Child Welfare: Current Issues and Future Directions

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CHILD WELFARE: CURRENT ISSUES AND
FUTURE DIRECTIONS

edited by

Jo   Jarrah

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Editor's Note

"Child Welfare : Current Issues and Future Directions" is the title
of the major, one-day seminar held by the Social Welfare Research
Centre on 6 July, 1983, at the University of New South Wales.
Although more than 160 registrations were received from individuals
involved or interested in child welfare, a substantial number of
others who wanted to participate were unable to do so. The subsequent
demand for copies of the papers presented was so great that it was
considered appropriate to publish them as an issue in the Centre's
Reports and Proceedings Series.

In reading these papers it is important to bear in mind the wider
perspective of the work being undertaken at the Centre, and by the
individual speakers. They are working papers which seek to draw
together, at a particular point in time, the threads of ongoing
research, some of which has previously been, or will be, published
or spoken to on other occasions. Although some analyses may alter
as research findings progress, nonetheless the collection is
considered a valuable one.

Child Welfare : Current Issues and Future Directions

SWRC Seminar, 6 July 1983

OPENING ADDRESS

Senator Don Grimes

As a Minister in a new Government I welcome involvement with these types of Seminars as they provide people involved in providing child care with the opportunity to express their views on what is a difficult Government policy area.

The Seminar today will focus on a number of important child care issues.

The papers, I see from the program, will address a wide range of issues — from the problems that arise due to the complexities of child care funding and administration, to the special needs of Aboriginal children and handicapped children and parents.

We, as a Government, feel that there are many problems with the existing arrangements, where child care centres and services are judged on the strength of submissions for funding rather than on a basis of need.

This process both favours the articulate and those with the resources to devote to submission writing and at the same time ignores the real needs within the community.

In contrast a "planning model" approach would allow those areas of greatest need to be identified and would allow those affected by child care services to participate in the planning process on an equitable basis. Particularly, the "planning model" approach will better able us to identify supply and demand problems in the provision of services.

Work in my department on the development of a planning model has already commenced. Data to be used in this process is being gathered from a wide range of sources, including State and local government, academic institutions and researchers, ABS census data and from my department's own research data base.

Once this process of gathering and analysing information is complete, a series of community consultations will follow — with State and local governments and with community organisations.

The purpose of the consultations will be to ensure that the data gathered is accurate and complete, to exchange views on the directions in which that

data is leading us and, most importantly, to establish agreement on those areas of need which need most attention.

At the end of that process, and I hope it does not take too long, we will I am sure, have resolved many of the inequities and complexities of current arrangements.

I am sure also that in that process the particular needs of families with handicapped children will be highlighted. While we may have made advances during IYDP, changes in policy have been too slow and too reluctant.

Similarly, in respect of Aboriginal children, we must ensure that there is adequate access to child care services and that there is particular assistance given to Aboriginal-run programs which provide for the welfare of Aboriginal children and families. I am sure that the "planning model" process will highlight needs in this area which have previously gone sadly unheeded.

In the recent election campaign, the Government pledged itself to the creation of an additional 400 child care centres and services. We will meet that commitment. If we are to make best and most effective use of those additional resources we must have a solid planning base from which to do so. Seminars like this one are an essential part of establishing that planning base and for providing a forum through which the voice of practitioners in the field may be heard.

I wish you well in your work today and look forward to seeing the results of your labours.

Child Welfare : Current Issues and Future Directions

SWRC Seminar, 6 July 1983

THE COMPLEXITIES OF CHILD CARE ARRANGEMENTS

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INTRODUCTION

In this paper we wish to focus on the nature of complexity in child care arrangements. We look at complexity in terms of the number and types of care that children experience and families combine. We describe some of the constraints under which service providers operate and which they see as contributing to this complexity. Finally we consider the implications of the above for children's services' policy.

The Australian Bureau of Statistics survey, Child Care Arrangements in Australia[1], indicates a widespread use of child care of many kinds. Of particular note is the evidence which suggests that complicated patterns of arrangements are used for the care of many young children.

Some key findings of the ABS survey can be summarised as follows :

— In 1980 there were 1,128,000 children in Australia aged 11 or under who were not attending school. Of those children, 63% use some type of child care arrangement other than care by the persons primarily responsible for them (usually their mothers) in the Monday to Friday prior to interview.

— The type of arrangement most often used was informal, e.g. care by the spouse of the person responsible, relatives or a baby sitter. Informal arrangements were used by 70% of children using some form of child care. Use of formal care types, e.g. pre-schools, centres or playgroups, was less common and was found among 29% of such children.

— Looking at the employment status of families, the highest level of child care usage was among children whose parents or sole parent were in paid employment, either full- or part-time (85%). However the use of child care by children with one of two parents in paid employment or with unemployed parents/sole parent was also extensive (56% and 43% respectively). Interestingly, the former group made noticeably less use of formal child care provision than the latter two.

— Around 40% of children using care experienced two or more arrangements during the survey period. Use of multiple arrangements increased with the age of the child but occurred at all ages. It was most often found among children from families where both parents or the sole parent were in the workforce, either full- or part-time.

Many writers in the area of children's services see the complexity of patterns of care as being far more a result of the policy, structure and delivery systems of community based (government funded/non-profit making) children's services than parental choice.

As McNulty[2] observes

"The administration of children's services in New South Wales at both the Commonwealth and the State level is complex and confused ... the multiplicity of funding formulae and administrative arrangements leads to anomalies within service types and between them, unnecessary duplication and inequitable use of the available resources."

Brennan[3] concurs and sees that as a consequence

"Many parents are obliged to put together a patchwork of arrangements because no single service is adequate for their requirements."

Deagan[4] concludes that changes are necessary in the child care system

"...what is needed are more services, open for more flexible hours, and usage patterns determined by users not regulations."

The analysis we present here draws on a study of child care service providers and users undertaken by Sweeney and Jamrozik between September and December 1982. The full results of that study are forthcoming in the Social Welfare Research Centre's Reports and Proceedings Series and a detailed exposition of its methodology will be found there. What follows is a general description in order to set our findings in context.

The Study

The study was conducted in five local government areas which represented a broad range of types of area. For each a list was obtained of the child care services, both community based and commercial, operating in the area. We

wanted to investigate the full range of services and, when present, selected
at least one of the following service types per area:

    family day care scheme
    full day pre-school
    long day care centre
    neighbourhood children's centre
    occasional care centre
    sessional pre-school

If there were both community based and commercial versions of a service
operating, one of each was chosen. If there was considerable variation in
the size of a particular service type, one large and one small were selected.
If there was a service which did not conform to the usual style of such
provision that too was included, e.g. a mobile pre-school. If there was more
than one of a given category of service, the choice was made randomly.

This process ultimately led to a sample of 49 services. Interviews took
place with an appropriate person, usually the director or co-ordinator, in
each of these services. Information was collected on the establishment of
the service, its funding (when community based), management, administration,
parental involvement and any special features. In addition, observations about
their users (both parents and children) and opinions on whether their mode of
operation could be altered for the better were gathered. A statistical profile
of the service (numbers and ages of children attending, patterns of use,
priority systems, etc.) was also requested and 42 service providers were both
willing and able to comply with this, although not always with the degree of
detail wanted.

Table 1 shows the types of services included in our sample. Where not other-
wise stated a service is community based.

We were unable to randomly select users of services from the records of the
services we surveyed because of problems of confidentiality. We therefore
asked service providers to select a cross section of their users and to
request their participation in the survey. Thirty eight service providers
co-operated in this way which led to 146 successful interviews with families.
Four more service providers felt unable to approach users directly but were
willing to advertise for volunteers. This led to another 10 successful
interviews resulting in a total of 156. The remaining service providers were

unable or chose not to be involved in this stage of the study.

TABLE 1:   SERVICE TYPES SURVEYED

Service Type	No. surveyed
Family Day Care Scheme	5
Full Day Pre-School -commercial	7
Full Day Pre-School -community	8
Long Day Care Centre -commercial	5
Long Day Care Centre -community	6
Neighbourhood Children's Centre	4
Occasional Care Centre	6
Sessional Pre-School	8
Total	49

Table 2 shows the numbers of families interviewed by the various service types through which they were contacted. As a family can have more than one child attending a service, the numbers of contact children are also given.

TABLE 2:   SAMPLE BY SERVICE TYPE OF CONTACT

Service Type	Contact Families		Contact Children	
	N	%	N	%
Family Day Care	20	12.8	28	14.3
Full Day Pre-School -commercial	11	7.1	12	6.2
Full Day Pre-School -community	29	18.6	30	15.4
Long Day Care Centre -commercial	12	7.7	12	6.2
Long Day Care Centre -community	24	15.4	31	15.9
Neighbourhood Children's Centre	19	12.2	29	14.9
Occasional Care Centre	16	10.2	26	13.3
Sessional Pre-School	25	16.0	27	13.8
Total	156	100	195	100

The 195 contact children do not constitute our entire sample of children. Information was also collected on the use of child care by the sisters and brothers of these children when they were aged 11 or under. This led to a total sample of 333 children aged 11 or under. The age distribution of these children is given in Table 3.

TABLE 3:   AGE DISTRIBUTION OF CHILDREN IN THE SAMPLE

Age (in whole years)	Contact Children		Siblings of Contact Children		All Children	
	N	%	N	%	N	%
Under 2	25	12.8	23	16.7	48	14.4
2	24	12.3	11	8.0	35	10.5
3-5 (not at school)	141	72.3	15	10.9	156	46.9
5-11(at school)	5	2.6	89	64.5	94	28.2
Total	195	100	138	100	333	100

From Table 3 it is clear that the contact children were almost all below school age. Over two thirds of the children were between 3 and school age, which reflects the policy on age for attendance of many of the referral service types. The inclusion of siblings balances out the age distribution somewhat, although the great majority, 72%, of the total sample of children are still not at school.

There are two main points which have to be made about the nature of our sample, both of which stem from the method used for sample generation.

Firstly, as the sample was contacted through formal child care services, it was to be expected that each family would use at least one formal child care service on a regular basis, here defined as at least once a month. There were 2 families which did not accord with that expectation. These were families where the formal arrangement had been terminated between the times of referral and interview. Thus our sample is not one of all families with children nor is it a sample of families using formal or informal child care as it does not include, except in one of the cases just mentioned, families using informal care only. It is a sample of families in which formal child care is used regularly or, in 2 cases, was so used in the recent past.

Secondly, as the families interviewed were suggested by service providers or offered themselves for inclusion in response to advertising, the sample is subject to certain biases. For example, service providers may have given the names of their better satisfied users. Also some service providers appeared reluctant to include non-English speaking users, although

a multi-lingual interviewer and interpreters were available if needed. Among the self-selecting interviewees it is probable that we have located the more vocal and involved users of services.

Thus a large proportion of our sample may well represent what might be deemed a privileged group: those families with regular access to formal child care who conform to what service providers wish to be seen as typical users. The responses of that sample could indeed paint a rosier picture of the experience of child care than exists for many families. However this does not negate the relevance of the findings of this survey of users. For if what we describe is the reality of child care for a privileged group, how much more fraught with complications and costs, of time and energy as well as money, must be the reality for families outside that group.

In our interviews with parents we collected basic demographic and socio-economic data about the families (e.g. number and ages of children and employment of parents) and information on past and present child care arrangements, the day-to-day management of that care, why care was used, what was wanted from it and whether changes in arrangements or certain aspects of arrangements were desired.

Our survey is different from others in four main ways:

1. We looked at issues across different service types.
2. We covered commercial centres.
3. We looked at combinations of arrangements and included child care used at weekends.
4. We didn't assume families' requirements would fit into neat prescribed categories. Thus we didn't talk in terms of, for example, preference for pre-school over occasional care, but rather in terms of the features of arrangements such as the number of hours and days wanted.

A Profile of the Families in the Sample

Before moving on to look in detail at some of the findings about child care use among our sample of families, it is necessary to first set out some of their general characteristics.

Over the 156 families interviewed:

- 81% were two parent families and 19% were one parent families. (Of the 30 one parent families 26 were headed by the mother and 4 by the father).

- including only children in the family unit aged 11 or under, 23% of families had one child, 46% had two children and 31% had three or more children.

- the majority of both mothers and fathers were Australian born (74% and 71% respectively).

- both mothers and fathers tended to be highly educated, with 35% of mothers and 33% of fathers having a tertiary level diploma or degree and an additional 10% of mothers and 18% of fathers having a trade or technical qualification.

- 96% of fathers were either full-time employed or self-employed, with 8% of these working variable shifts.

- 23% of mothers were either full-time employed or self-employed with a further 26% part-time employed and 5% casually employed. Of mothers in some form of paid employment 2% worked variable shifts.

- of all working fathers 26% regularly (at least once a month) worked at weekends and 56% regularly worked anti-social hours (starting/ finishing before 8.30 a.m. and/or starting/finishing after 5.30p.m.).

- of all working mothers 21% regularly worked at weekends and 29% regularly worked anti-social hours.

- families in which both parents or the sole parent were employed full- or part-time formed 62% of all families.

- for both mothers and fathers in paid employment the largest occupational group was 'Professional, Technical and Related Workers' (41% and 30% respectively). The second most often occurring occupational category was, for mothers, 'Clerical Workers' (34%) and, for fathers, 'Tradesmen, Production-Process Workers and Labourers' (18%).

- the usual problems of collection of income data were experienced and thus the results must be treated with caution. Of the 137 families giving information on income 19% had a gross weekly income of less than $300, 41% of $300 to $600 and 28% of more than $600.

Recalling the point made earlier that the sample appeared to be relatively privileged in terms of their access to formal child care, this would also seem to generally apply in terms of their socio-economic characteristics.

Child Care Arrangements Used by the Sample

Tables 4 and 5 show the numbers and types (excluding school) of child care arrangements used by the children in the sample at the time of interview.

TABLE 4:   NUMBER OF CARE ARRANGEMENTS USED BY CHILDREN
IN THE SAMPLE

Number of Arrangements	Children	
	N	%
0	104	31.2
1	164	49.3
2	51	15.3
3	11	3.3
4	2	0.6
5	-	-
6	1	0.3
Total	333	100

TABLE 5:   TYPES OF CARE ARRANGEMENTS USED BY CHILDREN
IN THE SAMPLE

Type of Arrangements	Children	
	N	%
Both formal & informal	43	12.9
Formal	164	49.3
Informal only	22	6.6
None	104	31.2
Total	333	100

We will leave aside here detailed consideration of those children apparently
not using any form of care apart from that of the person mainly responsible
for them and, for older children, school. However, it is worth noting that,
as we feel we have probably underestimated the extent of informal arrangements
and care by self, we do look carefully at these children in relation to their
parents' employment in the main report of our study. We discovered that, for
all but a few children, when their mothers did work they worked such that their
hours coincided with school hours or had employment which enabled their
children to be with them. This does not, of course, mean that underestimation
is not present but worries about the seriousness of its effects on our analysis
can be somewhat allayed.

Table 6 provides a closer examination of the pattern of usage of formal and
informal care arrangements among the 229 children using care.

TABLE 6:   PATTERNS OF USAGE OF FORMAL AND INFORMAL CARE
            ARRANGEMENTS BY CHILDREN IN THE SAMPLE

Type of Arrangement		Children	
Formal N	Informal N	N	%
1	0	144	62.9
2	0	19	8.3
3	0	1	0.4
0	1	20	8.7
0	2	2	0.9
1	1	30	13.1
2	1	7	3.1
1	2	3	1.3
2	2	1	0.4
1	3	1	0.4
3	3	1	0.4
Total		229	100

It can be seen that the most common pattern of usage is overwhelmingly that of
one formal arrangement only. The second most frequently found pattern is that
of one formal and one informal arrangement, the third is one informal arrange-
ment only while the fourth is that of two formal arrangements.

As a result of the predominance of contact children who use only one type of
formal care, the particular types of formal care used by our total sample of

of children will obviously reflect to a great extent the services through which they were contacted.

However, when looking at the specific types of care, both formal and informal, involved in the multiple use of care, which is done in detail in our main report, it becomes clear that the combinations of care used are <u>extremely</u> <u>diverse</u>. We find family day care with care by relatives, full day pre-school (community) with a paid baby sitter, neighbourhood children's centre with care by relatives, long day care (commercial) with family day care, long day care (community) with sessional pre-school, full day pre-school (commercial) with occasional care, etc. There were no common combinations.

Although the above is illuminating, the complexity of child care arrangements is not sufficiently tapped by looking at individual children. The appropriate unit of analysis is the family and within that it is necessary to take account of a clearly important factor in determining the use of child care—mother's (single father's) employment status. Tables 7 and 8 present some of our data on this. All the single fathers in our sample were employed.

TABLE 7: NUMBER OF CARE ARRANGEMENTS BY FAMILY SIZE AND MOTHER'S (SINGLE FATHER'S) EMPLOYMENT STATUS

Number of Arrangements by family	1 child 11 or under		2 children 11 or under		3 or more children 11 or under	
	Employed Mother (single father) N	Mother not employed N	Employed Mother (single father) N	Mother not employed N	Employed Mother (single father) N	Mother not employed N
1	23	9	18	24	5	13
2	2	2	12	8	7	5
3+	-	-	14	5	15	4
Total families	25	11	34	37	27	22

TABLE 8:   TYPE OF CARE ARRANGEMENTS BY FAMILY SIZE AND
             MOTHER'S (SINGLE FATHER'S) EMPLOYMENT STATUS

Type of Arrangements by family	1 child 11 or under		2 children 11 or under		3 or more children 11 or under	
	Employed Mother (single father) N	Mother not employed N	Employed Mother (single father) N	Mother not employed N	Employed Mother (single father) N	Mother not employed N
Both formal & informal	1	-	15	3	12	1
Formal only	24	11	18	34	15	21
Informal only	-	-	1	-	-	-
Total of families	25	11	34	37	27	22

As might be expected the number of arrangements used increases with family size. However, within that it is the workforce participation of the mother (single father) which is associated with the use of a larger number of care sources. When the types of care used are examined it can be seen that employed mothers (single fathers) are more likely than those who are not employed to package formal and informal care.

Again detail on the specific types of care used by the employment status of the mother (single father) is contained in our main report. The data on this indicate that children use a diversity of forms of care, regardless of whether or not their mother (single father) is in the labour force.

Although children of employed mothers (single fathers) tended to use family day care and long day care (commercial and community) more than children whose mothers were not in paid work, they did use other forms of care such as sessional pre-school and occasional care. In fact, a third of children using each of the latter two services had mothers in the workforce. Of the 11 children with employed mothers using occasional care, 2 used it while their mother was working. Of the 8 such children using sessional pre-school, 6 used it while their mother was working.

Conversely, while the majority of children whose mothers were not in the workforce used sessional pre-school, full day pre-school (commercial or community) and occasional care, they too used an overall variety of care forms. For example, they constituted one quarter of children using family day care and

over a fifth of children using long day care centres (commercial and community).

The following case studies illustrate some of the complexities of child care organisation that families face:

1 child family:

> - 2 parent family. Father works full-time. Mother works 9-5, 3 days a week and 9-2, 2 days a week doing 2 jobs. Child attends Long Day Care Centre (community) for 2 days a week and a Sessional Pre-School 2 days a week. On the remaining day mother takes child to work with her or occasionally leaves child with a friend.

2 child family:

> - Single father (no other adults in the household). The father has a job which always involves some evening hours, although the amount varies, and frequent weekend work. The children both attend school. They go from school to an After-School Programme and on from there to Family Day Care from which the father picks them up. When the father works at the weekend he uses a regular network of Friends to provide care for the children.

> - 2 parent family. Father works full-time. Mother works part-time, 3 days a week with flexible hours. The children attend a Neighbourhood Children's Centre for 2 of those days (the most days their mother could obtain) and on the remaining day a Relative cares for the children.

> - 2 parent family. Mother works full-time with set hours, father works full-time but has flexible hours. The younger child attends Family Day Care for 4 days and is cared for by the Father on the fifth day. The older child goes to a Full Day Pre-School (community) for 3 days, to Family Day Care for one day and is cared for by the Father on the fifth day. The parents prefer family day care for younger children and the stimulation of centre care for older children. The older child is in the process of transition from one form of care to the other.

- 2 parent family. Father works full-time. Mother works one day a week, 9-3, and attends university part-time. The younger child goes to a <u>Full Day Pre-School (community)</u> 3 days a week (on one of which the mother works), an <u>Occasional Care Centre</u> for 3 hours on one day and is cared for by a <u>Private Minder</u> for 2 hours on the fifth day. The older child attends school. On one day a week both children are in the care of a <u>Paid Neighbour</u> for 3 hours after school hours.

- Single mother (no other adults in the household). The mother works full-time for 5 days a week. The youngest child attends <u>Family Day Care</u> (via a <u>Multi-Purpose Children's centre*</u>) for 4 days a week and is cared for by <u>Grandparents</u> on the fifth day. The older child attends school and goes to a <u>Multi-Purpose Children's Centre*</u> for before and after school care on 4 days and to the <u>Grandparents</u> for such care on the fifth day.

3 child family:

- 2 parent family. Mother works part-time, 5 days a week plus 1 evening a week and 1 weekend in 4. Father works full-time. There are 4 children. The youngest is cared for by a <u>Relative</u>, who lives some distance away, 5 days a week. The second youngest is also cared for by that <u>Relative</u> but only on 3 days, on the remaining 2 the child attends a <u>Full Day Pre-School (community)</u>. The oldest 2 children attend school. Their <u>Father</u> cares for the children when their mother is working outside of normal hours.

- 2 parent family. Mother works part-time on a rotating shift spread over 7 days. Father is self-employed. There are 3 children none of whom attend school. All 3 children use a <u>Multi-Purpose Children's Centre*</u> and a <u>Hospital Based Child Care Centre</u> on a regular basis but with variations in hours. Care at other times when mother is working is provided by <u>Father</u>, if not working himself, or a <u>Friend</u>.

* This centre is classified as a Neighbourhood Children's Centre in earlier tables.

The question is, of course, are such patterns of care the result of choice or lack of viable alternatives. The data we collected on choice suggests that families fall into three main groups

- those that are content with their arrangements, whatever they are, because they have had so many problems in obtaining child care in the past.

- those who see child care as an "extra" which, while appreciated, is not essential to family functioning.

- those wanting modifications to existing arrangements or different arrangements altogether.

The latter group of families was by far the largest in our sample.

We have not, at the time of writing this paper, completed our analysis of different arrangements wanted. However, we are able to present information on the modifications to existing arrangements that were mentioned. These data are given in Table 9.

TABLE 9: MODIFICATIONS WANTED TO EXISTING ARRANGEMENTS

Areas requiring modification	% of responses	% of families mentioning
Flexibility, e.g., -longer hours -more flexible hours/days -vacation care -occasional care -emergency care	42.2	59.8
Fees, e.g., -lower fees -not to pay when child sick/not using -not to pay by term -no higher fees for 0-3 year olds	33.6	47.6
Program and Facilities, e.g., -more educational/multicultural content -more parental involvement -more staff -more toys and equipment -more space -better design	19.8	28.0
Location, e.g., -closer to home -better transport access	4.3	6.1
Total	100	-
Base	116	82

The types of modification most often mentioned were those leading to increased flexibility of care arrangements. From our data there appear to be three reasons which were frequently cited for wanting such changes. These are

- the problems encountered in trying to put together the package of care necessary to meet a family's needs, no one source being sufficient.

- the difficulties of managing care, especially if there is more than one child, e.g., co-ordinating care and work arrangements which may be located in different places, neither of which are near home.

- finding care for more than one child, especially if one of the children is under 3 or a school age child.

In the light of the above, it might be asked, why do parents use care anyway, especially if "they don't have to work"? We asked parents why they decided to use child care and their responses, shown in Table 10, relate to both past and present arrangements.

TABLE 10:   REASONS FOR USING CHILD CARE

Reasons given	% of responses	% of families mentioning
To meet the Child's Needs, e.g., -for companionship -for stimulation/general development -for socialisation/independence -for preparation for school -for special attention	43.1	68.2
To enable Mother (single father) to work, e.g., -for economic reasons -to further career -to have an outside interest	30.1	47.7
To provide Mother with Time, e.g., -to have a break from motherhood -to study -to do tasks/activities like shopping, sport -to spend time with other children	22.2	35.1
Other	4.6	7.3
Total	100	-
Base	239	151

The most commonly given reason for using care was to meet the child/ren's needs. However reasons for using care inter-relate and more than one reason was often mentioned.

In the main report, we examine these reasons by mother's (single father's) employment status. We found that while enabling work was the most frequently found reason among families where the mother (single father) worked, half of such families also mentioned benefits to the child/ren.

Clearly then parents use child care for a variety of reasons in a variety of ways. Their reasons will be a result of both parents' needs and their perceptions of their children's needs. In seeking care to meet these needs, they will often have to compromise. Availability will often be a more important determinant of the type of care used than choice.

It has to be remembered also that a family's circumstances, and thus their needs, are not static, parental employment changes, additional children are born, etc. This will inevitably alter child care requirements over time and the prospect of adapting care to take account of altered situations is a daunting one for many parents.

Service Providers

We will now move on to look at some of the issues raised in our interviews with service providers which relate to the structural reasons for complexity in child care arrangements. Five general points were made regarding limitations on a service's ability to meet the needs of children and parents. These were usually mentioned in connection with community based services.

- When community based services are set up the need they are intending to meet is stated in terms of existing service categories for the purposes of obtaining funding from government (Commonwealth or State). They can thus find themselves, contrary to their original aspirations, locked into inflexible and inappropriate categories and/or having to operate under rigid guidelines.

- Directors/co-ordinators who try to meet the variety of needs of parents and children by attempting to provide a variety of services must cope with different policies, funding arrangements and administrative requirements for each service component. The more types of service provided, the more complicated becomes management, funding formulae and the regulatory system which has to be complied with in order to operate. Thus discrete categories act as a disincentive to providers who might be considering the introduction of extended or integrated services.

  Even single purpose service types can have the problem of receiving funding from Commonwealth and State governments at different times in the year for different staff, making it difficult to plan, budget and administer.

- The levels, sources and formulae of funding have an impact on the numbers of children services can cater for, the extent of fee rebate which can be offered and the quantity and quality of care available. Since the time of interview, two of the services we surveyed have cut back on numbers in order to maintain a quality service.

- Services are sometimes established in a piecemeal fashion, sharing premises with other services and, therefore, only operating limited hours and/or days. This affects the numbers of children they can take, the amount of service offered and the adequacy of care provided. Even if recurrent funds were available, in no way could these services improve and extend without new premises for which capital funds would be needed.

- Even with the best of policies and funding, a service may not meet the requirements of parents and children. The attitudes of staff, particularly those of the director/co-ordinator, are crucial to the development of services which respond sensitively to family needs.

Policy Implications

What then are the policy implications which arise from our findings? Briefly they appear to be these.

- The basis of policy, the residual concept of child care as a last resort for families who can't cope or families where the mother has to work, must be reconsidered. Clearly, most of the families we interviewed, regardless of their social or economic circumstances, regard child care as essential to family functioning. They also feel that, alone, they are unable to meet the developmental needs of their children. Child care is regarded as a form of <u>social parenthood</u> rather than a welfare service.

- Further, if child care is to be an integral part of the lives of children then policy must acknowledge in its funding and licensing of services the need for the optimal rather than marginal development of children.[5]

- The proliferation of service types and their accompanying funding categories work against services being flexible and thus they are unable to meet needs in the way parents and many service providers would wish. The classification system in operation should be redesigned to take account of this.

- Following on from the above, it is clear from our data that the child care needs of families cannot be placed into discrete categories e.g., sessional pre-school, long day care, occasional care etc. Rather, what parents want is <u>full day, full week</u> care, with variations for such factors as shift work, <u>or</u>, as one of the co-ordinators interviewed expressed it, <u>regular part-time care.</u> Either type of care should have a high quality program regardless of the age of a child, and be responsive to changes in family circumstances.

- Accordingly, in order to make the maximum use of available and possibly increasing resources for child care and in order to provide an adaptable child care structure that better meets the needs of parents and children, Commonwealth and State governments must come to an agreement about the <u>basis</u> of policy and clarify their respective roles in relation to it. In addition to this, rationalisation of funding and administrative arrangements is critical to the efficient functioning of our child care system.

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Child Welfare : Current Issues and Future Directions

SWRC Seminar, 6 July 1983

CARING AT HOME FOR SEVERELY HANDICAPPED CHILDREN

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This paper examines families' accounts of their care at home of their severely disabled children under the age of five.

My conclusions come from a study of the experiences of 51 families, who were selected at random from Health Commission waiting lists of those who wanted their children admitted to residential care. Small numbers of families were referred to us by the Subnormal Children's Welfare Association and by the local District Offices of the Department of Youth and Community Services.

The disabilities of the children, which were seen by the parents as obstacles to the child's physical and mental development, had been assessed by doctors, usually paediatricians. Nineteen of these children were diagnosed as having Down's Syndrome, with 11 having complications such as heart conditions; 20 were profoundly or severely mentally and physically handicapped, having severe difficulties in terms of self care, mobility and communication. For example, in Case No.1 the child suffered from cerebral-palsy and at a year old was unable to sit or lift her head. In Case No.50, a little boy, aged two at the time of our first interviews, was regarded by his parents as very mentally retarded and in addition had ear, heart and kidney problems and was microcephalic.

In twelve of the cases we could argue that the children suffered from mental disabilities and that their physical handicaps were only minor in nature. However, the term 'only minor in nature' is a comparative judgement based on the severity of the other cases. For example, in Case No.39 the child was regarded by the parents as mentally retarded because at the age of 3½ he had developed no speech and also suffered from epilepsy.

The families lived in Sydney's western suburbs, they mostly had apparently secure incomes derived from the employment of the father and in almost all cases they had lived in the area for several years. With the exception of four single parents, and another five families whose income was derived from unemployment benefits and, in one case, workers compensation, in the majority of the families the father was in the business or executive class. Twenty two of the 41 families in employment fell into this white collar group and another nine families were self employed. Only one of the mothers was in employment, part-time. Only two of the families, one Iranian and one Yugoslav, did not speak fluent English.

These points about the housing, income, employment and other social background
characteristics of this group are important in that, with a few exceptions,
the families did not appear to be faced with the enormous difficulties
associated with long term poverty or with homelessness or with unemployment or
with being newly arrived migrants.. That is an important caveat to place on
our examination of what was involved in caring at home for these children who
were between the ages of 6 months and 4 years when we first met them and were
18 months and 5 years of age when the period of our interviewing and obser-
vation finished. In only 2 families were the disabled children only children.

Another caveat to bear in mind in the following discussion concerns the
location of these families in the western suburbs, an area of over 1,500,000
people, one of the fastest growing areas of population in the country and one
which is allegedly under resourced in terms of health and welfare services.
For example, the Richmond Report suggests a ratio of one multi-disciplinary
assessment centre per ¼ million population, which would allow for 6 such
assessment centres in the western region. But at present there is only one
such centre and it is poorly staffed.

The Focus of the Paper

The rest of this paper focuses on 'caring', that responsibility carried out by
the mother albeit in association with a variety of other people, some of them
important supporters, others who posed as supporters but who in fact made the
mother's tasks doubly difficult. This group of potential friends and
supporters included husbands, other relatives, general practitioners, medical
specialists, social workers, and Social Security officials.

I propose to do two things in this discussion: (i) to identify the stresses
which mothers encountered and (ii) to describe the variety of people and
events which affected the mother's management of her responsibilities. In
this latter respect I shall pay particular attention to the relevance of
health and welfare services.

The Notion of Stress

The task of caring for a severely disabled young child was different from the
task of caring for 'normal children' in that the stressful events experienced
by these families were chronic, long term and included the physical burden of
caring, emotional reactions of the child and the extra social and financial
costs.

For example, although at the time of our research interviews the maximum amount of financial help available under the Handicapped Child's Allowance was $73.00 a month, this was a small compensation for the extra costs incurred in the first few years of these children's lives. There is no room here to identify the details of the inventory of costs ranging from extra items such as clothing, special medicines, transport, babysitting, special foods, domestic help and temporary care, but our estimates show that the families with children who were both severely physically and mentally handicapped incurred costs of approximately $320.00 per month extra and that even the families whose children were not apparently severely physically handicapped had costs of approximately $200.00 per month extra. These are conservative estimates. We were at pains to take the lowest figures given to us by the parents and to deliberately leave out of account those items which parents could not cost precisely, such as babysitting.

Apart from the common reference to the extensive extra financial costs, there was no uniformity in the 51 parents' reactions to other apparently similar events. The families explained the meaning of stress by making two separate points. First, all sorts of life events, when they became unmanageable, were seen as stressful. Second, parents described different reactions to and apparently different levels of stress in relation to the same events. The severity of each child's disability did not produce similar experiences of stress.

Mothers Roles

In analysing these Sydney parents' accounts of how they managed child care in general and the disabled child in particular, mothers experienced some or all of several kinds of stress:

- A physical tiredness amounting often to exhaustion;

- Anxiety prompted by the sense of stigma associated with the child's handicap or with not being a 'good mother' or 'good wife' and even in some cases to a sense of being 'punished by God';

- An increasing sense of isolation contributing to feelings of depression;

- The burden of extra financial costs.

Sometimes parents' comments referred to almost all these points. The mother

of a two year old profoundly physically handicapped and mentally retarded
child had to ask for her son to be put in residential care. She explained why
in a local parish newsletter,

> 'Oh yes, I got lots of sympathetic remarks and well meaning
> messages of consolation. But sympathy did not calm my screaming
> child nor ease the physical exhaustion of myself and my husband.
> It didn't explain to my toddler why I spent all my time with her
> baby brother never having time for her, it didn't lessen the
> numerous visits to the doctors, assessment centres, nor carry out
> the numerous household chores that seemed to be mounting insur-
> mountable heights. In fact, it did nothing but increase my great
> bitterness.'

Usually, parents who at the time of our interview said that they felt unable
to cope or were only just coping, found it easiest to describe their sense of
stress in terms of physical tiredness. Yet, the tiredness seems to have
referred often to a sense of failing to meet expectations of family responsib-
ilities and relationships as much as it was an account of physical exhaustion.

The mother of a two year old severely physically and mentally handicapped
child who has two other children aged 3 and 4 told me,

> 'I am always tired and irritable. An early night for me is
> midnight. I am often up ironing at 2.00 a.m. I suppose I get
> 5 hours sleep a night on average. I don't give my husband and the
> other kids enough of my time.'

She added

> '... I would like him to die for his sake. He is often in pain
> and nothing can be done and that really upsets me.'

Two other mothers admitted that when they felt tired and rundown they felt
like killing their children. One, who said that she had been persuaded by her
husband and older children to take her Down's Syndrome baby home still felt
ambivalent about the child even though he is now almost 5 years old.

> 'When I give him a bath I sometimes feel like letting him slip
> in the water and drown. I feel that I am the only one who has
> such negative feelings. I get very depressed but it is all in my
> head.'

Physical tiredness leading to a sense of depression is one of the costs of
the incessant demands of caring for a severely disabled child. These costs
do not appear to be fully understood by the various professionals —

paediatricians, general practitioners, community nurses, social workers, therapists of one kind or another whose treatment-type meetings with the mother and child may last for the most an hour or two hours per week. Within the family the sense of an increasing barrage of demands, made worse by others' lessening interest and support was explained by one mother who had a 1½ year old severely physically and mentally handicapped boy.

> 'I have been over-tired, getting depressed, I feel like I can't
> face another day. He cries all day and night and I have to
> swing him in a net in the garage. It is the only thing that stops
> him crying. The others need sleep and I can't give my attention
> to my other child. She is misbehaving terribly and both our parents
> are staying away, my mother especially can't handle T. not smiling.'

In this example, as in others, the mother implied that others needed more sleep than she did, she blamed herself for the misbehaviour of another child. Not only are a majority of family tasks undertaken by the mother, but many of them seem to have some superhuman expectations of what they could and should achieve.

Interpretations of Stress and Coping

The debate about appropriate helping services for mothers who care at home for young disabled children, revolves around assumptions about ideal families, the roles of parents, about standards of care and about the extent to which professional services complement or replace the resources of the families. At one level we can talk about resources which are apparently finite and fixed — the amount of extra money that it costs to care for the child, the available day care facilities or babysitting services, the availability and standards of therapy. At another level we can discuss resources in terms of parents' interpretations of what they could or should do, of the resources and resourcefulness that could be mustered within the families and within their personal networks. For example, a woman's interpretation of her husband's attitude and interest affected her notion of what was stressful and whether it was manageable.

This reference to the fathers' role is important because it affects the mothers' notion of stress, of resources and whether they could cope. Topics such as the personal consequences of stress for the fathers, and the obstacles in the way of their developing a caring role, are very important but not the subject for immediate examination here. Rather we want to examine mothers' different interpretations of coping, because this says

something about their resources and is the measure against which the uses and usefulness of professional services can be assessed.

The two notions, or experiences, of coping and stress are inseparable. For example, whether a lack of sleep or anxiety about a child's lack of progress were regarded as stressful depended on the expectations of parents derived from a particular millieu or culture. Sometimes parents set high child care and housework standards for themselves, irrespective of whether they had the time, money and other resources to meet them. If mothers valued spending time with their children they apparently did so irrespective of tiredness, lack of housework help or progress with household chores. These points emerged in discussions with each of the 51 families about what they meant when they said they could or could not cope.

From these discussions with the families, three notions of coping emerge, representing as it were a continuum of different values and expectations.

1. The majority of parents suggested that coping implied an ability
    to accept the child's handicap, perform all the extra chores
    associated with that child and at the same time feel that other
    aspects of life, in particular housekeeping, were under control as
    well as managing to remain 'relaxed', 'patient', 'very level',
    'free from stress', 'sane', or 'comfortable'. These expectations
    placed the mother under considerable stress and left her little
    time for herself.

2. A smaller number of parents held a definition similar to the first
    with the important difference in relation to housekeeping. They
    felt that coping implied 'an ability to do the most important
    things', not worry about things left undone, or 'getting your
    priorities straight, that is an ability to let unimportant things
    go and just enjoy the kids'. Such a definition permitted the
    mother not to be the most perfect housekeeper, leaving her more
    time with the children and herself.

3. Some parents broadened the housekeeping responsibility away from
    the mother to the whole family and stated that coping implied a sense
    of co-operation between all family members, particularly between
    husbands and wives, with everyone accepting the child's disability
    and sharing chores associated with the child and housekeeping.

This interpretation emphasised the responsibilities of the whole
family and diminished the emphasis on the mother's role, enabling
her to have time to herself.

We could speculate that, if a mother was for some reason sick or absent for a
period of time, then the family who coped according to the third definition
was more likely to be able to manage than a family who coped according to
the first.

In the first definition responsibility rests almost entirely on the shoulders
of the mothers whilst in the third definition coping rests with the whole
family, so that everyone is responsible and the mother is able to pursue
activities outside the home.

These interpretations of coping are not static. They could vary from time to
time according to different sets of circumstances. This point was illustrated
by a Mrs. G., a mother of a 5 year old severely physically and mentally
handicapped boy. She explained,

> 'I have lots of ups and downs during the week which are related to
> how G. is feeling, whether he is sick and is eating. He usually
> won't eat and vomits his food. I feel terrible when he is like
> this. I don't know what to do when he cries.'

The same mother explained that her ability to cope was lowest at weekends.

> '... My husband has two jobs and comes home late but the weekends
> are the hardest to cope because my husband is often out helping
> others and he works all Saturday night as well and G. isn't at
> school so I have got to lift and feed him all by myself all day as
> well as looking after the other two'.

The mother of a 4 year old moderately retarded child explained to us that
her increased sense of helplessness was sharpened during school holidays. In
terms of any lack of internal or external resources we could argue that this
lady's predicament was admittedly one of the worst we observed. In events
which affected her life and that of her child, there was little relief from
the constant pressure which was also present in other cases in this research.
She said,

> 'I am not coping well during the school holidays. It's too much
> having them home 24 hours a day for 6 or 7 weeks. They run around
> and scream if I take them to the library. I can't go shopping. No-
> one offers to look after them because they can't handle this
> behaviour. My husband doesn't help me, I never get a break and my
> health is failing'.

The Range of Services

At this point I want to pose a second question. In what ways did professional health and welfare services make the parents' task of caring more difficult? In what ways did ideal notions of 'community care', or 'normalisation', 'integration of services', 'early intervention and support' come across to the parents as mere rhetoric? In concentrating on many parents' negative views of their experiences, I am not overlooking the numerous examples of appreciation of the achievements and commitments of individual practitioners, from doctors to social workers to community health nurses. I will say something briefly about the types of services which were considered to have alleviated stress.

Over 3½ years from the time of diagnosis to the termination of the research period, 655 services were provided for the 51 families. There were 23 different types of services ranging from physiotherapists to day-care centres, paediatricians to self-help groups, from social workers to occupational and speech therapists. The families received on average 12.8 services stretched over that 3½ year period.

An examination of the total number of contacts show that less than one fifth were with medical services and at the end of the period only one tenth, an obvious decline in the use of medical help. In the same period there was a relative increase in the use of non-medical services, thus confirming Richmond's judgement that 'developmental delay in all its forms is not primarily a medical problem but an educational and developmental problem'.

Parents' Use and Judgement of Services

In relation to the mother's sense of stress, it is apparent that welfare and health services were helpful if they could increase the resources and resourcefulness of the family in general and the mothers in particular. The major point to be made is that certain professional people could be helpful by establishing in the mother's mind the notion that they were supported, they would be able to make sense of services, that those services would be continuous and that the professionals' role, apart from their having a certain expertise, was to give the mother a sense of coherence, to increase her sense of coping. For example, the mother of a 2½ year old profoundly disabled boy who had contact with 18 different types of services including two paediatricians three other medical specialists, three physiotherapists, a general practitioner, a social worker on the staff of a temporary care facility,

described the most helpful service as that provided by a Baby Health Care
sister. She explained why,

> 'She was the only one who understood what I was going through
> with his continual crying and not wanting to eat. The
> paediatrician said that there was nothing wrong with him. He said
> that he was just hungry but the baby health sister kept visiting.
> She was a real friend. She referred me to another paediatrican
> and then to a physiotherapist ... at that time I was really
> depressed, it was horrifying. Not one friend stuck by us. I
> had no family around. Only my husband's mother, but she couldn't
> cope with it and stayed away. But that baby health sister came
> regularly. She used to babysit for me sometimes, out of work hours,
> just so that I could go shopping. Those breaks were more important
> to me than any other thing, she was a real friend to me and she
> still visits to this day'.

By contrast, expressions of dissatisfaction were mostly raised with reference
to the absence of a set of human relationship qualities which should be
regarded as rudimentary in a service or an individual claiming to be
'professional'. I will concentrate on two factors: (i) the inaccessibility
and unavailability of services and (ii) serious underestimates of the child's
and the family's difficulties.

The apparent chaotic organisation of services in New South Wales, characterised
by undue competition and overlapping as between Federal Department of Social
Security and the State Departments of Education, Health, and Youth and
Community Services, compounds the considerable difficulties which parents with
young disabled children already face. For example, many expressions of
dissatisfaction were prompted by parents feeling powerless to influence the
interests and attitudes of professional people. In several instances such
feelings were expressed with reference to doctors, community health nurses
and social workers not answering the telephone, not returning calls,
controlling the times of appointments, or terminating a contact without giving
notice. No group of professionals were exempt from such criticism. One
mother said,

> 'The occupational therapists they are never there (i.e. at a
> hospital) and messages are never returned.'

In reference to social workers, another mother said,

> 'They are always at meetings, meetings, and more meetings, what
> the hell do they talk about, you feel that there is no time left
> to help us parents. When you ring up they either are at a meeting
> or having lunch or out.'

Failure to even tell parents about intentions not to visit were often
associated with rapid staff turnovers but such turnovers could have unpleasant,
counter-productive effects on parents and children. A mother who blamed
herself for her 4 year old child's lack of progress in walking explained,

> 'Between November and April she had 6 different physiotherapists,
> she won't work for them. They said that she wasn't getting any
> better and accused me of not doing work with her. They said that
> I was giving her drugs that made her dopey. It didn't occur to
> them that my daughter won't work for them because they kept
> changing.'

This turnover of professionals left parents cynical about services generally
and unwilling to invest energy in a successor if there was one. Parents
seemed to be saying that some professional people gave the impression of
playing a game in which a major goal was the least inconvenience to themselves
not the greatest convenience for the family. The simple art and courtesy of
writing letters, introducing people personally or confirming arrangements by
telephone was apparently not part of some professionals' repertoire of values
and skills. The business of transferring responsibility for a case from one
worker to another, whoever that worker was meant to be, was often not done or
was done poorly. The mother of a 5 year old Down's Syndrome boy admitted that
she still needed advice and guidance about her son but her experiences of
people who made only gestures of interest deterred her from trying to discover
what they and others could offer.

Underestimating families' difficulties

In this respect it seems that the lack of co-operation and teamwork makes it
inevitable that doctors and others do not fully comprehend the daily stresses
of parents, the ways that they could be helpful, or at least the ways in which
they could avoid making the tasks of parents even more difficult. The non-
co-operation of doctors with community health nurses, of social workers with
doctors, of physiotherapists with occuaptional therapists, makes it inevitable
that some families' difficulties will be underestimated. Underestimates of
families' difficulties also occur if regular contact is not maintained and if
parents feel they can't attract the attentions of the appropriate services,
or if contacts are ad hoc, promising no sense of continuity. It is easy for
professional people to underestimate a mother's sense of stress or ability to
cope because, as we have seen, developments of pressures and resources varies
over time even within one day. One mother succinctly described the potential
for misunderstanding and the likelihood of underestimates of difficulties.

'The services generally tend to leave you alone if they think you are coping ... they miss a lot. For instance, they might visit once to see how you are going but if you don't feel like opening up to a stranger which usually you don't you say everything's fine and they go away thinking ... "oh Mrs. Smith's fine. No need to see her again", ... and that's that. I have been in that situation and I have been disappointed. I know that other parents are copping the same thing.'

In other papers we have described the confused arrangements of services regarding the care of disabled children at home and the confusing experiences that parents have in a very common tortuous route to obtain appropriate forms of help. We do need a drastic political initiative to establish some kind of rationsalisation of services and thereafter an increase in resources in the appropriate places. In the first place, a priority for such organisational spring-cleaning would have to be the Warnock recommendation of having a 'named person' to provide families with at least one means of knowing who best to turn to on a regular basis or in times of crisis, thus avoiding the kinds of long term unnecessary stress and suffering which we observed in 10 (20%) of these 51 families.

The Warnock Report said, 'we believe that there is a clear need for one person to whom the parents of children with disabilities or incipient special needs can turn to for advice on the different services available to meet their child's needs ... One person should be designated as a named person to provide a point of contact for the parents of every child who has been discovered to have a disability or showing signs of special needs or problems. Where a handicapped condition has been discovered this person should be available to advise the child's parents on which services to contact and introduce them to these services' (Warnock, 1978).

Perhaps if this 'Warnock' policy had been in operation, some parents' sense of stress suffered in isolation could have been investigated and alleviated. For example, during the course of our research we had to make at least 7 referrals to services such as a special school, a physiotherapist and paediatrician. Here are the examples of the 7 cases in which there had been a clear underestimation or non-recognition of the mothers' difficulties.

Case 1. A mother stated that she was depressed, not coping and unable to deal with the child's behaviour.

Case 2. The parents stated that they could no longer physically care for their profoundly physically and mentally handicapped child,

they were under enormous stress and the mother was constantly
depressed.

Case 3. A migrant family with a moderately retarded boy with behaviour
problems and many associated difficulties, desperately
perceived by us as needing some respite, a holiday, day care,
time out, space to recoup.

Case 4. A mother stated that she felt like drowning her child.

Case 5. The mother stated that there was no way she was coping and
feared she might kill her child.

Case 6. The family had debts amounting to thousands of dollars which
caused additional stresses. They could see no way out.

Case 7. The mother was desperate and physically exhausted because
her profoundly physically and mentally retarded child hadn't
eaten for 7 days and she feared the child was dying. She said
that she was not coping with her other children and her husband
denied the situation. She didn't want to go to the hospital
because 'they would just stick tubes in him'.

These examples represent some serious cases. There were other instances in
which the mother, or both parents, needed support or guidance as to what
action would be appropriate, who might be the best person to turn to. They
needed someone to negotiate with them and on their behalf not merely because
of the unanticipated problems associated with children but also because of
the lack of comprehensive services, the small degree of co-operation between
professionals, and the absence of much co-ordination between agencies.

All these points emphasise again the desirability of having at least one
agency and professional person responsible to plan with the family the best
way to meet their own and their child's needs. This recommendation applied
even to families who appeared to have considerable skills and resources of
their own. It is a recommendation which is not overtaken even by the Richmond
Report's recent suggestion that health services in the area of developmental
disability should provide 'comprehensive diagnostic assessment and associated
counselling'. Even with associated counselling it is so easy for families to
fall through the system's wide mesh network.

Final Discussion

If the support for families who care at home for severely disabled children

is to be a main priority in agencies' policies, they need to pay close attention to the undue tensions and consequent stress experienced by mothers. It is the mothers who do most of the caring, make most of the contact with professional services and in most families appeared to carry out the extra physical tasks of washing, lifting and feeding. Perhaps in consequence, mothers often describe stress in terms of physical tiredness. The tiredness was associated with their sense of failure to meet ideal notions of being a good wife and mother, to meet societal expectations of having a normal child.

Fathers' ability to share the tasks of housework and child care could be a real asset to their wives if there is a genuine sharing. On the other hand, the organisation of services at a time when fathers are at work and in the present cultural climate of assumptions about men being 'masculine', not having much to do with child care, it may be difficult for some fathers to develop a caring role.

Resources, such as availability of babysitting, size and quality of housing, opportunities for employment and extra income and the ability to make use of a potential range of outside services, were important in affecting mothers' sense of being able to care effectively for their children. This sense of caring or coping affected definitions of stress and whether it was manageable.

The availability of a personal network of relatives and friends who could provide important forms of interest and support had a more direct effect on mothers' sense of coping than did professional services. The latter were not unimportant in affecting mothers' sense of coping, but if their aims were to provide support for mothers, this could be done not only by providing specialised services, but also by reinforcing the mother's personal network. This task could be carried out effectively by staff such as social workers in association with general practitioners, community health nurses, but their effectiveness would depend on such 'named person's' co-ordination of the activities of several professional agencies.

In some families, professional services unwittingly increased the mothers' sense of stress and made more difficult their management of child care. For example, recommendations to carry out therapy programmes at home unaided were seen by some mothers as an added burden, in particular if they felt that their child was not making progress. In addition to being offered, and in some cases being inundated with badly co-ordinated professional services whose activities were difficult to comprehend, some families observed that those services which

they probably could have understood, such as support from other parents, or
planned day-care, were not available to them.

Child Welfare : Current Issues and Future Directions

SWRC Seminar, 6 July 1983

ABORIGINAL CHILDREN : POLITICAL PAWNS OR PARAMOUNT CONSIDERATION?

Richard Chisholm

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I   INTRODUCTION

In the first decade of this century, an Aboriginal girl called Margaret Tucker was on a holiday with her mother and father at the Brungle Reserve (near Gundagai). She overheard a conversation about the Aborigines Protection Board. Here is her description, taken from her autobiography[1].

> I overheard my grandmother talking with my mother about the so-called Aborigines Protection Board, which had the policy of taking all the girls who reached the age of twelve or thirteen to the Domestic Training Homes for Aboriginal Girls at Cootamundra. Neglected boys and girls were also taken there. The boys were to be trained as stockmen and in other farm work, but they could have learned this on the stations and farms around, without being taken from their parents. Our Aboriginal families lived in constant fear, especially the parents....
>
> One day we were allowed to go home early from school. When we got home, the house was very tidy, in fact all the homes were extra tidy. Rubbish had gone. We were made to wash and brush up. The Aborigines Protection Board members were coming. I can remember how pleased and proud Mother and Father were to hear them say what lovely little girls they had, how nicely kept, everything so scrupulously clean; could the two older girls go for training in that beautiful training school at Cootamundra, where they would be well cared for and trained to be domestics and earn a living? They would love being there in the beautiful surroundings, the lovely gardens with fruit trees. My father and mother were listening. Mother told them that while it sounded all right, she felt that the neglected children with no parents needed to be cared for, not our family, who were happy. My father's younger sister, four years older than I, had been taken (we had never seen her), and others from parents on Brungle and elsewhere. The parents fretted to see their children and the children longed to see their home, even if it were only a mia-mia, or a shack. As long as they were with their beloved bush people and in their own surroundings they were happy.
>
> We were terrified at the thought of being separated from our parents, and while we listened fear and suspicion grew in our hearts. I edged nearer to Father, who I felt for the first time really belonged to us and would help my mother protect us. My father and mother were fighting to keep us together as a family. I realised now why there were few girls or boys of my age at the Settlement. Most had been taken away to be trained, never to be seen for many years. My auntie had been taken from her grandmother and many parents did not see their children for years. Some of the children died fretting for home. Home was their people. We suffered hunger and sometimes sorrow in our homes, but we were together, free to go walkabout, to hunt

and to learn at school. These Board members were insistent
on having us, but Father said, 'No,' he wanted us home and
could keep us. Mother, to end this frightening conversation
said, "We will think about it.'...

Margaret remembered that conversation some time later, when she was back
"home", at Moonahculla Reserve. She was at school. It was 1917, and
she was aged 13. The children were excited to hear the "unmistakable
sound of a motor car", then a rare and newsworthy occurrence. Some of
the children dared to look through the window when the teacher was
called outside, and saw a policeman talking with Mr and Mrs Hill, who
ran the school. Then Mr Hill told all the children to leave the school,
except for Margaret and two other girls. The rest of the story may be
told in Mrs Tucker's own words:

> I had forgotten about Brungle and the gang of men
> representing the Aborigines Protection Board who had visited
> when we were staying there. But then it came to me in a
> rush! But I didn't believe for a moment that my mother
> would let us go. She would put a stop to it! All the
> children who had been dismissed must have run home and told
> their parents what was happening at school. When I looked
> out that schoolroom door, every Moonahculla Aboriginal
> mother - some with babies in arms - and a sprinkling of
> elderly men were standing in groups. Most of the younger
> men were away working on homesteads and sheep stations or
> farms. Then I started to cry. There were forty or fifty of
> our people standing silently grieving for us. They knew
> something treacherous was going on, something to break our
> way of life. They could not see ahead to the white man's
> world. We simply accepted the whites as a superior race.
> Around that particular part of Australia, I feel we were
> fortunate in having a kindly lot of white station owners.
> Then suddenly that little group were all talking at
> once, some in the language, some in English, but all with a
> hopelessness knowing they would not have the last say. Some
> looked very angry, others had tears running down their
> cheeks. Then Mr Hill demanded that we three girls leave
> immediately with the police. The Aboriginal women were very
> angry.
> Mr Hill was in a situation he had never experienced
> before. He did not take into account that Aboriginal hearts
> could break down with despair and helplessness, the same as
> any other human hearts. Mrs Hill, the tears running down
> her cheeks, made a valiant attempt to prolong our stay. I
> did not realise she had sent our two radicals, Eric and
> Osley to race the mile and a half to get our mother. I will
> never forget her for that. She stood her ground, against
> her husband, the police and the driver of the car. 'Well,
> they can't go without something to eat, and it is lunch

time,' she said, in a determined way.

'No thank you Teacher, we are not hungry,' we said.

'All the same, you children are not going that long journey (first to Deniliquin, then many more miles to Finley, where we would catch the train to Cootamundra) without food,' she insisted.

She went out to her house at the side of the school, taking as long as she dared to prepare something to eat. Her husband, his face going purple, was looking at his watch every few minutes. At last she came in with a tray with glasses of milk and the kind of food we only got at Christmas time. We said we couldn't eat it - we were not hungry - but she coaxed us to drink the milk and eat something. Mr Hill couldn't stand it any longer and said a lot of time was being wasted, and that the police and the driver wanted to leave.

We started to cry again and most of our school mates and the mothers too, when our mother, like an angel, came through the schoolroom door. Little Myrtle's auntie rushed in too.

I thought: 'Everything will be right now. Mum won't let us go'.

Myrtle was grabbed up by her auntie. We had our arms round our mother, and refused to let her go. She still had her apron on, and must have run the whole one and a half miles. She arrived just in time, due to the kindness of Mrs Hill. As we hung onto our mother she said fiercely, 'They are my children and they are not going away with you.'

The policeman, who no doubt was doing his duty, patted his handcuffs, which were in a leather case on his belt, and which May and I thought was a revolver.

'Mrs Clements,' he said, 'I'll have to use this if you do not let us take these children now.'

Thinking that policeman would shoot Mother, because she was trying to stop him, we screamed, 'We'll go with him Mum, we'll go.' I cannot forget any detail of that moment, it stands out as though it were yesterday. I cannot ever see kittens taken from their mother cat without remembering that scene. It is just on sixty years ago.

However, the policeman must have had a heart, because he allowed my mother to come in the car with us as far as Deniliquin. She had no money, and took nothing with her, only the clothes she had on. Then the policeman sprang another shock. He said he had to go to the hospital to pick up Geraldine, who was to be taken as well. The horror on my mother's face and her heartbroken cry! I tried to reason why all this was happening to us, and tried not to think.

All my mother could say was, 'Oh, no, not my Baby, please let me have her. I will look after her.'

As that policeman walked up the hospital path to get my little sister, May and Myrtle and I sobbed quietly. Mother got out of the car and stood waiting with a hopeless look. Her tears had run dry I guess. I thought to myself, I will gladly go, if they will only leave Geraldine with Mother.

'Mrs Clements, you can have your little girl. She

left the hospital this morning,' said the policeman.

Mother simply took that policeman's hand and kissed it and said, 'Thank you, thank you.'

Then we were taken to the police station, where the policeman no doubt had to report. Mother followed him, thinking she could beg once more for us, only to rush out when she heard the car start up. My last memory of her for many years was her waving pathetically, as we waved back and called out goodbye to her, but we were too far away for her to hear us.

I heard years later how after watching us go out of her life, she wandered away from the police station three miles along the road leading out of the town to Moonahculla. She was worn out, with no food or money, her apron still on. She wandered off the road to rest in the long grass under a tree. That is where old Uncle and Aunt found her the next day. They had arrived back with Geraldine from the Deniliquin hospital and they were at once surrounded by our people at Moonahculla, who told them the whole story. Some immediately offered the loan of a fresh horse to go back and find Mother. They found our mother still moaning and crying. They heard the sounds and thought it was an animal in pain. Uncle stopped the horse and got out of the buggy to investigate. Auntie heard him talking in the language. She got down and rushed to old Uncle's side. Mother was half demented and ill. They gave her water and tried to feed her, but she couldn't eat. She was not interested in anything for weeks and wouldn't let Geraldine out of her sight. She slowly got better, but I believe for months after, at the sight of a policeman's white helmet coming round the bend of the river, she would grab her little girl and escape into the bush, as did all the Aboriginal people who had children.

When these happenings reached the ears of the farmers and homesteaders, they got together and protested I believe. They got an assurance that Mother and Geraldine would be left alone. Mother was highly respected in the district. The love and care of all the Aboriginal people on the Settlement, especially of old Aunt and Uncle, and her own courage, helped her back to her old self, 'up and doing', as she had so often said to us.

I often wonder how many black children were taken like that.

At Cummereagunga and old Maloga, the haunts of my mother and old Aunt, and where I had most of my education under Mr James, who taught us the white man's ABC, the same thing happened. Young girls were taken by force, especially when our Aboriginal fathers and young men were away working. At Cummeragunga a few girls of thirteen and fourteen swam the Murray River to escape onto the Victorian side. I believe a policeman resigned from the force saying if it was a policeman's job to tear crying children from heartbroken mothers, he did not want the job...

There are unforgettable images here of human tragedy. But there are also images of power and powerlessness. Of all the incidents in this grim story, the one that, for me, typifies the relation between Aborigines and whites at this time is the Aboriginal mother, kissing the hand of the policeman who has the kindness to take away only <u>one</u> of her daughters.

Margaret Tucker's story is important because it is typical of the experiences of many Aboriginal families, and because it was the practical result of the deliberate policies of the white authorities given control over Aborigines in New South Wales. These policies have now been the subject of detailed analysis,[2] and it is only necessary here to cite some quotations from the Board's own reports:

> ...it is desirable that the Octoroon and Quadroon children throughout the State should be under the control of the State Childrens' Relief Department with a view as early as possible of having all such children absorbed into the general population of the State.
> (A.P.B. Minutes, 1912 : 4/7121)

In the A.P.B. Report of 1914 it was stated that:

> Several...were handed over to the State Childrens' Relief Department as neglected children. These will not be allowed to return to their former associations, but will be merged into the white population.
>
> To allow these children to remain on the Reserves to grow up in comparative idleness, and in the midst of more of less vicious surroundings, would be to say the least, an injustice to the children themselves, and a positive menace to the State.

And here is a 1950's version, from the Board's magazine DAWN:

> Modern thought on the question of the placement of dependent children, recognises that the best substitute for a child's own home, is a foster home. Institutional care, at best, is a poor substitute for a normal home upbringing. With this in mind, and in view of the fact that many of the wards in the Board's care are of light caste, efforts were made late in 1955, to secure foster homes for these amongst white people. Furthermore this was regarded as being a positive step in implementing the Board's policy of assimilation.
> (November, 1956 : 18)[3]

How many children were taken? There are records from which estimates can be made, although the precise number cannot be certainly known.

Heather Goodall found that the Board's records show that 1,427 were taken up to approximately 1956.[4] Other children went into the child welfare system, but the number is uncertain. Goodall estimates that the total may be close to 2,400. The actual population of Aborigines under 15 years was about 2,800 from 1910 to 1920, and had risen to about 4,400 in 1936. Thus the impact of the system, in numerical terms, was considerable. More important, perhaps, is the fact that the system was a constant threat for Aboriginal families. Thus Margaret Tucker's account includes the remark that her mother would flee to the bush with her child at the sight of a policeman's helmet "as did all the Aboriginal people who had children". Goodall's work, and that of Carla Hankins and Peter Read, shows how lasting is the impact made on Aborigines now living, and how profound has been the effect on Aboriginal attitudes to whites and white authority.

II   A SEPARATE SYSTEM : THE LEGAL BACKGROUND

The Aborigines Protection Board (later to become the Aborigines Welfare Board) operated from 1909 to 1969 under a separate legal regime,[5] giving it power to intervene into Aboriginal families. The Board itself had successfully lobbied for such powers. In 1969, the Board was abolished and from that time there has been no _formal_ discrimination in law between Aboriginal and other children. The older system and its application, however, are of great importance in understanding both the claims Aborigines are now making and the difficulties facing those who would make the laws relating to child welfare more appropriate for Aboriginal people. The main characteristics of the system may be stated as follows:-

(1.) Power was exclusively in non-Aboriginal hands. It was a system of white welfare for black children. (Exceptionally, an amendment in 1943 provided that two of the eleven members of the Board should be Aborigines, and these should be nominated by Aborigines).[6]

(2.) Throughout the evolution and development of the Board, it seems to have been assumed that being Christian and respectable were sufficient qualifications for those whites who were interested in making and

carrying out policy relating to Aboriginals. There was no sense that any professional qualifications were required, or that the powers might be abused, so long as these white people exercising them were respectable and well-intentioned. A similar point may be made in relation to education: Rowley writes that those Aborigines who received schooling on N.S.W. reserves in the 1930's "were taught by managers who were untrained and for whom the school was one of many chores, taking some two or three hours a day".[7]

(3.) There appears to have been inadequate recognition of the importance and value of Aboriginal methods of child rearing, and especially the importance of the extended family. Carla Hankins gives a neat example, citing a case where a child was removed because she was declared to be an "orphan". In fact, she had a father, several aunts and uncles and eight brothers and sisters ranging in age from seven to twenty-nine years.[8] Indeed, it is clear from the Board's reports and other contemporary materials that removal of children from their communities on the Board's reserves was seen as a positive virtue in that it removed the children from patterns of child care which were assumed to be barbarous and harmful.

(4.) A further feature was the lack of procedural justice. The 1915 amendment inserted a provision that the Board, could, without any court proceedings, "assume full control and custody of the child of any aborigine, if after due inquiry it is satisfied that such a course is in the interest of the moral or physical welfare of the child".[9] There was a right of appeal by parents, and an amendment in 1940 required the Board to obtain an order from the children's court giving it control of the children. It seems clear, however, that because of the general dominance of the Board and the powerlessness of Aboriginal people, few parents would have been able to use effectively the legal mechanisms for challenging the decisions of the authorities. No such challenges are reported by any of the 19 Aboriginal people interviewed by Goodall or the 12 interviewed by Hankins.

(5.) Finally, the system was characterised by the fact that intervention in children's lives formed part of a wider policy (or

policies) relating to the future of Aborigines generally. Briefly, such policies included the desire of the Board to hasten the "assimilation" of Aborigines by removing children of mixed parentage and lighter colour into white families; to provide cheap labour to white people; and to form a basis for controlling the parents, terrified of losing their children if they made a false move.

III   PRESSURES FOR CHANGE

In this section I want to describe three main sources of pressure for change: Aboriginal demands, the Australian Labor Party's policy of self-determination, and research on the actual operation of child welfare systems on Aboriginal children.

(1.) Aboriginal Demands

Aboriginal people have long been familiar with the child welfare system in practice. From the beginning, they have reacted with sadness and despair, but in recent times their reactions have become more challenging. Aboriginal demands are now documented in the three Australian Conferences on Adoption (1976, 1978 and 1982), in published statements and articles, and in the policies and submissions of Aboriginal Child Care Agencies.[10] These documents, and the statements made to me in the course of research,[11] may be conveniently grouped under three major claims: for an Aboriginal child placement principle, for participation in the planning and administration of the child welfare system, and for the legal recognition of these two claims.

(i)   The Child Placement Principle   This principle is that where reasonably possible, Aboriginal children should be placed with Aboriginal families or in some other form of Aboriginal care. No Aboriginal child should be placed in a white foster or adoptive home, in particular, unless there is no suitable and available Aboriginal placement for the child.

This is a simple statement. A fuller account of the principle would include reference to such factors as the

child's relationships with kin and with places, and would spell out the meaning of such qualifying words as "where reasonably possible".

(ii)   Participation. This claim is that child welfare should not be, as it was in the days of the Protection and Welfare Boards and to a large extent still is, white welfare for black children. Instead, Aboriginal people should play a large part in the system, and especially they should exercise real power to make decisions, plan services and control resources. The claim is to more than mere "consultation" by the authorities, although that is part of it.

Again, this is a simple account. A full treatment would consider various forms of participation and their implications.[12]

(iii)   Legal Recognition. This is that claim that Aboriginal people's entitlement to the child placement principle and to participation should be guaranteed by law, and not dependent on current policy or the goodwill of those who happen to be in power at a given time.

(2.) Labor's Policy of Self-Determination
Labor's policy adopts the principle of self-determination for Aboriginal people.[13] A key passage is the following:

Linked with the principle of consultation is the principle of self-determination. From the earliest attempts, Government policies for Aboriginals have failed because they were not based on an understanding of Aboriginal culture and society and because Aboriginals were not involved in their formulation and did not want them. Programmes in which Aboriginals determine their own needs and priorities are not only more equitable, they are more successful and cost-effective.[14]

It is clear that such a policy requires fundamental reconsideration of a legal framework that gives no place to Aboriginal people and organisations.

(3.) <u>Research on the Impact of the Child Welfare System on Aboriginal Children</u>

Until quite recently, there has been virtually no research on the impact on Aboriginal children and their communities of either the Protection and Welfare Boards' efforts or the present system. In New South Wales, the breakthrough came with the publication of the study <u>Aboriginal Children in Substitute Care</u>, by Chris Milne, as part of the Aboriginal Children's Research Project of the Family and Children's Services Agency[15]. That study revealed that while in 1980 Aboriginal children were about 1.5% of the population, 15% of all children in substitute care were Aboriginal, and the vast majority of them were in some form of non-Aboriginal placement. Moreover, 18% of children in corrective institutions (training schools) were Aboriginal. There is also recent evidence of the over-representation of Aboriginal children in child welfare systems elsewhere in Australia.[16]

IV   RECENT DEVELOPMENTS

In this section, I will note briefly some of the many recent developments that indicate the beginnings of new directions in Aboriginal child welfare law and policy. It will be convenient to consider them under the same headings as used for Aboriginal demands, since broadly speaking they go some way towards meeting those demands.

(1.) <u>The Child Placement Principle</u>

In the course of my research I have obtained considerable anecdotal evidence that to a large extent the Aboriginal child placement principle is now accepted as good practice in the Department of Youth and Community Services. Departmental officers have frequently said that they seek Aboriginal placements where possible; efforts are being made, especially through Aboriginal officers employed by the Department to recruit Aboriginal foster parents; an examination of the files of one

district office showed cosiderable efforts to maintain contact between
Aboriginal wards and their families and communities; a study showed
that only 22 Aboriginal children were made wards in 1981-82, and
departmental correspondence showed considerable efforts to place these
children with Aboriginal families. It is my impression that in recent
years the Aboriginal child placement principle has come to be seen as
the policy of Head Office and of Regional Directors, although it is
unclear how fully this is understood and accepted at field officer
level, and it is also unclear how many Aboriginal children are still
being placed away from their communities and people in breach of the
principle (i.e. where there are suitable placements with Aboriginal
people).

Certainly, Aboriginal children are still being separated from their
people in various ways. The major force separating children now seems
to be the juvenile justice system, dealing with young offenders, and
frequently placing them on remand or in training schools away from their
communities and their people. There are also some children still being
adopted to white families where they could have gone to Aboriginal
families, and it is likely that under the health system Aboriginal
children are placed for significant periods away from their people in
circumstances where, if health services were differently arranged, they
might have received treatment in their own community. It is not easy to
put numbers on these areas, since reliable statistical data is hard to
come by and does not always identify Aboriginal children, and seldom if
ever identifies Aboriginal placements.[17]

(2.) Participation

Recent years have seen the emergence of three forms of Aboriginal
participation. First, there seems to have been a great increase in the
willingness and ability of Departmental officers to consult and co-
operate with Aboriginal people and organisations. An example is the
case conference described in an article already referred to,[18] where
several Aboriginal representatives were invited to participate in a case
conference to determine what action to take in respect of several
neglected Aboriginal children. Another is the practice of police
officers in Nowra of discussing with the South Coast Aboriginal
Children's Service some young Aboriginal offenders - sometimes, these

consultations avoid the need for court proceedings. The author's survey of Aboriginal wards showed considerable use of a variety of forms of consultation with Aboriginal people.

A second form of Aboriginal involvement has been the employment of Aboriginal community workers in YACS offices, a program funded by the federal government through the Department of Aboriginal Affairs. The Family and Children's Services Agency has also made use of Aboriginal people, both in its community development work and in the research leading to the report on Aboriginal children in substitute care: this report was the result of collaboration between the researchers and a "steering committee", consisting mainly of Aboriginal people.

A third form of involvement has been through Aboriginal organisations, notably the Aboriginal Children's Service and more recently the North Coast Aboriginal Child Care Agency. These bodies have been involved in a range of child welfare activities, and have, through seminars and in other ways, contributed to a greater understanding of the issues and the needs of Aboriginal children.

My own view is that all these developments are moves in the right direction. But important questions arise about their relative importance, and the principles for allocationg resources towards promoting the various forms of involvement. In particular, my own view is that the emphasis should be on involvement of Aboriginal people through their own organisations, rather than through the employment of individual Aboriginal people in "white" organisations. In my view, this emphasis is required if a policy of self-determination is to be implemented. At a more practical level, it seems that properly supported Aboriginal organisations active in this area are the most effective ways of delivering child welfare services that are sensitive to Aboriginal attitudes and feelings, and are relatively free of the stigma that has been attached to child welfare as a result of the tragic history referred to earlier.

(3.) Legal Recognition
This claim has not yet been met: the developments in the direction of Aboriginal demands are based on policy, funding, and practice. There are no legal guarantees in New South Wales as yet, despite submissions

by Aboriginal organisations that such provisions should be included in the Community Welfare Bill 1981 (now the Community Welfare Act 1982). Nevertheless, the momentum for legal recognition is growing. The Australian Law Reform Commission has tentatively recommended the legal implementation, though federal law, of a version of the Aboriginal child placement principle, along the lines of the Indian Child Welfare Act 1978 of the United States. Such a principle already appears in the new Northern Territory Community Welfare Bill 1983.[19] Even more recently, the Adoption Legislation Review Committee of Victoria has made a series of recommendations for reform of law and practice that would go a long way to implement Aboriginal demands in the area of adoption.[20] It seems not too optimistic to hope that these developments foreshadow a legal recognition of claims that have so far been reflected only in practice.

V   WHERE NEXT?

In my view, the Aboriginal claims I have identified, would, if implemented, both promote the welfare of individual children and advance Aboriginal people generally. Some of the issues, and directions of change, have already been discussed, but it might be convenient to note briefly some of the more important matters.

Firstly, there seems no real obstacle to the swift implementation in law of the Aboriginal child placement principle, which has been recommended by what is now a very large number of bodies and seminars involving both Aborigines and non-Aborigines. If this does not happen through State legislation then it appears likely that it will imposed on the states by federal legislation: that is the thrust of the Law Reform Commission's work and of the Labor Party's policy. However, if real progress is to be made in serving the needs of Aboriginal children, more than law reform is required. A great deal of attention needs to be paid to the juvenile justice system: the need appears to be not only for procedural change (especially procedures to divert children from court) but for resources, so that whatever is to be done to offending children (both by way of sentence and arrangements on remand) can be done without removing them from their communities and from Aboriginal people. Similarly, the health system needs to be examined to see if undue removal of children can be avoided. Adoption law needs to be reformed in order to prevent

the placement of Aboriginal children through non-Aboriginal adoption agencies which do not have the knowledge and acceptance among Aborigines to be able to arrange appropriate placements.

There is a related matter, not previously mentioned, and this is the situation of children now in the child welfare system. In my view, these children present difficult problems. They may well have formed relationships with foster or adoptive parents that have become very close and removal might be damaging for them; indeed, some have learned to disown or despise their Aboriginality. On the other hand, these children have in my view a right to know who they are, and in many cases the circumstances of their placement involved great injustice to their parents and families. I believe that they are entitled to an intensive and skilled effort, certainly involving Aboriginal child care workers, to resolve the very difficult situation that so many of them are in. I also believe that the law should recognise their right to full information about their origins, and the rights of the parents and families to information about them. The precise formulation of these rights, and the best way to implement them, however, is a matter of considerable difficulty and requires careful thought. But the urgent need for attention to these children is shown by the experiences of many Aboriginal people, now adults, who have lost contact with their own people, and with a part of themselves, through placements that might have been beneficial in material terms but neglected their total needs. The work of Coral Fraser and the Link-up Program, and the knowledge acquired by Aboriginal people through their own experiences and learning, must be used thoroughly and sensitively if the needs of these children are to be met.

Secondly, as already mentioned, I think that the aspect of Aboriginal participation which most deserves support is the work of Aboriginal child care organisations. What is required is daunting, in terms of resources, training, and the working out of a system of operations that meets the legitimate claims of government as well as encouraging these organisations to function in an authentically Aboriginal way. I cannot explore the complexities involved here. The difficulties, however, should not be overstated. Already the Aboriginal child care agencies have done much good work and acquired valuable experience and expertise in circumstances where financial and other forms of support for them

have been uncertain and hapazard, though on occasion not ungenerous. In this area, change must take some time, and there has been very significant progress since Aboriginal people and their supporters were planning such organisations in 1976.

VI   WHO IS AN ABORIGINAL CHILD?

The present paper, and indeed most discussions of this issue, speak of "Aboriginal" children without defining what that means. Yet for some people, it is not at all obvious that children of mixed ancestry should be regarded as Aboriginal. Suppose a child has one quarter Aboriginal blood, one half English blood, and one quarter Indian blood. Why should he or she be regarded as Aboriginal rather than English or Indian? Why should the law impose an Aboriginal child placement principle on such a child, rather than a preference for placement with English or Indian families, and why should the law guarantee Aboriginal participation, but not English or Indian participation, in child welfare decisions relating to the child?

A similar problem arises in the case of adults, but here a definition has been found. This definition, widely accepted for administrative purposes and acceptable to Aboriginal people, has three aspects. A person is regarded as an Aboriginal if he or she (i) has some Aboriginal ancestry and (ii) considers himself or herself to be Aboriginal and (iii) is accepted as such by Aboriginal people.

This definition, however, does not always work with children. Take a baby, born to an Aboriginal woman and a white father. The baby cannot yet form a view about his or her identity, so the second criterion cannot be applied. And the third criterion might prove difficult, for both communities might claim the child as their own, as where the father and his relatives competes for custody with the mother's Aboriginal relatives. The process of identification that is used as part (ii) and (iii) of the definition for adults is precisely what is in question for these children: to what community are they to be allocated?

One view is that one cannot regard such children as either Aboriginal or non-Aboriginal for the purposes of the placement principle and Aboriginal participation: laws and policies should regard as "Aboriginal" only those children who either have Aboriginal ancestry on

both sides, or who have already been brought up amongst Aboriginal people.

I have found, however, that Aboriginal people frequently argue that all children with Aboriginal blood should be regarded as Aboriginal. There are two arguments often used to support this. Firstly, they point out that since contact, white people have used a variety of definitions of "Aboriginal" to suit their purposes, and for whites to determine the question of Aboriginal identity is a particularly damaging and vicious form of oppression. Today, it is time Aboriginal definitions were accepted.

The second argument is that the social identification of a person with Aboriginal blood is Aboriginal. From the point of view of Aboriginal communities, any child with Aboriginal blood is accepted as Aboriginal. From the point of view of the non-Aboriginal community, too, Aborigines say that people with Aboriginal blood are identified as Aboriginal. Aborigines who have one-quarter Aboriginal ancestry do not get half as much discrimination as those with half Aboriginal ancestry.

I find both these arguments very powerful. As to the second, the view that any person with Aboriginal blood is regarded by whites as Aboriginal regardless of the precise extent of Aboriginal ancestry is, I think, broadly correct. It may not be completely correct. Perhaps the extent to which white people identify individuals as Aboriginal varies somewhat according to how "Aboriginal" the person looks: perhaps a fair coloured child, with minimal Aboriginal ancestry, receives more acceptance than darker children. I know of no reliable evidence on this. Despite this qualification, however, since a definition must be formulated, I am inclined to think that the best approach at present is to regard as Aboriginal any child with Aboriginal ancestry. After decades of white blunders in this field, we could do worse than follow the Aborigines' views for once. It may be that after implementation of the required legal and other changes, and with a closer collaboration between Aborigines and non-Aborigines, a slightly different definition will emerge.

VII   CONCLUSION

In this paper I have attempted to describe in outline some of the main developments and the issues involved. Almost every point made raises further questions, often of considerable difficulty. The problems need to be resolved; and the resolutions need to be acceptable both to Aboriginal communities and to government. The developments since 1976 are on the whole encouraging. It is obvious, but also true and important, that progress in this area will require patient and careful work on the part of both Aboriginal and non-Aboriginal people. Those white people who may feel impatient or exasperated with the way Aborigines go about this task may do well to keep in mind the profound damage that white conquest has done to Aboriginal civilization, and in particular how deep are the feelings of helplessness and resentment resulting from the decades of dominance by white authorities over every aspect of Aboriginal life.

NOTES

1. Margaret Tucker, If Everyone Cared, (Ure Smith, Sydney, 1977), at page 81.

2. See generally C.D. Rowley, Aboriginal Policy and Practice (in three volumes, "The Destruction of Aboriginal Society", 1970; "The Remote Aborigines", 1971; and "Outcasts in White Australia", 1971 (Social Science Research Council, Canberra) and the citations at notes 3 and 4 below.

3. These quotations are taken from Carla Hankins, "The Missing Links" (B.A. Honours thesis, University of N.S.W., Department of Sociology, 1982), Chapter 2.

4. Goodall, A History of Aboriginal Communities in New South Wales, 1909-1939 (PhD thesis, University of Sydney, 1982), p. 135. Peter Read estimated that about 1,600 Aboriginal children were placed in the Board's homes at Cootamundra (girls) and Kinchela (boys) between 1916 and 1938: Peter Read, "The Stolen Generations" (NSW Ministry of Aboriginal Affairs, 1982).

5. The Board was created in 1883, following the appointment of a "Protector of Aborigines" in 1881. It was established in law by the Aborigines Protection Act 1909 under the title "The Board for Protection of Aborigines" (s4). Its activities relating to children are discussed by Read, Goodall and Hankins, cited above.

6. Aborigines Protection Act (Amendment) Act 1943, s 2.

7. C. Rowley, Outcasts in White Australia, 1977, p 65.

8. C. Hankins, "The Missing Links" (B.A. Honours Thesis, University of N.S.W., Department of Sociology 1982) at 2.1.16.

9. Aborigines Protection Amending Act, 1915, s 4.

10. For sources, see Australian Law Reform Commission, Reference on Aboriginal Customary Law, Research Paper 4 "Child Custody, Fostering and Adoption", 1982.

11. The author has carried out research in this area which will be published in due course by the Social Welfare Research Centre.

12. R. Chisholm, "Aboriginal Self-Determination and Child Welfare: A Case Conference" Australian Journal of Social Issues, Vol 17, 1982, pp 258-275.

13. A discussion of Labor's policy on Aboriginal Affairs may be found in the Aboriginal Law Bulletin, Vol 7, 1983 (editorial).

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17. See generally Chris Milne, "Aboriginal Children in Substitute Care", Principal Report of the Aboriginal Childrens Research Project (Family and Childrens Services Agency, Sydney, 1982).

18. See above, note 12.

19. Clause 69.

20. Adoption Legislation Review Committee, Victoria, Report (Victorian Government Printing Office, Vic. 1983) chapter 5.

Child Welfare: Current Issues and Future Directions

SWRC Seminar, 6 July 1983

CHANGING CONCEPTS AND PRACTICES IN CHILD WELFARE

AND OPTIONS FOR THE FUTURE

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To address the issue of concepts and practices in child welfare, as
well as to formulate possible options for the future, is rather a tall
order for anyone, especially if this is to be done in one paper.
For this reason, I have restricted my address to those issues which I
consider to be the key issues in child welfare at the present time,
but of necessity I cannot dwell on any of them at great lengths.

As to the content of the paper, I will attempt, first, to demonstrate
how the current problems in child welfare are due to the historical
inheritance of State and non-governmental child welfare agencies —the
inheritance that these agencies are trying to shed but experience some
difficulties in doing.   That inheritance, together with the reluctance
of governments, both the Commonwealth and the States, to accept the
reality of the need for universal children's services has resulted in
two kinds of child welfare. Then, in considering options for the future,
I will attempt to identify some positive developments in children's
services, which offer possibilities for a re-conceptualisation of child
welfare so that the issues would not be seen as simply the need for
"more welfare" but rather as the need for change in thinking about child
welfare so that the children's services can be seen and accepted as a form
of social parenthood.

Child welfare, together with the issues of welfare generally, has now become
a political issue, generating considerable interest and emotive heat in
on-going debates at conferences and seminars. The interest is also evident
in an ever-increasing volume of research reports and public inquiries. So
much so, that one hesitates to talk about the subject for fear of going
over the same ground again, notwithstanding the dictum of Heraclitus that

one cannot step in the same water twice. However, I hope that Heraclitus was right.

Concepts in Child Welfare

Child Welfare in Australia has never been static. From the early colonial days to the present time new concepts have been introduced into the language of child welfare from time to time, followed or accompanied by changes in legislation and re-organisation of the agencies responsible for the administration of the legislation. It would be expected, then, that these changes would be followed by changes in attitudes and in the practice of service delivery. This has not necessarily always been the case, for there is a long way between a concept and its interpretation and application in practice. More often than not, after an initial flurry, new concepts would be accommodated into existing practices and administrative structures, and in that process the services would return to their normal routine. One reason for this "accommodation of change" can be found in the inherent characteristics of bureaucratic organisations; the other, in the perennial nature of some of the issues in child welfare, social control and the maintenance of social order being prominent among them.

Concepts can easily become reified, acquiring, as it were, a life of their own. In social welfare, concepts in a reified sense are used very freely. They are used with reference to services, the recipients of services, as well as the providers of services. Such terms as "protection", "prevention", "the best interest of the child", "low motivation", and "counselling: are very much part of social welfare language. One of the more recent arrivals on the scene is the concept of "burn out" which is now used very frequently: it has already been

researched, and it will not be surprising if in a near future a special method of counselling will be developed to deal with it (if it has not been developed already) —after all, we have counselling for all other occasions.

For this reason, it is advisable to exercise a degree of caution when speaking about concepts in child welfare. For as Jan Carter observes (1983: 9) in relation to the concepts of protection and prevention,

> Protection and prevention are <u>symbols</u> 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...
> Thus the terms protection and prevention can mask
> profound ideological differences between occupational
> groups dealing with child welfare and disguise con-
> flicting views on intervention. Protection and
> prevention are rather like "family policy".
> Generalized statements, they have the asset, and
> liability, of meaning all things to all men.

No doubt, concepts are important for they provide direction and can act as a guide for action and for decision-making. However, it is essential to ascertain the meaning of concepts, and to do this we need to see how they are applied in practice. New concepts do not necessarily mean new practices, and new practices do not necessarily mean new functions. Indeed, in human services, such as child welfare, health or education, changes in terminology have been used to mask the continuity in practice and purpose. Solitary confinement has become "isolation rooms" or "contemplation rooms", and admonishment has become "counselling" and physical coercion has become "aversive therapy" or other similar forms of "behaviour modification".

The Historical Inheritance in Child Welfare

Before discussing current issues in child welfare and possible options

for the future, I would like to look briefly at the history of child

welfare in Australia so as to demonstrate that while certain issues

and concepts as well as practices might have changed over time, some

issues have remained relatively unchanged although they might be now

presented in a different language and different terminology. The societal

role the child welfare services have performed in the past and are still

expected to perform now is not solely one of enhancing the well-being of

children; there are many aspects of child welfare services, and many

functions, often not quite compatible with one another; often, in fact,

negating one another.

Historically, statutory child welfare agencies and non-governmental welfare

organisations have performed a dual role. They have provided care and

protection for certain children but have also performed an important

function of social control (Jamrozik, 1982a: 1). They have also acted as

instruments of class power and class control. The concern with the

preservation of social order within the existing class structure meant

in practice the intervention of the state for the purpose of controlling

the behaviour of the lower classes. Child protection meant not only

protection from "bad" or "irresponsible" parents, or from evil influences

of urban environment, but it also meant instilling in children the virtues

of hard work, obedience to authority and the acceptance of their lower

status. This is clearly evident in the legislation which required the

authorities to teach children under their care the skills of manual labour

but never any skills in higher level occupations.

In earlier days, particularly influential in child welfare were the rural interests of the landed gentry who were concerned at the drift of labour into the cities. The history of child welfare agencies clearly shows that they were expected to provide country people with cheap and compliant labour. The rural orientation of their training programmes, the placement of children "in service" and the belief that children would somehow become better citizens if they were removed from the corruptive influence of the cities and placed in rural surroundings are all clearly evident. Orphaned children were even imported from Britain to provide cheap labour for rural interests.

The files of child welfare agencies provide interesting reading. For example, in the 1930s, a farmer who regularly acted as a foster mother of state wards wrote to the Secretary of the South Australian Child Welfare and Public Relief Board, (Archives, State Library, Adelaide).

Dear Sir,

I am writing to enquire whether you could supply me with another girl about the age of 18 years, must be a good worker and fond of children. As the girl I have at present will not do as I ask her and also answers me back. I have done my best for her, and tried to help her in all ways. Please let me know as soon as possible if you can oblige me.

Yours sincerely .....

And to a 12 year old girl who was in a foster home (also in the country)
the Secretary wrote (after the foster mother complained about the
girl's laziness), (Archives, State Library, Adelaide)

Dear V.,

I have before me Mrs. J's report on you and
am thoroughly disgusted to find you so lazy. Laziness
is one of the worst faults anyone can have and I do
not see a very bright and promising career in front
of you. No one will be bothered with a lazy girl.
What do you mean by telling Mrs. J. that you were not
strong and that you could not do anything? Apparently
you are not only lazy, but you tell lies to help you
in your lazy habits. Now I do not want to hear any
more reports on your being too ill to do any work.
This is merely imagination on your part. I hope Mrs. J.
will not return you. If she does, I shall see you are
placed where no one is allowed to be lazy and where
everyone has to work.

Your sincere friend,

(Secretary)

These were the "bad old days" of child welfare and there is no doubt
that concepts and practices have changed since then. It needs to be
noted, however, that the system of fostering, or "boarding out" as it
used to be called, was itself a progressive step at the time, introduced
against the resistance of those who firmly believed that the protection

of children and their preparation for adulthood could best be achieved within the confines of residential institutions. Secondly, the practices of those days may now be seen as coercive and crude but, at the time, they were used in the name of "protection" and "training", as the practices of today are also carried out under similar concepts.

In more recent times, with the entry of the "helping professions" onto the scene, the previously coercive practices were replaced by the ideology of treatment. Whether that change constituted "progress" is open to doubt, for the purpose of the new methods remained essentially the same as that of the old methods, that is, the control of behaviour and the preservation of social order within the existing class structure. Programmes of "treatment" would be devised individually for each child but they were determined on common socio-economic indicators and value judgments, such as the child's and parents' education, work history, family composition, parental discipline, and even the neatness or tidiness of the family dwelling. For example, children who appeared in courts and were found to be "in need of treatment" would be referred to correctional institutions if they came from poor families and to child guidance clinics if they came from better-off middle class families (Garbutt, 1972). The differences in treatment based on a child's socio-economic status —indeed, the probability of a child's coming under the care of the state welfare agency— are still clearly evident, whether one examines the departmental files or the map of a city (Jamrozik, 1973, 1983).

Child welfare services have always been justified by the concern for the well-being of the child, and whatever has been done in the past or is being done now can be substantiated by "the best interest of the child". However, the concern for the "protection of society" has also been an important element in child welfare. The reconciliation of these two concerns, or two functions, has always presented difficulties for those responsible for child welfare, especially in relation to children who came under the control of welfare authorities for having been found to be "neglected", "uncontrollable", "in moral danger", "at risk" or "in need of care and protection", or whatever concept might be fashionable at the time.

This dual function seems to be at times forgotten in discussions and criticisms of State welfare authorities. It is true that the concepts of child welfare have changed and the functions those authorities now perform have widened. Most of them have been given the task of "promoting child welfare and the welfare of the family as the basis of community welfare". Most of them have also either changed their names or intend to do so. But their historical inheritance, or historical ballast, is difficult for them to shed, both in the eyes of the public and internally among their own personnel.

In some ways, the dual function of State welfare departments has now become a function of two doubtfully compatible extremes. They are expected to promote child welfare, family welfare and community welfare, but at the same time they are still responsible for the control and correction of children and young people who come into conflict with the law or who disturb the social order. Thus they are expected to carry out, at the same time, a universal task of promotion and a residual task of social control; to be at the forefront of social progress and be the

agencies of the <u>last resort</u>.

Furthermore, with the extension of their role, State welfare departments become larger; and the larger they grow they become, of necessity, also more bureaucratic. Legislation becomes more voluminous, followed by larger and more complex departmental regulations, policy statements, position papers, operational manuals — and organisation charts. Whether the task of welfare promotion can be achieved by bureaucratic methods may be open to question, but the compatibility of promotional role with the historically inherited (and still important) role of social control is rather doubtful.

Current Issues: Two Kinds of Child Welfare

The residual concept of welfare services came to be questioned, as it became increasingly evident in the post-war years that modern industrialised economies could not function without state intervention. However, the questioning has not produced a Welfare State with universal services. Rather, it has produced two kinds of welfare: the residual welfare for the lower classes; and welfare with varied degrees of universality for the middle classes. In child welfare, too, there are now two kinds of services: the traditional child welfare for the lower classes related to social control; and child welfare in the form of care for young children which, although expected and purported to be a residual substitute care, to be provided on the grounds of special "needs", is seen and used by the community (or at least by certain sections of the community) as a public utility to be used universally as part of the normal functioning of parents and families.

The fundamental problem in services for young children in the latter category, such as day care or pre-schools, thus lies in the assumptions on which these

services are provided. In the community, and especially among certain

sections of the middle class, there is a strong body of opinion that these

services should be provided by the state, either free of charge or at a

low cost, because they are seen to be essential for parents as well as

for children. The demands for services are thus formulated on the grounds

of _need_ as well as of _right_.

On the other hand, neither the States nor the Commonwealth have accepted the

proposition that the need for child care services is universal, or that

these services should be provided universally as a right. The operative

principle of the Children's Services Programme has been the criterion of

"need", and among the categories of children "in need" are children of

low-income families. Similarly, the States allocate their resources

according to various criteria of "need". The result is an extremely complex

system of service provision, each service being referred to by a specific

name and subject to specific regulations with regard to funding, staffing,

space and hours of operation. In comparison to the funds allocated,

governments employ a disproportionate number of people who perform a variety

of tasks: determining the "need", allocating funds, inspecting, licensing,

compiling statistics, and generally monitoring the system. On the other

side, the providers of services (directors of centres, co-ordinators of

schemes, etc.) spend long hours in providing the required information and

"fitting" in the children in their care into discrete categories which the

authorities need for compiling their statistics.

Two issues are involved here. First is the reluctance of governments to

accept the fact that the care of young children outside the family is now

a normal occurrence rather than an exception; and the second (related to

the first) lies in the attempts to fit these services into certain categories that can be bureaucratically classified and controlled. For example, there is still a division between "pre-schools" and "care" as if the two were distinctly different in function; and the "care" services themselves have a range of categories, such as "long day care", "full day care", "vacational care", and so on. But the needs for these services, as perceived and experienced by parents, do not fit into neat, discrete cells or boxes. The outcome is, to say the least, highly problematic.

There is now a vast array of literature and research reports on children's services, most of it commenting on the need for more funds, more equitable allocation of funds, greater simplification of funding formulae, and more flexible rules and regulations. Yet, despite these repetitive findings the system is growing more complex and the resources appear to be as scarce as ever. Moreover, it is also quite clear that the "needs" criteria are not working the way they are supposed to, especially in relation to low-income families. Those research reports which contain information on the socio-economic status of the users of child care services indicate consistently (although often only by indirect inference) that the main users are the middle- and higher income families. This appears to be the case with the services as a whole and in most geographical areas where the services are provided. Thus, contrary to the stated policy intentions, children's services subsidized by the government have become selective for the lower-class but almost universal for the middle-class.

The source of this problem of inequity in the provision and usage of children's services has now been identified in the submission model of funding. This is undoubtedly the case, for as long as services are provided according to a "need" as expressed by the community, some community groups

will always be able to press their needs more strongly and more competently than others.

We witness here what may be called a dilemma of the Welfare State, or a "paradox of democracy". The more relevant certain services become to people's normal social functioning, the more likely they tend to be demanded and utilized by the better-off groups in the community, to the disadvantage of the poorer sections in the community. The inequity will be greater if the initiative to formulate the demand for service rests with the community, as has been the case with the services for young children. If, on the other hand, the government wanted to restrict that service to the poorer sections of the community, it would need to attach to it a certain degree of stigma. This has been the case with child welfare services provided by the States in the past.

To use child care as it is now used under the auspices of the Children's Services Programme does not have the same meaning and significance as having a child "under the welfare" of the State authority. The former is seen and used to enhance the child's development; the latter is used to control the child's behaviour. For this reason, there is a demand for the former and a stigma attached to the latter, yet both forms of care are, conceptually, substitute care. It is for this reason, too, that the former is demanded as a universal need and right of the community, but has benefited mainly its better off-sections —the middle classes; while the latter is maintained as a universal necessity but has been used mainly to control the less well-off sections of the community —the lower classes.

The situation in child welfare is not dissimilar from that in the other areas of collective community services, such as education, health, or services for the aged. In all these areas the better-off sections of the community have managed to obtain better access to the services if the services are scarce; and to qualitatively better services if they are provided universally. By and large, the Welfare State has benefited the better-off rather than the poorer sections of the community, thus replicating the inequalities generated in the market economy rather than alleviating these inequalities as it is ostensibly purported to do. The middle class, especially the so-called "new" middle class of professionals and other white-collar occupations, is articulate in formulating its demands and has become adept in formulating them in the name of "community interests". It also has the capacity to influence governments' decisions because both major political parties as well as the party in the middle court its votes.

For this reason, there is a need, as Sinfield argues (1978: 156) "to escape the traditional disciplinary and professional blinkers which have already functioned to advance a particular construction of the 'welfare state'," and have thus served to distort social reality. The feature of community interests is their diversity rather than uniformity (Social Research and Evaluation Ltd.,1980)and when demands on the state are made in the name of community interests, the question thus arises: who speaks for the community? For the people who make these demands do not seem to act differently from the other sectional interests, such as the business community, which also fomulate their demands in the name of community interests. It seems, then, that in

order to ensure a more equitable distribution of children's services,
governments need to make certain decisions of their own rather than
respond to pressures from the sectional interests who can make the
loudest demands.

The fundamental issue in child welfare seems to lie in the reluctance
of governments to accept the reality of the universal need for child
care services. The common feature of the services provided by the
States and of those provided by the Commonwealth is an ambivalent and
ambiguous attitude towards the family. The family is seen as an
institution that needs the support of the state in carrying its child-
rearing function but there is also a suspicion that the family does
not do its job well or that it wants to shed that function onto the
state. In the traditional child welfare provided by the States, at
first, the family did not count at all. Once the child had been
taken into State care the child's family would be forgotten. Now,
this is no longer so but in most cases of State intervention the
family is still regarded as the cause of the child's problem, whether
the child is "neglected", "uncontrolled", or "at risk". Anyone who
reads the reports of State welfare authorities presented in courts
or the departmental files can see this clearly. Similarly, the manifest
aim of the Commonwealth Children's Services Programme is to assist the
family, but that assistance is seen as being needed only in certain
cases or at certain times, not as a universal need in the normal
functioning of the family.

The assumptions on which the children's services are provided as well as the methods of their provision has been a significant factor in the scarcity of services and in the inequitable allocation of scarce resources. Furthermore, because children's services are not seen as a universal need but rather as a somewhat unfortunate necessity in some cases, one of the important functions these services perform —that of the child's development and socialisation— receives relatively little attention. This omission is of particular significance to the children and families of the ethnic minorities.

Unfortunately, I cannot explore this issue here because of time limitations and also because, so far, we have not done much work in that area. However, it is a known fact that the families of ethnic minorities do not use formal child care services to the same extent as the English-speaking families. The reasons for this can probably be found in the system of resource allocation but probably also in the cultural orientation of the providers of care and, consequently, in the content of the care programmes; for it is doubtful that the concept of the multicultural Australia has had much impact on child welfare services.

Options for the Future

Looking to the future, it may be expected that the pressure on governments to provide services for children, especially for child care, will continue to grow. The pressure will come mainly from the middle classes because the middle-class life style is now such that parents' interests —be these interests related to parents' employment, the economic viability of the family, or parents' social life— are not easily compatible with a full-time child care in the family. The value of services for children's development and socialisation has also been recognised by middle-class parents.

Furthermore, it is the middle class parents who can make their demands
on governments heard.

For this reason alone, the governments will need to reconsider the present
level of fund allocation for children's services. However, an increase in
funds alone will not necessarily result in better services or in more
equitably distributed services (Brown, 1980). The solution to this problem
will necessitate changes in the methods of fund allocation as well as in
the assumptions on which the children's services are funded,that is,in the
perceptions of the role children's services perform in the lives of families
and children.

Currently, the issue which dominates the debate on children's services is
the demand for more funds from the Commonwealth. In this rather one-
dimensional debate the positive aspects of the Children's Services Programme
are overlooked. The Commonwealth has been a rather reluctant provider of
funds but the services supported by the Children's Services Programme
offer distinct possibilities for a transfer of human and material resources
from some of the existing remedial services, such as the substitute services
provided by the States for children under their control, into services that
would enhance the lives of these children as well as the social functioning
of their families. There are some indications that this already takes place
in some areas: for example, in the referrals of children considered to be
"at risk" to child care centres or family day care schemes, in the belief
that such referrals may obviate the necessity for State intervention.
Unfortunately, the significance of these new resources is not fully
appreciated because, as Picton and Boss have observed (1981: 3), the Office
of Child Care,

is viewed in and by the States as a source of finance

for some of their schemes rather than as a generator

of ideas, a stimulator of policies or an adviser on

service programmes. In short, it is viewed as a

financial source, and a modest one at that, rather

than as a conceptualizing source.

The Children's Services Programme has been a modest source of finance,
certainly. It has also provided funds on certain assumptions which are
not reflected in practice. But at the same time the Programme has
provided a basis for new concepts in child and family welfare and for
widening the scope of services, offering possibilities for the States
to remove their own services from the historically inherited residual
mould and to perform the task of "promoting the well-being of children
and families" more effectively. By and large, the States and the non-
governmental welfare agencies, have not taken advantage of that opportunity.

For example:

1.   There is sufficient evidence to show that the availability of child
care services lessens the stresses experienced by parents in caring for
their children. Thus, with a wider provision of child care services,
especially of the multi-purposive child care centres, there should be
less need for such measures as state wardship, fostering, or institutional-
isation of children.

2.   The provision of accommodation for young people who leave

parental home is still regarded as a remedial measure and an unfortunate

necessity. But young people leave their parental home for a variety of

reasons, and some of these have been accepted as "normal" for a long

time, and accommodation has been provided for them, such as boarding

schools and residential colleges. Thus, for some reasons, we have been

able to provide accommodation for young people who seek education but

not for young people who seek employment or leave home for other reasons

—one reason and service are regarded as normal; the others as somewhat

"pathological".

3.   The Family Support Services Scheme offers possibilities for

developing services which would be more appropriate to the needs of

social functioning of the family unit. Whether that pilot programme has

indeed been instrumental in developing new approaches to family services

may be open to doubt (Alexander, 1983) because welfare agencies seem to

have an uncanny ability of using new sources of finance for pouring old

wine into new bottles. However, the family services could be more

effective if they were more attuned to the realities of the market economy

rather than on providing the traditional forms of "family therapy".

4.   The Children's Services Programme has also demonstrated that with

appropriate and adequate assistance parents can organise themselves into

effective groups and contribute time and effort towards providing services

for their own children. So far, for reasons stated earlier, community

initiatives have worked more for the benefit of the better-off families

than for the benefit of families who are supposed to receive special
attention and priority in access to services. But this problem is not
impossible to overcome, provided the Commonwealth and the States were
willing to accept the universal need for children's services and
formulated their policies accordingly. This would mean, necessarily,
more funds from the Commonwealth; but for the States it would mean not
only a re-allocation of resources but also a change in attitudes, from
bureaucratic controls and regulations to facilitation and assistance.

5.   With regard to services for children of ethnic minorities,
perhaps it would be time to give some serious thought to the meaning
of a multicultural society. Such a society should not mean —as it
seems to mean now— that the true Australians are "here" and the multi-
cultural "ethnics" are somewhere "over there". As a recent letter to a
newspaper pointed out, the Anglo-Australians constitute the largest ethnic
minority in this country. While the English language is the main medium
of communication and is likely to remain so, it is equally valid to say
that the need for interpreters or "ethnic aides" is there because some
people do not speak English, as it is valid to say that the need is
there because too many Anglo-Australians are only mono-lingual and mono-
cultural. For example, there are people among the recently arrived
immigrants who have had considerable experience in children's services
and in education in their mother countries. It would be a constructive
step to employ them in children's services, not as "ethnic aides" but in
whatever field their abilities could best be used, such as administration,
programme development or provision of resource materials. Dick and Dora
and Jack and Jill could also do with some company of children from the
other cultures now present in this country (Jamrozik, 1982b).

Finally, one common factor in most child welfare services provided traditionally by the States and by the non-governmental sector and now also by the Commonwealth has been their focus on seeking explanations and solutions to child welfare in the child and the family, while at the same time ignoring or giving little attention to the significance of the external factors such as the unequal distribution of resources, services, income and wealth, and now employment opportunities. It is not the case that these influences on child welfare are unknown; rather, the difficulties lie in the inability of service providers to translate their knowledge into appropriate methods of intervention in individual cases.

This issue raises the question of whether the scope and function of child welfare services provided by the agencies such as State welfare departments should be extended or whether child and family services should be provided under different auspices and guided by different concepts. The solution may not necessarily lie in further growth of welfare services, for placing more and more areas of social life under the rubric of welfare is an acknowledgement and tacit acceptance of the society as it is. The alternative which would possibly be more fruitful would be a direct intervention into the allocation of resources in the public as well as in the private sector of the economy. This would call for a re-examination of such provisions as public transport, housing, town planning, and distribution of employment opportunities.

With regard to children's services the concept of <u>social parenthood</u>
(Sweeney and Jamrozik, 1982) appears to be feasible to apply in
practice, provided the existing assumptions on which the policies and
practices in children's services are based are reconsidered so that
the reality of the universal need for children services can be accepted.
The initiatives in that direction can feasibly come from the Commonwealth,
from the States, or from the community, but because of the national
significance of child welfare, the positive response would have to come,
in the first instance, from the Commonwealth Government. This would not
necessarily have to mean that the Commonwealth "take over" the full
responsibility for child welfare, but there are not many areas of public
concern other than child welfare that can be considered to be of greater
national interest.

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