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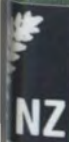
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SOCIAL WELFARE AT THE CROSSROADS

REPORT ON SOCIAL WELFARE IN NEW ZEALAND
BY

NEW ZEALAND ASSOCIATION OF SOCIAL WORKERS (INC.)



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SOCIAL WELFARE AT THE CROSSROADS

REPORT ON SOCIAL WELFARE IN NEW ZEALAND
BY
THE NEW ZEALAND ASSOCIATION OF SOCIAL WORKERS (INC.)

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SOCIAL WELFARE AT THE CROSSROADS

MAJOR RECOMMENDATIONS FOR THE REORGANISATION OF NEW ZEALAND'S STATE SOCIAL SERVICES.

The New Zealand Association of Social Workers, representing over 700 social workers in both statutory and non-statutory agencies, recognises that social welfare in New Zealand is at the crossroads. The piecemeal development of our social services has led to fragmentation and inefficient use of resources. The Government has acknowledged this and proposes to amalgamate the Social Security Department and the Child Welfare Division of the Department of Education to form the nucleus of a new Department of Social Welfare. Further consideration would be given to bringing other areas of State welfare into the new Department once it had been established.

The Association believes that the Government's response to New Zealand's welfare needs is only a partial one, that it is inadequate for both present and future needs and that it implies further piecemeal development. Standing at the crossroads the Association sees a broader, more constructive path towards the social well-being of New Zealand. If we take the wrong turning now, a great opportunity will have been wasted.

A POSITIVE POLICY

A positive policy for social welfare must aim at **promoting wellbeing in society and preventing social breakdown and distress** rather than merely curing symptoms. The welfare services must be so organised that they meet effectively the needs of individuals and families with difficulties, and are able to respond to emerging needs and to better knowledge of how to meet needs. There is no evidence that the Government's proposal is intended to establish a system which goes beyond the established boundaries of welfare. The Association maintains that the Government's proposed plan would not have the potential for meeting these needs.

Objectives for improved social welfare services must be established on the basis of a forward-looking social welfare policy. For the kind of policy the working party sees as meeting New Zealand's present and future needs objectives would be:

- * Statutory welfare services should be **unified, and effectively co-ordinated** with non-statutory effort. This should be done in one step – not in a piecemeal fashion.
- * an **integrated approach to problems** and situations so that the various aspects of a person's or family's difficulties would no longer be dealt with by different agencies and workers.
- * services and help should be **easily accessible** to the persons who need them. Offices should be where people live and not necessarily in town centres.
- * a high level of **community participation** so that people can be encouraged to identify their needs and join in the planning of measures to meet needs.
- * **planning and policy** for social welfare at a national level should be **unified** and be seen as part of a total social development plan.

- * **research** to identify causes of loss of community wellbeing, and to test methods proposed to prevent this and meet needs.
- * a structure (a Ministry) responsible for the whole area of **social development and the quality of life** in New Zealand with a responsibility to provide Cabinet with reports on the social implications of major proposals submitted by all Ministers.
- * **adequate resources** must be allocated to social development and social welfare and there must be machinery for the equitable allocation of these resources.
- * **involvement of non-statutory organisations** in formulating policy at all levels and adequate allocation of resources to them.
- * development of social work and welfare **education and training** facilities to enable staff to carry out their work effectively at a professional level. This should be planned by an independent National Council for Social Work Education and Training.
- * A full **review of residential care services** to establish a plan for future development on a "community-based" principle; to find within the community alternatives to institutional care; to suggest research projects related to the above; and to formulate education and training programmes for all workers in residential care.

A DEPARTMENT OF SOCIAL WELFARE

There should be a Department of Social Welfare:

- * responsible for all personal social welfare and social work services operated by the State.
- * to which all statutory social workers belong.
- * with secondment of workers to other statutory organisations where services are best provided within institutions or offices of such organisations.
- * responsible for a wide range of residential care services which should be located within easy reach of the communities from which they draw their clients.
- * with a rehabilitation division providing services for physically, mentally, and emotionally handicapped children and adults.
- * effectively co-ordinated with non-statutory organisations through joint representation on a National Council for Social Services.
- * responsibility for decision making should be as far as possible delegated to regional and local area offices which should have the discretion to modify the method of discharging a function in the light of particular local circumstances.
- * with a vigorous public relations section which would make known to the public the range of services provided, their rights and entitlements, and promote a positive image of the department in the community.
- * with a well-stocked and staffed professional library.

There should be **local area offices** supplemented by small sub-offices sited in areas where they are most needed and responsible for

- * the provision of social work and welfare services for **all** people in the community requiring them.

- * **adapting services** to meet local needs.
- * **stimulating community participation** in the planning and carrying-out of services.
- * **contributing to the social development** of the area.

Professional supervision of social work staff by trained supervisors would be provided to ensure high standards of work and most effective utilisation of skills.

Strategically placed **sub-offices** would provide bases for area teams of social workers skilled in family-centred casework, group work and community organisation to operate right where they are needed. These need not be elaborate premises.

There should be a small number of **regional offices** with wide discretionary powers delegated to them and responsibility for

- * administrative services
- * personnel selection
- * education and training
- * specialist services
- * home aid and auxilliary services
- * planning
- * co-ordination and
- * quality of service

for field, residential, and community development services within their regions. The regional office would act as an administrative channel from the Head Office of the Department and would allocate resources to area offices. The regional director could be chairman of a **Regional Council of Social Services** which would be a body for non-statutory and community participation in local planning.

The head office of the Department of Social Welfare would be concerned with

- * the overall planning and direction of statutory social welfare services within New Zealand
- * the allocation of resources to the regions
- * national planning and co-ordination of staff training
- * advisory and inspection services
- * research
- * public relations

The involvement of non-statutory personnel and representatives of the community in advising the Minister on social welfare policy matters would be ensured by their participation with the Department's representatives in a **National Council of Social Services**.

A MINISTRY FOR SOCIAL DEVELOPMENT

There should be a Ministry for Social Development with responsibilities to include:

- * seeking for, and promotion of, methods aimed at improving the quality of life and community wellbeing
- * the equitable allocation of resources between social development and the welfare services, including the allocation between statutory and non-statutory agencies
- * advising the Minister for Social Development and Social Welfare on policies and plans for social development spanning all areas of government activity.

Representatives of the community, including non-statutory organisations, the universities

and government departments would advise the Minister for Social Development and Social Welfare on plans and policies relating to social development through a National Council for Social Development.

Constant research is a key to constant progress and a National Council for Social Research should be set up to co-ordinate the planning and findings of all research into social welfare and social development in New Zealand.

SUMMARY:

The New Zealand Association of Social Workers rejects the Government's social welfare amalgamation proposals as being far too narrow in concept, and at this critical time, with New Zealand's social welfare at the crossroads, offers instead a forward-looking positive policy for social development and welfare.

Whereas the Government's plan would do no more than continue to expend almost all of its limited welfare resources in meeting rapidly escalating problems "head on", the Association sees the need for a plan which would co-ordinate all welfare effort and allocate sufficient resources to measures designed to prevent problems arising.

CONCLUSION:

Responsible government demands public discussion of issues affecting the community. The New Zealand Association of Social Workers in this paper outlines its views in relation to the Government's present proposals.

There will be other views which should be heard and discussed before a decision with such far-reaching implications is made. To provide for this the Association urges the Government not to proceed with its proposals to amalgamate Social Security and Child Welfare but instead to set up a Commission of Enquiry into Social Welfare in New Zealand.

Until there are recommendations from such an Enquiry the Association's Policy is that income maintenance be separate from a Social Welfare Department.

FOREWORD

1. The New Zealand Association of Social Workers, with a membership of over 700, spans all the statutory and most of the many voluntary social welfare agencies in New Zealand. As one of the groups of people concerned for the welfare of New Zealand society, we offer this report in the hope that it will contribute towards the promotion of that welfare.

2. Like other groups in New Zealand, the Association is concerned about the economic difficulties which our country is experiencing. It commends the Government for setting up the National Development Conference in 1968, and for fostering plans for sound economic development in New Zealand. However, it has been alarmed at the lack of an equal focus upon social development. Economic development is a means of promoting social development, and to emphasize the former to the neglect of the latter is to confuse means with ends.

3. Although it may be said that private wealth and security (in terms of income and possessions) is increasing, the social well-being of individuals and of the total community appears in many ways to be declining. Such statements are difficult to substantiate in New Zealand because of the absence of sufficient social research; but there is no doubt that more and more people are being identified as having personal and social problems, and that the quality of care available to them is less than adequate.

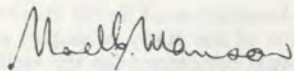
4. Between 1959 and 1969 the population of New Zealand rose by 20 per cent. Over roughly the same period, ex-nuptial births rose by 55 per cent (1962-68), mental hospital admissions by 90 per cent (1960-70), suicides by 26 per cent, persons on probation by 79 per cent (1959-69), and children committed to the care or supervision of the Child Welfare Division by 67 per cent (1960-68). While each of these figures may be open to a variety of interpretations and explanations, taken as a whole they present a most disturbing picture. They indicate that New Zealand is faced with a growing welfare burden to which there is no apparent limit. They also indicate that narrowly conceived solutions will achieve nothing.

5. What is being done? After years of concern about the lack of co-ordination of statutory welfare services, the Government announced last year its intention of beginning to solve this problem by bringing together the Social Security Department and the Child Welfare Division of the Department of Education to form a new Department of Social Welfare. This policy was not preceded by a public inquiry into the welfare needs of New Zealand, and in the view of the New Zealand Association of Social Workers the policy appears to be a partial response to one long-standing problem, but not an appropriate response to the much wider needs recognised today.

6. In view of the gravity of the situation, the National Council of the New Zealand Association of Social Workers, at its meeting in November 1970, set up a working party under the chairmanship of Mr Michael W. Capper to prepare this report on the welfare needs of New Zealand, to identify main issues and suggest how these might be dealt with. This report was presented to the National Council of the New Zealand Association of Social Workers on 8 May 1971, and was unanimously accepted as a policy statement of the Association.

7. In the opinion of the Association, the present situation and outlook for the future are grave unless new remedies are sought and implemented. If the provisional findings of this report are valid, the amalgamation of Social Security and Child Welfare may hinder, rather than help, long-term social development in this country. The Association is convinced that

the issues involved are of such importance and complexity that they need to be considered by a full public inquiry which should include in its terms of reference, the erosion of well-being in New Zealand, its causes and possible solutions, before any major changes are made.



Noel C. Manson (Major)
President
New Zealand Association of Social Workers (Inc).

PART I

SOCIAL WELFARE AT THE CROSSROADS

CHAPTER 1

THE EXISTING WELFARE SERVICES AND THE NEED FOR CHANGE

8. PRESENT SERVICES ARE FRAGMENTED:

It is a basic premise of this report that there are too many government and non-government agencies providing unco-ordinated social work services. This problem is recognised by the Government and forms the basis of its intention to begin to apply a remedy by merging Social Security and Child Welfare into a new Department of Social Welfare.

(a) Statutory Services. Social workers are employed within:

The Child Welfare Division of the Department of Education
The Social Security Department
The Department of Justice
The Department of Maori and Island Affairs
The Department of Health; Hospital Boards

A number of Ministers therefore have social welfare responsibilities. The services have come into being in a piecemeal fashion over the years as specific needs have become apparent. There is currently no one Cabinet Minister responsible to the public for all aspects of social welfare and, on occasion, there is confusion as to which Minister is responsible for what. One Minister, the Minister of Social Security, Health and Child Welfare, is responsible for three areas of welfare activity but not for co-ordination of their policy development. Heads of departments, similarly, are responsible for the policy and development of their separate departments, but their responsibility ends at their own departments. This means that policy develops without due regard for the implications for other interdependent services, and perhaps at the expense of other services. There is no method for ensuring proper consideration of fully co-ordinated social welfare policy to meet current social problems which transcend departmental boundaries. There needs, then, to be provision for one central body responsible and accountable for policy formulation over the whole field of social welfare.

(b) Non-statutory services. To the existing state services must be added the contribution of professional, semi-professional and voluntary social welfare workers who are active within non-statutory organizations. Like the statutory services they are unco-ordinated.

9. That all these services exist is to New Zealand's credit. They reflect society's concern for the welfare of its members. In some instances they are a legacy from the past and no longer adequately meet the real needs of the community. The fragmentation of social welfare services, statutory and non-statutory, affects those who provide them as well as those who receive them.

10. PEOPLE'S PROBLEMS ARE SELDOM SINGLE-FACETED:

The present structure of welfare services and the division of responsibilities between them is based upon common problems (such as mental illness, unmarried motherhood, financial hardship); upon age groupings (such as children and old people); or upon legal and

administrative classifications (delinquent, adult offender, Maori, State ward.) Such divisions do not reflect the fact that some families have members falling into a variety of these categories, or that individuals may face a combination of inter-related problems. The growing desire amongst workers in the welfare field to treat both the individual and his family as a whole, and to see them in their wider social contexts creates accentuated difficulties of co-ordination both at policy and field levels.

11. CLIENTS DO NOT REACH HELP:

The fragmentation of service at the administrative centre is reflected at the local level. This means that a person seeking help often finds himself confused as to the appropriate agency to approach. This is understandable in that an individual has, in effect, to diagnose his own "illness". Often too, a client is inarticulate and lacking in confidence. Many clients "discovered" at a late stage of their problem have little knowledge about how they might have found help earlier. Further, the client who is passed from one agency to another, or finds that he must deal with more than one agency, becomes steadily less motivated to obtain the help he may badly need. Referrals can also lead client to develop a lack of confidence in the ability of welfare agencies to help him. The present position is necessarily rigid because agency functions are defined by types of problems. Such a situation is confusing, anxiety-provoking, inefficient, and contrary to modern thinking in the social welfare field.

12. SERVICES ARE NOT EASILY ACCESSIBLE:

That social welfare services should be easily accessible to the people who need them, is not just a matter of plain common sense, it is also an important economic principle. Currently our fragmented welfare services are located in city and town centres while most clients live in the suburbs or at a considerable distance from the services. The client is often put to considerable expense to visit an agency. Because many clients suffer financial hardships, this poses a problem and may mean that they use a service less than they need to or not at all. In addition, agency social workers spend a great deal of time travelling to the houses of clients which is uneconomical in terms of time, manpower, transport, and the equitable distribution of effort.

13. AREAS OF UNMET AND UNDER-MET NEEDS:

Some problems, including newly recognized or newly emergent ones, as well as quite common ones, do not fit neatly into existing categories of service.

- (a) **Physically and Mentally handicapped persons.** While the medical profession must properly retain control of medical treatment, there are still large areas of unmet need in rehabilitation and supportive services for these people and their families. There are few state social workers employed full-time in the field of mental subnormality, while none are engaged in dealing with physical handicap. There is also a need for more adequate supportive services and facilities, such as hostels, social and recreation centres, together with co-ordination of the activities of agencies involved in this field.
- (b) **The co-ordination of help for old people:** At present services for the aged are scattered among the following departments: Social Security (benefits, rest home fees in some districts, home help services), Health (allocation of building subsidies for homes, flats and hospitals; hospital beds), State Advances (building loans to local authorities and welfare organisations), Hospital Boards (in-patient facilities), domiciliary services, private rest home fees and hospital fees in some areas. Local authorities can provide housing, and voluntary organisations provide a considerable service, particularly in accommodation, but they have long waiting lists. Very few social workers are employed by any agency to assist old people and their relatives. There is little opportunity for any staff working with the aged to receive training.

Primary responsibility for ensuring adequate provision and for co-ordination of services to the aged should be the responsibility of a Department of Social Welfare.

- (c) **Emotionally disturbed people not under the care of a hospital:** There is need for a consultant service for these people as well as some type of temporary accommodation. They may be of any age and may present a variety of symptoms, including instability, relationship problems and homelessness.
 - (d) **Parents needing help:** Many parents require help with normal problems of growing children to prevent a possible breakdown in family relationships. Help for parents is now mainly available only when children exhibit disturbed or delinquent behaviour. Deserted fathers and wives often need help in raising their children.
 - (e) **Young people at risk:** There is need for co-ordination and expansion of programmes for youth in co-operation with and supported by, services already being provided on a small scale mainly by voluntary agencies. Particular preparation of those working with young people is needed to meet the growing problem of drug abuse as it affects, not only the individual, but also the family.
 - (f) **Domestic problems:** Increasing concern is now felt for the young housewife and mother who frequently enters a mental hospital because it is the only way in which she can gain help. A Department of Social Welfare should be able to develop services to assist these women before breakdown occurs.
 - (g) **The unmarried parent:** There is a need for the co-ordination of services, state and voluntary, for the unmarried mother, with or without her child, and the unmarried father, with a view to a realistic understanding of their special needs.
 - (h) **Unidentified need:** In a complex society further unmet needs are likely to appear, and having an overall planning responsibility for social welfare services, a Department of Social Welfare could identify them. In conjunction with other agencies, statutory and non-statutory, it could make provision for meeting these needs and through a system of citizens advice bureaux could make its services known to the public.
14. **AT PRESENT, STAFF NEEDS MAY RUN COUNTER TO CLIENT NEEDS:**
- (a) **Career Prospects:** In the present system it is often necessary for a social worker to move frequently or to devote his energies to purely administrative matters if he wants reasonable promotion. As a result, clients are too often subjected to rapid changes of social worker, with a loss in quality of service and of continuity of treatment. A new approach is needed to staff promotion, and a large-scale reorganisation could enhance career prospects. Both would lessen the present disruption of service to clients.
 - (b) **Training:** In the present system, the social worker requires training in a narrow and restricted field in order to carry out his agency's functions in respect of its clients. The client's needs, however, are seldom realistically defined by agency function. He needs a social worker who can help him with his complex problems and who can act effectively in working with the family and other significant people involved with the client. For this the social worker needs generic or broad training in social work skills. The quality and the kind of training required to meet the needs of clients are not currently available to most social workers.

15. INSUFFICIENT USE IS MADE OF VOLUNTARY AGENCY POTENTIAL:

Although aid to voluntary agencies has been increasing, the constraints on aid and the inability of the State to use the knowledge of voluntary agencies effectively at a policy-making level are inherent in the present system.

16. As part of any reorganisation the means should be found
- (a) to co-ordinate the knowledge and skills of voluntary and State agencies at both national and local levels for more effective planning and policy formation and
- (b) for a more effective means of channelling material resources to accredited voluntary agencies.

17. SCARCE RESOURCES ARE BEING WASTED:

- (a) **Duplication of Accommodation:** The present requirement of separate district offices for each department, and their location mainly in the centres of the larger cities is an inefficient use of resources and, as previously stated, is not in the clients' best interests. There is a clear case for the dispersal of social services at the local level.
- (b) **Duplication of Staff:** Several social workers may be found to be working with one family – dealing with symptoms shown by individual members instead of with the whole family problem, (there is also often a duplication of material aid). At another level clerical and other supporting services are often wastefully duplicated as are various kinds of equipment. There is inter-agency competition for scarce resources, including specialist services, e.g. psychiatric, psychological, which could be more effectively utilised in a single comprehensive agency.
- (c) **Lack of co-ordinated planning:** Planning and action over the whole area of social need is required in order to stem the rising tide of social problems which now occupy almost the whole attention of agencies. Working only with casualties is wasteful of resources if nothing rational is being done on a community-wide basis to prevent social breakdown. Effective preventive action requires a co-ordinated and much more comprehensive approach.
- (d) **Lack of co-ordinated research:** Sound planning is dependent on careful and thorough research. There are many social problems about which we know comparatively little; we are often unsure about what form of provision best meets particular social needs or most effectively forestalls them. While separate research units do exist at present there is inadequate provision for the systematic collection and sharing of information. Any reorganisation must provide for more economic and effective use of research facilities.

18. SUMMARY:

1. Fragmentation impedes effectiveness. Because fragmentation of social services has developed over the years it is now time for these services and the inter-related social policy-making to be co-ordinated and to become the responsibility of one Minister through the provision of one central body responsible to and accountable for the whole field of social welfare.
2. Because need is complex the basis of the new Department of Social Welfare should not be defined by categories or the problems of people to be catered for, but should be family or community centred.
3. There are areas of unmet or under-met needs in the community and a better assessment of these and of appropriate ways of meeting them would be gained if the public were invited to make submissions to a full public inquiry.

CHAPTER 2.

A STRATEGY FOR SOCIAL DEVELOPMENT

19. THE QUESTION OF RESOURCES:

When this study began it was believed that it could be confined to the question of how to achieve more effective social work services in New Zealand.

20. However, as the study progressed, it became apparent that even the best service would do little to stem the increasing incidence of social casualties because this is arising from a gradual decline of individual wellbeing throughout the community as a whole.

21. The resources of manpower and materials currently devoted to the welfare services are inadequate in terms of the existing demands upon them, and in recent years the growth in demand has been more rapid than population growth.

22. This increase in the demand for resources for social welfare is not limited to New Zealand. One writer has stated,

"All highly industrialised countries, whatever their political complexion, have been spending an increasing share of national income on the public social services ... Countries as diverse as France, Italy, Sweden, Denmark, Austria, and Japan have had annual rates of increase of expenditure on their social services, after allowing for price increases of between 8 per cent and 13 per cent in recent periods."¹

23. Some of the reasons for the increase in demand for social welfare resources are:

- (a) With social change, and, more particularly, with the growth of urbanisation, there has been a withering away of the ability of individuals in difficulty to turn to kinfolk, friends or acquaintances for help. Increasingly, people are having to call upon the services of formal agencies to help them.
- (b) With the increase of knowledge, more effective, but more expensive, types of assistance are being introduced. For instance giving old clothes and Christmas hampers to the poor, has been shown to be only a palliative in the light of extensive knowledge of the complex factors involved in poverty and of the intensive work required to change such a condition. This new assistance also needs skilled research and training.
- (c) As a result of generally rising standards of living, the community is less content to accept the standards of service which it tolerated in the past.
- (d) The extent to which social welfare staff can be made more "productive" is limited, but their salaries must increase in proportion to those of other members of the community.

24. A WELFARE STRATEGY:

The best interests of those who must turn to social welfare agencies for help, as well as the long-term interests of the community as a whole, will be met and the demands for resources stemmed eventually, only by a two-pronged approach to welfare in New Zealand.

25. First, there must be effective social development and this activity must be given priority. By social development is meant methods which promote the general well-being of the community resulting in increased community stability, greater social cohesion, and a decline in the incidence of social casualties:

¹ Peter Townsend, 'The reorganisation of social policy' in *New Society*, 22 Oct. 1970, p.723.

26. Secondly, the social welfare services must be so organized that they are effective in meeting the needs of individuals and families in trouble, are able to respond to emerging needs, and to make use of new knowledge of how best to meet needs.

27. There should be a single authority responsible to government for social development activity and this should be a separate authority from that responsible for social welfare services.

28. The quality of life in New Zealand depends on effective social development, although results may take many years to become apparent. The kinds of activities which would promote social development range from protecting the environment, and town planning, through to activities by local communities to meet their own needs such as the provision of community centres and youth activities. They would cover a much wider range of agencies and professional skills than those required for the personal social welfare services. Social development must touch, to a greater or lesser extent, upon every aspect of life in New Zealand. It would be the hope of the Association that the day would come when the Government would call upon the authority responsible for social development for reports on the social implications of proposed legislation as readily as it now asks the Treasury for reports on the economic implications.

29. In relation to the provision of effective social welfare services, study in depth has necessarily been limited to those welfare services with a high social work content. However, it is stressed that areas of responsibility should rest, in the final instance, on what best meets the needs of the community, and not upon a particular profession or upon what is currently provided. There are two major issues relating to this:

- (a) The Association strongly rejects the concept of a narrowly based social work agency which would do no more than unify social work services. On the other hand, it also rejects as cumbersome, inefficient and ineffective, a monolithic merger of all government departments which perform social welfare services as a part of their total functioning.
- (b) The welfare activities of the non-statutory agencies should be recognized in an accepted partnership with statutory welfare activity, through which the community provides the whole of its welfare services. Therefore there should be an assured allocation of resources to recognized agencies and channels by which these bodies can participate in overall planning for the social welfare services.

30. It is recommended that the authority responsible for social development should also be responsible for the allocation of resources to the three main areas of: (a) social development, (b) statutory welfare services, and, (c) non-statutory welfare services. There are demands from all sectors of the community for increasing shares of scarce resources. Effective welfare services, as well as the adequate promotion of social development, will only be achieved if the authority responsible for advising the Government and for allocating these resources is one of high status. To prevent urgently required social welfare services taking precedence over the development of long-term measures to promote general community well-being, one authority should be responsible for allocation of resources as well as for social development.

31. CRITERIA FOR THE ASSESSMENT OF WELFARE PLANS:

Any welfare plan for New Zealand, if it is to be effective and efficient, will need to promote the broad objective areas outlined above. The following are a provisional list of criteria for each objective. Criteria such as these must be met if a welfare plan is to be a viable proposition.

(a) Requirements for the promotion of effective social development:

- (i) A structure capable of channelling resources to a large number of agents for promotion.

- (ii) Adequate resources.
- (iii) A high level of community participation.
- (iv) Research to identify the causes of loss of community well-being, and to discover and test methods to prevent this.
- (v) Co-ordinated planning for social development.

(b) Requirements for effective personal social welfare services:

- (i) A unified statutory service.
- (ii) Unified planning and co-ordination with the promotional services.
- (iii) Adequate resources.
- (iv) Focus on local communities, with community participation.
- (v) Family-centred social work.
- (vi) Accessibility of service for clients.
- (vii) Effective use of residential care services.

32. A DISCUSSION OF CRITERIA FOR EFFECTIVE PERSONAL SOCIAL WELFARE SERVICES:

- (i) **A Unified Statutory Service:** The problems of the present fragmented, unco-ordinated statutory social welfare services are well known. Not only do they create problems of accessibility for persons seeking help, but they are now seen to hinder the effectiveness of other welfare services as well.
- (ii) **A Strong Central Authority:** Even though the Association recommends that there should be more delegated authority at the district and local area level, this is not to suggest that the central authority should be a weak one. To the contrary, by recommending that there should be a Ministry for Social Development as well as the Department of Social Welfare, it is suggested there should be increased status at the centre rather than less. The Ministry would be able to attract the resources necessary for both the social welfare services and the promotion of wellbeing in the community. Also, its role of co-ordination, of equitably allocating resources, and of ensuring that local independence resulted in improved standards of service would be crucial to successful social development.
- (iii) **Community Participation and Community Based Service:** A further factor, which has been emerging in recent years as being extremely important, is the active participation of local communities in welfare activity and welfare planning. Voluntary help from the local communities can help to ease the burden of over-worked paid staff of agencies. But the matter appears to go much beyond this. It seems that as individual members of a community contribute their services, they receive more than they give, in a heightened understanding of the problems their fellow members may be facing. This, it appears, leads in turn to increased community cohesion and reinforces a sense of community responsibility generally. This aspect of community participation is, then, one channel for social development.

There is also a need for visible participation by communities in the planning for, and ordering of, their welfare activities. Therefore, the Association considers that councils are needed at regional and head office levels, representative of concerned citizens as well as of the statutory and voluntary agencies. It also means that local regional and area offices of a Department of Social Welfare would require delegated power to adapt the methods by which they carry out their responsibilities to suit local conditions.

A further implication of the community based approach, is that staff of the Department of Social Welfare would need to be closely associated with the communities in which they served. It is suggested that this would require them to identify actively with the community, to belong to it. Welfare workers would need to work in one community for long enough to become a part of it.

- (iv) **Family Centred Social Work:** In the case of social work, it has come to be realized that problems of individuals whether they be delinquency, mental illness or even physical sickness for instance, often arise out of, or are made worse by, the relationships of individuals with the other members of their families, or of the family with the rest of the community. It follows that help with the solving of problems whether support, rehabilitation or prevention, lies entirely, or in part, in working with a family as a group and not with individuals in isolation. Thus, it is now realized that more social casework should be what is called "need centred" rather than problem centred. It will be seen, then, that fragmented services based upon defined problems tend, not only to result in occasions where more than one worker attempts to deal with several individual family members in isolation from one another and from the rest of the family, but also that social workers are liable to be restricted by their agency's defined function and are inappropriately trained for dealing with a family as a whole. The unification of social work services is seen as essential if both these problems are to be overcome.
- (v) **Community Centred Social Work:** It is being increasingly recognised that the community itself has a large part to play in individual or family problems. Helping the individual, or a group of which he is part, may not provide the success that is hoped for, without modification of adverse community pressures. A Department of Social Welfare would have to take account of this and would need the resources to tackle larger community problems as well as those of individuals and groups.
- (vi) **Accessibility of Services for Clients:** In the first instance, people's problems occur in the local communities within which they live. In the cities, most people live in the suburbs, and the desirability of providing suburban offices is apparent.

In addition, there are other access points, other points at which people with problems may wish to make contact with the social welfare services. An obvious case is the hospital. Some social welfare services need to be performed in the hospital setting while after-care would appear to be more appropriately carried out in the local community to which a patient has returned. It is suggested that where a service is best performed gives an appropriate criterion of where it should be provided.
- (vii) **Effective Use of Residential Care Services:** In recent years there have been growing moves to bring residential care services back into the local communities. The implications are little understood as yet. However, this move back to the community is consistent with the community based approach which has been outlined above. The residential services could have a most important part to play in the total approach to community wellbeing.

PART II

THE N.Z. ASSOCIATION OF SOCIAL WORKERS PLAN

SECTION I

CHAPTER 3.

INTRODUCTION.

33. Not only did it take time to arrive at some understanding of a need for the promotion of social development, but this also takes the Association into areas beyond its expertise, where it can only suggest possible kinds of solutions. This plan is therefore offered as the best that the Association can produce at this time. Quite obviously the matters raised in this report are complex, and cover a wide range of problems about which little is known. It is therefore recommended that,

- a) a public inquiry into the welfare needs of New Zealand should be mounted, and
- b) a research survey of these needs, both of their extent and nature should be carried out.

34. Where the report applies social work solutions for welfare situations generally, it is because this is the dimension of welfare work best known to the Association. However, it is considered that such an emphasis is also a proper one because the New Zealand Association of Social Workers has a responsibility to collect and express the views of its members in this field.

35. In the plan which follows, it is recommended that:

- (a) A Ministry for Social Development should be set up with responsibility for promoting social development and for allocating resources between this activity and the welfare services.
- (b) A Department of Social Welfare should be set up unifying or co-ordinating all State social welfare services. All statutory social workers should belong to this department with secondment of staff to other statutory organizations where a service is best provided within the offices or institutions of such organizations.
- (c) Appropriate national and local councils or committees should be set up to permit
 - (i) persons representing the community and
 - (ii) those responsible for non-statutory welfare activities to make their needs known and to participate in planning.

SECTION II SOCIAL DEVELOPMENT

CHAPTER 4.

A MINISTRY FOR SOCIAL DEVELOPMENT

36. The Ministry for Social Development would have limited administrative responsibilities and a comparatively small staff. It would not be responsible for actually carrying out activities involved in promoting social development; nor would it be responsible for the administration of the Department of Social Welfare. However, it would include a research section and be responsible for undertaking research, either directly or by contract.

37. Because no model for a Ministry, as outlined here, exists in New Zealand, a brief section covering alternatives is included at the end of this chapter. However, the areas of responsibility assigned to it are so important that only a ministry would have the strength to discharge them adequately.

38. The permanent head of the Ministry would be chairman of a National Council for Social Development to advise the Minister on matters relating to social development.

39. **RESPONSIBILITIES:** These would include:

- (a) To seek methods of promoting quality of life or community wellbeing, and of encouraging relevant agencies to implement these.
- (b) The equitable allocation of resources between social development and the welfare services, including the allocation between the statutory and non-statutory agencies. This responsibility would include making representation to the Government for the necessary resources.
- (c) To advise the Minister for Social Development and Social Welfare on policies and plans for social development spanning all areas of government.

40. A NATIONAL COUNCIL FOR SOCIAL DEVELOPMENT:

Such a council would be the channel by which representatives of the community would participate with State agency representatives in advising the Minister for Social Development and Social Welfare on plans and policies relating to social development. With the permanent head of the Ministry as its chairman, the Council would consist of representatives of appropriate government departments and of elected or selected representatives of the community who were not state servants. These latter, it is suggested, should cover the range of activities, interest and experience in the community.

41. It would report directly to the Minister, but have close ties to the Ministry through its chairman.

42. Its concerns would range over all aspects of life in New Zealand and their implications for social development.

43. LOCAL AUTHORITY RESPONSIBILITY IN SOCIAL DEVELOPMENT:

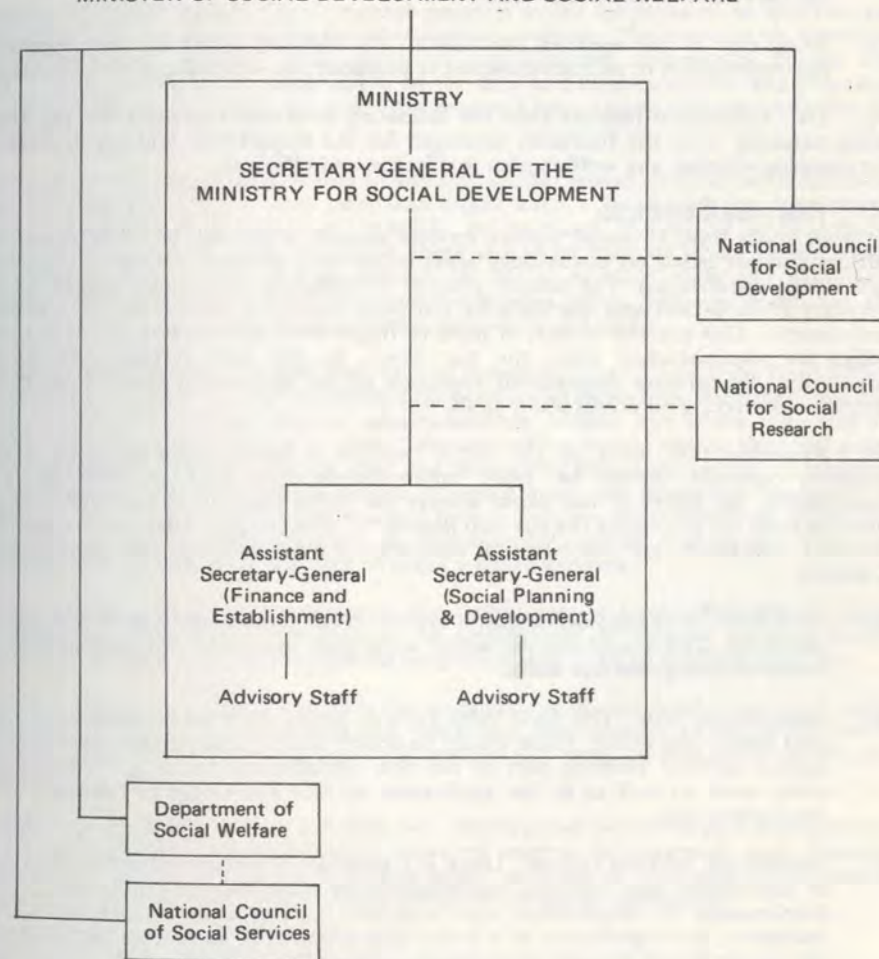
It is expected that local authorities will have an important part to play in the promotion of social development. It is recommended that local authorities should be encouraged and assisted to promote, within their areas, schemes and projects aimed at improving community life.

44. ALTERNATIVES TO A MINISTRY:

Some New Zealand models which might be alternatives to the Ministry have been brought to the attention of the Association. For example, a Parliamentary Special Committee for Social Development could be set up along the lines of other such committees. Other models include the National Research Advisory Council and the National Roads Board, both of which carry advisory functions and responsibility for the allocation of resources. However, it is considered that social development has such importance, and covers so wide a field, that only a Ministry could deal adequately with the demands placed upon it.

A MINISTRY FOR SOCIAL DEVELOPMENT

MINISTER OF SOCIAL DEVELOPMENT AND SOCIAL WELFARE



SECTION III

STATUTORY WELFARE SERVICES

CHAPTER 5.

A DEPARTMENT OF SOCIAL WELFARE

45. The Association envisages a Department of Social Welfare having two main functions:

- (a) Responsibility for the whole range of personal social welfare services and for advising the Government on such services.
- (b) Being one of the agencies available to the Ministry of Social Development for the implementation of policies designed to promote the well-being of the community.

46. The Association believes that the following structure suggested for the Department arises naturally from the functions envisaged for the Department and the criteria suggested for assessing whether any welfare plan is effective and efficient.

47. THE AREA OFFICE:

At grass roots level all social welfare services should, in general, be available through Area Offices that are based on community areas rather than geographic lines or administratively convenient subdivisions. The present practice of requiring clients and workers to commute between town offices and the suburbs not only hinders a proper use of a service but is uneconomic. This practice is due, in part, to fragmented services but also to a tendency to design an administration from the top down. In the rural setting, with its dispersed population, the present fragmented approach to the delivery of services results in many communities having no access point at all.

48. Assuming that most of the social workers at present employed by a variety of statutory agencies would be more appropriately employed by the Social Welfare Department, the figure of one social worker per 3,500 population has been arrived at as a working basis for describing the size and placement of these Area Offices. The actual number of social workers in any office would, of course, depend on the particular needs of the area it served.

- (a) Field Staff. It is considered that a typical office would have a maximum field staff of about ten. This would include social work staff trained in casework, group work and community organisation skills.
- (b) Consultative staff. The local Area Offices would have supervisory and consultative staff within the office. These would be drawn initially from present senior levels in the various services forming part of the new Department, bringing expertise in general social work as well as in the application of this knowledge to particular settings or client groupings.
- (c) Community Services Officer. There is a need for a special position at the consultative or supervisory level carrying responsibility for supervision of community workers, the development of cooperation with voluntary agencies, the recruitment of volunteer assistance, the organisation of a home help scheme (incorporating the present schemes run by the Social Security Department, Labour Department and Hospital Boards), and the development of a home aid scheme or home maker scheme using supervised volunteers.

49. **The sub-office:** Where populations are widespread or there are particular community groupings, such as housing areas which appear to demand more attention, there could be further decentralisation at the Area Office level. This would be done by locating a section (say a supervising social worker and three social workers or even one social worker in the smallest offices) of the Area Office in a strategically placed sub-office. Such sub-offices need not be elaborate premises built for the purpose. Existing houses could be purchased by the Department of Social Welfare or by Local Authorities.

50. **Functions of the Area Office:** The area officer, with delegated responsibility, would have a mandate not only to provide remedial social welfare services but also to contribute towards the promotion of the wellbeing of individuals and families in the community. This would mean that local area offices of a Department of Social Welfare would require delegated power to adapt the methods by which they carry out their responsibilities to suit local conditions.

51. **Community Involvement:** Local research projects would be required to ascertain the special needs within the area and the facilities already available. The department would be required to co-operate actively with voluntary organisations, community groups and individual volunteers in this on-going survey of the area and in planning for and providing relevant services. The Community Services Officer would have a particular responsibility for this activity.

52. As needs would vary from one area to another, so also would services: one might have 5 old people's homes, another only one; one might have a social club for immigrants, another several child care centres, etc. It might be necessary for two or more areas to combine to provide some services for which there is a lesser need or which need a sound economic footing (e.g. a sheltered workshop). As far as possible each area should be encouraged to meet its needs within its own boundaries (thus truly implementing the concept of community care) using local facilities, personnel and effort.

53. The area office would thus have two lines of communication — one from Head Office by way of the Regional Office, implementing a range of social legislation, the other from the citizens in its area. This would not be administratively simple, but is the only way of ensuring that as well as representing "society" the area office would also be the focal point for the establishment and maintenance (but not necessarily direct provision) of facilities which are needed and desired by local people. It would make real delegation necessary; as well as needing an increased degree of democracy both within the department and within the area. It should lead to an increased sense of "community" among citizens, and a greater identity with the community on the part of social welfare workers.

54. In illustration, consider the residents in the central area of a city: It might be found that its population included a large number of immigrants; of families awaiting better accommodation; of young unmarried working people living in flats; of working mothers.

55. The area office, advised by, and with the co-operation of, the local committee could enlist the aid of voluntary organisations and volunteers to access the extent of the above situations and make suggestions and tap local opinion for ways of making life better for those concerned.

56. It might, for example, be decided that one church group would set up a social centre, with an educational slant, for non-English speaking women. Solo-parents, with financial support from the Department of Social Welfare might establish an after-school care centre. The Department might establish a counselling service for working adolescents.

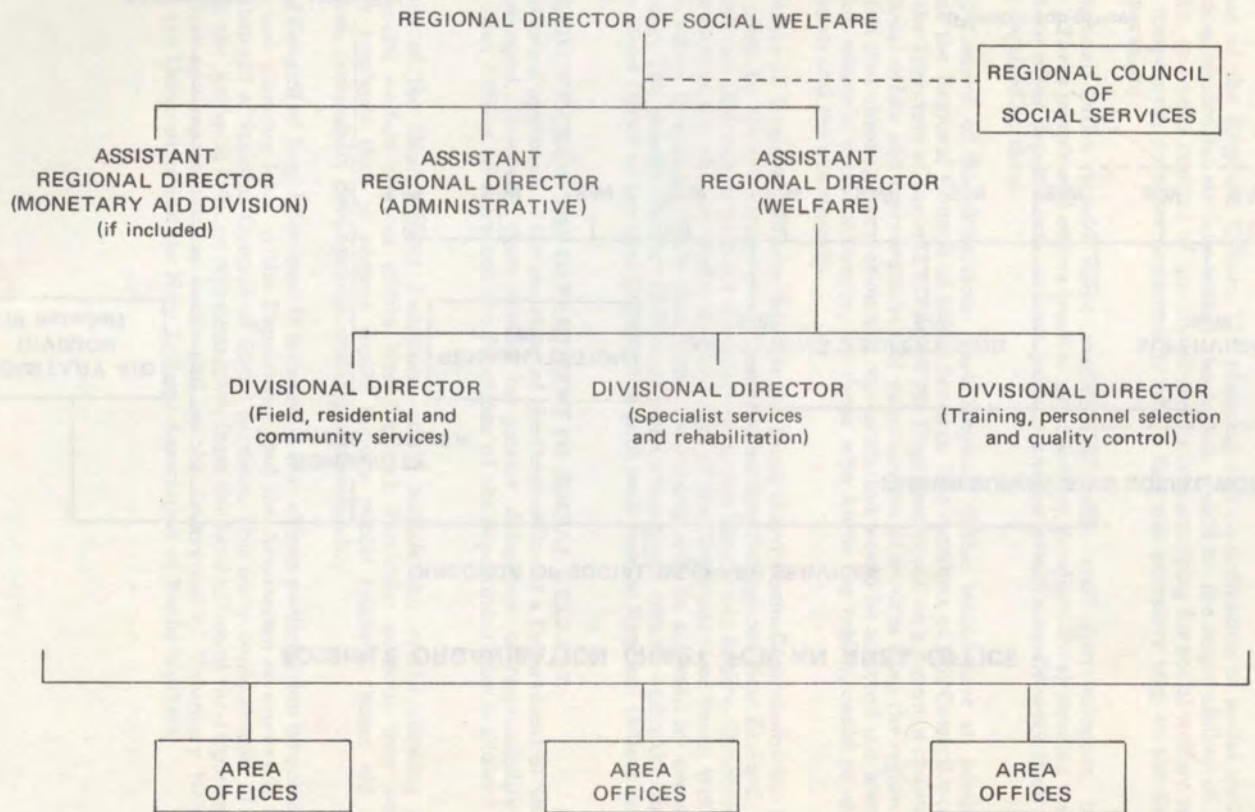
57. THE REGIONAL OFFICE:

There is a definite place and need for decentralisation in the field of social welfare. As a part of this programme the provision of Regional Offices is of prime importance. They could be

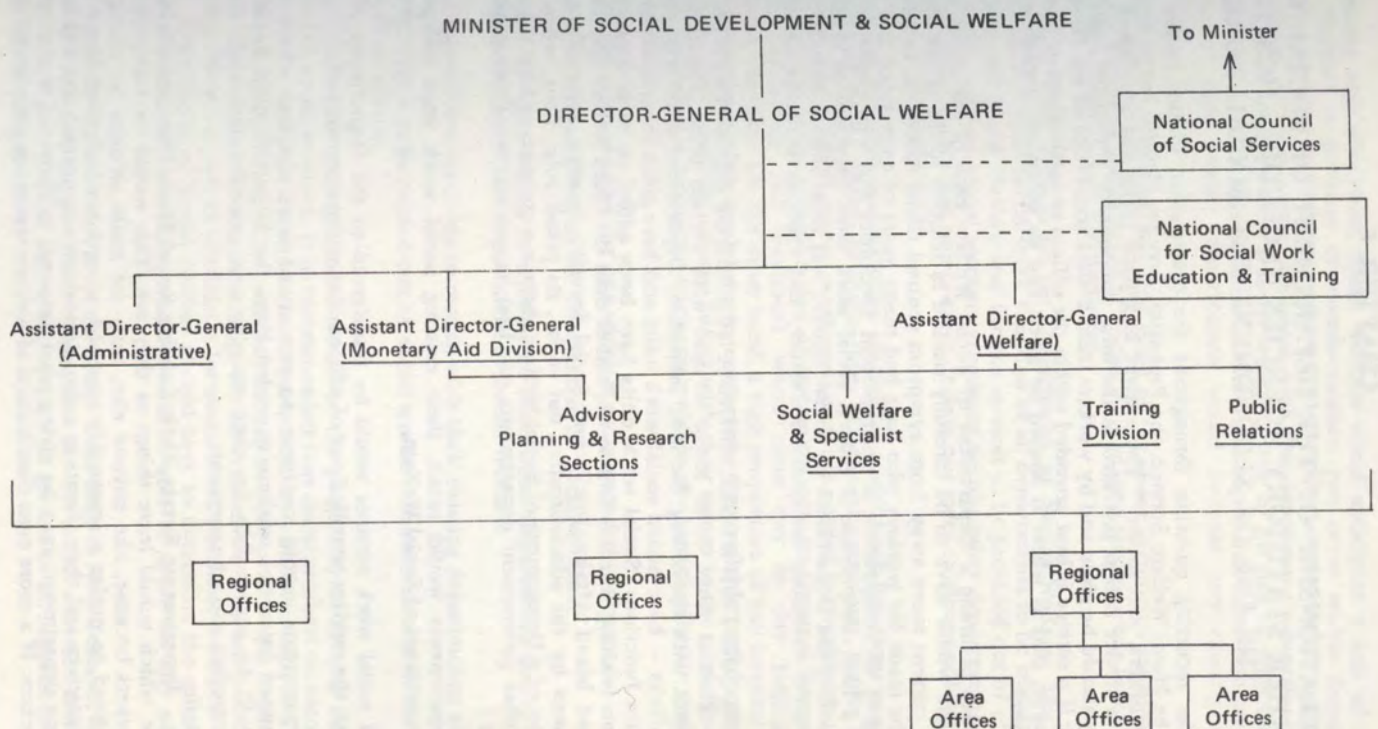
64. **National Council of Social Services:** It is essential that citizen participation be achieved at the policy and planning level of the Department and the Association recommends that this be done through a National Council of Social Services. This body could consist of the Directors from the Regional Offices, representatives from the head office of the Department of Social Welfare and representatives nominated by the Federation of Voluntary Welfare Organisations, the Universities and the New Zealand Association of Social Workers.



SIMPLIFIED ORGANISATION CHART FOR A REGIONAL OFFICE



SIMPLIFIED ORGANISATION CHART FOR THE HEAD OFFICE



RELATIONSHIP OF THE DEPARTMENT OF SOCIAL WELFARE TO OTHER STATUTORY AGENCIES (INCLUDING HOSPITAL BOARDS); THE USE OF SECONDMENT FOR SOCIAL WORKERS

65. The recurring question throughout the preparation of this report has been "What about the Maori Welfare Service, the Probation Service, Medical Social Workers, Psychiatric Social Workers, and so on?" The answer in general terms has been given several times. In brief, if a service is best provided in the local community within the family setting, that is where it should be given and by workers from a local area office of the Department of Social Welfare; if a service is best provided within the offices or institutions of another government department, that is where it should be given and by seconded workers employed by that department.

66. When planning a Department of Social Welfare each of the social work units which now exists would have to be carefully studied in relation to its nature and characteristics, and the current move away from symptom centred social casework. In addition, allowance should be made for workers who have had many years of experience and have developed a high degree of competence in their present specialties and who might not be expected to achieve a like competence if general social work were expected of them. The transition period before the Department of Social Welfare was fully effective could take many years. This chapter examines the question further, and explains why the use of secondment is recommended.

67. THE QUESTION OF SERVICING A NUMBER OF DEPARTMENTS:

In New Zealand some State social services with certain prime functions — the Justice Department with upholding the law, Education Department with education and training, Maori Affairs — have added social work units and have given them functions which support their main functions. Social work units have been added to such departments as Health, Education (visiting teachers and so on, rather than the Child Welfare Division in particular), Maori and Island Affairs, Justice and Social Security. In each, the welfare function is not, and is seen by the administrators not to be, its prime role. Thus, when considering the formation of a Department of Social Welfare there is a question of how the social work roles within other government departments can best be carried out. Three general solutions are possible:

- a) Departments would retain their existing social work units independently of the Department of Social Welfare,
- b) All social work services would be transferred to the Department of Social Welfare, with the services provided out of offices of that department, and,
- c) Departments would continue to run social work divisions where appropriate but manned by social workers seconded from the Department of Social Welfare which would be responsible for their training and provide them with their avenues for promotion and advancement.

68. (a) **Departments Retain Their Existing Social Work Units:** In effect, this solution is one which would leave things as they are. This would be accepted by some social workers because, like anyone else, they are made anxious by change and would be inclined to prefer a reasonably workable situation which they know rather than risk themselves and their clients in a situation which was untried and untested. In addition, some departments may be giving what amounts to favoured treatment to their social workers. If a more even distribution of welfare resources were to occur as the result of

overall planning and allocation, those workers could anticipate a loss of current advantages. Further, a problem of communication can occur within departments between social workers and other members of the staff who may define and tend to impose on social workers a role consistent with the department's functioning, but which may be inconsistent with a social worker's view of his role or with the social worker's code of ethics. In this situation some might argue that a move to take social workers out of their parent departments would increase any existing lack of communication.

However, the Association considers that none of the above arguments justifies leaving social workers outside a Department of Social Welfare, and recommends that all social workers should belong to such a department.

(b) **All Social Work from Offices of the Department of Social Welfare:** The second solution was for the total social work function of all departments to be transferred to the Department of Social Welfare and for the services to be provided out of offices of this department, with no social workers remaining within other departments. This is considered to be inflexible and unworkable. It does not meet existing needs and could not be adapted to changing needs.

(c) **Secondment:** For practical reasons some specialized social work functions would have to be carried out in the offices or institutions of other departments. In the hospital setting, to take one example, social work specialists are needed in psychiatric units, in intensive care units, in the rehabilitation of certain patients, in terminal illness, and at many stages of illness and treatment where close day to day medical-social collaboration is essential. On the other hand, a high proportion of any hospital's social work clients are those who need help in contacting the available social services, or whose aftercare is particularly closely linked with their return to the community. For these people support and resources originating within the community are going to be vitally important.

69. The most flexible solution, and the one which is recommended is that:

- a) All social workers belong to the Department of Social Welfare.
- b) Appropriate functions to be transferred from other departments and to become the responsibility of the Department of Social Welfare:
- c) Other appropriate functions to remain with their existing departments; and,
- d) these functions to be carried out by social workers on secondment to the staff of those departments.

70. The principal problems of secondment would be the possibility of divided leadership and dual loyalties for social workers. It is recommended that social workers on secondment should be employed by, and paid by, their host departments on a uniform basis and entirely responsible to them for their work. The positions should be part of the host department's establishment and that department should arrange the advertisement of vacant positions and make appointments. However, where candidates for social work positions were new entrants to the field, the Department of Social Welfare should have to determine the suitability of such candidates. In addition, all social workers should be able to apply for any advertised social work position.

71. The use of secondment is a new one in the social work field in New Zealand. However, it is considered that having one department responsible for the initial selection and training of all social workers will result in an improved quality of service to all departments which far outweighs any disadvantages.

CHAPTER 7

SPECIALISATION IN SOCIAL WORK

72. PRESENT SITUATION:

A type of specialisation in social work has developed in New Zealand as the result of services established, often under law, to deal with some explicit problem or symptom. Social workers appointed to positions in these services have been deemed to be specialists in that particular field. Some have been given identifying titles, e.g. psychiatric social worker, medical social worker, and other have titles provided for in legislation, e.g. child welfare officer, probation officer. Their expertise has resulted from experience acquired after appointment. It has to be remembered that only a small minority of social workers employed in the statutory welfare services have had any professional social work education at all, and that this was general, not specialised education. Therefore, except for a few from overseas, such specialists as there are in New Zealand can only be called specialists on the basis of their experience in a particular job.

73. As a result of this, differentiation in status and salary and the isolation of some groups of social workers has tended to develop. More seriously, this form of specialisation has led to a situation where clients are being treated in isolation from their families, and where families become divided up according to the symptoms evidenced by their various members.

74. **Example:** In one family, the father is sick and unemployed for a long period. He steals a small sum of money to pay off a debt which has been worrying him; appears in court, and is placed on probation. During this period, his 9 year old son shows signs of emotional disturbance and is referred by the family doctor to a Child Health Clinic, where the mother is interviewed by a psychiatric social worker. Meanwhile, his 14 year old daughter is being seen by a child welfare officer because of her promiscuous behaviour and refusal to attend school.

It would be difficult to justify continuation of this type of specialisation in social work.

75. JUSTIFICATION FOR SPECIALISATION:

- (a) People will always be attracted to social work on the basis of concern for one particular group of disadvantaged persons. Likewise, it is not uncommon for social workers to broaden or even change a strong interest as a result of exposure to other areas of social work. A unified service, however, should be flexible enough to suit individual welfare workers' inclinations while still providing family centred service to clients.
- (b) Special knowledge of all areas of human problems is impossible for all workers. With family centred social work, the social worker would deal with whatever problems arose in a family but would be supported by workers who made a specialty of some particular forms of help. It will always be necessary to have experts to advise their colleagues, and specialists in the role of consultants would form an integral part of any plan.

76. ALTERNATIVE TYPES OF SPECIALISATION:

It is suggested that instead of the present form of specialisation based solely on categories or problems, age groups or departmental divisions, a new approach should be developed:

- (a) At field level: Here specialisation would be more effective if based on social work skills. The three types of social work skill for which training is available (though not

yet adequately in this country) are case work, group work and community organisation. Social workers should be able to use these methods with an across-the-board array of clients. The skills involved in working with different types of client are still basically very similar even if the clients presenting problems are very different. The common elements in social work practice are more important than the distinguishing elements. This would imply that an appropriately trained worker would be able to use his skills to help a family whether it was concerned about a difficult adolescent or about an aged relative; or to conduct a group for solo parents as well as one for Polynesian migrants; or to assist the residents of a housing area. This underscores the need for adequate training.

- (b) At consultant level: Specialists would be available in a similar range as at present, — e.g. emotionally disturbed children, marital problems, problems of Maori and Island people, problems of old people. These specialists would be available at regional rather than area office level and could be consulted by any field worker.
- (c) At head office level: Specialisation would be related more to policy and administrative matters. Specialists at this level would provide an advisory and inspectorial service.

77. The types of specialisation recommended thus differ at each administrative level. At area level it is aimed at providing the individual client and his family with the most appropriate form of treatment rather than his being dealt with by a social worker who has specialized in a particular problem. At regional level, specialisation would be in common areas of social need and consultants would be available to assist field workers. At head office, specialisation would be concerned with policy making and administrative oversight.

CHAPTER 8

THE PLACE OF PROFESSIONS AND FUNCTIONS OTHER THAN SOCIAL WORK IN THE DEPARTMENT OF SOCIAL WELFARE

78. It has been recommended that a Department of Social Welfare should be responsible for the whole range of social welfare services which are at present divided among a number of Government Departments but not as their prime functions, or the responsibility of none. It is clear, therefore, that the Department would involve a unification of the range of persons engaged in social welfare in order to provide the variety of services necessary — support, rehabilitation and prevention.

79. **Other Units Within the Department:** Chapter 5, "The Department of Social Welfare", has outlined in some detail what the Association considers to be the best structure for the delivery of the social work services to the community. As outlined, the personnel of the Area Office, together with its sub-offices, would be social workers. This report has not been able, however, to describe with similar detail other units in which social workers would tend to be ancillary staff. For example, rehabilitation units, residential care units, and sheltered workshops could be expected to engage social workers as part of a team, and might or might not have a social worker in charge of them. The structure of the existing Child Health Clinics, for example, could provide a prototype from which to develop a specialist service within the Department of Social Welfare. The Child Health Clinics have used a team approach based on paediatrics, psychiatry, psychology, psychotherapy and social work, providing a diagnostic as well as a therapeutic service. This type of structure could be adapted to meet specialist needs throughout the Department of Social Welfare. (Child Health Clinics are soon to be transferred from the Department of Health to hospital board control).

80. These other units within the Department of Social Welfare would encompass the range of persons engaged in social welfare such as physiotherapists; occupational therapists; vocational guidance training and placement officers; recreation officers; matrons; specialist teachers; to name but a few. One profession as yet little used in the social welfare services in this country is occupational therapy. This has perhaps resulted from its training having been under the direction of the Department of Health. Few occupational therapists are employed outside hospitals. Occupational therapists have knowledge and skills which are appropriate for work in workshops for the physically and mentally handicapped, penal institutions, and old people's and children's homes. There is also considerable need to extend this service into the community and occupational therapists are needed for domiciliary work with both the aged and the handicapped.

81. **Social Work Need of Other Professional Specialists:** Social workers meet clients with a very wide range of problems. They do not have the knowledge to deal with all of these. Some clients, however, will not accept, and others will not need referral to another service, and for these some specialist advice and treatment must be available within the department. Specialists such as doctors, psychiatrists, psychologists, and so on, would be needed for:

- (a) consultation by social workers about their clients (e.g. a social worker may need to have explained to him the progress of multiple sclerosis).
- (b) diagnosis of the condition of some clients. A psychiatrist after interviewing a client may give the social worker advice as to the best way of helping him; or he may refer the client for treatment elsewhere. A psychologist may refer a child for special education.

- (c) treatment of a minority of clients. The psychiatrist or psychotherapist, for example, may undertake treatment of some clients either because help was not elsewhere available or because the team approach, possible only in this setting, was most desirable for the client.

It is expected that the Department of Social Welfare would be the primary employer of the majority of its professional staff. However, just as advantages have been noted for social workers to be employed by a Department of Social Welfare and seconded to other services which require social workers there could also be advantages for other professional persons, such as medical and psychological staff, to remain in the departments with which they are most closely allied. Psychiatric and general medical staff of the Department of Health and psychologists of the Department of Education could be made available to the Department of Social Welfare on secondment or as consultants. In appropriate cases, this solution might be more acceptable than would be the direct employment of such professional staff by the Department of Social Welfare, where they might feel professionally isolated.

CHAPTER 9.

SOCIAL WORK EDUCATION AND TRAINING

82. CURRENT FACILITIES FOR SOCIAL WORK TRAINING:

Present training facilities in New Zealand consist of two social work courses at full university level; three part-time courses offered at university education level, together with fieldwork supervision provided by the N.Z. Association of Social Workers; the State Services Commission's in-service residential school (Tiromoana); and the Child Welfare Division in-service residential school (Kohitere) for workers in institutions. In addition, 1971 has seen the commencement of a full-time course in Youth Work organised by the National Council of Y.M.C.A.s of New Zealand.

83. Such courses provide varied levels of training. Only the M.A. in Social Administration and the Diploma in Social Science courses at Victoria University of Wellington can be regarded as professional courses in social work.

84. A recent analysis by Levett⁴ has revealed that only 10% of all social workers in New Zealand have university qualifications in social work. Other professions such as medicine, law, nursing and teaching require prescribed courses in training prior to practice. Yet in relation to social work, people are commonly appointed who have had very little or no education or training to work with clients who frequently display very complex psychological and social problems. The implication of this is that the desire to be a social worker is considered to be the only qualification necessary. Such a view is not acceptable to a professional association concerned with the quality of service offered to members of our society in need.

85. The unwillingness of the State Services Commission to enter into joint consultation on training matters has been a matter of some concern to members of the New Zealand Association of Social Workers. This is not to say that successive Ministers with welfare portfolios have not been sympathetic toward training, or that the State Services Commission has been secretive about outcomes of training policy. But no means has been found to persuade the Commission to consult with other employers, teaching institutions or practising social workers before promoting their own training programmes.

86. ENSURING HIGH STANDARDS OF TRAINING:

It is recommended that a National Council for Social Work Education and Training be appointed. It should have representatives from the Department of Social Welfare, the State Services Commission, local bodies, the Federation of Voluntary Welfare organisations, the New Zealand Association of Social Workers, and social work educational institutions. The main functions of the Council would be:

- (a) advising on training needs
- (b) promoting and co-ordinating courses
- (c) setting of standards for training courses
- (d) reviewing and assessing courses
- (e) advising on new training and educational policies.

87. In undertaking these functions the Council would encourage courses at both national and regional levels. At national level it would promote the continued development of university education for social work and encourage the establishment of other courses which would complement the university courses. Such courses should include an extension of training facilities for residential workers.

⁴ "The New Zealand Social Worker", Vol. 6, No. 2, p. 23.

At regional level there should be emphasis on in-service training programmes, not only for new recruits but also supervision and refresher courses for more experienced workers. Many of these courses would be within the Department of Social Welfare but should not be confined to members of that Department's staff. It is recommended that the Department co-operate fully in the training of non-statutory social workers and that training courses in regions should be joint ventures with non-statutory organisations. There could also be profitable liaison with the educational programmes of other professions.

89. SUMMARY

The working party emphasises the crucial importance of adequately trained staff within the social welfare services. The proportion of trained social workers in the present services is dangerously low. If service to clients is to be adequate, training of staff must be given the highest priority.

CHAPTER 10

PUBLIC RELATIONS

90. The fostering of good public relations has long been acknowledged as an important function of a social welfare agency and numerous activities are constantly being carried out by individual workers towards this end. In a Department of Social Welfare a need would exist for there to be carefully developed and sustained public relations efforts. In addition, both before and during the transition period of setting up the Department there would be a need to prepare the public for the change and to educate it about the new ways by which services would be offered. This function should be the responsibility of a section mounted for this purpose at the Department's Head Office.

91. The objectives of a Public Relations Section would include:

- (a) To make known to the public the kinds of services being offered by the Department – preparation of pamphlets, booklets, etc.
- (b) To let people know their rights and entitlements in respect of the services being offered or provided by the Department.
- (c) To promote a positive image of the Department and of its work at all levels.
- (d) To utilise the news media effectively to advertise new services and to prepare the public adequately for change.
- (e) To develop and maintain a high level of staff morale throughout the Department.
- (f) To provide information about the Department's work to individuals, organisations and other Departments both in New Zealand and overseas.

SECTION IV

NON-STATUTORY WELFARE SERVICES.

CHAPTER 11

OUTLINE OF NON-STATUTORY ORGANISATIONS AND THEIR PLACE IN THE SYSTEM

91. The importance of non-statutory welfare agencies lies primarily in the opportunities they present for citizens to participate in identifying and meeting community welfare needs not covered by statute, or not recognised by established agencies. Voluntary welfare work also provides a continuing opportunity for individuals to identify with and be actively involved in their community – a very important counter to the increasing anonymity of modern life.

92. **Voluntary welfare work is the response of the community to its own needs:** There are, for instance, in one provincial city with between 35,000 and 40,000 population, 65 community based social and welfare bodies. They exist to serve a wide variety of clients. Among those mentioned in their directory are the handicapped, solo parents, families in distress, alcoholics, the sick and lonely, unmarried mothers, the aged, prisoners and their families, ex-service personnel, and people seeking employment after they have retired. There are between two and ten agencies listed as serving each of these needs. The kind of help available ranges through institutional care; advice on budgeting and child care; fellowship; social case work; the dispensing of food, clothes and money; legal and medical referral; counselling, and specialised tuition. The so-called 'service' organisations' (Jaycees, Soroptimists, etc) also perform an important function in publicising welfare agencies, in sponsoring them in the developmental stages, and in raising funds. Despite the long history of this sort of activity, New Zealand's communities as a whole are only beginning to appreciate that their voluntary services need to be made available to the public in a co-ordinated fashion, and that their workers need to be trained.

93. **'Voluntary' in what sense?** Non-statutory welfare organisations can be defined as those which are not set up and maintained by statute, and which make their own policy. They range from those staffed wholly by unpaid volunteers to those which employ large numbers of paid workers. They range also from those whose funds come largely from donations, to those largely but not totally dependent upon some form of State assistance – but it is critical to the healthy functioning of a voluntary welfare organisation that the policy making function is in the hands of voluntary committees or boards.

94. **Extended statutory provisions will never make non-statutory organisations unnecessary:** In a sense, a non-statutory agency may act as a critic of statutory facilities or indeed of other established voluntary provisions for welfare, by developing services to meet needs not so far acknowledged.

95. Once the new need has been established the State may acknowledge its responsibility to see that it is served – either by a statutory agency – or by a non-statutory organisation acting as its agent.

96. The non-statutory organisation can deal with unusual situations at short notice. It is not inhibited by political control if it wishes to make special provisions for one case, although there may not be the resources to extend the same help for all. Generally the voluntary organisation is not as concerned as the statutory body about the consequences of setting precedents.

97. Similarly non-statutory societies can undertake research and provide information in the course of meeting new needs, at a stage where it would not be easy to justify government interest or expenditure upon such work.

98. The strength of the voluntary agency has always been rooted in the concern shown by individuals for their own communities. By providing a channel through which people can express their wish to help others, voluntary bodies make a positive contribution to the growth of a more active and responsible sense of community — especially at the local level. Voluntary societies often stimulate a level of interest and participation in the community which it is unusual for statutory bodies to excite. Not only clients, but non-client supporters of the organisation become involved in mutual aid and education programmes which are beneficial in raising the general social standards of the community, leading to the prevention of difficulties, as well as to the provision of solutions to individual problems.

99. The voluntary organisations ought, therefore, never to be seen as merely supplementing the work of the statutory agencies. Indeed, the latter must continually strive to incorporate all the advantages which have been claimed for voluntary welfare services.

100. **The participation of non-statutory interests in policy making:** There already exists in New Zealand a pool of individuals with wide experience and interest in social welfare; people who have participated as administrators and voluntary workers both at local and national levels.

101. These people are at present being entrusted by the community with the distribution and use of large sums of money both from public and charity funds. The Federation of Voluntary Welfare Organisations calculates that its 28 members alone control an annual working expenditure in the region of 8 to 10 million dollars.

102. The Department of Social Welfare proposed in this report would be served by a National Council of Social Services, composed of representatives of non-statutory agencies and senior civil servants. This council would advise the Minister on policy proposals, and act as the channel of requests from non-statutory agencies to the Ministry for Social Development for funds.

103. A section of the staff of the Department of Social Welfare would have the function of making itself familiar with the needs of voluntary welfare services so that the Minister, the National Council of Social Services and the Secretary General of the Ministry for Social Development would be able to call for information on the effectiveness of those agencies which apply for government funds.

104. **The importance of preserving voluntary initiative.** It is essential to the exercise of initiative by non-statutory organisations that budget allocations, as finally recommended by the Ministry, be conditional, not on justification in advance, but on evidence that funds allocated in previous years had been used in a manner which justified continued confidence. The argument is commonly used by voluntary agencies themselves, when appealing for funds, that they are saving the State money; but it is not good to encourage in the community the impression that welfare services can be provided 'on the cheap'.

105. **At the local level,** there would be a close relationship between voluntary welfare workers and those of the Department of Social Welfare. In each area statutory and non-statutory agencies would co-ordinate their work formally through the Community Services Officer. This should give the general public a better understanding of the special functions of each agency and should lead to less overlap in the provision of services. In appropriate cases voluntary workers might operate from the local area office.

SECTION V

OTHER MAJOR ISSUES

CHAPTER 12

RESIDENTIAL CARE SERVICES

106. BASIC PRINCIPLES:

In the field of residential care and treatment the following assumptions have been made:

- (a) That an important part of residential treatment should be the maintenance of regular contact between a person in care and his family;
- (b) That large institutions located away from centres of population are less effective than smaller units located near to a wider range of pre-release and after-care services;
- (c) That most people who are not a danger to others and who are now thought to require residential care should eventually be treated in the community; that no-one is socially rehabilitated by being excluded from normal social interactions;
- (d) That community based diagnosis and treatment should be applied from a multi-disciplinary local agency with workers who have received both general and specialist training. Treatment/management plans should be based on adequate information concerning the individual's problem and a realistic assessment of available resources.
- (e) That residential workers should be trained to relate the period in care as closely as possible to the wider community life and to use the group process for therapeutic and remedial treatment; that their role should be accepted as similar to that of the social worker in the community and not just as a series of custodial duties.
- (f) That much more research needs to be carried out in New Zealand in the field of residential care to define more accurate criteria for classification and treatment processes, and to test the relative efficacy of residential as compared with community treatments.

107. CLIENTS LIKELY TO REQUIRE TEMPORARY OR LONG-TERM RESIDENTIAL CARE:

- (a) Old people (presently served by non-statutory organisations with subsidies from the Department of Health);
- (b) children unable to live with their parents (presently cared for by non-statutory organisations and by the Child Welfare Division);
- (c) intellectually handicapped (presently in Health Department hospitals, or hostels provided by non-statutory organisations subsidised by the Social Security Department);
- (d) offenders (presently in hostels under the supervision of the Justice Department and juvenile offenders in Child Welfare institutions);
- (e) physically handicapped (presently in hostels in a Health Department Home);

- (f) unmarried mothers (only limited provision by non-statutory organisations);
- (g) emotionally disturbed children (Department of Education and Child Welfare Division provide some services);
- (h) discharged psychiatric patients (Department of Health have some pre-discharge hostels);
- (i) alcoholics and drug abusers (some treatment centres and shelters are provided by non-statutory organisations).

108. The Department of Social Welfare should provide comprehensive and co-ordinated residential care which would form an important part of their total service for all these people who need social help.

109. ASSESSMENT OF PRESENT SERVICES:

The Association is aware of the historical, geographical and short term financial reasons for the establishment and maintenance of some isolated institutions. The general shortage of adequately trained personnel to staff community treatment centres is also recognized. On the positive side many developments in New Zealand show that residential care service policy has moved away from the concept of long term custodial treatment. The period of hospitalisation for most mentally ill patients is now only a matter of weeks, and many other people who might have been in the hospital are now treated in day care and after-care facilities, or in their own homes. Children with special educational problems are provided with a special classroom arrangement within the ordinary school. People who offend against the law may remain at home and attend periodic detention centres or move from an institution into a Pre-Release Hostel. In the field of child care wide and diversified use is made of small units, based on the "family home" concept.

110. In spite of all these positive developments, the Association believes that they are often only a partial answer to problems which should be assessed and treated by a team of experts prior to admission to residential care. A team approach within the community should make possible much more effective preventive work and reduce the need for many people to be removed to institutional care.

111. SUMMARY

Residential care should be seen as part of a continuum within social welfare services. Every attempt should be made to preserve family and community ties, and where it is deemed necessary for someone to leave his own home he should be cared for as near to home as possible. Work within the residential services needs much skill and training and should be re-evaluated.

REHABILITATION OF THE DISABLED

112. Rehabilitation is an integral part of the social welfare services. It is the social rehabilitation of an individual back into his family or community from which illness or some other problem has isolated him. Only through combining physical and social rehabilitation can this be done effectively. The need for rehabilitation may be the result of ageing, illness, injury, or congenital handicap. A variety of skills are involved, and these could most effectively be co-ordinated in a Department of Social Welfare.

113. Rehabilitation involves many disciplines — doctor, physiotherapist, occupational therapist, vocational guidance, training and placement officers, social worker and employer — each with a particular skill that may be used to contribute toward the handicapped person's assimilation into (or back into) society.

114. The National Civilian Rehabilitation Committee set up by government in 1964 comprises senior representatives from the Departments of Health, Labour and Social Security. It set out to look at rehabilitation services, finding that one basic need was for "accurate assessment of potential candidates for rehabilitation". In a policy statement in May 1969, the Minister of Social Security put into effect a recommendation of the National Civilian Rehabilitation Committee, that the Disabled Re-establishment League act as Government's agent in all matter pertaining to the assessment, training and rehabilitation, sheltered employment and placement of disabled persons. To this end, assessment and work experience units are being developed within the Disabled Re-establishment League Centres, and the Government is providing financial assistance by way of subsidy on salary and capital expenditure for private organisations providing sheltered and training workshops and day care facilities for the handicapped. These provisions are being implemented.

115. Late in 1967, the Royal Commission of Inquiry into Compensation for Personal Injury published a report of its findings and presented a comprehensive plan resting on three aims: accident prevention, compensation and rehabilitation. The subsequent report of the Select Committee recommends the setting up of a new statutory authority along the lines of that outlined by the Royal Commission, which will have prime responsibility for overall administration of the scheme, including rehabilitation of the injured. However, (in paragraph 498 of the Select Committee's Report), it is stated that "the responsibility for this (rehabilitation) financially and in all other ways should be accepted by the State through the Health Department".

116. To avoid further fragmentation, it seems that the government will have to examine closely proposals concerning overall responsibility for rehabilitation services. It is incongruous that a person handicapped through sudden injury is rehabilitated by one authority, while another handicapped by, for example, subnormality from birth, is the responsibility of a different authority. The social rehabilitation of all disadvantaged people should, logically, be under one department instead of being split among three.

117. Rehabilitation services must of necessity be closely allied with general social welfare services. The National Civilian Rehabilitation Committee has no social work representation, while only very recently has a psychologist been appointed. Direct and effective liaison with the social welfare agencies should be one of the basic premises of the committee's work. The structure of the Disabled Re-establishment League units is designed to provide various specialists, but administrative positions at present are held predominantly by persons with

technical knowledge and experience in trades. With the widening of scope of the units, senior administrators at district level will need adequate administrative experience and training, with particular knowledge and awareness of the needs of the physically, mentally and emotionally disabled.

118. Despite recent advances in the planning of rehabilitation services, there remain large areas of unmet need which merit urgent attention. Many of these are outlined in the Woodhouse Report.² Others are the need for work experience and training centres; programmes for retraining under-employed and redundant workers; employment placement services for older workers; incentives to employers to encourage on-the-job rehabilitation; adult vocational advisory offices. Little in the way of training is available for placement and rehabilitation personnel, workshops supervisors, etc. and few have specific training for the positions which they hold.

119. Co-ordination between statutory and independent agencies is vital. Auckland area has a Co-ordinating Council for the Disabled which has met with success in having approximately 60 welfare organisations working together on many important projects. If the responsibility for the provision of rehabilitation services was with the Department of Social Welfare, it could ensure such co-ordination in all areas, not only between welfare organisations, but among the various professions concerned in rehabilitation. It is essential that rehabilitation be viewed as an integral part of the social welfare service.

² *The Report of the Royal Commission into Personal Injury, 1967.*

CHAPTER 14

RESEARCH

120. The period since the end of World War II has been marked by increasing social change accompanied by social unrest and rising social dislocation with a rising incidence of social casualties. A theme of this report has been that palliative supportive services are not reaching the causes of social decline, are not resulting in a stable society, and that our only hope is to actively seek the ways and means for positive social development.

121. In this report the working party has attempted to identify the broad directions it appears that such social development will have to take, and to suggest a form of administrative structure which would seem capable of effectively carrying out this task.

122. The work of the policy maker has become much more difficult and complex, and it is apparent that adequate social research is urgently needed to enable policy makers to make sound judgements on the allocation of scarce resources between competing "solutions."

123. In broad terms, social research can provide policy makers with three services, (a) the collection of facts, (b) the prediction of future trends by projection of known facts, and, (c) the determination of possible causes of facts. Of these three, the most difficult by far is the determination of cause. For example, the number of children appearing in Court in any year can be counted (and, indeed, elaborate statistics describing characteristics of these children may be obtained), and statistics of Court appearances may be used to predict future trends, but it is quite another matter to try to discover the cause of delinquency. And yet, it is only when causes have been identified that cures may be attempted in a systematic way.

124. To give another example, some economic statistics have been collected for many years and these have been used to predict future trends. However, it took the depression of the 30's for New Zealand to acknowledge that causes and cures for fluctuations in the economy would have to be found, and the cures applied, if a stable economy were to be achieved. Economists even today recognize how limited their knowledge of the factors affecting the economy really is, and the policy makers know how limited is their ability to effect controls. Even so, New Zealand has still been able to move beyond the attempt to merely stabilize the economy to an objective of economic development.

125. In the social welfare field, policy makers have tended to be mainly concerned with the provision of staff and facilities to provide adequately for social casualties. The extent of need for the supportive social services to help these casualties could be mainly determined from head counts and projection of future trends.

126. It is suggested that the most economical and effective social research strategy should include:

- (a) A planned build-up of social research in New Zealand.
- (b) Because the cost of any given social research project is independent of the size of a country, and because of our small population in this country, we should look, in the first instance, for discoveries about the causes of social dislocation, to overseas research, and then test these in the New Zealand setting. This means deliberately devoting resources to determining what is being achieved overseas. Only if this source fails or is inappropriate, and depending on the priority of a given problem, should original research be done here.

- (c) Solutions should be carefully tested before general introduction. We build a test sewage treatment plant, for example, before committing ourselves to the expense of the complete works, and tolerate the continuing sewage problem meanwhile. Yet social welfare solutions are generally introduced without careful testing either because of the felt urgency of a problem or because the beneficial effects of a scheme appear certain. It is probably true to say that hardly a single welfare programme operating in New Zealand today has had its effectiveness validated. We can no longer afford such a haphazard approach.
- (d) The social research facilities need to be readily accessible to those formulating policy, and therefore should be Head Office units or provided by contract through, for example, the universities. These alternatives carry both advantages and disadvantages, and should be closely examined before any build-up of social research facilities is undertaken.

PART III

ALTERNATIVE STRATEGIES

127. In arriving at its plan the Association considered a number of possibilities including the Government's proposal and the continuation of the existing system. Objective analysis of these possibilities brought to light their inadequacies in terms of what are considered to be necessary criteria for meeting New Zealand's present and future welfare needs. It was out of the rejection of all these alternatives that the Association's plan was formulated.

CHAPTER 15

THE GOVERNMENT'S PROPOSAL

128. A major difficulty which has faced the Association has been a lack of precise information about the Government's proposals for reorganising the welfare services. The government's statement of intention³ consists of only two brief items.

- (a) To, "bring together the present Department of Social Security and the Child Welfare Division of the Department of Education to form a new Department of Social Welfare," and,
- (b) To, "give further consideration to bringing other areas of State welfare into the new Department."

No statement has been made of terms of reference for the new department, none to explain why Social Security and Child Welfare have been singled out, nor what "other areas of State welfare activity" are referred to.

129. It seems incredible to the Association that the Government has mounted several Royal Commissions or Commissions of Inquiry in recent years, yet has not mounted an inquiry into the ways and means of best meeting the welfare needs of the New Zealand community; an issue which affects everyone. Whether the proposed Department of Social Welfare has intrinsic merit or not, the New Zealand Association of Social Workers is strongly of the view that its implementation should not take place until after a public inquiry has been held. It is also of the opinion that such a public inquiry should not take place until the findings of the current Royal Commission into Social Security have been published. As is shown below, the kind of report which the Royal Commission puts forward could have significant implications for whether Social Security should rightly be placed within a Department of Social Welfare at all.

130. Meanwhile, the Association can only speculate on how the proposal for the merger came about, and tentatively assess whether the plan has the potential to meet the welfare needs of New Zealand today and tomorrow.

131. The discussion would seem to relate to three main issues:

1. Would the administrative structure which would result from a merger of Social Security and Child Welfare be capable of effectively and efficiently promoting the welfare of the whole community?

³National Party policy statement for 1969 General Election.

2. Should Social Security be included in a department with Child Welfare, when the objectives, types of personnel and methods of each organisation are quite different?
3. Is it a feasible policy to bring other areas of State welfare activity into the new department later, implying as it does piecemeal accretion of functions?

132. I. THE ADMINISTRATIVE STRUCTURE OF A MERGER IN RELATION TO WELFARE NEEDS:

Before beginning this section it needs to be stressed that no public statement of the probable administrative structure of the proposed department has been made at the time of writing this report. The Association has therefore had to assume that it will follow similar lines to those already existing in Social Security and Child Welfare. In brief, these consist of strongly centralised head offices with single district offices in each population centre. New functions could presumably be added to the department by the creation of new divisions within it, or by adding functions to those of existing divisions.

133. ADVANTAGES:

- (a) After many years of discussion, it represents official acceptance of the need for co-ordination.
- (b) Where other statutory services were still not receptive to being included it might be hoped that success of the venture would win them over.
- (c) As a first step it would be a big one, for it would bring into the new department the main channel for income support services in New Zealand, and the largest State social casework agency in the country.
- (d) Social Security could bring with it any advantages which might come from the inclusion of income support resources within the new department.
- (e) Child Welfare could gain from fulfilling a main function of the new department, rather than being an appendage of another department (Education) devoted to a different main function, as at present.
- (f) It could permit the rationalisation of two administrations and give a greater number of district outlets for each functions.

134. DISADVANTAGES:

- (a) A merger of Child Welfare and Social Security would have the disadvantages of mixing two different main functions and types of personnel serving these within one department. This could lead to considerable difficulties both at fieldwork and senior administrative levels. Policy formulation would be complicated rather than simplified.
- (b) A main disadvantage is that the plan is an emasculated response to a problem which was seen in the 1950's (the serious lack of co-ordination between State Welfare services¹), but not an appropriate response to the much wider unmet welfare needs of the 1970's. In particular, the Association is strongly of the view that the active promotion of welfare in the community should be emphasised as much as the supportive function, and no allowance has been made for this. It would be unrealistic to give a department responsibility for a wide range of promotional work when its resources are over-extended with attempting to cope with emergency situations.

¹ See Appendix I for brief historical background.

- (c) The proposal amounts to the merging of two administrations to obtain a comparatively unchanged service. There is a danger that such a merger would compound the weaknesses of both, rather than gain from the strengths of each.
- (d) Any economies of scale are almost certain to be minimal. If the new department was even marginally successful, internal referrals of clients from one side of the department to the other would almost certainly increase the volume of business of each. This increased coverage of needs not being met at present could be expected to exceed any small saving in administrative costs. Both departments are currently over-extended in terms of the amount of work staff are being expected to cover, and it would be naive to expect that a united administration could significantly alter this.
- (e) The proposed amalgamation takes no account of the special character and needs of the facilities for residential care which form part of Child Welfare's present responsibility, and which the Association sees as being greatly extended under a fully-functioning Department of Social Welfare.
- (f) The morale of the staff in both agencies has been threatened by the changes which have been proposed. Workers with duties and responsibilities which are clearly defined become threatened at the thought of new and strange duties and new controlling officers. While this problem is inherent in any change, it has been exacerbated by the secrecy which has surrounded the present proposal, and compounded by the two very different kinds of staff involved.
- (g) The plan seems to have centred on administrative consideration, mainly at the centre, with no evident consideration of the needs of individuals seeking help, or of the needs of the wider community for general welfare functions to be carried out. It may be argued that such needs would be implicit in any planning by social welfare administrators at this level. Nevertheless the Association contends that such an important aspect cannot be left for the public to take for granted; there must be evidence of it having been considered. Those who are to work in the department too should be helped to understand how and why such decisions were arrived at.

135. II. THE PLACE OF SOCIAL SECURITY IN A DEPARTMENT OF SOCIAL WELFARE:

This question depends on two main issues:

- (a) Does the present, or potential, part played by the provision of income to persons requiring non-financial social welfare services warrant the inclusion of the whole of the Social Security income maintenance administration within a Department of Social Welfare?
- (b) What are the possible administrative consequences of mixing two large bodies of staff whose roles, training and methods of working are so different?

136. As will be seen below, there are persuasive, if sometime contradictory, arguments both for including the administration of Social Security cash benefits (and war pensions) as well as for excluding it. However the problems associated with its inclusion are so great that these alone make a full enquiry a matter of urgency before any reorganisation takes place.

137. THE QUESTION OF COMBINING INCOME SERVICES WITH OTHER SERVICES: FROM THE CITIZENS VIEWPOINT:

Advantages:

- (a) Financial and emotional security cannot be completely separated. If social security were not included in a social welfare department, the Association is strongly of the

opinion that such a department should have authority to provide some finance, much as the Needy Family Scheme serves Child Welfare at present. A combined department would avoid the problems this would involve.

- (b) Money is a cornerstone of existence in our society. Money needs must often be attended to before a person can begin to look at any other problems he may have.
- (c) Persons applying for social security benefits are a population specially at risk. Thus, social security is a major access point by which individuals may reach other welfare services. For example, almost the total elderly population have some contact with the Social Security Department in connection with age or superannuation benefits, or war pension provisions. It is also possible that some of the 15,000 widows and deserted wives, 8,000 invalids, 6,000 sick, 1,000 unemployed on benefit, as well as about 5,000 emergency beneficiaries, have unmet needs for non-financial supportive and rehabilitative services.
- (d) Applications for cash benefits may mask other urgent problems, and to separate out social security carries the risk of these needs remaining unheeded. This would be particularly so if the number of persons requiring financial as well as non-financial services was large.
- (e) The ability to arrange financial assistance has been found to be one of the effective services in social casework.
- (f) To have two departments dispensing money may be seen by the public as dividing the community into the "haves," with statutory entitlement to social security benefits, and the "have-nots" dependent on the discretionary authority of workers in the social welfare department. A separate welfare department would then be more vulnerable to charges of the stigma of receiving its payments than the Social Security Department is at present in its administration of emergency benefits and supplementary assistance.
- (g) For some services, especially rehabilitation, the provision of incomes is a major and inter-related part of the total process.
- (h) The inclusion of social security would make possible the provision of a greater number of local community offices, thus giving better coverage for service outlets.
- (i) Because social workers are trained to be aware of, and to deal with non-financial social and personal needs, social workers could play a major role in the administration of discretionary benefits and supplementary provisions. If, as a result, for example, of the report of the Royal Commission into Social Security these became small in number, for them to move over to a separate department would seem feasible, but if there were large numbers of such beneficiaries this would be strong ground for having a combined department.

138. DISADVANTAGES:

- (a) The Social Security Department at present administers over 400,000 family benefits, close to 300,000 other benefits and 45,000 war pension provisions. The overwhelming majority of these are statutory benefits which should be paid out as of right in an efficient and business-like way. At the very least, family and retirement benefits, and war pensions provisions should be separately administered.
- (b) If the Royal Commission into Social Security recommends that the discretionary powers of the Social Security Commission to refuse statutory benefits should be limited, and if this is implemented, then the placing of emergency benefits in a separate department of social welfare would mean that the intrusion, or threat of

intrusion, of civil servants into the lives of the majority of beneficiaries would be removed. Where insurance companies are favoured for handling benefits, such as for workers' compensation, this may be largely due to the avoidance of public intrusion which this implies.

- (c) For social security beneficiaries to have social problems is no more significant than that doctors' patients and children requiring special education may also have social problems.
- (d) The position of social security as a point of access to other services should not be exaggerated. Referrals to the social welfare department should come from a wide variety of sources in the community — doctors, ministers, neighbours, teachers — and predominantly from self-referrals.
- (e) Where two different main functions are combined in one department, there is the danger that a need for income support may be taken to imply a need for other services and for subtle pressures to be exerted for beneficiaries to declare other needs.
- (f) The non-financial aspect of the work of social security is much smaller than its main function. Existing government departments, with clearly definable main functions occupying the bulk of their staff, should not be merged into some huge welfare department merely because a part of their function is to provide supportive services. Once such an approach is adopted there is hardly any end, and the department would logically include at least health, labour, housing, justice, education and social security departments.
- (g) Because monetary benefits cannot be cut, there would be a tendency to undermine the supportive services such as by increasing social workers' case-loads if the financial resources allocated to social welfare were to be restricted. (This is, in fact, happening at present.)

139. FROM THE STAFF'S VIEWPOINT: THE QUESTION OF MERGING DISSIMILAR STAFF:

When one considers the advantages and disadvantages of merging two dissimilar bodies of staff, the possible advantages would seem to be outweighed by more probable disadvantages.

140. ADVANTAGES:

- (a) The blending together of clerical and social work staff in a combined agency could have beneficial effects for both. Under this view, social workers would be seen as increasing the awareness of social and psychological factors in beneficiaries' problems, while the administrative skills of clerical staff could be adopted with advantage by social workers moving into administrative positions.
- (b) Senior staff would eventually gain experience in both aspects of the Department's work. Staff from both administrations might, in time, move across present lines demarcating functions at both senior administrative and policy-making levels.

141. DISADVANTAGES:

- (a) The mixing of staff could compound the weaknesses of both. For example, there is no assurance that social workers, who would be heavily outnumbered, could be expected to have a significant effect on the outlook of clerical staff.
- (b) The clerical staff required to perform the main income maintenance function could find it difficult to see the relevance of providing community services, of involving the local community in activities of the department, or of the assessment of non-material needs of individuals.

- c) A major danger in mixing two different kinds of staff is the implied possibility of clerical staff being relegated to a back-room paperwork role, and so losing the human contact and interchange with beneficiaries which gives their work its sense of worth. It is probable that the unease which is felt by both social workers and clerical staff concerning the proposed merger is related to a lack of clarity of future function.
- d) The probability of conflict is great where two different kinds of staff are required to fulfil two different goals, in this case:
 - (i) Efficient and economical income support, with the focus on finance, and
 - (ii) Supportive services for individuals and the promotion of the general welfare of the community, with a focus on people.

42. III. THE PIECEMEAL ADDITION OF OTHER WELFARE FUNCTIONS:

As no indication has been given of what welfare functions are referred to, this aspect of the proposal can only be examined in a most general and speculative way. If it includes the rationalisation of such specific social services as the Home Aid Scheme, which is at present being separately mounted by three government departments, then this is not only feasible but desirable. However such a rationalisation would be possible where any department was responsible for social welfare and would not depend upon the particular composition of that department.

43. However, if the proposal refers to the social work divisions or sections at present servicing hospital boards and the various government departments, the Association sees this approach as administratively clumsy and inefficient. While the step by step amalgamation of other social casework services could be said to permit each situation to be examined with care, and while progressive change might be more easily understood and followed by the public, there are a number of disadvantages:

- a) Government departments have shown a remarkable tenacity in the past for holding onto their assigned functions, and the growth by accretion of the Department of Social Welfare could be expected to be slow and painful, if it occurred at all. Indeed, the very limited extent of the present proposed merger attests to this fact.
- b) Any change disturbs a system, and a series of major changes would keep the Department of Social Welfare and the other affected statutory organisations in a permanent state of unease.
- c) There would be a real danger that services whose inclusion was under consideration would tend to stagnate during the whole period of negotiations.
- d) The step by step extension of functions would be inefficient and uneconomic in its use of accommodation both at Head Office and at local office levels.
- e) So long as some social work agencies were not unified within, or co-ordinated with the Department of Social Welfare, the department would not be able to offer a truly family centred and general supportive service because certain kinds of problem and certain methods of help would be classified as outside its terms of reference.
- f) Such an approach would make it most difficult for the department to formulate effective welfare policies, or to advise the Minister adequately on welfare needs in the community. It would therefore suffer from the same narrow concept of welfare planning which appears to be inherent in the initial merger itself — that of planning only for the co-ordination of State social services geared to deal with individual symptoms rather than needs, and not for the total welfare of the community. The Association considers that this latter is one of the most important issues facing New Zealand in the 1970's.

144. CONCLUSION:

The Association rejects the Government's proposal as being inadequate for the existing and future needs of the community. Before the best solution can be found, more factual evidence of the relative strengths of the various arguments is needed, as well as the report of the Royal Commission into Social Security.

- (c) A major danger in mixing two different kinds of staff is the implied possibility of clerical staff being relegated to a back-room paperwork role, and so losing the human contact and interchange with beneficiaries which gives their work its sense of worth. It is probable that the unease which is felt by both social workers and clerical staff concerning the proposed merger is related to a lack of clarity of future function.
- (d) The probability of conflict is great where two different kinds of staff are required to fulfil two different goals, in this case:
 - (i) Efficient and economical income support, with the focus on finance, and
 - (ii) Supportive services for individuals and the promotion of the general welfare of the community, with a focus on people.

142. III. THE PIECEMEAL ADDITION OF OTHER WELFARE FUNCTIONS:

As no indication has been given of what welfare functions are referred to, this aspect of the proposal can only be examined in a most general and speculative way. If it includes the rationalisation of such specific social services as the Home Aid Scheme, which is at present being separately mounted by three government departments, then this is not only feasible but desirable. However such a rationalisation would be possible where any department was responsible for social welfare and would not depend upon the particular composition of that department.

143. However, if the proposal refers to the social work divisions or sections at present servicing hospital boards and the various government departments, the Association sees this approach as administratively clumsy and inefficient. While the step by step amalgamation of other social casework services could be said to permit each situation to be examined with care, and while progressive change might be more easily understood and followed by the public, there are a number of disadvantages:

- (a) Government departments have shown a remarkable tenacity in the past for holding onto their assigned functions, and the growth by accretion of the Department of Social Welfare could be expected to be slow and painful, if it occurred at all. Indeed, the very limited extent of the present proposed merger attests to this fact.
- (b) Any change disturbs a system, and a series of major changes would keep the Department of Social Welfare and the other affected statutory organisations in a permanent state of unease.
- (c) There would be a real danger that services whose inclusion was under consideration would tend to stagnate during the whole period of negotiations.
- (d) The step by step extension of functions would be inefficient and uneconomic in its use of accommodation both at Head Office and at local office levels.
- (e) So long as some social work agencies were not unified within, or co-ordinated with the Department of Social Welfare, the department would not be able to offer a truly family centred and general supportive service because certain kinds of problem and certain methods of help would be classified as outside its terms of reference.
- (f) Such an approach would make it most difficult for the department to formulate effective welfare policies, or to advise the Minister adequately on welfare needs in the community. It would therefore suffer from the same narrow concept of welfare planning which appears to be inherent in the initial merger itself — that of planning only for the co-ordination of State social services geared to deal with individual symptoms rather than needs, and not for the total welfare of the community. The Association considers that this latter is one of the most important issues facing New Zealand in the 1970's.

144. CONCLUSION:

The Association rejects the Government's proposal as being inadequate for the existing and future needs of the community. Before the best solution can be found, more factual evidence of the relative strengths of the various arguments is needed, as well as the report of the Royal Commission into Social Security.

CHAPTER 16

A MINISTRY OF HEALTH, EDUCATION AND WELFARE

145. A further model examined by the Association was a Ministry of Health, Education and Welfare formed out of the amalgamation of the Departments of Health, Education and Social Security, together with the unification of social welfare functions currently carried out by these departments, to which could be added those undertaken by other government departments. The Departments of Health, Education and Social Security would be seen as carrying out their separate main functions much as at present, but their welfare functions would be combined with those of the other statutory agencies for the purposes of general administration, planning and co-ordination. There could be secondment of staff to other departments, to hospitals and to schools, etc.

146. ADVANTAGES OF HEALTH, EDUCATION AND WELFARE AMALGAMATION:

- (a) **Strengthening of Welfare Provisions:** The Health, Education and Social Security Departments are large and powerful departments of State, and their amalgamation would create an organisation able to attract the kind of resources needed to service a strong welfare component. The three departments have a major part to play in the prevention of social ills and it seems appropriate for them to be linked administratively with welfare services. This proposal would bring together the caring services in a framework which would be in a strong position to boost the promotional aspect of social welfare.
- (b) **More equitable distribution of resources:** Because welfare services would be seen as an integral part of such an organisation rather than as subsidiary functions of separate departments as at present, it could be assumed that they would receive a more adequate and equitable allocation of resources to fulfil their functions.
- (c) **More effective communication:** Lines of demarcation between the three departments become largely artificial precisely where social welfare problems occur, and these lines tend to impede co-ordination of effort in the present fragmented system. All are concerned with the wellbeing and effective functioning of the "whole person" but at present their efforts tend to be carried out with insufficient communication. An amalgamation of this kind could improve the balance between the requirements of administrative efficiency and the needs of the public.
- (d) **Less centralised controls and greater citizen participation:** It may be argued that, in spite of the enormous bureaucratic structure the amalgamation of the three departments would involve, Regional Education Offices, Education Boards and Hospital Boards provide the models and possibly the loci for less centralised control of welfare services and greater participation by elected citizens at local levels.
- (e) **An enlarged career structure:** The resulting large staff numbers within one ministry would enable professional specialists to achieve promotion to senior positions utilising their special skills rather than having to abandon them to carry out administrative duties. Much scarce and valuable manpower is wasted by skilled professionals being over-encumbered with administrative duties which are more properly the field of specially-trained administrators.
- (f) **Research:** The concept of co-ordinated research being carried out in the fields of Health, Education, Social Security and Welfare has appeal because each aspect could be of considerable value to the others, and the physical amalgamation of research units could allow some particularly valuable research to be carried out.

- (g) **Unmet needs exposed:** The responsibility for overall planning vested in a Ministry of Health, Education and Welfare should expose needs in all areas which have been hitherto unrecognised and unmet. Their combined resources could be utilised to consider and plan for such needs being met.

147. DISADVANTAGES OF HEALTH, EDUCATION AND WELFARE AMALGAMATION:

- (a) **Too big and unwieldy:** It is neither necessary nor desirable for there to be an amalgamation on this scale. It would represent a monolithic structure with an inherent danger of excessive bureaucracy. The stresses which would occur in such a major reorganisation would create difficulties for both the public and the public servants.
- (b) **Conflict of priorities:** Although the welfare aims of the three major departments concerned may appear compatible, their priorities and strategies for future development are dissimilar. The main functions of each department are quite different.
- (c) **Still too compartmentalised:** Welfare and social work services should not be structured to deal with specific categories of people classified according to agency function. The proposal does not meet the need to break down this kind of categorisation which is wasteful and ineffective.
- (d) **Social Welfare could be inadequately provided for:** In an amalgamation of Health, Education and Social Security, social welfare services would not be in as strong a position for development as they would in a department where social welfare was the major function. The main functions of the three departments not only have grown strong through time and tradition and command the principal share of each department's resources, but they are also universally based and supported. They are backed or stimulated by strong and articulate pressure groups, whereas the clients of the social welfare services tend to be disadvantaged and inarticulate.

148. CONCLUSION:

The Association considers that the statutory social welfare services in New Zealand need to be looked at as a whole and to have concentrated on them attention which is not distracted by demands for other kinds of service. It therefore rejects the idea of a monolithic Ministry of Health, Education and Welfare as being a clumsy and ineffective approach to New Zealand's present social welfare problems.

A SOCIAL CASEWORK DEPARTMENT

149. The concept of a Social Casework Department is a relatively simple one. It would unify and co-ordinate social work staff. It would provide some services directly, but most social work units of other statutory agencies would continue as at present, staffed by social workers on secondment.

150. The Department would be responsible for general training in social work, for a co-ordinated programme of social research, and would have an advisory unit with advisers in social work to service all social work divisions.

151. ADVANTAGES:

- (a) **Disruption to existing services would be minimal:** In the transition period of setting up the new department, the only initial changes would be at head office level. The Child Welfare Division could separate from the Department of Education and become the nucleus of a Social Casework Department, but continue to operate in the same way at local district level. Social workers in all other agencies could continue where they are on secondment and there would be no disruption to clients or services.
- (b) **Inexpensive:** Some advances would be made with very little initial expenditure.
- (c) **An improved career structure:** The one department could be responsible for the gradings, appointments and promotions of all social workers. This would provide a broader career base and would allow for social workers to gain a greater breadth of experience. This would also give senior staff of existing divisions increased opportunities for advancement. The department could be made responsible for the recruitment of all State social workers.
- (d) **A co-ordinated research unit:** Social research carried out by the Department's research unit would span the total field of services provided by the Department. This would mean more effective use of research findings in assisting with a co-ordinated approach to planning and policy.
- (e) **Training possibilities better:** Given the necessary facilities, general or basic social work training should benefit from there being a central responsibility for its planning and implementation.
- (f) **Advisers could play an important role:** The Directors of divisions or their deputies, as advisers, could visit social workers in all government departments which utilise them. This would permit the roles of social workers in other departments to be clarified, ensuring a more effective social casework service and greater uniformity in standards and quality of service.

152. DISADVANTAGES OF A SOCIAL CASEWORK DEPARTMENT:

- (a) **Concept too narrow:** New Zealand's social welfare needs demand a wider and more extensive reorganisation. The growing burden of Welfare demands for resources, and the neglected need to promote social development, would remain. The Social Casework Department proposal is an interesting administrative device but it does too little towards improving the ways in which the needs of clients are met.
- (b) **Social welfare is more than just casework:** The major function of such a department would be to provide social casework services to individuals. This narrow emphasis would not make possible the development and implementation of broader social welfare programmes.

(c) **Primary allegiance problems:** It is assumed that most social work units would continue with their present agencies little altered in size, scope, or functions. However, this kind of arrangement would probably result in heightened problems of allegiance for the social worker between the agency to which he was seconded and the Social Casework Department.

(d) **Communication problems:** These are inherent in this kind of structure.

(e) **Public still confused:** People wondering which agency to approach with their problems would be no better off than they are under the present system.

(f) **Services no more accessible:** As there would be no change at local district level, this proposal would achieve nothing towards making services more accessible to clients or less costly to provide.

(g) **People still classified according to agency function:** This proposal would perpetuate this problem.

(h) **Little is done about gaps in social services:** Apart from possibly providing social work services in the area of housing (a provision which the Association sees as being long overdue), the social casework division does not offer an appropriate solution to filling other major gaps in social welfare.

153. CONCLUSION:

Initially the idea of a Social Casework Department was considered as offering a possible transitional arrangement towards a more broadly based Department of Social Welfare. However, it was eventually seen to be far too limited in its possibilities and is dismissed as being impractical.

PRESENT SERVICES REMAIN AS THEY ARE

154. There is a tendency for people to cling to known and traditional methods with the security which these have offered. No major structural innovation or renovation can take place without appearing as a threat to many of the individuals involved, and therefore consideration must be given to the arguments for the statutory services remaining as they are.

155. ADVANTAGES OF SERVICES REMAINING UNCHANGED:

- (a) **Familiarity:**
- (i) **For the Client:** Each of the present social work agencies is known to its present clients who are familiar with the kinds of services offered or sanctions applied, and they identify the role of the social worker in terms of the agency he serves.
 - (ii) **For the Worker:** The worker is familiar with the functions required of him in working with specific categories of clients assisted by his agency. He contracted to do this kind of work and knows its boundaries. He may also be clear about the functions of other agencies and about how to work with them.
 - (iii) **For Other Departments and Agencies:** Such patterns of co-ordination and referral as exist have taken a long time to establish and change could cause confusion.
- (b) **Choice:** Some social workers are attracted to a specific field of work, such as with children, sick people, or elderly people. At present they have a choice of agency when seeking employment. There is also a limited choice of agencies to which the worker can refer a client whose problems the worker feels are beyond his functions or competence.
- (c) **Efficiency:** Staff may function and be supervised more efficiently when they are expected to carry out a narrow range of functions.
- (d) **Specialisation:** At present statutory agencies devote their time, personnel and resources to particular kinds of problems or age groups, and may build up a particular expertise in working in these areas. There would be, at least, a transitional period of difficulties if workers had to undertake work with a broader range of problems or age groups.
- (e) **Cost:** It may be cheaper to retain an unchanged system, at least in the short term. Reorganisation can be expected to involve greater expenditure as new areas of unmet need are discovered and dealt with.

156. DISADVANTAGES OF SERVICES REMAINING AS THEY ARE:

Chapter 1 above sets out in detail the reasons why New Zealand's statutory social welfare services are urgently in need of major reorganisation and new working methods.

157. CONCLUSION:

None of the above arguments is sufficiently compelling, when measured against the disadvantages outlined in Chapter 1, to justify a continuation of the present fragmented and unco-ordinated system. That the Government has also taken this view is apparent in their having proposed a reorganisation.

CONCLUSION

158. The New Zealand Association of Social Workers has the highest regard for the energy and patience of those who have worked for so many years towards the formation of a social welfare department. It also commends the Government for its initiative in this matter. Further, it would be dismayed if a postponement for another protracted period were to occur again. However, from its inception the Association has been conscious of the speed with which knowledge of the nature of social problems and of means by which these may be met has been growing. This report has examined some of the factors which the Association considers relevant to a complete reappraisal of the social welfare needs of the New Zealand community, and the implications of these for an appropriate administrative structure. The Association considers that the amalgamation of the Social Security Department and the Child Welfare Division is too limited in scope to provide a broad enough base upon which to build the type of service which New Zealand needs. Haste and limited vision at this time carry the danger of protracted delays in the development of fully effective social welfare services for the future.

159. The N.Z. Association of Social Workers has, therefore, adopted this Report and the major recommendations listed on pages i — iv as a formal policy statement. The Association is firmly convinced that any reorganisation of the social welfare services should be preceded by a full public enquiry.

APPENDICES

APPENDIX I

BRIEF HISTORICAL BACKGROUND

Concern over the fragmentation, and lack of co-ordination, of welfare services in New Zealand dates back at least to the early 1950's. Before then ad hoc local committees to co-ordinate welfare activities had been formed, and dissolved, from time to time. However, with the introduction in 1952 of the Special Assistance Scheme — since renamed Supplementary Assistance — the Social Security Department actively organized the formation of district welfare committees to co-ordinate voluntary and statutory welfare services, as well as to advise local departmental officers in connection with applications for special assistance. The Department of Health had also been active in connection with services to the aged, and this was given more prominence as a result of a National Conference on the Care of the Aged organized by the Department in 1955. This Conference recommended that district welfare committees or old people's welfare councils should be set up in towns where they had not already been established.

Many of these committees eventually failed, and even where they have continued or have been revived, this has not proven to be the way to overcome the problems associated with fragmented welfare services.

Another outcome of the 1955 Conference was the formation of an inter-departmental committee charged, in part, with the co-ordination of welfare activities for old people but more importantly with the question:

"What steps should be taken, if any, to improve co-ordination of social welfare policy and administration so far as Government social welfare activities are concerned?"¹

In its report, published in 1958, the committee advocated a social welfare department with the ultimate aim of consolidating all state welfare functions within that department. The report recommended that the new department should initially include

"..... at least social security, war pensions, special assistance, child welfare, welfare of the aged, and home help. Other aspects of welfare should come under its administration as quickly as may be practicable."

The "other aspects" specifically stated were "rehabilitation, probation and other aspects of family and community welfare."²

It is worth noting that all the existing functions of the Social Security Department were to be included. This department may have seen itself as the host department for it put forward reasons why all its functions should be included. By contrast, of the other four main welfare service areas, Maori welfare (of the Department of Maori Affairs) was to be indefinitely excluded, probation (Justice Department) was excluded from the initial proposal but included as an early aim, while child welfare (Education Department) and welfare of the aged (Health Department) were included over the recorded dissent of the departments concerned, with each submitting reasons why their particular functions should be excluded.

¹ *The Minn Report*, p. 1.

² *The Minn Report*, p. 2.

Apparently the Government of the day did not consider the time right for implementation. However, a further recommendation of the committee was taken up and, in 1960, Cabinet set up the Social Welfare Advisory Board whose terms of reference included keeping social welfare activities under review and reporting to the Government on the desirability of a Department of Social Welfare. Subsequently, the report in 1962 of the Royal Commission on the State Services reported that the proposal for a new department required more detailed study than it could undertake. Through this time and subsequently, the Social Welfare Advisory Board continued to meet, but no agreed plan for a welfare department emerged.

In brief this state of affairs continued through the 1960's, although extensions were made to the general welfare role of the Social Security Department. In 1956, a small but well advertised social casework division was introduced. The Supplementary Assistance Scheme has been liberalised; the Family Benefit Capitalisation Scheme introduced; there has been growth of the welfare dimension of monetary benefit work such as to separated and deserted wives and so on; the administration of maintenance orders and agreements was taken over from the courts; and the department extended its activity in vocational rehabilitation with its role in reconstitution of the Disabled Servicemen's Rehabilitation League as a primarily civilian service called the Disabled Re-establishment League.

Finally, both major political parties included statements regarding departments of social welfare in their party political statements preceding the 1969 election. Subsequently, in March 1970, the Government announced its intention to merge Child Welfare with Social Security as the first stage of the development of a Department of Social Welfare. It did not specify its intentions for building on this basis.

It was this proposal which led the New Zealand Association of Social Workers to produce this report.

APPENDIX II

THE NEW ZEALAND ASSOCIATION OF SOCIAL WORKERS (INC.)

The New Zealand Association of Social Workers was formed in 1964, well after the most active period of debate on methods to co-ordinate social welfare activities and the proposals to amalgamate statutory welfare services outlined in the report. Indeed, at the time of its formation, and in the years which immediately followed, pressures towards amalgamation appeared to be at a low ebb.

Today the Association has an active membership of over 700, working in all statutory and most voluntary agencies employing social workers. Its membership consists of over half of all social workers in New Zealand, and the Association feels it can rightly claim to be truly representative of the views, and combined knowledge, of social workers in New Zealand today. Through branch meetings, twice yearly meetings of its National Council, and biennial conferences, the Association seeks to determine the views of its members and to express common attitudes.

The objectives of the Association which are listed in its constitution are:

- (a) To provide a forum for social workers for discussion and mutual understanding.
- (b) To promote the establishment of professional standards, the efficiency, interests and the standing in the community of the employees of social service agencies.
- (c) To assist in promoting a higher standard of training in social work.
- (d) To develop common policies on issues involving social workers and social work practice.
- (e) To represent the views of social workers on social policy, the administration of social services, and the conditions of employment of social workers.
- (f) To publish such journals, monographs, directories or other publications, as the National Council shall from time to time decide.
- (g) To affiliate with international organisations of social workers.

From its inception the Association was concerned about the fragmentation of the welfare services and worked for increasing co-operation and co-ordination at the local level. It did this principally by encouraging support for existing district welfare committees and in their formation where these did not exist; in seeking the compilation of local registers of welfare services; and in fostering, through seminars, branch meetings, and national conferences, the coming together of social workers from all agencies to learn more of the work of agencies other than their own. In addition, the Association actively supported the formation of the Federation of Voluntary Welfare Organisations in 1968 and has been pressing for the formation of a National Council of Social Service to act as a co-ordinating and advisory body on welfare services for New Zealand.

The Association feels that it has had some success in its efforts. However, it has continued to be concerned with the problems associated with statutory welfare services being divided among a number of departments, and with the multiplicity of, and lack of co-ordination between voluntary welfare agencies. Indeed, in November 1970, the Association adopted as formal policy its approval in principle of the formation of a Department or Ministry of Social Welfare. This is a policy which it has supported informally throughout its short history.

APPENDIX III

NEW ZEALAND FEDERATION OF VOLUNTARY WELFARE ORGANISATIONS

In discussing the role of Voluntary Welfare Agencies and the wider issue of social development in New Zealand the report has referred to the New Zealand Federation of Voluntary Welfare Organisations.

ESTABLISHMENT:

As a result of promotion by the New Zealand Association of Social Workers, discussion between the Voluntary Welfare Agencies began in 1964 and after several meetings a working party was set up to draft a proposal for the establishment of a New Zealand Council of Social Service.

Efforts to involve Government welfare services were unsuccessful but in November 1968 a resolution to form the New Zealand Federation of Voluntary Welfare Organisations was adopted by the Voluntary Agencies and the first Executive was elected in June 1969.

OBJECTS OF THE FEDERATION:

- (a) To provide contact between member organisations to foster interchange of information, co-ordination of effort and discussion of matters of mutual concern.
- (b) To foster, encourage and support the work of member organisations in the performance of their objects and purposes. This is to be interpreted always as being in extension and never in restriction of the objects of any member organisation.
- (c) To undertake specific projects or programmes at the request of member organisations when it is agreed that such co-operative action is more appropriate than action by a single or a group of member organisations.
- (d) To make submissions to the Government or any other appropriate body after reference to all member organisations on matters affecting social welfare generally without prejudice to the right of individual organisations to make direct approaches to these bodies on any matter relating to their work.
- (e) To enter into discussions with the appropriate Government authorities with the view to formulating an acceptable basis and format for an appropriately constituted New Zealand Council of Social Service.

MEMBERSHIP OF THE FEDERATION:

- (a) Membership of the Federation is open to National Voluntary Welfare Organisations.
 - Providing a social welfare service.
 - Promoting education in the field of social welfare.
 - Working towards the alleviation of social problems or the improvement of social conditions.
 - Active in research in the field of social welfare.
- (b) Membership of the Foundation is also open to Church Social Services constituting the Council of Christian Social Services.

MEMBER ORGANISATIONS:

1. Birthright (N.Z.) Inc.
2. Children's Health Camp Federation:
Council of Christian Social Services
3. Anglican Social Services
4. Baptist Social Services
5. Catholic Social Services
6. Methodist Social Services
7. Presbyterian Social Services Association
8. Salvation Army
9. Disabled Citizens' Society
10. Federation of N.Z. Parent Centres
11. Federation of Societies for Protection of Home and Family
12. Intellectually Handicapped Children's Society
13. National Council of Y.M.C.A.'s of New Zealand
14. National Marriage Guidance Council
15. National Multiple Sclerosis Society
16. National Society on Alcoholism
17. N.Z. Cancer Society
18. N.Z. Crippled Children's Society
19. N.Z. Epilepsy Association
20. N.Z. Foundation for the Blind
21. N.Z. League for the Hard of Hearing
22. N.Z. Play Centre Federation
23. N.Z. Prisoners Aid and Rehabilitation Society
24. N.Z. Returned Services Association
25. N.Z. Trust Board for Curative Education (Hohepa Homes)
26. Plunket Society
27. Solo Parents (N.Z) Inc.
28. Y.W.C.A. of New Zealand

NEW ZEALAND COUNCIL OF SOCIAL SERVICE:

in establishing the New Zealand Federation of Voluntary Welfare Organisations member organisations accept the eventual aim of the formation of a New Zealand Council of Social Service including representatives of voluntary, statutory and State welfare agencies, and possibly interested individuals.

The following functions are regarded as within the scope of the proposed future Council.

- To consider and encourage the development of the best use of welfare resources in meeting social welfare needs in New Zealand and in areas of need overseas.
- To provide opportunities for discussion on matters of co-operation between the State and statutory and voluntary agencies involved in social welfare.
- To provide a Council competent to consider existing and proposed legislation affecting social welfare or to make suggestions regarding legislation which should be enacted.
- To foster and undertake research in the social welfare area including the prevention of social problems.
- To foster and encourage the adequate training of social workers, both professional and voluntary, and to establish minimum standards of training.

6. To foster and maintain the highest possible ethical standards in the practice of social work in New Zealand.
7. To encourage and inform public opinion in all matters relative to social problems and services provided including those of a preventive nature.
8. To foster and maintain harmonious relationships between employers and employees in the social welfare field in New Zealand.
9. To affiliate with organisations with similar purposes, both within New Zealand and overseas, including the International Conference on Social Welfare and to encourage representation from New Zealand as and when appropriate.

APPENDIX IV

THE CHILD WELFARE DIVISION

The Division, then called the Branch, was established by the Child Welfare Act, 1925, the purpose of which was:—

“To make better provision with respect to the maintenance, care and control of children who are under the protection of the State; and to provide generally for the protection and training of indigent, neglected, and delinquent children”

To carry out this purpose, the Child Welfare Branch and the Children's Court were established. The work done by the Division to fulfil its functions can briefly be described as follows:—

- (a) Investigating and reporting on all cases involving children under 17 (or under 18 in some cases) coming before the Children's Court either as a result of an offence (except murder or manslaughter) or following a legal complaint that a child is neglected, indigent, not under proper control, delinquent, or living in an environment detrimental to his physical or moral well-being.
- (b) The subsequent care in short-stay homes, in training institutions and in foster homes of children, who for reasons of neglect, poor environment or difficult behaviour are placed by the Children's Court under the guardianship of the Superintendent of the Child Welfare Division.
- (c) The subsequent oversight (usually in their own homes) of children placed by the Children's Court under supervision, but not under guardianship; this involves regular interviews with the children and parents, co-operation with the school, helping to arrange suitable work where required, arranging club and other such contacts, and visits to medical, psychological and psychiatric specialists, where necessary.
- (d) Preventive work with children and families in an endeavour to avoid Court action. This necessitates, in the early stages of trouble, help of a similar nature to the above and includes financial aid if needed.
- (e) Co-operation with officers of the Youth Aid Section of the New Zealand Police in an attempt to deal with delinquency, where possible on a preventive basis and without Court action. Child Welfare Officers undertake supervision of cases where Preventive supervision is considered appropriate.
- (f) Attending to a wide variety of miscellaneous duties involving inquiries into cases of truancy, complaints from many sources regarding children and reports to other agencies and Departments.
- (g) Administration of homes and institutions for children, including residential schools for deaf and educationally subnormal children.
- (h) Placement and oversight of immigrant and refugee children.
- (i) Inquiries into illegitimate births to ensure that proper provision is being made for the child and for the mother where necessary.
- (j) Reporting to Courts on application for adoption of children.
- (k) Reporting to Courts on matrimonial proceedings affecting custody of children.

- (l) Licensing of foster parents who for payment or reward board children under six years of age in their homes for more than seven consecutive days. These foster-homes are visited and the care of the children supervised.
- (m) Inspection of Children's Homes run by voluntary organisations and administration of financial assistance by way of capitation subsidy for each child cared for, and a subsidy of up to 50 per cent on expenditure for the extension or replacement of buildings or additions to facilities. Advisory help is also offered to the managements and staffs of these Homes.
- (n) Licensing and supervision of child care centres (commonly referred to as “day nurseries”) in order to ensure that adequate standards are maintained. Also subsidies for building Homes for unmarried mothers.
- (o) Liaison with overseas and international social service agencies.

RESOURCES:

The Child Welfare Division is a Division of the Department of Education. It is properly an education and not a law enforcement agency. For some years now, Ministerial responsibility has been divided (by Cabinet arrangement but not by Statute) between the Minister of Education and the Minister in Charge of the Child Welfare Division.

The Director-General of Education is responsible to the Minister of Education for the general administration of the Division. Although the Superintendent of Child Welfare is responsible to the Director-General on administrative matters, he exercises his own discretion on decisions within his power as guardian of State wards. The statute is precise on this; the Superintendent acts “to the exclusion of all other persons”.

The Division consists of administrative, social work, institution, and clerical staff. National administration is the function of Head Office, situated in Wellington, and comprises the Superintendent who is responsible to the Director-General of Education for the work of the Child Welfare Division, a Deputy-Superintendent, a Supervisor of Institution Services, a Supervisor of Field Services, a Senior Inspector, two Inspectors, a Supervisor of Registered Children's Homes and Child Care Centres, a Staff Training Officer, a Senior Boys' Welfare Officer, a Senior Child Welfare Officer, a Research Officer and Assistants, an Executive Officer, an Assistant Executive Officer and other clerical officers.

Field work is carried out in 29 Districts from Kaitaia to Invercargill. Each district is under the administrative control of a District Child Welfare Officer and in addition comprises men and women social workers, called Boys' Welfare Officers and Child Welfare Officers respectively, as well as clerical officers, the numbers in each category depending on the size of the district. There are approximately 300 men and women social workers and 260 clerical officers. In addition 140 Honorary Child Welfare Officers gave valuable assistance to the salaried officers, the type and extent of help given by individuals varying with their personal circumstances.

The Division employs 450 institution officers in a variety of institutions designed to meet the special needs of children under care. The institutional facilities may be summarised as follows: (Figures in parentheses refer to the normal capacity of each institution).

INSTITUTIONS FOR SHORT-TERM CARE AND TRAINING:

Reception Centres: Auckland (16); Hamilton.

Boys' Homes: Auckland, Hamilton, Lower Hutt, Christchurch, Dunedin (Varies from 16 in smallest to 48 largest).

Girls' Homes: Auckland, Hamilton, Palmerston North, Wellington, Christchurch, Dunedin (16-44).

Girls' Hostel: Wellington (12)

INSTITUTIONS FOR EXTENDED CARE AND TRAINING:

Kohitere, Levin (111); Hokio Beach School, near Levin (60); Kingslea (100); Fareham House, Featherston (24).

Special Schools for Backward Children:

Salisbury Girls' School, Nelson (50); Campbell Park School, Otekaieke, for Boys (115).

Special Schools for which the Division provides Administrative Services:

School for the Deaf, Kelston, Auckland (163); School for the Deaf, Sumner, Christchurch (137); Mount Wellington Residential School, Auckland (24); McKenzie Residential School, Christchurch (25).

Family Homes:

Family Homes are large houses owned, and usually built by the Division and let rent-free to selected foster parents. They accommodate up to 6 or 7 children and are organised as family units. They provide short-term emergency accommodation but some wards are placed there on a long-term basis. Of over 60 homes already in operation, 16 are used as hostels for working wards, and four are used solely for young persons coming from institutions for long-term care and training.

The Principal, Kohitere, and Principals, Kingslea and Fareham House are responsible to the Superintendent of Child Welfare for all matters connected with the operation of their institutions. Principals of special schools for deaf and backward children are responsible to the Superintendent except in educational matters for which they are responsible to the Director-General of Education. The pattern of administration for the Mount Wellington Residential School is similar to that which applies to the other special schools. Boys' Homes, and Reception Centres, are under the control of the District Child Welfare Officer in the district where they are situated.

SOME STATISTICS FOR 1969 (Previous year's figures in brackets).

1. Children under control and supervision at 31 December

a.	State wards	4814	(6602)
	in foster homes	48%	
	in institutions	27%	
	in employment	12%	
	with relatives or friends	12%	
b.	Legal supervision	3509	(3267)
c.	Preventive supervision	4400	(4727)
d.	Infants in licensed foster homes (I.L.P.)	518	(579)
e.	Infants placed with view to adoption	2132	(2370)
f.	Special Schools (excluding State wards)	504	(429)

2. Some totals for the year:

a.	Children's Court appearances: (on complaints and charges)	8375	(8113)
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b. Children's Court appearances:

(i)	for all offences (at the rate of 157 per 10,000 population aged 10 - 17 years)	6961	(6960)
(ii)	for offences other than technical (at the rate of 141 per 10,000 of population aged 10-17 years)	6267	(6247)
c.	Cases handled by Y.A.S.* and C.W. in co-operation and dealt with without prosecution	7104	(4791)
d.	Miscellaneous inquiries	16624	(12761)
e.	Adoption orders granted	3500	(3477)
f.	Illegitimate birth inquiries	9081	(8867)
g.	Infant Life Protection Cases	998	(1100)

3. Children in Registered Children's Homes:

(commonly but incorrectly called orphanages - a little over 1.2% of children in these were orphans)	1521	(1474)
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N.B. Included in these totals are 228 (263) children placed in foster homes by the agencies controlling the Children's Homes.

(* Youth Aid Section)

APPENDIX V

THE MAORI WELFARE DIVISION

INTRODUCTION:

The activities of the Department directed as they are to the welfare of the Maori race inter-lock the activities of the Welfare Division with those of every other division, namely, Maori Trust Section, Housing, Maori Land Court, and the various other sections which make up the Department of Maori & Island Affairs.

History of Maori Welfare Division and Maori Associations: The Maori Welfare Division and Maori Associations developed from the war effort organisations set up during the Second World War. There had been some move towards a welfare group in the early thirties when three men were appointed to work in districts where the people were backward in accepting the Department's policy of land development and settlement. Their task was to persuade the people to join the scheme and to offer their land for development.

Under the Maori Social and Economic Advancement Act 1945, provision was made for the Tribal Executives and Committees formed to assist in the war effort to be re-organised, and for Maori Welfare Officers to be appointed as Officers of the Department of Maori Affairs. Their functions were to give general direction to the activities of the movement and to maintain close contact with the people. Tribal executives exercise control over areas contained in tribal districts. Their membership consisted of two representatives of each tribal committee together with the Maori Welfare Officer and an "ex-officio" member. Tribal committees were elected by the Maori public to administer a settlement or group of settlements. This administration extended to everything pertaining to the Welfare of the Maori race or to an individual member of the race.

In 1961 an amendment to the Act provided for the setting up of both District and National Maori Councils, providing the means of two-way communication between the Government and the Maori people on matters of moment to both.

The Maori Social and Economic Advancement Act was repealed by the passing of the Maori Welfare Act 1962. This consolidated the early Act and under its provisions Maori Associations became independent of the Department.

OBJECTIVE:

The objective of the Welfare Division is to assist the Maori in his endeavours to take and maintain his proper position as a citizen of New Zealand and in doing so, the Maori Welfare Division helps the Maori people in education, housing, vocational training, employment and health. The Division collaborates with and gives such assistance and advice to Maori Associations and other groups as may be necessary or helpful so that the people themselves may find and apply their own solutions to their own problems, and develop and achieve the utmost satisfaction from their own culture.

Housing:

Welfare Officers are asked to stress on every occasion the importance of better housing and encourage all Maoris, especially those in sub-standard conditions, to better their lot either by home ownership or suitable rental housing. A general follow-up includes dealing with problem cases; talking to young married couples in regard to home ownership; advising whether or not rural families should move to larger centres; interpreting to the Maori people information about loans available to them; arranging for the reduction of arrears where these accrue; and other problems that from time to time arise with families which have been re-housed.

Education:

The work of the welfare officers in this field is predominantly in the home, the community and with parents. However, visits to all schools from pre-school level to secondary schools are made during the year by Maori Welfare Officers.

Maori Education Foundation: Assisting with applications to the Foundation and the preparation of full reports on both the individual and family.

Adult Education: To encourage people who have not taken full advantage of obtaining a reasonable education in the past to enrol at evening classes or at any Course that may be available within the area in which they live.

Vocational Training: Special training schemes are administered which include the Trade Training Scheme.

Trade Training: Motor Mechanics; Painting and Panel-beating; Diesel Mechanics, Brick-laying; Fitting and Turning; Sheet-metal working. Trade Training apprenticeships are available under the scheme in Auckland, Hamilton, Wellington and Christchurch.

Pre-Employment Courses: These are conducted in conjunction with the Polytechnics in Auckland, Wellington, and Hamilton.

Farm-Training Schemes: Maori Welfare Courses, Pre/Nursing Courses and Hotel Training Schemes are some of training schemes within the country.

Shorthand Typist Courses, Pre/Nursing Courses and Hotel Training Schemes are some of the other special schemes that Maori Welfare are asked to administer.

Employment:

In special cases employment is arranged for people.

Health:

The Welfare Division works closely with the Public Health Nurses and other health authorities within their areas and officers encourage people to attain better standards where necessary.

Adoptions:

Under the Adoption Act, Maori Welfare Officers deal with all adoption matters where the child and parents are of half or more Maori blood.

Maori Associations:

The Maori Associations comprise:
New Zealand Maori Council;
Maori Executive Committee;

District Maori Council;
Maori Committees.

Districts:

New Zealand is divided into 8 Maori Council Districts. These are divided into Maori Committee Districts which are again divided into Maori Committee areas.

Functions:

The general functions of the New Zealand Maori Council are set out in the Maori Welfare Act. The primary functions are: to encourage Maoris as individuals and in groups to take the initiative in matters affecting their own welfare and that of their kinfolk; to be a forum of discussion in which they can crystallise their ideas and gain the co-operation of others in actively pursuing mutually agreed objectives; and eventually to achieve progress in the various spheres of welfare. At its own request it is in charge of promoting harmony between

Maori and non-Maori. The members of Maori Committees must not be less than 20 years of age and are elected by the Maori residents of the area concerned. A European is eligible to become a member of a Maori Committee provided he is elected by the Maori people.

Maori Women's Welfare League:

The most important organisation in the non-statutory group is the Maori Women's Welfare League. It deals with matters affecting women and children. Its principle function is to have the mothers strive for a higher standard of welfare within the home and in the community. Local branches may be formed affiliating with District Councils which in turn affiliate with the Dominion Council.

Finally, in the words used in the Hunn Report of 1960 on the Department of Maori Affairs, "The Maori Welfare Officer is very much a 'generalist', and not a specialist, as perhaps in some social work agencies the officers concerned are."

APPENDIX VI (a)

THE DEPARTMENT OF HEALTH

The Department was established in 1901 following the passing of the Public Health Act 1900. Its present governing legislation is the Health Act 1956, and it is responsible for administering the Hospitals Act 1957, the Mental Health Act, 1969, Part II of the Social Security Act 1964, and all other public Acts relating to the promotion of conservation of health.

The principal functions of the Department of Health are related to the provision of hospitals and the administration of the various health benefits established under Part II of the Social Security Act, in particular General Medical Services and pharmaceutical benefits.

Those Health Department functions most closely allied to the social welfare services are:

1. Mental Health Services:

- (a) Mental Hospitals
- (b) Hospitals and Training Schools for the Subnormal
- (c) Child Health Clinics.

Under the Mental Health Act 1969 provision was made for the transfer of the administration of mental health services from Health Department to Hospital Boards. This will probably take effect from early 1972. One result will be that the Health Department will no longer have any social workers in its employment as its only social workers are within the mental health services.

- 2. Public Health Nursing
- 3. Care of the Aged
- 4. Accommodation for young people
- 5. Services for the Physically Handicapped
- 6. Rehabilitation

The Division of Mental Health:

Objectives are the development of a comprehensive mental health service so that any person with any illness, handicap or problem relating to the mind such that he requires or can benefit from expert advice or treatment, or from special care or training, can have his needs fully provided for either within the special institutions administered under the Mental Health Act, or within complementary services.

The Division administers 10 Psychiatric Hospitals, 4 psychopaedic hospitals, a maximum security unit and one hospital for functional nervous diseases. In addition to in-patient services, the Division administers 28 out-patient clinics, divisional staff participate in the running of 8 further out-patient clinics, and 6 Child Health Clinics are administered by the Division through the Medical Officers of Health. Some psychiatric hospitals also maintain hostels in urban areas for the accommodation of patients prior to or immediately following discharge.

As at December 1970 there were 54 established positions for social workers within these services. Their work varies and is largely dependent upon the clinical requirements of the setting in which they are engaged. In the hospitals and outpatient clinics they may work as therapists with patients and their families, prepare social histories to assist in the understanding of the patient's mental health and community factors which bear upon it, and may be called upon to help in rehabilitation at the time of the patient's discharge. They may work primarily with intellectually handicapped children, disturbed adolescents, the elderly,

adults who experience difficulties because of marital problems, loneliness or mental illness, or they may work equally within all of these areas. The Child Health Clinics, established originally as paediatric services, have developed to meet a need for child and family guidance, and in this setting the social worker works closely with a team of professional staff in the diagnosis, treatment and counselling of the family with disturbed or subnormal children or adolescents.

Public Health Nursing Service:

A responsibility of the Medical Officers of Health and the Public Health Nursing Service is to provide medical and nursing supervision of infant, pre-school and school children, to provide advisory health services to schools and other child services, in addition to health education, disease prevention and safety promotion. Functions of the Public Health Nurse have become increasingly focused on the total field of family care, including the early detection of mental, physical, social and emotional defect, and, for example, rehabilitation and after care of the psychiatric patient.

Care Of the Aged:

To ensure satisfactory medical, social care and general welfare of the aged, the service is responsible in advising the Minister as to policy, and in administering the Government's scheme of subsidies to bodies providing services for the aged. It is responsible for co-operating with hospital divisions in the establishment and extension of domiciliary care services for the aged such as home aid, district nursing, meals on wheels and laundry services.

In 1964 the Board of Health recommended the setting up of a committee "to investigate the current policy and to make recommendations thereon in respect of all aspects of care of the aged". This committee's detailed report includes recommendations concerning housing for the elderly, domiciliary services, hospital services and residential homes, together with education, training and staffing, and administration and policy making, many of which have already been adopted by the Department.

Accommodation for Young People:

The department administers financial assistance to religious and welfare organisations for the establishment of hostels for young people required to live away from home while furthering their studies or taking up employment. At present consideration is being given to the matter of the Labour Department assuming this work.

Service for the Physically Handicapped:

In the field of physical medicine, the department aims to maintain standards of physiotherapy and occupational therapy, supervising the provision of these services in hospitals, and to provide and maintain the Visiting Cerebral Palsy Therapist service (the transfer of which to Hospital Board administration is also planned). The department has oversight of the Pukeora Home for physically handicapped people.

Rehabilitation:

Departmental aims are to promote a unified rehabilitation service by developing the provision of rehabilitation services in public hospitals, and to co-operate with other departments and organisations such as the D.R.L. in providing for the assessment and welfare of the disabled.

Responsibility for the administration and payment of existing subsidies for approved organisations providing sheltered workshops and day care facilities for the mentally subnormal has been transferred to the Department of Social Security.

APPENDIX VI (b)

THE MEDICAL SOCIAL SERVICES

Number of Hospital Boards

31

Number employing Medical Social Workers

18

(of the 13 Boards without Medical Social Workers, one has authority to employ a Medical Social Worker, another is proposing to seek authority).

Number of Medical Social Workers employed

117

(one Hospital Board employs over 40% of the total number employed).

OFFICIAL DEFINITION OF A MEDICAL SOCIAL WORKER:

A medical social worker means a registered nurse other than a staff nurse whose duties are wholly or mainly to conduct enquiries into home conditions of patients and whose appointment has the approval of the Director-General of Health.

FUNCTIONS:

The official definition is of little help. Views on the nature of medical social work in New Zealand are so varied that much of the discussion is rendered valueless because those concerned, i.e. Health Department, Medical Superintendents, and medical social workers, are not really discussing the same thing. Medical social workers are being recruited to, sometimes trained for, and paid for, carrying out a job that has not been defined and therefore cannot be assessed.

QUALIFICATIONS:

In the absence of agreement on the task of the medical social worker, statements about the type of training and qualification required have little value or real meaning. There has never been any serious attempt to answer the question of what medical social workers should do, except at the level of local hospitals, and different hospitals have arrived at different answers. There is no detailed written statement of Departmental policy on recruitment and training of medical social workers.

In 1965 the majority of medical social workers considered they were inadequately qualified and the situation is little different now.

REGULATIONS:

Medical social workers are employed under the Hospital Employment (Nurses') Regulations. Non-nurses are employed under Section 9 of the Hospital Employment Regulations.

ESTABLISHMENTS:

The basis on which the level of establishment in hospitals is determined is usually a worker/bed ratio. Some hospitals have a better ratio than 1 worker to 100 beds, others a less favourable ratio. A worker/bed ratio is an unsatisfactory index for indicating need. Medical social workers are increasingly involved in social work with outpatients.

RECRUITMENT:

While salary scales remain tied to nursing scales, recruitment to medical social work does not meet requirements. If salaries were raised to the level of social workers in the State Services with opportunities for promotion and training, it might be possible to provide an adequate medical social service.

ADDENDUM:

Since 1963 medical social workers have sought recognition as a separate occupational group

and to have conditions of employment and opportunities for training which would be attractive to qualified social workers and to those wanting a career in medical social work.

A definition agreed upon by the Medical Social Workers' Interest Group in 1965 and not reconsidered since is:—

A medical social worker means a person holding a professional social work qualification or possessing some other qualification or experience which would enable him/her to help patients with environmental and personal difficulties related to their illness and rehabilitation.

In practice medical social workers concern themselves with a wider range of tasks than the official definition requires. In spite of the varied views held, most are engaged in helping patients with personal and social problems related to illness, medical care and rehabilitation, and offer counselling and practical services to ensure the patient receives appropriate after-care on discharge. With their knowledge of hospital facilities, community facilities, statutory agencies, local authority and voluntary agencies and their services, they are giving assistance with obtaining domiciliary and extra-mural services, arranging admission to institutional and convalescent care, with applications for housing, social security benefits and other financial grants and welfare assistance, with establishment in suitable employment or re-training for employment and exploring special services for children and the handicapped. A high proportion of the work is with the aged.

Some are concerned in assessing and meeting the hospitals' need for medical social work and in formulating policy. Public relations both within and outside the hospital feature largely — the need for social work is not universally recognised, nor its methods understood by medical and nursing staff. Larger hospitals have inservice training and staff development programmes for medical social workers and medical social workers are taking part in the training programmes of other hospital staffs. However, in spite of the growth in the service it is indicative of the medical social workers' situation that they receive no mention in 'A Review of Hospital and Related Services', published by the Department of Health in 1969.

The impact made by medical social workers as a group is something less than they would have liked to achieve in the time that they have been established in hospitals in New Zealand.

APPENDIX VII THE JUSTICE DEPARTMENT

THE PROBATION SERVICE:

Administration: The Probation Service is a division of the Department of Justice, and is headed by the Director of Probation whose administrative head is the Secretary for Justice.

Probation Officers are statutory officers and derive their authority from the Criminal Justice Act 1954. Although responsible to the Secretary for Justice, the full-time officers largely make their own decisions in regard to those under their supervision and those on whom they may be required to report for the information of the courts.

Definition: Probation is a method of dealing with an offender convicted of an offence punishable by imprisonment whereby the imposition of a final sentence is suspended. Instead of being sentenced to imprisonment, the offender is released on probation under the supervision of a Probation Officer.

Subject to certain restrictions laid down and with the help, advice and guidance of the Probation Officer, the offender is given the opportunity to prove himself within society. He is given the chance to regain a place he may have lost through his offending and to become re-established as a law-abiding citizen. Should he fail by his own choosing the law can still deal with him for his original offence.

The aim is the same in respect of probationers released from institutions. Having been punished for their offending by being sent to prison, they are released on parole under the supervision of Probation Officers.

Functions of Probation Officers:

- (a) **Investigation:** Probation Officers are required to make enquiries and prepare written reports on offenders at the request of Magistrates. They submit similar reports on all persons for sentence in the Supreme Courts. Reports are required to be complete, accurate accounts, covering the criminal, employment and general history of offenders. They may recommend probation, or some other form of treatment appropriate to the offender and his crime.
- (b) **Supervision:**
 - (i) Probation Officers are responsible for the legal supervision of all persons released on probation by the Courts. They give assistance with employment and accommodation and advice on any problem the probationer may have. They enforce the orders of the Court in respect of payment of costs and restitution and the statutory and special conditions. These may require residence in a certain place, or the opening of a Post Office Savings Account, or the abstention from alcohol, etc.
 - (ii) They also supervise those released on parole from institutions, the aim being to aid their rehabilitation as law abiding members of society. These parolees are subject to much the same conditions as probationers. This group comprises all persons released from a sentence of one year or more and those released on parole from Detention Centre and Borstal Institutions.
 - (iii) Probation Officers also supervise persons required to pay fines, if the Court so directs under the provisions of the Summary Proceedings Act, 1957, until the fine is paid.

- (c) Probation Officers may act as conciliators in domestic proceedings.
- (d) Officers sit on Classification Boards at receiving prisons and assist in decisions as to transfer to other institutions and are also involved in preparations for release;
- (e) Probation Officers as public servants are available to the community. Their advice is sought on family problems, recalcitrant young people and matters of social welfare. Not in all cases can the Officer give the advice required but he is expected to be familiar with all other social agencies and to know who can.

Establishment: Full time Probation Officers = 140; Part time Probation Officers who are Court Bailiffs = 3; Part-time Probation Officers who are Police Officers = 100. There are 29 District Probation Officers. There are also Probation Officers at the Auckland, Paparua and Tongariro Prisons. They do pre-release work mainly with inmates coming out on parole. Probation Officers at New Plymouth, Wanganui, Napier, Lower Hutt, Wellington, Christchurch and Dunedin do similar work at the local prisons.

Facts and Figures:

(a) Number of persons released on probation by Courts for year ended 31.12.69	3794
(b) Number of persons released on probation from institutions as at 31.12.69	1903
(c) Number of pre-sentence reports submitted in 1969 by full-time officers	9211
(d) Total number of probationers and parolees 31.7.70	6397
(e) There are more people on probation than there are in prison. (In custody as at 31.7.71)	2200

Probation Treatment Centres: This measure was introduced in 1968 in order to provide a specialist diagnostic treatment and counselling service for the more complex cases on the caseload of the Auckland Probation Office, and has now been extended to Wellington.

The treatment team consists of the District Probation Officer, a Medical Officer attached to the Magistrates Court, a Senior Psychologist and a Forensic Psychiatrist.

Pre-Release Hostels: The Probation Service is responsible for all penal treatment in the community and thus has control of pre-release hostels. These are homes where prisoners and borstal trainees nearing the end of their sentences can be transferred and prepared for ultimate release. Those transferred to these hostels, though still serving their sentence are able to go to work daily in the community and have a certain amount of freedom in their leisure time. In each home there is a Warden and Matron who have six to eight inmates under their control.

The hostels are gazetted as penal institutions and if anyone absconds they are charged with the offence of escaping from an institution.

Pre-release Hostels are located at:—

Borstal Trainees (male)	Auckland (1963) Hamilton (1964) Wellington (1965)
Borstal Trainees (female)	Wellington (1966)
Adult Prisoners (male)	Auckland (1969) Christchurch (1964)

Periodic Detention Work Centre: The object of periodic detention is to provide undisciplined offenders with a salutary lesson involving a taste of detention yet not interfering with their normal working lives. They are required to report at a centre where they may be detained over a number of weekends.

The programme includes discussions, lectures and counselling, and work for the community all day Saturday. This work includes such jobs as cleaning up sections for elderly and infirm persons, assisting with intellectually handicapped children's homes, old folks institutions and other community projects.

This scheme has now been extended to adults who attend on Saturdays but who are not required to live in.

Periodic Detention Centres are located at: (Youth) — Auckland (2), Lower Hutt, Christchurch, Dunedin, Invercargill, Otahuhu. (Adult) — Auckland, Wellington, Christchurch, Hamilton, Dunedin.

Probation Hostels: Frequently there is need for greater supervision of an offender than is possible on probation if he is to be kept from further offending. To this end some probationers are directed to reside in Probation Hostels where they come under supervision and care of a Warden and Matron. Church social services and the Department work together in providing hostels for young probationers.

INSTITUTION SOCIAL WORKERS:

Social workers are employed in some prisons and institutions assisting with the welfare, treatment and rehabilitation of prisoners and borstal trainees.

APPENDIX VIII

THE SOCIAL SECURITY DEPARTMENT¹

Social security in New Zealand is a scheme of State assistance for the whole population, providing a comprehensive range of monetary benefits, and complete medical and hospital provisions. The present scheme first came into operation on 1 April 1939, and the present governing legislation is the Social Security Act 1964.

The Social Security Department, under the control of a Commission, is responsible for the administration of social security cash benefits under Part I of the Social Security Act 1964, war pensions and allowances and related matters under the War Pensions Act 1954, rehabilitation of ex-servicemen under the Rehabilitation Act 1941, and capitalisation of family benefits under the Family Benefits (Home Ownership) Act 1964. The chairman of the Social Security Commission is also Secretary for War Pensions and Director of Rehabilitation. Health benefits under Part II of the Social Security Act 1964 are administered by the Department of Health.

Cash Benefits: Social security cash benefits free of any means test (i.e. any test of assets or other income) are payable in respect of children, those aged 65 and over, and to minors who fulfil the eligibility requirements. Cash benefits subject to an income test are payable in respect of those aged 60 or over, widowhood, invalidity, orphanhood, sickness and unemployment. In addition, emergency benefits may be granted where hardship is proved and there is no entitlement to a statutory cash benefit. Also, supplementary assistance is available to help social security beneficiaries, war pensioners and others who have necessary commitments which cannot be met out of their current income, (including benefit or other resources), and who are unable to help themselves. In addition, under an advances for major repairs scheme, advances of up to \$400.00 may be made for the provision of essential services or major repairs to or maintenance of the homes of beneficiaries and pensioners.

War Pensions and Allowances: War pensions and additional provisions are available to men and women who served in New Zealand forces either in New Zealand or overseas. On certain conditions, war veterans' allowances are available for men and women who served overseas in the South African War, World War I, World War II and later war-like operations. Dependants of disabled or deceased ex-servicemen are also eligible for pensions and some other provisions.

Rates: The standard social security benefit, economic war pension or war veterans' allowance, since 2 September 1970, has been \$14.75 a week to a single adult, \$27.00 to a married couple. A family maintenance allowance or mother's allowance may be added of \$12.00 a week for one dependent child and \$1.50 for each additional child of a solo parent, and, for a married couple, \$2.00 for one dependent child and \$1.50 for each additional child. The normal limits for supplementary assistance, payable in addition to these amounts, are \$4.50 a week for single persons and \$6.00 for married couples. For income tested benefits a basic exemption of \$13.00 a week (\$676 a year) (plus a further \$2.00 a week for income from a Friendly or like society) may be disregarded as income.

Rehabilitation: The War Pensions Branch of the Social Security Department has handled ex-servicemen's rehabilitation since 1960, and the department has played an active role in the rehabilitation of disabled civilians for many years. Benefits, including emergency benefits plus a rehabilitation allowance of up to \$8.00 a week may be paid to disabled people

undergoing training or rehabilitation. In addition to this active role in the financial and welfare aspects of rehabilitation, the department, through its representation on the National Civilian Rehabilitation Committee and the Disabled Re-establishment League (formerly the Disabled Servicemen's Re-establishment League) has been involved in the development of rehabilitation policies for New Zealand. A recent major policy change has been to shift the work of the Disabled Re-establishment League from that of providing trade training and sheltered workshops, to that of the assessment of a disabled person's abilities and to provide training, work experience and the cultivation of work habits for the disabled.

Some statistics: At 31 March 1970 the number of benefits and war pensions being administered by the department exceeded 764,000, of which 408,000 were family benefits to 990,000 children, and 242,000 were superannuation or age benefits.

Total expenditure on cash benefits, war pensions and allowances, supplementary assistance, etc. was \$300 million, including \$7.5 million on capitalised family benefits. Administration costs were \$5.3 million, or about 1.8 percent of expenditure.

WELFARE SERVICES:

Social Work, Field Work and Counselling Services: In all social security offices there is a counselling officer who is not a social worker but a specially selected staff member, and in 17 district offices there are 32 (as at 31 March 1970) social workers. They provide a general individual and family counselling service for beneficiaries, helping them with any problem even though it may not be directly concerned with social security. Also, there are selected field officers for assisting in the investigation and home inquiry work required in the administration of benefits and pensions.

The social workers maintain a limited social casework service as well as assisting in the home inquiry work. The main areas of social work activity are with women and their children suffering from the stresses of broken marriages, whether the break is caused by desertion, death or imprisonment of their husbands; in the rehabilitation of disabled persons; in marriage counselling; in home management and family counselling; in the organisation of the home help service; and in help for the aged.

Other Services: Services, other than those already mentioned include a home help service, and the issue of wheelchairs on loan to disabled persons who could not reasonably be expected to pay for them.

¹ This appendix was prepared from the New Zealand Yearbook for 1970, the annual report of the department for the year ended 31 March 1970, and a "Background paper on social security cash benefits and the operations of the Social Security Department in New Zealand", prepared by the Social Security Department for submission to the Royal Commission of Inquiry into Social Security, October, 1969.