%) were in community placements.

Table 11

CHILDREN UNDER GUARDIANSHIP: PLACEMENTS IN CARE
PLACEMENT IN INSTITUTION OR COMMUNITY: AUSTRALIA, (State, Territory), 1980

	<u>PLACEMENTS IN COMMUNITY</u>				<u>PLACEMENTS IN INSTITUTIONS</u>										Total	TOTAL
	Foster Care	Other Adult Care	Scattered Family Homes	Group Homes	Total	Estab. for Handicappd. Children	Clustered Family Group Homes	Campus Homes	Juvenile Hostels	Juvenile Corrective Inst.	Other Homes	Hospitals	Boarding Schools	Prisons		
NSW	2445	283	90	2818	232	-	180	71	424	292	124	24	38	42	1427	4245
VIC	567	85	707	1359	21	62	306	113	222	476	73	68	17	-	1358	2717
Qld.	1506	411	159	2076	23	74	152	56	95	203	45	-	3	20	671	2747
SA	576	54	27	657	50	-	-	32	22	75	3	1	5	-	188	845
WA	1073	392	116	1581	37	-	221	23	57	95	3	11	9	-	456	2037
Tas	251	35	79	365	23	-	45	-	22	17	5	-	1	1	114	479
NT.	56	4	12	72	3	-	-	-	3	-	-	2	-	-	8	80
ACT	38	-	4	42	3	-	-	2	-	12	-	-	-	-	17	59
TOTAL	6512	1264	1194	8970	392	136	904	279	845	1170	253	106	73	63	4239	13209

Source: ABS Children under Guardianship and in Substitute Care, Australia 1980
 (ABS Canberra) Table 4

Altered patterns in Australian institutional care are corroborated by Department of Social Security records about children receiving child endowment (or, from 1976, family allowances) in institutions. In 1961, 461 institutions in Australia approved for the payment of child endowment, contained on average, 58.2 children receiving payments (Department of Social Security of 1972). By 1981, although the number of approved institutions had increased to 562, only 18.5 children on average in each received allowances. (Department Social Security 1981). Although this information relates to the number of children receiving allowances rather than to the size of the institutions, it is safe to assume that most children in institutions would have child endowment/family allowance paid on their behalf. Thus the average size of children's institutions is estimated to have reduced considerably.

With a decrease in the size of institutions went a decrease in the numbers of children. The Department of Social Services, in 1961, paid child endowment in respect of 27,077 children in approved institutions, whereas in 1981, family allowances were paid in respect of only 9,747 children under the age of 16 (or 10,418 children and students between 16 and 24 years living in institutions). Thus the ratio of children living in institutions expressed as a ratio of all those receiving child endowment/family allowance decreased from 0.8 in 1961 to 0.2 in 1981. The decline in the numbers of children living in institutions in the more recent years, 1975-1981 can be gathered from the following table, Table 12.

Table 12

Numbers of Children in Institutions.
Child Endowment 1975 and Family Allowance 1981

Year	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
1975	5541	4651	1829	1045	4430	399	286	13	18,194
1981	3562	2541	1936	454	1706	153	53	13	10,418

Source: Dept. Social Security Annual Reports 1975 & 1981.

While placements in institutions have decreased, placements in the community have stayed constant, as in foster care (Table 13). But use of foster care between the States varies. For example, in 1980, NSW placed 51% of children under guardianship in foster placements, while in the same year in Victoria, only 12% of children under guardianship were supervised in foster placements.

Table 13

Percentage of Persons Under Guardianship(a) Boarded Out/in Foster Care.
Australia(by State and Territory) and England and Wales 1972 and 1980

	England & Wales	Aust.	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
1972	41%	34%	75%	10%	31%	23%	27%	40%	NA	NA(b)
1980	37%	34%	51%	12%	33%	46%	37%	39%	37%	43%

(a) ABS data refers to 'persons' under guardianship rather than to 'children' under guardianship in this instance.

(b) 62% of Wards were living with either foster parents or natural parents during 1973.

In summary, the use of formal care for children under guardianship in Australia declined in the 1970s. Placements in institutional settings diminished considerably, while placements in foster care stayed constant.

However there is an important caveat. A new Australian increase in the numbers of children placed in formal care took place in both 1980 and 1981. In 1979 57% of children under guardianship were placed in formal care. This compares with 63% in 1980 and 65.5% in 1981. Since the downward trend in guardianship continued, over these years, the increase of children in formal care is proportional to the numbers under guardianship, rather than an actual increase of real numbers of children placed under guardianship. But the reasons for this increase need to be explored further.

Formal Care : Patterns of Resource Use

Reduced numbers of children in guardianship and in institutions in Australia has not meant reduced resources for State institutions. All States increased numbers of staff employed within institutions at some period in the 1970s. Taking 1974 as a baseline (in all States except Northern Territory) a comparison was made with the latest year for which information was readily available. This comparison revealed an absolute increase in numbers of staff employed in institutional services in all States, although once again the increase varied considerably. The smallest increase was in Tasmania which employed 61 full-time workers in its institutions in 1974 and 72 in 1980. The largest increase was in Western Australia, where 460 staff were employed in

institutions in 1973 compared with 631 in 1981, a growth of more than a third.

A few institutional officers were diverted into non-residential programmes, such as day educational or treatment programmes, but such programmes still remain peripheral to the central residential task of providing substitute care. Whether the increase in institutional staff represents unplanned ad hoc growth, or an attempt to add new varieties of residential care, such as clustered group homes, or an effort to improve formerly adverse staff-child ratios is unknown.

The relative sizes of the institutional and the field sectors were reviewed. By 1980, only South Australia, Tasmania and the Australian Capital Territory employed more field workers or welfare practitioners than institutional workers. There were roughly six fieldworkers to every four residential workers in both South Australia and Tasmania, with Tasmania's 6:4 ratio in favour of fieldworkers, reversing the 4:6 ratio of 1974.

The other States still maintained an excess of institutional staff over field staff in 1980. The most considerable alteration had been achieved in Queensland. In 1974, there were 8 institutional workers for every 2 field workers. By 1980, this proportion was 6:4. By 1981, in Victoria, the proportion of institutional officers was still almost double the field force (6.5-3.5), but a considerable increase in field staff had taken place. The ratio of institutional to field staff in New South Wales for 1973 was 8:2, but this had reduced slightly, to 7:3 by 1978. But the ratios remained static over the decade in Western Australia, where, in both 1973 as well as in 1981, the proportion of institutional staff to field workers remained at 7:3; the most pronounced imbalance of any State.

Costs, of course, are highly related to staff. Over the decade Tasmania and South Australia reduced spending on institutional care as a proportion of the departmental annual budget, but apparently all other States still spend more on residential than field services. However data between States were difficult to quantify and standardise, because accounting practices varied considerably, (for example, some include salaries as a component of institutional spending while others do not). With this proviso, it appears that Tasmania and South Australia spent the smallest proportions of their budget on institutional care, whilst Western Australia spent the most. But until accounting practices are standardised, this finding should be interpreted with caution.

Reasons for Entry into Guardianship

Why does the government become a parent to a child? We noted that children commit "offences", or have their "welfare at risk". For the years 1979-1981, the children admitted to guardianship in Australia were split equally between these two groups. But of the admissions to guardianship in NSW in 1981 only 34% were for "welfare at risk" matters, while in Victoria, this group totalled 83%. Table 14 outlines the variations between States in "welfare at risk" admissions to guardianship from 1979 to 1981.

Table 14
Percentage of Admissions to Guardianship
for Welfare at Risk Reasons.
Australia (by State) 1979-1981.

	Australia	NSW	Vic.	Qld	SA	WA	Tas	NT	ACT
1979	56%	35%	88%	61%	55%	80%	57%	65%	50%
1980	55%(a)	34%	84%	63%	60%	95%(a)	66%	87%	92%
1981	57%	34%	83%	63%	57%	89%	61%	82%	50%

Notes:

(a) WA percentage represents 2 months of the year only for 1980.

Sources: ABS Persons under Guardianship and in Substitute Care in

Of the "welfare at risk" group, there was a shift over time in reasons for entry into guardianship. Reviewing applications and complaints before the courts in both New South Wales and Western Australia; inspecting applications committed by the courts in Victoria; considering the reasons for administrative admission and court committals to state parenthood in Queensland, offers a partial picture of the "types" of "welfare at risk" cases. Three broad categories of applications (or complaints) exist.

- (i) those categories suggesting destitution of the child (includes complaints relating to homelessness, no fixed address, abandoned or wandering child etc).
- (ii) those categories relating to the moral welfare of the child (include complaints such as "in moral danger", "lapsing into a career of vice and crime", "uncontrolled").
- (iii) those categories relating to parental acts of omission or

commission such as abuse or neglect, or to parental disabilities including "unfitness" or "improperness", or "incompetence".

In the four States reviewed, there was a broad shift in categories dealt with, so that applications for parental acts or disabilities became more important. In New South Wales six categories of applications to the courts were analysed between 1971 and 1979. Complaints about the "moral danger" of the child (in practice, usually a teenage girl) fell. Destitution and homelessness ("no fixed address") reduced too, but complaints concerning parental disabilities ("unfit" and "incompetent" guardianship) stayed constant. Because the other complaints diminished, complaints about parental disabilities became more important proportionally. Table 15 compares complaints for the years 1972 and 1979.

Table 15

"Welfare at Risk" Complaints to Children's Courts, NSW.
1972 and 1979.

	Moral danger	No fixed address	Destitute	Improper guardianship	Incompetent guardianship	Truancy	Total
1972	1015 (38%)	346 (13%)	332 (12%)	292 (11%)	331 (12%)	343 (13%)	2659 (100%)
1979	160 (13%)	46 (4%)	152 (13%)	196 (16%)	394 (33%)	245 (21%)	1193 (100%)

Source: NSW Dept of Youth & Community Services Annual Reports for 1972 & 1979.

In Western Australia, between 1970 and 1976, destitution disappeared as a reason for initiating court proceedings. Although complaints concerning parental disabilities (in particular neglect) reduced by half, this also became the major reason for court applications for the "welfare at risk" group. In Victoria, "moral welfare" reasons for entry to state guardianship all but disappeared between 1972 and 1980. For example, in 1972, there were 539 entries to guardianship for children said to be in "moral danger", or "likely to lapse into a life of vice and crime". By 1980 there were seven such entries. Destitution nearly disappeared - in 1972 there were 439 entrants found "wandering and abandoned", "begging alms" or "with no means of support or place of abode", but in 1980, there were four such children. The increased applications were

because of parental disabilities - although direct comparisons were difficult as the provisions of the Victorian Act altered between 1970 and 1980.

In Queensland "moral welfare" applications reduced: in 1972 there were 429 court applications for children "likely to lapse into a career of vice and crime", but only 86 in 1980. Court appearances for "destitution" also reduced, (although in Queensland most children in this category appear to have entered guardianship administratively, rather than through the courts). Although applications concerning parental acts or disabilities stayed constant, they assumed greater importance because the other two major categories, (moral welfare and destitution) diminished.

Thus, reductions in guardianship and considerable shifts in the type of applications for admissions into guardianship are reflected in the four States studied. It has been argued elsewhere that State expectations of the duties of parents have altered extensively and that more is now expected of parents in promoting the physical, emotional and mental welfare of their young. (Carter 1982a). In England and Wales too, fewer children come into care because of destitution and moral welfare matters. But admissions to voluntary care for children whose parents provided unsatisfactory home conditions doubled between 1975 and 1980 and the number of care orders made for reasons of abuse or neglect by parents rose from 14,800 in 1977 to 18,100 in 1980. The information in this section thus suggests reorientations of the expected duties of parents by the state and implies that material and moral reasons for admission to care are less important than psychological precursors.

B. SUPERVISORY INTERVENTIONS

Public authorities are empowered to supervise children other than those whose parents have lost their rights. Other children are under the control of the state by means of a variety of court orders. The most relevant orders are known as supervision, probation or control orders. In Queensland, a special order for the supervision of "welfare at risk" cases is known as "protective supervision". These orders do not assume parental rights and usually children under legal supervision live with their families (Western Australia's "P.U.C." order ("placed under control") being an exception).

The numbers of children newly placed under supervision or probation orders for 1979 in most States of Australia were compared with the numbers newly placed under guardianship during the same year. Supervisory and other

Table 16

REASONS FOR ADMISSION TO CARE AND PROTECTION
QUEENSLAND, 1972 - 1981

	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	TOTAL
<u>Parents</u> deceased	12	8	11	14	4	4	5	1	2	1	62
Parents deserted	33	57	48	50	11	12	12	9	12	2	246
" divorced or separated	31	14	37	8	24	4	2	2	17	16	155
" in hospital	8	4	4	-	2	-	1	-	1	1	21
" unable/unwilling to accommodate	78	88	89	44	88	140	66	114	72	112	891
" unable to control	66	55	61	33	31	33	28	27	25	48	407
<u>Mother</u> deceased, father unable to care for	20	35	17	17	21	11	8	5	6	15	155
" in hospital, father unable to care for	43	14	27	5	14	6	25	11	13	3	161
" in special hospital, father unable to care for	34	15	13	12	1	13	15	10	7	1	121
" incapacitated, father unable to care for	-	3	-	-	5	5	9	2	-	-	24
" deserted, father unable to care for	72	79	83	42	34	12	22	19	3	6	372
" deserted, father deceased	-	-	-	1	-	4	1	-	-	1	7
" in goal. Father unable to care for	7	6	5	6	4	3	7	6	2	-	46
" deceased, father deserted	16	9	9	7	14	1	1	2	1	-	60
<u>Father</u> deceased, mother unable to care for	17	13	18	7	14	9	12	3	7	4	104
" deserted, mother unable to care for	97	92	91	69	46	18	33	36	28	38	548
" in goal, mother unable to care for	13	32	7	3	7	-	6	5	1	5	79
" in hospital, mother unable to care for	-	3	2	-	-	1	-	4	-	2	12
" incapacitated, mother unable to care for	2	-	-	-	-	-	2	-	-	-	4
<u>Ex-nuptial</u> , mother unable to care for	18	37	46	32	22	14	32	18	10	15	244
Ex-nuptial mother deceased or deserted	2	11	12	16	-	-	-	3	2	-	46
Protection from one or both parents	4	19	12	5	14	12	24	11	11	18	130
Children neglected			7	6	8	6	6	2	5	6	46

orders were used, on average, twice as frequently as orders empowering entry to guardianship. Queensland was the exception, as Table 17 indicates.

	Aust.	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
Nos. newly placed under guardianship(a)	4307	1646	836	1097	476	122	82	40	8
Nos. newly placed under supervision.(b)	9130***	3942	2062	736	971	1359*	66**	n.a	n.a.

Notes:
 * 1980 figure.
 ** applies to "child welfare matters", not offences, therefore underestimate.
 *** excludes NT and ACT, thus underestimate.

Sources (a) ABS Persons placed under guardianship and children in substitute care, Australia 1979. (ABS Canberra 1981)
 (b) Welfare department annual reports, 1979.

There are wide disparities between the States in the use of supervision orders. For instance, in New South Wales in 1979, nearly forty percent (3,942 of 10,054 appearances) before children's courts for both offence and 'welfare at risk' matters resulted in supervision orders, but in Queensland in the same year, only nineteen percent of court appearances resulted in supervision orders of various types.

The proportions of children placed under supervision orders following 'welfare at risk' complaints or applications, as opposed to offences, is not clear, as only New South Wales and Queensland discriminate between these groups. For example, in New South Wales, a third of those making court appearances for 'welfare at risk' complaints were placed on supervision, whereas in Queensland the figure was a quarter.

Rates of children under guardianship have reduced, but have the use of court orders mandating State supervision also decreased? Not all States reported data which could be analysed comparatively and several altered their laws over the period. Given these provisos, there appears to have been an overall decline in the numbers of supervision and allied orders. When it was

possible to separate "welfare at risk" cases from offence cases, the use of orders had increased in the "parental acts and disability" groups.

Where it was possible to distinguish the numbers of children newly placed under supervision year by year, (as opposed to the overall numbers of children under supervision), there were decreases in the numbers of new orders made in New South Wales, Victoria and Queensland over the ten year period. South Australia showed a slight increase and Western Australia a very large increase. But at the same time there was a decline in the total numbers of children supervised through the seventies in Victoria, South Australia and Tasmania. In Queensland, the exception, there was an increase in the numbers supervised. However, much more needs to be know about the length of orders.

Table 18 indicates the number of children under guardianship in 1979, with an estimate of the numbers of children being supervised under supervision and allied orders. (These two categories were added to derive a rate per thousand of the total numbers of children under legal orders for 1979, although as the number of children under guardianship has reduced since 1979, the rate may now be lower).

Children Supervised in Families : Frequency and Resources

Since a large number of children under guardianship are placed in their own homes, this, combined with the numbers of children under supervision orders, can indicate estimated numbers of children in home placements, over whom the state has legal mandate. Taking 1979 (largely because of the availability of data), an outline can be made of the numbers of children in guardianship and under supervision orders in that year who were under the legal oversight of the state at home. Table 19 below illustrates this.

A decline in the numbers of children placed in formal care indicates that new resources have been required, (aside from beds in children's institutions or foster placements) to oversee the care of children. The major new resource appears to be the field workers, or welfare practitioners. As already indicated, most States increased their field personnel during the nineteen seventies and some of these increases were dramatic, as in Victoria and Queensland. For example an estimated 63 welfare practitioners in Queensland in 1972, had grown to 256 by 1979. The States with the largest increase apart from Queensland, were Victoria (from 50 in 1971 to 607 in 1981) and Tasmania (from 44 in 1974 to 85 plus 40 part time back up staff in 1980), while New South Wales increased its number of welfare practitioners between 1972 and

Table 18
Placements Under Legal Orders:
Children Under Guardianship and Legal Supervision
Australia by State, 1979

	Aust	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
Children under guardianship(a)	22661	4725	5624	6377	1558	3362	689	214	112
Est. Nos. of children under Supervision(b)	9047	3942	2538	1006	803	512	246	n.a	n.a
Total under legal orders	31,708	8667	8162	7383	2361	3874	935	n.a.	n.a.
Rate per 1000 children under legal orders(c)	7.1	5.6	6.7	10.7	6.1	9.6	6.9	n.a.	n.a.

Sources:

- (a) From ABS (1980) Children under Guardianship and in substitute care, Australia 1979 (ABS Canberra).
 (b) From departmental annual reports, 1979.
 (c) Rate derived from child population under 18 years at June 30th, 1979, outlined in ABS (1981).

Note:

Queensland rate known to be an overestimate, as statistics for that year overestimated numbers of children in guardianship.

Table 19
Placed at Home: Children under legal mandate
Guardianship(a) and Supervision(b) Orders
Australia by states, 1979

	Aust.	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
Under guardianship	6728*	243	2586	2446	495	767	153	n.a	38
Est. No. Under supervision	9047**	3942	2538	1006	803	512	246	n.a.	n.a.
Est. Total	15775	4185	5124	2562	1298	1279	399	n.a.	n.a.

Notes:

- *excludes N.T. ** excludes NT and ACT where data not available.
 (a) ABS (1979). (b) Annual reports, 1979. Assumes that children under supervision live at home.

1978 by forty percent. The slowest growth in field staff was in Western Australia, where there was only a twenty percent growth between 1973 (205 field workers) and 1981 (245 field workers) and where more growth went into institutional care than into field services.

Non-Legal Oversight of Home Care

Given a decline in the numbers of children placed under guardianship, and (more speculatively), the numbers of children newly placed under supervision, have departments' workloads declined overall? All departments work with "non-statutory" cases, where no order exists. This workload, known variously as "family counselling" (Victoria) or "preventative" work (Tasmania), can be re-defined, for a department (or its officers) has the discretionary power to take a child before the court, if legal conditions of the Act appear to be fulfilled. Many discretionary factors other than the existence of the "complaint" may result in the decision to seek a legal order: interpretation of the severity of the complaint, the degree of family co-operation with officials, the officer's personal views on using the legal process, and the department's stated policy are all factors which amongst others, may construct the intention to seek a legal order.

Have Australian departments over the seventies increased their capacity to work with children without requiring the compulsory powers of legal orders? If so how can the non-statutory workload of departments be quantified? This important question has no real answer. Tasmania maintains a register of families under what it terms "preventative supervision" and the numbers of cases dealt with increased over the 1970s (from 162 cases in 1972 to 367 cases in 1981). Victoria also provides details of "family counselling" cases which appeared to comprise thirteen percent of the workload in 1972, compared to twenty-six percent in 1979. However a recent study indicated that welfare practitioners spent only a fraction of work time on non-statutory cases (less than 6% in each of four offices). (Victoria Department of Community Welfare Services 1980). In Western Australia, this writer found that trained social work staff in the Department for Community Welfare indicated that of their cases defined as "welfare at risk", thirty-six percent were non-statutory cases. However the proportion of the non-statutory cases in which social workers thought there was "no chance at all" of taking legal action was only twelve percent.

Departments deal with a non-statutory workload which goes officially un-recorded. All states, except South Australia, developed specialist child life

protection units to work with families where problems of abuse and neglect have brought a child to official attention. Sketchy evidence (e.g. Hamory and Jeffery 1978, Carrick et al 1982) indicates that at least half the cases of specialist child protection units are non-statutory. The most detailed account, from Queensland, indicated that of 4,604 cases referred to its child protection services between 1973-9, that only 181 cases (or 4%) were made subject to legal orders. Table 20 contains a ranking of the "most common" to the "least common" reason for referral.

Table 20
Referrals for Child Protection, Queensland
1973 - 1979

<u>Type of Referral</u>	<u>No. Referrals</u>	<u>No. cases with legal dispositions*</u>
1. Child subject to excessive corporal punishment.	861	37
2. Child left alone for long periods	572	11
3. Poor accommodation and living conditions	478	20
4. Child truancy	378	7
5. Parental alcohol abuse	355	15
6. Parents "inadequate/immature"	331	9
7. Inadequate supervision of child	314	9
8. Child undernourished	272	5
9. Child exposed to moral danger by parent	247	8
10. Child needs medical treatment	204	9
11. Child's anti social behaviour	167	4
12. "Battered baby" report from hospitals	154	29
13. Parents mentally unstable	128	8
14. Murder, or sexual assault of child	59	7
15. Excessive crying by child	52	2
16. Extreme mental cruelty to child	32	1
Total	4604	181

Note:

* Nos. admitted to care/placed under protective supervision/placed away from family/charges preferred against parents.

Source: Extracts from Annual reports 1973-9, Dept. of Children's Services, Queensland.

In summary, the number of children placed under supervision appears to have declined, along with the numbers of children in guardianship, but a new workload has appeared, requiring intervention without the coercive back up of legal orders. To deal with this new workload, welfare practitioners were introduced to act as "gatekeepers" against the entry of children to formal care. A measure of the degree of purpose with which the barrier to formal care has been constructed is the proportion of field staff to institutional staff. On this count South Australia leads the other States.

C. SUPPLEMENTARY INTERVENTIONS

During the 1970s, governments legislated to promote the development of community services, for example, in England and Wales, Victoria, South Australia and Western Australia. This legislation does not prescribe the clients for whom community services operate, nor mandate methods of interventions. The introduction pointed out that this makes supplementary services more reactive and flexible than the interventions of substitution and supervision, but also, by definition, far more susceptible to political, administrative and financial redefinition, or even elimination. For example, reformulations of the philosophy of sponsoring children's services by the Commonwealth Government reclassified day and other services from the potential of offering family support for all children to that of offering special services to children in need. (That is, from support to supplementary interventions) (Sweeney and Jamrozik 1982). Thus, a move away from offering services to children under rigid legislative categories can represent a move towards instability of funding, lack of continuity and fragile impermanence.

Assessing services defined as "supplementary" is bedevilled by the problem of what services mean to providers and recipients. Whereas substitution and supervision revolve around the presence or absence of legal definitions, supplementary services are more ambiguous. Information about the frequency and use of such services and their utilisation is fragmented. As services move from the protective end of the scale to the preventative, they become less well quantified.

This section will discuss the initiation of supplementary services over the 1970s and the role of the Commonwealth government in stimulating such developments, as well as providing a limited commentary on the existing relationship between substitute and supplementary services.

Development of Supplementary Services

An examination of annual reports of Australian State welfare departments in the late sixties reveal an almost exclusive concentration on substitute interventions. The initial emphasis on developing supervisory services at this time was often expressed as a need to develop field services to work with families before children entered formal care. But there was little analysis of the role of such services, nor was it envisaged that practical resources were required to back up field services.

Table 21
Range of Services provided by State Welfare Departments,
Australia 1975

	NSW	Vic	Qld	S.A.	W.A.	Tas.	ACT	N.T	Total
<u>Socialisation & development</u>									
Sex education									-
Education Groups		x		x		x		x	4
Holiday Playgroups					x				1
Social facilities				x		x			2
<u>Help, rehab, therapy, protection</u>									
Counselling	x	x	x	x	x	x	x	x	8
Home/instit. visiting	x	x	x	x	x	x	x	x	8
Family Day Care				x	x				2
Institution day care									-
Occasional care				x	x		x		3
Out of school care									-
Housekeeper services				x(a)		x			2
Home maker services				x	x	x			3
Meals on wheels									-
Practical help	x					x			2
Material aid	x	x		x		x	x	x	6
Financial aid	x	x	x	x	x	x	x	x	8
Emergency/temporary accommodation	x					x	x		3
Adoption	x	x	x	x	x	x		x	7
Foster Care	x	x	x	x	x	x	x	x	8
Holiday foster care	x	x							2
Family group care	x	x		x	x	x		x	6
Congregate instit. care	x	x	x	x	x	x		x	7
Court work	x	x	x	x	x	x	x	x	8
Remand/assessment centres	x	x	x	x	x	x	x	x	8
Guardianship of children	x	x	x	x	x	x	x	x	8
Hostels	x	x	x	x	x				5
Supervision & licensing of non government instit.	x	x	x	x	x	x	x	x	8
<u>Access information and Advice</u>									
Information	x	x	x	x	x	x	x	x	8
Family planning									-
<u>Social Action</u>									
Community Development	x	x		x	x	x	x	x	7
Research & Social Planning	x	x	x	x	x	x	x		7

(a)Terminated in 1974 for lack of funds.

Source: Coleman (1978) Families and Children in Australia: A Report to the Minister for Social Services (AGPS Canberra) Tables M1,N1,O1,P1,Q1,R1,S1,T1.

Table 22
State/Territory Provision of Services by Category of Service, 1975

<u>Type of Service</u>	<u>Category of Service</u>
<u>A. Frequently offered (by 8 or 7 States or)</u>	
a) Adoption	Substitution
b) Congregate institutional care	Substitution
c) Community Development Projects	Support
d) Counselling	*depends on context
e) Court work	Substitution/Supervisory
f) Financial aid	Supervisory/Supplementary
g) Foster Care	Substitution
h) Guardianship of children	Substitution
i) Institution visiting	Substitution
j) Home visiting	*depends on context
k) Information/Advice	*depends on context
l) Remand/assessment centres	Substitution
m) Research/planning	*depends on context
n) Supervision/licensing of institutions	*substitution
<u>B. Occasionally Offered (by 3-6 States)</u>	
a) Educational groups	Supplementary
b) Emergency family accommodation	Supplementary
c) Family group homes	Substitution
d) Homemaker services	Supplementary
e) Hostels	Substitute Care
f) Material aid	Supervisory/Supplementary
g) Occasional care	Supervisory/Supplementary
<u>C. Infrequently offered (by 1-2 States)</u>	
a) Family day care	Supplementary/Substitution
b) Holiday foster care	Supplementary
c) Holiday schemes	Supplementary
d) Housekeeper services	Supplementary
e) Play group	Support
f) Practical help	Supplementary
g) Social facilities	Supplementary
<u>D. Never Offered</u>	
a) Family Planning	
b) Day centres	
c) Out of school care	
d) Sex education.	

Notes

* Some services are shaped by the context in which they operate. Thus counselling services can be Substitution-oriented or Supplementary oriented according to the context in which they operate.

Source: Coleman (1978) Families and Children in Australia, Vol.2: A Report to the Minister for Social Security. Australian Government Publishing Service, Canberra. Tables M1,N1,01,P1,Q1,R1,S1,T1.

Apart from some children's day care facilities, no formal supplementary interventions existed in departments at the end of the sixties. By 1975, a new pattern of services had commenced. Services other than the substitutive or supervisory existed, as a State by State inquiry in 1975 indicates. Table 21 indicates this.

The table refers only to the range of services in 1975, regardless of frequency, size or utilisation: for instance, one homemaker service affecting six families could be included alongside a foster care service encompassing thousands of children. Table 22 analyses the same data by the categories of this chapter. The most frequently offered services are substitution services and the least frequent offered are supplementary services.

Were such a table being redrawn for 1980, all States would offer a wider range of supplementary services: play groups, family day care schemes, day centre care, out of school care, homemaker services and emergency accommodation. The new services have been supplementary, at the preventative end of the scale. The major programme developments since 1975 are classified in Table 23, according to their primary sponsor.

<u>Table 23</u>	
<u>Supplementary Services Developed in the late Seventies</u>	
<u>A. Commonwealth Promoted</u>	<u>B. State Sponsored - examples of services.</u>
Child care in women's refuges	Homemaker services (all states)
Vacation care	Crisis services (NSW, Qld, SA).
Before and after school care	Family and Community Services
Occasional care	Neighbourhood centres (Tas)
Day care - centre based	Community Support Programme (NSW)
Day care - family based	Financial Budgetting Services (SA, Vic)
Family support programmes	Integrated Centres (SA Education and Welfare)
Neighbourhood children's centres	Child parent resource centres (SA health and welfare).
Youth Services	
Aboriginal children's services	

For purposes of comparison with substitution services, supplementary services can be divided into "hard" and "soft" services. "Hard" services are those based on the provision of places for children and on the existence of staff - child ratios, whereas "soft" services are those schemes where the target is a particular group of service users. Thus in the main, Commonwealth funded services can be split between "hard" services (pre-school child care centres/family day care) and "soft" services (Family Support Programme subjects). Numbers of relevant services are outlined in the following Table, but unfortunately no data about utilisation are yet available for all these services.

Table 24
Estimated Number of Supplementary Interventions Approved
for Funding and/or Being Funded Under the Children's
Service Program as at 30 June 1981
(Excluding Pre-School and Vacation Care Services)

<u>Service Types</u>	<u>ACT</u>	<u>NSW</u>	<u>Vic</u>	<u>Qld</u>	<u>SA</u>	<u>WA</u>	<u>Tas</u>	<u>NT</u>	<u>TOTALS</u>
<u>(i)"Hard"Services</u>									
Day Care Multifunctional Centres and other Child Care Services	20	176	170	83	50	55	29	15	598
Family Day Schemes	8	60	41	31	15	6	8	3	172
Outside School Hours Care	6	64	55	38	19	31	13	2	228
Playgroup Support	1	2	1	4	1	2	5	1	17
"Hard" Services Total	35	302	227	156	85	94	55	21	1015
<u>(ii)"Soft"Services</u>									
Services for Handicapped Children	5	22	11	8	8	9	4	2	69
Family Support Services Scheme	4	42	51	19	15	24	12	6	173
Family Support Services (not funded through Scheme)	1	11	23	9	6	8	3	-	61
"Soft" Services Total	10	75	85	36	29	41	19	8	303
Other	8	44	64	31	13	23	15	6	204
TOTAL	53	421	416	223	127	158	89	35	1522

Source: Commonwealth Office of Child Care unpublished information.

Growth of Supplementary Services

Because of the difficulties in finding indicators by which to review the use of supplementary interventions, this discussion will concentrate on using day care as an example of "hard" services and Family Support Services as an example of "soft" services. The pattern of development of Commonwealth-sponsored child care services has been outlined in detail elsewhere (Sweeney and Jamrozik 1982; Brennan, 1982). As is well known, after initiating subsidised services, numbers of places available in each State has remained static. In five years from 1976-1981, the numbers of places in federally funded child care centres increased by only 1,500. There was, however, a growth in home-based family day care schemes which expanded from 10 schemes catering for 300 children in 1974 to 168 schemes catering for 14,000 places in 1981.

Thus by 1980, if the Commonwealth was subsidising 27,882 full time equivalent day places in 672 schemes for day care, (Sweeney and Jamrozik 1982) this was supporting a rate of 6.2 places per thousand of the child population under eighteen. When compared with a rate of 4.7 children per thousand under guardianship, or a rate of 3.0 children in residential and foster care, it is apparent that children's day care offers an alternative care resource and has altered the balance of substitute as opposed to supplementary services. Different ratios, of course, may tell a different story. A ratio dependent on the numbers of children attending day services, (rather than on the numbers of places available) or a ratio of a restricted age basis (on the pre school population rather than the under 18 population) would offer markedly different results.

The development of "hard" supplementary services has made an initial contribution to offsetting the dominance of institutional and foster services, both nationally and in each state. A more detailed analysis, which examined age-specific rates of children under guardianship and supervision with children in day provision would be a helpful next step.

"Soft" services deserve comment. The Commonwealth Government Alternatives to Residential Care Programme, 1975-1979 might have been relevant to this discussion but information was not made available. The Family Support Services Programme, 1978-1984, assists 170 low cost projects which are to "encourage and assist the development of a range of services designed to support families in their responsibilities in the rearing and development of children". (Coleman 1981). These include services of housing referral, emergency

accommodation, financial counselling, homemaker assistance, child and family counselling and family life education.

The Commonwealth Department of Social Security promotion of "supplementary" interventions is a contrast to its role with other groups such as the elderly and the disabled, where funding is locked into supporting substitute interventions, especially formal institutional care. For children, the situation is the reverse; it is the States who are committed to supporting traditional substitute services for children and who have been slow to create alternative "hard" supplementary resources. The Commonwealth's function has been that of innovation and stimulation of community services - albeit in partnership with the States. But the Commonwealth's activity is in marked contrast to the record of central government in the UK, where the focus in children's services has been at the protective rather than the preventative end of the scale in the latter half of the 1970s.

Relationship between Supplementary and Substitution Services

What is the relationship, if any, between the growth of places in day care (supplementary services) and the decline of places in institutional care (substitute services)? Overall, the growth of day services is still debated - according to Brennan (1982) there were as many children attending child care centres full-time in 1969 as in 1982: the increase relates to subsidised placements. The extension of subsidised day care in the mid 1970s did not precipitate the earlier 20% decline of the numbers in institutions in 1970 in specific states, i.e. Victoria and South Australia. But although the increase in subsidised day care from the mid-seventies did not "cause" the reduced institutional population, neither can it be ruled out as a partial explanation of the later decline of institutional care in States other than Victoria and South Australia, where a reduction in the use of institutional care and an increase in subsidised day care have a closer temporal relationship.

Although this report is dealing centrally with the services for children provided by the States, a comment needs to be made about a Commonwealth income security measure which falls into the category of a Supplementary Service, the Supporting Mothers' Benefit of 1974 (later Supporting Parents' Benefit). Although the increased take-up rate of this benefit over the 1970s is directly associated with the reduction of the numbers of children in public care, the exact relationship between these two variables remains unclear. As with subsidised day care, the decrease in the numbers of children in institutions was begun in some States before the introduction of this benefit. So, although it

cannot be said to have 'caused' the decline in the institutional population, neither can it be excluded as a partial explanatory factor in States other than South Australia and Victoria.

So while the development of supplementary services has been critically related to the reduction of children in public care, how the ingredients outlined in the supplementary "package" interact with each other is still uncertain. This is much more than an abstruse academic issue (although it is that as well) because, on the face of it, we are presented with an outcome which appears (for once in social policy) to have been "successful", in that fewer children were supported by the state in public care at the end of the seventies than at the beginning. So if a similar model is to be developed which may be useful to other fields of public care, it is important to understand the way the following factors relate to each other; viz, increased numbers of (and possibly the training of) field staff, or welfare practitioners; subsidized day care (plus a range of other limited community resources); Supporting Parents' benefits; a one-stop Federal Office for children with a service focus on prevention and active consultative mechanisms with the States.

When once compares this "package" with that of England and Wales in the 1970s, the only common factor is the increase in field staff — the welfare practitioners. There was a marginal increase in day care services, but current levels remain below those established during World War II. There is no special benefit for solo supporting parents; there is no named office in central government for children; those departments responsible for children's services are uncoordinated and fragmented and have been preoccupied with advice about protection to the exclusion of prevention. Prevention, in general, and the development of supplementary services, in particular, has been left to the local authorities, where, with a few exceptions, it has not yet started.

D. SUPPORT INTERVENTIONS

This report cannot deal with income security measures which affect the family: (see Cass 1982). However, aside from family allowances or child benefit, it is difficult to find other supportive measures for all families. The one subsidised service which might have offered support to all families, day care, is now selectivist and supplementary in application rather than universal and supportive. However the policy in some States, that all

children should have a subsidised pre-school year, comes close to a universalist policy.

The regionalised Family and Community Support programme in Victoria was designed to offer broad family support, but a review of its first three years indicated that its variety of initiatives fitted more accurately into the substitution, supervisory and supplementary categories of services, in an attempt to plug deficiencies and "gaps" in unevenly developed regional services. (Hallenstein and Rimmer 1982). In acknowledging this, the 1982 Annual Report of the Victorian Department of Community Welfare Services notes a trend towards funding projects "which encourage community involvement, particularly at neighbourhood and municipal level, rather than the more traditional welfare services such as casework and counselling. New community projects include information services, support to self help groups, establishment of participatory and consultative structures relating to welfare service providers and development of policy and management skills at neighbourhood, municipal or regional level". Whether this policy will be translated into resources and services yet remains to be seen.

4. PROSPECTS

Now is the time to summarise, by attempting to answer the questions posed in Chapter One. First, the classification of types of interventions has been a useful tool in indicating where children's welfare resources are concentrated, along the protective - preventative scale. Yet whether this information reflects the "real" world of child welfare is unknown. This analysis only considers the public data reported by welfare departments, and exploration of the "real" world of services may tell a different story. Data of the "case review" type (Goldberg and Warburton 1980) is simply not available; there is no information systematically collected on the nature, extent and outcome of services. Whilst data collection is difficult and what is (and is not) collected is subject to the values of administrators, concentrating collections of statistics on children under guardianship alone means that vast components of child welfare workloads remain hidden: hardly a helpful situation for seeking political and economic support. Redirecting the resource base of substitute care is difficult while there is so much vagueness about the supervisory, supplementary and supportive tasks.

One thing is clear: in Australia, there has been a decline in the use of protective interventions (particularly substitution) and an increase in the use of preventative interventions (at least of the supplementary variety). In England and Wales protective interventions increased, but no systematic analyses of preventative services are available although it is thought that there has been some diversion of resources away from institutional to community settings (Webb and Wistow 1982). But why the increase in children under official care in England and Wales? Both Australia and England and Wales have comparable child welfare legislation, sponsor equivalent statutory welfare departments, operate in roughly similar political climates with similar conditions of changed family structure and high unemployment. Yet despite these similarities, Australian government interventions into children's lives have become altogether less coercive and more persuasive, less remedial and more developmental. And even although more resources remain in the substitute sector, the pattern suggests that Australian governments take a more favourable view of the family as a child rearing institution than their British counterparts.

Does this mean that Australians place a stronger premium on the "blood tie" than their UK colleagues? Maintaining a child within the family because

of the blood tie has been much criticised in the 1970s in England and Wales. The influential ABAFA, now BAAF (British Agencies for Adoption and Fostering) urges social workers to terminate contact between parents and children without being inhibited by the assumption that "the blood tie, or relationship with the parent is the ideal, (so that) any alternative is seen as a failure rather than something in the child's best interests" (ABAFA, 1979). Favourable attitudes to families have ebbed and flowed throughout the history of child welfare in England (Heywood 1978), and it has been suggested that families are not supported in their own right as a fundamental institution, but only when this is politically and economically convenient for the state. (Lewis 1980).

Current social work attitudes to the relationship of a child with its family have been classified as those of "kinship defenders" or "society-as-parent" protagonists (Fox 1982). The latter group is less impressed with the virtues of kith and kin and more inclined to view state compulsory powers as benevolent. Arguably, the dominant voice in child welfare circles in the 1970s in England and Wales has been the "society-as-parent" group. This is a tradition in which the "values of the dominant class have been imposed on the poor for their own good and in which the children of the poor have been removed to make a fresh start in what were adjudged to be more favourable circumstances than those of their origins" (Fox 1982, p.288).

If State attitudes to the family are fundamental to the numbers of children in care, this report implies that the beliefs of welfare practitioners give expression to these attitudes. There have been considerable changes in the type of welfare practitioners employed over the decade, which would appear to have affected the direction of admission to child welfare resources. No up to date information about welfare practitioners in either country could be collected for this study, but two recent reports Families and Social Services in Australia, (Coleman 1978) and Social Workers: Their Roles and Tasks in the U.K. (Barclay 1982) have discussed the degree of professionalisation of welfare practitioners. Turning to the Australian States, in 1976 New South Wales, with 7% of trained social workers in its total welfare staff had the "least professionalised" department, while Victoria with 66% of trained social workers on its field staff had the department with the largest percentage of professionals. (Coleman, 1978, Table J2, p.88). The proportions of children placed at home with their biological families is highly associated with the percentage of professional staff employed by the departments. For example, in 1976, New South Wales, with only 7% of its welfare practitioners as trained social workers also placed the smallest proportion of children

under guardianship at home with their parents. Tasmania, with few trained social workers also placed fewer wards at home with their parents in the same year. On the other hand, departments with more trained staff had more home placements, as the following table makes clear. (Table 25). Whilst this is unlikely to be the only explanation it suggests that the training, as well as the size, of the staff of welfare practitioners is to be considered.

Table 25
Professionalised Welfare Departments and Home Placements of
Children under Guardianship
States (a), 1976

	Non- Professionalised Department (i)	Semi- Professionalised Department (ii)	Professionalised Department (iii)
'Few' home placements (i)	NSW Tasmania	Nil	Nil
'Some' home placements (ii)	Nil	Victoria Queensland South Australia W. Australia	Nil
'Most' home placements (iii)	Nil	Nil	Nil

Notes

(a) No data available on home placements for ACT and NT. However NT fell within the non-professional and ACT within the semi-professionalised categories of practitioners.

Sources : (i) Table 1.2A Children under Guardianship/in Care: percentages of placements with biological family, Year 1976 (line 2).
(ii) Table J.2 (p.288) Family and Social Services in Australia, 1978. Percentage of social workers to total welfare staff, Year 1976.

Ratings : (i) 'Non-professionalised' department and 'few home placements' were rated when less than 30% of the total welfare staff were trained social workers and less than 30% of the children under guardianship were placed at home.
(ii) 'Semi-professionalised' department and 'Some home placements' were rated, when between 30% and 70% of the total welfare staff were trained social workers and between 30% and 70% of the children under guardianship were placed at home
(iii) 'Professionalised' and 'most home placements' were rated when over 70% of the total welfare staff were trained social workers and over 70% of the children under guardianship were placed at home.

In 1976, only 36% of the staff of Australian welfare departments were professionally trained in social work and this figure probably increased by 1981. An indication of the numbers of social work plus welfare officer trained personnel would allow a comparison with the estimate that in 1980, 70% of the staff of local authority social services departments in England and Wales had some form of professional training. (The length of social work education in Australia is longer than in the UK and as a conventional measure of professionalism, the length of training is considered by some to be an important criterion.)

But practitioners are not independent of the policies of their departments and governments. While the Australian government has sponsored preventative services, central government in England and Wales has supported protective regulations, by establishing Area Review Committees to review child care in England and Wales, by the sponsorship of Enquiries into well publicised failures of local authorities in child protection, such as the Maria Colwell case (DHSS 1974), by the distribution of formal guidelines to local authorities on dealing with child protection cases (Carter 1975) and by the promotion of case registers for suspected cases of child abuse.

Of the two countries, it appears that Australian policies work to enhance the child rearing role of the natural family; British policies and outcomes endorse the role of the family in child rearing with less vigour. A greater (and increasing) prominence has been given to coercive interventions by local authorities in child rearing in England and Wales and not in Australia. Why this should be so raises a host of interesting speculations. In practice, it might be argued that child welfare policies are still directed to the poor of both countries but that Australian policies have moved towards "multiculturalism". In Britain, with a longer tradition of an entrenched social elite, perhaps ethnic minority groups are expected to defer in child rearing matters. Or perhaps Australian policy makers and practitioners have learned from their most highly visible and expensive child welfare failure, conducted at the expense of the Aborigines. General acceptance that the mass removal of Aboriginal children from their families over two centuries has been an abject failure from any point of view, may have made Australian child welfare experts more cautious about substituting the "society as parent" ideology over and above primacy of kinship.

Are the trends in Australia which have been noted during this investigation likely to continue? Will numbers of children under guardianship and in

substitute care continue to lower while the numbers affected by community services rise? There are reasons for caution. First, there was a new increase in the numbers of children in institutional care in 1980 and in 1981. Second, resources for supplementary interventions stayed constant and in "real" financial terms reduced between 1976 and 1981. So if family breakdown, family poverty and parental disability increase entries to care, the rates of children in institutions may grow again.

Behind these cautions is the question of the future of the Commonwealth Office of Child Care. The operations of this Office, and its fostering of supplementary services, have differed from other activities of the Commonwealth Department of Social Security. No Commonwealth funds provide substitute or supervisory services for children: while one major problem retarding the development of community services for other groups, for example, the elderly, is the high Department of Social Security expenditure on institutional care. (Carter 1981, Table II). The continued future of the Office of Child Care, and its continued expertise in promoting strategic supplementary interventions has been questioned (Flynn 1982). The impact of the Commonwealth Children's Services Programme on child welfare might be said to have been out of all proportion to its expenditure, when considered against State budgets on child welfare and within the expenditure of the Department of Social Security.

What of the next twenty years in child welfare services? If the new increase in the proportion of children in institutional care is more than a temporary aberration and if the Commonwealth Government retreats from funding child care, this will renew demands for substitution services. But other factors may increase future demands.

In States of Confusion : Australian Policies and the Elderly Confused (Carter 1981) it was argued that projected changes in the age composition of the population might require, at some point, the need to consider the transfer of resources from one end of the age scale - (from dependent children) to the other end of the age scale (to the dependent elderly). This argument needs to be refined. Notwithstanding the increased number of the elderly and a "no growth" in the child population, other factors need to be considered.

The degree to which recent reductions in fertility rates in Australia will recover by the end of the century is an open question (ABS 1979). But, assuming that infant mortality rates continue to decline and that fertility rates recover to the level of the early 1970s by the mid 1980s, is "no growth"

in child welfare justified? Or, can reductions in children's services pay for new services for the elderly?

A static, or even reduced population of children needs to be offset against potential social changes in the position of children and the family. Thus, children may not be the growth population group, but a more central problem is whether the same number, or even fewer children, may make higher demands on available services in the next twenty or so years. For example, if unemployment continues to rise; if the proportion of children found in one-parent, or reconstituted families shows an increase; if the trend towards female labourforce participation increases, then a reduced child population will not necessarily reduce the demand for services. (In fact, other social services studies have already shown that it is small numbers of families which make disproportionately heavy demands on services (Goldberg and Warburton 1979).).

Social conditions influencing the family relate to the demand for protective and preventative services. Specifically, there is an increased incidence of the unemployed in samples of child abusers (Straus et al 1980), amongst solo parents (Gil 1970), and amongst those from reconstituted families (Creighton, 1980; Carter, 1982a). Women with small children, without jobs and lacking "confidants" are at greater risk of psychiatric breakdown (Brown and Harris 1978). Parental isolation is commonly reported as a factor associated with child abuse and neglect. (Straus, et al 1980).and is compounded by the increasing age segmentation of the population, illustrated in the movement towards finding old people collected in hospitals and homes for the aged, whilst aggregating younger adults in areas of new housing. This reduced the opportunity for one generation to teach adult roles to the next, especially the functions of parents.

These and other potential social changes may increase, rather than decrease, demands for children's services. So there would need to be clearer forecasts of changes affecting the shape and structure of the family before transfers of resources to other groups are contemplated. At present it seems highly unlikely that the demand for either protective or preventative services for children will reduce. Governments will continue to be caught in a conflict, between calls for increased privacy and autonomy for child rearing within the family, and a demand for the increased protection of vulnerable children in families disrupted by social change. The problem of where to draw the policy and professional line for "at risk" groups for protective and

preventative services will continue to be disputed. What is certain is that the social clock cannot be put back: economic and social changes affecting the shape and function of families and therefore their capacity to care alone for children cannot be reversed, however often this is deplored.

ADDENDUM : PROTECTION OR PREVENTION : A STUDY OF THE GATEKEEPERS' VIEWSProcedures

This report was commissioned as a study of policy interventions in child welfare. But policy and practices intermingle. Notwithstanding relatively few changes to Australian child welfare legislation in the seventies the altered practices of welfare practitioners have reduced the numbers of children in State guardianship. For this reason, understanding the welfare practitioners' functions as gatekeepers to the child welfare system is important. Is there an everyday practical conflict between achieving protection and prevention?

A national study of "gatekeepers" was beyond the time and resources of this study. But one State welfare department co-operated, by offering access to its welfare practitioners, who were professional social workers, graduates (not trained in social work), or welfare officers. All were employed as departmental officers, with powers under the Act for child welfare purposes.

Resources were available for 30 interviews. It was decided to recruit an interview sample of professional social workers only, to reduce a possible variation introduced by including different types of staff with other educational experience and occupational identities. This decision was further justified, by inspection of the informal division of work, which indicated that the professional social workers concentrated on "welfare at risk" caseloads whilst the untrained officers handled the "offence" caseloads.

Preliminary discussions also indicated different definitions of the child welfare task between urban and rural divisions of the department and as, once again, the sample was too small to explore this effectively, only urban social workers were approached. Interviewing social workers working only in urban offices allowed potential comparisons with social workers in welfare departments in other cities.

Within seven urban offices of the welfare department, 65 welfare practitioners were located (excluding staff such as homemakers, family aides and administrative staff). Of these, 40 were professional social workers and the interviewing sample eventually comprised 30, or 75% of the total. Of the ten who were not interviewed, five were on leave, two were working in the country, and three refused to be interviewed, because they were "too busy" or "not interested". Thus the refusal rate was low.

An interview schedule with a mixture of "closed" and "open" questions was devised and pretested on six respondents by the author and an experienced interviewer. The interviews lasted on average 45 minutes. Interest and co-operation was good.

Results

Of the 30 social worker respondents, 16 were women and 14 men. Ages collected on four-fifths revealed an average age of 32 years. Most held posts classified as social workers, but three were graded as senior practitioners and 6 were in supervisory posts. Just over half the sample were rated as "inexperienced", (in that they reported less than 3 years post-qualifying work experience). All respondents held either an undergraduate social work degree or a post graduate qualification.

Did the social workers consider there was a conflict between achieving the functions of protection and prevention, represented by difficulties in working to two sets of legislation? In this department, legislation defined the responsibilities of officers for child protection, for initiating court procedures and for achieving the statutory removal of children. Separate legislation defined the responsibility of the department for the avoidance of family distress and for initiating supportive services for local need.

Just under three quarters (73%) of the social workers interviewed reported conflicts. "We wear three hats" said one. "We do preventative work and say 'confide in me and I'll help you', yet if it comes to the crunch we turn into the prosecutor - not the advocate - and give evidence in court. Then, when the child is committed (into guardianship) we then offer to rehabilitate the family".

If this social worker thought this switch must be confusing to clients, another thought such a role to be morally dubious. "The statutory power to remove the child is hanging over all the work with a family. The client finds it hard to work with you in an honest way. It's like blackmail: the mother knows I can remove her child while I am saying I am supporting her."

Another saw the problem similarly: "On the one hand, you're trying to support them to look after their kids. But the moment they're not in line, you can take their kids away - the clients know this at the back of their mind - it's quite untenable."

Not all social workers expressed the collision of perspectives quite as strongly — half of those who thought there was a conflict thought this applied "only sometimes". But the quarter who did not consider that there was any conflict between protection and prevention also reported adopting strategies to minimise potential dilemmas. These included, on the one hand, regarding the statutory work of child protection as being of higher priority than informal preventative work. By contrast, an alternative was to regard the protective and statutory work as the "last ditch" option, for application only when "soft" voluntary work failed. On the other hand, others reported resolving potential dilemmas by a strategem of ignorance — just by not finding out about the department's preventative legislative charter. "I've never even read the (preventative) legislation. I've heard others speak of the conflict but I can't relate to what they say. I work exclusively with the statutory child welfare responsibilities, I leave it to the Admin. and policymakers to work with the preventative legislation."

Part of the perceived conflict about working simultaneously with protective and preventative legislation stemmed from scruples about "ideal" standards of practice which contrasted with the pragmatic compromises required to get them through everyday work. To explore this matter further, social workers were asked to select from a given list of 15 activities those at which they spent most time. The most frequently mentioned activities and those taking the most working time, were first, assessment of cases and second, the mobilising of practical help and resources, such as grants and day care.

But this represented the social workers' tally of their actual activities, not the ideal: if they had more time to work under "ideal" conditions, their most frequently chosen activities would be counselling (defined as facilitating the decision making and problem solving of clients) and promoting education in social skills (for example, improving child care or budgeting skills). These "ideal" activities were rarely achieved under current working conditions. A further discrepancy occurred between what social workers said they actually aimed to achieve in their work, compared with what, ideally, they would like to have achieved. When asked to rank their actual aims as to whether they most often attempted to preclude negative events or disasters taking place, or to maintain a delicate balance or equilibrium, or to improve a family situation, very few social workers (4 out of 30) actually aimed at improvements. Instead, half saw their actual priority as trying to prevent, or preclude further negative events taking place. But in ideal circumstances, four out of five social workers would make their priority the improvement of family situations,

by trying to introduce positive changes via counselling and education.

These quite conservative views correlated with the social workers' definitions of prevention, which were ranked during the coding of the categories constructed for this report. None of the social workers viewed prevention as equivalent to supportive intervention, (i.e. universal income security, or universal provision of day care). A third saw prevention purely as avoidance of protective mechanisms; for example, avoiding admitting a child to substitute care or avoiding using the statutory mechanisms of supervision. Under half (13 out of 30) saw prevention in promotional terms for individual cases of need - finding supplementary services to keep a family together.

Prevention therefore, was achieved by trying to avoid the worse evils of State legal intervention or by attempting to promote a marginally better situation to avoid a family breaking up and collapsing on the State altogether. It was apparent that those social workers who viewed prevention as avoidance worked in separate offices from those who saw prevention as promotion. This implies (as several respondents suggested) that the beliefs of their supervisors about "prevention" were important influences in shaping their daily practices.

How did a preventative case differ from a protective case? In "real" cases there was no clear distinction: both shaded into each other, overlapped, and the status of a case could change over time. It has been mentioned that many social workers, in the abstract, defined prevention as avoidance, or as promotion of marginal improvement. Hardly surprisingly, most classified their preventative cases administratively as "current" cases, those where an active contact was taking place. This may sound self-evident, but other meanings could also be attached to "preventative" cases. A preventative case was equivalent to a "dormant" case for a third of the respondents: (that is, a case which has received attention in the past, does not do so in the present, but may do in the future). Another quarter considered that a "preventative" case was one about to be referred, or transferred, from the welfare department to a voluntary or private agency. Some social workers considered that the welfare department's practice was so oriented to the perpetuation of the protective rather than preventative function of welfare (because of excessive workloads and minimal resources), that the best way to avoid a child becoming a "protective" case was to refer a "preventative" client "outside", to a voluntary or private agency, to avoid a potential contamination and further deterioration from contact with the welfare department.

How did social workers see the pressure to perform a protective rather than a preventative task being reduced? Respondents were asked to nominate specific improvements to services and to policies of prevention. There was no clear distinction in their responses between suggested policies and services so they will be discussed together.

First, the largest group and half the respondents, wanted to improve the definitions and strategies of preventative work. "There aren't any policies (about prevention) that don't change daily!", said one Supervisor. A social worker commented: "I don't think there is a clear policy on prevention. At present it's up to the Supervisor as to whether prevention is seen as a priority. Policies are not well defined, it's up to the officer to make choices." Written definitions and clearer priority setting within workloads were advocated as being crucial.

The suggestion made by the second largest group, a third of the respondents, was to separate the protective and preventative functions altogether. Some considered that combining the "social policeman/social helper" roles (as one put it) so explicitly in the one professional person was untenable. Several suggested splitting the functions of protection and prevention administratively into separate units within the welfare department. "Currently the department is trying to be all things to all people. We need to build up some separation between the functions of prevention and protection in the department with separate lists of duties for each."

Others suggested a split of the protective and preventative functions between different community agencies, rather than between units within the welfare department. "You need a separation of the preventative role from the protective and statutory and custodial social control role. This happens informally, but really you need different officers. Maybe it's necessary to have two separate organisations to do them properly."

Another suggestion was to hand the investigative function of protection to the police. A different opinion suggested that the welfare department should no longer be the sole statutory child protection agency for the community. Rather, all children and family agencies, in health and welfare, should have statutory protective responsibilities. "The Act should be changed so that private agencies have a greater say in protection of children - they shouldn't just be our responsibility. If we educate professionals, why can't we entrust other organisations to undertake the protective function?"

Improvement of staff-client ratios was a third suggestion, contributed by a third of the respondents. This was associated with the previous recommendation of splitting up the protective/preventative function: as in the contest for the resource of time, it was explained that it was always the preventative function that was undercut. Smaller, more controlled caseloads, or alternatively more staff, were the major points made here. "Cut caseloads by a third to allow more intensive work on cases. A workload limit needs to be imposed, say 25 cases. We currently encourage dependency because of our hasty crisis work."

A fourth recommendation made by a quarter of the social workers concerned improved staff development. Better in-service training and more access to specialist consultation on cases would develop skills needed to do effective preventative work. Ad hoc, one off, short courses were seen to be of only limited value. For example, one social worker said:

"Staff need to be better trained. There is an assumption that basic professional training is enough for the job. But knowledge and techniques change all the time. For example, very few of our staff are trained in family therapy. Either in-service training should be improved, or the University should offer specialist postgraduate courses."

"Staff needs are as important as client needs. There needs to be more time for in-service training and staff support. This work is very stressful."

Fifth, a quarter of the respondents wanted improved back up resources for prevention. Of a range of suggestions, the most consistent one was to transfer resources from the institutional sector.

"Close down half our institutions and recycle resources to prevention. We need to keep children in the community - children undergo enormous suffering being removed from their families and usually prefer to be with them rather than leave them."

"We need more non-institutional placements, e.g. day care, for kids - the more institutions you build, the more you use them. Once the institution is there, it's only too easy to remove a child instead of using it as a last resort."

A fifth wanted to rethink the strategies of service delivery and to put

preventative services over to the community within an informational and educational framework rather than in an exclusively casework approach. "We need to publicize to the whole community the fact that (this department) is only one of a number of services - people need to know we have more to offer besides taking children away."

Finally a fifth questioned the structure of hierarchical management. Managers from head office were either too distant, too controlling, or too laissez faire. In detail, the major criticisms seemed to be of managerial impersonality, or of too much "red tape". Social workers considered that head office managers were too involved with controlling day to day work decisions and insufficiently preoccupied with forward policy development and long term development of community resources.

"I wish we could forget about being in a bloody bureaucracy. For every step we take, except casework, we need HQ approval. It slows things down."

"Scrap middle management; they are mostly trained as psychologists and social workers and are incompetent as managers."

"There needs to be more communication between us and the upper echelons. There may be policies but they're not clearly defined. Can they make us more aware of what the policy is?"

In everyday work, there is a considerable tension between meeting the demands of the protective as opposed to the preventative legislation, between reaching ideal aims as opposed to actual aims on cases, between carrying out ideal as opposed to the real activities on the job. We have noted that definitions of the "ideal" professional task, far from being radical or romanticized, are of a modest, conservative and pragmatic nature. A list has also been given of the constraints on social workers in their present operations and their views on how alternatives to policy and practice might proceed.

When the type and degree of conflict reported by the social workers was explored further, it was clear that conflict, or dissonance was experienced differently by senior members of the welfare department compared to those who were junior. Social workers of less than three years experience were classified as "inexperienced", and scores were applied to whether or not they expressed conflict about contradictory legislation, aims and activities. When the results were grouped together, according to whether the expressed

conflict was high, medium or low, more inexperienced social workers perceived "high" degrees of conflict more often. While nine of the fourteen inexperienced workers experienced extreme dissonance, a "high" conflict between operating the legislation and working to actual rather than ideal aims and activities, this applied to only one of the experienced workers. The bulk of the experienced workers (eleven of fourteen) reported only "moderate" degrees of conflict, while only three reported "low" conflict. Nobody reported no conflict at all. This suggests that tolerance of, and management of dissonance is an occupational stress of welfare department social workers, but that as people become more experienced, the conflict lessens. Why this should be so needs exploration. Do social workers become less idealistic with age, work experience, or more organisational responsibility? Or do they develop more protective strategies to deal with conflict as they gather experience and if so, do these improve their practice or not? Or do those sustaining the highest conflict and dissonance simply opt out and leave before they become "experienced" social workers?

Discussion

These practitioners' comments about the problems of achieving protective and preventative services simultaneously reflect policy themes. As social workers noted, services and strategies for prevention are ill-defined, largely because, as we have noted earlier, the question of where to draw the preventative line is a political matter of considerable controversy.

Next, whether or not departments should aim to achieve a functional split between protective and preventative child welfare cases relates to a policy debate in health and welfare services about the appropriate mix of the "chronic" as opposed to the "acute" cases in service facilities. If one views cases at the protective end of the scale as more "chronic", one enters a debate about the deliberate creation of venues of chronic care. In the case of the mentally ill and the elderly, the exclusively chronic nature of a workload leads to difficulties in attracting skilled personnel and new resources. If it is true that trained staff were attracted initially to welfare departments by the opening out of services and the promise of preventative work with families, to return to a concentration on protection alone is a problem. This is one difficulty in the suggestion that professional social workers should settle for a position within the community as social regulators (Davies 1981).

The demand for better staff development relates to the perceived inadequacy of the technologies practised currently by the social workers. Child protective legislation of course, spells out the basic intervention technique, primitive although this may be ("to remove or not to remove a child, this is the question"). The danger is that considering removal, or non-removal of a child becomes the key tactical decision in child welfare work. And since cases of protection and prevention are not easily distinguishable, the reported technological vacuum of the workers in preventative work may be readily filled by the removal/non-removal decision, even when this may not be relevant.

Although no social research has ever ended without a cry for "more resources" and the respondents in this survey were no exception, they were thoughtful about the source of resources. The issue was seen to be that of redirecting resources from the substitution sector to supplementary services. Great progress has been made in reducing the numbers of children in institutional care (far greater progress than in the related service fields of the elderly and the mentally ill) although the subsequent redeployment of institutional resources does not appear to have been investigated systematically.

A case for welfare departments of the eighties to consider the development of mass education by the systematic use of media such as television has been outlined elsewhere (Carter 1982a). There are limits to carrying out preventative work solely through the traditional professional methods. Welfare departments are no longer ignored backwaters, catering solely for a deprived but politically insignificant group of social rejects. The accretion of new legislative and administrative functions, (which have been simply added onto the old protective tasks) and the incorporation of professionals into old departments have precipitated disputes about the most appropriate forms of organisation and methods for the delivery of welfare. This has been exemplified recently in the UK, by a government-appointed inquiry into the role of the social services departments (Barclay 1982), and in Australia by a Commonwealth government investigation by Spender of the provision of children's services. Within the States, the role of welfare for children continues to be debated through White Papers in Queensland, New South Wales and shortly Tasmania. In New South Wales, McKinsey and Company have investigated the organisation of the welfare department (Youth and Community Services) after complaints of inadequate service delivery and low morale (Rees 1982). South Australia surveyed the views of its welfare clients (Mann 1980). The 1980s will continue to be volatile years for child welfare as debates about the protective and preventative functions of government continue.

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