

# Social Policy and the Challenges of Social Change, Proceedings of the National Social Policy Conference, Sydney, 5-7 July 1995, Volume 2

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## Social Policy and the Challenges of Social Change

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Volume 2

edited by  
Peter Saunders and Sheila Shaver



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## Foreword

The fourth National Social Policy Conference hosted by the Social Policy Research Centre took place on 5-7 July 1995. The theme of the conference was Social Policy and the Challenges of Social Change. This volume of papers from the Conference is the second of two to be published in the SPRC Reports and Proceedings series. It includes the second of the plenary papers and thirteen contributed papers. There is no connecting theme to the contributed papers which are in alphabetical order by author within each volume.

This year's conference was divided into broad social policy themes: Work and Welfare; Social and Economic Inequality; Family, the Life Course and the State; Community Services; Citizenship and the Mixed Economy of Welfare; and an Open Section which covered a variety of themes not included in the above categories.

In her plenary address, Hilary Land examines changes in the provision of welfare services within the welfare state, arguing that the market place has a much more important role than in the past: the state has become a regulator rather than a provider of services.

The contributed papers which follow are also largely concerned with the provision of services, with efficiency and equity aspects and with the delivery of specific services to various groups in the community: children, older people, people with intellectual disability, and unemployed people.

The papers in this volume and its companion should add to the body of work in the area, providing a balance between analytical, theoretical and practical approaches to social policy and stimulating interest in the concepts among researchers, administrators and the public.

Peter Saunders  
Director



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# Rewarding Care: A Challenge for Welfare States

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## 1 Introduction

We are now in the middle of a realignment of the functions of the state, the enterprise and the family, such as took place in the course of the industrial revolution. If so, this may imply that the role of the welfare state may have to be reassessed, not only because of the funding pressures but, more fundamentally, because of the need to move towards more active policies aimed at ensuring people's integration into work and society. (Commission of the European Communities, 1993: 19)

Thus stated the Green Paper on European Social Policy published in November 1993. Although (regrettably) the UK is not a signatory to the European Social Chapter, it has not been immune from changes in family and labour market structures, and the government in the past 15 years has been committed to increasing the role of 'the market' in allocating resources and rewards and to decreasing the role of the state. As far as welfare services are concerned there has been a shift from the state being a **provider** of services to one of being a **regulator**. The universalistic model of the welfare state on which substantial parts of the post-war social provisions was based in the UK, is giving way to a residual one - those who cannot get what they need in the market place must either rely on their families or the voluntary sector and only if all else fails look to the state. The boundaries then between the market, the family and the state are changing but in the process of redrawing those boundaries, some difficult questions arise.

This can be seen particularly in the developments within services providing care whether they are for children or for elderly or disabled people, i.e. community care. The 1990 NHS and Community Care Act is profoundly affecting the location of responsibilities for providing services to disabled, chronically sick and elderly infirm people. The intention is to encourage the development of

domiciliary services so that fewer people use the more expensive residential care which until 1993 was funded extensively by the social security system, and instead stay in their own homes longer. The local authority is not expected to **provide** all the domiciliary services, but rather to **manage** 'packages of care' negotiated with and drawn from the voluntary and private sectors as well as the statutory sector. This raises important issues for carers because the reason for the 'cheapness' of care in the community is that it is heavily dependent on their **unpaid** work. How are they rewarded in the new system? Is it through the wages system, the benefit system or from the satisfaction of knowing they are giving a valuable service which they feel morally obliged to give, either because of kinship ties and the benefits they received at some earlier or future stages in their lives, or because of a more generalised sense of obligation or responsibility to the wider community? What part will wages play in ensuring that the supply of carers is sufficient? Are wages an appropriate reward? Is caring, work? Is it love or money which matters and does one rule out the other? Under what circumstances, if any, are the value systems on which the market is based and on which caring is based, compatible? In other words, the question becomes not only what are wages for, but what is work? This is the question I have become increasingly interested in as I have studied social security and tax systems and realised that men's and women's 'work' was and is being defined in very different ways. So often women's work was not even noticed and acknowledged unless it was **not** done, in which case women's claims on their families or the state were reduced. In other words, work is a gendered construct.

Martin Rein and Lisa Peattie in their study of how women's claims for resources on family, employment and the state have changed in the past 150 years, argue that:

It is possible to treat 'work' itself as part of that body of social conventions which Polyani saw as the construction of a new social reality. In this extended view 'work' is no more self-evidently a claim on consumption than any other; the concept of 'work' and 'wages' may be seen as social conventions which, rather arbitrarily, put some institutionally determined claims on consumption into a special status. (Peattie and Rein, 1983: 20)

Such a social convention means that in the twentieth century, if citizenship and the social rights which go with that status, can be claimed by workers, where work is defined as taking place in the labour market and is waged, those whose claims on the state derive from their marital status and/or their unwaged caring and servicing work within the family will not enjoy citizenship in its fullest meaning. For example Carole Pateman, commenting on family allowances paid to

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women as mothers, asks whether 'the payment to a mother - a private person - negates her standing as an independent citizen of the welfare state' (Pateman, 1989: 199). However, this is to accept this social convention as well as to assume that men's claims as citizens have nothing to do with their status within their families. They are **not** 'independent' and men do not leave their family status behind when they enter the labour market. The case for a 'family wage' has always been based on the argument that a man has a family to support. However, changes in the labour market, which are demonstrated more clearly in Britain than in many other Western industrialised societies because in the 1980s and 90s the deregulation of wages and employment conditions has been carried further, shows all too clearly that the wages system does not deliver 'a family wage' to an increasing proportion of male workers. (As Eleanor Rathbone, 1924, the doughty British campaigner for family 70 years ago, argued so eloquently, the wages system **cannot** deliver a family wage to all who need it.) This is important because in the absence of adequate specific benefits for carers or those they care for, those in paid work must be able to earn enough to support themselves and their dependants and those who care for them. This raises important questions about patterns of obligation for maintenance **and** care within families. Before discussing these questions it is important therefore to look at how family structures and responsibilities as well as labour markets are changing.

There are some features of change in family life which are shared across Europe and can be found to varying degrees in Australia. A recent report from the ILO (1989) was aptly called *From Pyramid to Pillar*, to reflect the radical changes in the shape of demographic structures and graphically demonstrating the extent to which a growing proportion of the population in nearly every European country, north and south, east and west, is over the age of 65 years, while, as fertility has fallen, the population in younger age groups is declining.

It is no longer the case that only a tiny minority of populations reach old age: Europe has an ageing population mitigated a little by net immigration rates over the past 30 years. Australia has a lower proportion of the population over 65 (11 per cent in 1990) than the UK (16 per cent in 1991) but a higher proportion of children (22 per cent under 15) compared with the UK (20 per cent under 16). This is how the ILO report summed up the characteristics of families today.

The nuclear family is still the core. However, the parents may not have a marriage certificate or they may have two or more certificates: marriage, divorce, remarriage. At times the family may consist only of mother and child; however single parenthood tends in most cases to be a temporary phase rather than a permanent state. One child families are more common than in the past and large families are

declining fast. Families with children from previous as well as present partnerships are becoming more common. At the same time, it is worth noting that class and income differences, which may not affect external characteristics of families, still have a fundamental influence on the standard of living of the family. While demographic developments have meant that the European family may well be characterised by increasing change and diversity, there is little evidence that it is characterised by crisis. (ILO, 1989: 51)

These changes are occurring more rapidly in some countries than in others. The numbers of births per woman in Spain for example has fallen from nearly 3 to 1.3 in the 20 years between 1965 and 1985. That is a massive change occurring between only one generation of women. Overall within the European Community the birth rate has fallen from an average of 2.6 children to 1.6 children in 30 years, i.e. apart from Ireland, in 1990 every European Community country had a birth rate below replacement level. However, that may be changing partly as older women start having the babies they postponed. The birth rate in Sweden in 1990 was 2.1 compared with 1.6 in the 1980s and there is evidence that other countries may experience similar changes. The mean age of mothers at the birth of their first child within marriage in the UK is now the highest ever recorded, 27.8 years. This compares with Australian mothers who in 1989 were 27.4 years old.

Divorce is more common: across the European Community it is estimated that as many as one in three marriages contracted in the 1980s are likely to end in divorce before the marriage has lasted 20 years. There are considerable variations across countries. There were nearly 13 divorces per 1000 marriages in the United Kingdom and Denmark compared with 8.4 in France and three in Italy in 1990. However, remarriage as well as marriage rates vary between countries and there is evidence that remarriage rates are falling. In any case remarriages are less likely to last than first marriages. In old age, both men and women are more likely to be care for by their spouse than by their children. Also of particular importance for women whose indirect claims on the state for a pension as a dependant of their husband in some countries is still significant (in Britain less than a third of women receive full state pensions based entirely on their own contributions), divorce, unlike widowhood, does not give women claims on the state in old age. So although in Britain it has been estimated that nearly a third of marriages made a hundred years ago ended before their twentieth anniversary, the consequences for social security systems were more straightforward and less controversial because they were ended by the death of a spouse. In 1990, within the European Community only 2.2 per cent of men and 2.6 per cent of women aged 65 years or over were divorced. By the end of this century the proportions

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will have doubled and, on the basis of current trends, it is estimated that by 2025 nearly one in ten men and one in eight women over 65 years will be divorced.

Cohabitation is becoming more prevalent and a growing proportion of children are being born outside of marriage. In 1990 across the European Community 18 per cent of births took place outside of marriage compared with 5.5 per cent in 1975. There were big variations between member countries ranging from 28 per cent in France, 26 per cent in Britain to six per cent in Italy and two per cent in Greece. In Sweden and Denmark in 1990 the rates were 50 per cent and 46 per cent respectively (Eurostat, 1992). In Norway, 41 per cent of births were illegitimate, double the percentage in 1970. We know less about the longevity of relationships based on cohabitation rather than marriage, although there is evidence that in many countries cohabitation has become more common as a prelude to marriage rather than a substitute for marriage. In Britain as in Australia in the 1980s there has been a growing concern not only about the rights of fathers with respect to their legitimate and illegitimate children, but also their responsibilities for providing for financial support for their children irrespective of the legal relationship with the mother(s). However, the heated controversy triggered by the Child Support Act 1991 in Britain concerning the support of lone parents, shows that there are deep-seated but conflicting attitudes towards constitutes legitimate state intervention in these families.

Families then are certainly changing and these changes affect every generation. It is unlikely that these changes will be reversed. As the ILO report cited above concluded:

The decline in marriage, the increase in divorced and reconstituted families and the rise in cohabitation suggest that family and other social security policies based on a life-cycle model of a single, legalised child-bearing partnership will become increasingly inappropriate to actual circumstances, at least in Western European countries. (ILO, 1989: 73)

## **2 Changing Labour Markets**

The current emphasis on families taking more responsibilities for their members, together with the withdrawal of universal provision replaced by 'targeted' benefits and services on those who are unable to provide for themselves, has come at a time in Britain when the wages system is least likely to provide full-time, permanent employment compared with any period since the second world war. Deregulation and the emphasis on 'flexible' employment patterns has increased the numbers of workers who have part-time or temporary employment or who are self-employed (see Table 1).



Table 1: Employment Status of the Population of Working Age: 1975-1993

Employment Status	1975	1985	1993
Full-time employee (with tenure)	56.5	42.1	35.9
Full-time self-employed	5.5	6.8	7.6
Full-time employee (no tenure)	3.6	7.8	12.8
Full-time employee (temporary)	-	(1.3)	(1.9)
Part-time	11.6	12.9	14.7
Government scheme	-	1.3	1.1
Unemployed	4.6	8.7	8.1
Inactive	19.2	20.4	19.8

Source: Gregg and Wadsworth (1995), Table 4: 82.

Wages are more often low as well as insecure. In ten years in Britain the proportion of children growing up in households with incomes below half the average household income increased from ten per cent to 31 per cent (DSS, 1994). A third of these children were living in households with at least one full-time earner. The proportion of married men *involuntarily* working part time has increased sixfold in the past ten years to 350,000 (Labour Force Survey, 1994).

Unemployment, however, remained an important cause of poverty throughout the 1980s and the proportions of two parent families with no earner has grown from one in eight to one in six. Conversely, the proportion of two parent families with two earners has grown from 44 per cent to 57 per cent. There are, to use the current jargon 'work-rich' families and 'work-poor' families - work meaning paid work. What is worrying in the UK is that in the 1980s members of workless families have stopped going into paid work; in 1979, 60 per cent of workless families had at least one member in work a year later. In 1993, the figure was 25 per cent. Paul Gregg concludes from his analysis of labour market and jobless individuals that 'it's not an underclass story. It is the changing nature of work on offer in the labour market to those who are out of work relative to their needs' (Gregg, 1995). Moreover, since many of these families have dependent children and/or a dependent relative these families are also providing care as well as maintenance outside the wages system. Research in 1994 by the Family Policy Studies Centre has given some dimension to this situation. In total, seven per cent of all households accommodate an elderly person in addition to other members. Forty-four per cent of these households had no earner, and 17 per cent had no earner although other adults of working age were present.

Unemployment has been a major concern through the 1980s. Indeed, the Directorate General for Employment, Industrial Relations and Social Affairs of the European Communities stated in the Green Paper on Social Policy:

There can be no doubt that the causes and consequences of high and rising unemployment in Europe represent the single most serious challenge facing member states today ... Increased unemployment to a forecast Community average of around 12 per cent in 1994, following an already high structural unemployment has reached the point where it is socially dangerous as well as politically and economically unacceptable. (Commission of the European Communities, 1993: 34)

The support of unemployed people makes heavy demands on social security systems, while at the same time state revenue from social security contributions and taxes is reduced, thus putting a double pressure on public expenditure. It also makes demands on family support systems, altering patterns of dependency between the generations as well as between men and women.

Wages are the main source of support for a much shorter period during adulthood than in the past. Another interesting feature of the changes in employment status figures is that although the proportion defined as 'inactive' has changed very little, its composition is very different from 20 years ago when the majority in that category were full-time housewives. Now it is half men, not least because of men aged 55 to 65, half are unemployed or economically inactive. Young people are joining the labour market at later age. In the 1950s and 1960s (when the minimum school leaving age was 15 years in the UK) the majority of young people left school and went straight into full-time employment. In 1960, only one in six 16-year olds and one in twelve 17-year olds were still in maintained schools. Only 11 per cent continued into higher education. Six out of the seven school leavers took full-time jobs and few experienced unemployment. In July 1961 in Britain, only 10,000 out of 330,000 unemployed were under 19 years or age. By the 1990s the picture had dramatically changed. Participation rates in education have increased, as indeed they have in Australia. The school leaving age was raised in 1972 to 16 years and by 1990 a third of 16 and 18 year olds were in full-time education, one in six were on a government training scheme and under half had full-time jobs. Over ten per cent of the nearly three million officially unemployed in 1993 were teenagers.

Unemployment in the UK is highest among the young. In spring 1993 more than one in five economically active males,

and one in six economically active females aged nineteen and under were unemployed. (CSO, 1994: 55)

Becoming a wage earner and contributing to the family budget is no longer a sign of becoming an adult and achieving a measure of economic independence. Recent studies by John Hills and Jane Falkingham (1995) of income variations over the family life-cycle show that the period when parents still have adult sons and daughters living at home is no longer a period of relative affluence. Indeed, the converse is the case in many working class families. But, as will be discussed in more detail below, caring responsibilities for older members of the family increase in middle age, now **coinciding** with the period when families still have responsibilities for maintaining the younger generation.

The male breadwinner appears to be a threatened species but he is not being replaced in Britain by the female breadwinner. Only 16 per cent of lone parents in 1990 had a full-time job compared with a quarter, 20 years earlier. A quarter of a million lone parents receive family credit, the means-tested benefit for low wage earners with children. This is double the number five years ago. Women have continued to join the labour market in growing numbers but the majority of new jobs have been part-time. Employment by mothers of young children increased but those returning quickly to full-time jobs were mainly the better qualified. In 1990, 32 per cent of mothers of pre-school children in professional or managerial jobs worked full time and 28 per cent part time. Among those in unskilled manual occupations the proportions were one per cent and 47 per cent respectively.

At the same time during the 1980s there has been a growth in 'atypical' employment in many Western European countries, namely a growth in part-time and temporary jobs or self-employment (meaning literally that). The increase in economic activity rates among women in most, but not all, countries has been associated particularly with the growth in part-time jobs, which in turn has been associated with the growth in the service sector.

In 1990, 14 per cent of all workers in the EU were part-timers. More women than men are employed part-time in every country and women hold 83 per cent of all part-time jobs in the European Union. Yet the share of employed women working part-time varies significantly between countries. It is highest in the Netherlands (59 per cent), UK (43 per cent), Denmark (38 per cent) and Germany (34 per cent), between 26 per cent and 17 per cent in Belgium, France, Ireland and Luxembourg and is 12 per cent or less in the southern countries. The male part-time rate is 5 per cent

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or less in every country except the Netherlands (15 per cent) and Denmark (10 per cent). (European Network of Experts on the Situation of Women in the Labour Market, 1994: 1)

With the exception of self-employed workers, three quarters of whom in the European Union are men, women are the majority of workers holding 'atypical' jobs. Seven out of ten family workers and five out of ten temporary workers are women. In other words, although the participation of women in labour markets is increasing the process has been uneven and men's and women's employment patterns are still very different.

It is important to note that the meaning of part-time employment varies markedly between countries. Part-time can mean 'shorter working hours than statutory, collectively agreed or usual hours'. In the UK it is defined as working fewer than 30 hours a week, in Sweden and Australia fewer than 35 hours and in France, two-fifths of normal hours. It is also important to note that the distribution of hours of work varies markedly between countries both within the category 'part-time' and the category 'full-time'.

With the exception of the UK every other country has a heavy concentration of employees working within a narrow range of hours, and in some countries nearly half of all employees work within a single hour band. For example in Italy 48.3 per cent usually work 40 hours per week, in Ireland 48.6 per cent or so and in Spain some 71 per cent usually work 40 hours a week ... At the lower end the UK, Holland and Denmark have the highest proportions working in small hours jobs ... At the upper end of employee hours however the UK stands in market contrast to all other states with some 15.9 per cent of employees working more than 48 hours. (Department of Employment *Gazette*, November 1992: 554)

A more revealing way of charting the changes in men's and women's participation in the labour market instead of counting heads is to look at the proportion of total hours of paid work each contributes. For example, although in the UK 25 per cent of all those economically active worked part time in 1993 they only contributed ten per cent of total hours worked compared with 8.2 per cent in 1983. It is easy to overlook the fact that women as well as men have been losing full-time jobs in the UK and that, as Catherine Hakim (1993) has pointed out, women's full-time work rates have remained constant from the early 1950s, increasing slightly at the end of the 1980s but falling again in the early 1990s. In the UK the numbers of women in full-time jobs today is lower than in the 1950s.

If economic participation rates measured in full-time equivalents rather than head counts are used then the UK, far from leading the European Union (EU) in increasing women's economic activity rates, shows a decline.

Christine Jonung and Inga Persson (1993) have analysed Swedish men's and women's labour market participation using a measure called the 'market-hour rate' which is based on the total number of hours actually worked in the market per week for a certain population group divided by the total size of that population group. They found no direct correspondence between increases in labour participation rates and increases in actual market work. They also concluded:

Contrary to the conventional picture, a focus on the allocation of time to the market reveals that during the period studied [1963-1988] there was as much, or more of a revolution taking place in the male labour supply ... What has taken place in Sweden during most of the quarter century is then very much a redistribution of market work between men and women, with men moving time out of the market and women moving time into the market. (Jonung and Persson, 1993: 266)

If men spend less time in the labour market then, in theory they have more time to be involved in caring. However, men work their longest hours in Britain when they have small children. In 1991, fathers working full time worked on average 46 hours a week and mothers working full time worked on average 39 hours, just a little more than lone mothers working full time. Mothers working part time with or without a partner work about 16 hours a week. In 1991, Australian men worked 42 hours on average and women in full-time employment worked an average of 38 hours. A higher proportion of lone mothers are in paid work in Australia than in Britain (51 per cent in 1991) and a higher proportion of them (56 per cent) are employed full time.

While Jonung and Persson (1993) rightly point out that there are many difficulties in comparing hours of market, and even more of non-market, work between countries, they draw attention to the importance of studying men's as well as women's allocation of time, particularly between family and labour market. Tax systems, social insurance systems and the availability of child care affect men's as well as women's behaviour and these vary markedly between countries. What is very clear is that the use of crude head counts in the labour market can give a very misleading picture of the current situation as well as changes over time. It might be interesting to speculate why we persist, in contrast to the time when production took place largely at the level of the household, in using measures which

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exaggerate women's economic activity in the formal labour market and mask the decline of men's.

### 3 Paid Work and Child Care

Part-time employees are predominantly women with domestic responsibilities but it would be a mistake to conclude that the growth in part-time employment has occurred mainly in response to pressures from women wanting more easily to combine paid work with the care of their families. Part-time employment can be disruptive of family life and the requirement to 'be flexible', meaning for example a willingness to change that day's or week's working hours with little or no notice wreaks havoc with carefully arranged child care plans. (For examples see Low Pay Unit's studies of retail workers e.g. Huws et al., 1989.) In this sense full-time regular employment is easier to combine with caring.

Although employment of mothers of young children increased in the 1980s, those returning quickly to full-time jobs as already stated, were mainly the better qualified. Reliance on paid child care, either in the mother's or in the carer's home, increased in the 1980s. In 1980, childminders provided care for 29 per cent of pre-school children with mothers in full-time employment, nannies and au pairs provided six per cent. By 1989, these figures had increased to 36 per cent and nine per cent. Conversely the proportion looked after in a nursery fell from 15 per cent to four per cent (Macrae, 1991: 240). There are no subsidies for day care except for the small minority of children in local authority nurseries, most of whom are deemed by the authorities to be at risk of neglect or abuse. Maternity pay and leave in the UK have remained among the least generous in Europe despite improvements made as a result of the EC Maternity Leave Directive approved in the EC in 1992 (92/85/EEC). There is no statutory provision for any form of parental leave to take care of sick children and fathers have no rights at all to paternity leave. In other words, the social care of children in the UK is a private concern to be provided within the family, purchased in the market, or organised around a 'flexible' job or a sympathetic employer. The momentary rewards from care are often very small.

If mothers stay at home to care for their children they pay dearly. It has been estimated that a woman with two children who takes an eight-year break from paid work followed by 12 years part-time employment foregoes £224,999 over her working life (in 1990 prices). This is 57 per cent of the earnings of her childless counterpart (Joshi, 1991). These inequalities are perpetuated into old age under present pensions policy which privileges those who can afford to pay high contributions because they have high earnings. (But it should be noted that the tax system heavily subsidises these high contributions along with those

institutions providing their pensions.) As will be discussed in more detail below, attempts made in the 1970s to protect the retirement incomes of those whose caring responsibilities interrupted or reduced their earnings have been weakened. The heavy selling of 'personal' pensions (also heavily subsidised by the state) at the expense of occupational and the state systems, has made matters worse. The DSS estimates that a million women will be worse off as a result of leaving the latter in order to join a personal pension scheme (*Guardian*, September 1994). Entitlements to pensions provision derived from a spouse's contribution are likely to remain important despite the claims of some that we now live in a 'post-equality' society. While many benefit from their husbands more generous state or occupational pensions, should he need residential care they will find the **whole** of his pension is taken to pay for it, leaving her with the state pension (worth 60 per cent of his). So much for the assumption implicit in other social policies that couples share or at least **ought** to share their income. (There is an amendment to the Pensions Bill currently being debated in the House of Lords to allow spouses in this position to keep half the occupational pension.)

Only women in the UK who stay in full-time employment throughout their child-bearing years are likely to get well paid maternity leave and avoid some of these disadvantages. Their earnings are more likely to be comparable with those of their partners. They are a minority. The National Child Development Study (Joshi et al., 1994) found that, in their latest sweep of the cohort aged 33 years, among married or cohabiting mothers with children, a fifth were employed full time and two fifths part time. In contrast, among those without children around four fifths worked full time and fewer than one in ten part time. There is growing evidence that young women are delaying or even forgoing having children because the costs seem to be so high. For example, only ten per cent of those born in 1940 were childless at the age of 30 years. For those born in 1960 the proportion has doubled. Child-bearing is clearly still associated with dependence on a partner, although for a growing proportion of mothers this is partial rather than complete. Attitude surveys here and in the US and Germany show that this does little to challenge the ideology of the male breadwinner and the associated division of domestic labour. Between 1975 and 1979, following the implementation of the 1970 Equal Pay Act and the 1975 Sex Discrimination Act, the proportion of household income contributed by the woman in a couple increased on average from 25 per cent to 28 per cent. Despite the rhetoric surround the reduction in **formal** inequalities between men and women, during the whole of the 1980s this proportion increased only **two** per cent to 30 per cent.

It is important to note that not only is the gap between the standard of living of the minority of high two-earner couples and that of the majority of women growing, but that in the absence of properly regulated and funded day care they are often relying heavily on the domestic services of poorly paid women whose working

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conditions are not even monitored let alone regulated. In Victorian times, young women migrating from rural areas within the UK were an important source of domestic workers, and some of those unable to find such work were assisted by the Poor Law authorities and voluntary organisations to find domestic work in Britain's expanding colonies, in particular Australia and Canada. Today the UK imports rather than exports domestic services and the Single Market will make that easier. What have not changed are the poor pay and working conditions often found in this unregulated market. Tax relief for child care costs would do nothing to reduce inequalities between families with children. It would benefit most of those two-earner couples who have already gained most from the introduction of independent taxation in 1990. In the tax year prior to this a third of mothers in employment earned too little to pay income tax and so gained nothing from that reform. Neither would they benefit from the recognition of child care costs in the tax system.

Women as wives, mothers and daughters are still heavily involved in unpaid care and are disadvantaged in the labour market as a result. Such care gives them claims to a share of the family resources in certain circumstances but this is not an equal share. The Child Support Act 1991 has strengthened the claims women have on the 'absent' fathers of their children for maintenance. Some argue that the £44 included in the formula for the mother as carer is official recognition at last that children need care as well as food and clothing. Others argue that by offsetting this against the mother's own benefit and thus extinguishing her claim to maintenance from the state in her own right, the state is enforcing her dependence on her children's biological father irrespective of the nature of that relationship. Men may also resent having to support a woman who has ceased to, or perhaps never did, provide domestic services for him. (Women's claims to maintenance from their husbands have never been unconditional. In England, for centuries until 1978 it was sexual fidelity, now it is care of his children.) In any case, there are limits to rewarding and meeting the needs of mothers and other carers in this way for, as already discussed, many wages are insufficient to provide adequate support and many have no wage at all.

The current situation is highly unsatisfactory. A different way forward would be to provide more affordable child care places so that mothers can take paid employment (assuming there are jobs). However, the method and sources of funding and providing such services need careful examination. Left to an unregulated market the care may be of poor quality and the care workers, although paid, may be very badly paid. If high quality day care is to be affordable, it has to be subsidised and the UK could learn from Australian experience in this respect. Alternatively, the benefit system could pay an enhanced child benefit to mothers (or to fathers) while children are very young. However, if time out of the labour market is not to disadvantage those who take



it, there has to be a different value placed on the experience of caring. The assumption that time spent caring is not a valuable experience which enhances skills, particularly those used in the occupations many women follow, needs to be challenged. After all, military service is not valued negatively by most employers, on the contrary it has been and is regarded very positively. Parental leave **could** also be positively valued as enhancing certain skills.

#### 4 Community Care

The amount of care provided by the family is substantial and has recently been documented in the General Household Survey. This is the most recent large-scale survey of carers in Britain and was published in September 1988. Based on an analysis of the 18,500 adults living in private households included in the sample for the annual General Household Survey, it was estimated that one adult in seven is providing informal care and that one household in five contains a carer. Altogether there are six million carers in Britain, 3.5 million women (15 per cent of adult women) and 2.5 million men (12 per cent of adult men). Four out of five were caring for a relative, one in five were caring for more than one person, and nearly one in four were spending at least 20 hours a week. The 1991 British Household Panel Survey (BHPS) found a similar proportion of adults looking after someone either inside or outside their own household (15 per cent of all adults or 17 per cent of women and 12 per cent of men) (Buck et al., 1994).

Middle age (45 to 65 years) is the peak age for caring: nearly a quarter of all women of this age and one in six of men were carers. Interestingly, caring affected the employment status of men of working age far less than that of women. Of those in this age group providing at least 20 hours of care a week, 45 per cent of men were working full time compared with 16 per cent of women. In contrast, only three per cent of men worked part time compared with 25 per cent of women. However, more recent research suggests that there is a threshold of caring responsibilities up to which married men can engage in full-time employment and care for a wife. Beyond that point it is much more difficult to continue in full-time work (Parker, 1989). Twice as many male carers of working age were working part time compared with all men. Few were in paid employment at all (62 per cent compared with 77 per cent of men aged 16 to 64 years) (Department of Employment *Gazette*, April 1995: 104). Carers in paid employment in 1991 had significantly lower household incomes than the households of all people in paid employment but the financial position of retired carers was not markedly different from other retired households (Department of Employment *Gazette*, April 1995: 105).

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Men and women differed in the amount of responsibility they carried: two thirds of women and half of men carried the main responsibility for care, women were more likely than men to care for someone outside of the household. Not surprisingly the amount of care provided for someone outside the carer's household was less: three quarters spent less than 20 hours. Conversely 45 per cent of carers living in the same household spent more than 50 hours per week and among those aged over 65 the proportion was even higher: 59 per cent. Men and women are just as likely to be looking after a spouse, but women are far more likely than men to be looking after a parent or an adult child. Three quarters of carers aged over 75 were caring for their elderly spouse (Buck et al., 1994). Twenty-five years ago, on the basis of a national study, Audrey Hunt (1969) estimated that between the ages of 35 and 60 half of all housewives could expect at some time to be involved in caring for an adult dependant, so this is hardly a new trend.

However, in the past 25 years the debate about community care has shifted from meaning in the 1960s care in the community in contrast to remote institutions. Since the 1970s it has meant care by the community with increasing emphasis being placed on informal and family care, an emphasis enhanced following the implementation of the 1990 National Health and Community Care Act.

Over twenty years ago Richard Titmuss (1979) warned against pontificating about community care, mistaking the comfortable rhetoric about community care with the reality. If community care were to become a reality it would require resources. He said:

What some hope will one day exist is suddenly thought by many to exist already. All kinds of wild and unlovely weeds are changed, by statutory magic and comforting appellation, into the most attractive flowers that bloom not just in the spring but all the year round. We are all familiar with that exotic hothouse climbing rose 'the Welfare State', with its lovely hues of tender pink and blushing red, rampant and rampaging all over the place, often preventing people from 'standing on their own two feet' in their own gardens. And what of the everlasting cottage garden trailer, 'community care'? Does it not conjure up a sense of warmth and human kindness, essentially personal and comforting, as loving as the wild flowers so enchantingly described by Lawrence in *Lady Chatterley's Lover*? (Titmuss, 1979: 104)

Increased resources have certainly not gone into the benefit system to encourage and reward family carers in a substantial way, although the Audit Commission

recommended that this was an extremely cost-effective way of developing community care.

During the 1980s the few economic and social entitlements arising from caring for a dependent child, or a sick, elderly infirm, or disabled person at home were reduced in contrast to the 1970s when Barbara Castle was Secretary of State, Health and Social Security. Then, unpaid care in the home did begin to be recognised in the state benefit system. In the 1975 legislation, those who left waged work to care full time for a child or dependent adult had their rights to a basic state pension protected. The invalid care allowance was introduced and paid to those who gave up paid employment to care for a dependent adult, although it took over ten years before this was extended to include married or cohabiting women carers and then only when challenged in the European courts in 1986. The method of calculating the earnings-related component of the state pension introduced in the Social Security Pensions Act 1975 was based not on earnings averaged over a whole working life but on the 20 best years. This meant that those whose earnings had been interrupted or reduced for a period of time because of their caring commitments at home, did not face a reduced pension when they retired. All modest steps, but the principle of allowing carers direct claims on the state because of their caring responsibilities **outside** of the labour market is a radical one.

The 1985 social security review on which the 1986 Social Security Act was based, proposed to abolish the earnings-related component of the state pension altogether but even the private pensions industry opposed that. Instead, the 1986 Social Security Act reduced its value and of particular importance to carers is that the calculation of the earnings-related component of the pension will in future be based on earnings averaged over the whole of their working life. In other words, part-time employment taken to allow time to care for someone at home will increase the risk of poverty in old age. Board of Inland Revenue rules penalise those who drop from full-time to part-time employment prior to retirement, exacerbating the penalties involved in pension schemes based on final earnings.

Changes in the regulation and administrative rules have made it harder to qualify for the non-contributory attendance allowance (CAA) paid to those who need attention during the day and/or night. In order to qualify for the invalid care allowance (ICA), the dependent adult must be in receipt of the CAA and either not receiving or willing to forgo the severe disability premium introduced in the new Income Support system in April 1988. However, the attention needed at night must now be frequent, requiring not just the presence of the carer by her (or his) 'wakeful and watchful' presence. A study of carers of people with multiple sclerosis recently reported in the *British Medical Journal* found that three quarters were woken on average two or three times a night although the time

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involved was only half an hour all told. This would be unlikely to be sufficient to qualify for the CAA. The rules affecting eligibility for contributory unemployment benefit, about to become the Jobseekers Allowance and restricted to six months not 12 months, have also been changed in ways which adversely affect carers. 'Available for work' on which eligibility for the benefit depends, means being able to make alternative arrangements for the care of children or sick or elderly relatives within 24 hours. Unwillingness to travel long distances from home, or take a job involving evening or weekend work, may also debar a claimant from receipt of benefit. When the ICA was introduced, receipt of benefit not only safeguarded the carer's rights to the basic state pension but also protected their right to unemployment benefit when they ceased caring. The new benefit rules, in force since October 1988, have ended this protection, which hits carers particularly harshly because from the same date eligibility for unemployment benefit has depended on sufficient contributions paid in the previous two years instead of one, as was formerly the case. Those with inadequate contributions get nothing, instead of a reduced benefit as was the case previously. Far from rewarding carers, they are penalised in many ways within benefit systems.

During the same period and despite the Conservative Government's boast that it has cut taxes, tax concessions for those who maintain carers have been abolished or reduced. There are no longer tax allowances for housekeepers or daughters acting as housekeepers for example and the married man's allowance and tax allowance for lone parents have been reduced.

The evidence that families, and women more than men, are providing a substantial amount of care, despite the gloomy prognostications of politicians and journalists, does not mean that care within and by families can be taken for granted. Janet Finch and Jennifer Mason's recent research on attitudes towards family obligations show this very clearly, whether the support is in cash, kind or care.

One of the most important messages from our data is that the responsibilities which people acknowledge are variable and do not flow straightforwardly from particular genealogical relationships ... support may be offered but its availability will vary from one family to another and from one individual to another. (Finch and Mason, 1994: 178)

They found that people did not wish to have to rely on their relatives for extensive help and conversely they found 'people reject the idea that anyone has the right to expect assistance, let alone to demand it. The right to provide or withhold help must always remain with the potential donor' (Finch and Mason, 1994: 179).

Finch and Mason argue that these attitudes stem from a strong sense of individualism in social life and have roots which are centuries old. In England, people have been economically, legally and practically separate from their kin to a greater extent than in other Western countries where wage labour developed at a different pace and Roman law remained the dominant legal framework for far longer. They therefore warn that 'policies which are designed to make people more dependent on their relatives breach a principle which many people hold dear' (Finch and Mason, 1994: 179).

## 5 Rewarding Care with Cash

Is one way forward to pay for care more directly, thereby valuing the carer more highly? After all, as Gertrude Williams, a social economist writing 50 years ago about women and work said: 'In a world dominated by cash values the important work of the wife and mother is undervalued because it is done 'for love' - without payment' (Williams, 1945: 125).

This would accord with the Independent Living Movement (ILM), a pressure group of disabled people who want to live outside of institutional care and instead to be able to live in their own homes independent of their families. In 1988, the government established an Independent Living Fund which gave weekly allowances to disabled people to enable them to employ a carer. In this way they could determine for themselves what care was done and when, instead of being the passive recipients of the care others determined. While the ILM has been critical of feminists who have focused on the exploitation of carers, particularly female carers, both inside and outside the family and ignoring the needs and wishes of those being cared for (and indeed posing the debate about caring as if those providing care were quite distinct from those receiving it), those critical of the movement have argued that it is comprised largely of young, male and 'fit' as opposed to 'frail' disabled people (predominantly female) (see Dalley, 1988). Jenny Morris, an active member of the movement who has written extensively about the experience of becoming disabled as a young mother, acknowledges that they are indeed demanding:

What young, middle class, white non-disabled men take for granted ... why should not those of us whose class, race, gender and disability means we are denied such advantages insist on the same rights. (Morris, 1991: 161)

Certainly some of the evidence from disabled people able to employ carers themselves suggest that they have found this more satisfactory and far less damaging to their sense of self-esteem than either care provided by relatives or by carers employed directly by the local authority. Clare Ungerson and John

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Baldock's study of older people recovering from a stroke, however, found rather more ambivalence expressed about the process of finding and negotiating their own arrangements (Ungerson and Baldock, 1994). One aspect of being able to pay for care which is regarded positively is the sense of 'independence' it creates: the sense of being in charge of one's life. As one disabled man said:

I don't think people understand that when you're ill its even more important to have control over the help you get, when you get it and how they ... how someone does things ... with the young women we employ ... well they know that I have the right to say what they do and that's just accepted. (cited by Morris, 1994: 29)

But Jenny Morris argues for more reciprocity in caring relationships 'because it is the loss of reciprocity which brings about inequality within a relationship' (Morris, 1991: 163). Does payment and the sense of having a **right** to determine what the carer does, lead to reciprocity? Listening to caregivers suggests the issue is more complex and indeed, there can be a fundamental resistance to paying for care in this way because of the very nature and meaning of caring.

There is a fear that paying for care destroys it. For example, the Curtis Care of Children Committee whose report in 1946 formed the basis of the post-war children's services, had this to say about paying for foster care.

We have received representations from the various witnesses that the payment to the foster mother should include an element of remuneration for her trouble. The amount suggest is 10s a week. There is something to be said for this proposal, on the ground that the mother is doing work for a public authority in caring for the child and that her labour deserves reward. There would also be the advantage that greater pressure could be put on a paid foster mother to perform her duties efficiently. On the other hand if she required some pressure she would not be the right type of foster mother, and some of us feel that the acceptance of payment for the work cuts at the root of the relation between foster mother and child which we wish to create. The evidence is conflicting as to whether at the present time the prospect of financial gain is an important incentive to offers of foster homes. Some organisations consider that it is the ruling motive; others are just as convinced that it counts for very little. We are sure that it should not be an important motive where the child is received into an established

household and we recommend that the basis of payment shall not be changed so as to include remuneration. (Care of Children Committee, 1946: 156, emphasis added)

In Britain foster parents are paid expenses and only those fostering particularly 'difficult' children may receive extra payment.

The expenses of the growing numbers of carers who are not in the formal labour market and are not even in the periphery of it but hovering on its murky boundaries are revealing. They are being paid something for caring for non-kin and include childminders, foster parents, 'paid volunteers', neighbours who visit an older person every day to make sure they are all right and so on. Some, like childminders, are paid directly by their clients (childminders are not supported in the way they are in Australia), others are paid by a voluntary agency and others by local authority social service departments. The amounts involved may be tiny - only £5 to £10 a week. Some only get expenses and only rarely are they given the status of employees. Diane Leat has recently completed a study of these carers and these are some of her findings (Leat, 1990, quoted in *Findings*, No. 1).

First she found that payment was important, indeed often necessary and it was appreciated as one way, but not the only way, of recognising the importance of caring. However, 'where carers were free to determine the price paid for care they would often charge a lower rate to those considered to be in greater need'. For example, childminders would charge less for looking after the child(ren) of a lone mother. Thus 'what was considered a "reasonable" payment from those with least resources was viewed as "low" from those with more funds'. Second, carers were well aware that they could earn more elsewhere but there were advantages in not doing so, some of which were related to the impact higher earnings would have had on their own or their spouse's benefit entitlements or on the requirement to pay tax or national insurance contributions as described earlier. Other advantages were the independence and flexibility they enjoyed; 'carers valued autonomy and the freedom to "care well" and be your own boss. Other things of course included their own caring responsibilities for their own families, to have a job and to do other things'. Diane Leat found that 'complaints about money arise when the organisation of caring tasks and/or the organisation of payment impinge upon the carer's autonomy or undermine her belief in caring as gift of as a job'. Third, it was clear that

caring tasks were not in themselves regarded as a major cost of caring, although some tasks were disliked. In theory, carers have some control over what they do but, as the caring relationship develops, the client's needs, not the carer's

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preferences, largely determine what is done. (Leat, 1990 in Findings, 1990: 3).

Of course, this could lead to friction with the department or agency or even the parents to whom they were technically accountable and who may have a different view of what was needed.

It is therefore clear that when caring is taken into the labour market, thus becoming waged work, especially as it is likely to be badly paid work in the periphery of the labour market, much can be lost. The application of the rate for the job; detailed job descriptions and greater control over the carer's time so they could less easily balance their paid work with other demands on their time; and greater control over the standards of care would all involve considerable loss of autonomy. It is understandable that the chief officer of Age Concern in York reported that some of his volunteers want to care 'without the threat of being paid' (my emphasis), although it hardly accords with the wishes of the Independent Living Movement. Of course there are important social class and gender differences here. Those dependent for their livelihood on their wage would require adequate payment. The Norwegian sociologist Kari Waerness (1987) found that in her study of home helps, working class women were much more likely to find payment for this work acceptable and not damaging to the caring relationship than middle class women even when employed to care for a relative. In Norway, a third of home helps are employed to help a relative. When Kari Waerness talks about the rational use of available resources for public care she means 'rational in relation to what most of us in the everyday life perceive as the essential values in a "caring relationship"'. She goes on:

There is a great need to find better models for organising caregiving work. To develop such models, it seems necessary to study not only the exploitative nature of women's traditional caregiving work, but also the positive qualities inherent in it, as well as why they seem to get lost when professionalised and socialised. (Waerness, 1987: 209)

The need for finding different models is illustrated vividly in the current debate with the National Health Service in Britain as the basis of maintaining and governing standards shifts from trust and ethos to contract and performance.

The government is attempting to destroy national pay rates for health workers, and instead, allowing local hospital trusts which now manage the hospital services to determine nurses' and other health workers' pay. This is justified in terms of there being different local labour markets and variations in housing costs etc. (No-one to my knowledge has mentioned other variations, for example the fact that some nurses have dependants to support and others do not and therefore



some may need more than others.) The left-of-centre newspaper *The Guardian*, while generally supportive of the nurses, is critical nevertheless of nurses 'not wanting to let go of their less skilled work' (*Guardian*, Leader, 17 May 1995), but at the same time wanting higher pay. The Chair of the Ethics and Nursing Committee of the Royal College of Nursing pointed out in a letter to *The Guardian* that he believed this

less skilled work ... relates to activities often seen as simple - holding the hand of a dying patient, taking frail elderly people to the toilet etc. These tasks are not simple. They are of enormous significance to the patients and are the kind of things which nurses come into nursing to do, as they help and heal people.

Nurses do not want to be mini doctors and we have shown ourselves to be quite capable of holding on to our core values and practices and expanding into new work which makes the care of the patient more efficient, of better quality and cost effective. (*Guardian*, 19 May 1995)

Another example of this clash of values and the resistance to recognising the importance of care in its fuller sense, was illustrated by the response of the Minister for Health to the complaint of the husband of a woman who was left for nine hours on a trolley in a hospital corridor waiting for a bed, only to die the next day (and whose death was discovered by the family when they visited). The Minister said, 'Nobody is saying she didn't have the necessary clinical care'. Another writer to *The Guardian* asked what 'clinical care' meant.

Does it not include reassuring patients and making them comfortable? If not, then it is easier to understand her policies. They suit bodies which need treatment. They do not suit people who suffer pain and terror. (*Guardian*, 20 April 1995).

Meanwhile growing numbers of elderly people in hospital are being sent out of hospital on the grounds they need 'social care' rather than 'medical care'. If a nursing home is required they or their family must now pay.

The growing emphasis on performance-related pay, quality assessment and control and the introduction of markets into health, education and social work services have heightened the ambiguities and contradictions arising from the mix of labour market principles, caring values and the norms of social justice. Carol Gilligan (1982) has commented on these different value systems:

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The morality of rights is predicated on equality and centred on the understanding of fairness, while the ethics of responsibility relies on the concept of equity, the recognition of difference in need. (Gilligan, 1982: 104)

Both are needed but achieving a balance between the two is the real challenge for those who wish a welfare state to be a caring society for all, men as well as women, young as well as old.

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# The Imagined Community of Access and Equity

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## 1 Introduction

There are two major objectives to the Government's Access and Equity Strategy, the enhancement of citizenship and greater social equality (OMA, 1992: vii). The citizenship objective is oriented towards the notion of abstract rights, and emphasises commonality, or sameness. Enhancing citizenship means extending to all inhabitants of the Australian nation, regardless of their differences, their formal rights as an individual citizen. The equity objective, on the hand, is oriented towards the concrete and focuses on difference. It recognises that substantive differences exist between citizens, that 'citizens are different in their needs, interests and values' (OMA, 1992: 10). Equity policies are designed to redress the imbalances that exist between people through taking account of their different cultural values and different life circumstances.

Built into Access and Equity programs, therefore, is a contradiction of quite sizeable proportion. Government agencies attempting to implement this policy must move between over-riding difference and identifying and accommodating difference. This tension between sameness and difference takes on another dimension when we consider that gender differences also exist. Ethnic women may well have different 'needs, interests and values' to their ethnic group. The Government's Access and Equity policy attempts to recognise both sets of differences, cultural and sexual, while legitimating the distribution of resources that this may require through the rhetoric of abstract rights accorded to citizens. How, then are these fundamental contradictions managed by Government agencies charged with implementing the Access and Equity Strategy?

In this paper, I suggest that the contradictions inherent in Access and Equity programs are made manageable by way of invoking the notion of 'community'. Access and Equity programs are not framed within the discourse of 'community', but rather 'citizenship', a discourse organised around the notion of individual rights. This marks a significant shift away from the programs which emerged out of the political struggles of the 1960s and 1970s, which sought individual liberation through imagining and re-creating local 'communities'. Yet, although focused on the

enhancement of individual rights and more substantive equality between individuals, Access and Equity programs must inevitably engage with the multiple and contradictory meanings of 'community' that emerged as an outcome of these earlier struggles.

This is because the abstract 'individual', who has rights as a citizen, is constituted as one part of a binary opposition, individual and community, terms which take their meaning in relation to each other (Fraser and Lacey, 1993: 171). Thus, even though 'community' is no longer the object of reform politics, the notion of 'community', nevertheless, remains an integral part of welfare discourses. A close examination of the multiple meanings of 'community' that have emerged in welfare discourses since the Whitlam era, shows how easily this term can be associated with 'not government'. 'Community' as 'other than government' is a convenient site to locate the source of the tensions that are inherent in government policies, particularly the tension between social justice and cultural difference which is becoming more acute with the application of increasingly stringent economic measures.

## 2 The Historical Construction of 'Ethnic Communities'

### Whitlam's 'Community': The Social Collective

Groups organised according to their common ethnicity were given their first legitimate public forum under the Integration Policy of the Whitlam era, which oversaw the dismantling of the White Australia Policy (Castles et al., 1990: 60). The emergence of ethnic political groupings, soon to become ethnic 'communities', however, needs to be seen against the backdrop of Whitlam's social welfare philosophy, a philosophy based on collective, rather than individual obligation, but which, because of the existing structure of the Australian welfare state, ultimately gave birth to what I will refer to as 'welfare corporatism'.

Unlike the earlier Laborist policies, which focused on improving the pay and conditions of individual, white male workers, Whitlam saw the role of government in much broader, collective, terms (Macintyre, 1986). He used the notion of 'community' to depict his government's orientation towards collectivist social policies:

The quality of life depends less and less on the goods which individuals obtain for themselves and can purchase for themselves from their personal incomes and depends more and more on the things which the community provides for its members from the combined resources of the community. (Cited in Macintyre, 1986: 8).

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The fact that Whitlam articulated the collective as 'community' rather than as 'state', or even 'local government', is significant, since it was to be through an expanded role of government that collective resources were to be tapped into and distributed. Whitlam's choice of the word 'community', rather than 'state', to depict the social collective is testimony both to the power of this concept to convey a democratic, or popular image of the collective as directly representative of 'the people' and the negative, totalitarian associations that are still called out when the word, 'state', or 'government', is used to denote this collective.

However, Whitlam's choice of word here is more than just a politically astute one. This is because there were also to be changes in the way in which government institutions developed services. These changes were in line with the objectives of self-determination that were an integral part of the objectives of the new social movements which contributed to Whitlam's accession to power. Social institutions were to become decentralised and democratised, opened up to the voices of clients and consumers of services and administered at the local level, in ways more responsive to local needs and cultural differences.

'Community', then, was to become the means of expanding the process of democratisation. This strategy held out the promise of accommodating cultural and sexual differences in a positive way, through creating more inclusive decision-making structures. Moreover, these 'community' strategies also proposed to actively 'create communities'. With the entry of gender, ethnicity, civil rights and environmental concerns onto the political agenda, class was no longer seen as the only, or even primary, basis for mobilisation. The facilitation of community-based organisations was to provide real, geographical sites for the formation of group solidarity and collective action around a wider social agenda (Brandt, 1986).

This community-creating dimension had enormous potential for re-imagining and re-interpreting everyday parenting practices, being particularly beneficial for mothers of young children. For example, child care co-operatives were formed which recognised the lack of local support structures for mothers involved in primary caregiving. These aimed to tap into and more fully utilise local resources, providing mothers with an actual site to facilitate their informal networking as well as associative structures to enhance their potential to politicise their collective concerns as mothers (Crow, 1984).

The Left's reactivation of the concept of community during the Whitlam era, then, did not essentialise the notion of 'community' as a unit that was naturally integrated and supportive, as, for example, conceived by Tönnies' (1957) in his classic typification of community as *Gemeinschaft*. The mother and child were the core of *Gemeinschaft*, providing a naturally integrated social unit out of which associations organised around the collective interests of individuals could develop. It was only the

individuated associations, *Gesellschaft*, that were conceived as sites for collective, intentional action (Everingham, 1994, chapter 2). The new meanings being infused into 'community' through the discourse of the new social movements included the 'core' of mothers and children as a sphere of activism, as a site of collective struggle. There was scope here for imaginative, re-interpretations of everyday life practices. An example of such a service, set up in the 1970s and still successfully operating in Victoria, is the Eltham Playhouse child care co-operative (Blake, 1994).

Although often 'reciprocal' and mutually 'supportive', the meanings attached to the concept of 'community' in the development of 'neighbourhood houses', were community-creating and could be clearly distinguished from more traditional usages, which were known to be oppressive to women:

Community Child Care approves reciprocal arrangements for child care, shopping or any other supportive activity between those on the network of a neighbourhood house; but it distinguishes such mutually beneficial 'reciprocity' from 'volunteerism' of charity type 'good works' associated with an older type of class-based child-care benevolence which it displaces or wishes to displace from the more traditional type of organisation such as kindergartens. (Crow, 1984: 9)

While the focus of this movement was largely on the local supports required to empower women, as individuals, in their everyday life, the Community Child Care movement also had revolutionary cultural objectives. This was a movement which embodied a value system which was directly opposed to consumerism and the increasing social alienation inherent in advanced, global capitalism. The philosophy of the Community Child Care movement was developed as a reaction to the globalisation of capitalism and its immediate effects on the everyday lives of people, in particular the planning of communities around the car and the increasing privatisation of social life (Crow, 1984: 11).

Community Child Care used the words 'creating community' to designate their strategy of helping people organise locally, to counter the effects of global corporatism through facilitating the ability of parents to actively shape their everyday social relations. Their usage of the notion of 'community' emphasised community both as a geographical site to facilitate social networking and as an ideological site, a discursive community, where alternative value systems could be articulated.

However, conservative meanings of 'community' as a place outside of public accountability also held sway. Social policy analysts in the 1970s and 1980s pointed out the extent to which governments were able to coopt the new community activism and mobilise this activism on behalf of conservative public policies (Thomson, 1971; Mowbray, 1984; Bryson and Mowbray, 1981). Governments intent on cutting costs

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were able to draw on those meanings of community associated with 'self-help' and 'self-determination', to justify cutbacks in services. 'Self-help' and 'self-determination' became rhetorical devices for shifting responsibility for social dependants away from government, onto the 'community', which in reality meant individual families and individual women in particular (Finch, 1984). Rather than community being a location for government facilitated collective action, it was to become a residual category, a convenient location to allocate those aspects of social life that the newly emerging rhetoric of economic rationalism claimed was outside the reach of government action.

How was the government able to turn the radical potential of the new meanings of community about? In the following section, I suggest that this conservative reading of 'community' was facilitated by the process of 'welfare corporatism'.

### **Welfare Corporatism**

The ideology of 'community-based' services, set in train under the reformist policies of Whitlam, has been summarised by one community activist working in a community-based migrant resource centre thus:

Perhaps it is important to begin with the ideology that underlies community-based funding. Basically, this is that empowerment and self-determination are important in the provision of services to the community. In other words, the community identifies its needs and takes responsibility for meeting those needs. Community-based funding is the means by which to achieve this. Other aspects of this ideology include the capacity for locally controlled and directed service providers to be flexible and more responsive to local needs, and of course, from the Government perspective, community-based services are economical because a great deal of the management is performed by volunteers. (MRCs, 1992: 29)

Services were to be planned in consultation with the users of services, in a way that was to be more responsive to local needs and cultural differences. Thus, Whitlam's notion of 'community' was one which attempted to take full account of individual and group differences as these were actually lived out, or contextualised, in local, concrete situations. The problem was that his active notion of 'community' had to be translated into the discourse of the existing welfare state, which was organised as a residual welfare system. In the past, people had become the object of collective assistance, or welfare provision, only so long as they failed to become 'self-determining' and 'self-reliant'. The meaning of 'community' as a site for local people to shape their own social institutions was lost in this translation. Services continued to



be planned around the already established categories, as temporary measures, or stop-gaps, to help these categories of people overcome their disadvantage and become as self-reliant as the rest of the population was perceived to be.

Welfare corporatism is that process whereby collective, 'community' projects are assimilated into a system which is already structured according to categories of disadvantage. The collective project must fit these guidelines in order to receive funding. The collective project then becomes reduced to a special needs interest group, organised around the special needs category they are required to fit. As one special needs category amongst many, the collective is then required to compete for funds with other special interest groups, formed through the same process.

Thus, the community-creating possibilities envisaged by Whitlam and those who enthusiastically adopted his rhetoric had little opportunity to eventuate on a broad scale. As Whitlam's fiscal crises deepened, the potential to develop innovative community projects withered. The political agendas of community-based organisations became largely limited to lobbying for funding for services which would help disadvantaged groups overcome their disadvantage and become self-reliant, that is, not in need of any help from the collective.

The ethnic groupings which emerged with the dismantling of the White Australian Policy were shaped by this process of welfare incorporation. Ethnic groups came to be designated as 'disadvantaged' because of their cultural difference. The political agenda of ethnic groupings was organised around the identification of their differences as 'barriers' and their primary role was to lobby for services to overcome them (Castles et al., 1990, chapter 3). Rather than community-building, this process of welfare incorporation was ultimately divisive, pitting ethnic organisations against other categories of disadvantaged people. Thus, the 'community creating' potential of these politically created ethnic groups was severely limited by the very political process which brought them into being.

In the context of welfare corporatism, then, the creative potential of the notion of community is dislodged. Those who were to gain most from the politicisation of ethnic groupings were the more tightly organised groups, who already had 'community resources' to utilise in their lobbying efforts. According to Castles et al. (1990: 64), the outcome was an empowering of the ethnic middle classes, and other elite groups and entrenched sectional interests.

### **Galbally's 'Community'**

Access and Equity programs have their origin in the Galbally Report (Review of Post-arrival Programs and Services to Migrants, 1978), a report commissioned by the Fraser Government as a strategy for dealing with the 'problem' of immigration and an

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increasingly heterogeneous Australian society. Although bathed in the community rhetoric left over from the Whitlam era, it is set in the context of laissez-faire liberalism, with its emphasis on the self-reliant individual. In this context, differences are even more tightly defined as 'barriers': barriers that prevent people with different ethnic backgrounds becoming self-reliant. This occurs despite the heavy reliance of successive governments on 'consultation'.

The keynote of Galbally is 'consultation'. The report acknowledges the right of people effected by government decisions to have a say in those decisions and that this may require special provision for conveying information (Galbally, 1979: 1-1). Largely because of the difficulties in managing cultural diversity, consultation techniques are now very widely used in government departments. These techniques aim to develop 'partnerships' between government and 'ethnic communities'. Consultation is directly linked to participation and citizenship, 'finding out what people think about something before a final decision is taken, in order to influence that decision'. Moreover, there is also a reflexive opening in consultative mechanisms; consultation can be used 'as a means of generating ideas for program planning' (OMA, 1994: 5).

However, this emphasis by governments on consultation more often than not serves to legitimate government policies (Castles et al., 1990: 77). This is not only because governments have the ultimate say in who to consult over what issues. The consultation process is constrained within a system which places active 'community-creating' out of its reach.

The community services which sprung up to meet the needs of ethnic groups, were built onto Fraser's laissez-faire interpretation of 'community'. These were designed as stop gap measures, to facilitate the achievement of 'self-reliance':

services and programs should be designed and operated in full consultation with clients, and self-help should be encouraged as much as possible with a view to helping migrants to become self-reliant quickly. (Galbally, 1979: 2-1)

While clients may be consulted, the overall aim of the government program is already clearly spelled out. Clients are to be helped to become 'self-reliant'. Cultural differences which stand in the way of this objective must be overcome as quickly as possible. What is assumed in this construction of self-reliant individuals is the existence of an already integrated, self-sufficient community into which the newly arrived migrants can be integrated. This assumed community is sometimes equated with 'the voluntary sector', which is to increasingly take on responsibility for migrant services (Galbally, 1979: 3-3). Thus, the focus for government intervention is to be on newly arrived migrants and 'an intensive settlement program', whereby migrants can be helped to adjust to a new (our) way of life. Once 'adjusted' to our way of life,

migrants become an integral part of 'the community', meaning not in need of any direct support from government.

What is happening here is that the politically constituted 'ethnic groups' are being re-constituted as 'ethnic communities'. This is a rhetorical device which shifts the meaning of self-determination away from its association with possible forms of collective action centred around creating communities to the conservative meaning of self-determination as self-reliance, with collective action being restricted to helping newly arrived migrants adjust to the institutions that are here, so that they can become individually self-reliant.

### **Sexual Difference as a 'Barrier'**

One of the most important effects of assuming already existing, self-reliant communities that migrants can simply become integrated into, is that women become identified as a 'special needs group' within these ethnic communities. Yet, if these communities were as self-reliant as Galbally makes out, why would women and children have 'special needs'? Galbally believes that the answer is largely to be found in cultural differences:

We believe migrant women experience particular difficulties at work, at home and with their children. Other studies have indicated that migrant women often work long hours in unpleasant conditions, doing dangerous jobs. Many, in addition to their job, must look after the house and family and find satisfactory child-care arrangements. Conflict between work and home is particularly severe for women brought up to accept a very traditional view of their place in society. (Galbally, 1979: 4-6)

The implication is that migrant women will need to change their 'traditional' attitudes if they are to become as self-sufficient as men. While the report does concede that some development of child care services will also be necessary, these services are to be developed within the framework of helping migrant women fit better into the work/home nexus, a nexus increasingly structured by the requirements of global capitalism. Child care is not seen as an indispensable community resource, a potentially 'community-creating' site for parents to better shape their own social institutions, but as a way of overcoming the 'barrier' that caring sets in the way of effective participation as a citizen in public life, as this is already structured. As a community development worker from a migrant resource centre remarked, 'child care is still seen by the community as a woman's issue, not a community issue. Child care is something women demand, like abortion'.

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Child care within the context of the Galbally Report, then, becomes a way of helping individual migrant women overcome the 'barriers' of their sexual and cultural differences, so that they, too, might become more individually self-reliant. It is for this reason, so that migrant women can more readily be integrated into our existing home/work social arrangements, that migrants are to be encouraged 'to help develop and to make use of child-care and pre-school services' (Galbally, 1979: 4-7).

### **3 Access and Equity Under Economic Rationalism**

#### **The Radical Potential of Citizenship Discourse**

The attempt by the government to manage the broad democratisation rhetoric of Access and Equity programs has, however, provided community-based workers with a critical edge that is difficult for the government to totally ignore. Migrant Resource Centres (MRCs), which were established to oversee the implementation of these programs, are located in the semi-autonomous, community-based services sector, at the coal face of service delivery where they are well placed to monitor its success. MRC workers use their semi-autonomous positioning to identify and politicise the gaps between the rhetoric of Access and Equity and the reality of the migrant experience.

Their critical edge has been helped along by the Labor Government's commitment to the Social Justice Strategy (Australia, Prime Minister, 1993), which is the broader strategy into which Access and Equity is inserted. The concept of Social Justice has four principle elements: equity, meaning fairness in the distribution of economic resources; equality meaning equal, effective and comprehensive civil, legal and industrial rights for all; access, meaning fair and equal access to services; and participation, meaning the opportunity to participate fully in personal development, community life and decision-making (OMA, 1991: 3).

The Social Justice Strategy resurrects the more radical democratisation rhetoric of the new social movements, but rather than being framed within the 'community creating' discourse of the 1960s and 1970s, this strategy focuses more on the individual and is framed within the discourse of citizenship, where 'community' becomes the abstract citizenry of the nation-state. Citizenship discourse is oriented towards creating this universal subject, giving everyone 'the same status as peers in the political public' (Young, 1989: 250). However, the needs of groups of citizens can also be identified and targeted within this discourse. A central objective of the community-based MRCs is to identify concrete social conditions which inhibit 'full participation' of particular groups of citizens so that these can be targeted by Access and Equity programs.

The limitations of reform programs formulated within the discourse of citizenship are, however, also apparent in Access and Equity programs. There is a tendency within

these programs to construct cultural and sexual difference in the negative, as so many 'barriers' that must be overcome for people to achieve full citizenship status. This tendency is reinforced when citizenship programs are articulated within the discourse of economic rationalism.

### Identifying Difference as a 'Barrier' to Citizenship

The tendency within citizenship discourse to construct difference in the negative, as a barrier to be overcome, is being reinforced by the current rhetoric of economic rationalism which attempts to streamline community services in accord with the logic of greater economic efficiency. One way of ensuring greater efficiency is to tie down meanings, that is, tighten up on definitions, thus blocking out potential sites of challenge to the established rhetoric.

For example, the 1992 *Evaluation Report* (OMA, 1992) suggests that one of the problems with the implementation of the Access and Equity strategy is that 'Access and Equity' has 'not so far been adequately defined'. The latest version of the government's strategy attempts to fix the meaning of equity, by making this definition more concrete and thereby less open to challenge:

It can be defined as 'a policy to ensure that equitable access to government programs and services by all members of the Australian community is not impeded by barriers related to language, culture, race or religion'. (OMA, 1992: 2)

This definition of the objective of Access and Equity leaves little room to contest its meaning. Equity will be achieved by removing those barriers associated with cultural and sexual differences. It cannot be used in a community-creating sense.

Another example is the on-going struggle between MRC workers and government officials over the meaning of the term 'settlement'. Government officials are attempting to pin down the meaning of 'settlement' to the provision of services for new arrivals. This meaning thereby confines the role of MRCs by more tightly targeting their services to the newly arrived migrants who are considered to be the most disadvantaged. However, MRC workers reject this definition, pointing out that it is contrary to the guiding principles of Access and Equity. The National Migrant Resource Centre Working Party defined settlement in 1987 as:

A person is not considered settled until he/she is able to take part fully in the economic, social, political and cultural life of Australia. People may, at different stages of their life, move in and out of settlement (e.g. ethnic aged). Yet, there has been a consistent trend over the last two years by Government, both

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Federal and State, to discourage service provision to the established NESB communities (as the 'mainstream' is covering them) and a focus on the settlement needs of new arrivals....(this definition) is at complete odds with their Access and Equity policy. (MRCs, 1992: 8)

What is happening in the Government's tightening of the meanings underlying Access and Equity, then, is that special needs categories are being more sharply defined as disadvantaged groups to limit Government expenditure. Closer targeting of special needs categories means that the Government must rely even more on the notion of community as 'other than government', which implies the imagined presence of an already existing, 'unified' and 'mutually supportive' community which contains all those elements necessary for individuals to be self-sufficient, into which new arrivals can be integrated.

The worker who has the job of ensuring that this process of integration within the existing 'community' takes place is the community development worker. However, as one community development worker, based at a migrant resource centre informed me, this 'community' is largely outside the reach of Access and Equity programs.

You need to be able to access the community **before** you can run an Access and Equity program. It turns out that with this 'community', you can forget posters, forget notices in the paper. The only way to do this is through word of mouth so you have to depend upon getting people who are already tapped into the existing services and bring them along to a planning meeting and get them to go out by word of mouth and actually invite women to come to the group. Those informal networks are very strong and an absolutely essential part of these communities. I don't know whether they're necessarily recognised within our structures.

And, of course, it is almost impossible to know how many women are isolated from such supportive networks, living in an everyday 'community' which is oppressive and personally disempowering - and largely beyond the reach of Access and Equity programs.

### **From 'Equity' to 'Efficiency'**

MRCs have been able to utilise their semi-autonomous positioning in the past to monitor the performance of government and politicise the discrepancies between government objectives and the experience of their migrant clients. However, under the increasingly stringent economic directives being issued by the Government, the

role of MRCs in monitoring the success of Access and Equity is being turned on its head. MRCs are now to be monitored by the government for their 'efficiency' and 'cost effectiveness'.

The *Evaluation Report* (OMA, 1992) found that there was a problem in the way in which Access and Equity was being understood by 'the community' sector. Apparently, MRC workers tended to take the objectives of Access and Equity literally. The Government is now concerned to ensure that the 'community' sector recognise the connection between efficiency and equity. It is through improving the efficiency of their service that agencies can provide more effectively for clients, and so enhance Access and Equity:

At the root of the logic of Access and Equity policy was not only a concern for equity but also a concern for efficiency. It reflected a government commitment to ensuring that public institutions and agencies provide effectively for all members of society. (OMA, 1992: 2)

The framing of Access and Equity within the discourse of economic efficiency allows for a slide from equity as a fairer distribution of material resources to efficiency, largely meaning cost-effectiveness. This is a neat twist in government policy which allows the problems in the implementation of Access and Equity programs to be understood as administrative problems which can be fixed up through agencies becoming more conscientious in their formulation of their objectives and work plans. As MRC workers are by now fully aware, the displacement of the problems of implementation of Access and Equity programs onto the efficiency of their agency has been translated into government guidelines which direct organisations to tighten their objectives to measurable outcomes. The role of MRCs is to become more narrowly defined, constrained by quantifiable 'performance indicators' which will allow for tighter targeting of those with 'special needs'.

The role of MRCs, it seems, will become increasingly constrained within these new meanings being infused into Access and Equity programs. Agencies will have to abide by the new guidelines to ensure funding levels are maintained. Increasingly, the major role of 'community' groups will be to lobby for scarce resources to fund their services (Hand, 1992: 6)

The way to decide between competing disadvantaged 'communities' will be according to their ability to abide by the new efficiency indicators. As Keith Owen, Director of DILGEA, puts it:

There is the fundamental question of how can the government choose between the competing needs and to ensure that the available money is located where it is most needed....Clearly

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those applications which have qualified outcomes stand a better chance than those where there is a vague notion of what may happen. (MRCs, 1992: 22)

These new meanings being infused into Access and Equity programs, associated with the discourse of economic rationalism, will have scant room for creating communities, for supporting innovative projects which enhance the potential for people to shape the social institutions which govern their lives. The institutions are taken as given; the prescribed performance indicators will measure the extent to which ethnic people come to fit the institutions.

#### 4 Conclusion

The Labor Government set out in the 1980s with a mandate for greater social justice. At the same time, it promised to respect and even applaud cultural differences. However, it has managed to sidestep the contradictions in the objectives of 'citizenship' and 'equity', sameness and difference, by exploiting the contradictory meanings infused into notions of 'community'. 'Community' is less and less associated with a radical politics of government facilitated collective action, and more and more associated with all that is not government. 'Community' has slipped into a matrix with 'government', where it appears as 'other', the opposite of government, and a convenient site to locate the source of the tensions which are inherent in government policies.

Although still concerned with the notion of enhancing the process of democratisation, today's reform politics tends to be organised around the notion of 'citizenship' rather than 'community'. Citizenship discourse does have a distinct advantage over the 'community' rhetoric of the social movements of the 1960s and 1970s, in that it is a discourse able to legitimate universal provision. It focuses on the social conditions required to enable all citizens to participate fully in public life.

However, an exclusive focus on the potential for citizenship to bestow greater social justice also has its down side. These reform strategies may inadvertently reinforce the positioning of 'community' as 'other than government', because citizenship strategies must inevitably take the groups they strive to represent as already constituted, fully integrated 'communities' that are formed outside government. While supposedly constituted outside government, these 'communities' have actually been created by the political process itself, a process which inevitably defines them in the negative.

As the tensions in the implementation of the Government's social justice strategy heighten, in response to the economic stringencies currently being enforced, the limitations inherent in reform politics organised around the discourse of 'citizenship' become more apparent. Without a community-creating dimension, which recognises



the need to generate 'communities' through re-interpreting and re-imagining everyday life practices, 'community' can simply be assumed, and the cultural and sexual differences which generate these communities can be defined away, as so many 'barriers' in the way of achieving equality.

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# Working Parents Caring for Sick Children

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Families At Work

## 1 Introduction

This paper is concerned with the impact of child care arrangements on childhood illnesses and workplace absenteeism. It will present research by Families At Work nearing completion, funded by the Department of Human Services and Health. I will discuss: the method; the results; and the implications in terms of policy development by employers and government.

### Background

Families At Work's workplace surveys consistently show caring for sick children is the greatest child care difficulty for working parents. For the first time in Australia, Families At Work has measured actual data on incidence of children's illnesses. All past research has relied on retrospective reporting by parents. Families At Work surveys conducted in the past showed findings that between two to four days were lost per parent per annum depending on the age of the child. Australian Institute of Family Studies (VandenHeuvel, 1993) findings were nine days.

## 2 Method

In this research 16 workplaces throughout Sydney were selected on the basis that the final sample should include: the public and private sectors; the major industry groups; employers with differing numbers of employees; and employers with differing levels of assistance with work and family responsibilities.

The 545 respondents completed one questionnaire each month over a six month period from February to July 1994. All respondents had children aged under 13 years.

The sample was over-representative of women (71 per cent) and senior positions (64 per cent were managers, professionals or paraprofessionals). The sample was

representative of the general population in hours worked (75 per cent worked 35 hours or more) and permanent employment (91 per cent).

Questions related to the following areas:

- demographic questions including work arrangements to care for sick children;
- parent preferences to care for a mildly sick child;
- types of illness their children had experienced;
- the duration of the illness;
- how the children were cared for during the illness; and
- the number of days the participant was off work as a result of caring for their sick children.

### **3 Findings**

#### **Illness**

Most parents had at least one sick child during the survey period. Over the six month survey period more than three quarters of parents (77 per cent, 419) had at least one sick child and around two thirds of children (64 per cent, 564) were sick at least once. The following projections can be made about mild illness in children aged under 13 years:

- children are likely on average to have four illnesses each year;
- they are likely on average to be sick 12 days each year; and
- each illness is likely to average two to four days in length.

Younger children (under four years) are likely to be sick more often and have longer illnesses. The following factors increased the likelihood of the child having been ill and having more than one illness:

- the child was aged between one and three years;
  - the usual child care arrangement was a child care centre, Family Day Care, a nanny or babysitter;
  - the place of the usual child care was away from home;
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- the child had a chronic illness; and
- the child had started a new form of child care within the last two years.

### **Availability of Options to Care for a Sick Child**

**Leave.** Most respondents were able to take some form of leave to care for a sick child (80 per cent) (see Table 1). The most common forms of leave allowed were: annual leave, 32 per cent of respondents; emergency, compassionate, short or special leave, 30 per cent; paid sick leave, 23 per cent; unpaid leave, 19 per cent; and paid leave at managers' discretion, 17 per cent. Only 16 per cent had access to paid family leave and three per cent to unpaid family leave, but the high access to emergency, compassionate, short or special leave (30 per cent) probably served the same function.

In contrast, in those instances where **official** policy allowed parents to use sick leave to care for sick children (23 per cent), 77 per cent of parents actually use or would use their own sick leave. Employees described the status of use of sick leave as the following:

- common but not approved practice, 39 per cent;
- allowed use of sick leave, 23 per cent;
- not allowed, 20 per cent; or
- allowed but only with approval by manager, 15 per cent.

The inconsistency between official policy and practice was reflected in comments in the survey responses about stress and guilt. It was also reflected in the leave taken during the research period: twice as much sick leave was taken (445 days) as the next most common leave taken, annual leave (224 days).

**Alternative Work Arrangements.** A large proportion of employees were allowed to make alternative work arrangements (63 per cent) (Table 2). This was fewer than those allowed to take leave. This finding was interesting considering that alternative work arrangements are less costly for the employer than paid leave. The most common forms of alternative work arrangements allowed were:

- make up hours later, 29 per cent of respondents;
- flexible work hours, 26 per cent;
- rostered days off at short notice, 24 per cent;

**Table 1: Leave Allowed by Employers to Care for Sick Children**

Type of Leave	Percentage of respondents (N = 545)
Paid annual leave at short notice	32
Paid emergency, compassionate, short or special leave	30
Paid sick leave	23
Unpaid leave	19
Paid informal leave at manager's discretion, e.g. sick leave	17
Paid family leave	16
Unpaid family leave	3

**Table 2: Alternative Work Arrangements Allowed by Employers to Care for Sick Children**

	Percentage of respondents (N = 545)
Make up hours later	29
Flexible work hours	26
Rostered days off at short notice	24
Work from home	20
Time-in-lieu	17

- work from home, 20 per cent; and
- time-in-lieu , 17 per cent.

The following work characteristics increased the likelihood of leave or alternative work arrangements being available to an employee: permanent work status; not working shift work; having the position of manager or professional; higher personal income; and longer work hours. Not all job descriptions suit the same type of flexibility but given the extra cost of leave compared to flexibility, there seems to be room for employers to consider broadening the availability of these options.

**Care Provided to Children When They Were Sick.** The type of arrangements made for sick children are shown in Table 3, indicating that the usual or another child care arrangement accounted for 51 per cent; taking leave to care for the child accounted for 30 per cent; and the other 19 per cent made making alternative work arrangements.

**Table 3: Care Arrangements When Children Were Sick**

	Percentage care provided	Mean days of care	Mode days of care
Leave	30	1.80	1.00
Alternative work arrangements	19	1.60	1.00
Child care	51	2.80	2.00

An average of 1.6 arrangements were made for each episode of illness. Few respondents took more than one day off work for each illness, making other arrangements for the remainder of the illness. On average, employers can expect that employees with children aged under 13 years will take almost five days leave and use almost three days of alternative work practices to care for mildly sick children per year. The longer the illness, the more likely respondents were to have used child care to look after the sick child.

The most common form of leave taken to care for a sick child was sick leave followed by annual and paid family leave. The most common alternative work practice used was time-in-lieu, followed by working from home, flexitime and making up time later. The most common form of child care arrangement used to care for a sick child was the usual child care (most commonly school, partner and friend or relative) followed by care by a partner and care by a friend or relative.

Arrangements where the child care was not provided by the parent tended to be longer, suggesting that parents chose to make other arrangements instead of taking off a long period of time themselves. Comments by respondents reinforced this: even if the workplace was very accommodating, the pressure of work was such that they could not afford to take time off or it was more stressful to take long periods of time off work.

### **Difficulties With Care for Sick Child**

The greatest difficulties respondents had related to: concentration (42 per cent of illnesses); availability of leave, 22 per cent; availability of alternative work arrangements, 14 per cent; and finding sick care, 12 per cent. These findings were also consistent with the comments which repeatedly referred to problems of concentration, stress and guilt.



It was interesting that difficulties with manager attitudes were low (less than 10 per cent), which may be a reflection of improving attitudes or that managers did not know the actual situation, given that over half (60 per cent) of the sick leave used by parents is when they are not declaring that the child was sick.

### **Preferred Care Arrangements When Child is Mildly Ill**

The research made the conclusive finding that parents prefer to care for their sick child themselves or have the care provided by their partner (Table 4). Three quarters of parents want to provide the care themselves; and half want their partner to provide the care. Otherwise, they prefer to have a friend or relative do so (one third). Comments showed that they relied on grandparents. Preferences for formal care were all low: usual care, 16 per cent; sick care at work, 14 per cent; carer in home of child, six per cent; and sick facilities, six per cent or less for each of the possibilities.

Of those parents who want to care for the child themselves, 89 per cent would prefer paid leave; or 80 per cent would prefer alternative work arrangements. This shows employee preference was very similar for both leave options and flexibility options, flexibility usually being a lower cost option for employers. Alternative work arrangements included in the survey were those already discussed.

These results have very interesting implications in terms of policy development.

- They support the test case for paid family leave to care for a sick child since most parents want to care for the child themselves.
- They show that few parents want other formal care, but if they do still have to work, they would prefer the child was cared for in their usual place of care or at the workplace.
- Contrary to anecdotal evidence, preference for care by a paid carer in the home or carers outside the home was not significantly different to each other.

The research will be presented to the Department of Human Services and Health.

## **4 Conclusion**

The research done by Families At Work has shown that working parents with children aged under 13 years:

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**Table 4: Preferred Arrangements When a Child is Mildly Sick**

	Percentage of Respondents(a)
Care for the child myself	72
Spouse or partner care for child	54
Friend or relative care for child	34
Usual care	16
Sick care facility at work	14
Paid carer in home of child	6
Child care centre get well room	6
School sick care facility	5
Sick care centre for children 0-12	3
Paid carer in carer's home	1

Note: a) Respondents could answer up to three options, so total percentages equal more than 100 per cent.

- are likely at least twice each six months to need to negotiate about who will care for their sick child; and
- are likely to end up caring for the child themselves or having another family member do so.

From the employers' perspective, plans could be made for this to minimise the impact on their employees by trying to accommodate more flexibility rather than relying only on paid leave. If employers or the government want to provide care rather than have employees away from the workplace, it is likely that employees would prefer care at the workplace or in the usual care arrangement.

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# Equitable Access to Education for Young Homeless People

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## 1 Introduction

At the National Social Policy Conference in 1995 we were one of a minority of **service providers** presenting a paper; in fact we found ourselves presenting with one other of this minority at the last session of the conference on Friday afternoon. It was a disappointing time slot and left us pondering the question of how seriously 'policy makers' take the contributions of the people who are at the 'coalface'. We made the decision to present a paper at the conference because we believe the program we initiated is innovative and beneficial to a severely marginalised group of young people. The program is different because it looks at the dilemma of homeless youth, health and education **holistically**. The difficulty we have encountered is that at the departmental level (New South Wales Department of Health, New South Wales Department of School Education, Department of Social Security, Department of Community Services, Department of Employment Education and Training) this issue is not considered holistically. For example, the NSW Department of Health will not fund us, as we are 'education' and the NSW Department of School Education will not fund us because we are 'health'.

Our work raises issues at the service level, and we want to suggest that it is critical that these issues be heard at the policy level, where recognition of how we 'compartmentalise' young people because of departmental structures can be both understood and addressed. Education is something we are all told (and some of us tell others) is a basic right. Yet there are many young people who do not have access to this 'basic right'. Some of these young people are experiencing homelessness and for some, the complications of school problems have been a determining factor in their homelessness. It will not be until integrated methods are put in place that the needs of our younger generation who have difficult life circumstances and for whom schooling is not designed will be equitably serviced.

## 2 Cool School and High Street Youth Health Service

The aim of this discussion is to present Cool School as a model which has the potential to facilitate equitable access to education for young people experiencing

homelessness or young people at risk of experiencing homelessness. Our work raises questions regarding presumptions made that young people experiencing homelessness cannot or do not want to be involved in education. We want to suggest that young people experiencing homelessness can engage in education and emphasise that the question is 'how' they engage in education.

Cool School is a project which brings an education program into a community-based health service and uses a holistic model of care with the aim of improving the health and welfare of at risk young people. The Cool School project was developed in response to a perceived need for an education service within High Street Youth Health Service to complement the existing services. The project was originally funded through the Youth Strategy Action Grants (YSAG), a Department of Education, Employment and Training (DEET) initiative. The grant was for a twelve month period only and allowed High Street Youth Health Service to employ an education officer from April 1994 to April 1995.

A collaborative model of staffing was decided upon and the position of education officer was shared with two other staff members of High Street Youth Health Service. All staff involved in the program have qualifications in education and teaching experience. The staff at High Street Youth Health Service decided that the continuation of the Cool School Project was a priority and have committed funding (derived from savings accumulated due to an unstaffed medical position) from April 1995 to January 1996.

High Street Youth Health Service is a State and Federally funded unit of the Western Sydney Area Health Service. It is a multi-access centre providing: primary health care; counselling; drug and alcohol counselling; keywork; outreach; drop in centre and arts program. High Street Youth Health Service uses a holistic model for working with young people and has a brief to target the needs of young people experiencing homelessness or those at risk of experiencing homelessness.

The holistic model aims to work with the individual as a whole, as opposed to focusing or specialising on one aspect. Therefore High Street Youth Health Service provides a range of services in order to cater to the varied and demanding needs of young people.

### **3 Young People, Education and the Experience of Homelessness**

In answering the dilemma of how young people engage in education, we suggest there needs to be a reconsideration of how 'education' is conceptualised. We have found this involves evaluation of both the desired 'outcomes' of education

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and the process of education. Our understanding of education is that it is a life process; a process of learning about the self; and that 'schooling' is an aspect of this life process. Looking at education in broader terms can enable the validation of a young person's experiences - such as reporting sexual abuse; leaving home; resisting physical or verbal abuse. In such instances the young person has learnt how to recognise and somehow manage threatening situations, which is all educational. But the problem of education in the context of schooling remains. For many young people, learning about the self has very little to do with the rules of factorisation in mathematics, particularly for young people who are in crisis because they have no place to live.

Young homeless people or those at risk of experiencing homelessness are invariably excluded from continuing their education for a variety of reasons. Examples of these reasons include:

- the way they are living their life is not compatible with the routines of schooling (e.g. being able to get to school on time and regularly and in school uniform);
- schooling structures are not able to cater to the demands placed on them by young homeless people; these include the range of behaviours which challenge schooling routine and authority (e.g. drug use, aggression, depression, truancy and independence);
- basic needs issues such as sleep, food, health, mental health, lack of supportive accommodation;
- alienation. The young homeless student is often perceived as different to the other students, by the school, by students and by the young homeless person themselves;
- Assumptions about young homeless people, that they are not interested in education or that they cannot take part in it until they resolve other more pressing life issues;
- lack of information and understanding regarding the complexity of issues involved in youth homelessness; and
- the time factor involved in school administration (particularly when resolving disputes/suspensions) is often prohibitive and directly in conflict with the needs of adolescents.

In the Cool School program we have aimed firstly, to recognise and support the concept of education as a life process and secondly, to address the issue of young people accessing education in the context of schooling.

## 4 Our Philosophy

The purpose of this discussion of our philosophy is to illustrate the relationship between our **beliefs** about young people experiencing homelessness and education and the **methods** we have applied. It is important to emphasise at this point the distinction we make between our program and 'conventional schooling'. It is implicitly because our program is not a part of 'conventional schooling' that we have been able to work in a particular way which reflects our beliefs. Because we are situated within a **holistic youth health service we have been able to address the multiple issues presented by the young people, and maintain their links with education.**

The philosophy of the Cool School project is based on the belief that education is a basic right of all young people and that young people have a right to have some say in what and how they learn. Young people are encouraged to take responsibility for their education and to develop self-directed learning programs. The project actively seeks to differently interpret the constructed 'challenging student' and to explore the potential intervention strategies.

A prerequisite to the negotiation of learning by young people who are 'outside' of the school system is to establish the possibility of their agency in learning. The term 'agency' refers to the conceptualisation by an individual that they can be their own 'agent' for change. We have worked toward this by assisting our clients to re-examine the experiences of schooling which have influenced their relations with learning and education. In approaching the dilemma of how to involve young people in thinking about their experiences of learning we found ourselves looking at how it is that young people come to 'own' certain beliefs about themselves. Michel Foucault (1984) similarly encountered this problem:

My problem has always been...the problem of the relationship between subject and truth. How does the subject enter into a certain game of truth?...So it was that I was led to pose the problem of power-knowledge, which is not for me the fundamental problem but an instrument allowing the analysis - in a way that seems to me to be the most exact - of the problem of the relationships between subject and games of truth. (Foucault cited in Bernauer and Rasmussen, 1988: 11)

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Identifying the relationship between the young people (the subjects) and their ideas about their ability and right to education (the games of truth) provides a means of challenging the totality of 'truth'. It is important to note how influential these 'truths' can be over a young person. We have encountered many young people who hold a belief that **they have failed** in school. This self-conceptualisation can be so overwhelming that when faced with school tasks they will give up if they cannot immediately grasp at a 'correct' answer.

The stories the young people have about themselves in relation to education have the effect of reducing their possibilities for learning. Combined with problems such as lack of food, shelter and psychological turmoil, it is not surprising that these young people give up any hope of accessing education. To look at how the young person has come to hold particular concepts of truth about themselves requires insight into how these truths came into 'actuality'. For a young person to look critically at the names they have for themselves we encouraged a contextual perspective of their experience. Quite often the young people had not considered the effects of their life circumstances as influential in their inability to attend school or to pass tests - they simply had the opinion of themselves that they were no good at school. Jones(1991) suggests this lack of questioning could be attributed to the influence of 'authority':

Authority in the traditional sense closes down inquiry into the nature of relationships that authority stabilises. In a very strong sense, that is precisely what traditional notions of authority are intended to do: suspend the process of judgement and decision-making as an ongoing, conflicted, and collective process, and locate it in one ultimate sovereign point. (Jones, 1991: 109)

The absence of this 'sovereign point' in our program (in the form of the school) was essential to the young person's development of questioning. It is important to consider that the production of 'truths' about young people is not limited to schools, as Davis (1993) in *A Study of Homeless Female Street Youth* notes:

Many social services implicitly pathologize adolescents by focussing on their deficits and shortcomings, rather than on their strengths and talents. This is particularly true of law enforcement and psychiatric intervention, where labelling and stigmatising take priority. The 'manufacture of deviance' is frequently employed among some social sectors, as well, which label unsuccessful cases as 'hopeless', 'dysfunctional' or 'uncontrollable'. (Davis, 1993: 35)



These 'truths' have a 'knack' of becoming all pervasive in the sense that the young person identifies with this particular notion of themselves, becoming a 'character' in an ever increasing spiral of labels which differentiate the young person from what is considered 'the norm'. Differentiation from their school attending peers invariably exacerbates a young person's sense of 'not belonging in school', rendering it impossible for them to participate in 'conventional education'.

To begin the process of questioning we have used a Foucauldian interpretation which disrupts traditional views of power as hierarchical one way interactions, alternatively suggesting that '... power is a relation not a possession or a capacity' (Ormer, 1993: 82). This view of 'power' can be used to assist a young person to differently interpret their experiences and importantly, acknowledge the strengths they have in surviving. Faced with alienation from schooling, difficult life circumstances or homelessness, a young person's resistance to schooling could be a method for '... producing an alternative sense of self ...' (Linnell and Cora, 1992: 3), an experiment with the discourses they encounter. Practically, this meant that in the program we interpreted 'troublesome' behaviours as a form of resistance, a form of preserving power though the production of 'an alternative sense of self'. Due to the holistic nature of our service we could look at the issue of a young person's agency in a multiple sense: their agency in education, physical health, accommodation, mental health, income and in their relations with 'officials' such as the Department of Community Services.

For many of our clients, to re-engage in schooling or education meant they needed to become aware of stories as constructs and then challenge and critically re/think the narratives used to explain their experience. We therefore describe our work as having a narrative style:

... the narrative metaphor proposes that persons live their lives by stories - that these stories are shaping life, and that they have real, not imagined effects - and that these stories provide the structure of life... ..it is through the narratives or the stories that persons have about their own lives and the lives of others that they make sense of their experience. Not only do these stories determine the meaning that persons give to their experience, it is argued, but these stories largely determine which aspects of experience persons select out for expression... (White, 1992: 28)

Using this method the young people could begin to consider the issues as systemic. Previous identities such as 'failure' could then be understood as a construction which they could decide to accept or reject. This was the case with

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one of the young people in the project, who moved from a narrative of power through a type of resistance which placed her in an 'at risk' lifestyle, to one in which her resistance and strength could be used to re-engage in schooling. For the young people in our program, reframing interpretations of school experiences is an opportunity for alternative stories to emerge, providing different structures by which to live their lives.

Foucault advocated being constantly '...sceptical about dogmatic unities and philosophical anthropologies' (Rajchman 1985: 2), suggesting we must seek to locate and deconstruct 'the givens', the 'self-evident' and urged changes away from models which suggest universality. 'Conventional schooling' is one model which operates more or less on a premise of universality. It is because of this premise that different life circumstances become 'problems'. Stemming from this observation, it becomes clear that there needs to be a variety of options available in education, and some of these will need to be flexible enough to address the multiple issues of homeless youth.

This discussion has endeavoured to argue the importance of agency in the delivery of education services for young people experiencing homelessness or those at risk of experiencing homelessness. Young people need to be involved in a process of rethinking their interpretations of their schooling experiences in order to negotiate education and learning. Our assertion is that the structures existing for the provision of education for young people do not cater to the needs of those who do not fit the paradigm of 'living at home in a supported and safe environment'. The problem of youth homelessness is **multi-dimensional**, therefore demanding **multi-faceted** service provision.

## 5 The Structure of Our Program

From a discussion of our philosophy, we now turn to a description of our methods. The methods of service delivery used throughout the project have developed from our beliefs about young people and education and in response to the needs and requests of the participants. The methods of intervention include:

**Time Out.** We provide young people with the opportunity of attending informal sessions at High Street in lieu of school attendance, enabling young people to take 'a break' from school. These sessions are also attended by young people who are not attending school and are very valuable as a space where young people can maintain some 'link' with education.

**Tutoring.** Individual tutoring for students provides a safe environment in which a teacher can assist a young person to explore and understand their patterns of learning.

**Liaison with Schools.** The role of the education officers extends to the school in the form of liaison or mediation. After working with young people in a non-threatening environment, it is quite often useful to liaise with staff in an effort to bring about a better understanding between the young person and the school. It has been useful at times to provide the staff with an opportunity to differently interpret the behaviours of students and to assist the young person to see their behaviours as valid choices in response to a difficult or unmanageable home/school situation.

**Advocacy.** Young people with little or no support at home are often in need of an advocate to assist them and to ensure that their legal rights are respected.

**Educational Counselling.** This is an important service and aims to assist young people make informed choices about their education. This involves assessing their current situation, looking at alternatives and building up skills to enable a young person to have some positive input into the future direction of their education.

**Support and Supervision.** This is for young people wanting to continue their education with the Sydney Secondary Distance Education Centre.

## 6 Outcomes

The Cool School program has been utilised by a range of young people; some information is included in Table 1.

The two young people identified as lesbian or gay had chosen not to attend school because of harassment. Over the 15 months the program has been operating, we have worked with 95 young people, ranging in age from 12 to 20. There has been a predominance of young people aged 15 using the program as there is literally nowhere else for them to go if they are not attending school. This has also been reflected in the numerous requests for assistance with this age group. Our statistics have supported other research findings (Burdekin, 1989; Carrington, 1993) which suggest a link between school breakdown, homelessness and involvement with Juvenile Justice.

As a result of involvement with the program, 46 of the young people decided to either continue, return or change schools. Significantly, thirty per cent of the Cool School participants engaged in other service strands at High Street as shown in Table 2.

The outcomes of the Cool School program for the young people are varied. Some of these outcomes have been:

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**Table 1: Some Characteristics of Young People Utilising Cool School**

Information	Number
Unemployed	9
Aboriginal and Torres Strait Islander	4
Non-English speaking background	15
Young offenders	18
People with disabilities	5
Young pregnant women	2
Drug and alcohol issues	6
School breakdown (under 15)	39
Sexuality (lesbian or gay)	2

**Table 2: Choices made by Young People After Attendance at Cool School**

Choices made by the young person	Number
Continued at school	30
Changed school	5
Re-engaged in schooling	11
Engaged in other services at High Street	29
Gained employment	4

- the opportunity to learn in a positive environment with minimal restrictions;
- involvement in a learning environment which encourages difference and respects individual lifestyle choices and therefore enables young people to renegotiate their experiences of schooling and make informed decisions about their future;
- many early school leavers have explored their school experiences and their rights to an education and have consequently re-engaged in alternative education paths. Others have decided not to continue their schooling but

have a more positive interpretation of their experiences of schooling leaving them greater options if they decide to pursue a course in the future;

- tutorial assistance on request from young people experiencing homelessness;
- involvement in work experience programs and services outside of High Street Youth Health Service; and
- easy access to other service strands of High Street Youth Health Service which enables young people to deal with issues contributing to the identified 'school problem'.

The Cool School program owes a large part of its success to its inclusion in a Youth Health Service. This has enabled the education officers to fully exploit their philosophy which approaches education from a holistic point of view and encourages young people to look at education as part of a life process. The program provides a non-threatening point of access for many marginalised young people which can help them to look at education as one of the many needs in their life at that time.

The interactions between the Cool School project and High Street Youth Health Service have been two way, with information, knowledge and support flowing in both directions. The Cool School project has provided a valuable point of access for many young people who eventually accessed other services at High Street.

## 7 Policy Considerations

Our research and experience suggests that young people experiencing homelessness and young people at risk of experiencing homelessness are interested in education. The challenge for policy lies in finding ways which facilitate these young people having access to education.

Throughout this paper we have asserted that institutions (such as schools) which have contact with young people experiencing homelessness and young people at risk of experiencing homelessness are not designed to effectively work with this disadvantaged group of young people. The challenge for policy is to re/examine these systems so that they reflect the changes in the nature of the family, the life course and the state. The holistic approach we employed facilitated access to education for young people experiencing homelessness and those at risk. This has raised many questions: one is that it challenges the separation of education from health. We suggest that policy needs to advocate and support inter-sectorial collaboration.

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# Evaluation of the Landcare and Environment Action Program

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## 1 Background to LEAP and to the Evaluation

### Purpose of the Paper

This paper summarises the interim findings of the evaluation of the Landcare and Environment Action program (LEAP). It was prepared for 1995 Social Policy Conference. A longer version of the paper is available on request from the authors. The evaluation of LEAP is currently being undertaken by the Department and Employment, Education and Training (DEET) and a number of components of the evaluation have not yet been completed. The findings contained in this report are, therefore, preliminary and may be revised as the evaluation progresses.

### Description of LEAP

LEAP is a labour market program that provides participants with a combination of formal training and practical experience in a range of landcare, environment, cultural heritage and conservation activities. The program is open to young people aged 15 to 20 years who are registered with the Commonwealth Employment Service (CES) and who wish to participate in conservation projects.

The program is conducted over a period of 26 weeks. Typical projects could include land regeneration and revegetation, restoration and preservation of historical and cultural sites, and rehabilitation of river and stream frontages. At least 25 per cent of placement time must be spent on formal training. This is a minimum and preferably the time a participant spends on formal training will be closer to 50 per cent.

The primary objective of LEAP is to improve the long term employment prospects of young people. A secondary objective is to provide participants with

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1 It should be noted that the views in this paper are those of the authors and not those of the Department.



the opportunity to apply new skills acquired through formal and on-the-job training to projects that promote environmental, conservation and cultural heritage outcomes and are of community and environmental benefit.

DEET contracts organisations as LEAP brokers, through a public tendering process, to deliver the program for a specified number of places. LEAP brokers may include government bodies, conservation groups and community organisations such as landcare groups. Sponsors are responsible for the operation of discrete projects, and for ensuring appropriate supervision of participants. They provide the practical experience for participants. Sponsors may include community groups, conservation groups or local councils.

In 1992/93, 5,590 young people participated in LEAP and in 1993/94, 10,167 young people participated in the program. Funding for 12,700 places was allocated for the 1994/95 financial year.

### **The Evaluation of LEAP**

**Objectives of the Evaluation.** The purpose of the evaluation is to determine the effectiveness of the program, with a major emphasis on outcomes for unemployed youth aged 15 to 20 years. The primary focus will therefore be to assess the extent to which the program improves long-term employment outcomes for young people. A secondary focus of the evaluation will be to assess the extent to which LEAP provides lasting benefits to local communities and the environment.

**Evaluation Methodology.** The evaluation has a number of different components designed to ensure a balanced and comprehensive approach. These include a survey of former LEAP participants and of a comparison group to obtain a measure of the net impact of LEAP; case studies of ten LEAP projects to obtain qualitative information on the operation of LEAP; and a cost benefit study to assess the secondary benefits of LEAP.

## **2 The Labour Market Context and the Characteristics of LEAP Participants**

### **Young People and the Labour Market**

**Employment and Unemployment.** The changes in young people's participation in the labour market since the early eighties have been significant. In particular the decrease in the proportion of young people in full-time employment has been dramatic. In 1980, 40 per cent of young people were in full-time employment, while in 1994 the equivalent percentage was 18 per cent (Table 1). The major

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**Table 1: Labour Force Status of 15 to 19 Year Olds: August 1980 to August 1994**  
(Proportion of the total population)

	Employed full time	Employed part time	Unemployed	Total Participation Rate
1980	39.6	11.2	10.2	61.1
1983	32.2	12.6	13.1	53.8
1985	32.5	14.1	10.4	57.0
1987	28.6	16.7	10.4	55.7
1990	28.1	19.7	9.5	57.4
1991	20.6	21.3	11.2	53.1
1992	18.0	22.6	13.5	54.1
1993	17.0	22.5	11.9	51.4
1994	18.0	24.9	10.9	53.8

Source: ABS , *The Labour Force Australia*, Cat. No. 6203.0

loss of full-time employment opportunities for young people occurred in both the recession of 1982/83 and 1990/91 and were not subsequently recovered.

Teenagers have been able to take advantage of the increase in the number of part-time jobs that are available. The proportion of teenagers in part-time employment increased from 11 per cent in 1980 to 25 per cent in 1994 (Table 1). Many of these young people who are in part-time employment are also in full-time education.

The proportion of unemployed 15 to 19 year olds has been around ten per cent over the period from 1980 to 1994, increasing to 13 per cent in 1983 and 14 per cent in 1992 (Table 1). The proportion of unemployed young people was 11 per cent in 1994, around the same level as it was in 1980.

### Education Participation

Of particular note over the period since 1980 is the movement of young people out of the labour force and into full time education. By 1994, 73 per cent of young people in this age group were attending school, university or TAFE full-time. This compares with 57 per cent in this category in 1983. These changes reflect the impact of government policy aimed at increasing school retention rates and increasing the number of young people undertaking further education, as well

as the demand by employers for a more skilled workforce and a lack of opportunities for unskilled youth to obtain employment.

**Context for LEAP.** While increasing numbers of young people are completing school and going on to further education, those who leave school early or who are unable to obtain employment once they have completed school are increasingly disadvantaged. More than half of unemployed young people who are searching for full-time employment have no work experience and are looking for their first job, yet employers place a strong emphasis on past experience when hiring workers. LEAP was introduced to provide a broader range of opportunities for unemployed young people in this age group. In announcing the introduction of LEAP in 1992 the Prime Minister noted that it would be particularly appropriate for those young people who have not had positive experiences at school and who are not ready for more formal training.

### **Characteristics of LEAP Participants**

There are a range of data available from the department's administrative system which provides information on the characteristics of LEAP participants. This data is described below (see Table 2).

**Gender.** Males are much more likely to undertake a LEAP placement than females, despite the fact that females make up 52 per cent of unemployed people aged 15 to 19 years. The proportion of male participants has remained at around 70 per cent since the introduction of the program in 1992/93. The Department has attempted to increase the participation of females and brokers are explicitly asked to encourage the participation of young women in the projects. The difficulty of attracting young women to projects, particularly to the exclusively landcare projects, that was reported in the case studies is reflected in these figures.

**Duration of Unemployment.** The previous unemployment duration of participants has increased markedly over the last three years in response to changing program guidelines and the increase since 1990 in the numbers of young long-term unemployed people. In 1992/93, 55 per cent of participants had a previous duration of less than six months and 27 per cent of participants had duration of 12 months or more. The corresponding figures for 1994/95 were 34 per cent with a duration of less than six months and 51 per cent with a duration of 12 months or more.

**Other Disadvantaged Groups.** There are a number of other priority groups for LEAP. These include those with disabilities and Aboriginal and Torres Strait

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Table 2: Characteristics of LEAP Participants: 1992/93 to 1994/95

	1992/93	1993/94 Percentages	1994/95(a)
<b>Gender</b>			
Male	71.8	71.3	70.8
Female	28.2	28.7	29.2
<b>Age</b>			
15-16 yrs	16.0	19.1	20.0
17-18 yrs	48.8	44.0	42.2
19-20 yrs	35.3	37.0	37.8
<b>Duration of unemployment</b>			
less than 6 mths	54.5	43.4	33.9
6 to 12 mths	18.4	20.0	15.6
more than 12 mths	27.0	36.6	50.5
<b>Target group</b>			
Aboriginal/TSI	8.9	9.1	9.4
With a disability	7.3	8.2	8.3
<b>Total number</b>	<b>5,590</b>	<b>10,193</b>	<b>9,732</b>

Notes: a) The 1994/95 data include data up to the end of the March quarter only.

Source: DEET's program administration and statistical system (PASS).

Islander people, migrants and sole parents. Indigenous people are very well represented in LEAP. In 1994/95, over nine per cent of participants had an indigenous background. This is twice the average rate of participation achieved in other mainstream DEET programs. The high representation of this group reflects the number of LEAP projects set up specifically for this group and those in remote locations.

**Educational Attainment.** Educational attainment has only been reliably coded by DEET for the latest financial year. In previous years it was only collected for around 30 per cent of participants, while in 1994/95 over 70 per cent of participants had information on this variable recorded. These data show that participants in LEAP have fairly low educational qualifications. Just over 30 per cent had completed secondary school or above, with the remaining 66 per cent having reached Year 10 or less. The proportion of participants with Year 10 or

less was higher than for other mainstream DEET programs suggesting that LEAP participants are some of the most disadvantaged in the labour market.

The data on the characteristics of participants show that LEAP is assisting participants who are more disadvantaged than participants in other DEET programs. It has an increasing proportion of long-term unemployed, a relatively high proportion of indigenous participants and two thirds of participants have low educational qualifications.

### 3 Case Studies of LEAP Projects

#### Approach to the Case Studies

Case studies of currently operating LEAP projects were a major component of the evaluation. The objective of the case study component was to obtain detailed qualitative information on the operation and outcomes of a range of LEAP projects in a range of locations. This qualitative approach is important for obtaining information on the impact of LEAP on the participant's attitudes and behaviour in relation to employment. Focus groups of LEAP participants that were conducted in 1994 showed that the most important outcomes of the program were the improved levels of motivation and increased levels of self-esteem among participants (Lord, Roberts and Redway, 1994).

The main issues that were explored in the case studies were:

- the impact of LEAP on the employment prospects of participants through changes in their attitudes and behaviour;
- the quality and relevance of the formal training and practical experience received by LEAP participants;
- access to LEAP for particular client groups (such as the long-term unemployed, women and Aboriginal clients);
- the local community and environmental benefits of LEAP; and
- the effectiveness of the administrative arrangements.

**Case Study Methodology.** A total of ten projects, representing a range of project types and locations were selected for the case studies. The range of locations included projects from four different states, and in both metropolitan and non-metropolitan regions. The types of projects visited included those undertaking replanting and upgrading local parks, erosion control at a beach, river bank regeneration; and cultural heritage work at a large library and in two

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museums. The projects were run by a range of brokers including State Governments, conservation groups, libraries and a number of community groups. We interviewed key people involved in each of the projects.

It should be noted that the case studies were useful for exploring the evaluation issues in more detail, but the findings from the case studies may not be representative of all LEAP projects. In particular the interviews with participants did not include those who had dropped out of the program and who would be likely to be more negative about the program.

### **Discussion of the Major Issues**

**Impact on the Employment Prospects of Participants.** LEAP appeared to have a positive impact on the perceptions of participant's employment prospects. LEAP seemed to be important in both preparing participants for employment and in improving their motivation and self-esteem.

- Preparing participants for employment

Participants undertaking LEAP projects have had little previous work experience and many do not understand the requirements of employers. LEAP was important in improving the job readiness of participants and their behaviour in a work like situation. It gave them practical experience and required them to get themselves to the project on time. As one council worker said:

They just need training in getting out of bed in the morning, that's the hard bit. You just need to get them in the routine of work....

A supervisor also noted:

LEAP provides them with a safe, secure environment to experience the world of work and to discover what they might or might not like.

As well as the practical aspects of work, LEAP prepared participants for dealing with others in a work situation. Learning how to get on with other people was a crucial aspect of the project. Participants learnt techniques for improving their communication, negotiation skills and resolving conflicts. A number of the participants had poor social skills and required development in this area. Conflict in the groups was common and had to be resolved for the projects to work. One participant said:

You get more done working as a group. There is arguments  
but we learn how to resolve them, yeah.

Conversely, a large part of what participants valued about LEAP was the new friendships they made during the project. In many of the projects we visited there was a strong supportive atmosphere and participants helped each other out on difficult tasks.

- Changes in self-esteem and motivation

Supervisors noted that LEAP was very important in improving participant's motivation and self-esteem. Before LEAP, many participants were bored and did not know what to do. Participation in a project often got people out of a rut and increased their motivation to find a job. A participant commented:

LEAP makes you want to get a job. You get used to  
working and want to keep looking for a job.

A supervisor made these comments:

I look back on our last group and I think where would they  
be if they didn't do LEAP because they've changed so much.  
Just switching them on to thinking about the future and  
beyond just mucking around. A lot of them have no idea.

These changes obviously did not occur for all participants and those who did not like the work or did not get on with others in the group tended to drop out early. In general, those who stayed on were fairly enthusiastic about the program, worked hard on their projects and many developed considerable initiative in planning and organising tasks.

**Effectiveness of Formal Training and Practical Experience.** Participants, trainers and supervisors all spoke positively about the benefits of combining formal training with on-the-job training. The formal training component of LEAP included units such as workplace communication, job search skills, first aid, basic literacy and numeracy, conservation skills and horticultural skills. Participants were generally keen to learn new skills and thought that the classroom learning reinforced what they learnt in the work situation.

- Range of skill levels

A major issue in relation to training raised by trainers and supervisors was the wide range of skill levels, competencies and work experience among typical LEAP groups. This made it challenging for trainers and supervisors in delivering their training. In particular it was noted that a large number of participants were

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early school leavers with a low skills base, some had learning difficulties and had not had good experiences at school. A trainer summed this up:

There is a wide range of skills and competencies in the group from illiterate or incoherent to those who have passed some subjects in final year and one who is going to enter university. There is a need to give participants different levels of work.

The mix of training and outdoor work particularly appealed to many of these participants. LEAP was important in providing an opportunity for this group to get some training and work experience outside an academic environment, while at the same time providing them with the skills necessary to undertake more training. Another trainer said:

Many of the participants have not done Year 12. They want to work outside - they don't want to be in the classroom. But then they discover outside work is very hard, some of them end up liking it and others don't.

**Access for Disadvantaged Clients.** One of the additional objectives of LEAP is to improve outcomes for the more disadvantaged clients. The guidelines state that clients from certain disadvantaged groups are to be given priority access to LEAP. While brokers were aware of the need to encourage the participation of disadvantaged clients in LEAP, most brokers did not have any particular strategies to do this. One project, however, had been set up to cater mainly for Aboriginal participants. One broker in the city had also attempted to set up a project specifically for young Aboriginal people but had trouble recruiting the required number of participants

Difficulties in recruiting the long-term unemployed and women were also raised by brokers, YACs and the CES. Issues relating to these two groups are discussed in more detail below.

- Long-term unemployed participants

A major issue to arise from the case studies was the difficulties that some brokers had in recruiting the required number of long-term unemployed participants. A number of brokers said they could easily fill projects if they did not have to recruit long-term unemployed. Each year DEET has increased the proportion of long-term unemployed, with the requirement in 1994-95 being that they represent 70 per cent of participants. Brokers noted that the long-term unemployed were less likely to volunteer to participate in LEAP and were also more likely to drop out of projects.



With the increase in the numbers of long-term unemployed on a project some brokers and sponsors also reported greater difficulties in delivering the projects. Some noted that the long-term unemployed tended to have other problems such as attention deficit disorder, behavioural problems or homelessness. They were therefore likely to be more disruptive than other participants. Greater work was required on confidence and team building exercises for this group.

A number of brokers, sponsors and supervisors thought that the ratio of supervisors to participants should be increased to take account of the greater difficulties that arose through delivering the program to this group. They also expressed concerns about how the increasing number of long-term unemployed was changing the nature of LEAP.

These views need to be balanced against the objectives of most of DEET's labour market programs, and the Government's specific commitment in the *Working Nation* strategy: to target the more disadvantaged clients, especially the long-term unemployed; and to direct assistance to this group.

- Participation of women

The LEAP guidelines state that young women are to be encouraged to participate in LEAP, especially as a means of increasing their access to skills and occupations not traditionally open to women. The case studies found that it was difficult to attract young women to projects that involved a large component of outdoor work. In the outdoor projects there were generally only two or three women involved. The Greening Australia project had attracted a few more women, possibly because of its high profile in the conservation area. The library project and one of the museum projects had more equal numbers of men and women. Overall, however, only 30 per cent of LEAP participants are female.

A general view was that the type of physical work involved in many of the outdoor projects did not appeal to young women. One way of addressing this issue would be to attempt to broaden the range of projects undertaken, to include more cultural heritage work or community type projects. This could be achieved by emphasising more the need for projects of community benefit. The current emphasis of the scheme is on projects with environmental benefit and most projects involve outdoor work. This would not, however, address the aim of encouraging women to participate in non-traditional areas.

In trying to increase women's participation, brokers were not only keen to be equitable but they had also found that where women were involved, projects were easier to run. It appeared during the observations, that the presence of women had a positive effect on how well the project went. Comments from brokers and

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sponsors included that women cope better with the work, that they were more mature and that they were easier to work with. One broker said this:

It's interesting, in some areas the girls are terrific. Some sponsors were wary about taking a high percentage of girls on the project - now they say that they'd take 100 per cent females. Because they are better workers, they are easy to get along with and they are a great civilising influence.

### **The Community and Environmental Benefits of LEAP**

The secondary objective of LEAP is to contribute to the restoration, protection and preservation of the natural and cultural environment through projects that are of community and environmental benefit. The projects visited for case studies were undertaking a range of tasks designed to promote the natural and cultural environment. The secondary benefits study will address this objective in more detail by attempting to cost these benefits but the case studies provided some insight to the kinds of community and environmental benefits LEAP was providing.

**Types of Benefits.** The projects were undertaking a range of important activities including preserving old books and manuscripts, landscaping and tree planting in community parks, upgrading a river corridor, constructing community facilities and reducing soil erosion. Brokers reported that the types of work being undertaken would not get done without LEAP. Many of the tasks were very labour intensive and the organisations involved in LEAP said they would not be able to undertake these activities without LEAP.

Many of the organisations involved in LEAP did not have the resources to undertake the sorts of activities conducted as part of LEAP. The program provided a way for these groups to obtain the resources to achieve certain aims. Having up to 15 young people available to work on projects enabled these organisations to achieve a great deal. The young people worked hard and many enjoyed the hard physical work involved in many of the projects.

An additional benefit of LEAP, which is also one of the program objectives, was the environmental education that was being provided for young people. It was part of the mission statements of environmental groups APACE and Greening Australia to promote awareness and understanding about the environment. Many participants mentioned that the program had changed their attitude to the environment and that they were much more knowledgeable about how to protect the environment. As one participant said:

I'd think twice about stepping on a tree now.

**Perceptions of Project Benefits.** Participants' perception of the benefits of the project had an impact on how they felt about their work. Where projects had a clear community or environmental benefit and where these benefits were likely to be maintained, participants often pointed to the importance of the work they were undertaking. Where the benefits were less apparent participants were much more cynical about the project. The importance of undertaking meaningful projects and getting community recognition for their work was apparent.

Where local community groups were involved in a project and where participants got feedback from the community they felt more positive about their contribution. This would serve the purpose of improving participant's self-esteem as well as improving community attitudes towards unemployed young people. This can be summed up by the comments of two participants from different groups on the community feedback they received:

They really appreciate it. They came up and gave us free plants, biscuits. They were telling us how well we were doing it. It was really good. I felt proud at the end. Heaps of encouragement.

The community really like what we're doing, its been in the paper. I hope they maintain what we've done, then we can come back and look at it.

#### **Other Issues**

**Rates of Payment.** There are two basic rates of training allowance that are paid to LEAP participants. Those aged 15 to 17 are paid \$125 a week and those aged 18 to 20 are paid \$150 a week. These payments are more than the rates of age-related unemployment allowances. Participants who receive rent assistance while on unemployment allowance are, however, financially worse off while undertaking LEAP. This was a big concern to some participants and may act as a disincentive to those living away from home. Some participants were resentful that they were undertaking long hours of work and receiving less money.

One broker supplemented the payments of these participants so that they were not worse off when undertaking LEAP. Further consideration needs to be given to the rates that are paid to participants.

## **4 Outcomes from Program Participation**

As outlined earlier the main objective of LEAP is to improve the long-term employment prospects of young people. A primary focus of the evaluation is find

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out what happens to participants once they have completed their placement and whether LEAP increases the chances of participants obtaining employment. This will be done through the net impact study where the outcomes of participants some six to twelve months after completing the program will be compared with a similar group of non-participants.

Data on the shorter term outcomes of participants are available from the Department's post program monitoring survey. These outcomes are discussed below.

### **Outcomes in 1993/94 and 1994/95**

To obtain information on the outcomes of labour market program participants, the Department conducts a survey of former participants some three months after they have ceased receiving assistance. As LEAP commenced fairly late in the 1992/93 financial year, 1993/94 is the first year for which any significant amount of outcome data are available. Table 3 shows the outcomes of participants who ceased receiving assistance in 1993/94 and those who ceased in 1994/95. The data provided for the 1994/95 year relate to cessations in the September and December quarters only, as there is a lag of six months before data become available.

The proportion of participants who were in unsubsidised employment at the time of the PPM survey was 33 per cent in 1993/94 and 32 per cent in 1994/95 (Table 3). The proportion of participants with a positive outcome, which includes those in unsubsidised employment and those who went on to further mainstream education or training, was 43 per cent in 1993/94 and 40 per cent in 1994/95.

A significant proportion of those who ceased receiving assistance through LEAP went on to further DEET assistance and were therefore not included in the PPM survey. In 1993/94 19 per cent of those ceasing LEAP went on to further DEET assistance and in 1994/95, 15 per cent of those ceasing LEAP went onto further DEET assistance (Table 3). These clients were categorised according to whether they went onto a wage subsidy program or onto another DEET program. In 1994/95, 43 per cent of participants going onto further DEET assistance went from LEAP to a wage subsidy program. The numbers of participants going on to further DEET assistance is likely to increase as links between LEAP and other programs are enhanced.

### **Outcomes and Client Characteristics**

Outcomes were related to a number of client characteristics as shown in Table 4. Females had more positive outcomes than males. In 1994/95, 43 per cent of

**Table 3: Post Program Outcomes of LEAP Participants: Cessations in 1993/94 and 1994/95**

	1993/94	1994/95(a)
	Percentages	
<b>Those not in further DEET assistance (included in the PPM survey)</b>		
Unsubsidised employment	33.4	31.6
Unemployed	61.4	63.1
Not in the labour force	5.2	5.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
In further education/training	13.3	11.2
Total with positive outcomes <sup>(b)</sup>	43.1	40.1
Response rate to survey	61.7	55.4
<b>Those in further DEET assistance (not surveyed)</b>		
In DEET wage subsidy program	51.9	43.4
In other DEET program	48.1	56.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
Percentage of all cessations	18.7	15.1

Notes: a) The data provided for cessations in 1994/95 include two quarters only and are less reliable than a full 12 months data.

b) Positive outcomes include those in unsubsidised employment or further non-DEET education or training, though some clients are in both categories.

Source: PASS data.

females had a positive outcome compared to 39 per cent of males. This was mainly due to the higher proportion of females who go on to further education and training as the proportion in both groups in unsubsidised employment were similar.

Not surprisingly, there was a strong relationship between participants previous duration of unemployment and outcomes. Those with longer previous durations had significantly poorer outcomes than those with shorter durations. For example, in 1994/95, 50 per cent of those with a duration of unemployment of six months or less had a positive outcome while only 29 per cent of those with a duration of more than 12 months had a positive outcome.

**Table 4: Program Outcomes by Client Characteristics: Cessations in 1993/94 and 1994/95**

	Unsubsidised Employment %	Further Education/ Training %	Positive Outcomes(a) %
<b>1993/94 Cessations</b>			
<b>Gender</b>			
Male	33.3	11.0	41.9
Female	33.7	17.4	46.0
<b>Age</b>			
15 to 16	27.9	10.4	35.9
17 to 18	36.7	13.3	46.1
19 to 20	31.5	14.6	42.5
<b>Duration of unemployment</b>			
less than 6 mths	39.7	15.5	50.6
6 to 12 mths	33.1	14.1	43.7
more than 12 mths	21.4	8.4	28.3
<b>Target group</b>			
Aboriginal/TSI	20.9	7.8	26.9
With a disability	22.0	13.3	32.8
<b>1994/95 Cessations</b>			
<b>Gender</b>			
Male	31.5	9.5	38.8
Female	31.7	15.1	43.0
<b>Age</b>			
15 to 16	29.1	9.5	37.2
17 to 18	34.2	11.3	42.4
19 to 20	29.5	12.0	38.5
<b>Duration of unemployment</b>			
less than 6 mths	39.7	14.2	49.7
6 to 12 mths	32.8	10.1	40.5
more than 12 mths	22.1	8.3	29.3
<b>Target group</b>			
Aboriginal/TSI	23.8	5.7	28.5
With a disability	23.9	12.0	33.5

Note: a) Positive outcomes include those in unsubsidised employment plus those in further education or training, though some clients are in both categories.

The poorer outcomes of the long-term unemployed reflect the lower skill levels and lack of work experience that are more common amongst long-term unemployed people. It also suggests that the outcomes of LEAP will decline as higher proportions of the long-term unemployed participate in the program, though continuing economic recovery may mask the full impact of increasing numbers of long-term unemployed on program outcomes. Improved servicing of the long-term unemployed through better case management as a result of the White Paper initiatives is also likely to improve outcomes for this group.

Participants from other disadvantaged groups also had fewer positive outcomes. In 1994/95, 29 per cent of Aborigines and Torres Strait Islanders had a positive outcome and 34 per cent of people with a disability had a positive outcome. This compares with 40 per cent of all LEAP participants who had a positive outcome. These outcomes reflect the disadvantage these groups face in the labour market. Those with a disability were more likely to go onto another DEET program with 18 per cent of this group receiving further DEET assistance in 1994/95 compared to 15 per cent of all participants.

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# **Factors Contributing to the Relinquishment of Children with Intellectual Disability**

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## **1 Introduction**

This paper addresses the question of whether policy and programs in the intellectual disability area are directed towards those most at risk. It outlines a study conducted by the Intellectual Disability Services Council (IDSC) and the Flinders University of South Australia. The study involved a survey of professional staff working with the IDSC and aimed to identify the factors associated with parents seeking permanent out of home placement of their child with intellectual disability. The research is the first part of a 15 month pilot which also involves the establishment and evaluation of a family preservation program for families identified to be at the threshold of placing their child.

In contrast to the child protection area, where placement of the child is due to child abuse or neglect, this research is focused on families who solicit removal of the child because of the heavy burden of care associated with keeping the child at home. Relinquishment has become a major concern for the IDSC. Over the past five years the number of formal requests for placement of children has increased by 300 per cent. In June 1994, 28 children were listed as being in urgent need of alternative accommodation. This situation has arisen as a result of the interplay between political, economic and social factors. Supports available to families who have a child with intellectual disability have diminished and some families are struggling with little or no assistance. For some who reach crisis, the way to alleviate their situation is to seek placement of their child. What results in some families being able to cope while others do not?

Family breakdown comes at high human and fiscal cost. It is unlikely that new resources will be made available to the sector in the next few years. It is imperative, therefore, to ensure policy and practise is responsive to the needs of families most at risk.

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## 2 Previous Research

Research into placement of children with intellectual disability has been happening since the 1970s. In the main these investigations have been conducted in the United States. Despite there being a reasonable number of publications, it remains unclear which factors differentiate between the families that cope from those families that cannot. Methodological flaws and lack of replication has resulted in a patchy understanding of the placement process. It is also hard to know how useful the US studies are in the Australian context. There are marked differences between the countries in the level of government-supported services and in social norms and expectation about community involvement. These are likely to be some of the factors which will influence carers' decisions to place their child. To directly transpose the American literature to our population may falsely attribute significance to some factors while ignoring the importance of others.

## 3 Survey

We compared the characteristics of two groups of families with a child with intellectual disability between 0-18 years. The Risk Group consisted of families who had placed their child in care the two years preceding October 1994, and children who were considered to be at imminent risk of placement. The Control Group consisted of children matched for age, gender and geographic location but where families had not requested placement and whose IDSC case managers considered to be at no risk of placement.

Case managers in metropolitan and country offices identified children in their areas who met these criteria. Across the state it was found that 28 children had been placed and 48 were considered at risk. We were able to match 62 of these children to form the Control Group.

We developed a questionnaire which sought information about the child, carer/s, family and support systems. The type of data gathered related to factors which were identified as important in the literature and also by IDSC case managers (based on their clinical experience). We surveyed IDSC case managers rather than families directly for reasons which include:

- placement for some children had occurred two years ago and there was the potential for memory loss and as such the distortion of information. Case managers were able to check their recollection of events in the case notes kept for each client;
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- recommendations regarding priority for placement are largely dependent upon the perception and clinical judgement of case managers;
- it may be very traumatic for carers in the placement group to revisit the reasons they placed their child and we could not ensure, within the resources available to us, that they would be provided with appropriate follow-up to deal with any issues that may arise;
- directly approaching families at risk may precipitate a crisis by falsely raising expectations that placement options existed.

## 4 Analysis

The initial analysis was to determine which variables would effectively differentiate between children in the Risk and Control Groups. The paper makes reference to the implications the data has for policy and practise. However, we will spend more time discussing this in the latter part of the paper.

### Child Characteristics

Table 1 lists the variables in the Child Category which reached significance and those that did not. Psychiatric impairment and a range of maladaptive behaviours particularly those which contain some degree of aggressive or defiant behaviour, distinguished between the groups. However, medical conditions, physical and sensory impairment and epilepsy, did not distinguish the groups. Neither did obsessive behaviours, high activity levels, amount of supervision required by the child nor attention deficit disorder.

Clearly maladaptive behaviours are more problematic for families in the Risk Group. It appears that the broad diagnostic categories such as autism and attention deficit disorder, which are often used as indicators of the level of care required (and often degree of risk), are not effective in distinguishing those at risk. It follows that it would be more effective to determine risk on the basis of a range of behavioural descriptors rather than broad diagnostic categories which may falsely attribute vulnerability to some groups while failing to identify others.

Why then was psychiatric diagnosis accorded such importance? Psychiatric labels are often used as a means of understanding inexplicable behaviours particularly those which cause distress or seem uncontrollable. Carers will sometimes seek a psychiatric diagnosis in an attempt to understand their child, particularly if the behaviours have been unresponsive to other treatments or can not be attributed to another diagnosis. In this situation, medication is sought as a

**Table 1: Child Characteristics**

<b>Variables distinguishing children in the Risk and Control Group</b>	<b>Probability level</b>
• psychiatric condition	(p = .003)
• inappropriate emotional responses	(p = .000)
• physical aggression	(p = .000)
• destruction to property	(p = .000)
• self abuse	(p = .001)
• extreme non-compliance	(p = .003)
• verbal abuse	(p = .000)
• extent to which behaviour contributes to day to day problems in the family	(p = .027)
<b>Variables not distinguishing children in the Risk and Control Group</b>	
• level of intellectual disability	
• physical impairment	
• sensory impairment	
• medical condition	
• epilepsy	
• autism	
• obsessive behaviours	
• high activity level	
• amount of supervision required to provide day to day care	
• attention deficit disorder	

means of modifying the behaviour. In addition, the significance of psychiatric diagnosis also reflects broader systemic issues in the fore in South Australia. At present mental health is in the throes of de-institutionalisation. They have refocused their resources inward to enable program development to occur. It has become increasingly difficult for people with intellectual disability, and IDSC staff as their advocates, to gain services from this system. It is possible that this is causing some frustration which is adding to the importance placed on this factor by the case managers.

Although the American literature notes that children with high medical needs and physical and sensory impairment are at greater risk of placement our findings do not bear this out for the South Australian population. We believe this reflects the differences in the availability of and access to specialist and medical services in Australia and the US. While our system is less than ideal, it does enable access by the general community to required core and specialist services (albeit after a waiting period). It is unlikely that American and Australian families would differ in the importance they place on their child receiving appropriate services. While

physical and health related conditions are present in our sample, it appears that access to at least a minimum level of health care results in these factors being perceived as less problematic for families. Given the current political imperative in SA, the closure of hospital wards and major reduction in funding for specialist services, it would be interesting to survey the population in another five years. If services become significantly more difficult to access, health related issues may indeed emerge as a factor distinguishing children who are at risk of permanent out-of-home placement.

### **Carer Characteristics**

Moving on to carer characteristics, Table 2 shows that all but two variables differentiated between the Risk and Control Groups. Based on the literature and clinical experience, we expected stress, single carer status and relationship discord to be among some of the distinguishing characteristics. However, the number of factors that did emerge was surprising. As expected, primary carers in the Risk Group were thought to experience greater levels of stress, depression and less optimism about the future and they were perceived to be less in control of day to day matters than those in the Risk Group. The Risk Group was also distinguished by a greater number of single carers and carers who were **not** biologically related to the child. Although 88 per cent of all primary carers were female, if a primary carer was male the family was most likely to belong in the Risk Group. Finally, primary carers in the Risk Group were educated to a lower level and were more likely to be in/or have had unskilled or clerical/sales employment.

With regard to the live-in partners of primary carers, those in the Risk Group who were in paid employment were more likely to be in part-time employment. We believe the incidence of male primary carers and the employment status of the other carers in the Risk Group is linked with the nature of the child's behaviour. If the child's behaviour is aggressive, the partner may feel compelled to either reduce or leave their employment to assist with the management of the child. This may be particularly so if the primary carer feels unable to manage the behaviour or is at risk of injury. With respect to the carer's relationship, those in the Risk Group were thought to experience greater levels of discord and were more likely to be in relationships which were under 12 months old.

It is not possible from this data to identify a causal relationship between these factors and risk status. Ideally, longitudinal studies are needed to determine, for example, whether depression, stress, optimism and control of day to day matters are pre-existing traits of the carer or whether they emerge as the result of the cumulative effects of the burden of care of a child with intellectual disability. The

**Table 2: Carer Characteristics**

<b>Variables distinguishing children in the Risk and Control Group</b>	<b>Probability level</b>
• stress of primary carer	(p = .000)
• depression of primary carer	(p = .000)
• level of optimism about future	(p = .000)
• primary carers sense of control of day to day matters	(p = .000)
• physical health of primary carer	(p = .002)
• physical disability of primary carer	(p = .016)
• intellectual disability of primary carer	(p = .000)
• emotional health of primary carer	(p = .000)
• single primary carers	(p = .000)
• non-biological relationship with child	(p = .030)
• male primary carers	(p = .020)
• education level of primary carer	(p = .020)
• type of employment of primary carer	(p = .010)
• employment status of other carer	(p = .010)
• level of discord in carers relationship	(p = .001)
• length of carers relationship	(p = .020)
• age of other carer	(p = .003)
<b>Variables not distinguishing children in the Risk and Control Group</b>	
• psychiatric illness of carer	
• ethnicity of carer	

same questions apply to education level and employment type, and the way in which the care of a child with intellectual disability influences the course of a relationship. Whatever the causal relationships, given the large number of carer characteristics to reach significance, it appears that reduction in risk of placement may depend to a large extent on focusing directly, rather than indirectly, on the carer and the issues they face (which may not necessarily be directly related to the child with disability). This will have implications for use of the disability dollar and the extent to which it can be expended on services which are not obviously related to the caring needs of the child with intellectual disability. We will talk more about this later.

### **Family Characteristics**

The family variables to distinguish the Risk and the Control Groups are listed in Table 3. The distinguishing variables include the number of biological children, level of discord in family relationships, employment/job related problems,

**Table 3: Family Characteristics**

<b>Variables distinguishing children in the Risk and Control Group</b>	<b>Probability level</b>
• fewer number of children biologically related to carer	(p = .000)
• level of discord in family relationships	(p = .000)
• employment/job related problems	(p = .003)
• financial problems	(p = .027)
• problems with other children	(p = .034)
• 'other' family problems	(p = .010)
<b>Variables not distinguishing children in the Risk and Control Group</b>	
• disability (type and severity) of other children	
• age of other children	
• gender of other children	

financial problems, problems with other children and other family problems. Contrary to clinical wisdom and overseas research, the number of children in the family with a disability did not differentiate children at risk from those in the Control Group.

We were surprised the results showed that the fewer number of children biologically related to the carer the more likely the family was to belong in the Risk Group. We predicted, on the basis of previous studies, that the opposite would be the case. It is possible that other children provide a source of practical and emotional support to carers and/or a point of diversion away from focusing entirely on the needs of the child with intellectual disability. Having said this, it is important to be cautious in interpreting these results. Although other children, particularly female children, may be a source of support, research has indicated that this can have a detrimental impact on some siblings emotional and social wellbeing. Indeed problems with other children, which was a distinguishing characteristic, may reflect those siblings who have had some difficulty adapting to having a sibling with disability. Work with siblings has to date not been a priority area for disability services. It may be the case that we are bypassing a key source of either support or stress to the family system. It should also be noted that financial employment and job related problems are more significant for families at risk. This is likely to relate to the high incidence of carers not in paid employment and the fact that if single, most would be dependent on social security payments to support the family. In addition, other carers in the Risk Group were more likely to be in part-time employment. The cost of additional specialist health, educational and transport services for children with disability is high. Clearly, policy in relation to financial payment for carers needs review.

### Support Systems

Table 4 lists the Support System variables. Contrary to clinical wisdom the amount of support provided by family, friends and neighbours and the perceived satisfaction of the carer with this support, did not differentiate between the Risk and Control Groups. It was the case, however, that carers of children in the Risk Group were thought to want more assistance from their networks and were considered to be socially isolated. It appears that the need for more assistance and the view that families with a disabled member are marginalised in the community may skew the perception of workers in the field about the amount of support that is actually provided.

As expected, the families in the Risk Group received a higher level of assistance from services and were thought to be less satisfied with this support than carers in the Control Group. Case managers regard the level of paid support provided to families at risk to be far less than the amount they require. Considering the data informs us that families in the risk group may be supporting a child with defiant and aggressive behaviours, it is not surprising that they are in need of high levels of support. In recent years the disability sector has been focused on assisting families to develop informal networks and encourage these systems to provide practical and emotional support to the family. This is clearly in accord with the spirit of the Disability Services Act and is appropriate for most families with a disabled child. There is, however, some question of the extent to which this can be achieved when the child displays extreme behaviours (especially with networks outside the family).

### Further Analysis

We conducted further analysis to determine which of the 37 discriminating variables were the most effective in predicting risk status. We found six variables which provided 81 per cent accuracy in determining group membership. Table 5 shows the predictors which were most effective in predicting risk status.

What does the research tell us about policy and practice in the intellectual disability area? Clearly it indicates a need to:

- review the way we assess risk status;
  - develop preventative strategies to stop families reaching crisis;
  - develop ways of effectively responding to families who are at threshold of placing their child; and
  - review criteria for selection and training of staff.
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**Table 4: Support Systems**

<b>Variables distinguishing children in the Risk and Control Group</b>	<b>Probability level</b>
• more support from family, friends and neighbours wanted by primary carer	(p = .023)
• social isolation of primary carer	(p = .001)
• greater number of hours of support from agencies, services and/or paid workers	(p = .000)
• primary carer less satisfied with support from agencies	(p = .049)
• greater number of hours needed to provide adequate ongoing assistance to family	(p = .000)
• more agencies involved with family	(p = .008)
<b>Variables not distinguishing children in the Risk and Control Group</b>	
• number of hours of support provided by family, friends and neighbours	
• satisfaction with support provided by family, friends and neighbours	

**Table 5: Variables Most Effective in Predicting Risk Status**

<b>Variables distinguishing children in the Risk and Control Group</b>	<b>Probability level</b>
• child's destruction to property	(p = .000)
• child's inappropriate emotional responses	(p = .000)
• carers who appear to be less in control of day to day matters	(p = .000)
• carers in conflicted relationships	(p = .000)
• carer's physical disability	(p = .000)
• number of children biologically related to carer	(p = .000)

However, before any of this can occur, we believe the disability sector needs to review the way the client is defined.

In South Australia our intellectual disability services are said to be family focused. However, the child with the intellectual disability is regarded as the client. Services are family focused in that case managers assist families to access mainstream and specialist services which will support them in meeting the needs of the child with disability. The types of services co-ordinated may be such things as respite, in-home support and skill development programs for the child with intellectual disability.



While this perception/definition of client and this approach to service may be useful in meeting the needs of most families, we believe it is too restrictive for families at the threshold of placing their child in permanent out of home care.

As four of the six predictor variables are carer or family issues, we believe the data illustrates that targeting only the child's needs may fail to address key sources of carer and family stress. It cannot be assumed that support in dealing with the demands of care of the child will directly alleviate other carer and family problems. The other issues may not be directly related to the child with intellectual disability but may be very influential in the carer's decision to place the child. For families whose needs are complex and who are experiencing significant difficulty coping, the family must be regarded as the client. The aim of support for these families should be the overall reduction of stress, irrespective of whether it originates from demands of care or from other family matters.

If a change in focus for families at greatest risk is to be achieved, there will need to be increased flexibility in the way in which both State and Commonwealth disability funds can be expended. On a Commonwealth level, resources come mainly through HACC. The assumption behind most HACC programs is that the carer's ability to cope is largely dependent upon assistance with the practical care of the child with disability. An example is the Community Support Scheme which has been operating in SA over the last four years. The Scheme is jointly funded by HACC and various disability services. The aim is to reduce the risk of institutionalisation by enabling families, and caseworkers on their behalf, to use brokerage funds to purchase required services. Service types within guidelines are restricted to support with the care of the person with the disability. Services such as personal care, respite, and transport are within guidelines. However, therapeutic and educative services are not. The funds cannot be used to access services that are needed by other family members. While it is true that generic agencies are funded to provide services for carers and families, we all know about the waiting lists and restrictions that make these services difficult to access. For families in crisis, who are at the point of relinquishing the care of their child with intellectual disability, prompt and skilled responses are essential. The disability sector needs the capacity to respond, at least in the first instance, to whatever family issues are significantly contributing to stress.

We have, over the past 12 months, been trialing a family intervention which has the objective of reducing risk of placement by addressing whatever needs/issues are raised by the family. We have found that when encouraged to take a broad frame of reference families have identified that support with other areas of life, outside the care of the child with intellectual disability, is key to moderating stress levels in the family. This has reduced the sense that placement of the child with disability is the way to resolve the family's problems. We have been assisting

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carers with matters relating to other non-disabled children, supporting them through the purchase of a house, assisting them to get a satisfactory response from the medical system in relation to their own health problems.

In conclusion, we are not suggesting that workers in the intellectual disability area, as a matter of course, delve into all intimate aspects of family life or that intellectual disability services should take over the role of other services. We are, however, suggesting that the data indicate the need to be much more flexible in our approach to families who are experiencing extreme difficulty coping. We need to review policy to enable provision of effective family intervention and move away from the assumption that the demands of care of the child with intellectual disability are indeed the key precipitating factor for placement.

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# Measuring the Effectiveness of Community Social Welfare Organisations

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## 1 Introduction

Researching organisational effectiveness is problematic for despite the plethora of literature on the subject, the complexity of the concept has prevented the development of either an adequate theoretical model or criteria of measurement. A number of writers (Bluedorn, 1980; Goodman, Atkin and Schoorman, 1983) have commented on the fruitlessness of developing a theory of effectiveness, for as images and knowledge of organisations change, so do views on effectiveness. However, the significance of organisational effectiveness in the daily judgements of managers, funding bodies and consumers has meant that the concept cannot be disregarded. The purpose of this paper is to discuss some of the problems inherent in researching organisational effectiveness and the attempts to deal with these problems in developing an instrument to measure effectiveness in community social welfare organisations. The paper reports on an analysis of Chief Executive Officer's perceptions of organisational effectiveness in the context of the effectiveness literature and provides a framework for the measurement of effectiveness within community social welfare organisations.

In the early 1980s the concept of organisational effectiveness was popularised by authors such as Peters and Waterman (1982) and Kanter (1983). However, by the late 1980s and early 1990s researchers' enthusiasm for the topic had waned. Recently, in the Industry Commission's Inquiry into Charitable Organisations in Australia organisational effectiveness has emerged as a significant yet contentious issue. The experience of the Commission mirrors the dilemma facing researchers. For though organisational effectiveness is a central concept in organisational theory (Goodman and Pennings, 1977; Quinn and Rohrbaugh, 1983) it has eluded definition. Theories of organisational effectiveness abound yet there is no consensus in the literature concerning either the definition of organisational effectiveness or the criteria of measurement (Campbell, 1977; Bozeman, 1982; Patti, 1985).

The resurgence of the effectiveness debate in the nonprofit literature (Herman, 1990; Williams and Kindel, 1992; Herman and Heimovics, 1994; Osborne and Ticker, 1995; Herman and Heimovics, 1995) also bears witness to the growing concern regarding the effectiveness of nonprofit organisations. In developing a framework to measure organisational effectiveness in certain nonprofit organisations it is sought to further widen this debate.

## 2 Researching Organisational Effectiveness

Research into organisational effectiveness in community social welfare organisations is further obfuscated through the presence of complex and multiple goals, the indeterminacy of service technologies, the difficulties involved in isolating extraneous factors from service effects, service effects not being easily quantifiable and the results of assessments frequently being open to conflicting interpretations (Hasenfeld, 1983: 205). Perhaps through the inherent difficulties involved in assessing such organisations there has been a general reluctance of researchers to rigorously explore this concept.

A number of writers (Patti, 1985; Elkin and Molitor, 1985/86; Holland, 1988; Herman, 1990; Williams and Kindel, 1992) have suggested frameworks or models for assessing effectiveness within human service organisations. However, the methods of operationalising their criteria and empirical studies that apply these models are frequently absent.

Patti (1985: 2) views service effectiveness as the principle criteria of effectiveness, the 'bottom line' for social welfare organisations. He suggests four dimensions of effectiveness: firstly, performance related to the agencies level of activity, the cost and the type of client group served; secondly, acquiring resources from the environment; thirdly, the involvement and satisfaction of the members; and fourthly, measures of service effectiveness which relate to the extent of achieving desired changes, the quality of the service or the application of appropriate methods and techniques and the level of client satisfaction with the service. Community social welfare organisations would regularly collect data on a number of these criteria. However, methods of defining and operationalising such concepts as 'acquiring resources' or the 'application of appropriate methods and applications' are not elucidated. Moreover, it is debateable whether some indicators such as the level of activity or the 'busyness' of an organisation are measurements of effectiveness.

Herman and his colleagues have undertaken a number of studies which have incorporated the concept of effectiveness. Herman (1990: 298) believes that there are four different types of effectiveness measures suitable for measuring the effectiveness of charitable non-government and nonprofit organisations. These are financial

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indicators, constituent satisfaction indicators, outcome measures and reputational measures.

Herman proposes that instead of financial viability, unit cost data could be combined with other non-financial measures such as client satisfaction. In relation to the level of satisfaction, he suggests that measures could be drawn from a range of constituents including clients, their family and friends, donors and others who benefit or support the organisation. Unfortunately, Herman does not suggest a method of overcoming the difficulties associated with either the identification of members of the various constituencies or the different measures they utilise.

Differences in the selection or assignment of clients can cause problems in comparing organisations on the basis of client outcome, so Herman proposes that outcome measures be compared with other dimensions of effectiveness such as unit cost and constituent satisfaction. In respect of reputation measures, he advocates using those people who, through their position, are likely to possess information about many similar organisations. Reputational ratings have been criticised by other writers for being prone to oversimplification, time lag, halo effect (Cameron, 1986a: 89) and being reflective of linkages and vested interests in the organisation being assessed (Williams and Kindle, 1992: 386).

### **3 A Framework to Measure Effectiveness**

The aim of the research described in this paper was to develop a framework to measure effectiveness, based on the perceptions of Chief Executive Officers from community social welfare organisations (interviewed in previous research) of what is an effective organisation. The 'effective organisations' so identified will be the context for further research into the nonprofit sector. It is not the intent of this research to develop yet another theory of organisational effectiveness.

The framework that has been developed is based on the views of 12 Chief Executive Officers from nonprofit welfare organisations on what constitutes an effective organisation. The sample was drawn from organisations within the Sydney Metropolitan District that employ 20 or more full-time staff or the equivalent. The services provided by these organisations correspond with the categories primary activities under the class Welfare and Charitable Services in the division of Community Services of the Australian Bureau of Statistics Australian Standard Industries Classification. Semi-structured interviews were conducted, the research questions being based on Cameron's research (1978, 1980, 1986a and b) into the effectiveness of institutions of higher education. The participants were asked to identify the characteristics of an effective nonprofit welfare organisation and how they judge organisational effectiveness. A follow-up focus group was later conducted with four of the participants to further clarify and develop the criteria.

The data from the interviews and later the focus group were analysed using the technique of content analysis. Originally, 12 categories were identified. These categories were collapsed into five dimensions: the service dimension; the internal dimension; the external dimension; the financial dimension; and the future dimension.

The difficulties associated with researching organisational effectiveness will be discussed in terms of the framework that was developed from this research. These research problems include the inadequacy of existing theoretical models; delineating the domain of effectiveness; the level of analysis; deciding whose perspective of organisational effectiveness to adopt; the time horizon or frame for evaluation; and developing criteria of measurement.

### **The CEO's Theoretical Approach to Organisational Effectiveness**

In the literature various approaches to organisational effectiveness have been proposed such as goal attainment (Perrow, 1961; Etzioni, 1964; Mohr, 1973; Price, 1968; Campbell, 1977); the systems approach (Georgopoulos and Tannenbaum, 1957; Katz and Kahn, 1966; Yuchtman and Seashore, 1967); internal processes (Likert, 1958; Bennis, 1962); multiple constituency (Connolly, Conlon and Deutsch, 1980; Zammuto, 1984); competing values approach (Quinn and Rohrbaugh, 1983); and institutional theory (Scott, 1987; Zucker, 1987; D'Aunno, 1992). Table 1 lists some of these approaches to organisational effectiveness and their definitions of effectiveness.

Each of these theories of organisational effectiveness has its limitations as well as problems in developing operational criteria of measurement. A number of writers (Goodman and Pennings, 1977; Bluedorn, 1980; Goodman, Atkin and Schoorman, 1983) have criticised the literature on organisational effectiveness because of the non-cumulative nature of the theoretical knowledge. Cameron (1981: 27) has suggested that as the various models of organisational effectiveness are analytically independent the appropriateness of a certain theoretical model may depend upon the circumstances or type of organisation being studied.

Goodman and Pennings (1980: 188) suggest that either implicitly or explicitly some view of organisations is reflected in the conceptualisation of effectiveness. Unfortunately, when the research takes an inductive approach the definition of effectiveness emerging from the study often does not 'fit' current theories of organisational effectiveness. This was the case found in this research. The CEO's definition of effectiveness could be viewed as complementary yet competing values and in some cases paradoxical dimensions, a Janus approach where simultaneously two opposite and contrary thoughts are considered to be true (Cameron 1986b).

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**Table 1: Theoretical Approaches to Organisational Effectiveness**

Approach	Definition of Effectiveness
Goal Attainment	Reaching its goals
Systems Resource	Optimising the acquisition of valued resources
Internal Processes	Smooth internal operations
Multiple Constituency	Satisfies main constituents
Competing Values	High ratings by constituents on four sets of criteria
Institutional Theory	Achieving legitimation by conforming to societal expectations about structure and process

Incumbent in this type of orientation is the balancing of the needs and interests of the various constituencies. This type of approach is in line with a competing values approach, in the seemingly opposing dimensions and the need for balance. However, the competing values model fails to accommodate the emphasis that the CEO's placed upon service delivery, the quality of services and leadership of the organisation. Since service delivery could be considered the *raison d'être* of community service welfare organisations, the competing values approach is not the theoretical orientation of this framework.

The theoretical approach however, is congruent with a contingency approach to organisations. A contingency approach accommodates the paradox, competing values and balancing that occurs in organisations by asserting there are 'no plans, organisational structures, leadership styles or controls that fit all situations' (Mukhi, Hampton and Bamwell 1988: 52). The effectiveness of an organisation is seen as 'achieving a balance or compatibility between strategy, structure, technology, the commitments and need of people, and the external environment' (Morgan, 1986: 54).

Such an approach allows for differences between organisations in the emphasis placed upon the various dimensions, which could be reflective of factors such as the auspice of the organisation, the stage within the organisation's life cycle and/or the influence of external constituencies.

### **The Domain of Effectiveness**

It is generally acknowledged within the literature that organisational effectiveness is a multidimensional construct (Steers, 1975; Connolly et al., 1980; Goodman and



Pennings, 1980; Cameron, 1986b) relating to various domains of organisational activity (Cameron, 1986b). Subsequently, in any assessment of organisational effectiveness it is important that the construct effectiveness is bounded (Goodman and Pennings, 1980; Cameron, 1986a). Determining the domain of activity is one way of delineating the construct effectiveness.

Kouzes and Mico (1979: 456) suggest that human service organisations are comprised of three distinct domains, the Management Domain, the Policy Domain and the Service Domain. These domains operate by a set of different and incongruent 'governing principles, success measures, structural arrangements and work modes or work technology'. A domain is defined as 'a sphere of influence or control claimed by a social entity'.

The Management Domain tends to use criteria such as cost efficiency and effectiveness as its success measures. In the Policy Domain success is measured in terms of equity and fair policy decisions. However, the Service Domain prefers to measure success using criteria such as the 'quality of care' and 'professional standards' (Kouzes and Mico, 1979: 457).

In this framework the management domain represents the domain for measuring organisational effectiveness and is defined by five major dimensions of activity: (1) the service dimension emphasising planning, evaluating and the quality of services; (2) an internal dimension emphasising management, staff and accountability; (3) the external dimension emphasising the organisation's relationships with the significant constituencies within the external environment; (4) the financial dimension emphasising financial viability, acquiring resources and efficiency; and (5) a future dimension emphasising adaptation, innovation and survival. The service dimension is the organisation's 'bottom line' while the significance of the other dimensions depend upon the organisation's life cycle (Cameron and Whetten, 1981) and the influence of particular constituencies on the operations of the organisation.

### **The Level of Analysis Relevant to Assessing Community Social Welfare Organisations**

Another area identified in the literature (Hannan and Freeman, 1977; Steers, 1977; Cameron, 1980) as a source of contention is the level of analysis. The study of effectiveness can occur at four broad levels within the organisation - the individual level, the group or subunit level, the organisational level and the organisational-environment level. Each level within the organisation has different criteria and measurements of effectiveness. Effectiveness at one level may preclude success at another level (Cameron, 1980: 76). The views of writers vary as to whether to adopt a macroscopic or a microscopic view of the organisation.

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In this framework, to measure effectiveness the organisational level has been chosen as the level of analysis. An analysis undertaken at the organisational level allows for comparisons across organisations. Moreover, this level of analysis is in keeping with the position and perspective of the CEO. The CEO would be expected to be knowledgeable about the operations of each of the dimensions under investigation at the organisational level.

### **The Perspective for Judging the Effectiveness of Community Social Welfare Organisations**

Judgements of effectiveness are contingent upon the position or the constituency of the individual being asked (Connolly et al., 1980; Goodman and Pennings, 1980; Cameron, 1980; Herman, 1992). Organisational effectiveness is a subjective concept, the type of criteria selected for assessment will reflect the values and prejudices of that particular constituency. An organisation's constituency can be regarded as any group of individuals with a stake in the organisation and includes managers, the board of directors, staff, volunteers, governments, other agencies and consumers. Judgments of effectiveness can differ both within and between constituencies. What is considered an increase in effectiveness from the perspective of one constituency could be considered a decrease in effectiveness from the perspective of another constituency (Cameron, 1980: 14). Among the writers on organisational effectiveness there is disagreement concerning who should determine the effectiveness criteria. When researching organisational effectiveness unless a multiple constituency approach is adopted, a choice has to be made concerning whose view of the organisation shall be adopted. In this framework the position of CEO has been chosen as the perspective for both the definition and the assessment of effectiveness.

The reasons for selecting the perspective of CEO were firstly, the position of CEO provides an overview of the whole organisation and the daily operation of the organisation. The person in the position of CEO is continually required to make judgements concerning the effectiveness of his/her organisation. Herman and Heimovics (1990) maintain that the major players of nonprofit organisations view the chief executive as responsible for both the successful and unsuccessful results of the organisation. In institutions of higher education, Cameron (1986a: 101) found that those factors which were associated with organisational effectiveness were under the control of the managers. A recent report (Karpin, 1995: ix) identified an improvement in the performance of Australia's managers as a major mechanism to achieving a more competitive economy and higher performing enterprises.

Secondly, the CEO is typically part of or in a position to influence the major decision making group or the dominant coalition (Patti 1985). Goodman and Pennings (1977: 10) argue that in reconciling the competing demands of the various constituencies, the dominant coalition is in a position to define effectiveness. Similarly, Price (1972: 12)

maintains that only the major decision makers within an organisation have the competencies and the knowledge to assess the level at which the organisation has reached its goals. Thirdly the CEOs of nonprofit welfare organisations shall be the subject of further research. Since their roles shall be the focus of this research, it was considered that they were an appropriate source for the criteria of effectiveness.

### **The Time Frame for Judging Effectiveness**

The time frame chosen for the research also impacts upon the effectiveness assessment. Some organisations may sacrifice short-term achievement in order to achieve long-term success (Steers, 1975; Cameron, 1980). On the other hand short-term success may be emphasised at the expense of long-term goals or organisational survival (Steers, 1977; Cameron, 1980). The researcher must balance both short- and long-term considerations in an attempt to achieve stability over time. Goodman and Pennings (1980: 207) point out that there is no theoretical framework to guide the researcher in making this judgement.

Since this framework is designed for a cross-sectional study, the time frame selected to measure organisational effectiveness shall be a short-term perspective. The criteria would consider the extent to which organisations currently possess characteristics deemed to be effective. A cross-sectional design would provide a 'snap shot' of managerial views of their organisation at that particular time. Such an approach allows for and facilitates comparisons across community social welfare organisations. However, due to the ambiguity in the relationship between short-term and long-term effectiveness it is recognised that trade-offs may occur within this time frame (Cameron, 1980: 77).

### **The Indicators of Effectiveness in Community Social Welfare Organisations**

When researching organisational effectiveness, the indicators of effectiveness can be derived deductively or inductively. Deductive criteria are based on a preconceived theory of the characteristics of an effective organisation and the subsequent measurement of effectiveness is in terms of these characteristics. Inductively derived criteria are the result of research and previous evaluation standards are disregarded (Cameron, 1978). If this approach is adopted then the types of indicators chosen will reflect the values and prejudices of that particular constituency. Hence, indicators of effectiveness for the same organisation can differ depending upon which constituency is chosen.

In this framework the indicators of effectiveness were based on the views of CEOs, it reflects their views of effectiveness. The five dimensions, the definition and the types of criteria they encompass are summarised in Table 2. Though each dimension is

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Table 2: Dimensions of Effectiveness

Dimension	Definition	Example
Services	Extent organisation is focused, plans and evaluates services and quality of services	<ul style="list-style-type: none"> <li>• Existence and dissemination</li> <li>• A planning process and evidence of implementation</li> <li>• Processes that monitor standard of services</li> </ul>
Internal	Emphasis placed on style of management and relations with staff, the role of the board and the type of organisational communication and culture	<ul style="list-style-type: none"> <li>• Vignettes or critical incident to describe leadership behaviour</li> <li>• Written documentation outlining roles and responsibilities of board</li> <li>• Process for recognition of staff performance</li> </ul>
External	Strategies to promote the organisation's image and support, emphasis on relations with government and other organisations	<ul style="list-style-type: none"> <li>• Type of strategies used to promote image and maintain membership</li> <li>• A process to recruit, train and retrain volunteers</li> <li>• Influencing government policy</li> </ul>
Financial	Ability of organisation to acquire resources from external environment, mechanisms for maximising efficient use of resources and financial reporting	<ul style="list-style-type: none"> <li>• Various sources of funding</li> <li>• Profit from fund raising ventures</li> <li>• Existence of a budget and monitoring processes for each program</li> </ul>
Future	Extent of interaction with and adaptation to the environment, the growth or organisation in terms of services and/or membership or volunteers and ability of organisation to survive	<ul style="list-style-type: none"> <li>• Mechanisms to scan the external environment and feedback to organisation</li> <li>• Process that continually reviews services and procedures</li> <li>• Growth in membership, finances and/or number of programs</li> </ul>

important in its own right, each by itself it is not sufficient to measure organisational effectiveness. However, the service dimension which is based on a goal attainment philosophy is the *sine qua non* of these orientations. It would be expected that an effective organisation would score highly on the indicators of this dimension.

The focus of the criteria is of a descriptive nature, in that the evaluation is in terms of the characteristics or traits of an effective organisations as previously defined by CEOs. The underlying premise is that the presence of effective characteristics leads

to effective behaviour. This approach predominates Cameron's research (1978, 1980, 1986a, 1986b) and has the advantage of reducing the likelihood of respondent bias by describing conditions within the organisation rather than estimating performance (Cameron, 1980: 78).

### Conclusion

Assessing the effectiveness of an organisation is complex, the construct defies simple attempts at model development (Steers, 1975: 549). The development of a framework to measure the effectiveness of community social welfare organisations is still in the preliminary stages. The questionnaire which is in the process of being developed will require piloting and it is envisaged that further modifications will be necessary. In order to enhance validity, some 'objective' measures of effectiveness would need to be incorporated into this instrument.

Cameron (1978: 604) suggests that organisational effectiveness is characterised by being mutual (composed of different criteria at different life stages), comprehensive (includes multiple dimensions), divergent (relates to different constituencies), transpositive (relevant criteria are altered when different levels of analysis are used) and complex (non-parsimonious relationships exist between dimensions). Nevertheless, the debate continues concerning the definition of the concept and the criteria of measurement. Currently this debate is evident in the nonprofit literature and in the Industry Commission's Inquiry into Charitable Organisations where concerns have been raised about public accountability and the effectiveness of community service organisations. Due to the growing emphasis placed upon effectiveness in the nonprofit sector it is important that the central players are a focal point in the definition of effectiveness. This study analyses the perceptions of Chief Executive officers in relation to the literature on effectiveness in order to develop criteria relevant to Australian nonprofit organisations.

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# **Victorian Child Welfare: A Continuing Crisis of Policy and Provision**

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## **1 Introduction**

Four years ago the authors summarised recent developments in child welfare policy and practice in Victoria (Liddell and Goddard, 1992). A variety of published sources were reviewed to obtain the evidence. Our conclusion was that the field was in considerable trouble in all areas - philosophy, policy, management and practice.

Four years later it is timely to review recent developments again. In that time we have seen the Children and Young Persons Act 1989 implemented and a number of developments occurring as a consequence. The child protection area has continued to provoke comment, debate and scrutiny from the media and others as various events, including child deaths, have highlighted deficiencies and shown its controversial and politicised nature. There are other less dramatic but important developments; some are problematic, but some of them are positive.

Most of the evidence cited here comes from research, reviews and evaluations initiated because of perceived problems in the system. The story which can be told, therefore, is a partial one; observation suggests that there is some good practice which has not been documented and therefore cannot be conveyed thoroughly. Nevertheless the available evidence, complete or not, does feed perceptions of a crisis in child welfare.

As with our previous paper, this paper will work through the evidence via a framework adapted from the work of Whitmore (1984). We will discuss the key philosophies, policies, resultant issues, management, program and service delivery issues which have received attention over the past four years, and in that sequence.

The dominant government department in child welfare in Victoria went through a major restructure late in 1992 and changed its name from Community Services

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Victoria to Health and Community Services (H and CS). For simplicity it will usually be referred to in this paper as 'the Department'.

## 2 Philosophies

The key components of current government philosophies are as follows:

- **There is a trend towards smaller government and less government expenditure.**

This philosophy provides a context within which child welfare operates, but the detailed evidence shows a mixed picture. Resources for child protection have increased, but are directed more to initial investigations of abuse and neglect rather than to long-term service. Foster care services have increased, but residential care has been wound back to a very minor role. Short-term family support services have increased. It seems, though, that the long-term aim of service policy is to focus on the most serious cases via strategies which are short-term and cost-efficient and which will save money over time.

- **There is an associated trend towards less government responsibility for the well-being of members of the community and greater responsibility placed on individuals, families, and non-government community structures.**

This trend is reflected in the legislative focus which combines protecting children from harm with protecting their rights to be with their family. Mandatory reporting, recently introduced, is in part a philosophical contradiction to this trend, but strategies to narrow the scope of the child protection net and focus on the most difficult cases have partly compensated, as has the emphasis on short-term intervention and increased throughput. There is little overt indication that quality of service is a primary consideration in official policy - which is not to deny that it will be a concern of many practitioners.

There are many contradictions. The introduction of mandatory reporting has led to more cases being found and intervened in. However, the tightening up of the legislation and of Court proceedings has made it much more difficult to invoke direct action by the Court. This has led to other contradictions as the system struggles to define its role and control its workload.

- **There is also a trend, partly related to those already discussed but partly independent of them, towards community care of people with special needs rather than institutional care: towards 'normalised' services and living conditions rather than specialised ones.**
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The trends already noted show this is a focus of child welfare policy. They provoke further questions, however, such as whether a greater proportion of the child welfare population have substantial problems than was previously the case, and whether there are greater pressures on agencies, managers, workers and foster parents than before?

- **There has been an intensification of trends towards ‘managerialism’.**

In general managerialism is an allegedly ‘value-free’ approach to management and emphasises management reform. It emphasises efficiency; throughput; program budgets; use of performance indicators concentrating on efficiency and cost-cutting; staff remuneration systems reflecting those used in the commercial world; and the commercial world’s principles of excellence. Managerialism, then, incorporates the techniques which are used to implement the goals outlined in the first two points above. These principles have coincided with, and are probably intended to achieve, greater government control and greater accountability within the operations of government and government funded services.

A detailed coverage of managerialist strategies is beyond the scope of this paper, but some observations can be made.

Managerialist principles have been a focus of state government management strategies for over a decade. What is of recent interest is the way they have been used to heighten control of non-government organisations (NGOs) and leave them less room for independent programming decisions. A case in point is foster care; tight service targets are set for various types of foster care, and flexibility is rarely available. Normally an agency will not have the right to provide more (say) respite care and less emergency care than it is funded for, even though demand may fluctuate in ways not anticipated. Respite care, in fact, is being reduced in availability; the preventive role of foster care is being reduced and its role more closely tied in to the child protection system.

Governments have also been concerned about the proliferation of NGOs and are encouraging reductions in their numbers. Moves towards amalgamation have been encouraged, and such moves are resulting in a reduction in the numbers of service outlets - mirroring, interestingly enough, parallel moves to reduce the number of government service outlets as well. All this, while making NGOs rather like governments, affects accessibility of services.

Privatisation has not yet been a significant factor in child welfare. The authors are aware of attempts to privatise two government-run foster care agencies; in one of these examples the effort was successful. Compulsory competitive tendering, introduced to compel local government to put most of its services out for

tendering, might have some impact on the small number of foster care programs still run by local government. There are other government services which could be privatised but discussion of this would be dealing with rumour rather than current fact.

The managerialist changes referred to have given governments more sophisticated methods with which to induce change and conformity. The trend to greater reliance on non-government organisations and privatisation, if they gather more momentum, will not automatically involve deregulation and a surrendering of government control.

As we will see later, the greater regulation and bureaucratisation of child welfare practices has its consequences.

### **3 Specific Policy Developments**

For much of the period under examination there has been a Liberal Party in power in Victoria. The latter days of the Labor Government focused on the introduction of the Children and Young Person Act (CYPA) 1989, though there was a brief but short-lived focus on the disadvantages facing young women using the Department's services. There was also debate about the introduction of mandatory reporting in cases of child sexual abuse.

#### **The Children and Young Persons Act 1989**

The introduction of the Children and Young Person's Act 1989, by the previous Labor Government, provided the cutting edge of most policy development during the post-1991 period, though there were other major developments as well.

Space precludes detailed description of the CYPA, but some of its key features are:

- The child protection and juvenile justice functions were separated, and different divisions of the Children's Court established to deal with them. The rationale was that the two streams had contaminated each other; that, for instance, young people had protection orders taken out to deal with their behaviour or family problems when it was an offence that had drawn community attention, not a protection issue.
  - A series of principles were enshrined in the CYPA: participation of children and families and protection for their rights (including legal representation); accountability of service providers; standards for services; provision for an adequate and constructive response to problems, but one
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based on minimum intervention; and increased dispositions available to the Court but restrictions on its power to make orders against children who are not at risk of harm.

- Another significant development has been the legislation for a 'permanency planning option'. Permanent Care Orders are available when the child has been out of the care of the birth parents for two years and a case planning decision has been made that return home is not appropriate. The birth parents may still be recognised as child's parents under law but not able to exercise guardianship or custody rights; however there is a further option to give custody to care providers and joint guardianship to both parents and care providers. There are also options for long-term child care agreements, which allow placements for a long-term period, in circumstances such as where an adolescent living away from parents for two years is moving towards independence, or where children with disabilities have parents not able to cope with the daily demands but able to maintain active involvement with the child.

Such provisions are intended to provide a variety of flexible options for preserving parent-child relationships and contact while protecting the child's interests.

Recent criticisms of the act have been made by Victoria's Crime Prevention Committee (1995: 15), which says that the Act uses 'soft' terms to describe assaults on children. The was referring to the use of words such as 'physical injury and sexual abuse' in the Act, rather than 'physical assault' and 'sexual assault'. The Committee also noted that the Child Protection Service manual uses the word 'harm' and in some protocols such as the H and CS/Police Protocol (1992) 'assaults' are referred to as 'maltreatment'. They observe that the Community Policing Squad training manual describes things such as beatings, shakings, burns, fractures, head or internal injuries, poisoning or death as 'abuse'. They comment that outside the home, or in cases where an adult received such treatment from another adult, these events would be regarded as assault and responded to as such.

### **The Introduction of Mandatory Reporting**

The death of Daniel Valerio and the publicity surrounding this case (Goddard and Liddell, 1993) led the new Liberal Government to reverse its position on mandatory reporting and to introduce it in March 1993 for certain professionals in instances of serious physical abuse and sexual abuse. Doctors, police and nurses were mandated in November 1993 and teachers in July 1994.

The statement of the Minister, Michael John, in introducing mandatory reporting is significant because of what it signalled about the government's more general intentions. He said:

Statutory child protection is an emergency service. It is provided by government in order to meet and deal with the real or threatened harm to a child. The purpose and responsibility of the child protective service is to act promptly, to deal with an emergency and take whatever steps are necessary to properly protect that child...

...child protection...is a specialised protective area in the same way that ambulance services are a specialised area within the health system. When mandated professionals and the community contact the child protection service they should treat that call as they would treat a call to a 000 number. You would only use a 000 number in an emergency. (John, 1993: 5)

The Minister projected an increase in reports up to 20 per cent and said that 'high quality preventative and remedial services' would be maintained via the non-government sector (John, 1993: 11). Judge Fogarty would conduct a further enquiry into the impact of mandatory reporting and how services might meet extra responsibilities and demands. He described Judge Fogarty as 'a wise and fearless critic of shortcomings in existing services and able to provide strategic advice on how they should be improved' (John, 1993: 9). In the light of subsequent events, it is notable that the Department planned for eight per cent increases in reports though the immediate increase was over 50 per cent and over a full year was 38 per cent. It was also only a few short months before somewhat different terms to 'wise and fearless' were being applied to Judge Fogarty.

The Crime Prevention Committee (1995) presented criticisms which are relevant here. It suggested that the protective services manual *Protecting Children: Standards and Procedures for Protective Workers* (H and CS, 1992) reflected philosophies which appear to be at odds with the spirit of the Children and Young Persons Act 1989. The Crime Prevention Committee suggested there is an underlying Department philosophy of 'deflecting' as many notifications as possible to reduce the number followed up.

Mandated professionals are required by law only to have formed a suspicion based on reasonable belief. Protective services however, use the information from notifiers to make important decisions about the level of safety of children; the nature of assaults and whether or not any further action

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beyond taking the initial notification call will occur. A much higher standard of information is required to make such decisions. (Crime Prevention Committee 1995)

The provisions of the Act also appear to be inconsistent with the view of the Minister cited earlier, when he clearly implied that the protection service dealt with emergencies. As the Crime Prevention Committee points out, mandated professionals are required to report reasonable suspicions and are not required to confine themselves to emergencies.

### **Mandatory Reporting: The Impact**

After two years of minimal growth in referrals, notifications to Protective Services increased dramatically in 1993/94. In the latter half of 1993 in particular, in the wake of publicity over cases such as that of Daniel Valerio and following the introduction of mandatory reporting, there was a surge in reports. The statistics cited in this section are all derived from the Health and Community Services *Protective Services Statistical Report 1993/94* (H and CS, 1994a).

Notifications progressed thus:

1989/90	14,541
1990/91	17,981
1991/92	18,539
1992/93	19,344
1993/94	26,622

Of the 26,622 notifications in 1993/94, 6,116 were substantiated

Reports increased 38 per cent in 1993/94 though mandatory reporting was only in force for part of the year. As well, family or friends or neighbours, though not required to report, continued to be the largest source of reports (40 per cent in 1991/92; 41 per cent in 1992/93; 37 per cent in 1993/94). Some of the mandated sources did not show a marked increase in the proportion of cases reported though actual numbers increased (police from 2597 to 4452; doctors from 387 to 1063; nurses from 306 to 675; teachers from 1683 to 2060). It appears then that the general publicity may have been as influential in increasing reports as mandatory reporting itself, though clearly mandatory reporting has had an impact.

We noted earlier that court orders were harder to obtain in spite of the increase in the numbers of cases reported. They also are not applied for as frequently. Of notified cases, 13 per cent had protection orders applied for in 1989/90. This percentage dropped to 6 per cent by 1991/92 and has stayed there since. Total orders applied for in 1993/94 were 1,519. A total of 958 were granted in the



calendar year to 31 December, 1993, though the figure was up to 671 in the next six months. Of interest is that in 1993 only 17 new orders were awarded to children age 12 and over.

The types of abuse reported stayed fairly stable; for 1993/94 they were:

Physical	6,657	25 per cent
Sexual	4,078	15 per cent
Emotional	5,888	22 per cent
Neglect	9,311	35 per cent
Other	645	2 per cent

## 4 Issues and Reviews

Victoria's troubled child protection system has been subjected to a number of reviews over the last decade or so. In more recent years Judge Fogarty's reviews (Fogarty and Sargeant, 1989; Fogarty, 1990) were particularly influential, and were relied on by Government to assist in the resolution of difficult problems.

The Report of Judge Fogarty's 1993 review was eventually released later in the year in highly controversial circumstances; the report was apparently leaked to the media amidst allegations that the Government had suppressed its release. This release was criticised by the Department; amongst the reasons cited were that the items highlighted by some of the media were highly selective and the most critical ones, and that the Department had been intending to formally release the report within a week anyway. A highly public slanging match ensued between Judge Fogarty and the Government over both the process and the content of his criticisms.

Fogarty (1993) actually made positive comments about the child protection system. He acknowledged significant improvements in quality in the system, such as the establishment of the single track system (phasing out the dual police/Community Services Victoria system); the creation of a 24-hour, seven day per week service; increased budget allocations; and increases in staff numbers and retention rates. However he was also highly critical of a number of matters, including the Department's 'virtual abandonment' of adolescents.

Subsequently the Minister announced a number of minor program initiatives. However, Judge Fogarty continued to be critical of the system; exchanges were heated during 1993 but continued thereafter. In the wake of evidence in the 1993/94 report on child deaths compiled by the Department showing that a child died from internal injuries after the protective worker failed to keep an appointment, Fogarty noted that basic system breakdowns were still occurring

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(*Herald Sun*, 9 December, 1994). The Department (interestingly in the light of the Minister's compliments mentioned earlier) continued to criticise him for irrelevant, uninformed and dated statements.

The challenges to the Department were not confined to Judge Fogarty. The State Parliamentary Committee investigating sexual assault on children, heard allegations in public hearings that alleged actions by Department workers had a 'devastating impact' on both children and families. The Committee Chairman appealed to child protection workers in November 1994 to speak out directly about their service to the enquiry, and promised total confidentiality and anonymity. That Committee's report, cited earlier (Crime Prevention Committee, 1995) detailed a number of criticisms of the Department, including that it 'deflected' cases.

There have been other concerns about how and why cases are selected for action; one of us has conducted extensive research on the matter and a soon-to-be-released report (Goddard and Hiller, in press) talks of the process of 'minimisation' of the seriousness of the abuse. In a large number of cases referred to the system where serious physical or sexual abuse was identified, the label finally placed on the case was less serious - for example, the problem might be called emotional abuse or neglect. ('Less serious', it might be added, is used in terms only of immediate substantial risk; whether the risk in emotional abuse or neglect is, in the longer term, always less serious is arguable).

In the meantime the Victorian Auditor General instituted an enquiry into the child protection system, out of apparent concern at its cost and the continued allegations of inefficiency.

The scrutiny has not only been external. An internal workload review which reported in July 1994 (see later) followed industrial action in the Northern and Western Metropolitan regions over workloads and associated issues. The workers themselves were far from happy with their situation.

When we add to all of this the internal child death enquiries, and enquiries by the Ombudsman, then we have a system which is under intense scrutiny. Yet the problems and debates continue.

## **5 Management Issues**

### **Management Restructures**

The establishment of Health and Community Services followed the election of the Liberal Government on 3 October, 1992 and involved the amalgamation of

Community Services Victoria and the Health Department. Subsequent annual reports of H and CS show the energy - and substantial time - going into this restructure and the subsequent internal restructurings within the areas of Health and Community Services. One wonders whether this improves service delivery or diverts attention away from it. Since the forerunner of the Department, the Social Welfare Department, was first established in 1970, the Department has been in a process of virtually constant reorganisation ever since. Further, such restructures are frequently not even completed before the next one commences. One could look at any of these restructures, out of context, and make a case for them. The consequence, though, is that the Department has virtually never had a period of stability in which to operate.

### **Structural/Management Issues and NGOs**

We noted earlier the increased pressures on and control of NGOs. This is reflected in a number of ways.

Service agreements between NGOs and government, which have been in existence in some form for a number of years, have become increasingly focused. Output targets for specific programs are increasingly precise, and complex formulae for calculating them have developed. Furthermore they are increasingly rigid. We observed the case of foster care earlier as an example. The Department has been attempting to introduce foster care funding formulae attached to output targets (called 'unit-cost funding'); agreement has not been reached with the NGOs about existing programs.

However, a new foster care program involving more intensive care and support for children with special needs has been introduced; its aim in part is to assist in reducing the numbers in residential care. Caseloads for a full-time worker will be six, enabling intensive support for children and caregivers, and extra subsidies will enable purchase of services not previously available in foster care in Victoria. The subsidies of workers and caregivers are targeted to the number of cases and the level of support required, so in this new program a variety of unit-cost funding has been introduced.

It is significant that the aims seem more about enhancing output than about quality. 'Success' in the new foster care program will be based on whether the level of support required is less after two years. This may imply a quality outcome but it is a negative construction of it; the phraseology makes clear that economic and efficiency outcomes are uppermost.

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### **Other Management/Organisational Issues**

In researching this paper we examined documents which set out requirements of Departmental staff and of funded services. The numbers of regulations are huge and so is the documentation, and a question must be posed: is it possible for Departmental staff to keep on top of all the requirements and all the detail? The regulation and bureaucratisation of services has increased rapidly in recent years. When there are so many requirements and procedures, can procedural violations or mistakes be avoided? Is it more likely that staff will inevitably become victims of all this, destined to make mistakes? On paper there are an impressive range of training courses available to Departmental staff, some of which are intended to assist staff with these requirements; nevertheless our response is one of alarm at the pressure all these requirements must place on Department staff and also at how rigid practice is becoming.

### **Workloads and Related Issues**

This last point is reinforced by the Report of the Protective Services Workload Review (H and CS, 1994b). The review was a response to industrial action in the Northern and Western Metropolitan regions, and coincided with the initial influx of extra cases resulting from the introduction of mandatory reporting.

The review reported some disturbing findings, including the following:

- Formal supervision of SOC 1s and 2s (who are relatively inexperienced staff usually providing direct services) averaged 45 minutes per week, accounting for 1.9 per cent of worker time (down from three per cent in 1989). Many such staff indicated that they did not receive formal supervision at all on a regular basis. It was acknowledged that considerable SOC 3 time was spent in providing on-the-spot advice and support to such staff as issues arose.
- SOC 3s averaged 29 minutes formal supervision a week; they spent an average of 6<sup>1</sup>/<sub>2</sub> hours per week in supervision with their staff.
- Workers noted they were being 'pulled off work with existing clients in order to ensure that all notifications received a service' (H and CS, 1994b: 18). This resulted in lesser quality service to statutory clients.
- There was an increase in administrative tasks, recording, meetings, and court ordered access, impacting on time for other matters.
- Administrative support and other resources were inadequate.

- Recruitment was slow, leading to additional workloads and high staff vacancy rates (a problem which has apparently been addressed since).
- Twenty different service delivery models were identified within the nine regions; whilst this might contribute to dynamism it also contributed to confusion and inefficiency, especially since models changed frequently in some regions.
- There was considerable variation between regions about the percentage of notifications which proceeded to further action. The Report said 'historically a "further action" rate of 50 per cent has been expected' (H and CS, 1994b: 34); but in fact the rate in 1992/93 varied from 72 per cent in Loddon Mallee to 41 per cent in Southern Metro Region. This meant that whether notifications were investigated depended on which region the family lived in.

Around this time it appeared that some Regions were under considerable pressure not to follow up as many cases as they had been. No written instructions on the matter appear to exist; but anecdotal evidence indicates that the pressure was felt by some staff. This apparent pressure begs crucial questions such as what level of follow-up is appropriate; whether any expected level can be regarded as legitimate; and why variation exists in any case? One gathers, given the reported pressures, that high ratios of investigated cases have been regarded as a matter of regional management inefficiency or staff error, but other reasons for the variation could be found. The Victorian Crime Prevention Committee appears to be referring to this matter in part when it identifies the problem of cases being 'deflected' by the Department (see later).

The child protection system has been reorganised to eliminate the previous pre-Court and post-Court structure, and a system of response teams and long-term teams have been instituted. However, as implied in the Workloads report, resources have been shifted to provide an immediate response, and longer term service provision has suffered.

- The number of office locations has decreased. This centralisation was seen by some workers to have an impact on the personalised nature of work and to negatively affect contacts with local networks; though positives (the capacity to deploy resources more effectively and to monitor the consistency of practice more rigourously) were identified.
  - Procedures were felt by many workers to be overemphasised, to the detriment of flexible casework practice.
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A result of this was adherence to standards regardless of the benefit to clients...workers became bogged down with procedure to the detriment of effective client work...SOC 3s...(roles were) becoming increasingly administrative to the detriment of supervision of workers. (H and CS 1994b: 36)

It was acknowledged that standards were necessary because of the increasing complexity of processes and decisions resulting from the Children and Young Persons Act 1989, as well as to deal with deficiencies identified by child death enquiries. This aside, these comments by workers reinforce the impressions we reported earlier which were gained from reviewing documentary sources - that the extent of the regulation of practice is causing problems.

### **Other Standards Issues**

The Crime Prevention Committee (1995: 16) noted evidence it had received that workers were failing to notify police of assaults or that there were substantial delays in making such reports.

The Committee was also critical of police/H and CS relationships, and the lack of practice and policy co-ordination. Strong police/Department tensions have existed since the late 1970s and seem to be associated with the gradual winding down of the traditional police role in child protection. The tensions are still unresolved, and the co-ordination of the Departments involved in child protection and child welfare is still seen by many to be unsatisfactory.

## **6 Program Developments**

A few significant program developments have taken place over the last few years, but we are only able to refer to them briefly here. Perhaps the major one is the development of Intensive Family Based Support Services. These services provide a short-term intensive service to families in which there are protective concerns about the children. Early evaluations of some of these programs (see Campbell and Tierney, 1993; Campbell, 1994) suggest that results are promising for certain clients, although recent evidence from the United States suggests there is increasing scepticism there about their effectiveness (see for example Wells and Biegel, 1991).

We have already noted the development of more intensively supported foster care placements (the Specialised Home Based Care Program) as part of the deinstitutionalisation thrust. Foster care is now the primary out-of-home child welfare service. Residential care has been wound back, and family support (with

the exception of the intensive support model) has not increased. Workers report that foster care placements are in very short supply, especially in areas in which people are less well off. This is not surprising; one can hardly imagine economic circumstances less favourable for an expansion of foster care than those which currently exist.

Another interesting innovation has been the experimentation with the family decision-making model of case conference (see Ban, 1993), though this model is not yet in widespread use.

## **7 Service Delivery Issues**

Much of the evidence about service delivery issues comes from failures associated with child deaths, which normally lead to procedural changes, or from the workload review cited earlier. Here we will raise other issues.

Stanley and Goddard (1993) in an exploratory study on 20 cases, documented the high level of violence in families child protection workers work with, and the tendency of workers to minimise this. They also noted the high levels of abuse workers are subjected to. They speculated about the traumas of this work which may lead to worker stress and isolation; the development of denial and various other defences and rationalisations by the worker; then, finally, the worker becoming unduly optimistic about the perpetrator(s) of violence, increasing the danger to both worker and child. This is seen as support for hostage theory (see Goddard and Tucci, 1991) and further research on this theory is under way. Puckett and Cleek (1994) also noted the high levels of abuse workers in areas such as child protection, family court counselling, social security, mental health and youth work are subjected to.

The Department's guidelines require allegations of assaults on a staff member by a client to be reported to the police, although the victim has the option of not participating in the police enquiry. However, the issue of violence or threats towards child protection workers is still a relatively hidden issue which requires and will doubtless receive more attention in future.

### **Adolescents**

The provision of services to adolescents has been problematic for years. Concern has particularly centred around the existence of 'status' offences; that is, that adolescents could be proceeded against because of behaviours which involved a moral rather than legal basis. This particularly affected young women, who were

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also disadvantaged in other ways in their use of statutory services (Liddell, Margaret, 1992).

One of the predicted consequences of the Children and Young Person's Act 1989 was that fewer adolescents would be subject to statutory orders. In particular the removal of 'status offences' as a ground for proceeding against adolescents was expected to have a major impact. As we reported earlier, orders taken out against adolescents have declined dramatically.

However, there were other problems, both in the Act itself and the way it was responded to. Homelessness (in the Act) was not regarded as a reason for taking protective action; what was justification was the absence of a functioning guardian. The obvious likelihood that a homeless young person does not have a functioning guardian was, for some time, not recognised in policy or service responses. As well, at first police-initiated court proceedings against adolescents on criminal matters increased after proclamation of the Act, but this activity has dried up, undoubtedly because attempts to gain orders against teenagers in this way were unsuccessful.

There have been attempts to provide voluntary services to the young people who would previously have been provided with statutory services. Early in 1991 the Interim Support Service (ISS) was set up, intended to operate until mid-1992. The young people were intended to be voluntary clients of the Department via the ISS, in situations where there was a level of risk which was likely to increase without intervention, and where no other service was available. In the wake of Judge Fogarty's 1993 and a further report by Green (1993) showing that many adolescents previously provided with statutory service were being placed in youth refuges (or effectively in the homeless stream), Adolescent Protective Teams were set up by the Department to assist this group.

However, since there is no clear legislative mandate for the Department to work with children not subject to statutory orders, one wonders whether this initiative will last.

## 8 Conclusions

A number of major issues have been highlighted over the last few years in child welfare and child protection in Victoria. They include:

- the tighter targeting of the child protection system;
- the focus on immediate and short-term response rather than long-term service;



- the bureaucratisation of child welfare processes and relationships, and the increase in control;
- the contested and politicised nature of the field;
- the intense scrutiny that the field is under;
- the contradictions and problems which have flowed from the CYPA;
- the under-resourcing of many components of child welfare;
- the overwork and lack of supervision and support; and
- the lack of attention to serious service delivery issues - for example the pressures that workers are under, and the threats of violence that they are often subjected to.

We noted that there are some positive developments, and more which doubtless could have been reported on but have not been documented. The general picture though, is of a field which, in the process of solving some problems, has created many more.

It may be paradoxical in the light of the references to all the scrutiny the field is under, but another review is required. At the moment we have several kinds of reviews in operation; all run the danger of representing knee-jerk reactions to specific sets of problems. They are not addressing the most fundamental questions.

We have listed many major questions, but in conducting our review one thing stood out. The philosophies underlying current legislation and service provision were formed over a decade ago, when social justice strategies and an emphasis on rights seemed to promise so much. Since then philosophies have shifted towards smaller government, less intervention, and more individual or family responsibility and obligation. Child protection and child welfare, which traditionally have rested on the philosophical basis that intervention is strongly justified, have an uncertain basis amidst current philosophies, though in some ways the Children and Young Persons Act did (perhaps unwittingly) anticipate a shift towards less government intervention through its emphasis on provision of voluntary rather than statutory services.

Evidence from England and the United States would suggest to us that we are not at the end of the swing to smaller government and less intervention, and that if and when the swing slows, society will have radically changed by then. It is difficult to foresee a return to the philosophies of the 1980s, and if there is a

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resurgence of such philosophies the community in which they are applied will be a very different one to that of the 1980s.

If this is true, then the key question which a review of child protection and child welfare should ask is new and vexing. It is: what is the nature of the child welfare system which can adequately protect both children and parents in an era of cost-cutting and lesser intervention? This question has not yet been posed, much less answered; and the current reviews of the Department will not resolve it. It is a critical question if current and future problems are to be resolved, however, and it is not a question which can wait - it must be tackled now.

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# **Community Services For Parents With Intellectual Disability: Specialist Or Generic?**

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## **1 Introduction**

The question driving this paper is whether community services have responded to the challenge of providing support to families headed by a parent with intellectual disability, and if so, whether this support is the responsibility of specialist or generic agencies? There are three themes. The first addresses the legislative changes with respect to people with disability and their rights as citizens. The second theme addresses the current situation with regard to policy and practice for parents with special needs and the third concerns the question of specialist or generic services. My ideas in this paper are derived from a number of studies I have conducted over the past five years which have investigated the views of parents themselves, the views of people nominated by the parents as significant in their parenting and the views of service providers (Llewellyn, 1991, 1994a,b, 1995; Llewellyn and Brigden, 1995; Llewellyn, McConnell and Bye, 1995).

## **2 Legislative changes**

It is no longer acceptable to deny people with intellectual disability the right to become parents. Federal and State disability legislation actively promotes the same rights for people with disabilities as for other citizens. Parenthood is not explicitly specified, however, the process of deinstitutionalisation and the application of normalisation principles have increased the opportunities for people with disability to pursue parenthood.

The question of the right to parent is one that challenges us all, and most particularly the most liberal minded. There has been acclamation of the disability legislation and full citizenship initiatives for people with intellectual disability. Being a parent is a valued social role providing evidence of citizenship. Does support for full citizenship for people with intellectual disability extend to

parenting? Or is it restricted to equal access, equal pay and full inclusion in the community, but not equal rights to parent?

A fundamental belief would seem that every child has the right to be born into a safe and loving environment. Clearly, many children around the world are not born into safe nor loving environments. So perhaps the belief that everyone should necessarily have the right to parent is not as fundamental as it first appears. How to choose fairly those who should have the privilege and those who should not is not easily answered. In these circumstances, it seems that until someone does know how to choose, then we have to allow everyone the same right (Snodgrass, 1993).

We do not know how many parents there are with intellectual disability (Whitman and Accardo, 1990). Parents with intellectual disability often only attract attention when there is concern that their children are at risk. Services rarely get involved with parents because of their own personal needs (Walton-Allen and Feldman, 1991). Currently, the only way to identify and estimate the number of parents with intellectual disability is through social service agencies. This in itself immediately suggests we are talking about a 'selected' group of parents, as parents who are coping adequately are not usually known to social services personnel. In a recent South Australian study (1993) initiated by the Intellectual Disability Services Council, of the 5290 people with intellectual disability known to this agency, 77 were known to have children, that is, around 1.5 per cent. Of these 77, 52 had one child, 13 had two children, 10 had three children and only two had four children (Powell, 1994).

### **3 Public Policy and Practice with Parents with Special Needs**

Currently, the debate in Australia about parents with special needs (which includes parents with intellectual disability) is whether parents should be catered for by generic services or specialist services. Community services departments are contemplating whether special and enhanced parenting training and support services are needed. Some observers have noted that parents with intellectual disability share a common profile with other parents who come to the attention of child protective and preventive services. This would suggest that specialised support and services for these parents is therefore unnecessary and may only serve to stigmatise these parents further.

How valid are the similarities between parents with intellectual disability and other parents with special needs? For many parents with intellectual disability there is a common occurrence of poverty, troubled childhood, domestic violence,

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trouble with the law, and substance and alcohol abuse, however, this is certainly not the case for all (Llewellyn, McConnell and Bye, 1995; New York State Commission on Quality Care, 1993; Tymchuk, 1992). The difference is, of course, the parents' intellectual disability. Discounting the cognitive limitations of people with intellectual disability is particularly imprudent. To do so flies in the face of one of the fundamental principles of disability legislation which is the respect for the unique circumstances of each individual. The unique circumstance of growing up in our society as a person with intellectual disability brings with it sequelae of social conditioning as well as cognitive limitations. Awareness of these limitations needs to inform the debate about the adequacy or otherwise of generic services in meeting the needs of people with intellectual disability.

Public policy has not addressed the needs of people with intellectual disability when they become parents. This is in contrast to the employment and accommodation arenas in relation to people with disabilities. In these areas there are substantive policies. These policies direct the provision of a continuum of support and services from the most to the least supportive. Thus for example, policy directs that people with intellectual disability may live independently or live in their family home or board with a family or share a unit with a non-disabled or disabled peer or live with a small group of three or four people with a disability or as a last resort, live in a congregate facility. A similar continuum of support underpins employment services. With regard to parenting however, there are no such policies about a continuum of support.

Currently in Australia the specialist developmental disability services - the agencies with the most expertise in intellectual disability - are least likely to be serving parents with intellectual disability (Llewellyn, 1994a). This is evident from the studies I have conducted in NSW since 1990 with parents with intellectual disability, their significant others and service providers (Llewellyn, 1991, 1994a,b, 1995; Llewellyn and Brigden, 1995) and from the work of departmental project officers in Victoria and South Australia (Lovelock, 1995 and Powell, 1994 respectively). The reasons for this anomaly are quite straightforward. Most of the people with intellectual disability who become parents are those with mild intellectual disability. The specialist developmental disability services generally give priority to those people with severe or moderate intellectual disability. Developmental disability services are typically set up to serve single adults or families in which the family member with the disability is the child: not the parent. In addition, a significant proportion of parents with a disability avoid the developmental disability system because they do not want a disability label.

In Australia, there are very few programs specifically designed for parents with intellectual disability (Griffin and Koop, 1995; Powell, 1994). Rather, these

parents tend to be included in whatever support programs exist for families generally or included in programs exclusively for people with intellectual disability, although not for parents. This makes difficult the task of evaluating the usefulness of these programs for parents with intellectual disability as the programs have not been designed with their needs in mind. Personal communication with coordinators of generic and specialist services around Australia suggests that there is a high level of concern about the way in which their programs are meeting, or more accurately, not meeting the needs of parents with intellectual disability.

Parents with intellectual disability have difficulty securing resources and negotiating the complexities of any human service system, whether this be specialist or generic. Under Federal and State legislation they cannot be excluded from community-based generic services. In NSW, family support comes from shopfront services available to any family in the community. Information and instructional processes rely primarily on written materials: simply working out how to get to such a service can be overwhelmingly daunting for parents with transportation, communication and literacy difficulties.

Picture now, if you will, the train of events surrounding impending parenthood. The family doctor confirms pregnancy: for many parents within a month or two of a missed menstrual period. Not so for mothers with intellectual disability. Confirmation of pregnancy is usually significantly delayed. The mother may be ignorant of why a period has been missed or too frightened to tell anyone fearing retribution from family or partners. Where should the mother-to-be be referred to? Community health centre or hospital parenting classes? What will she receive there? Instruction relying on written material and cooperative, motivated participants. Are parent educators prepared to assist parents unable to read or write, with limited communication ability, possibly feeling insecure and uncomfortable in the group setting and needing concrete, one-to-one, individualised instruction with visual and hands-on learning experiences?

Similar questions can be posed throughout the pregnancy, the confinement, the early days at home and the beginning of the family life for this new family. Jumping several months ahead, imagine now the young mother going to the baby health clinic for the first time. The instructions in the waiting room are written: the pamphlets potentially helpful but inaccessible to the non-reader. Can the early childhood nurse assist this mother? The nurse will focus on health promotion and the prevention of childhood illness and injury. The service presumes that intervention will be specific and time limited. The mother will have to visit the clinic between the hours of say 8 am and 5 pm. Who will be available to visit the mother when the baby will not stop crying at 6 pm at home despite a full tummy and clean nappy?

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For some parents, other services will also be part of their daily family life. They may be involved in child-focused services organised around the developmental delay of their child. For other parents an additional barrier exists: care and protection officers are called in on a presumption of parental incompetence to observe the mother's parenting. There is no policy direction for these officers to provide assistance with parenting 'skills': instead, they monitor parenting, report 'parenting lapses' or seek court orders. If they have the resources to offer a service, this will most likely be crisis oriented and short-term, designed to correct a specific problem. Protective service agencies are not organised to provide help to parents who will most likely need some degree of support over the long term.

The service response to the needs of parents with intellectual disability frequently means involvement with an overwhelming number of programs, agencies, and workers. Apart from those already mentioned there are other agencies such as Social Security (for child and adult disability benefits) and housing departments for accommodation assistance. Lacking any centralised service coordination, service providers experience confusion about their various roles and boundaries. Parents too, are confused. Unable to understand the deluge of often contradictory information and remediation plans, they may cease to participate in the system unless court ordered to do so. As a result, their children may miss the external support needed by the family to ensure adequate childhood development.

In this context, parents with intellectual disability are often interpreted as noncompliant or overly dependent while their cognitive limitations are not always acknowledged nor understood (Llewellyn and Brigden, 1995). This is not surprising. The agencies with which they have the most frequent contact are unlikely to have any specialist knowledge or training in understanding the needs and limitations of people with an intellectual disability. In reality, the service system supposedly set up to support families poses many obstacles.

## **4 Issues In Using Generic Services**

Findings from the Parent Support and Services Project (Llewellyn, McConnell and Bye, 1995) comprising three studies with generic family support services in NSW, highlight the following concerns in relation to the use of generic services by parents with intellectual disability.

- Generic family support services are most often crisis oriented and short-term: parenting is ongoing, over the long term and parents and children needs for services change.
- Generic service intervention is issue-based and delivered in isolation from other services that the family is receiving from other agencies.



- Generic service users may be regarded as passive recipients (and many attend only because they are court ordered to do so) yet on the other hand, service users are assumed to be motivated to make the best use of whatever is offered.
- Generic service staff (by their own admission) are inadequately prepared to cater for the needs of parents with intellectual disability. For staff not familiar with people with cognitive limitations, their intentions and abilities may be 'misread'. This is particularly so for people with mild cognitive limitations who may have struggled 'to pass' in their communities over many years. In consequence, parents may be reluctant to acknowledge what they can and cannot do or do not understand.
- Generic services assume their purpose is to help each family achieve totally independent functioning. So, for example, a parent is seen as either having custody of their child or not; as solely responsible for their child or as not. In many instances, however, total independence may need to take a back seat to the over-riding health and well-being of the family. In other areas of public policy for people with disabilities such as employment and accommodation mentioned earlier, interdependence or partial independence is an accepted goal. The goal of total independence needs to be rethought for families which are headed by parents with intellectual disability.
- Generic agency involvement with a family is frequently on the child's behalf and intervention is framed solely by parent deficits. The parent is seen as a problem: their perceived shortcomings become such a focus that contributing factors such as poverty, powerlessness, lack of community resources, and the stigma associated with disability recede from conscious attention.
- The most common response by generic agencies offering family support is group parenting classes. This is not successful for many parents who have low literacy skills and who do not find verbal instruction the optimal technique. Despite the lack of success many agencies continue to offer parenting classes as the first, or in some instance, only line of support, because of the apparent low cost and the sense of efficiency from having one staff effort reach multiple learners simultaneously. In contrast, parents identify connection to their local community as an important need, wanting to be less isolated and to begin to participate in valued community activities (Llewellyn, McConnell and Bye, 1995, Walton-Allen and Feldman, 1991).

In conclusion, a realistic appraisal of the needs of parents with intellectual disability denotes that their limitations are life-long and that the tasks of parenting

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with which they will need assistance will change, and in some respects become more and not less challenging, as the children become older. Policy needs to be formulated which explicitly recognises the parents continuing need for support and services (although not necessarily continual) and along a continuum of support from the most intensive to the least intrusive.

Programs serving the accommodation and employment needs of people with intellectual disability offer a continuum of support. Public policy on family support services needs to catch up and direct a similar structure to support parenting. Programs serving parents with intellectual disability require professional supervisory staff, skilled and experienced in working with parents with intellectual disability to ensure proper training, supervision and guidance for front-line staff helping the parents. Without this expertise, generic family support agencies are at risk of misunderstanding and/or overlooking the critical service needs of this particular group of parents and their children.

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# The Changing Face of Children's Services

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## 1 Introduction

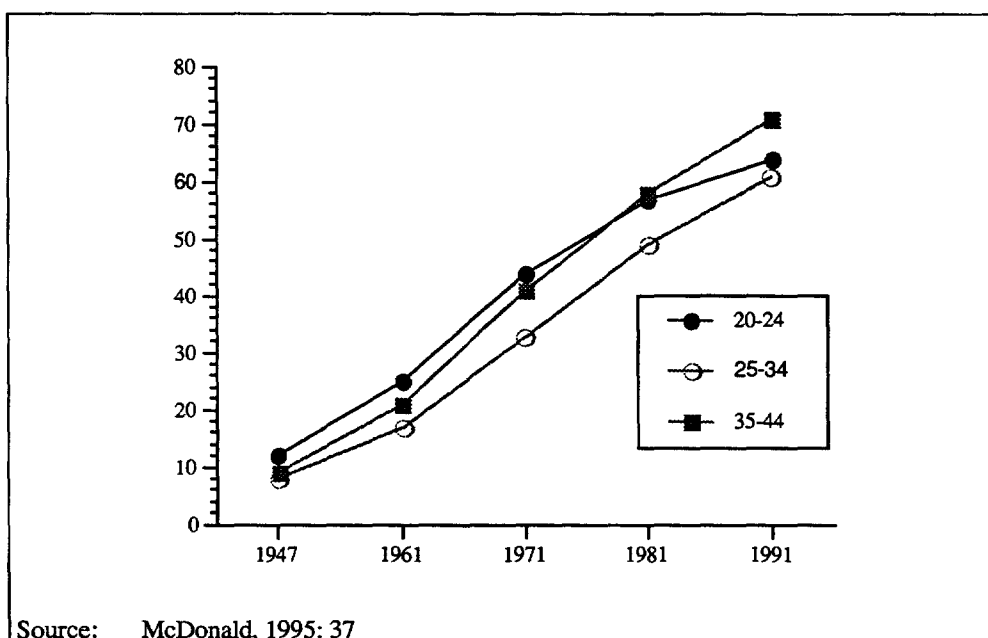
This paper examines the changes that have occurred since the 1960s in the nature of children's services, that is, care and/or education services for children below school age and care services for primary school age children. The major development in children's services over this period has been the growth in the child care industry, mainly as a consequence of the increasing labour force participation of mothers, particularly of those with very young children.

## 2 Changes in Mothers' Labour Force Participation

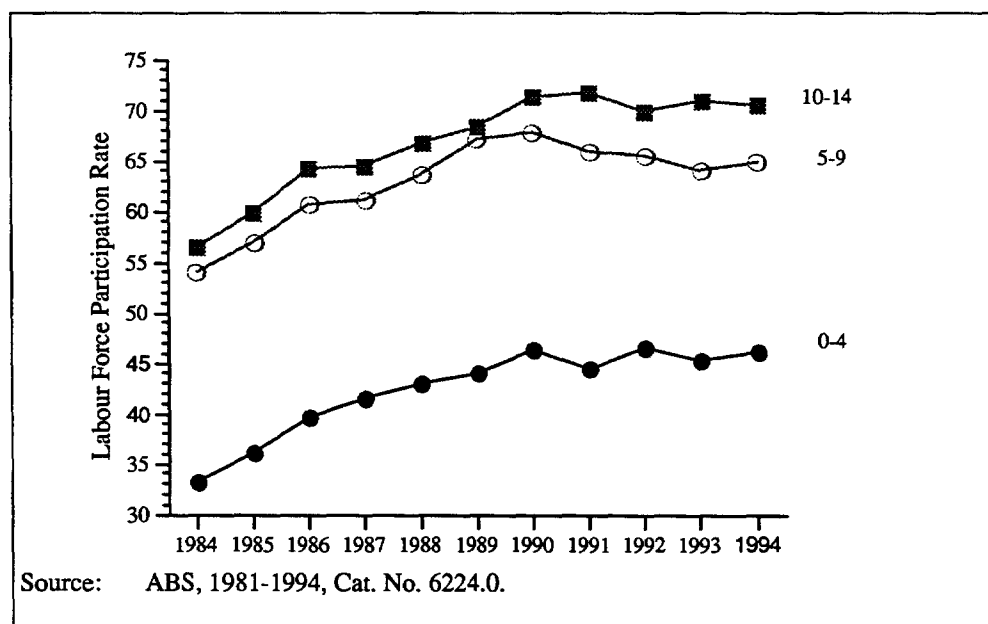
Since 1947 the proportion of married women participating in the labour force in Australia has increased steadily (McDonald, 1995: 37). At the beginning of this period, only around ten per cent of women in the main child bearing/rearing ages were in the labour force. For married women aged 25–34 years, labour force participation rates had risen from eight per cent in 1947 to 61 per cent in 1991 (Figure 1, Table 1). Labour force participation rates were consistently lowest in this age group, probably because the 25–29 age group of married women has had the highest birth rate from 1961 to the present time. The sharpest rise in labour force participation for all age groups was between 1961 and 1971.

Participation in the labour force by women is strongly influenced by the presence of dependent children, the ages of those children, and marital status. Labour force participation rates for mothers increase according to the age of the youngest child and are higher for mothers in couple families than for sole mothers. However, among those who are employed, sole mothers are somewhat more likely than mothers in couple families to work full time. In the past decade labour force participation rates increased for all mothers regardless of age of youngest child (Figure 2, Table 2). Thus from 1984 to 1994, labour force participation rose from 33 per cent to 46 per cent for mothers whose youngest child was aged four years or less, from 54 per cent to 65 per cent where the youngest child was five to nine

**Figure 1: Labour Force Participation Rates of Married Women, by Age Group: 1947 to 1991**



**Figure 2: Female Labour Force Participation Rates for Women with Youngest Dependant Aged 0-4, 5-9 and 10-14 years: 1984 to 1994**



**Table 1: Labour Force Participation Rates of Married Women by Age Group: 1947 to 1991, Australia**

Age	1947	1961	1971	1981	1991
20-24	11.6	24.5	44.1	57.4	64.1
25-34	8.0	17.3	33.0	49.0	61.3
35-44	8.8	21.2	41.3	58.4	71.3

Source: McDonald, 1995: 37.

**Table 2: Labour Force Participation Rates of Mothers by Age of Dependants: 1984 to 1994**

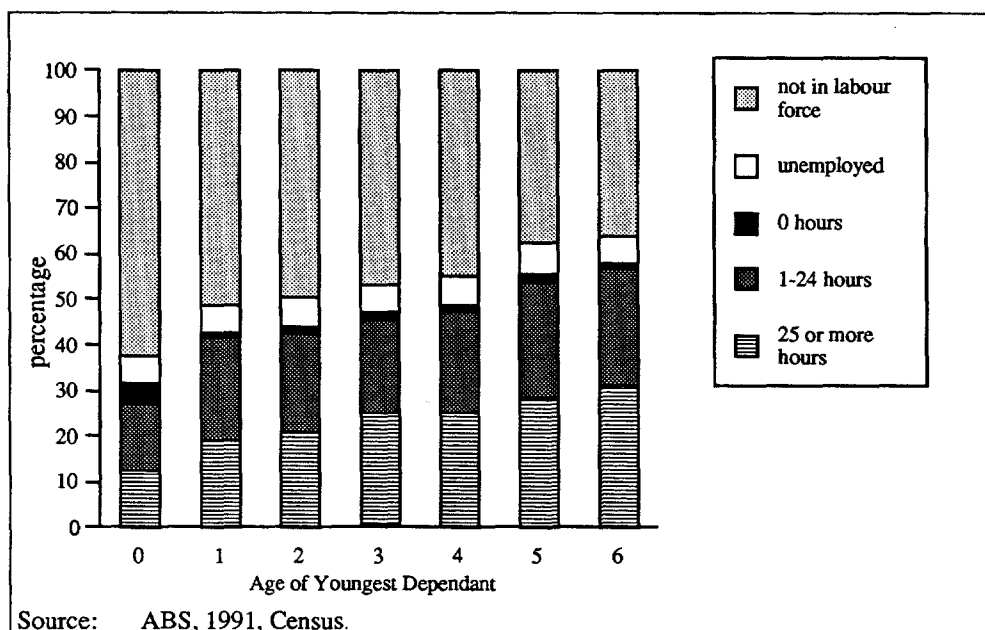
Year	0-4	5-9	10-14
1984	33.3	54.1	56.5
1985	36.2	57.1	59.9
1986	39.7	60.8	64.2
1987	41.5	61.1	64.5
1988	43.0	63.7	66.8
1989	44.0	67.2	68.5
1990	46.3	67.8	71.4
1991	44.5	65.9	71.8
1992	46.6	65.6	70.0
1993	45.3	64.0	70.9
1994	46.1	64.9	70.5

Source: ABS, 1981-1994, Cat. No. 6224.0.

years and from 57 per cent to 71 per cent where the youngest child was 10-14 years. In 1994, of mothers with a child aged four years or less, 48 per cent of mothers in couple families were in the labour force compared to 31 per cent of sole mothers. However, of those who were employed, 39 per cent of the sole mothers were working full time compared with 34 per cent of couple mothers (ABS, 1994, Cat. No. 6224.0).

The increase in labour force participation according to the age of the youngest child is evident also among those women with children below school age. According to the 1991 ABS Census of Population and Housing, 38 per cent of mothers with a child under one were in the labour force, 27 per cent being in paid work (Figure 3, Table 3). About five per cent of mothers with a child under one

**Figure 3: Labour Force Status of Women With Youngest Dependant aged 0 to 6: 1991**  
(percentages)



**Table 3: Labour Force Participation of Mothers by Age of Youngest Dependant: 1991**

Age of youngest dependant	25 or more hours	1-24 hours	0 hours	Unemployed	Not in labour force
0	12.7	14.5	4.7	5.9	62.2
1	19.2	22.7	1.1	5.9	51.1
2	21	22	1.1	6.4	49.5
3	25.1	20.3	2.2	5.7	46.7
4	25	22.3	1.7	6.4	44.6
5	28.3	25.7	1.7	6.8	37.5
6	31.3	25.7	1.1	6.0	35.9

Source: ABS, 1991, Census.

year were employed but did not work during the week prior to the census; many of these were probably on maternity leave. For those with a child aged one year, the proportion in the labour force rose to 49 per cent. Well over half (61 per cent) of the mothers whose youngest child was aged five years, that is, the age when most children begin school were in the labour force. The proportion of mothers who were unemployed was around six per cent and varied little according to the age of the youngest child.

The remarkable increase in female labour force participation since the 1960s - particularly of women with young children - has been facilitated by a number of important factors (McDonald, 1990; Brennan, 1994) These include: the marketing of oral contraceptives from 1961 enabling women to more effectively control fertility; the establishment of the Women's Bureau in the Commonwealth Department of Labour and National Service in 1964 recognising women's important role in the labour force; the decision in 1966 to allow married women permanent employment in the Commonwealth Public service and the subsequent decision in 1972 to introduce equal pay for men and women as well as to provide maternity leave for women in the public sector. These entitlements were partially extended to women in the private sector through the equal pay cases in 1974 and the provision for unpaid maternity leave in 1979. Other important legislative changes such as the introduction of the *Affirmative Action (Equal Employment Opportunity for Women)* 1986 and the *Public Sector Reform Act* 1984 have also improved the position of women in the workforce. The ratification of the ILO Convention 156 'Equal Opportunities for Men and Women Workers: Workers with Family Responsibilities' in 1990 represents another important move by the government toward equal rights for women in the workplace

### **3 Children's Services From the 1950s to the 1990s**

While the expansion of child care over the past 25 years has largely been driven by the increased labour force participation of women with dependent children, there has been an interactive relationship between the two factors - improved access to child care services has enabled more mothers to work. Nevertheless, the task of providing families with access to affordable and appropriate child care has been a relatively long (and ongoing) one. The processes through which current child care policies have emerged are outlined in this section, which is derived extensively from Brennan's recently published history of child care in Australia (Brennan, 1994).

During the 1950s and 1960s, the ideal model of the family was the 'breadwinner' model of the working man who was responsible for earning the family income and the dependent wife and mother who cared for the children and looked after



the home (McDonald, 1990). During this era two distinct types of children's services existed: kindergartens - which aimed to provide education and preparation for children prior to entering school - and day nurseries established to provide child care for children of working parents, usually the 'needy'. In support of the 'ideal' family model, most of the limited government funding for children's services was channelled to kindergartens, which provided half-day, sessional programs that did not meet the needs of working mothers (Brennan, 1994: 77).

The passing of the *Child Care Act* in 1972 was a consequence of growing demand by working women for child care services as well as increasing pressure from employer groups for female workers (Brennan, 1994: 53). The Act had a limited focus, enabling the Commonwealth to make capital and recurrent grants to non-profit organisations to provide centre-based long day care services (Brennan 1994: 67). Services were to be set up by local groups who could apply for funding through a submission-based system (Brennan, 1994: 67).

Under the Whitlam Government policy, from late 1972 to 1975, child care was regarded as a universal community service (Brennan, 1994: 90). However, when the Fraser Government entered office in 1975, child care reverted to a welfare model of services for the 'needy'. In line with this policy direction, an Office of Child Care was created in the Department of Social Security in 1976. The Government also made significant changes to the provision of pre-school services announcing in 1976 that pre-schools would no longer be funded directly by the Commonwealth Government, but that the Government would instead provide un-indexed block grants to the States and Territories to distribute to pre-school services (Brennan, 1994: 101).

Another of the changes in children's services that occurred during the early 1970s was the establishment of the first family day care service by the Brotherhood of St Laurence in Melbourne (Brennan, 1994: 132). Family day care services expanded in the Whitlam years and increased rapidly in numbers under the Fraser Government (Brennan, 1994: 107). The first work-based child care centre was set up in 1979 by the Women's Trade Union Commission (WTUC) in an industrial estate in the Sydney suburb of Ryde (Brennan, 1994: 146).

When the Hawke Government came into power in 1983, it brought with it a radical shift in the way in which child care was viewed. Instead of child care policy being seen as peripheral to other important economic, social security and labour market policies, it became an integral aspect of such policies. Under the Accord, negotiated by the Australian Council of Trade Unions (ACTU) and the Labor party in 1983, trade unions agreed to wage restraint in exchange for increases in the social wage, of which child care was an important part (Brennan, 1994: 166).

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In late 1984, the Hawke Government announced a range of new initiatives which had been agreed to at the ALP Conference in 1982 (Brennan, 1994: 182). Among these was the undertaking to expand child care services to include an additional 20,000 places. The Office of Child Care, formerly located in the Department of Social Security by Fraser, was relocated to the new Department of Community Services, providing a clear indication that child care was no longer regarded as a welfare service for the needy but as a normal mainstream community service.

A needs-based planning approach to funding child care services was adopted in 1984, largely in response to research showing that the submission-based system resulted in an inequitable distribution of grants, favouring organised committees with articulate submission writers (AIHW, 1993: 131). Income-related fee subsidies were introduced for families using non-profit services and priority of access guidelines were introduced focusing on the needs of working families (AIHW, 1993: 130). The Government also introduced Supplementary Services Grants (SUPS) to help services meet the extra costs of caring for children with additional needs, such as children with disabilities (Brennan, 1994: 176).

New funding arrangements for child care were introduced in April 1986. Funding would no longer be linked to the award wages of staff but rather to the numbers of child care places provided by centres. Eligibility for fee relief was extended to families of slightly higher incomes and fee ceilings were introduced. This year, 1986, also marked the complete exit of the Commonwealth from pre-school funding as the block grants to States and Territories ceased (Brennan, 1994: 181).

It was also during this period that the Social Security Review papers were published, highlighting the increasing numbers of sole parents dependent on government benefits and recognising the importance of publicly funded child care services in facilitating the entry or re-entry of sole parents into the workforce (Raymond, 1987: 129).

In 1988, following a widespread debate over publicly funded child care services and increased pressure from the ACTU, the Australian Council of Social Services (ACOSS) and members of the public, the Government announced the National Child Care Strategy, promising the creation of an additional 30,000 child care places (Brennan, 1994: 190–200). The Jobs, Education and Training (JET) scheme for sole parents was also introduced in this year. Under this scheme, sole parents wanting to enter or return to the labour force are assisted to find a place in a government funded child care service. The first employer-sponsored and funded child care centres were also established around this period. The most highly publicised example of this type of service, generally known as 'corporate child care', was 'Messengers Cottage' which was established by Esso Australia and

the Lend Lease Corporation for their employees in Sydney in 1987 (Brennan, 1994: 146).

The National Child Care Strategy was expanded in 1990 to enable the creation of an additional 50,000 places by the end of 1995-96. At this time the Government also extended fee relief to users of commercial centres, arguing this would create a more equitable distribution between users of private and non-profit centres. As a consequence of the initiative, the Government expected the private sector and employers to establish 28,000 new centre-based places over the period. Under the Strategy, the Government made a commitment to meet the work-related demand for a total of 354,500 child care places by 2000-2001, with an interim target of 300,000 places in total by 1996-97.

In conjunction with the extension of fee relief to the commercial sector, the Government announced its intention to introduce an accreditation scheme for child care services (Brennan, 1994: 201). The National Childcare Accreditation Council (NCAC) was established in 1993 and long day care centres were required, as a condition of continued child care assistance funding, to register with Council before 30 June 1995.

In 1994, the Government introduced another initiative to improve the affordability of child care services in the form of the Childcare Cash Rebate, which can be claimed for part of the costs of work-related child care in formal services and of informal child care, such as that provided by paid babysitters.

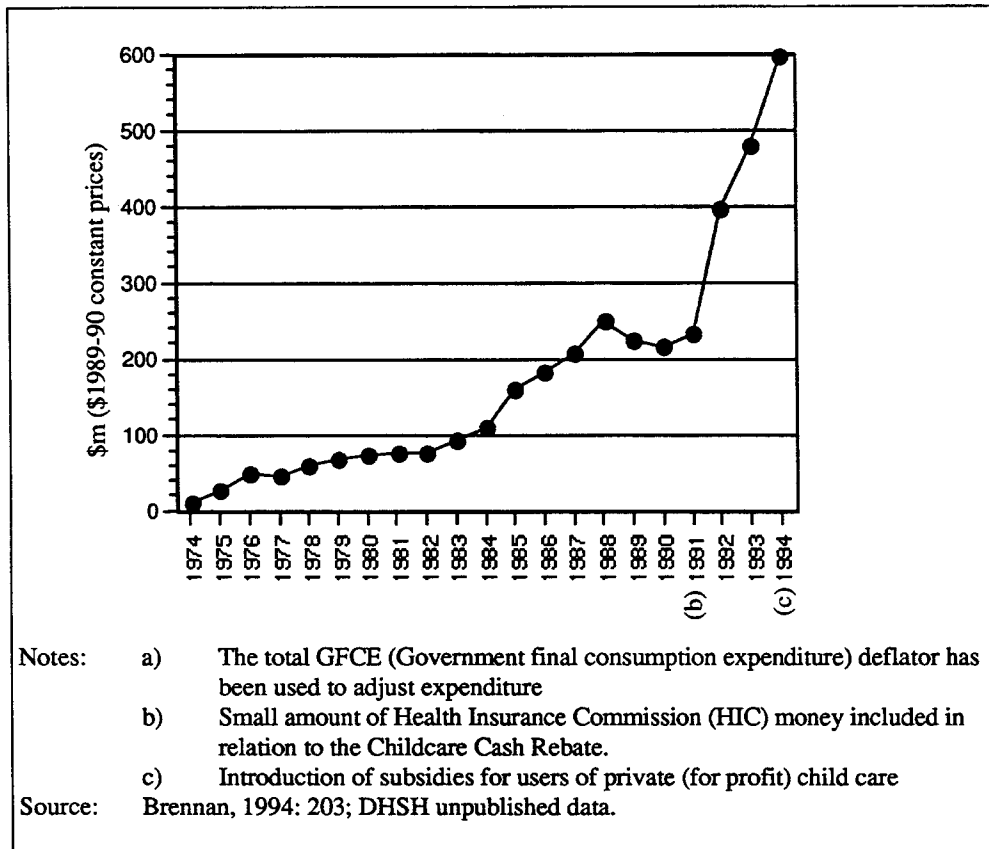
#### **4 Expenditure on Child Care Services**

As a consequence of these initiatives, total Commonwealth expenditure on the Children's Services Program (CSP), through which child care services are funded, has increased dramatically in real terms over the past 20 years (Figure 4, Table 4).

Child care funding grew almost five fold between 1973-74 and 1975-76, from \$10.5m to \$49.0m (1989-90 constant prices). The rate of growth slowed down over the Fraser years, not quite doubling between 1975-76 and 1982-83 - from \$49.0m to \$94.6m. Expenditure on child care services, however, grew rapidly during the Hawke and Keating years, more than doubling between 1983-84 and 1987-88 - from \$110m to \$249.1m - fell slightly in real terms over the next few years, then rose sharply between 1990-91 and 1993-34 - from \$231.6m to \$597.0m.

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**Figure 4: Growth in Expenditure<sup>(a)</sup> on Children's Services: 1988 to 1994 (in \$1989-90 constant prices)**



## 5 Provision and Use of Child Care Services

In 1970, the Women's Bureau published a survey of registered child care centres showing that there were 560 child care centres with 14,000 places (Brennan, 1994: 62). Almost all of these centres were private (for profit) centres and received no assistance from government. Only 40 centres received assistance from the State or local governments, mainly those which had been established for the needy. By 1981 there were over 1,000 Commonwealth funded long day care centres and occasional care centres with more than 47,000 children attending these services (DSS, 1981: 144). By June 1994 there were just over 3,000 long day care centres approved for Commonwealth funding (DHS, 1995a: 127). There was a rapid expansion in family day care services from the early 1970s to the early 1980s. Within ten years, around 18,000 children were being cared for by around 6,000 caregivers under the family day care scheme (Brennan, 1994: 135).

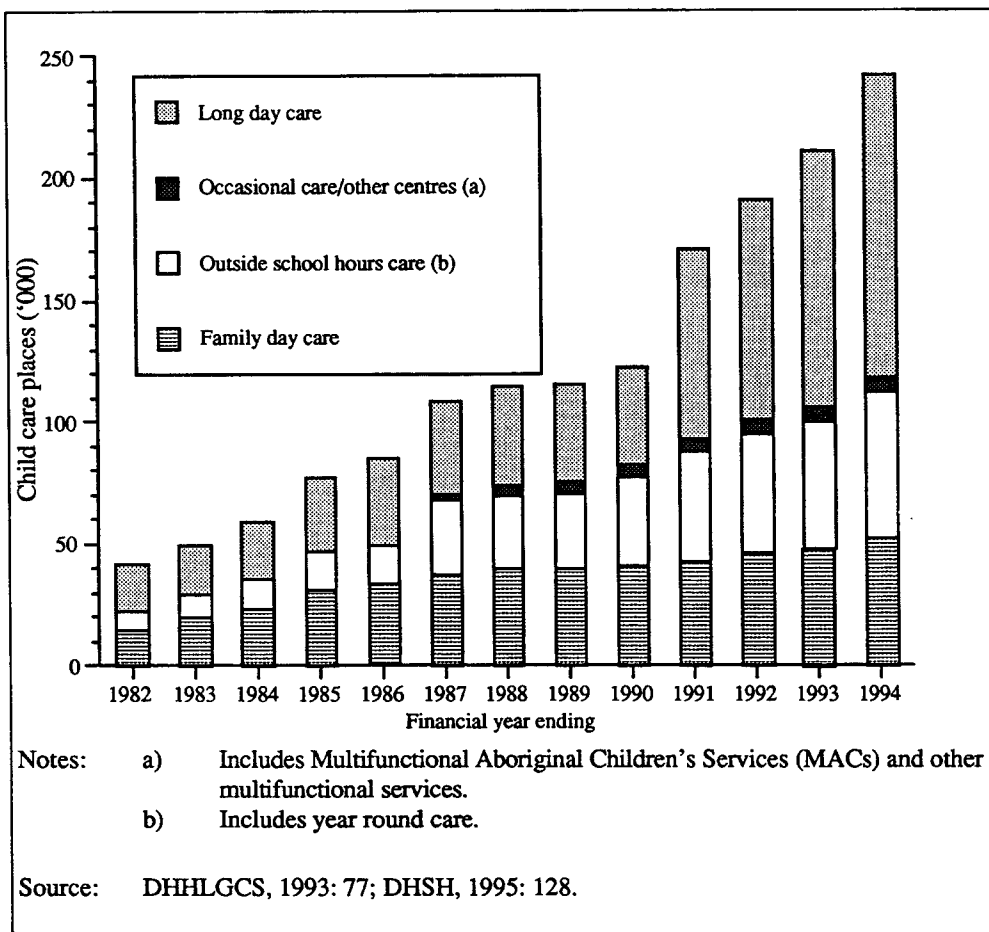
**Table 4: Growth in Expenditure<sup>(a)</sup> on Children's Services: 1974 to 1994**

Financial year	Total outlays (\$m)	Adjusted outlays (\$1989-90)
1973-74	2.5	10.5
1974-75	8.2	27.3
1975-76	16.9	49.0
1976-77	18.1	46.8
1977-78	25.2	60.1
1978-79	31.1	69.7
1979-80	36.1	73.7
1980-81	42.6	77.6
1981-82	47.4	76.2
1982-83	65.0	94.6
1983-84	80.1	110.0
1984-85	122.7	158.9
1985-86	150.1	182.6
1986-87	181.2	208.5
1987-88	224.9	249.1
1988-89	213.1	223.4
1989-90	215.0	215.0
1990-91 (b)	243.6	231.6
1991-92	434.8	397.1
1992-93	538.2	480.5
1993-94 (c)	667.3	597.0

Note: a) The total GFCE (Government final consumption expenditure) deflator has been used to adjust expenditure.  
 b) Introduction of subsidies for users of commercial child care.  
 c) Small amount of HIC money included.

Source: Brennan 1994: 203; DSHS unpublished data 1995.

Since the early 1980s, there has been a very large increase in the number of places funded by the Commonwealth Government under the Children's Services Program (CSP) (Figure 5, Table 5). This has been a consequence of the expansion in the coverage of different types of services and of the increase in the number of services within those types. Between 1982 and 1994, the number of child care places approved under the Children's Services Program grew from 41,578 to 245,881. The number of places in family day care services and community-based long day care and occasional care services doubled between 1982 and 1987, while the number of places in outside school hours care increased fourfold, but from a very low base - from 7,910 places to 29,593 places.

**Figure 5: Growth in Approved Child Care Places: 1982 to 1994**

While the number of child care places approved under the CSP doubled from June 1988 to June 1994, the number of approved places in long day care centres increased around three-fold over the same period. This was mainly due to existing private (for profit) and employer-sponsored and other non-profit services coming under Commonwealth funding at 1 January 1991 and new private (for profit) and employer-sponsored services being set up from then on. Over the period June 1991 to June 1994, the number of places in private (for profit) centres and employer and other non-profit long day care centres more than doubled, while the number of places in community-based centres increased by only nine per cent. In recent years, family day care services have also expanded more rapidly than community-based long day care centres.

**Table 5: Number of Approved<sup>(a)</sup> Child Care Places by Service Type: June 1982 to June 1994**

At 30 June	Long day care						Total
	Community based	Private	Employer and other non-profit centres	Family day care	Occasional care/other centres (b)	Outside school hours care(c)	
1982	18,568(d)	0	0	15,100	(e)	7,910	41,578
1983	20,008(d)	0	0	20,100	(e)	9,870	49,978
1984	23,048(d)	0	0	24,250	(e)	11,620	58,918
1985	31,398(d)	0	0	32,197	(e)	14,766	78,361
1986	34,602(d)	0	0	34,035	(e)	15,866	84,503
1987	37,936	0	0	38,361	2,876	29,593	108,766
1988	40,555	0	0	39,510	3,674	30,194	113,933
1989	39,516	0	0	39,550	4,632	30,568	114,266
1990	39,601	0	0	40,974	4,797	37,212	122,584
1991	41,086	32,296	4,404	42,950	5,131	44,974	170,841
1992	41,699	42,743	5,721	45,714	5,930	48,757	190,564
1993	43,564(f)	53,920	7,480	48,200	5,973	52,127	211,264
1994	44,627	70,702	9,812	52,001	6,428	62,311	245,881

- Note
- a) Approved places are places where a firm commitment has been given to establish a service, but some of the places may not yet be operating.
  - b) Includes Multifunctional Aboriginal Children's Services and other Multifunctional Services. Also includes places in the occasional care neighbourhood model in 1994.
  - c) Includes Year Round Care.
  - d) Includes occasional care places until 1987.
  - e) Occasional care included in long day care until 1987.
  - f) Includes Victorian Day Nurseries transferred from 'other non-profit'

Source: DHHLGCS, 1993: 77, 1982 to 1993; DSHS unpublished data, 1994.

Between 1984 and 1994, the number of children attending child care services funded by the CSP increased by a factor of five, from about 74,000 to about 396,000 children (Table 6). Most formal child care was used for work reasons - for instance, 84 per cent of children in Commonwealth funded family day care services were in work-related care in June 1993 (DSHS, 1995b: 13).

**Table 6: Estimated<sup>(a)</sup> Number of Children Attending Services Funded by CSP, Type of Service by Year: Selected Years**

Type of service	1984	1988	1992	1993	1994
Number of Children					
Long day care	36,150	55,300	158,400	190,550	227,300
Family day care	37,700	51,250	66,100	78,800	88,700
Outside school hours care (b)	..	25,700	50,750	53,500	63,900
Other formal care (a)	..	4,900	26,450	15,750	16,800
<b>Total children</b>	<b>73,850</b>	<b>137,150</b>	<b>301,700</b>	<b>338,600</b>	<b>396,700</b>

- Notes:
- a) Data are estimates only and are rounded to the nearest 50.
  - b) Includes Year Round Care in 1993 and 1994.
  - c) Progressively includes occasional care, Multifunctional Children's Services and Multifunctional Aboriginal Children's Services over the 1984-1991 period as these service types were introduced. Also includes Neighbourhood model/occasional care in 1993 and 1994.
  - d) 1993 data also includes 5200 Mobiles/Toy Libraries/Aboriginal Playgroups which are not included in the above table.

Source: AIHW, 1993: 133; DHHLGCS, 1993: 78; DHSH, 1995a: 130.

It is important to note that families also use informal care, that is, care by relatives, friends or paid babysitters, for their children while they are working. The 1993 ABS child care survey showed that almost half of children in informal care in June 1993 (46 per cent) were in the form of care mainly for work-related reasons (ABS, 1994: 12). Additionally many parents do not use any form of child care for their children while they are working (ABS, 1994: 7), for instance, in the case of school age children, because one parent works only during school hours.

## 6 Developments in Children's Services in the 1990s

With the increasing proportion of mothers in the workforce, it is interesting to look at the situation of 'pre-school' services which, historically, were not set up to meet the needs of working parents. Research studies have found that the overwhelming majority of parents regard pre-school programs as important mainly for the functions of socialisation and preparing children for school (DHCS, 1994: 29-31).

Pre-school services are run by State and Territory education departments or by non-profit organisations with funding from education departments or community service departments. As noted previously, pre-school services have in past years



been of a short term, sessional nature. However, these services are becoming more responsive to the needs of the increasing numbers of mothers in the workforce, with the distinction between 'pre-school' (education) and 'child care' becoming increasingly blurred and new forms of children's services evolving. The nature of new types of service provision varies somewhat between the States and Territories.

Child care and pre-school services are being integrated into the one program or else located in the same centre. Many long day care services are incorporating a pre-school component into their programs. Some pre-school services are using experimental service models which better meet the needs of working parents, for instance, running their program as a two days a week extended hours program rather than as a four days a week half-day program, or five full day rather than two or three full days or five full days rather than five half-days (NSW Audit Office, 1994: 41). Pre-schools are now eligible to register as an approved child care service for the purpose of the Childcare Cash Rebate.

A recent report of the Audit Office of NSW, however, expresses concerns about inequities in access to pre-schools in that State, both because there are considerably fewer pre-school places per four year old child in some of the most economically disadvantaged areas than in the least disadvantaged areas and because of the relatively high cost of Department of Community Services funded pre-schools for low income families (NSW Audit Office, 1994: 26). Similar concerns have been raised in Victoria where new funding and administrative arrangements for pre-school services mean that pre-schools are forced to charge higher fees and parents have been required to take over all of the managerial tasks of the service.

Another issue of concern is that the needs of families where there is at least one parent out of the labour force are being overlooked (Brennan, 1994: 207). According to the ABS 1993 Child Care Survey, the main area of reported need for additional child care services was for occasional care services, that is, short term child care which parents generally use for non-work reasons (ABS, 1994: 17). Occasional care services also accounted for the largest increase in reported need between 1990 and 1993. A recent Budget initiative will restrict the use of long day care services by low and middle income families for non-work reasons, by limiting the receipt of Childcare Assistance to 12 hours of care per child per week. However, at the same time Childcare Assistance payable in occasional care services will be increased from four to 12 hours a week, where such services are available (Commonwealth of Australia, 1995). This initiative may also restrict the access of low income families in some geographic areas to their only form of 'pre-school' type education, since commercial long day care services have been

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filling the gaps in pre-school provision in some of the new growth areas in New South Wales and Queensland (NSW Audit Office, 1994: 35; DCSH, 1991: 147)

## 7 Conclusion

This paper shows the very large increases in child care services that have occurred in the last 25 years, mainly as a response to the rapid increase in the labour force participation of mothers, particularly those with young children. Attention needs to be paid, however, to the accessibility of pre-school programs and child care services for low income families where at least one parent is not in the workforce.

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# Community Care Reform: One Step Forward, Two Steps Back?

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## 1 Introduction

This paper discusses the policy context around community care reform in NSW. It emphasises the importance of policy informed by careful evaluation, and suggests a view of the role of competition that emphasises the value of establishing the preconditions for the substitution of different service types. The analysis and conclusions are those of the authors, and they are not attributable to the NSW Ageing and Disability Department.

We look at three examples of attempts at reform:

- the community care reforms in the UK;
- the privatisation of Port Macquarie Base Hospital; and
- the NSW Integrated Community Care Demonstration Projects.

The paper leads into the Social Policy Research Centre's report on the first stage of the evaluation of the demonstration projects in NSW (see Thomson and Graham, this volume). We are not at the point where the projects are beginning to be established and baseline data examined. It is timely to attempt to draw out some lessons from the viewpoint of broader social policy in order to help guide the detailed implementation of this small part of the community care reform agenda.

This analysis comes at a time when the general shape of proposed change is becoming clearer at the national level. Both the findings of the House of Representatives Inquiry (House of Representatives Standing Committee on Community Affairs, 1994) and the Commonwealth State Review of the Efficiency and Effectiveness of the Home and Community Care (HACC) Program have now been rolled into the agenda and timetable of the Council of Australian Governments (COAG) arrangements (Council of Australian Governments, 1995).

It is a time when a plethora of separate ageing, disability and health programs are being reconsidered in the light of their complex (and sometimes conflicting) inter-

relationships and their fragmenting effects on the experience of service users (Rubenstein and Sadler, 1994). Identifying the problems is far easier, however, than describing a satisfactory unifying policy framework that can put the various programs into more effective alignment.

This acceleration of health and community services reform through the COAG process now places the community care sector's reform process into the context of the national competition policy. The recent NSW Financial Statement confirms the central status of this policy for the sector, beginning with public health and specifying the use of contracts, internal competition, benchmarks and unit costing (NSW Government, 1995: 53-4).

What can we learn about the possible steps forward, and those that might lead backward, in the context of a competition-based policy agenda?

## **2 Community Care Reforms in the UK**

Professor Sally Baldwin (1992) described the progress of UK reforms embodied in the National Health Services (NHS) and Community Care Act at a joint Social Policy Research Centre/ Australian Association of Gerontology conference on long term care in October 1991. The intended aims of the reforms, in terms of making community services more efficient and responsive to the needs of consumers, are echoed in the recent COAG discussion paper (COAG, 1995b).

The changes in the wake of the Griffiths Report into community care have seen the introduction of a market-like model of service provision, with local government responsible for organising and purchasing services in a 'mixed economy' of care. Needs-based assessment, care management, and community care plans developed on an area basis with close co-operation with health, social support, residential care and housing, were the main elements of the reforms. It should not be forgotten that arguments in favour of a re-orientation of social care services to more community / home-based care pre-dated the 1980s and the Griffiths Report.

The National Health Service and Community Care Act of 1990 was the key piece of legislation which reformed the means of delivery of both health and community care services. As such, it was the most wide ranging and influential attempt by a Government to re-cast the role of the welfare state and very much part of a wider Conservative Government agenda which aimed to diminish the role of the state and enhance the role of 'competition' within health and social care services.

Being part of this wider political agenda created a high degree of resistance within the field. Having worked in an environment of reduced government

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funding for the previous ten years, social workers and others providing social care in the community were now asked to 'compete' for the provision of services to be 'purchased' by the local authority. The manner and tone of this reform agenda created great resistance. Co-operative working arrangements between services were apparently ignored for the benefit of fitting in with the new funder - purchaser - provider ideology. For the Conservative Government the means of creating better services for people requiring social and health care appeared as important as the ends in themselves.

Although any definitive judgement on the success (or otherwise) of these reforms is not yet possible, it seems that delays and uneven implementation have characterised the UK experience. Recent research suggests that the expected gains in terms of increased consumer choice have not yet arrived and that the capacity for choice can be limited by where you live. The reforms do seem to have made an impact on GPs, who have changed what they do as a result of signing contracts (Jones, Lester and West, 1994).

There is no reason to expect that the issues and concerns raised by Sally Baldwin four years ago, and the subsequent problems described by research studies, will not be reproduced here. The move to a 'contract culture' for voluntary and community-managed agencies is obviously not straight-forward. Setting service provision targets on a regional or area basis (Alt Statis et al., 1994), defining quality and outcomes, specifying services and attributing an agreed structure of costs (Alt Statis et al., 1993), are all still some way off in many programs. Although varying amounts of progress down these paths have been made within the boundaries of some specific programs, and in particular in health services, the task of bringing these elements together into a more unified system across a range of existing programs at local level will need to be managed with considerable skill.

It is not straightforward to apply the UK experience to Australia. It is not obvious that we have the same order of problems to solve here, certainly not with the tools that have developed there. To some extent we already have a mixed economy in operation, especially in HACC and in Primary Health Care. A relatively small private sector already serves those with a capacity to pay, and Veterans Affairs clients with more entitlements than non-veterans, can purchase from the private sector.

The implementation of the HACC Program has given the job of maintaining the immediate local level administrative infrastructure for an increasing range of separate service types, to the non-government sector. In the process it has presented opportunities for community management and a degree of local control not available (especially in NSW) through the public health system.

This existing mixed economy has been largely successful. However, different service cultures now exist, and providers have some difficulties communicating. In NSW there is vigorous debate within provider groups over what constitutes the community care sector, and whether indeed in the terms of the COAG discussion paper there is a 'health and community services sector'. That level of the debate is not concerned with any lack of choice, but rather seems to reflect a healthy degree of real diversity. If the main purpose of reform is to increase consumer choice, then the competition models may be a solution to a problem we don't actually have in New South Wales.

### **3 The Privatisation of Port Macquarie Base Hospital**

There is not only overseas experience, but also our own recent NSW history to draw upon in examining the results of attempts at reform based on the concepts of the purchaser-provider split. The privatisation of Port Macquarie Base Hospital was promoted by the Health Department with the new language of competition then being popularised by the National Health Strategy (1991).

On 19 August, 1991, the NSW Premier had outlined the initiative for government agencies to identify and pursue opportunities for letting services to competitive tender as a means to improve efficiency, or contracting out (NSW Premier's Department, 1991). Contracting out the financing and building of a public hospital in Port Macquarie was in line with the general invitation for private investment in public infrastructure. The private operation of the Port Macquarie hospital services illustrated the broader principle of 'the need to distinguish the Government role of purchaser of services on behalf of the community, from that of owner of the delivery vehicle' (NSW Premier's Department, 1992: 3).

Due primarily to the key role played by non-aligned Independents in the NSW Parliament, detailed scrutiny was given to the contractual arrangements by the NSW Parliamentary Public Accounts Committee. The Public Accounts Special Committee (1992 and 1993) on the Port Macquarie contract held an inquiry in two phases, examining the contract and wider questions of financing health services. The larger picture was also filled out by its Report on Infrastructure Management and Financing in NSW (Public Accounts Committee, 1993 and 1994).

This level of scrutiny meant the Port Macquarie experiment was given a measure of transparency it was never expected, nor intended, to have. It could no longer be treated as a simple capital works project in a safe National Party seat. The full story has yet to be told, including how it did not reflect a policy of competition, but was an example of a Government backed guaranteed market share, represented by a 20 year contract (Draper and Owen, forthcoming). The

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immediate impact was that the local community, its health services, and particularly community health services, in Port Macquarie were caught up in very serious political problems arising down-stream from central decisions on capital infrastructure spending.

Continuing demonstrations, court cases, death threats and a public relations disaster for the Health Minister were the result of applying this central policy at the local level. In the March 1995 election the sitting National Party member suffered a swing of six per cent to the ALP, whereas National Party members on average received a three per cent swing to them.

To the extent that the UK and New Zealand reforms were referred to but poorly understood, and a NSW health policy vacuum existed, Port Macquarie is an example of what can happen when government attempts to move into competition policy without any reference to either a health or social policy context.

#### **4 NSW Integrated Community Care Demonstration Projects**

The UK experience suggests how much work is implied in establishing the pre-conditions for a model of community care based more on competition, and raises questions as to whether, in an Australian context, we need to go that far. The Port Macquarie experience demonstrates the dangers in assuming that competitive or market models can be centrally dictated without considerable political costs.

The demonstration projects in NSW represent a cautious middle path of reform, seeking to build upon already existing local efforts to improve services for frail older people and people with disabilities. In their paper, Cathy Thomson and Sara Graham (1995) describe the approach to evaluation and their measurement of the expectations of consumers and providers in the first stage of the projects.

The starting point for the projects was consultation with providers and peak consumer groups in NSW and the publication of a background paper (Rubenstein and Sadler, 1994). The next step was to seek expressions of interest from local areas willing to be evaluated in their efforts to overcome the problems for the consumer in service fragmentation, inequitable pricing policies, conflicting service roles and policies, cost-shifting between programs, and unmet needs. The 45 expressions of interest received were culled and local consultations facilitated. Ten projects were supported to further develop their plans, and undergo the preliminary assessment by the evaluation team of their projects' areas, aims and strategies.

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The assumptions behind the projects are that the implementation of change in community care can be guided by evaluating relatively small-scale projects that aim to improve the co-ordination of services. The focus is on the experience of consumers and providers across a limited number of programs (HACC, health and disability). Measurement is expected to be continuous as they arrive at agreements on assessment and case management, shared information systems and service protocols, and develop shared community care plans.

The models outlined in the guidelines that were circulated for developing expressions of interest included a 'budget-holder' model, as well as 'mandated co-operation' and an 'integrated community care agency'. One example of an area budget-holder is the creation of a local 'Community Care Board' as a budget-holding entity. The board might have its organisation base in an existing departmental administrative centre, or in local government. Alternatively the board might be a completely new and separate entity where government, community and consumer interests are represented. This board would then establish agreements with local organisations to provide community care services in the local area. The agreements would specify the services to be provided, the standards to be met, the information required from the provider (e.g. financial and client data), and the responsibilities of the Community Care Board.

The 'mandated co-operation' approach represents the basic tool for negotiating the changes to the relationships between services, and between local agencies and their funding bodies. At a minimum, agreements would include common assessment protocols, reduction of service duplication, increased flexibility in response to identified consumer needs, and consistent pricing policies. An example of the co-operation model is where the agreements build on existing co-operative structures such as risk committees, or where local joint care planning has established common assessment protocols and shared information systems.

An 'integrated community care agency' may build on co-operative work already under way in a local area, for example where services have a multi-service outlet, or a multi-purpose service, or it may be a development built upon the basis of a co-location arrangement in a new capital facility. The resultant agency would be the primary contact point for people seeking access to community care services. It would establish agreements with all other services in the local area on assessment and referral procedures.

It is significant that seven agencies expressed interest in the budget-holder concept, but it could not be sustained in any local area through a series of local consultation and mediation processes. The concept was clearly premature for community care in NSW. Without a supporting policy framework linked to explicit funding arrangements, and without an agreed 'all of government'

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administrative structure with suitable safeguards for the interests of the range of providers, it was not possible to get local agreement to proceed directly down this budget-holder path. There are a number of reasons, some peculiar to NSW, why the model was rejected. Primary among these was the fear of a 'health takeover'. In essence this suggested that in any arrangement of pooled budgets, the biggest stakeholder in terms of resources would dictate the terms of contracts in their own interests, in this case, organising service delivery in favour of post-acute care.

There was clearly a level of uncertainty created by the implied eventual competition elements in the model. Service substitution, it was automatically assumed, would inevitably favour medical, at the expense of social needs, and big organisations at the expense of small ones. This level of uncertainty is likely to remain high. We do not yet have the tools to measure 'outputs' in community care, let alone 'consumer outcomes', nor in most cases do we know how these link to service quality and costs, and to other 'inputs'.

From the experience of the demonstration projects in NSW we have some evidence that the local changes that are being worked upon will be of benefit, regardless of the application of contestability principles further down the line. The experience of being enabled to work on the issues locally, rather than having change imposed from above, have positioned those working in the areas to better understand the implications of the wider reform agenda.

Locally driven, centrally resourced change may have positive outcomes, but it is still too early to tell. It may be that as the largely technical matters like assessment and care management protocols are worked out, then the necessary level of transparency in planning, funding and service provision will be sufficient to allay the fears of many service providers. Once we do know more about who provides what, at what cost and quality, and with what outcomes for consumers, then we may have the ingredients for a level of trust sufficient to allow for the substitution of different service providers and different service types in the interests of improving consumer choice.

Without clear policy direction that understands the ends being sought by community care reform, we do run the risk of creating more confusion by a preoccupation with the means. This could be especially likely if the means are articulated primarily in terms of competition policy and driven strongly from the top by central agencies.

The ends we seek may be better co-ordinated and more flexible health and social care, and a degree of public accountability, consumer representation and improved area planning. But if the means employed become the dominant part of the agenda, then it may have contradictory results. The spectres raised in Port

Macquarie and in response to community care 'budget-holders' point to outcomes of more fragmentation, less co-operative planning, and potentially a discouragement of voluntary effort in the management and delivery of local services.

Whether NSW community care policy is ultimately informed by the findings of evaluation and the concerns of consumers and providers, or driven from the top by the concerns of the central agencies or the COAG processes, will be up to all of us. The skill with which the management of the reform agenda is undertaken both locally and centrally is crucial. The extent to which local communities and consumers are actively involved with change, will help to shape the outcomes.

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# Redescribing the Family: Meanings and Values

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## 1 Introduction

A large part of 1994 was taken up with debates about what constitutes a family. It is our contention that even the broadest of the definitions offered are actually more limited than is necessary or desirable. Exploring ways to redescribe the family by elaborating its social meanings and values in the Australian community offers possibilities for rethinking family policy. This paper first outlines some problems with the ways in which family is currently discussed and debated and introduces an alternative conceptual framework. The following section begins to apply this framework with specific reference to the Logan area in South East Queensland. Logan has a high proportion of 'nuclear family' households and its rapid population growth accompanied by a shortfall in infrastructure and human services causing serious social issues and problems, situate it as a potentially rich site for research on redescribing the family. This paper concludes by indicating how the proposed research may have relevance to both theoreticians and practitioners concerned with social policy and the family.

## 2 Discourse About Family

In the 1970s, feminists regarded the family as one of patriarchy's most fundamental institutions. Such critiques have become extremely muted in recent years and the continued popularity of the family is regularly asserted. The National Council for the International Year of the Family (IYF) (1994), chaired by Bettina Cass, entitled its final report *Creating the Links: Families and Social Responsibility*. The report argues that the family needs to be placed at the centre of public policy formulation. It urges government, community organisations, trade unions and businesses to play their part. Governments should 'respect families as key social units'. This means expanding child care payments, improving family leave arrangements, doing more about family violence and increasing the funding for family housing.

A decade ago this vague identification of the family with personal relations, caring and sharing, was dismissed by feminists as banal.

But despite their alternative focus on the down side - domestic violence, father/daughter rape, continuing inequalities in the distribution of household resources and tasks, family remains a buzz word. We don't have a choice to reject it, but must inevitably enter the debate about its meanings and values. Given the diversity, and definitional difficulties, why is it that we cling to it so strongly?

Obviously much has changed in the last 25 years. Women are more likely to be in the paid workforce even when they have small children; there are expectations about shared parenting; people marry later and for shorter periods; they remarry, have children within several successive relationships and create extraordinarily complex kin connections with in-laws, ex-in-laws, and step children. Increasingly people have not one identifiable family but several, while gay and lesbian cohabiting couples, with or without children, also claim family status. Adding to our anxieties are concerns about welfare and security - especially in what is to become a nation of geriatrics. Who am I obliged to look after? Who will look after me? Although modernity has regarded kinship as archaic, it has until recently been able to presume its existence in nature. This is now problematised. And the bland assertions of diversity, which still assume a collection of discrete units, do not capture the complexity, fragmentation, hopes and fears that 'family' evokes.

The current period can be described as post-family. We take 'post' to mean 'after' and suggest that what is now being somewhat clumsily dealt with is the aftermath of the 'traditional nuclear family', both as an ideological formation and an identifiable set of structures. In fact the structures and elements that made up the 'modern' nuclear family were always shifting and changing. Even at its high point, in the 1950s, these elements were unstable and, by the early 1970s, they were coming unstuck (Game and Pringle, 1979). It was at that point that people began to look back to a 'world we had lost' and insist that the 'family' was both natural and primeval.

The ideas in this paper are strongly influenced by Marilyn Strathern's work, *After Nature: English Kinship in the Late Twentieth Century* (1992). Although she refuses to jump on any postmodern bandwagon, Strathern constructs for herself what she calls a 'post-plural vantage point' from which to look back on the modern one. She does bring kinship and family centrally into the discussion of post-modernity, offering a non-essentialist interpretation of kinship which builds on the work started by Donzelot (1979) but never really elaborated. Strathern turns an anthropological eye to her own country, confronting the strangeness of what is familiar, and linking the intellectual development of anthropology as a discipline with its codification of assumptions about kinship. She treats anthropological insight and ethnographic observations as continuous, noting that

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though this is par for the course in studying 'other' societies, it is something of a 'methodological scandal' when done at home.

Strathern points out that social construction theories assume that what is constructed is 'after' a fact, whether natural or social. There is also a sense that in working on the natural world, human artifice must remain faithful to its laws and to that extent imitate it: meanings cannot be arbitrary or infinite. Anthropologists, along with the rest of the population, assume that kinship systems are after certain well-known facts of nature. The facts are held to be universal, whereas ideas about kinship may vary. What becomes quantifiable is the amount of human activity ('construction') that has taken place. Change is taken to be a mark of activity or endeavour whereas continuity is not. Yet change and continuity depend on each other to demonstrate their effect and Strathern suggests that the most radical changes derive from striving to preserve a sense of continuity with the past.

She points to an Anglo tradition whereby change comes about by making things explicit, laying out the coordinates or conventional points of reference of what is otherwise taken for granted. Its complement is the re-creation of what must be taken for granted and thus apprehended for its intrinsic qualities. The sense of new values, new ideas, new epochs comes from the conscious effort to make evident the values and ideas people already hold. Change comes about through asserting continuity, and the modern may assert the importance of tradition.

The constant relativising of 'our' understanding of 'ourselves' has produced a sense that there is less and less to be taken for granted and thus less 'nature' in the world (Strathern, 1992: 44). The more the family recedes from nature the more we seem to need to constitute it as a natural unit. Real estate agents trade on this all the time. An advertising brochure for Kimberly Grove, a new housing estate in the rich part of Logan, for example, offers to return 'the things that are missing', with space for the family to grow, in a beautiful, natural environment, where you will have koalas, kookaburras and cockatoos for your neighbours, and the Logan Hyperdome (a large shopping centre) merely streets away.

As we lose a grip on the older assumptions about kinship and nature, we seem to pay exaggerated attention to biological idiom. (Strathern, 1992: 52). Increasing emphasis on the social construction of things like illegitimacy has given a new visibility to natural relations. It is as though social legitimacy has been displaced by the legitimacy of natural facts, which acquire a new priority or autonomy. Genetic relations have come to stand for the naturalness of biological kinship. Kinship is supposed to be about primordial relations. The fundamental facts it endorses have been intrinsic to the cultural enterprise built up after it. Ideas



about what is natural, primordial and embedded in the verities of family life are thereby made relevant to the present and refashioned for the future.

The IYF report seems to both take nature away, and pay homage to some previous state of affairs that was perceived as natural or traditional. By insisting on diversity and pushing for the broadest possible definitions of family, it makes explicit the extent of social change. It then deliberately attempts to characterise families positively, in a relationship to the state of reciprocity and mutual interdependence. The report emphasises the **work** of families, the **functions** of families, the **value** of families and the **contributions** of families. Inequality, conflict and imbalances of power cannot be discussed with any vigour, and heterosexual men appear in the report as the most passive of creatures.

What is most striking about the IYF report is the repetition of this word family as a kind of mantra. It argues that close definition of the family is not important, but nevertheless states its 'essence' is to be found in the functions of caring, nurturing, intimacy and support (National Council for the IYF, 1994: 14). When pushed, it argues for an inclusive definition, recognising that family can mean a diverse range of things. But for the most part families are characterised as one of the four types that the ABS collects statistics on: married couples with children, de factos, single parent families and extended families. It is left vague as to whether gays are included with heterosexual de factos. In fact they are only mentioned when involved in caring for children. Despite the inclusiveness, there is a sense of real families as biological or natural units. Some people are left out. Through a strategy of lowest common denominatorism, it leaves in place a sense of the natural as fixed - and is unable to engage at the level of remaking the natural.

Strathern, by contrast, traces our drive continually to reconstitute the natural in a way that actually demonstrates that what we are doing is social. The implication is that if we are to create 'family' forms that are consistent with social democracy, we need to work not just with ideas about change, but with ideas about nature and tradition. To accept changes, people need to have a sense that they are consistent with nature and part of a living tradition. So the question is, can this be done?

Appealing to tradition has been present not only in conservative but in some social democratic approaches which argue that approaches to social justice must be based on the 'shared understandings' of actual people in real contexts or they will be irrelevant. They aim to construct theories of justice by interpreting some combination of our traditions, the values latent or deeply rooted in our communities, or the meanings or understandings we share. As Susan Moller Okin points out, the trouble is that most of these traditions are patriarchal or

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sexist (Okin, 1989: 41-2). The challenge is to recreate them as living traditions. We would like to suggest a possible starting point in the notion of 'kith' - which is as traditional as you can get but much broader than family.

Kith comes from the Anglo-Saxon verb to know or make familiar - and it means our friends and neighbours, our relations in the broadest sense. There may be a lost tradition to be found or invented in the idea of kith that has relevance for a contemporary, multicultural and post-family Australia. There are stories to be told about how we have interpreted kith and kin over time. There is scope for an account of continuity and change - which can contextualise things like: women's subjecthood, the blurring of sex roles and the challenge to old assumptions of a complementarity between the sexes, the removal of heterosexual sex, and procreation, as central to what is treated as family, and of course any assumptions about lifelong union - with issues here about post-modern fragmented families. The concept of affinity, which has now been recognised by the NSW Industrial Relations Commission in the family leave test case, may also be expanded in ways that more accurately describe the complex, shifting and overlapping networks in which we now locate ourselves. We can still find ways to describe these that need not cut us off from a sense of continuity and tradition.

### 3 Families in Logan

We intend to explore these ideas through an area study of families in Logan in South-East Queensland. Some descriptive information based on the 1991 census data and a discussion of the social problems and issues specific to Logan will provide a broad picture of the area and form the basis for beginning to apply and develop these ideas about kith and affinity.

The city of Logan lies between Brisbane and the Gold Coast. Previously a shire, in 1981 it was proclaimed as a city with an estimated population of 60,000 residents. In 1995, Logan's population has grown to around 170,000 and it is projected to exceed 200,000 by the turn of the century and a quarter of a million by the year 2006. Logan City's rapid rate of growth is exceeded only by its immediate neighbour - the Albert Shire - these two areas combining to represent one of the fastest growing regions nationally and expected to have a combined population of around 500,000 by the turn of the century (Department of Housing, Local Government and Planning figures cited in Logan City Council, 1993).

Some of the defining characteristics of Logan are:

- It has a relatively young population. 1991 census figures show a higher proportion of people in all ages up to 49 years of age as compared with the
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State average. The correspondingly lower proportions of older people are reflected by the figures which show that only 6.5 per cent of Logan's population is aged over 60, compared with 14.6 per cent for the Brisbane Statistical Division and 15.9 per cent for Queensland.

- The census identifies three main family types: one parent families, couples without offspring, and two parent families. While the proportion of one parent families in Logan is only slightly higher than Brisbane and Queensland, the proportion of two parent families is much higher and the proportion of couples without children much lower than the Brisbane and Queensland averages.
- These patterns are confirmed by looking at the data on households, with the most noticeable feature being the high proportion of two parent households (53.8 per cent) compared with Brisbane (40.9 per cent) and Queensland (40.5 per cent). The proportion of group and lone person households are also lower in Logan when compared with the Brisbane and Queensland averages (group households: Logan, 3.3 per cent, Brisbane, 5.2 per cent, Qld, 4.9 per cent; lone person households: Logan, 9.7 per cent, Brisbane, 18.6 per cent, Qld, 18.4 per cent).
- There is significant variation within the City. Looking at individual suburbs, the proportion of one parent families is relatively high in Woodridge (30.3 per cent) and Kingston (26.8 per cent) compared with the State average of 19.4 per cent. Some suburbs however fall much lower than the state average - namely Brown's Plains (13.5 per cent) and Loganholme (12.0 per cent).
- Family income is similarly varied between suburbs. The median income range in Springwood, Daisy Hill and Shailer Park is \$40,000 to \$50,000 while it is only \$20,000 to \$25,000 in Woodridge, Beenleigh and Eagleby. Generally speaking incomes in Logan are concentrated in the lower/middle income categories. There are low numbers of tertiary qualified, high-level skilled and professional workers in Logan, contributing to the low proportion of high income earners as compared with the State average.

There is a lower proportion of family incomes under \$12,000 than the State average. The relatively low proportion of older people (and therefore aged pensioners) and high numbers of adults in their employment years suggest a reason for this.

- The major employment sectors are wholesale and retail trade, education, manufacturing and property and business services. Businesses can be characterised as light industry, predominated by those concerned with
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machinery and equipment, wood products and furniture, chemical, petroleum and coal products.

- There are lower than state average proportions of community services industries such as entertainment and recreational services, health services, restaurants, hotels and clubs.
- The unemployment figures measured in the 1991 census were higher in Logan and North Albert than for Brisbane and Queensland. Again suburban variation is great with Woodridge (21.7 per cent) and Eagleby (27.2 per cent) much higher than Springwood, Shailer Park and Daisy Hill (all around eight per cent).
- The most striking feature related to housing is the high proportion of houses in the process of being purchased by their occupiers. There are relatively few apartments and units and more townhouses and semi-detached houses in the area. Rented accommodation from public housing authorities is twice the State average and in areas such as Kingston, it is up to four times higher.
- The location and geography of Logan, with the provision of services and facilities lagging behind demand, and limited public transport combine to make access to private transport important for daily living in the area.
- The proportions of Aboriginal and Torres Strait Islander people in Logan are similar to the Brisbane and State averages (one per cent), however proportions are much higher in the suburbs of Woodridge (3.5 per cent) and Kingston (2.7 per cent).
- It is a largely Australian born and English speaking population, with 11.5 per cent of the population from non-English speaking backgrounds, a figure close to the Brisbane and Queensland averages. No one country dominates that NESB population.
- Interstate migration is a significant contributor to the population growth of the area.

#### **4 Social Problems and Issues**

A 1993 social planning study summarised the following list of social issues and problems associated with rapid growth in Logan and North Albert:

- an overall, major shortfall in service provision;

- lack of a clear identity and cohesion as a region;
- social isolation;
- lack of ability to access services, including lack of adequate information about services;
- grossly inadequate public transport;
- lack of accessible, local employment opportunities;
- inappropriateness of the mix of housing types;
- high demands on young families;
- poor recreation facilities;
- lack of provision for people with disabilities;
- inadequate services for immigrants, especially those from NESB;
- lack of Aboriginal and Islander specific services. (Jones and Thornthwaite, 1993: 38-9)

Responsibility for social service and planning with respect to housing, income, employment, education, childcare, recreation, transport, violence and protective services, health and information falls across several government departments and agencies. The departments of Health, Housing, Local Government and Community Services (Federal), the Department of Family Services and Aboriginal and Islander Affairs (State) and the Brisbane South Regional Health Authority are the major departments concerned with human services in the area. There is also a community services branch within the local city council and a range of community managed agencies who provide human services.

Logan City is associated with some very specific social problems and issues. It has pockets in which social disadvantage is concentrated (Woodridge and Kingston) and the high proportion of children, young people and young families creates a situation which requires specific service provision by the government and community sectors. The sheer rate of growth in the area makes it difficult for these sectors to keep apace with the growing numbers of families and individuals requiring facilities and support. While this network of governmental and community agencies is actively addressing problems in Logan, there are strong signs that all is not well with families in Logan.

In 1994 a report was compiled by Jean Baker on behalf of the Child and Family Steering Committee convened by the Logan Regional Resource Centre. The report, *Making it Through: Access to Support and Therapeutic Services for Children and their Families in Logan*, highlights the following problems:

- 76.5 per cent of all births to single women in Logan city were to women 20 years and under.
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- The incidence of child abuse and neglect are relatively high with parts of Logan city having a notification rate nearly twice the state average. Curiously though the substantiation rates for those notifications are just above the state average (36.5 per cent compared with 33.1 per cent) but below the national figure of 45 per cent.
  - Domestic Violence is an outstanding problem. The court at Beenleigh (a suburb of Logan) received 2658 applications for protection over a period of nearly four years, this being the highest number of protection orders processed by any Court in Queensland. The far-reaching implications of domestic violence include the effects on children who are likely to be at both physical and psychological risk.
  - 23.1 per cent of young people interviewed in a local research study reported having run away from home in the previous twelve months (Thomas cited in Baker, 1994). 74.4 per cent returned home within a month, 7.7 per cent never returned. 46.4 per cent of those who ran away had taken shelter in the homes of friends and 26.8 per cent had gone onto the streets. If this run-away figure is more widely applicable and given the relatively high proportions of young people in Logan, then this indicates thousands rather than hundreds of young people leaving home. Social workers confirm that family conflict is a frequent problem which young people find difficult to resolve and which families seem ill-equipped to deal with. Children going to other families' homes however, points to the ways in which wider networks operate to provide care and protection for a large number of young individuals.
  - An analysis of the calls received at the kids help line from Logan reveal some alarming problems:
    - they made almost twice the proportion of calls concerning suicide than their counterparts around the State. Females made 85 per cent of suicide calls and all callers were 15 or older. Over half the callers had attempted suicide at least once, or had an immediate intention of doing so;
    - callers from Logan made a slightly greater proportion of calls concerning assault and rape than average; and
    - callers from Logan made almost twice as many calls regarding practical problems concerning employment, financial issues and homelessness.
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- The Education department monitoring behavioural difficulties in schools estimates ten to 13 per cent of children in schools in Woodridge, Kingston, Berrinba and Mabel Park exhibit behaviour of concern and in need of special attention.
- There is little information regarding the special concerns of Aboriginal and Islander and migrant families and culturally specific and appropriate services for these communities seem to be largely lacking.

Baker concludes:

... there are a number of essential support services for families and children which are generally unavailable to a large proportion of the people who require them. In some instances this is because people have insufficient resources to access the private sector, in others it is simply because demand far outstrips supply. Service providers report watching helplessly as the situation in families worsens - sometimes to the point of no return - while they wait to access services. Families and young people are not 'making it through' because the care they need to overcome their difficulties is not available to them. (Baker, 1994: 39-40).

## 5 Rethinking the Family in Logan

It is apparent from the above lists of social issues and problems that families are a major site of those problems. Violence in the home, family conflict, child abuse and juvenile delinquency are serious problems but ones which are not separate from the broader community in which they occur. In fact it is generally recognised that issues of poverty, poor education, unemployment, lack of facilities and community identity, poor social planning, domestic violence, drug and alcohol abuse, child abuse and neglect occur as cycles, the problems often feeding into each other to produce a larger multifaceted malaise whose causes and symptoms are often indistinguishable. In treating this malaise, service providers are often caught in a dilemma that families can be both the source of the problems and the solution.

The first of five key priority areas identified by the government in the IYF was: 'to promote the family as the fundamental unit in our society' (Queensland Department of Family Services and Aboriginal and Islander Affairs, 1995). While obviously it is vital that co-ordinated government and community support services are provided to address these social problems, there is a question we wish to raise here: is it necessary to conceive of that process in terms of

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restoring the family, supporting the family - as the Cass report puts it 'resourcing and empowering families' - and thereby assuming the basic unit of families to be the most appropriate object, indeed the only object, of policy and program targeting? Such a heavy emphasis does not provide sufficient scope to assess the needs of individuals at different stages in their lives, or in relation to the dynamic and shifting social settings that both create and (more or less) meet those needs. Paradoxically, the well intentioned emphasis on helping families may actually contribute to a kind of pressure on families to fulfil functions which they may not want to, need to or be able to fulfil.

The solution is not to replace the family with the individual as the basic unit of policy targeting but to move away from a static notion of families as the reference point against which all needs and social problems are defined, explained and addressed. Even very broad definitions which conflate family and household are limited to bounded units which do not always capture the complexity of how people's intimate relations and personal identities are built up and change over time. Janet Finch (1989) has recognised this in her account of the wider meanings of kinship, but she systematically cuts out any questions about reciprocities not based on either blood or marriage. Providing a social policy context that can encourage forms of social organisation that work and that have sufficient flexibility and fluidity to address social problems without restricting those forms to some variation of family (which must still struggle against normative definitions), need to be explored.

Exploring 'kith' and 'affinity' networks in Logan may illuminate social realities in ways that a focus on families cannot. Investigating needs from a standpoint that does not assume families to be the best, most appropriate, ideal, or indeed only, form for carrying out the functions of caring, nurturing, intimacy and support (National Council for the IYF, 1994:14) will likely produce quite different pictures of needs which in turn might create unexpected forms of human service provision.

This suggestion that we turn away from a focus on families and discuss social needs, social policy and human service provision using alternative concepts is not equivalent to denying that families exist or that most people do live in families (after all, as cited earlier, ABS census data reveals 87 per cent of households in Logan are families) or that we are advocating a 'smash the family' approach. Indeed the idea of eradicating the family provokes a fear and an anxiety that most of us would identify with, even those who have experienced great unhappiness within families. Instead, we are suggesting creating a different language about family, one that departs from romantic or assumed notions of basic units and



develops a greater literacy about human lives and the meanings attached to their relationships of obligation, care and support.

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# Social Policy for Older Women is Not Working

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## 1 Introduction

Much has been made of the ageing of the Australian population, particularly in the media. This demographic change comes later to Australia than to some other industrialised countries as a result of post-World War II immigration. When it does come in the late 1990s-early 2000s, it will be more significant as a result of this 'bunching' in the post-War cohorts. There is, however, no evidence that this change in the dependency ratio (i.e., of employed to non-employed groups) from youth to later ages is necessarily a burden on society. Claims of this type rest on limited and overly economic analyses (Encel, 1995).

There is considerable emphasis on frail older women as contributing to the increased cost 'burden' of the ageing of the population due to their longevity. This is not biologically 'given' as women in so-called Third World countries have shorter life expectancy than men (Katz and Monk, 1993: 5-17). Western women's life expectancy, like the ageing of the population, is a consequence of some of the social benefits of economic development and growth such as control over fertility, better nutrition, greater social equality as well as improved access to health, education and other services of even a residualist (Shaver, 1995: 112) welfare state.

Women, however, have often been at the centre of moral panics surrounding demographic change. The Royal Commission on the Decline in the Birth Rate in New South Wales in 1903 blamed women's selfishness for the fall when earlier falls in mortality, especially infant mortality, were factors influencing completed family size (Burns, 1983: 52; Grimshaw, 1983: 39-40). More promisingly,

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Britain and the United States turned to 'women returners' in the late 1980s as a solution to skill shortages as a result of the earlier ageing of their populations (Rees, 1992). The potential benefits for women here evaporated with renewed international recession in the early 1990s. Now elderly women in Australia are being represented as the major element in the future dependency burden for the prime adult working-age population.

The main government policy aimed at reducing the costs of a large dependent aged population revolves around compulsory superannuation or legislated pension arrangements variously paid for by savings contributed by employers (i.e., the Superannuation Guarantee Charge, 1991), workers and government (*Social Justice Statement 1995-96*, Australian Prime Minister and Deputy Prime Minister, 1995). This will have limited potential for those entering retirement in the short term who will remain dependent on employer-provided and private superannuation, savings and investments, but mainly age pensions. In the longer run those on low incomes, in part-time, casual and intermittent employment could see at least a relative, if not real, decline in income support as the centrality of the age pension as a source of retirement income declines. Many of those in these categories are women. Women currently in the early years of 'retirement' (if we can use that term for older women, given their disproportionate responsibility for domestic and caring work and higher rates of unpaid work than younger married women with no children [Bittman, 1991; Young and Schuller, 1991]), and approaching conventional retirement ages, have historically had interrupted careers, low paid jobs - including occupational downward mobility as a result of breaks in employment (Young, 1989: 26) - as well as being marginalised within, or excluded from, employer provided superannuation schemes.

At the same time as this moral panic about who will support a frail, largely female, aged population in the next century there are some, but minor concerns about the relative size of the workforce. With the return of economic growth in the late 1980s this was the focus of the United States and United Kingdom campaigns to utilise the skills and provide training, retraining and employment opportunities for 'women returners' particularly as the solution to 'Britain's demographic time bomb' (Rees, 1992: 108-14). To some extent this need for new sources of skills is reflected in the former NSW Liberal-National Party Coalition government's Mature Workers Program (New South Wales Mature Workers Advisory Committee, n.d.: 5-8). This program is, however, reflective of wider and more contradictory influences to be discussed below. In general, very little policy or other consideration is given to utilising the skills of older workers, especially older women workers in the Australian context as will be shown. To some extent this may reflect the nature, emphases and history of the Australian women's movement. It is, however, more likely a consequence of wider attitudes to older people in general and older women in particular. If there has been some concern

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about the implications of early retirement for older men (Windschuttle, 1986), older women's earlier exit from the workforce is unremarked. Older women's rights to employment and promotion are either presumed to be addressed in universal policies and programs based on masculine norms or ignored. That older women may wish, or need, to remain in paid work longer than men to provide for, or cushion, their longer 'retirement' in the future is rarely if ever mentioned in policy terms.

While there are various conventions in discussing older workers (45 years +) and elderly workers (55+) particularly in the Scandinavian countries and there seems to be a social preference for the term 'mature' (Encel, 1995: 72) to categorise those from 45 years on, these and other defining characteristics of 'the aged' (60-65 years +), 'young old' (60s and 70s) and 'old old' (80s and 90s) are arbitrarily imposed. For the purposes of this paper, 'older women workers' are aged from 55 years onwards, spanning the boundary of pre- and post- (past mandatory) retirement ages but recognising the small proportion of this age group who have continued in paid work in the post-war period (Young, 1986:16).

In the remainder of this paper I will outline some theoretical implications for research on women and aspects of ageing before outlining some of the findings of recent qualitatively based research with a sample of older women working in the retail industry. These women are at the higher status end of retail employment in department stores and have relatively good wages and working conditions. This is, then, not a study of a disadvantaged group at risk of poverty. Their aspirations and experiences which are potentially close to the wider population of older women as service sector workers with other family, domestic and caring responsibilities have been examined from a life course perspective. This research indicates the gap between their interpretations of their situation and the policies of employers and governments towards older women.

## 2 Theorising Gender, Ageing and Work

There is little literature on older women workers. Two empirical studies from the United States provide some insights (viz., Hollenshead, 1982; Nuccio, 1989). They showed that the gender wage gap increases with age, irrespective of education, qualifications and broken or unbroken careers as a result of occupational segregation. There is evidence that Australian women, despite high levels of segregation, have had increasing incomes with age while men's decrease (Kalish and Williams, 1983) due in part to centralised wage fixing. Women, nevertheless, continue to earn less than men and their retirement income here, as elsewhere, is related to men's (i.e., spouses/ partners) workforce participation and

retirement income (Windschuttle, 1986; Horin, 1991; Arber and Ginn, 1991; Clare, 1993).

Older women workers have experienced discrimination through age-specific recruitment advertising (usually 25-45 years) and selection processes, limited access to training (Kalish and Williams, 1983) and, to some extent, the operation of some early retirement programs (Wieneke, 1993; Sax, 1993: 148-9). In New South Wales in future, these may be addressed by anti-discrimination measures, but redress would require the lodging of a specific complaint. How an age/sex complaint would be dealt with is open to conjecture at this stage (compared with race/sex). United States experience suggests separate approaches to age and sex discrimination may provide limited benefits (Nuccio, 1989).

Theories concerning ageism (and its intersection with sexism) at the workplace have been slow to emerge at least partly because the emphases of demography and gerontology have tended to be gender-blind as well as focused outside industrial arenas. A recent feminist critique of gerontology differentiates on the basis of gender in research on 'later life' (Arber and Ginn, 1991) and shows divergences in experience between the sexes as do 'life course' analyses. Women and feminist researchers are now addressing the sexism of much sociological, psychological and historical literature on age and the ageing of the population with its emphasis on dependency in these terms (e.g., Mercer and Garner, 1989; Anike, 1991; Powell, 1991; Horin, 1991; Onyx, Benton and Bradfield, 1992; Schofield and Herrman, 1993).

These sorts of critiques have been slow to develop. Bottomley (1994: 68-9) suggests the absence until recently of elderly women in Anglophone feminist writing is a consequence of the 'obliteration of the Oedipal mother' and the 'possibility that older women evoke fear and rejection of ageing as a condition of relative powerlessness'. Older feminist researchers are now confronting their past ageism in the context of their own ageing and articulating their own demands politically in alliances with other differently situated older women in attempts to empower older women in the population generally (see Wieneke, 1993).

Early feminist theory and research focused on control over fertility, access to employment and related issues like equal employment opportunity and child care. These emphases were politically necessary for women to establish themselves as industrial citizens (if this has been achieved yet). Only when the right of women to paid work was secure could other demands be formulated, researched and pursued in policy terms. More recently mid-life and menopause have been researched (e.g., Richards et al., 1993) as well as topics such as a dignified choice of exit from the labour force and the right to choices in retirement.

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The life course perspective is generally adopted here because studies of ageing within a life course perspective (e.g., Thompson, Itzin and Abendstern, 1990; Hockey and James, 1993; Katz and Monk, 1993) permit a contextualisation on the basis of earlier and later life experiences as well as differences based on class, gender and race. With the advantages this approach permits to feminist researchers, it still encompasses a linear and staged view of situations, opportunities and experiences over time. Feminist research on mid- and later life is, however, occurring also while feminist theory is itself in a period of flux. Issues like control over fertility, discrimination in employment and child care were by no means the major concerns of all women at the time of early second wave feminism. As feminism attempts to address questions of difference more adequately, a further dimension of difference besides race and sexuality etcetera further complicates the research process.

Anna Yeatman (1995: 42-56) has pointed out that feminism, like other emancipatory social movements, has universalised the experience, demands and theorisations of young, educated middle-class, Anglophone (in Australia) women. In her terms, then, older women (and those from different class/race/sexuality positions) remain potentially but not fully human subjects (Yeatman, 1995: 48) despite the emancipatory achievements of, and for, the politically active group of younger women. Excluded groups, including those of older women, have yet to successfully contest claims to citizenship on their terms. At the same time, policy developments which take account of 'women' do so on the basis of these earlier studies, demands and achievements.

As a result of the strategies of the Australian women's movement, older women are now being integrated into social and public policy as individual citizens. While there are advantages in extending rights to women as citizens rather than as dependants, the marginal industrial citizenship of older women throughout their lives to date brings contradictory outcomes (Bryson, 1994: 192). While social policy moves towards treating women as citizens in their own right, the masculinised specificities and the universalising of present and future women's opportunities and experiences as well as attempts to bridge the hiatus between dependence and independence produce contradictions for individual women's life situations. Since the life course of so many women, like the old adage about the 'course of true love', 'never did run smooth', marriage (and singleness), parenting, changes in household composition, domestic and caring responsibilities, employment and unemployment (including of partners), divorce, widowhood (and sometimes both) as well as movements in the economic, social and political cycles in which they occur combine to produce uneven and divergent outcomes among and between men and women and between women. When we come to look at older women and policies for older women, many of our earlier useful, even diversified, categories can begin to fragment further.

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### 3 Older Women Workers in Department Stores

Retailing has a history across countries of the feminisation of sales assistants and an accompanying gender segmentation resulting in a young masculine management (Bluestone and Stevenson, 1981; Natti, 1990; Runciman, 1992; Reekie, 1993). In Australia there is evidence of juniorisation with improvements in part-time tenure (Runciman, 1992). While still proclaiming a commitment to provide more jobs for unemployed youth, some department stores shifted their recruitment policies to include mature sales employees (c.45 years) to more adequately staff their stores over extended operating hours, while attempting to improve customer service in the context of greater competition from chains. The study I am reporting in this section was carried out in this industry context by conducting interviews with a sample of 12 self-selected female department store employees from different stores and locations in Sydney in late 1993 to early 1994. They were aged from 55 to 66 years. Two were widowed after having also been divorced earlier; another was also widowed. One was currently divorced and others had been but were currently married. None was never married, reflecting the high rates of marriage for this age cohort after the War. Three quarters (75 per cent) had three years of secondary education, one had matriculated, another held a Diploma of Education and another a Bachelor of Arts/Diploma of Education. Fifty-eight per cent were or had been married to managers or professionals. There was some evidence of downward social mobility, especially for widows and divorced women but also where there had been unemployment for partners.

The oldest of this group are drawn from the first cohort to exhibit the 'bi-modal' pattern of workforce participation 'with a slight peak at the young adult ages followed by a later higher peak at around age 47 years' (Young, 1990: 16). As they are also leading an emerging trend for women to remain longer in employment beyond 55 years in the 1990s (ABS, 1993: viii), their experience is relevant for future policy makers.

Nine (75 per cent) of the sample were salespersons. Two were department managers and one was a demonstrator. Five were employed full-time; two casuals worked close to full-time hours and the rest were employed part time. They had been with their employers from three to 15 years with an average of eight years. In general, these patterns fit with ABS data for the age group.

Not all of these women had taken time out of the workforce for child-bearing. One had continued employment through child-bearing by taking her child to work in a family business. This was, however, not common. None were retail sales assistants before marriage and child-bearing. Six were in clerical/secretarial employment; three had nursing experience and two were teachers. Two were in

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feminised trades (dressmaking and millinery). Completed family size ranged from one to five children. Most re-entered the workforce on a part-time or casual basis after child-rearing. Although the longest break was 27 years, the average was 13-14 years, although this period included some casual jobs. Accident, own ill-health and caring for terminally ill spouses also interrupted some careers. These have been, and are, 'women in the middle' of generational and marital conflicts, in the provision of welfare services and of life itself (Watson and Meares, n.d.: 19). Based on a broad definition of caring, these 12 women had cared for a total of 34 children of their own, two had additional responsibility for four additional step-children each and one of these had also cared for two double-orphaned children. Only two (17 per cent) had had no elder care responsibilities. Ten women had cared for a total of 24 additional adults, from parents to spouses to neighbours. Several were looking at increasing caring responsibilities for chronic and terminally ill parents and spouses in the short term. Ongoing financial and other support was given to dependent and adult children. With one exception, caring was fitted around paid work. In that instance this was the one break from employment and was followed by multiple job-holding for financial and therapeutic reasons. Retail employment, although being low paid, was an occupation which could be (re)-entered and continued after a break from the workforce because it did not demand costly retraining and could be made to 'fit' caring and domestic responsibilities.

Despite the diversity of experience brought to the workplace, employers including management tend to devalue it. Similarly, 'age' experience is also devalued and where threatening to the status of young male managers, the focus of sexist and ageist strategies is to demote or move laterally rather than reward and promote. While some of the women did have potentially serious health problems (e.g., asthma, arthritis, hypertension), all regarded their health as good. Employment was an outlet, a respite from unpaid work and domesticity (e.g., retired spouses) and a form of resistance to the social construction of ageing as well as providing financial reward. They experience the combination of old paternalism and increasing rationalist management techniques on the part of employers and union achieved improvements in wages (e.g., Minimum Rates Adjustments) as partly facilitating their needs and aspirations and partly controlling and constraining them (e.g., unachievable bonuses; supervisor discretion in scheduling hours and allowing time off for family responsibilities). While neither militant nor overly hostile to trade unions, partly as a consequence of household/family status, only 25 per cent of the group saw trade union action as supportive of older women's employment aspirations.

These workers have become eligible for employer superannuation contributions under the 1991 Federal Government Superannuation Guarantee which was phased in at earnings of \$450 per month. While some may now have about \$5000 in



savings as a result, there are also apprehensions about a fall in the relative value of the age pension in future as a result. Surprisingly almost half (five) had some contributions in roll-over funds from past employment (three) or private arrangements (three).<sup>2</sup> But intended early exit from paid work (i.e., at 60 years) was not related to access to superannuation. While the majority (ten) thought about retirement, some did so occasionally or reluctantly. Some (two) wished to work (more) beyond spouse's retirement. One with all three types of superannuation intended to retire at 60. Two others wished to because of tiredness from juggling paid/unpaid work. One of these had almost unbroken employment, serial caring responsibilities and chronic ill-health.

While some of the group are able to anticipate (accurately or otherwise) dependence on partner's retirement incomes, divorced, separated and widowed women may not. A range of strategies (e.g., sale of family home in Sydney and purchase of a smaller one in a cheaper location) are proposed. Retirement 'choices' appear unrelated to expected or private income security, access to age pension or separate savings. While some wish to continue in employment until their late 60s and hoped their employers would allow this, others do not and may not be able to. In this study these were those who had had the least opportunity as a result of family/caring situations and/or low wages to provide for their own income security in retirement. Their main proposed solution to this disjunction between the end of paid employment and retirement aspirations was to adjust needs downward to fit available and limited resources. With on-going casual paid and/or unpaid work and caring responsibilities, retirement seems an inadequate and inappropriate concept here.

#### **4 Social/Public Policy and Older Women Workers**

What provision, then, is being made for older women like these to continue in paid employment, in order to meet some of their income needs in later life, needs which flow from family responsibilities and broken careers in paid employment? How might they be enabled to leave paid employment with dignity at an appropriate time as a result of the pressures of ill health, caring responsibilities and paid work with full recognition of their social contributions?

As a result of labour market segmentation and social attitudes to older women, which influence employers' policies, and younger managers' practices, which are dealt with in length in the fuller report of this research, older women workers cannot expect widespread support here, notwithstanding anti-discrimination legislation to make ageist practices unlawful. More active programs and policies

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2 One had both.

here would appear to rely on government directives which are unlikely to be made more specific and quantifiable in the private sector.

Public and social policy, government enquiries and research reports and their policy directions are not directly helpful to older women wishing to continue paid work. As Table 1 shows, a range of policies directed to women, families and older people emphasise services like health, housing, care, carers, consumer rights and income security via tax-transfer payments but not in ways which facilitate and support opportunities for paid work. The Mature Age Allowance and Partner Allowance, although important to those women who had expectations of dependence on either spouses or the state, are likely to encourage early retirement. *Working Nation* (Australia, Prime Minister, 1994) does not include opportunities for older women even if it does include earlier re-entry opportunities which may facilitate on-going employment. Nowhere are there specific provisions for what in Scandinavian countries are called 'part-time' pensions which would assist the transition between full-time paid work to part-time employment and exit from the labour force at later ages without financial penalty.

Similarly, recent reports such as those shown in Table 2 on age and the ageing of the population either do not address employment opportunities for older people or do so in universal terms which do not address the specificities of women's life course (let alone the further complexities illustrated in the study outlined above). To some extent, *Greying Australia* (Kendig and McCallum, 1986: 30) is an exception here but it tends to gloss over the complexities of experience at later ages. It is this sort of approach which contributes to contradictory policies for older women by extrapolation on the basis of the experience and achievements of later cohorts who have benefited from the efforts of second wave feminism and/or masculine norms.

A similar pattern prevails when we turn to policies and recommendations related to women's employment as shown in Table 3. Again, many of these policies treat women in universal terms rather than specifically addressing older women. The exception here is, as noted earlier, the New South Wales Mature Workers Advisory Committee Strategic Plan (1995-97). Here there is specific reference to older women as one of the 'special needs' groups for whom research is proposed in 1996. Whether older women have 'special needs' or require attention and differentiated opportunities on the basis of their own life course experiences rather than as departures from some universalised masculine norm is not addressed. With the election of the Carr ALP Government, that program needs to be seen as in abeyance if not obsolete.

Table 1: Social/Public Policy and Older Women

Policy/Program	Health	Housing	Care	Income. Security	Carers	Paid Work	Other
DSS Mature Age Allowance				•			
DSS Partner Allowance				•			
<i>Half Way to Equal and Government Response to Half Way to Equal</i>				•	•		
<i>National Agenda for Women 1992</i>	•	•	•		•		•
<i>New National Agenda for Women 1993-2000</i>	•	•	•	•	•		•
<i>Social Justice Statement 1995-96</i>	•	•	•	•	•		•
<i>Aged Care Reform Strategy Mid-Term Review 1990-91</i>	•	•	•		•		•
<i>Agenda for Families 1995</i>				•	•	•	
<i>Working Nation 1994</i>				•			
Budget 1995-6: Retirement Incomes: Challenges Facing the Social Security System				•			

In summary, the proliferation of Parliamentary and commissioned reports and research surrounding age and ageing on the one hand and women, including women's employment on the other does not address the specificities of older women's rights and opportunities to participate in paid employment. It is assumed that they follow historical or recent and/or masculine norms in relation to both paid work and retirement and that income security is a separate area for policy. Having provided for pensions and other programs like Mature Age Allowance or Partner Allowance through the Department of Social Security,

**Table 2: Reports on Ageing and Older Women's Employment Opportunity**

Report/Inquiry	Universal	Women	Not Included
The Migration Committee, National Population Council: <i>Greying Australia</i> (Kendig and McCallum, 1986)		•	
Dept. of Health, Housing and Community Services: <i>Aged Care Reform Strategy Mid-Term Review 1990-1991 Report</i> (1991)			•
House of Representatives Standing Committee for Long Term Strategies: <i>Expectations of Life 1992</i>	•		
EPAC Background Paper No. 37: <i>Australia's Ageing Society</i> (Clare and Tulpule, 1994)			•

**Table 3: Policies/Programs and Older Women's Employment**

Policy/Program	Universal	Specific
Australian Women's Employment Strategy (AWES)	•	
Women in Entry Level Training: Policy Review (1991)	•	
The Australian Vocational Certificate System	•	
Competency Based Training	•	
Labour Market Programs: JET; JOBSKILLS; JOBSTART; WEPD; Skillshare; NEIS; Action for Women Strategy; AEPD; WEA/WECO	•	
NSW Mature Workers Program (1989)	•	
NSW Abolition of Compulsory Retirement 1991-3	•	
NSW Anti-Discrimination Act 1994	•	
NSW Mature Workers Advisory Committee Strategic Plan 1995-97 (1995)		•

social policy focuses on health, housing, caring and consumer rights. Public and social policies related to work for women are similarly constructed in isolation from these other policies. These policy focuses are subsequently combined and/or incorporated into specific policies and strategies for women without sufficient attention to the gaps and contradictions thus created. As Young (1990: 32) points out, the policies which would support older women at work are likely to be similar to (and extensions of) those which would support younger women. This is not to say that they are the same ones.

## 5 Conclusion

The New South Wales Mature Workers Program appears to have advantages for some older workers, including women. It is still expressed in terms of the universal older worker and is promoted to employers in terms of changes in the structure of the workforce requiring changes in recruitment, echoing overseas 'women returners' campaigns. It uses the language of economic rationalism and emphasises market advantages rather than social justice.

The conclusions to be drawn from the empirical research on older women workers suggest that much more directly applicable and flexible public and social policies are required to facilitate appropriate access to employment and exit from the workplace with adequate income support for older women. Policies should allow a mix of options: work/retire/part-time work and part-time retirement/movement in and out of the workforce in later years. These opportunities would require attention to wider aspects of sexism and ageism (and the complexities of racism and sexuality which were not really addressed in the study reported here). Not only would opportunities for older women to participate in training and re-training programs need to be made explicit, but their existing qualifications and experiences treated as 'competencies' so that retired teachers are not treated as, for example, incapable of retail supervisory roles while simultaneously performing that function without recognition.

These opportunities are not special pleading for a special group *per se*. They are based on an appraisal of economic and social productivity which is wider than mere employment (Edgar cited in Encel, 1995: 80). Quantifying that contribution is not an impossible task now that estimates of unpaid work are included in ABS and similar data collections. As Young (1990: 26) argues following Demeny, entitlements to pensions, the calculations of levels of benefits and/or government contributions to superannuation schemes need to include a component which recognises the totality of women's social contributions as a matter of social justice.

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# **Perceptions of Need: Implications for Change in Community Service Delivery**

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## **1 Introduction: the Purpose of the Paper**

In this paper we draw on an evaluation that we are currently undertaking which looks at new ways of organising and providing services for people with disabilities. These are known as the Demonstration Projects on Integrated Community Care and are an initiative of the New South Wales Office on Ageing.

We begin the paper with a brief account of current policies in this area and discuss the way that the proposed Demonstration Projects represent a response to the way that community care has developed over the last ten years or so. We next describe the evaluation of these Demonstration Projects - which involves the observation, measurement and documentation of the process of change and its effects. Since the main aim of the Demonstration Projects is, in current parlance, 'to enhance consumer outcomes' we go on to describe how consumers and service providers view the existing service system, from their different perspectives, and what changes they feel are needed. Finally, we consider whether the improvements perceived as being needed can be achieved by means of these types of organisational reforms.

## **2 Policy Context**

Community care for people with disabilities is now well established in Australia. Since the introduction of the Home and Community Care Program (HACC) in 1985 the number of domiciliary and community-based services providing assistance through this Program to the HACC target population has proliferated and the complexity of the system has increased.

Over the last few years the Social Policy Research Centre (SPRC) has been engaged in a program of evaluative research in this area. In the process we have undertaken an examination of the role of the Home and Community Care Program in the broader scenario of community care (Fine, 1992; Graham, Ross, Payne and

Matheson, 1992; Fine and Thomson, 1995). Our research, like others in this field, (Rubenstein and Sadler, 1994; House of Representative Standing Committee on Community Affairs, 1994) has shown that despite the major contribution of this program in enabling vulnerable people to remain in their own homes, there are a number of fundamental problems. The service system is fragmented and uncoordinated. At the local level, there is a maze of different services each with its own methods of assessing clients, eligibility criteria, methods of charging and so on.

The fragmentation of services can be confusing and frustrating for consumers and raises such questions as how they find the services they want and need, how they avoid being asked the same questions by a range of different service providers and how they account for the different costs and eligibility tests. But fragmentation results in many problems for service providers, too. For them some of the issues are how they keep up with each others' activities, how they prioritise amongst competing claims for assistance and interpret criteria of eligibility, the methods they use to assess needs, and above all how they can all work together for the benefit of their consumers. Also, despite the large number of services, it is questionable whether there are enough to go around.

### **3 The Demonstration Projects**

In order to address some of the organisational problems we have just described, it was proposed that a series of Demonstration Projects would be established. The aim of these would be to develop, at the local level, a more integrated and unified service delivery system which would be much more administratively streamlined than at present. With this streamlining, it was hoped that there would be cost savings, which could be passed on to the consumer in the form of more and better services. At the present time nine Demonstration Projects are being established in New South Wales. Each area is currently identifying its own local problems and needs and developing proposals which it hopes will address these.

### **4 The Evaluation: Aims and Methodology**

Central to the Demonstration Projects is an on-going evaluation of its processes and outcomes. The Social Policy Research Centre was commissioned by the Office on Ageing to undertake the evaluation over a three year period and to test the central hypothesis that:

Structural reform and organisational change affecting the system of community support services will improve outcomes for consumers and efficiencies for government **within the current limit of resources.**  
(Extract from proposal for the evaluation prepared by the SPRC)

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We see the evaluation as having two broad objectives. The first is to examine whether organisational reform of the kind proposed at a local level by the Demonstration Projects can be achieved. The second is to evaluate whether the organisational approach to reform can achieve the desired outcomes for consumers and, indeed, for service providers.

A precondition for determining whether or not the objectives of the Demonstration Projects are achieved is to clarify the concept of improved and desired consumer outcomes. In other words, since the organisational change is not conceived as an end in itself but as a means whereby consumers get a better deal, it is first necessary to establish what the problems of the present system are and what kinds of changes are needed to address them. Later on, as the reforms are gradually put in place, we hope to be able to see how they impact on the quality and quantity of services for consumers.

We asked both consumers and service providers for their views on these questions. Whilst both groups are key stakeholders in the service system, we would not necessarily expect them to hold precisely the same views on these matters. However, before moving on to an account of the issues raised by these groups we briefly describe how we gained this information.

### **Group Discussions with Service Consumers**

To determine consumer views discussions were held with four groups of consumers in each Demonstration Project area. The groups comprised:

- frail aged people;
- carers of frail aged people<sup>1</sup>;
- younger people with disabilities<sup>2</sup>; and
- carers of younger people with disabilities<sup>3</sup>.

Table 1 shows the number of participants by the different types of groups. Through these groups we spoke to a total of about 230 consumers in the nine Demonstration Project areas.

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- |   |  |
|---|--|
| 1 | In most cases, carers participating in the focus groups were not the carers of the frail aged consumers or the younger people with disabilities in the focus groups.                             |
| 2 | To aid communication, only people with physical and sensory disabilities were initially asked to participate. However some younger people with mild intellectual disabilities also participated. |
| 3 | In most cases, carers participating in the focus groups were not the carers of the frail aged consumers or the younger people with disabilities in the focus groups.                             |

**Table 1: Number of Participants by Type of Group**

	Frail aged people	Carers of frail aged people	Younger people with disabilities	Carers of younger people with disabilities	Additional <sup>(a)</sup> groups
Female	39	45	27	49	7
Male	24	16	17	10	2
Total	63	61	44	59	9

Note: a) includes Mental Health clients and Koori Consultative Group

Group participants were selected by service providers and although we provided broad guide-lines on the method of selection of participants, each area adapted these according to local circumstances. Undoubtedly, some groups of people were under-represented in the discussion groups, in particular people from non-English speaking background (NESB), Aboriginal clients and clients with psychiatric disabilities.

The consumers participating in the focus groups were a heterogeneous group, reflecting the immense diversity of HACC clients themselves in terms of age, level and type of disability and domestic arrangements. However they cannot be said to be representative of the total population of domiciliary and community service consumers. Nevertheless, as we shall see, the discussions raised many issues which people identified as common problems and many suggestions were made about ways of improving service delivery.

#### Survey of Service Providers<sup>4</sup>

We thought that it was important to ask not only the consumers but also those responsible for providing assistance: that is, their service providers. Service providers - and in this context we mean the co-ordinator or manager of a service - are key people in the Demonstration Projects. As practitioners, (apart from the consumers themselves) they are the most knowledgeable actors in the total system. They are a vital component of any reform because they are responsible for implementing the changes and therefore it is important that they believe in and support these changes. It was clearly important that we investigate their views on

4 The analysis of the service providers questionnaires was undertaken by Sue Koenig and we are indebted to her for her contribution.

the issues for the consumers of their services and on the ways that they thought a Demonstration Project might address these.

Our approach to service providers was quite different from the one we had used to obtain consumers' views. A questionnaire was sent to all service providers assisting the HACC target population in the Demonstration Project areas. In total, 214 questionnaires were sent out to hands-on service providers and 147 (69 per cent) were returned. The response rate varied considerably between the nine areas. Like the consumers, the services responding were a diverse group, varying not only in the kinds of assistance they provided, but also in their size and complexity, their methods of assessment, client prioritisation and so on. Table 2 not only shows the kinds of assistance provided by the services responding to the survey but also illustrates the wide range of assistance that is available to the HACC target population.

## 5 Results: Issues for Consumers

Although each consumer group was quite distinctive, depending on the setting and the personalities of group members, similar issues emerged within and between the groups. The frail aged groups, in particular, could be characterised by their gratitude and satisfaction with any service they received. Many of these people had experienced times when no services had been available, so any assistance was seen as a boon. On the other hand, the carers of younger people with disabilities appeared much less satisfied with the services, particularly the amount of service provided. Although they, too, were grateful for the help they received, they were much more forthright in their criticism of the service system and sometimes of the hands-on workers. The differences amongst the groups reflect, in part, variations in the needs, expectations and value systems of the different HACC target groups.

Table 3 indicates the main issues raised by consumers. There were a number of common themes running through all localities and types of groups. These include appreciation of services, lack of information about services, cost of services and the need for improved co-ordination.

In all areas consumers appreciated the services they received. In many cases, consumers felt that these had enabled them to remain at home or, if a carer, to continue caring. Some people expressed immense satisfaction with the type and amount of services they received. One consumer stated:

*We are lucky to have such services. They keep people out of homes and keep people independent.*

**Table 2: Type of Assistance Provided by Services in Each Demonstration Project Area**

Type of assistance	Total
<b>Generic</b>	
A range of home and personal care services (e.g. HCS of NSW)	10
A range of community health services (mostly home nursing)	9
A range of social support (such as provided by neighbour aid)	13
Community Options	8
Assessment, referral, treatment and therapies (e.g. ACAT)	11
Community Aged Care Packages	2
<b>Specific types of assistance</b>	
Home nursing	12
Continence management	4
Podiatry	1
Rehabilitation	3
Referral only specified	3
Assessment only specified	2
Early intervention	3
Meals on Wheels	12
Community restaurant	2
Respite	13
Day care	6
Home visiting/companionship	2
Social support	9
Counselling	4
Transport	11
Gardening/lawn mowing	2
Home maintenance and modification	8
Social and recreational support for YPWD	4
Accommodation support	2
<b>Information, advocacy education and training</b>	
Volunteer training and placement	2
Health promotion	6
Information/advocacy	11
No information	13

Another said:

*I'm very fortunate. When I was discharged from hospital I was transferred to a rehabilitation service...The rehab. service has led me into all the services...and only for them I'd be living on a park bench...To me they have been my god send.*

Of course, although community services received many favourable comments, this by no means implies that there were no criticisms or suggestions for improvements. There were a great many.

*...the services are good but there are not enough of them.*

**Table 3: Main Issues Raised by Consumers Across All Demonstration Project Areas**

	Frail aged people	Carers of frail aged people	Younger people with disabilities	Carers of younger people with disabilities
<b>Service system</b>				
Lack of co-ordination		*	*	*
System confusing			*	*
Lack information re services	*	*	*	*
Lack information re eligibility		*	*	*
<b>Access to information</b>				
Hospital discharge	*	*	*	*
ACAT(a)	*	*		
Rehabilitation		*		
General Practitioner	*	*	*	*
Early intervention			*	*
Word of mouth/grapevine	*	*	*	*
<b>Satisfaction</b>				
Amount of services	*	*	*	*
Type of services	*	*	*	*
<b>Problems</b>				
Amount of service	*	*	*	*
Flexibility	*	*	*	*
Cost	*	*	*	*
Continuity of worker	*		*	*
Eligibility criteria			*	*
Assessment procedure			*	*
Reliability				*
Bureaucracy			*	*
<b>Gaps</b>				
Transport	*	*	*	*
Physio/OT	*			*
Respite		*	*	*
Emergency respite		*	*	*
Age appropriate activities prog.			*	*
After hours care				*
Future care				*
Podiatry		*	*	
Home visiting/social activities		*		
Home maintenance/lawn mowing		*		
<b>Suggested improvements</b>				
Central information/access point	*	*	*	*
Co-ordination and communication		*	*	*
Increase information about services	*	*	*	*
GP source of information	*	*	*	*
Increase funding	*	*		*
Case management		*	*	*
Common assessment			*	*
Monetary assistance to carers		*		*
Service packages				*
Brokerage model of services				*
Newspaper advertising	*			
Eliminate means testing			*	
External complaints mechanisms			*	*

Note: a) includes inter-agency centres.



Another universal complaint was the lack of information about the services that are available.

*...services are there if you know where to go for them,  
(reflecting the view that one quite often doesn't!)*

Consumers' lack of information, the array of different services, many of which needed to be accessed separately, and service providers' lack of knowledge about the availability of other services were all seen as hampering access into the service system.

The cost of services, particularly for consumers requiring multiple services, also created problems. Many found they incurred other expenses associated with disabilities such as medication and equipment. These additional expenses, together with the cost of services, made living on a fixed income difficult.

Table 3 indicates that across all groups consumers felt there was a need for improved co-ordination and communication between services. They thought a central point of contact was needed to help people gain information more easily.

Another issue to emerge through the discussion groups was apparent inequity of service provision in what appeared to be similar circumstances - some people had access to many services, others to very few. Although other factors, such as willingness to accept help, undoubtedly affect the receipt of services, one of the hurdles mentioned was finding the entrance point to the service system. Once in the service system, consumers' experiences varied. In some cases, information and access to other services became more readily available, whereas in other cases, consumers were referred to services in an ad hoc manner. A lack of consistency and a strong element of chance seemed to characterise the experience of many of the people we spoke to. In addition, many consumers felt insecure about the continuity of their service. They thought that some services could be taken away or reduced at any time. If, as we believe, consumers feared the loss of their service, as a form of reprisal, this may have affected the amount of criticism we received. As one person put it:

*You can't make any waves or you might be cut off.*

We have so far considered problematic areas which appeared to be experienced across the groups. However, some issues seemed particularly relevant to specific consumer groups.

### **Frail Elderly People**

For some frail aged consumers the inflexibility of the Home Care Service was problematic. Some thought because of the many rules and regulations consumer

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needs were often sacrificed. Elderly people in nearly all areas identified gaps in services. Those most commonly mentioned were household maintenance, lawn mowing, transport, home visiting and podiatry. The cost of private services put these out of reach of many elderly people.

### **Carers of Elderly People**

A common view expressed by these carers was that by caring for people at home they saved the government a great deal of money. Many carers felt that this was not recognised and, in particular, derided the small amount of the Domiciliary Nursing Care Benefit (DNCB), which, as commonly noted, amounted to seven cents an hour.

Carers of frail elderly people also identified a number of gaps and inadequacies, particularly of respite care. Emergency respite was difficult to organise as nursing home beds, supposedly available for this purpose, had to be booked in advance. As some carers noted, it is difficult to plan for a crisis. The time allotted for in-home respite was simply not sufficient for some carers to attend to essential housekeeping, let alone have a life of their own.

### **Younger People with Disabilities**

Although younger people with disabilities are a group with diverse needs we have noted that overall they were more strident and specific than elderly people in their criticisms of the service system. Service flexibility was important for this group as it enabled them to have some control over their own lives. The following quotations highlights this:

*The real problem is the lack of autonomy, having to deal all the time with them, phoning them up if I wanted to go to bed later on a Friday night, having to be able to tell them that, enough time in advance...the whole lack of flexibility and lack of control I had over my life and the amount of control they had over my life, because I needed to depend on the whims of whether they would let me change.*

Another person said

*...The inflexibility of it was totally unmanageable for me....I just felt that I was a damn nuisance to them, every time I would ring up I was causing them problems, not that they were causing me problems, that didn't come into it at all.*

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A particular concern of these younger people was the rapid turnover of Home Care field staff which prevented the development of a rapport between clients and workers. It also continually required a new set of instructions to be given to the workers. These consumers spoke of how they relied on these workers for most aspects of their personal care and how important it was that they had confidence in their abilities. Another complaint related to the assessment procedures which created problems both because of their frequency and the number of questions asked. Some described the impotence they felt because the decision-making power rested entirely with the service providers.

*All you need...is some body who is prepared to listen. With a lot of the services, somebody comes in, and in ten minutes, they judge you and your surrounds, and they know the answers.*

Younger people with disabilities identified lack of transport services as one of the main gaps in service provision. This deprived many of an independent life which strikes at the very purpose of being able to continue to live at home.

### **Carers of Younger People with Disabilities**

For carers of younger people with disabilities one of the most aggravating features of the service system was the lack of co-ordination between the services. Carers, caring for people with complex needs, often had to deal with many different government departments each with different eligibility requirements. Carers were required to fill out the same forms year after year to qualify for benefits, despite the often unchanging nature of the disability. As one person put it:

*The endless filling out forms, no matter where you go, because it is so fragmented, you have to fill in all the details so many times.*

Some felt the government had let them down because they did not receive the support they needed at affordable prices. It was demeaning for many to accept help especially when it seemed to be so grudgingly given, and rationed.

*We are only using these services, not because we want to but we have to.*

And again:

*Instead of it being a right...you have to be eternally grateful if you get this, and you have to bow down and say thanks, and be polite.*

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They wanted the same level of convenience and choice they believed private services offered.

*...instead of it being like a private service, where ...you are the consumer and you are buying service, in it comes, it does its job, and it leaves. If you use a funded service it's totally different...You ring up, you feel guilty even ringing, then if they don't have the staff, they give this whole story, not enough funding, not enough this. So next time, you're even more hesitant to ring, so the crisis, perhaps gets worse and worse, before you do ring.*

Carers wanted money to give them the power to buy the assistance they needed. They wanted flexible hours of assistance and some control over the hiring and firing of workers.

Another problem was the frequency with which the service worker changed. Worker discontinuity upset the person's routine and the carer had to instruct each new worker.

*Another on-going problem is the change over of staff. You no sooner build up a rapport with somebody, and they understand your problems, and know the picture of everything that's going on, and they move, because their working conditions are not good, so they move on, or take promotion.*

Assessment procedures were a bone of contention with the carers.

*When you have a family member with a disability you have to go through all these extra assessments on top.*

These carers often looked after people with complex needs who required many services. In order to receive services they had to undergo a number of different assessments. This meant, in some instances, their personal and financial information had to be revealed to many different service providers.

*Assessment is just such an invasion of privacy. Within half an hour of an interview, they've walked out of the door, you know nothing about them and they know how much money you earn, what your relationship is like with your husband, what your parenting skills are, and how you choose to raise your children...We just couldn't cope with any more, so when we moved, and we knew we were going to have to go through all this again, we decided that we wouldn't.*

These carers identified many gaps in service provision, the most common of which, was respite care - emergency, overnight and long-term. Many of the residential and centre-based respite services had waiting lists.

*I don't use services... I tried last year. My husband and I wanted to go away for a holiday, for the first time ever, and we thought, right we'll go just for a week. I tried everywhere and I couldn't get anything, and so we took Brad along with us, and, it was alright, but we didn't venture anywhere. Because it was different he stayed in the car.*

## **6 Results: Issues for Consumers as Identified by Service Providers**

In this section of the paper we discuss service providers' responses to the mailed questionnaire, in terms of the main problems they saw facing consumers. As Table 4 shows, the main concern service providers described was the difficulty consumers had in obtaining information but they also mentioned multiple assessments, difficulty in accessing appropriate services and inadequate funding of services as problems affecting their clients. Service providers believed that consumers were often discouraged (and at times locked out) from accessing the services they needed and were entitled to. This, they believed, happened for a variety of reasons:

- Insufficient information/education is available for consumers about all the services available.
  - People who ought to advise and refer consumers to appropriate services do not do so, e.g. other services or general practitioners.
  - Services provide reduced assistance or refuse new clients because of insufficient resources.
  - Services are clogged up. For example, a dementia respite service describes how it cannot properly cater for its target population of clients with mild to moderate dementia because their 'advanced' clients cannot be moved out to more suitable agencies.
  - Potential clients sometimes lock themselves out because they are reluctant to accept help. Some see themselves as not sufficiently needy, others feel uncomfortable about connotations of 'welfare' or 'charity'.
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**Table 4: Service Providers Views of the Main Problems Facing Consumers of Services**

	Base (N=142)
Consumers require more information about services - intake and exit policies, access issues/consumers not knowing how to access appropriate services	22
Multiple assessments	16
A number of clients being refused service due to lack of resources/ rationing or non-availability of services	12
Difficulty in accessing clients...welfare image...in this area not seen as acceptable to receive assistance/recently arrived NESB clients tend not to use service in high numbers/some people unaware of our service/ GPs often do not refer	12
Trying to get consumers to participate on committees etc./difficult to get consumer input	9
Confusion about roles of the various agencies/consumers sometimes given wrong advice or no advice of our service/consumers can receive conflicting information from agencies	7
Consumers complain of inflexibility of services/flexibility to meet consumer preferences for times of visits whilst ensuring efficient and effective use of resources	7
Lack of services to isolated residents/geographic isolation	7

- For NESB consumers all the above problems pertain. In addition, they suffer difficulties with language and have to master the intricacies of our particular system of community services.

The perceptions of service providers, although coming from a different perspective, mirror the issues raised by consumers themselves: lack of information, problems of access to services, inadequate amounts of services and inflexible services were all issues mentioned by both groups. However there were a few exceptions. Service providers placed a greater emphasis on multiple assessment than consumers and consumers were more concerned about the cost of services than service providers seem aware. Whilst consumers raised the issue of the **personal** cost of services, for the services the issue was perceived in terms of inadequacy of funding.

Service providers have a clear understanding of the problems facing consumers. However, like consumers, they were able to make relatively few specific and practical suggestions as to how the Demonstration Project might resolve these. Their most frequent suggestions dealt with the need for consumers to be better informed, and for access to services to become simplified and more consumer-friendly. Some felt consumer access could be improved by setting up one entry point for 'one-stop shopping'.

However, it is important to note that the main problem named by service providers as not being resolved by the Demonstration Project was funding and lack of resources. Thus, whilst the service providers expected the Demonstration Project to be able to resolve some of the issues for consumers, there were others that they believed could only be resolved by additional funding of services.

## **7 Results: Other Issues for Service Providers**

When service providers were asked what they expected their service would achieve by participating in the Demonstration Project, it is worth noting that the majority of the responses related to organisational ends for example 'better liaison/improved information flow' and 'improved understanding' between services, rather than to consumer ends (see Table 5). In response to a question which asked service providers what they saw as the broad aim of the Demonstration Project, once again they tended to respond in terms of organisational goals such as 'improved co-ordination' rather than in terms of consumer outcomes (see Table 6). This aspect of the survey shows that service providers place more emphasis on organisational issues, as the aims and achievements of the Demonstration Project than on consumer outcomes. Nevertheless, they certainly recognise the deficiencies of the services but even more so, the service system, in meeting client needs. Despite their emphasis on organisational issues, they certainly did not see these as an end in themselves. Rather, they were perceived, if change occurred, as a way of enhancing service delivery to consumers very much along the lines that consumers themselves wanted. In this way the different perspectives will, in the end and if successful reform occurs, converge to common outcomes for consumers.

As we have seen, service providers differentiated clearly between the consumer outcomes which, on the one hand, could be addressed through organisational change, for example, streamlining the referral and assessment process, development of standardised entry and exit criteria, better access to information and, on the other, those which were dependent on enhanced funding, for example, filling some of the gaps in services, better meeting the needs of those with less complex needs and introducing greater equity into the service system.

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**Table 5: What Service Providers Believe Will be Achieved for their Service Through the Demonstration Project**

	Base (N=135)
Better liaison/improved information flow/better communication	26
Improved understanding of other services and their typical clients	23
More integrated service/cohesiveness/service linkages	20
Improved understanding of our service by others/more awareness of our service/respect from other services	17
Improvement in co-operation (between services)/better networking/work together	15
Better access for clients/making services user-friendly/less stress for carers when accessing services	15
A higher, more acceptable profile/more enquiries	10
Minimal benefit, if any/can't see it achieving anything except perhaps more work and a mess to clean up at the end/so far a lot of disruption and stress/who knows - you tell me!	9

**Table 6: What Service Providers See as the Broad Aims of the Demonstration Project in their Area**

	Base (N=154)
Improved co-ordination/co-operation between services/closer working relationship	53
Best possible service for consumers/customer focussed service delivery	29
More effective provision of services/improve service delivery	27
Develop common assessment protocols.../ less intrusion.../minimise duplication of assessments	26
Better use of resources/reduce doubling up of service to clients/reduce duplication	22
Seamless services/client services flow through smoothly/continuum of community care	21
Better consumer access	19
Under one umbrella/centralise/co-ordinated approach	15
Work more efficiently/improve efficiency of HACC service	15



## 8 Conclusions

We are currently in a climate of major change within the system of social care. Since the Home and Community Care Program, which embodies the philosophies of community care, has been in existence for ten years this seems to be a propitious time for reappraisal in the light of the experience and knowledge we have gained over this period.

The Demonstration Projects on Integrated Community Care Services in New South Wales, represent an exciting attempt to provide greater organisational integration of the service system, with a strong consumer focus. The philosophy underpinning these Projects is that changes to the system should emerge from the needs identified by the local community. The purpose of the longitudinal evaluation is to look at the present system and subsequently to assess whether the methods adopted by the Demonstration Projects prove to be effective in bringing about the necessary changes as perceived by consumers and service providers. Stage One of the evaluation revealed that although consumers and service providers articulated their needs in different ways and placed emphasis on different aspects of the service system the aims and objective coincide. Our evaluation should not only cast light on whether this type of locally based method of achieving reform is workable but also whether it is an effective method of implementing desirable changes.

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