

## CHAPTER 5

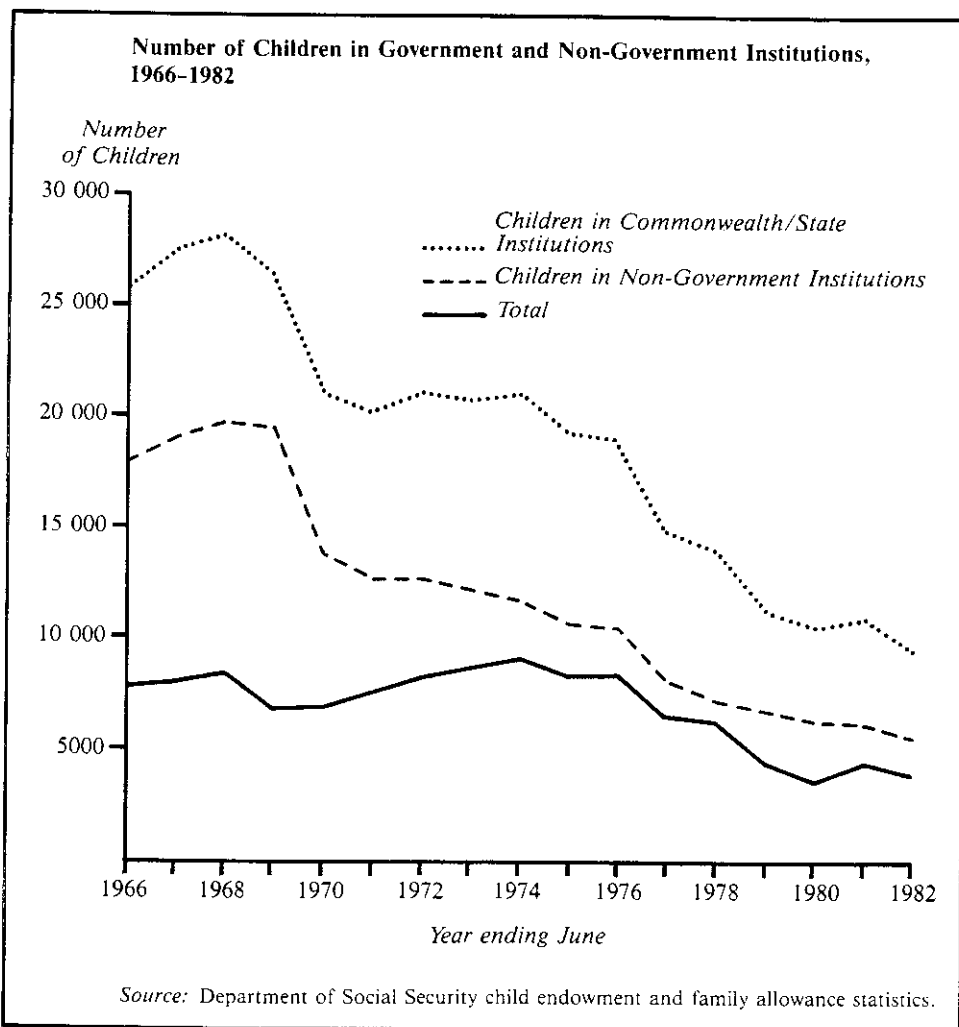
### INSTITUTIONAL CARE

**5.1** Institutional care is provided for children who, temporarily or permanently, and either under the guardianship of their parents or the State, are unable, are not permitted, or are unwilling to live with their parents or adoptive parents. In this form of care, full accommodation is provided, together with at least some personal care. The care may also involve protection, control, corrective treatment or detention, as well as medical and nursing treatment for children who are physically and/or intellectually disabled or socially maladjusted (i.e. children who are uncontrollable, recalcitrant or who have other behavioural problems). Institutional care is provided in residential establishments normally operated for the specific purpose of meeting the needs of children requiring substitute care. Residential establishments primarily providing education or health services for children and general purpose hospitals and nursing homes are normally not included in definitions of institutional care.

#### Trends in the number of children in institutional care

**5.2** Data from the Australian Bureau of Statistics indicate that at 30 June 1984 there were 7258 children in institutional care in Australia. However, as noted in Chapter 1, this figure underestimates the actual number of children in this form of care because it excludes children in institutional care in Queensland who are not under the guardianship of the State. Other statistics indicate that there could be up to 1900 children in this category of institutional care.<sup>1</sup> Other estimates of the overall number of children in institutional care also show a larger care population than that derived from Bureau of Statistics data. For example, the Department of Social Security has calculated that on the basis of the payment of Family Allowances, there were 10 644 children in institutional care in 1984.<sup>2</sup> While this figure represents an overestimation because it includes students aged up to 24 years, the percentage of students in the 18-24 year age group is believed to be small, possibly only 4 to 5 per cent. Further details of the number of children in institutional care in 1984, including a breakdown of the number for each State and Territory, are given in Table 3, Appendix 4.

**5.3** As illustrated in the graph below, the institutional care population has decreased markedly since a peak was reached in 1968. In that year children in institutional care totalled 27 938 and comprised 0.72 per cent of all Australian children. This compares with 0.15 per cent of children in institutional care in 1984. During the last decade or so the number of children in this form of care has fallen by 65 per cent. The decrease is most marked during the early 1970s when the Commonwealth Government introduced the Supporting Mother's Benefit and took other initiatives in the child care field. It also reflects the intent of individuals, voluntary organisations and governments to keep children out of institutions wherever possible and to return them to their parents or place them in alternative types of substitute care such as foster care as soon as practicable. Figures released by the Australian Bureau of Statistics this year show a marginal increase in the number of children being placed in this form of care for both 1983 and 1984, reflecting a change in the declining trend in the institutional care population. It is significant that this increase has only occurred within the non-government sector; the number of children in institutional care within the government sector has in fact continued to fall.<sup>3</sup>



**5.4** In 1982, the latest year for which comparable data are available on a national basis, there were approximately 760 institutional establishments being operated by both government and non-government organisations throughout Australia. Although the majority of establishments (530) were operated by non-government organisations, several institutions operated by government welfare departments accommodated considerably greater numbers of children. Despite this fact, the trend in both government and non-government welfare organisations is away from the traditionally large institution towards smaller centres. Between 1968 and 1982 the average number of children in each institution decreased from 57 to 17 children. Data indicate that in 1981, 54 per cent of government operated institutions and 44 per cent of non-government operated centres catered for five or fewer children. In 1982 the majority of children were located in institutions catering for fewer than 30 residents and there were almost three times as many children in the non-government sector as in the government sector. A comparison of the

size and number of government and non-government institutional establishments in each State and Territory can be made from Tables 11 and 12 in Appendix 4.

### **Types of institutional care**

**5.5** Institutional care is provided through a range of facilities differing in size and location, in the nature of programs offered, and in the characteristics of the resident children. The variety of facilities categorised as 'institutional' or 'residential' ranges from family group homes (including scattered homes and clustered homes) to campus homes, congregate care centres, juvenile hostels, juvenile corrective institutions, and prisons. Specialist care, including the provision of nursing or medical care, is provided by hospitals and nursing homes for children who are physically and/or intellectually disabled.

**5.6** A family group home is a residential child care establishment consisting of a single dwelling in which usually not more than 10 children are cared for in a family setting by house parents who act as substitute parents to the children.<sup>4</sup> Although a relatively recent development, this model of residential care which attempts to replicate normal family living as far as possible by providing a stable nurturing environment and integrating the group home in the wider social environment of the local community, is gaining increasing popularity. Family group homes may be owned by State or Territory welfare departments, other government authorities or non-government organisations. These agencies also employ the house parents.<sup>5</sup>

**5.7** There are two main types of family group homes: scattered homes and clustered homes. Scattered family group homes are single group homes which, although operated by the same agency, are located separately (or 'scattered') in the community. In a clustered family group home the grounds of the home adjoin those of another group home or other residential child care facilities operated by the same agency. Clustered family group homes do not as a rule have any form of on-site centralised administration or control.

**5.8** A campus group home is a residential child care establishment consisting of two or more dwellings that do not share cooking or eating facilities but have some form of on-site centralised administration or control. These homes may also have support staff such as psychologists and social workers located on site.

**5.9** Congregate care is the term used to describe the older residential care facilities which in the past accommodated large numbers of children. These establishments may care for more than 20 children and consist of either a single dwelling that is not a family group home, or two or more dwellings that share cooking and/or eating facilities. Juvenile hostels which cater mainly for children aged 15 years and over who have left school comprise another form of congregate care. They may provide personal care, protection, control, corrective treatment or detention as well as full board. Some hostels are also used as half-way houses for children released from corrective institutions. This classification excludes two other types of residences even though they may be called 'hostels' by the operating agency: centres mainly providing secure detention for child offenders or children on remand for alleged offences (these are classified as juvenile corrective institutions), and establishments catering mainly for children who are aged under 15 years and/or children who are still at school (these may be classified as family group homes, campus homes, or congregate care centres).

**5.10** Institutions providing care for children with disabilities range from hospitals and nursing homes to group houses, half-way houses and hostels. The former institutions usually provide care by trained nursing staff on a 24-hour basis. Accommodation is generally in large buildings with dormitory-type facilities although, as noted earlier in Chapter 2, attempts are now being made to de-institutionalise the residential environment of these establishments. In theory, only those children requiring total care, that is, those who need constant care and supervision with daily living on a 24-hour basis, require this form of institutional care. However, in practice, this is not always the case.

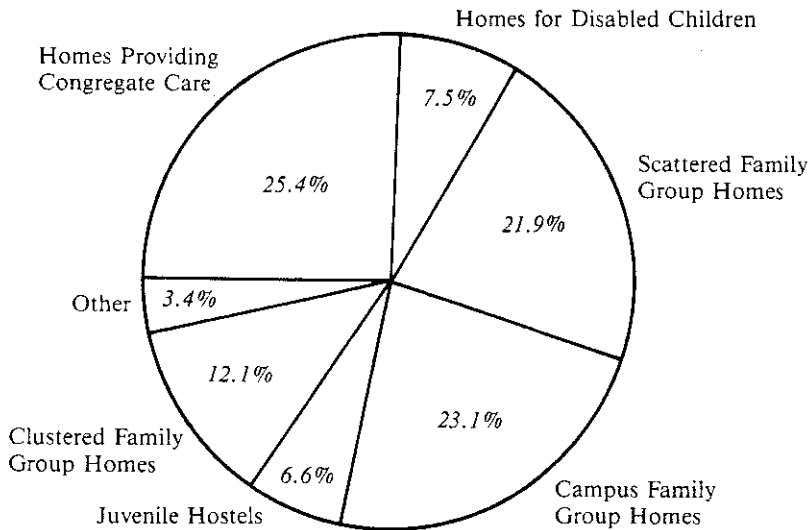
**5.11** The above forms of care are designed to provide protective care and can be administered either by government or non-government welfare agencies. Corrective care, however, is provided only by the State which is empowered by legislation to assume from parents, under certain circumstances, responsibility for the control of children. Various forms of corrective care are available for child offenders or children on remand for alleged offences. While these children are normally placed in juvenile corrective institutions, in some cases they may be placed in prisons even though such establishments may be called 'youth training centres'. A juvenile corrective institution is a residential child care establishment that has, as one of its aims, the secure detention of the majority of its residents through direct measures designed to prevent them from leaving the grounds of the establishment at all, or for reasons other than school attendance, work, participation in activities supervised by the establishment, or authorised home leave. The institutions provide secure care for child offenders, children on remand for alleged offences, and uncontrolled or recalcitrant children.

**5.12** Children aged 15 years or over who are convicted of serious offences or who are habitual offenders tend to be placed in prisons or youth training centres. Juvenile offenders may also be placed in remand centres or State welfare departmental reception centres that provide temporary care for children on remand until their cases have been heard and they can either return to their families or be placed elsewhere. The type of corrective care provided depends on the seriousness of the offence, the placement alternatives available within the locality and the previous history of the offender.

### **Children in non-government institutional care**

**5.13** Of the 7258 children in institutional care in 1984, a majority (4518 or 62 per cent), were placed in non-government institutions. No up-to-date official information is available at the national level on the distribution of these children between the various types of institutional care provided by the private sector.<sup>6</sup> The most comprehensive information relates to 1979 and is derived from the national survey of non-government children's homes and foster care by Gregory and Smith.<sup>7</sup> As illustrated in the diagram below, this study found that of the children placed in non-government institutional care in that year, the highest proportion (25 per cent) was placed in congregate care. However, when the proportions of children placed in scattered family group homes (22 per cent) and campus homes (23 per cent) are taken together, a majority of children (45 per cent) were placed in smaller centres simulating family home settings. Of the remaining children, 12 per cent were placed in group care, 8 per cent were placed in homes for children with disabilities, 7 per cent were placed in hostels, and 3 per cent were placed in other forms of care. The survey by Gregory and Smith also showed considerable variation between the States and Territories in the proportion of children located in each type of institutional care reflecting the different practices and emphases placed on the institutionalisation of children by the non-government welfare sector in each State and Territory. Further details are provided in Table 13, Appendix 4.

### Children in Non-Government Institutional Care, June 1979



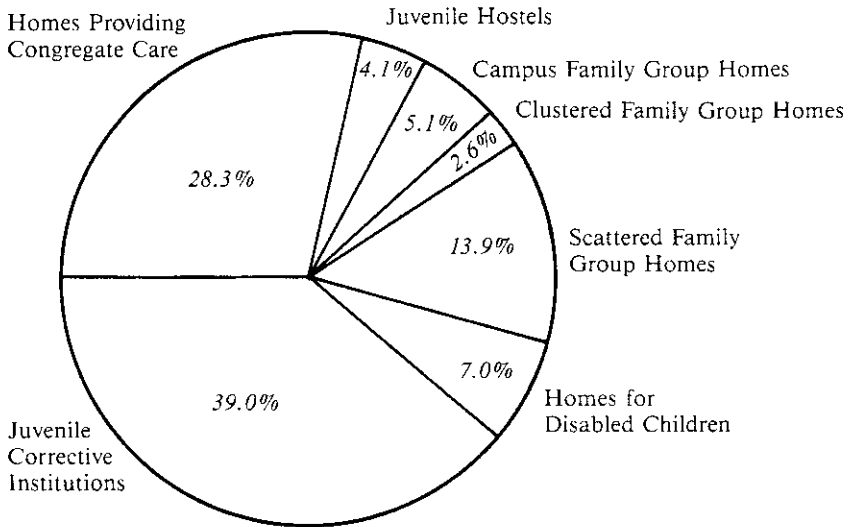
Source: G. Gregory and N. J. Smith, *Particular Care—The Report of the National Survey of Non-Government Children's Homes and Foster Care (Including Homes for Physically and Intellectually Handicapped Children)*, 30 June 1979, Children's Bureau of Australia, 1982.

### Children in government institutional care

**5.14** In 1984 there were 2740 children in government-run institutions. This figure represented 38 per cent of all children in institutional care at that time. It is not possible to comment on the distribution of children between the various categories of care within the government sector for 1984 as figures are unavailable for this year. Data published by the Australian Bureau of Statistics for 1982, the latest year for which such statistics are available, show that the highest proportion of children in government care (39 per cent) were placed in juvenile corrective institutions. As illustrated in the diagram below, this was followed by 28 per cent of children in conventional institutional establishments providing congregate care, 17 per cent of children in scattered and clustered family group homes, 7 per cent in homes for disabled children, 5 per cent in campus homes, and 4 per cent in juvenile hostels.

**5.15** As with children placed in non-government institutions, there was considerable variation between the States and the Territories in the number of children placed in the various forms of institutional care — again reflecting differences between the States and the Territories in their policies and practices. For example, figures compiled by the Bureau of Statistics for 1982 show that the proportion of children in family group homes ranged from 6 per cent in New South Wales to 67 per cent in Tasmania, although no children were recorded as being placed in this form of care in Queensland or the Australian Capital Territory. In the States and Territories recorded as providing congregate care (i.e. all except South Australia, Tasmania and the Australian Capital Territory), the proportion of children in this form of care ranged from 77 per cent in the Northern Territory to 17 per cent in New South Wales. Further details are contained in Table 14, Appendix 4.

**Children in Institutional Care Centres Operated by State and Territory Welfare Departments, June 1982**



Source: Australian Bureau of Statistics, *Persons Under Guardianship and Children in Substitute Care, Australia, June 1982*, Catalogue No. 4405.0.

**Future role of institutional care**

**5.16** Institutional care has long been the subject of vehement criticism by those concerned with child care theory and practice. Much has been said and written about the faults and disadvantages of institutional care and the detrimental effects it can have on the emotional, cognitive and social development of children.<sup>8</sup> Conversely, it has also been demonstrated that, for some children, a good institution may be a more satisfactory environment for a child's growth and development than a poor home.<sup>9</sup> Whether institutional care has a beneficial or harmful effect on children therefore remains debatable. Because many of those who are institutionalised come from deprived and unstable backgrounds, it is difficult to isolate problems children experience while they are in an institution from factors that can be attributed to their home environment or other previous life experiences outside the institution.

**5.17** As part of its inquiry, the Committee sought the views of those most affected by these arguments — the children themselves. It found that the reaction of the children towards institutional care varied considerably. Some found this form of care a relief from the environment from which they had come, while others found the lack of privacy, personal space, freedom, security, love and affection, almost unbearable. For those children from broken homes who spoke to the Committee, the argument that the family was the only appropriate place for the rearing of children was not necessarily convincing when their personal experiences belied it. For these children, fostering also was often not an appropriate solution.<sup>10</sup> Of the children the Committee met, most agreed that small institutions were preferable to large ones because the smaller the home the more likely it was that sound personal relationships, trust and freedom could be achieved.

**5.18** In general, children in institutional care are disadvantaged when compared with children living at home. Inevitably, they lack the support and advocacy that parents provide for their children, particularly during their early years.<sup>11</sup> This is mainly because the primary orientation of staff working in residential institutions is towards the physical care of the children rather than their emotional, intellectual and social development. More specific criticisms relate to the instability of relationships, the lack of personal attention and interest from staff, including the lack of encouragement for residents to proceed with their education beyond the compulsory school years, the absence of appropriate role models which particularly affect long-term residents subjected to repeated staff changes, and the loss of the range of normal family experiences.

**5.19** A recurring theme in much of the information received by the Committee, especially during its informal discussions with children resident in institutions, was the poor public image of institutional care and the stigmatisation felt personally by the children in their everyday experiences both at school and in the wider community. The children's comments highlighted the degree of ignorance and misconception within society about themselves and the places in which they lived. A number claimed that teacher attitudes often contributed to their isolation as a group and reinforced negative responses by their peers.<sup>12</sup> Several suggestions were made as to how the image of institutions and children in institutional care could be improved. In particular, attention was drawn to the need to develop public education and information programs, and to introduce a component in pre-service and in-service training courses for teachers which dealt with the special problems and needs of children in institutional care.

**5.20** Recent reforms in both protective and corrective institutional care, such as the movement towards de-institutionalisation and the development of family group homes, have attempted with some success to redress the negative image of this form of substitute care. It is worth noting that the de-institutionalisation process, with its emphasis on alternatives that aim to replicate the family environment, also has its critics as does the trend towards the early (and perhaps sometimes premature and ill-considered) 'permanent' placement of children with substitute families. While these recent developments are officially held to be 'in the best interests of the child', there are those who claim with some degree of justification that the primary concern of welfare agencies in winding down residential institutions and making greater use of alternative arrangements is to reduce substitute care costs by diverting children to less expensive alternatives such as foster care and youth refuges.<sup>13</sup>

**5.21** Overall, the Committee found that institutional care plays an important role in providing a form of substitute care for children with special needs and may often be the best and most appropriate type of care for certain children at a particular point in time. Specific advantages of institutional care cited in evidence were as follows:

- it meets the needs of children who reject or are rejected by other forms of care.. particularly the needs of disturbed or older adolescent children who do not respond positively to care in a family environment;
- it provides space and flexibility for the treatment of children with severe emotional and behavioural problems;
- it provides a variety of people for the resident child to relate to — both adults and peers — especially where the child requires a less intense relationship with parental figures;
- it may provide more appropriate education facilities for residents who experience schooling difficulties in the wider community (intensive remedial and social education may be available at the internal school);
- it caters for siblings by accommodating them together or at least close to each other;

- it allows communal resources, such as recreational and sporting facilities, to be pooled for the mutual benefit of all residents;
- it allows for greater tolerance of behaviour which would not be acceptable in other forms of care;
- it is preferred by some children because, in their view, it facilitates family restoration and preserves contact with natural families more easily than foster care which can create confusion in personal loyalties and relationships; and
- it provides a necessary form of care for certain children with disabilities. (In particular, it caters for disabled children who either need or choose to move back and forth between various categories of care reflecting the fact that the type of residential care required by a disabled child can vary over a child's lifetime, as the child's disabilities become more or less severe and as the child and/or the child's family becomes more or less able to cope with his or her disability.)

**5.22** In the Committee's view, institutional care is and should continue to be an important component of the substitute care system. It is, however, necessary to recognise the distinctiveness of its role within the wider spectrum of child care and community services and to ensure that it does not, as in the past, constitute the only choice because of the unavailability of alternative forms of care or the absence of adequate community-based family support services. The Committee found that this is not always the case, particularly with regard to disabled children. In fact, despite official recognition in government policies of the value of de-institutionalisation and the integration of the disabled within the community, the development of alternative forms of care and the promotion of preventive measures designed to reduce the institutionalisation of disabled children has been slower than expected. While the Committee acknowledges the need for institutional care for certain children with disabilities, it is concerned that some are forced into this type of care because of the lack of suitable alternatives.

**5.23** Evidence presented to the Committee indicated, for example, that the unavailability of suitable and affordable housing often leaves parents with no real choice but to place their disabled children in institutional care. Many families who are financially disadvantaged are unable to meet the additional costs associated with their child's disability. In particular, the present level of government financial assistance available to such families, specifically those with severely disabled children, is normally insufficient to meet the costs of housing modifications, aids and appliances. The Committee also found that State housing authority accommodation is often restricted because of the length of waiting lists or, alternatively, is not available in an area where the disabled child has access to special facilities and support services. Landlords are often reluctant to modify dwellings or meet the costs of modifications. Other evidence revealed discrimination by real estate agents against families with disabled children.<sup>14</sup>

**5.24** A further obstacle to the de-institutionalisation of the disabled is the community's general ignorance and antipathy towards them and their families. This is regularly demonstrated in residents' objections to development applications that seek to establish family group homes or hostels for the disabled in residential areas and is also reflected in local council regulations which discriminate against disabled people by classifying such residences as boarding houses, nursing homes or hospitals.

**5.25** The Committee also found that often parents find themselves trapped into leaving their disabled child in institutional care because of the fear that, should they bring the child home to see if they can cope, only to find they cannot, the child may lose his or her place in the institution and they must then find another suitable institution in which to place the child. When a child does return home, the degree of emotional trauma suffered by families is often underestimated as is their need for counselling, respite care,



emergency help, assistance at meal times and bath times, help with shopping, and assistance with their child's therapy, training and education. Overall, the Committee found that support services for such families are either unavailable, inadequate, or inaccessible: for instance, most services tend to be located in metropolitan areas and are only available in normal working hours. The Committee believes that because of these limitations and the effect they have on the viability of alternative forms of care, many disabled children who might otherwise be able to remain at home continue to be placed in institutional care.<sup>15</sup>

### **Educational needs of children in institutional care**

**5.26** In terms of educational opportunities, children in residential institutions represent a particularly disadvantaged group within the community when compared with other children. They generally lack the varied forms of stimulation and educational support typically provided in a normal family environment and also lack assistance to participate in out-of-school activities. Their schooling also suffers because of interrupted attendance and frequent changes in schools. Although increasing awareness of the disadvantages of institutional care has led to changes in child care practices over the years, it has proved difficult to overcome the specific educational handicaps faced by these children. One inhibiting factor has been the extremely diverse target population, varying from profoundly intellectually disabled children in long-term hospital placements to adolescents in correctional institutions. In addition, the delivery of appropriate supplementary educational services is complicated by differences among residential institutions in terms of size, composition, administrative authority and patterns of child care.

**5.27** The review of the Children in Residential Institutions Program conducted by Professor Ward and others of the Macquarie University in 1983 and 1984 estimated that in 1983, 15 per cent of all children in residential care did not receive any schooling. Among these children, 5 per cent aged between 5 and 14 years, and 26 per cent aged between 15 and 18 years did not receive either full-time or part-time education. The review found that the highest rate of non-participation in education was among children over the official school leaving age. Groups particularly affected were those in congregate, remand and/or correctional facilities, and mentally disabled children.<sup>16</sup> Other research has also shown that the number of children with disabilities resident either in institutions or at home that do not have access to educational services is significant.<sup>17</sup> This is a matter of some concern because of the acknowledgement by governments and others of the rights of disabled children to education and social and personal development. It was in recognition of the educational and social needs of children in institutional care that the Commonwealth Government, through the Commonwealth Schools Commission, introduced the Children in Residential Institutions Program in 1977 and the Severely Handicapped Children's Program in 1981.

#### *Children in Residential Institutions Program*

**5.28** The Children in Residential Institutions Program provides supplementary educational support for children living in institutions conducted by government or non-government organisations. There are four main aims of the Program: to provide educational and related services for children in institutional care leading to more satisfactory levels of school achievement; to bring the life experiences of institutionalised children closer to those of children living in family surroundings; to provide special opportunities of a social, recreational and educational nature for such children to compensate for some of their disadvantages; and to maximise the potential of such children to lead normal lives when they leave the institution.<sup>18</sup>

**5.29** Institutions participating in the Program are 'declared' to be eligible by the Commonwealth Minister for Education on the advice of the State Ministers for Education. Applications from institutions for funding are reviewed by State committees and recommendations for funding are made on the basis of specific project priorities determined by these committees.<sup>19</sup> Large traditional institutions as well as small family group homes come within the scope of the Program. Foster homes, hostels or boarding establishments, and women's refuges are not, however, eligible for assistance, nor are institutions in the Australian Capital Territory.<sup>20</sup> In the 1984 Budget the Commonwealth Government allocated \$2.3 million for the Program.

**5.30** The review by Ward found that despite a relatively modest expenditure, the Program has provided a necessary and valued support to a large number of institutionalised children who are severely disadvantaged, both educationally and socially. In many cases it has been the only means by which compensatory educational experiences can be gained by such children. Child care staff especially welcomed the Program as it has provided funds that would not otherwise have been available for the development of innovative projects offering some compensation for the lack of a normal family life and equipping some children approaching the age at which they must leave the institution with independent living skills.<sup>21</sup>

**5.31** Despite its overall effectiveness, a number of criticisms were levelled at the Program. Many of these were attributable to the Program's funding arrangements, particularly the exclusion of children placed in foster care and children placed in certain types of residential care. It has been argued that the distinction made in the Program's guidelines between children in foster care and those in other forms of care such as family group homes is unfair and unrealistic as today there are very few real differences between such forms of care, especially when some family group homes are responsible for fewer children than some foster homes. In a number of States, children placed in foster care by private agencies are among the most educationally disadvantaged in the community, since, unlike children under government guardianship, they do not have access to government allowances for pocket money or funds for other purposes such as school camps, excursions, and other extra-curricular activities.

**5.32** It has also been claimed that many of the children living in institutional care are denied the benefits of the Program because eligibility for grants is based on the type and nature of the institution in which they live rather than on their needs for educational support. While this approach is administratively efficient, notably where congregate care is provided and large numbers of children are catered for through a relatively small number of residential units, it may not be equitable as only those children living in approved or 'declared' institutions are eligible to participate in the Program. For example, an agency providing long-term residential care may obtain funding for projects that assist children with severe educational deficiencies during their period in care, but is normally not eligible for funding if the same children are placed in other programs run by the same agency such as preventive programs designed to avoid the need for further institutionalisation. Nor will the agency receive funds for children who have ceased to reside permanently in the residence but who are still in close contact with, or supported by, the agency. Similarly, funding is not available for 'umbrella' programs which may include the provision of day care for children or the provision of self-contained units for families in crisis and in need of short-term accommodation.<sup>22</sup>

**5.33** This situation is further aggravated by the fact that criteria used by State committees to determine different types of institutions' eligibility for funding vary significantly between the States. Such variations in funding criteria have in turn led to inconsistency, uncertainty and confusion among government authorities and substitute

care agencies as to the types of institutions that should be entitled to funding under the Program. In addition, adherence to the present funding policy may in practice have the effect of discouraging agencies from attempting to implement de-institutionalisation programs.

**5.34** Thus, while the focus of the Program is on meeting the educational needs of children in residential care, its operation tends to be limited to the extent that it covers only those resident in particular types of institutions. In a number of respects, these anomalous funding arrangements will worsen as the dichotomy between the traditional institution and alternative forms of care becomes increasingly blurred with welfare organisations attempting to move more and more children out of large institutions and into smaller residential units. The Committee believes eligibility for funding should be extended to reflect the educational needs of all children in residential care, including those in foster care, rather than being based on the nature and type of residence providing care. The Committee also believes organisations in the Australian Capital Territory responsible for the placement of children in substitute care should be eligible for funding under the Program as they are under the Severely Handicapped Children's Program.

**5.35** One of the original aims in setting up the Children in Residential Institutions Program was to direct resources towards promoting the educational progress of children in residential care. However, the review by Ward revealed that low priority is attached to this objective by many State committees.<sup>24</sup> In some States, policy decisions have at times restricted the introduction and/or scope of projects aimed at supplementing a child's school program. Examples have included an unwillingness to fund projects that provide tutorial assistance within institutions, a reluctance to fund the salaries of remedial staff, and a strict insistence on projects only operating outside school hours, thus reducing the opportunities to develop close professional working relationships between residential tutorial staff and school staff.<sup>24</sup>

**5.36** The Committee considers the Commonwealth Government's education policy for children in residential care should be consistent with its education philosophy and commitment for all children; namely, a commitment to 'the provision of equal educational opportunities for all Australian children and to the achievement of more equal outcomes from education across the Australian community'.<sup>25</sup> The Committee therefore believes that greater emphasis should be placed on projects funded through the Children in Residential Institutions Program that aim to encourage a child's progress at school, including projects that provide educational assistance through tutoring, remedial help, the purchase of books and other educational resources, and the provision of suitable facilities for study. Support should also be made available to encourage and assist older children to participate in vocational training and other education programs.

**5.37** Another criticism of the Program highlighted by Ward related to the limited priority attached by some State committees to projects designed to prepare and equip older children with independent living skills. Examples of such projects include the publication of booklets designed to teach independent living skills and the introduction of 'bridging' programs which enable residential care agencies to place older children in rented cottages with minimal adult supervision for trial periods as a means of preparing them for their impending departure from the institution to live independently. The relevance of such programs became clearly apparent to the Committee which found that many children moving out of residential care are ill-prepared and poorly equipped for independent living. Such children are also disadvantaged because, unlike their peers leaving the family home, they do not have the benefit of the support systems usually provided by parents once their children move away from home, nor do they have the backing of their families if they are unable to cope with independent living.

**5.38** The Committee believes agencies caring for children in residential institutions have a basic responsibility to ensure that, where appropriate, such children acquire the skills necessary for independent living as adults. This is particularly the case where the State has undertaken a custodial role as a substitute for the family. The Committee also believes there is a special need for children who have left school but are still living in residential care to be provided with independent living skills, since these children comprise a group who are doubly disadvantaged by their lack of supportive family networks and by their failure to remain within the education system.

**5.39** The review by Ward commented on several other shortcomings, particularly in relation to the Program's failure to extend the range of normal life experiences to more children in care. Projects designed to broaden the general experiences of such children through recreational, social and community-based activities are regarded by the Committee as important for the development of self-esteem and self-confidence in the children. The Committee considers it is unfortunate that some State committees are opposed to the continued funding of these projects which they regard as having little direct relevance for the educational or social needs of children in institutional care.

**5.40** Many of the deficiencies of the Children in Residential Institutions Program would be largely overcome were it to receive additional resources. However, within present funding constraints, the Committee believes that priority should be attached to projects that aim to supplement school programs and that provide older children in residential care with independent living skills. The Committee therefore **recommends that in determining an organisation's eligibility for funding under the Children in Residential Institutions Program, the Commonwealth Government require State and Northern Territory education departments to place greater emphasis on (a) projects that encourage and assist children in institutional care to participate in education or training at least until they have completed a full secondary education or its equivalent; and (b) projects that prepare and equip those leaving residential institutions with independent living skills.**

#### *Severely Handicapped Children's Program*

**5.41** In an attempt to improve the participation of disabled children in education, the Commonwealth Government introduced the Severely Handicapped Children's Program in 1981. This Program aims to assist severely disabled children, whether resident in institutions or at home, to realise through education their potential for independence and self-esteem.<sup>26</sup> Funds provided under the Program may be used for the early identification of the needs of children for educational assistance; the development and implementation of special education programs; the co-ordination of multi-disciplinary services for disabled children and their families; the provision and training of special education teachers and support personnel; the purchase and design of equipment and materials; and the monitoring and evaluation of such projects. In the 1984 Budget the Commonwealth Government allocated \$3.7 million for the Program.

**5.42** In addition to this Program, the Commonwealth also provides financial assistance through grants to the States for the integration of children with disabilities into regular schools in line with its aim of providing these children with the opportunity of participating fully in the life of the community. Assistance is also provided for disabled children below school age through the Commonwealth's Early Special Education Program which was introduced in 1985 to support education services for disabled children by promoting the learning skills of these children and preparing them for integration into regular schools.<sup>27</sup> The Committee welcomes these initiatives and believes the Commonwealth Government's continued and increased support of such programs provides an important means of meeting the special educational needs of disabled children in residential care.

ENDNOTES

1. Department of Social Security. *Annual Report 1983-84*. AGPS, Canberra, 1984, Table 43, p. 136.
2. *ibid.*, Table 42, p. 135.
3. Australian Bureau of Statistics, *Children in Care, Australia 1984, previously Persons Under Guardianship and Children in Substitute Care, Australia*, Catalogue No. 4410.0, Canberra, June 1985.
4. To qualify as a family group home, the home must be run similarly to a normal family home; in particular, meals must be prepared in the home and the house parent(s) and children must eat together as a family group. Usually at least one house parent is employed to care for the children by the organisation operating the family group home. Alternatively, the house parent(s) may receive the equivalent of a salary in the form of rent-free accommodation or an honorarium (this model is followed in Tasmania and Western Australia). The house parent(s) may be assisted by other staff, and may have regular days off, and the usual types of leave.
5. If the dwelling is provided by the substitute parent(s) (who may own it, be paying it off, renting it, or occupying it rent-free for reasons other than that it is used for substitute care), it would not normally be regarded as a family group home or any other type of residential child care establishment. Instead it would probably be classified as a foster home.
6. While the survey by the Macquarie University Review Team which examined the Commonwealth Schools Commission's Children in Residential Institutions Program in 1983 provides more recent data on children in residential care, it does not identify the number of children placed in the different types of institutional care. (See J. Ward and others. *A Review of Children in Residential Institutions Program — Report to the Commonwealth Schools Commission*, Special Education Centre, School of Education, Macquarie University, Sydney, October 1984.)
7. G. Gregory and N.J. Smith, *Particular Care — The Report of the National Survey of Non-Government Children's Homes and Foster Care (Including Homes for Physically and Intellectually Handicapped Children)*, 30 June 1979, Children's Bureau of Australia, 1982.
8. U. Bronfenbrenner, *The Ecology of Human Development — Experiments by Nature and Design*, Harvard University Press, Cambridge, Mass., 1979; B. Tizard and J. Rees, 'A Comparison of the Effects of Adoption, Restoration to the Natural Mother, and Continued Institutionalisation on the Cognitive Development of Four-year-old Children', *Child Development* 45, 1974; W. Wolfensberger, *The Principle of Normalization in Human Services*, National Institute on Mental Retardation, Toronto, 1972; and W. Dennis and P. Najarian, 'Infant Development Under Environmental Handicap', *Psychological Monograph* 71, 436, 1957.
9. Tizard and Rees, *op. cit.*
10. R. Page and G.A. Clark, *Who Cares? Young People in Care Speak Out*, National Children's Bureau, London, 1972, p. 50.
11. Bronfenbrenner, *op. cit.*
12. Many of the children's comments reinforced the views of those who participated in the New South Wales Camp Speakout in 1979. This camp was attended by 100 secondary school children from all types of residential care units in New South Wales and was aimed at giving these children an opportunity to share with each other their thoughts, feelings and experiences of life in care and encouraging them to accept the responsibility of considering how they themselves could take positive steps to overcome difficulties they saw in the substitute care system. A report of their views was published in 1980 by the New South Wales Association of Child Caring Agencies entitled, *Young People in Care Speakout*.
13. F. Ainsworth, 'Emergent Perspectives in Child Care: Issues in Developmental Understanding — Policy and Service'. *Australian Child and Family Welfare* 8, 3, 1983.
14. *Transcript of Evidence*, Submissions, p. 1140.
15. *Transcript of Evidence*, Submissions, p. 1132.
16. Ward and others, *op. cit.*, pp. 55, 104-5.
17. A study for the Commonwealth Schools Commission conducted in 1978 and 1979 identified almost 1100 (or 38 per cent) of children living in health authority institutions who did not have access to full-time education programs. The great majority (850 or 30 per cent) of these children did not engage in any educational or related activities. For further information, see the discussion of the Survey of Special Education in Australia undertaken by the Schonell Educational Research Centre for the Schools Commission in 1979, cited in the *Schools Commission Report for the Triennium 1982-84*, March 1981, pp. 176-177 and pp. 183-186. In 1981 the Australian Bureau of Statistics' Survey of Handicapped Persons also found that a substantial number of handicapped children did not attend school. Of handicapped children aged between 5 and 20 years in households, 49 per cent were not attending school. The percentage of handicapped children in this age group resident in institutions not attending school was higher, representing 52 per cent.
18. Commonwealth Schools Commission, *Program Guidelines 1984*, AGPS, Canberra, April 1984, p. 42.
19. The Children in Residential Institutions Program State committees comprise representatives of government and non-government organisations providing residential care; religious bodies; and parent and teacher groups. For further information on this aspect of the Program see Ward and others, *op. cit.*, pp. 31-40.
20. Commonwealth Schools Commission, *op. cit.*, pp. 42-3.
21. Ward and others, *op. cit.*, pp. 123 and 143.
22. *ibid.*, pp. 35 and 108.

23. *ibid.*, p. 37.
24. *ibid.*, pp. 2-3, 87, 123-4, and 141.
25. Australian Labor Party, *Platform Constitution and Rules 1984*. National Secretariat, Barton, A.C.T., 1984, p. 53.
26. Commonwealth Schools Commission, *Program Guidelines 1985*. AGPS. Canberra, March 1985, p. 39.
27. Funds are also provided for the special education needs of disabled children who are below school age under the Severely Handicapped Children's Program and the Children in Residential Institutions Program. (*ibid.*, p. 36.)