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Secretary,  
Senate Community Affairs Committee  
Room S.59, Parliament House  
CANBERRA ACT 2600

Attention: Committee Secretary, Senate Inquiry into Children in Institutional Care.

I have only recently been aware of the Senate Inquiry into Children in Institutional Care. I would ask if I could make the following submission:

Whatever the outcome of this Inquiry, of paramount importance is the future care of children who, through circumstances not of their making, cannot, will not or should not be cared for in the home. I would like to bring to you my experience of Kingsdene Special school, a model of education and residential care. In an inspired move in 1976, sanctioned and supported by the Director General of Mental Health (NSW) at the time, Anglicare, the welfare arm of the Anglican Church, established the Kingsdene Special School for Children with intellectual disabilities at Telopea in north-western Sydney. My severely intellectually disabled son is 13 years old and has attended the school since January, 2003. The children who attend at Kingsdene School are severely to profoundly intellectually disabled, many cannot speak at all, many have challenging and difficult behaviours and often have physical disabilities as well. My son is in the main physically capable but can and has suffered physically-disabling epilepsy. He has the developmental age of a 2 year old and has many autistic tendencies which are ancillary to his disability making his behaviour challenging and destructive.

The Kingsdene model can only be described as a centre of excellence in the education and care of severely intellectually disabled children. It is a beacon which should be imitated and emulated. At Kingsdene our children learn to live life to the best of their ability together with their peers, their potential is maximised in the least restricted environment. The school is a boarding school where our children are educated in a typical school setting and reside in appropriate accommodation from Monday, they are home again with the family on Friday night for weekends and all through the school holidays. The orthodoxy of de-institutionalisation has recommended that the individual be in an environment with as little restriction as possible. This is exactly what Kingsdene provides where each child has an individual learning programme, tailored to their specific needs. While no one perfect solution Kingsdene is the best possible example at least for the care of children like my son.

Since my son commenced at Kingsden he is so much happier, he loves going to school, he is with his friends and he is with people who help him control his aggressive behaviour. He is provided with a rigidly structured environment where

**Kingsdene's Emotional Sustenance of the Child** The operators of Kingsdene are mindful of the fact that the child is away from their home and family. They provide carers who are very well trained, who are loving, caring, understanding and supportive. Kingsdene has 2 types of residential living, Group homes and hostel accommodation.

**Group home:** There are 2 group homes which are attached to the school. The children selected for group home living are selected carefully as to compatibility and appropriateness for that particular child in order to provide certainty to the household and continuity of experience for the child. It is very like a home environment, a home away from home. My son is in a group home usually with 3 other boys and he loves his group home and is very proud of his room and where he lives.

He has learned much at Kingsdene most importantly he is learning self-control and living within the framework of rules and that consideration of others must be part of his experience. He is happier, more settled and is much better behaved. He is learning life skills, to make a sandwich, a tuna mornay for lunch, pizza, to make a milkshake. He is learning to shop for the ingredients to make these lunches. Bearing in mind all these activities must be supervised for his safety and the safety of others, he is nonetheless learning to live. There is great emphasis on self-care and being aware of what is appropriate behaviour towards peers and others in the wider community. There is much consideration in teaching dignity and self-respect and respect for others, kindness and politeness.

**Hostel:** While my son is not in the hostel I can see and understand that the hostel is not merely a congregate-care facility. Within the hostel there are family groups with 3 or 4 children in each family group with a common room for each group. The emphasis is for the building up and understanding of the dynamics of different groups. For example my son's housemates are not necessarily his classmates. The hostel groups go to the group homes at different times for BBQs or for dinner. Different groups within the hostel have dinner with each other and with the group home and the group homes also go at different times to dinner at the hostel. They also have dances and musical evenings. This interaction of groups is a learning process for the children, they learn that this is what happens in the wider community, in their own family community. This type of interaction is vital on a gentle and restricted level because of the particular disabilities our children have in coping with the dynamics of the wider community, it is a gradual process of acclimatising our children to minimum and controlled change, extending their experiences as needed and when they are ready.

**The wider community** The children at Kingsdene are very well known in the wider community. When the class groups go shopping at the supermarket for ingredients or supplies for their residences, they go to the shopping malls in the area, to MacDonalds for treats, they go to dinner at various restaurants and community clubs. They have a close association with many of the schools in the area and often have visits from different interested professional, political and service groups. The school is a resource of immense value to the community and of course to the families.

**Physical environment:** The physical environment of Kingsdene takes into consideration the varying degrees of disability and provides for a safe, yet diverse environment for the children who attend. One long corridor at the hostel provides an excellent area in which to practice walking for those children who are unable to walk with stability, the improvement in the motor skills in many of the children is quite marked when the facilities at Kingsdene are used on a regular basis.

The school has an enclosed, heated swimming pool which is used not only for swimming lessons but for recreation after school and for hydrotherapy sessions to ensure the continued well-being of students for whom this therapy is necessary. Essentially it is the sharing of these on-site facilities which solidifies the notion that a fully self-contained, less restricted environment is an excellent preparation from which to launch the children into the wider community. Once they have established certainty in their own community, they can be introduced in a controlled and gentle way into the experiences of the wider community without triggering the anxieties which set off the aggressive behaviour response to changes, or at least minimising same.

The staff and management at Kingsdene go out of their way to look for new and innovative ways in which to educate our children. The education at Kingsdene is an extended learning environment, which extends what is learned at school into the group home and/or hostel.

For example - toilet-training/time : at Kingsdene it is fully recognised that this life skill is not learned between 9am and 3 pm. it is an ongoing skill learned across the day so the strategies in place at the school extend across into the residential facilities thereby continuing the child's experience and learning environment and making toilet-training/timing education consistent and on-going. This is the case for many areas of life skill education.

### **Extension of the Kingsdene model**

There are many children within the normal range of development who also need the security and safety of a structured home and learning environment. I refer you to the numerous articles which have been written in the media in relation to difficult children who are cared for out-of-home. Specifically I refer to a number of articles written by Adele Horin of the Sydney Morning Herald and I enclose one such article as an example.

News And Features; News Review

### **The Kids Who Became A Commodity**

Adele Horin

1,550 words

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The Sydney Morning Herald

26

English

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There's big money in looking after the children nobody wants - and critics say there's too little control over those doing the work. Adele Horin reports.

IT WAS an ordinary suburban house but what went on inside its four walls was terrifying and heartbreaking. Three highly disturbed girls lived there with a moving cast of youth workers. One was only 12, out of control, sexually promiscuous, a heavy smoker and a constant absconder. She hurled furniture at the terrified staff and threw one carer down the stairs. The 13-year-old was extremely violent. She stole a staff car and crashed it into a house and threatened to burn staff members alive. The 15-year-old was a self-harmer with suicidal tendencies who slit her wrists.

The girls were not born this way. They were made. Where can such children live? Not with their families. The families are often dysfunctional and abusive, having subjected children to years of trauma. And not with foster carers.

These girls were living in a house run by a private company which charged the Department of Community Services \$7500 a week for each of them.

The NSW Government has never found a satisfactory way to help children at the hard end of the child welfare system who are a danger to themselves and others. It used to keep them in institutions such as Ormond and Minali but these places became bywords for violence and hopelessness and were closed in the 1990s. It contracted non-government child welfare agencies, such as Barnados and Burnside, but eventually was unwilling to pay what the agencies claimed was needed.

One boy, cared for by Baptist Community Services, cost \$280,000 a year just him in a house and around-the-clock specialised care. In 1998 most of the major agencies refused to re-sign the three-year, fixed-price contracts with the Government.

For a time the Government used hotels and motels for emergency accommodation but the million-dollar bills provoked a political outcry. In the past four to five years, more than a dozen for-profit welfare companies have mushroomed to fill the gap. People have grasped a business opportunity in the desperate level of unmet need combined with the lure of government funding.

The companies charge the Department of Community Services a fee for individual children, usually on the understanding of providing one-to-one care. With names such as Phoenix Rising for Children, Dees Consulting, Millennium Community Services, Meeting Ever Changing Needs and Compass Care, the organisations jostle for market share. At any one time at least 320 children are placed with agencies under individual funding agreements, although some are with the non-profit organisations. In 2001-02 DOCS paid \$28.5 million for these arrangements. THE rise of privatised welfare has caused concern. Some observers, such as Sally McManus, of the Australian Services Union, which represents youth workers, are ideologically opposed to companies which make a profit out of caring for damaged children. Others, such as Nigel Spence, the chief executive officer of the Association of Children's Welfare Agencies, are more concerned about the quality of care and the ability of small operations to maintain the expertise, infrastructure, back-up and training needed. As well, the new companies emerged in a free-for-all environment when DOCS was desperate for beds.

Until the NSW Children's Guardian office, headed by Linda Mallett, became operational in July, the new companies were virtually unregulated. No one was responsible for monitoring or accreditation. She has the job now. But all existing companies automatically received a three-year accreditation.

The NSW Ombudsman, in an unpublished report on out-of-home care, said in June: "This could allow a poor-quality service provider to continue to provide out-of-home care."

It is up to DOCS workers in local offices to strike up relationships with the companies. Inevitably the workers are desperate to place a troubled child quickly, after he or she has been removed from home, or from foster care or the streets. There have been claims of "jobs for the girls" and kickbacks for the placement of children. In one case, the ICAC investigated allegations of improper and corrupt conduct arising from such a relationship. But it determined in October not to pursue the matter, after having received a satisfactory report from DOCS.

However, the Ombudsman, Bruce Barbour, was less sanguine about DOCS's ability to select the fee-for-service providers and to monitor the quality of care provided.

"It is not sufficient to say that serious problems cannot be addressed until budget enhancements take full effect in two or three years' time," he said. "Much can be done now to improve selection and monitoring of fee-for-service agencies."

As well, the Ombudsman expressed concern about the standard of accommodation for the children. In one case, two siblings had been placed in a cabin at a caravan park, sharing a double bed while the staff member slept in the kitchen area. Children had been placed in "run-down buildings", or in houses in inaccessible locations, and too many very young children, including a six-year-old, were inappropriately living in residential care instead of in foster care.

The directors of the new companies range from respected youth workers, disillusioned with the department and determined to help the kids no one wants, to people with little or no experience in the welfare field. "Some have limited understanding of what children and young people need," says Spence, who has provided training.

Their employees range from restaurant workers to qualified youth workers, often employed as subcontractors. JULIE Marks, the executive director of Millennium Community Services and a former youth refuge worker, says she decided to open up her own service after having attended the 17th funeral of a young homeless person. "They were drug or alcohol dependent, or violent, and therefore not allowed to access crisis youth refuges," she says. "I decided to open a service where these young people could go rather than see them end up on the street or falling in with pedophiles."

Even the well-intentioned, such as Marks, have attracted criticism for poor practice. The children in her care, for example, had to be moved out of two houses in quick succession, after neighbours forced them out of one and the second place burnt down.

In turn she says DOCS owes the business \$240,000 and blames the department for a "dump and run" attitude to the children. "Privatisation is still a dirty word," says Marks, who has since changed the legal status of her business to a charity. "People say, 'How can you work there?' I say, 'How can I not?' No one was doing anything."

How much profit can be made in these enterprises is unclear. In some cases profit might simply mean a healthy salary. Marks says she has four children in 24-hour supervision, 37 staff (rotated on shifts around the clock) and a \$30,000-a-week wages bill. She has to pay rent on two houses, buy food and pay for repairs and vehicles. "There is not huge profit."

However, Angie Byrne, the director of Compass Care, says the business "can be highly lucrative. In the beginning people could name their price. The department was desperate."

A latecomer to the field, the former DOCS worker says new entrants started to force the price down. She describes an unsavoury atmosphere where people, including herself, were said to be "favourites". Operators asked, "What are they charging? I'll charge less," and turf wars erupted. Because there was no set, up-front funding, with money instead tied to individual children, businesses needed continual referrals or long-term stayers to survive. "People do what they need to to keep their business surviving," says Byrne. "You've set up furniture, cars, an office; it's extremely competitive to get good staff to work for you. Youth workers were getting \$1500 a week [as subcontractors]."

The union accused Byrne of failing to provide the one-to-one staff she was obliged to do. And several workers signed statements which depicted a chaotic operation in which a single staff member had to cope with a situation where "one [child] was running [away], the other was looking for sharp implements to self-harm."

Byrne closed the business in September after she had been investigated by Workcover, the Ombudsman, ICAC and the union. "I just gave up," she said. "It got dirty and nasty. It's competing for children. That's what I won't do."

As in the aged-care industry, the formal accreditation process now established is expected to lift standards in the long term. As well, DOCS, well aware of the problems, is tightening its agreements with the fee-for-service providers to ensure children are not merely "parked" but helped.

The new talk is of "therapeutic foster care" the use of highly trained and well-paid professional carers.

Will it prove another false dawn? What is clear is no single model is the magic bullet. And no short cuts can be taken in helping these desperately needy children.

This article is extremely troubling. Is the Senate Inquiry looking at the institutionalisation/out-of-home experience of these children? I believe it must do so in order to give balance to the Inquiry. This is what is happening today.

Another aspect of "de-institutionalisation" is that while many large institutions have been closed and with good reason, many of those who were restricted to these institutions have returned to their homes. What must be looked at is the effect this has had both on the "de-institutionalised" person and the families. How have they both coped? Is the experience only positive or has only the good news, feel-good side been told, what are the detrimental effects?

### **Where are the new institutions?**

From my experience as a parent of a severely intellectually disabled child it appears the ideology "that the best place for children with a disability is with their family, supported by services from within the local community to meet their particular needs" rings as hollow as any populist slogan. Because of the almost non-existent support to families of children with difficult behaviours or disabilities, in my view the "inclusionist" ideology has led to many families becoming institutionalised. It has created the new "mini-institution" the family home. Of great concern is that these "mini-institutions", these families, are invisible to the policy-makers and the ideologues. Their isolation and loneliness is not factored into policy because they have neither the time nor the energy to agitate and be heard. I think this holds true for most families who have the difficult task of not only meeting the challenges of life in the modern world, paying the mortgage, meeting expectations/commitments of work and relationships as well as raising children and the special challenges presented by this unique task. Add to this the difficulty of a child with difficulties either medical problems, behaviour problems or a disability and the task of keeping a family in tact seems almost impossible. Is it any wonder these families are endangered.

We are a modern, vital society with a greater body of knowledge than ever where it comes to the care of the disabled, the disturbed, the frail and the ill. I would suggest that the Inquiry look at how legislation has worked to further marginalise and discriminate against these groups. Certainly on the face of it we have legislation in place to counter discrimination, yet more and more we see these very people marginalised and discriminated against, not in an overt transparent way but in a covert and insidious way. A sort of Clayton's discrimination. In this regard I refer particularly to state based legislation: Privacy legislation, Occupational Health and Safety legislation, Workers Compensation, funding formulae for education of difficult and disabled school children etc..... imbedded in many types of legislation are latent discriminatory features which makes the care of children in institutions difficult giving rise to circumstances which are not in their best interests.

### **Terms of Reference**

I am concerned this Inquiry not be an exercise in "mea culpa". I hope it will not merely open old wounds. Can we be confident that in raking over old memories, those who may have been abused in a system of institutionalised care operating in the last 50 years, will not be subjected to more pain and anguish? If only monetary compensation were the soothing panacea we'd like it to be. It's not that simple, would that it were. This Inquiry will be useful in highlighting that the institutions of the last 50 years operated without scrutiny and without proper training of administrators and staff alike; above all it will highlight the abuses which can occur when capable family members are locked out of the equation when it comes to the care of institutionalised children.

As far as I can see in direct relation to the terms of reference themselves: the terms of appear couched in very negative language, as if the outcome is pre-ordained to find only negative experiences.

Armed with the enlightenment of the present, the Inquiry should not be a witchhunt against the past. From what I see, there is no intention to seek or examine anything positive whatsoever. This is a flaw which may lead to the demonising of all institutionalised/out-of-home care.

I cannot find in the documentation, or in the first report, nor in the terms of reference, any definition of what is meant by "institutional/out-of-home care". There is also no definition of what is considered "abuse". I would be grateful for your direction in this regard. In the main the terms of reference are in the negative. I believe this Inquiry must also examine and compare the practices of the institutional/out-of-home care with the practices of families over the last 50 years in the raising and care of children in their own homes. In other words what disciplinary measures were employed by families, what type of care was provided by families as opposed to the type of care provided by institutions, which was superior, which turned out the better person, what was the place and expectations of children in the past 50 years within the family itself? Over the last 50 years the care of children within the family has changed dramatically in fact practices of the past such as smacking are now prohibited by legislation. This cannot be left unexamined.

When in retrospect we begin to examine one part of care of children out-of-home and do not look at the dynamics and experiences of children who were raised in their families then the entire exercise will be skewed and may be of little real value. It would be a grave error to merely examine one aspect of the life of children in the past 50 years and not get an overview of the circumstances in general of a post-war society in that time. What must also be in the forefront of this Inquiry is that most of the institutions providing the care for children were private and were many religious in nature, but the placement of children with these organisations was sanctioned by government and any responsibility for abuse etc....must be borne by government. It will serve little purpose to use the operators of the institutions at the time as scapegoats. To do otherwise would give the appearance of church-bashing which again would call into question the very purpose of this Inquiry.

Over the last 20 or 30 years congregate-care or institutional care has become anathema to policy-drivers and makers alike. The "inclusionist" orthodoxy prevails to the exclusion of all other considerations. This has led to much heart-ache, much injustice and a lop-sided approach to the education and care of children who cannot live at home. There is never just one answer when we are dealing with the diversity and complexity of little human beings.

I am most grateful for the opportunity to place my submission before you. I am a passionate and loving mother and I know that my son's education and care at the Kingsdene school will maximise his potential and prepare him for his future.

Children depend look to us to keep them safe, to feed them, to keep them warm and to love them. And those children who are hardest to love need the most love of all.

Yours faithfully



Mary Lou Carter