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Social Services Policy and Delivery in Australia: Centre-Periphery Mixes

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Abstract

The development of social services policy and the delivery of those attendant services have come to occupy a core role for modern governments. The modes of policy development and service delivery and their coordination have shifted between centralised models operated by decision-making elites and a peripheral model in which government divests some level of authority and responsibility for the development and implementation of social services policy to community based actors and organisations. Changing policy stances bring these models and their associated coordination principles into dominance at different points in history and importantly, problematise social services policy making and delivery through the continued existence of residual aspects of these multiple approaches.

The Howard Government’s current social policy draws on aspects of the periphery modes of social organisation, policy development and service delivery. However the continued reliance on central regulating and co-ordinating processes has led to a blurring of the boundaries of responsibility for policy formulation and co-ordinated execution and delivery of services in this critical area. It is argued that irrespective of the dominant domain, government, by virtue of its central role to ensure social stability, should retain some responsibility for policy development and oversight through more vertical, centralised coordination modes but in a way that combines with horizontal, decentralised relational approaches to ensure participation and engagement.

Introduction

A well-designed and effective social services sector allows all citizens to achieve a level of wellbeing and participate constructively in society and in so doing, ensures social stability and cohesion (Esping-Anderson, 1997;Saunders, 1999). Similar to most other western democracies Australia has developed an expansive social policy and program of social services. However, a strong colonial association with Britain coupled with localised experiences has meant that the Australian social services arena has evolved into a distinctive model in which responsibility for policy development and service provision are spread across three tiers of government, an extensive voluntary sector and increasingly, the private arena (Quiggan, 1999; Dollery and Wallis, 2001).

It is contended that within this arrangement the policy and service provision models can be described as either the core or centre, or periphery. Each of these models is supported by a particular set of coordination principles and activities. With respect to the core/centre model, social policy is developed by an administrative elite and government assumes most of the responsibility for services implementation. Coordination within this model is achieved by way of legitimate authority, centralised decision-making and controlled communication patterns (Ansell, 2000;Matheson, 2000). These vertical processes assist governments develop a coherent and consistent policy and service delivery package and bestows the mandate to implement these in the face of opposition (Matheson, 2000).

By contrast, in the peripheral model, government divests some level of authority and responsibility for the development and implementation of social services policy and new actors and processes are brought into play to develop and deliver social services. Coordination in this context is decentralised and proceeds by way of horizontal practices, bargaining, negotiation and more informal relationships and is
characterised by a significant degree of autonomy from the state (Matheson, 2000; Keast and Brown, 2002; Stewart, 2002).

The centre-periphery fluctuation of policy and service delivery models in Australia and their intersection has contributed to a complex, contested and crowded policy and service delivery arena, which has presented special problems for achieving coordination and realising effective service delivery to achieve the ends of amelioration of social disadvantage. Further, this social services arena has not evolved as a comprehensive program; rather a plethora of emergent ideas has been grafted onto disparate programs and models that, depending on the prevailing ethos, have taken root in either the central state or more peripheral locales such as the market and particularly, the community sectors (Quiggan, 1999).

More recent attempts to deliver and co-ordinate social services have focussed on capitalising on some aspects of voluntary sector principles and ethos of self-reliance through such tenets as mutual obligation, social partnerships and individualised service delivery (Dollery and Wallis, 2001). The Howard government policies draw on both the core and periphery models and, in doing so, have blurred the accountability provided by the vertical and undermined the relationships fostered by the horizontal. In the uneven mixing of authority and devolution, this situation presents as a policy dilemma to achieve the attested goals of government of social cohesion and community wellbeing.

The next section traces the evolution of social policy and service delivery in Australia, focusing on the shifts in policy and service models and the processes and problems of achieving coordination in these different locales. This part is followed by examination and analysis of the Howard Government’s deliberative mix of centre-periphery policy and service stances. Finally, the efficacy and limitations of the interplay of the modes are unpacked and highlighted to conclude that a purposeful mix is required to deliver optimal social services outcomes.

Social Services in Australia: Policy and Provision Modes

Australia was settled as a convict colony in which a highly centralised, authoritarian, military based colonial government was responsible for the administration and advancement of the settlement and health and welfare of convicts and military personnel (Aitken and Jinks, 1980; Brown, 1968; Painter, 1987; Wanna and Weller, 2003). As the colonies became more established and increasingly occupied by free settlers and ‘native born’ persons, social problems such as poverty, disability and dislocation began to emerge (Peyser, 1939; Brown, 1968; Kewley, 1969).

Since the central government assumed little or no responsibility for the provision of social services, it was left to free settlers to make provision for themselves through their own social/familial networks and later, charity bodies and civil institutions. This response established the periphery model as the major vehicle for driving social services policy and delivery of services. As a result of government inaction, gradually, in the early communities, a loose network of voluntary organisations emerged to cater for the welfare needs of the free settlers, in which the initial network of local benevolent societies was complemented by orphanages, refuges for ‘fallen women’ and infirmaries, hospitals and asylums for the mad, the sick, the old and the infirm (Brown, 1968; Kewley, 1983; Maunders, 1984).

By the mid 1800s, the government recognised the inherent socialising benefits of voluntary institutions and eventually began to contribute small amounts of funding through sponsorship arrangements to those agencies accepting the principle of
limited government support and responsibility (Tierney, 1970; Painter, 1987). Consistent with the prevailing ethos of the period, this sponsorship was to limit the impact of social problems through minimum support rather than their amelioration through the development of a comprehensive service sector (Brown, 1968; Maunders, 1984). Graycar (1979) summarised the arrangement as follows:

Before Federation, social welfare problems were dealt with by religiously oriented charitable bodies, many of which received the strong support and sponsorship of colonial governments. The colonial governments saw their role as providing some limited resources to charitable bodies for them to do their ‘good works’. There was essentially, very little government involvement (1979: 21).

Emerging from this early set of policy principles was a growing array of specialist small voluntary organisations each reflecting its particular area of service interest, mission and, often, religious denomination. Although largely autonomous in their operation, through their sponsorship arrangements these agencies were perceived, in effect, almost as administrative ‘organs of government’ (Tierney, 1970: 205). From time to time government attempted to control and coordinate the voluntary agencies, particularly with respect to ensuring that they were not overstepping the conditions of the sponsorship arrangements (Tierney, 1970: 205). The focus, then, was to ensure that these peripheral service providers adhered to the implied social contract to only meet minimum social needs. The peripheral model was based on an approach of steering service provision as Tierney (1970: 205) outlined:

The main control imposed was the condition that agencies raise a proportion of their funds: the requirement of raising one third or one quarter of its income placed a brake on requests for Treasury assistance.

The ‘arm’s length’ model of social services provision through defined government sponsorship denoted a continued periphery policy stance and set the scene for ongoing and often contested and shifting relationships between government and community.

The ability of the state to bring disparate providers together under a coherent policy and services ethos was hampered because, as Tierney (1970:205) noted, “If the state moved too far in coordinating voluntary services it would thereby have accepted responsibility for a comprehensive welfare service” and thus could not heavily regulate the sector. Further, since not all organisations were funded by government many remained outside of its sphere of influence and coordination ambit.

At around the same time that the state was undertaking its first efforts at coordination, the voluntary sector, alerted to the continuing poor economic climate of the late 1800s and the resulting calls for more accountability of charitable funds, instituted its initial attempts at coordination (Maunders, 1984). However, as Cusack (1980:1) noted in relation to the youth sector these initial efforts were “largely transitory and did not contribute to a unified development of the field”. Although the reasons for this perceived failure are unclear, it is assumed that similar to other international jurisdictions, a reliance on top-down, centralised process of coordination via command and control regulatory mechanisms, were key contributors (Agranoff, 1991; Lyn, 1980). Thus top-down coordination practices were not just the tool of central government but were also part of the armoury of the periphery.

This early pattern of relatively uncoordinated and uncontrolled voluntary welfare service provision based on ideals of personal deficits, minimal rights and
underpinned by a strong charity model (Brown and Ryan, 2003), remained relatively unchanged until toward the end of the nineteenth century when changing economic conditions led to an expansion of people in need of support. This situation, coupled with a greater understanding of the causes of social problems and new ways of organising for them, and with growing demands to move beyond piecemeal responses to amelioration, resulted in government authorities accepting a higher level of responsibility for providing all citizens with basic social support including retirement and ill-health support and minimum wage legislation (Kewley, 1973; Painter, 1987; Fine, 2001).

As a result, many of the services previously provided by the voluntary sector were brought within the ambit of government. Social services policy and provision began to occupy a stronger position at the core of government. With Federation in 1901 and the reallocation of jurisdictional responsibilities, the more universal emergent social services were transferred to the centre through the federal government while other more localised policy and services issues such as health and education remained with the newly created state jurisdictions (Painter, 1987). Coordination took place largely through the efforts of a strong leader supported by legislative and procedural routines (Davis, 1995). While a shift to the core was apparent, a continued reliance on the market to produce the necessary share of wealth distribution meant that state responsibility for the provision of benefits and services increased only incrementally in the years following Federation until the Second World War (Crawford, 1996). Thus, although adhering to many of the innovations occurring in other jurisdictions, Australia’s governments were more instrumental in their use of welfare, leading Castles (1985: 102) to note that in this context, welfare was seen simply as a ‘safety net for those who lacked the family or social supports’.

In view of the mix of models in place, mechanisms for the coordination of social policies and activities drew on aspects of both central coordination by way of departmentalisation, rules and regulations, legislation and planning and hierarchical authority structures coupled with peripheral modes through the introduction of service grants which, although specifying areas of service attention, left the agencies free to determine the actual practice of implementation and the underpinning values supporting those services (Public Accounts and Estimates Committee, 2002; Brown and Ryan, 2003).

Within Australia and worldwide, the growing disquiet with government distance from actively providing the array of social services necessary for social cohesion and stability necessitated a revision of social policy. Indeed, the perceived inability or unwillingness of the parallel market model to act as a mechanism for wealth redistribution was widely seen as precipitating many of the social and economic problems leading to the growing social conflict of World War Two (Crawford, 1996; Yergin and Stanislaw, 1998; Saunders, 1999). The focus of such social reforms was on state rather than voluntary action. In response, many western democratic countries introduced the notion of a ‘welfare state’ in which governments were perceived and perceived themselves as principal instruments to restore social cohesion through enhanced social services (Crawford, 1996). As Yergin and Stanislaw (2000: 127) commented, the task of achieving the necessary economic growth and social improvements in the standard of life required a degree and type of coordination that “only the state could provide”.

As a result of this concerted effort by governments, many nations including Australia entered into a ‘golden era’ characterised by an expansion in the role of government and a significant increase in government based social services such as public housing, health and education (Painter, 1987; Crawford, 1996; Epsing-Andersen,
1997; Wanna and Weller, 2003). This initial policy and service domain was subsequently extended as demands for new specialist programs for child care, community health and urban development grew (Painter, 1987). Such services were delivered through specialist functional departments coupled with the application of predominantly vertically based coordination mechanisms such as legislation, regulation, mandate and a strong reliance on centralised planning (Tierney, 1970; Graycar, 1976; Painter, 1987).

Accompanying this shift to a more central social policy and services model was the limited use of peripheral modes by way of an expansion of voluntary sector services aided by government grant funding arrangements as a response to the continuing failure of the market-based mode of the private sector to provide for all citizens. Consistent with the peripheral model, coordination practices within the non-government sector were largely decentralised, horizontal, localised and voluntary although there is some evidence that vertical arrangements were in place (Tomlinson, 1978). As the following section shows, this interplay of differing policy and service models became more prominent.

**Expanded Sectors, New Models of Service Delivery and Coordination**

The expansion of the social services policy domain during the 1960s and 1970s was accompanied by increasing concern about the fragmentation and duplication of these wide ranging services, which emerged both within government and the broader community (Coombs, 1976; Tomlinson, 1978; Fine, 2001). Conventional coordination mechanisms were proving to be insufficient to address the competing and often contradictory foci of these expanded interest arenas and the growing level of awareness of the interdependence between such domains (Painter, 1987; Matheson, 2000). In response, governments moved to bring many these programs and services under closer control through departmental realignments and amalgamations to better reflect areas of functional authority and responsibility (Craswell and Davis, 1993; Davis, 1998) or alternatively through the construction of mega-departments (Beale, 1995; Keating, 2000) as well as employing supplementary coordination strategies such as cross-departmental working parties and committees (Beale, 1995; Painter, 1987) and enhanced central agencies (Davis, 1995; 1998). Such mechanisms, while still largely controlled by hierarchical arrangements, better reflected an emerging awareness of the role of other players at both intra- and inter-governmental levels in the development and delivery of social services policy (Painter, 1987). It also began to demonstrate an awareness of the intersection of core and periphery models as a deliberative strategy and the need for a mix of alternative coordination processes.

Governments also sought similar coordination responses from the non-government sector as this sector had also become segmented through service specialisation and the formation of special interest groups. Indeed, it was considered that the *ad hoc* coordination of the sector by way of multiple self-interested advocacy and lobby groups was inefficient and did not contribute to any unified view of the issues or their resolution. In response, governments at the state and federal levels sought to secure a more coherent and unified interface with this sector. Reflecting the core ethos of centralisation, central coordinating councils formed in many sectors (Tierney, 1970, Maunders, 1984) such as the various State Councils of Social Service and the Australian Council of Social Service (ACOSS). However, as Tomlinson (1978: 24) commented, these centralised bodies, rather than bringing together fragmented interest groups and service providers effectively layered more coordinating arrangements on top of existing processes and simply added to the confusion.
Although there remained a strong reliance on central social service delivery and coordination strategies, there was also an associated push to the periphery as evidenced by decentralisation strategies such as the Australian Assistance Plan (Graycar, 1976) and subsequent other regionally based initiatives across the states (Painter, 1987). However, inevitably these attempts to meet specific localised requirements were of short duration and floundered when the resultant diversity fragmented service provision and stymied coordination efforts (Tomlinson, 1978; Graycar, 1976).

Changing social, economic and political forces of the late 20th century brought new social problems as well as highlighting those that had proven to be more intractable. It was widely agreed on both sides of the political spectrum that a continuation of the state welfare model of service provision was no longer economically or morally viable (Emy, 1993; Saunders, 1999). In particular government services were deemed to be rigid in their modes of delivery, not responsive to community needs, and worse, ineffective and inefficient (Keating, 2000; Keast, 2001). Perhaps, most importantly, there were growing concerns that the ‘welfare state’, rather than solving social problems and creating a more equalitarian society, had established a new ‘underclass’ (Saunders, 1999).

In attempting to reign in the size and cost of the welfare state, and to meet the demands of an increasingly more informed and sophisticated citizenry, many government and community services were subjected to market principles of competition and contested contractual arrangements and their associated practices (Brown, Ryan and Parker, 2000; Chalmers and Davis, 2001). However, while the market model may have produced some economic and efficiency benefits, it failed to address social issues (Williams, 2000; Adams and Hess, 2001). Further, it was argued that marketisation contributed to a greater fragmentation of the sector (Davis and Rhodes, 2000) and challenged governments’ ability to direct or steer social policy and its implementation to achieve positive outcomes (Di Francheso, 2001; DeCarvalho, 1998).

To correct some of the fragmenting effects of their own reform agenda and to enhance the quality of social services policy and its implementation, governments at all levels turned to the periphery model with its emphasis on communitarian values as a supplementary locale and mode of service delivery and coordination (Emy, 1993; Adams and Hess, 2001; Keast, 2001). The task of bringing the dispersed programs, services and sectors together into seamless endeavours was to be achieved by way of horizontal coordination principles and practices as evidenced by a strong emphasis on relationship building, establishing inter-organisational and inter-sectoral networks and various partnership arrangements many of which emphasised regional and place-based options and whole of government approaches (Kruk and Bastaja, 2002; O’Farrell, 2002; Brown and Keast, 2003; Reddel and Woolcock, 2004). Although presenting as new and innovative ways of creating policy and delivering services, as Earles and Moon (2000) indicate, many of these networked arrangements reflect earlier government-community strategies. The difference being that rather than being situated ‘on-high’, governments in these models, at least in principle, are deemed to be equal partners (Klijn and Koppenjan, 2000). While largely horizontal in their orientation, many of these arrangements, because of their location at the core of government, nevertheless retained a strong vertical focus and practice that allowed government to retain a primary co-ordination role. However, since the election of the Conservative Howard government, the emphasis on relational coordination appears secondary to authoritative direction of third party social services provision, which instrumentally and deliberatively combines periphery mode elements with stronger central influence.
The Howard Government’s Mixed Policy Agenda and its Impact

The policy shift to the periphery mode is best exemplified by the welfare reform agenda of the Howard Government, which sought to capitalise on the expertise, resources and communitarian ethos of the voluntary sector as the mechanism and locale for service delivery (McClure Report, 2000). Since being elected to office in 1996, the underpinning principles embodied in the Coalition government’s approach are that individuals are responsible for their own welfare and only ‘the worthy poor’ should be supported. Disney (2004) argues that this approach resulted in a highly individualistic policy and programmatic stance, effectively locking out low income earners and those marginalised by disadvantage from sharing in the economic dividends of a growth economy. This reflects the ethos of an earlier policy stance of allowing third parties to drive social services policy and delivery through the underpinning values of those provider third sector organisations. However, a new element of the social services mix was the introduction and expansion of private sector service providers in a sector previously the province of voluntary and public sector providers.

As Warburton and McDonald (2002) note the Howard Government social services model, in introducing a number of participatory processes such as the ‘work for the dole’ program wrapped up under the policy of mutual obligation, sought to capitalise on the communitarian characteristics of mutuality, reciprocity and voluntariness inherent in the peripheral model. In adopting this policy stance, the government has effectively returned to authoritarian sponsorship but under a model of third party provision that now includes the private sector as well as the voluntary sector.

Conventionally in Australia coordination has principally been achieved through vertical mechanisms but when the social services ‘welfare state’ model was perceived as too costly and the burden of intractable social problems politically untenable, it has been shifted to the horizontal to better engage with stakeholders and achieve better social solutions. While the reliance on top down, vertically oriented coordination approaches at the expense of alternative horizontal peripheral options presents problems in that has been argued to be detrimental (Metcalf, 1994) and expensive (Handy, 1979; Bridgman and Davis, 1998), this paper contends that, at least with respect to social policy and services, some degree of vertical coordination is required. The ‘reversion problem’ is one aspect of the pull to the centre for social services policy. However, the contemporary policy milieu begins to move to a periphery model that absolves government responsibility for achieving social equity in appealing to the individualising forces of third party provision, particularly in terms of private sector provision.

With so many possible coordination options the movement to the periphery is unlikely to resolve fragmentation problems at the state and national levels. While coordination efforts need not – and indeed should not - be orchestrated entirely from the top down, it is essential that governments at all levels play an active role in helping to coordinate efforts to lessen fragmentation. Also, government has key responsibility for cohesive and stable citizenry – therefore the development of social services policy and overseeing its implementation whether directly or indirectly cannot be the province of other sectors.

Conclusions

Social services policy is concerned with choosing between competing perspectives and approaches relating to the processes and mechanisms that facilitate a robust and well-functioning community supporting a cohesive citizenry. The paper has
established that over its history in Australia, social services policy and service delivery has shifted between centre and periphery models. The early arms length and charity approaches situated at the periphery left the solution of social problems to an emerging, poorly funded and decentralised third sector. Over time, policy making and service delivery were developed and provided within the core model and sought coherency predominantly through centralised decision making and planning, budgetary and other regulatory processes. The two models, rather than remaining autonomous and independent, have interacted to such an extent that key elements of both have combined and recombined at different points leading to a mixed pool of options for service delivery and policy.

The current social services policy context, located at the interface between the core and the peripheral domain, establishes a requirement for both vertical and horizontal principles and practices. However, the Howard government has looked principally to the peripheral model to deliver services and thus has limited its responsibility in this area. In doing so, it has withdrawn government from some key responsibilities for programmatic services coordination, delivery direction setting and overall commitment for comprehensive policy and service delivery. At the same time government has strengthened oversight and control through coercive regulatory arrangements that impose punitive measures for those in receipt of services and by enforcing social and economic caveats has undermined the ability of organisations located at the periphery to carry out their traditional advocacy roles and to provide alternative community and social services.

Since government has the final responsibility for the development of social services policy and its implementation, there is a need to retain vertical co-ordination mechanisms as it cannot absolve responsibility for overall social services provision. This vertical orientation must be counterbalanced by a strategic and careful addition of horizontal elements in order to benefit from the most advantageous mix of the core and peripheral models.

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