

# AUSTRALIAN CHILDREN IN SUBSTITUTE CARE

## FOREWORD

In 1979, the Children's Bureau of Australia, a non-government research and advocacy body, undertook a national survey of substitute family care provided by non-government child care agencies. The report of the Survey, "Particular Care" was published by the Bureau early in 1982.<sup>1</sup>

For the first time in Australia, comprehensive data is available on children being cared for in children's homes, foster care, and homes for physically and intellectually handicapped children. While the study was restricted to non-government organizations, these organizations in fact care for more children than do government agencies; indications are that the picture obtained in the survey would also be typical of that for government sponsored care.

Using data from the Children's Bureau survey, this paper will concentrate attention on the children who are in care away from their own parents, particularly those who were admitted because they were deemed to be at risk if they remained at home. Answers will be sought to the questions "Why did the children come into care?" "What do we know of their families?", and "What happens to the children once they are in care?".

*It is the conclusion of the authors of this paper that children who have been subject to, or are at risk of being subject to abuse and disadvantage in their own homes could well experience disadvantage of a different nature when admitted to substitute family care situations.*

## CHILD WELFARE IN AUSTRALIA — A BACKGROUND

Australia is a federation of six states — New South Wales, Victoria, Queensland, South Australia, Western Australia and Tasmania. These former colonies of Great Britain were federated in 1901 to form the Commonwealth of Australia; while the state governments retain many powers and responsibilities, including the areas of health, welfare and education services, the Commonwealth Government is responsible for national and international affairs, and is the main taxing authority. Thus the States are largely dependent on the Commonwealth for taxation revenue. The Commonwealth Government is also responsible for the

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two Australian Territories, The Northern Territory (which has limited self-government) and the Australian Capital Territory.

Child care services have not developed uniformly throughout Australia. In part this can be attributed to varying local circumstances between and within States and Territories. However, the absence of uniform child welfare legislation in Australia has created many variations in the content and quality of child welfare services.

The past few years have seen marked improvements in the quality and appropriateness of child care services offered. Together with this there was a 20% decrease between 1975 and 1980 of the number of children cared for in institutions. The two most populated states, New South Wales and Victoria, had decreases of 30% and 40% respectively.<sup>2</sup>

## THE SURVEY — SCOPE, PURPOSE AND METHODOLOGY

"The National Survey of Non-government Children's Homes and Foster Care — Including Homes for Physically and Intellectually Handicapped Children" was a study of non-government managed organizations, or facilities within organizations whose prime objective is to provide substitute family care for children, and of the children under 18 years of age

in the care of these organizations. The survey date was 30th June, 1979.

The Children's Bureau's decision to conduct a national survey was motivated by concern for the lack of adequate information about child care services in Australia. The Bureau recognised that a sound information base would be necessary for the development of future policy, programme planning and resource allocation. A total of 248 organizations in Australia were identified as coming within the scope of the Survey, and were invited to furnish data by means of 3 questionnaires. Responses were received from 213 (85.8%) of these organizations, which provided information of 5,690 children in their care. 4,285 (75.3%) of the children were in children's homes, 757 (13.3%) in homes for intellectually handicapped children, 364 (6.4%) in the care of foster care agencies, 174 (3.1%) in homes for physically handicapped children and 110 (1.9%) in a home caring for both physically and intellectually handicapped children.

Three files were created in relation to the data received: "Children", "Staff", and "Organizations".

The data was analysed at both state/territory, and national levels, and according to field of child care. This paper will concentrate attention on the national level, although in some instances, considerable variations existed between individual states and territories.

## CHILDREN IN SUBSTITUTE FAMILY CARE — A PROFILE

### 1. Reasons for admission.

Survey respondents identified 55 categories of reasons for children's admission to care. Using the most frequently occurring major reasons, the remainder were incorporated and fourteen categories were devised. The following are the major groupings of reasons why the children had been admitted into care, given in order of the proportion of children for whom each category was stated as the prime reason for admission.

**Breakup of Family (16.3%):** Parents separated, Mother deserted, Father deserted, Father in police custody, Mother in police custody, Mother deceased, Father deceased, Child orphaned.

**Child at Risk (15.3%):** Unfit parents (incompetent), In need of care, Inadequate care, Neglect, Abuse, Sexual Abuse.

**Parents can't cope (14.3%):** Poverty — parents can't provide, Lack of accommodation, Mother requires relief, Father requires relief, Both parents require relief.

**To be near facilities or family (9.6%):** Special school, Special child care programme, To be near employment, To be near parents, To be near adoptive parents.

**Illness in family (6.9%):** Mother and/or father ill.

**Child's health (6.4%):** Child's handicap.

**Child's behaviour (non-criminal 6.2%):** Child absconding, Child in care at own request.

**Parents unwilling to care (5.4%):** Parents can't accept child's handicap, Child rejected, Child abandoned, Antagonism between child and parents.

**Organizational Reasons (4.8%):** To be with siblings, Residential care conducive to child, Transfer from other organization Emergency placement.

**Other reasons (4.4%):**

**Foster Care Breakdown (3.5%):** Adoption breakdown, Child in limbo.

**Alcoholism (3.0%):**

**Child's criminal behaviour (stealing and truancy) (2.2%):**

**Antagonism between child and adult parent figures (1.7%):**

Thus, 15.3% of the children (the second highest proportion) had been admitted into care away from their families because they were deemed to be "at risk" through neglect, abuse or inadequate care.

In at least 79% of the cases, the reasons for admission would appear to be attributable to factors apart from the child — the child has lost his own family, at least temporarily, through factors to which he has not contributed. The child is the victim.

## 2. The Families

One major area of concern that arose from the data was that many of the organizations surveyed did not appear to possess basic information concerning many of the children in their care.

For 352 children, survey respondents did not know if they had brothers or sisters; in 338 cases, respondents did not know if the child was the eldest in the family of those members of the family in non-government child care. In 529 cases, respondents did not know whether siblings were resident in another non-government child care agency, and in 36 cases, respondents did not know if a child's siblings were resident in the same agency as the child. In 1,114 cases respondents did not



know with whom the child had been living prior to admission. For 205 children, respondents did not know if they had been admitted previously to their own agency, and for 491 children it was not known if they had ever been admitted to another agency. The adequacy of an agency's work with a child and his family must be queried, if basic information about the child's life experiences is not known to those caring for him.

In what situations had the children been living at the time they came into care? One third (1,894) had been living with their natural mother and father (married or de facto); 41.8% (2,379) had been living with either natural mother or natural father (but not necessarily in a lone parent situation).

Further information about the family composition is derived from data on the marital status of parents when the child last resided with his parents. In 36.3% (2,062) of the cases, the child's parents were married; in 10.8% (616) of the cases the parents were in a de facto relationship in 28.6% (1,625) of the cases there was a lone mother, and in 11% (627) cases, there was a lone father.

It is to be expected that a lone parent family could be more vulnerable than a family where both parents were together. Nevertheless, the rate of 39.6% where the child's mother or father were lone parents is nearly five times the incidence of children in lone parent families in the general Australian community of 7.8%.<sup>3</sup>

In all, the 5,690 children represented just over 3,000 separate families.

## 3. Admission to care.

In Australia, there are three methods by which children can be admitted into care. The first is by private negotiation between the parents or guardian of the child with a non-government agency. Secondly, a child may be admitted by way of a judicial decision whereby the child usually becomes a ward of the state, under the guardianship of the relevant government department, and is cared for by a government or non-government child care agency. The third method is for a child to be admitted to the care of a government agency although remaining under parental guardianship (e.g. in the case of an intellectually handicapped child).

Thus, admission into care does not necessarily involve forfeiture of guardianship by parents, although the reality of such guardianship in the life of a child who has been in care for many years should be questioned. While there were extreme variations between states, nationally half the surveyed children in care were under the guardianship of their natural parents. The State was guardian of 43.5% of the children.

Although half the children remained under their parents' guardianship, only 17.7% came into care by direct referral of their parents. Apart from the Northern Territory, where parents were the major source of referral, government welfare authorities were the major source of referral to the non-government agencies in all states (56.5% of referrals overall). Thus, in New South Wales where only 4.6% of the children were under State guardianship, in fact 40.9% of the children had been referred by government welfare agencies. A similar situation also existed in South Australia.

It would appear that, in all States and Territories, there is a dependence on the non-government agencies to take a major role in providing substitute family care for children, whether the children have been admitted into care voluntarily by their parents, or whether the children have been removed from the care and guardianship of their parents by the court.

## 4. Length of stay.

It is not possible to identify how long children stay in care from the census type data of the survey. What we are able to identify, however, is the length of time children had been in care at the time of the survey. How much longer these children stayed in care cannot be ascertained from the data.

There are two areas that give rise to concern in this area. Firstly, there is the fact that 30.9% (1,206) of the children had been in care already for five years or more and 4.5% (254) for eleven

years or more. While such groups as children who are profoundly retarded and who may require life-long care must influence this figure, even for children's homes alone, 19.8% of the children had been in care for five or more years.

The data obtained in this section of the survey can tell us nothing directly about the quality of care the children are receiving. However, we cannot complacently accept the fact that between 850 and 1,206 children had spent five or more years of their lives (some of them all their years) in what we, after all, call "substitute family care".

The second area of concern compounds the first: The data shows that the tendency was for the younger the child on admission the longer he or she remained in care. If a child came into care under the age of three the chances of him being discharged under 11 years were less than for other age groups. It can be inferred that we are admitting young children into care today who will never return home, and who may never find planned permanent alternative placement with a family they can call their own.

The need of a child for permanent, legal, nurturing parenting does not receive universal acceptance in the Australian child care field. In visits to the states in the preparatory stages of the survey, it was noted that many children's homes' staff did not take the child's needs for individual family seriously, and were content for children to stay in long-term care. In some cases, unwarranted discrimination against parent and sibling contact existed.

##### 5. Boys and girls in care.

The Australian Bureau of Statistics estimated that on the survey date, 30th June, 1979, there were 2,298,012 boys and 2,181,984 girls in Australia under the age of 18, a ratio of approximately 1053 boys to every 1000 girls.

In this survey, 3314 boys and 2303 girls were identified, a ratio of approximately 1438 boys to every 1000 girls. Thus, nationally, boys had a far greater likelihood of coming into care than girls. But girls tended to be admitted at an earlier age than boys, to have been in care for a longer time than boys, and to be younger than the boys.

Generally, the prime reason for the admission of boys and girls come in the same order, e.g. "Breakup of Family" ranks as the highest occurring prime reason for both sexes, accounting for the admission of 16.3% of the boys and 16.4% of the girls; a similar situation occurs with the second ranking reason for admission, "Child at Risk", with 15.4% of the boys and 15.2% of the girls. However, a higher percentage of girls (15.2%) were admitted because their parents couldn't cope (boys 13.8%). And a higher percentage of girls (11.5%) were admitted to be near facilities (boys 8.0%).

For girls, their vulnerability was related to being in care. It is suggested that it is far worse to be vulnerable once you have come into care, where the situation is presumably under responsible review and control, than to be vulnerable in the community.

##### 6. Children who are intellectually handicapped.

There were 1042 children included in the survey who were considered by the respondents to be moderately or severely intellectually handicapped. 59.6% of these children were in homes for physically handicapped children (i.e. presumably were also physically handicapped) or in the home caring for both physically and intellectually handicapped children. However, 20.2% of these children were in children's homes and another 1.5% were in foster care. The presence of a substantial number of children who are intellectually handicapped in children's homes and foster care is to be welcomed, as at least a defacto recognition of the principle of normalization.

Of those children resident in homes for intellectually handicapped children, it is noted that the children tended to have been admitted at a younger age than their counterparts in children's homes — 65.1% had been admitted under the age of 10, compared with 54.9% under 10 admitted to children's homes. Once admitted, the children tended to stay longer than those in all other fields of care — 32.2% had been in care for 5 or more years, compared with 25.8% in homes for physically handicapped, and 19.8% in children's homes.

The most frequently identified prime reason for coming into care was the "Child's health" (37.0%), followed by "To be near facilities" (30.3%). 6.9% were admitted because "Parents couldn't cope", and 5.2% because of the "Child's behaviour".

Of those 1041 children identified as being moderately or severely retarded, 31.6% were in nursing homes, 24.6% in congregate care, 13.0% in campus family group homes, and 11.2% in scattered family group homes. Thus there was a different pattern for non-handicapped children, in that 56.2% of the children were living in environments that cannot be described as family settings (nursing homes and congregate care). And yet these children had been included in the survey because of their need for substantial family care, over against, for instance, boarding school care. When a child comes into care primarily because he needs a family, he tends to be placed in a children's home or in foster care settings with a family orientation. However, when a child comes into care because he is retarded, but is never the less still in need of a family, he tends to be placed in a nursing home or in congregate care — settings with a non-family orientation.

##### 7. Children who are physically handicapped.

The term "physical handicap" covers a range of diverse disabilities; the questionnaire identified the following: Sight,





hearing, speech, mobility, (use of legs), manipulation (use of arms, hands and fingers).

Children who were physically handicapped were present in *all* fields of care, not just those homes specializing in the care of such children. In particular a relatively high incidence of physical handicaps among the children living in homes for the intellectually handicapped was noted, as well as a relatively high incidence of physical disability among the residents of children's homes.

When we look particularly at the 174 children in homes for physically handicapped children, we note that the majority were of school age. However, 16.1% of the children (28) were under three years when first admitted, while just over half had been between the ages of 4 and 9. 55.2% of the children had been in care for less than three years, 25.9% had been in care for 5 years or more, and 13.3% for 7 years or more. Compared with children in children's homes and foster care there was a greater tendency for these children to have been longer in care.

A quarter of the children had been admitted for the prime reason of being near facilities (although some instances are known of children being admitted for this reason, and remaining for years in care because parents withdrew contact).

18.2% came into care for a spread of "other" reasons, while another 17.6% were there because their "parents couldn't cope". 9.5% of the children were in care because their parents were "unwilling to cope", a proportion for this reason only exceeded by children in the home for both physically and intellectually handicapped

children (11.8%). 12.2% had been admitted because of the "child's health".

#### 8. Australian Aboriginal children.

An Aboriginal child had more likelihood of being admitted into care than a white child. The 5,690 children featured in the survey represented an estimated 1 in every 788 of *all* children in Australia. However, the 762 Aboriginal children in the survey represent an estimated 1 in 106 of all Aboriginal children. In Western Australia, an estimated 1 in every 35 Aboriginal children were in non-government substitute family care. In the Northern Territory, 83.9% of the children in care were Aboriginal.

There were only 44 Aboriginal staff members identified in the survey. New South Wales, with 132 Aboriginal children, had only 5 Aboriginal staff members. Queensland with a reported 89 Aboriginal children reported *no* Aboriginal staff members. The Northern Territory with 94 Aboriginal children in care had only 3 Aboriginal staff members. We consider this situation to be culturally undesirable and alienating for the children and their natural families. While recognising some difficulties involved, it is considered that, if necessary, there should be a radical restructuring of the relevant caring agencies to provide care of Aboriginal children which involves their own people as caregivers.

#### THE CARE-GIVERS

3,808 staff members were employed by the organizations responding to the survey. 755 staff members had resigned during the year preceding the survey date,

a ratio of 1 : 5 of staff in employment. 51.6% of staff who resigned had been carrying out child care and other functions (ratio = 1 : 4.6). 30.2% of those who resigned had been carrying out medical, paramedical and other functions (ratio = 1 : 6.6). 6.7% of staff who resigned had carried out social work, welfare work and other functions (ratio = 1 : 5.2).

34.8% of all staff in employment at the time of the survey had no qualifications and 40.5% of the staff who had resigned during the year had had no qualifications.

The fact that 59 (the largest single "qualification" category) out of the 320 people exercising a director function had no qualifications is a cause of some concern, in that it appears to reflect a commonly held belief that training is not necessary for child care work. This is compounded by the fact that only a small proportion of child care staff had been trained specifically for their task, that a high proportion had no training, and that a relatively high number of staff carrying out a medical/paramedical function (caring for children in homes for the handicapped) were also unqualified.

The high turnover rate of child care staff is disturbing and requires more research and investigation as to reasons for this situation in Australia, and variations between States. This high turnover reveals again part of the weakness of the residential child care system — the lack of continuity in the substitute parent/child relationship which may, in some cases, be as emotionally harmful as the situation from which the child was removed.

#### CONCLUSIONS

In some circumstances, to ensure the safety or well-being of a child, the placement of a child in care away from his own family may be necessary and desirable. However, a dilemma exists in that while the children concerned are obviously cared for by committed and concerned people, nevertheless, for many of the children the removal from one set of disadvantages brings them into a new set related to the limitations inherent in substitute family care services, or associated with their administration. The authors of the survey report identified twenty one principles based generally on international standard practice as reflected in the current literature on residential child care and related fields. We believe the implementation of these principles would assist greatly in redressing the disadvantages to children highlighted in this paper.

**PRINCIPLE 1.** Substitute family care is one aspect only of services for children and families, and must be considered

in the context of a broad spectrum of services within the community.

**PRINCIPLE 2.** Substitute family care services cater predominantly for the children of the poor and disadvantaged, and the entry of children into care is related to the poverty and disadvantage. Thus the need for substitute family care provisions is related to an unjust society.

**PRINCIPLE 3.** The majority of parents of children who come into substitute family care love their children, are concerned for their welfare, and hope to resume care of the children as soon as possible. The parents' lack of capacity and ability to care, not their lack of desire to care, is the likely factor that brings children into substitute family care.

**PRINCIPLE 4.** Separation from his own family, and placement into substitute family care, should be a final option after all effort has been made to keep the child with his family, or there is every indication that for the child to remain with his family would place him at risk. Inadequate finance or housing are factors that can be changed through comprehensive social service provisions, and therefore should never be, in themselves, reasons for a child being separated from his parents.

**PRINCIPLE 5.** The interests of some children at some stages of their lives will be best served through good quality substitute family care.

**PRINCIPLE 6.** The nature of substitute family care services, and the placement of a child in care, should ensure that services meet the child's needs, and not that the child has to adapt to the needs of the organization.

**PRINCIPLE 7.** Planning for permanent family life for a child is part of the placement plan, i.e. work towards the child's return home, to other significant relatives or friends, or to another permanent family relationship through adoption or foster care.

**PRINCIPLE 8.** Active and consistent work with the child's family should always be part of the substitute family care program.

**PRINCIPLE 9.** The families of children in substitute family care should be given full encouragement to maintain the family relationship through counselling and other support and assistance, visiting their children and participating in activities involving their children.

**PRINCIPLE 10.** Good quality foster care, as providing the best opportunity for a continuing family environment and individualized relationships with parent figures

should be considered as the first option for every child needing substitute family care.

**PRINCIPLE 11.** Good quality scattered family group homes, consisting of small group homes in the general community caring for six or less children, provide the most satisfactory group care environment in that the child/staff ratio is such that the child can receive individual care, and the environment minimizes the child's isolation from the community.

Conversely congregate care, consisting of 20 or more children as one organizational unit in the one building, is the least satisfactory form of group care.

**PRINCIPLE 12.** Children with physical or intellectual disabilities should be enabled to live as normal an environment as is consistent with their degree of disability.

**PRINCIPLE 13.** Prolonged institutionalization during the early years of life leaves a child very vulnerable to later stress. It is highly undesirable for children of pre-school years to be in group care, particularly where the children are within similar age ranges, the care-givers work on a shift basis, and the parenting function is shared by a number of adults.

**PRINCIPLE 14.** Consistent, ongoing adult caring by parents or parent substitutes is an essential factor in a child's emotional development. Shift work by child care staff, and high turnover of such staff militates against establishing stable relationships within Homes.

**PRINCIPLE 15.** The quality of substitute family care is inextricably bound up with the quality of residential staff. Their work is so demanding and responsible that some training is absolutely essential. Neither affection nor common sense are sufficient by themselves to meet the particular needs of other peoples' emotionally unsettled, if not disturbed and unhappy, children.

**PRINCIPLE 16.** The leadership of organizations providing substitute family care for children requires skills which are not attainable by life experience alone. Directors and other senior staff members of such organizations should possess tertiary qualifications appropriate to their functions.

**PRINCIPLE 17.** The fact that a person is employed by a welfare organization cannot justify the payment of a salary at a lower level than would apply to similar workers in the general community

**PRINCIPLE 18.** Children who are living away from their families for extended periods each year for educational or treat-

ment purposes have a primary need for consistent caring relationships with parent substitutes; nursing or teaching is secondary to the need for caring. This principle applies even where a child has a strong and continuing relationship with his own parents.

**PRINCIPLE 19.** The concept of *parens patriae* — the State as the ultimate "parent" — implies the overall responsibility of society for the well-being of its individual members, and the necessity for the State to ensure that its dependent children are given the highest quality care. Among other things, this implies adequate funding for organizations involved in community services.

**PRINCIPLE 20.** The fact that churches and other community organizations care for children is not, in itself, commendable. **Quality of care** is the decisive factor.

**PRINCIPLE 21.** The fact that an organization is under non-government auspice does not free it from accountability to the wider community for its care of children, and its use of financial and other resources.

We conclude with the paramount point of concern raised by the authors of the survey report, believing it to be a continuing question to be asked of all who work with children and families:

*Can one be convinced that everything possible has been done to ensure that all the 5,690 children featured in this survey have to be in a home or foster care? In each case, was every effort made to support, assist and counsel the family so that the child did not have to leave his family? In each case, has every effort been made to work with the family to encourage continued contact with the child in care, and to facilitate the child's return home? In the case of children who have lost family contact, is every effort being made to find new permanent families?*

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(1) Gregory, G. and Smith, N.J., *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*, 30th June, 1979, (Children's Bureau of Australia, 1982.)

(2) Annual Report 1979 - 80, Department of Youth & Community Services, New South Wales. Annual Report 1979 - 80, Department of Community Welfare Services, Victoria.

(3) B.A. English, "Children in Lone Parent Families", *Australian Child & Family Welfare*, Vol. 4, No. 1, 1979.