

CHAPTER 6

EFFECTIVENESS OF PRESENT SUBSTITUTE CARE ARRANGEMENTS

6.1 During the inquiry the Committee was presented with conflicting views about the effectiveness of present substitute care arrangements. On the one hand, there was enthusiasm about recent changes regarded as progressive innovations. Such changes include the implementation of de-institutionalisation policies, the emphasis on the concept of early restoration, and the adoption of improved assessment and planning procedures for the placement of children in substitute care. On the other hand, some witnesses expressed reservations about these changes claiming they merely represented variations in administrative practice, and commented that, in effect, substitute care practices had changed little over the past century, even though they may now be carried out more humanely. While the Committee acknowledges the efforts by both the government and non-government sectors in attempting to redress deficiencies in past approaches towards the delivery of substitute care services, particularly through the emphasis on key concepts such as de-institutionalisation and restoration, the findings of various studies, the comments of children on their experience of care, and other factors brought to the Committee's attention all raise questions about the effectiveness of the present substitute care system.

6.2 It was argued before the Committee that, regardless of the form of substitute care, children still spend too long in care, are subjected to too many changes in care arrangements, are too readily discharged and re-admitted to care, and have too little parental contact while in care. The Committee believes these criticisms are symptomatic of deficiencies that continue to limit the effectiveness of present substitute care arrangements. Problems highlighted during the inquiry included the lack of evaluation of substitute care services, the inadequacy of statistics on the number and characteristics of children in substitute care, poor standards of care provided by some substitute care agencies, insufficient government financial support, the absence of proper assessment and planning procedures in the placement of children by some welfare organisations, the lack of integration between the various components of the child welfare system, and the minimal exchange of information and ideas between welfare agencies and between the States on recent developments and changes in substitute care policy and practice.

Evaluation of substitute care services

6.3 To date, substitute care arrangements have been poorly evaluated. As a result, information about the effectiveness of individual services and overall substitute care programs is limited. This raises the question as to what factors have been identified and taken into account in the past by policy makers and administrators first, in assessing the need for substitute care services and facilities; secondly, in formulating policies and strategies to meet those needs; thirdly, in allocating funding priorities that reflect the changing nature of society and the varying circumstances of children requiring care; and finally, in establishing objectives and criteria against which the impact of various policies and programs can be assessed. It appears that decisions concerning these matters are normally made on the basis of past practices, individual preferences and beliefs, and a limited range of data provided by some welfare organisations.¹

6.4 During its public hearings and visits to substitute care centres and agencies, the Committee sought information on the impact of recent initiatives and changes in approach towards the treatment of children in substitute care. While some information was provided in respect of particular organisations or institutions, respondents providing a wider

account of the effectiveness of present arrangements and approaches tended to rely on anecdotal evidence and personal experience. In fact, many contributors to the inquiry acknowledged that much of their material was based on opinion, belief or hearsay. They often found it difficult to be precise about the effectiveness of their programs and maintained that the demands of their caseloads left little time or resources for evaluation purposes.

6.5 The Committee believes that if governments are to be properly accountable for public expenditure in this area and if the formulation of future government policies and strategies is to promote improvements in the provision of substitute care, particularly for those children currently over-represented in care, then there is a need for programs and facilities to be more closely monitored and more thoroughly evaluated. The Committee considers the time for reform by the States in this area is long overdue and that the Commonwealth should now take a lead in this respect and provide the impetus required to encourage the evaluation of substitute care services. It therefore **recommends that the Commonwealth Government promote the evaluation of substitute care services by assisting State and Territory government and non-government welfare departments and agencies to determine appropriate evaluation criteria and develop procedures for the establishment and maintenance of on-going evaluation programs.**

Adequacy of statistics

6.6 Criticism was levelled at both the Commonwealth and State governments during the inquiry concerning the lack of statistics available at the national level on children placed in substitute care. Statistical collections prepared by the Australian Bureau of Statistics in collaboration with WELSTAT provide the main sources of information.² These collections include two series: 'Children in Care', previously known as 'Persons Under Guardianship and Children in Substitute Care' which is a new series providing data on children in foster care and institutional care; and the annual series, 'Adoptions', first published in 1980. Statistical information on the number and characteristics of children with disabilities and the type of accommodation and institutional care utilised by them is provided by the 'Survey of Handicapped Persons' which was conducted by the Australian Bureau of Statistics in 1981. The Australian Institute of Criminology also publishes national statistics on children in juvenile corrective institutions in each State and Territory.³

6.7 Until this year, no official statistical information was available at the national level on the number of children in institutional care who were not under the guardianship of the State and who were not placed in government-run institutions. As the majority of children in institutional care were not under State guardianship, the national data available were of limited value. This situation existed despite the fact that statistics on children in substitute care, including those in institutional care who were not under the guardianship of the State and who were not placed in government-run institutions, were collected and published by each State and the Northern Territory. This information was of limited value, however, because of the lack of uniformity between the various governments in their statistical definitions, classifications, and recording systems. In an attempt to overcome this problem WELSTAT developed standard criteria for the compilation of national statistics on children in institutional care who were not under the guardianship of the State. Although the co-operation and assistance of the States and the Northern Territory were obtained in supplying this information, it was not until recently that sufficient data were returned by all States and Territories to allow the compilation and publication of the new statistical series, 'Children in Care', covering all children in substitute care, to proceed.

6.8 While the Committee welcomes this development, it is concerned that data available at the national level still do not provide information on the characteristics of children in substitute care apart from details of age and sex. The Committee believes there is a need for additional information relating to such factors as the duration of care, the frequency of admission to and discharge from care, the presence of siblings, and the outcome of care (e.g. whether a child returns home or proceeds to an alternative form of care). More detailed information is also required on the reasons for children being placed in care (i.e. apart from whether they require care because their welfare is at risk or because they have committed an offence). Statistics on the reasons for substitute care could cover such precipitating causes as parental neglect; child abuse; homelessness; parental and family conflict or breakdown; unfit, improper or incompetent guardianship; disordered social behaviour on the part of the child (delinquency, truancy, etc.); physical and intellectual disability; and emotional disturbance.

6.9 The Committee considers the compilation of comprehensive and comparable data on the characteristics and reasons for the admission of children to care is necessary if government funding authorities and others are to evaluate the effectiveness of different substitute care programs, assess the impact of changes in public policy, and plan for the development of future services. Accordingly, the Committee **recommends that the Minister for Community Services, through WELSTAT, give priority to the expansion of the present range of statistics on the characteristics of children in substitute care to include data on such matters as the reasons for children being placed in care (i.e. apart from whether they are placed in care because their welfare is at risk or because they have committed an offence), the duration of care arrangements, the number and nature of successive admissions, and the outcome of substitute care placements.**

Quality of substitute care

6.10 The effectiveness of substitute care depends largely on the development of policies and the organisation of services that provide care of a high standard which in turn facilitates the optimal development of the child. In evidence received during the inquiry, particularly comments by young people on their experience of substitute care, several shortcomings in the quality of care were brought to the Committee's attention. These included the lack of continuity in care arrangements; the impersonal and sometimes authoritarian attitudes held by some substitute care parents; the application of certain rules, particularly in institutions for disabled children (e.g. regulations disallowing personal belongings and restrictions applying to the timing and regularity of visits by parents to institutions and by children visiting home); the lack of continuing contact with natural parents; the separation of siblings; the absence of appropriate stimulation; and a concentration on a child's behaviour rather than on his or her needs, rights and perceptions. By and large many of these deficiencies were attributed to staffing problems experienced by welfare agencies.

6.11 Both government and non-government welfare agencies were found to encounter serious difficulties in attracting and retaining well qualified and experienced child care staff. Agencies reported they are often unable to employ a sufficient number or range of personnel either for institutional care purposes or to provide foster care. The Committee was advised that, in some instances, agencies have to resort to appointing staff with fewer qualifications and less preparation for the type of work required of them than considered desirable. In certain States it was claimed that these problems are aggravated by inadequate training opportunities available for substitute child care personnel. It was also apparent that the emotional demands of the work and its stressful nature, together with low levels of remuneration, result in very high rates of staff turnover. Many welfare

agencies consequently experience difficulties in maintaining continuity of child care personnel, creating an environment for the child in care as unstable as that from which he or she has been removed. The Committee also found that the degree of variation in standards of care (i.e. in the number, range, qualifications, levels of remuneration, and ratio of staff to children) is considerable, both between welfare agencies and between States, in the provision of comparable forms of substitute care.

6.12 The Committee stresses that these criticisms should not be taken to mean that it received any evidence of improper or inadequate basic care provided. In all States it visited, the Committee was impressed by the dedication shown by people working in this area. It agreed, however, that the problems identified above reflect an unsatisfactory situation and one that would not be tolerated in other human service areas. In particular, the Committee believes there is a need to improve both pre-service and in-service training opportunities for substitute care personnel. It therefore **recommends that the Commonwealth Ministers for Community Services and Education, in consultation with State and Territory Ministers responsible for child welfare matters and non-government welfare organisations —**

- (a) **investigate the needs of government and non-government substitute care agencies for both pre-service and in-service training for personnel;**
- (b) **review existing pre-service substitute care training courses and programs in technical and further education institutions and other tertiary institutions and, where necessary, support the development and implementation of suitable diploma and certificate courses; and**
- (c) **examine the need for government financial assistance to meet the cost of replacing substitute care personnel participating in in-service activities and determine the most appropriate means of providing support for staff release and replacement of staff attending in-service training programs.**

Funding of substitute care

6.13 The limitations of substitute care programs were also attributed to inadequate funding levels and unsatisfactory funding arrangements. Levels of funding were criticised for their tendency to discriminate against the non-government sector and favour the provision of the less costly forms of substitute care such as foster care and youth refuges to the detriment of institutional care. It was also claimed that funding levels have not kept pace with recent cost-of-living increases. Funding arrangements were criticised because of discrepancies in entitlements between children under the guardianship of the State and others in care, the uncertainty of funding, restrictive legislative requirements and/or time-consuming administrative procedures for funding under certain programs⁴, and the lack of clear policy statements relating to the terms and conditions of funding.⁵ Alternative funding arrangements proposed include the provision of more bulk funding for programs rather than per capita funding and increased recurrent and capital funding.

6.14 It was maintained that present levels of financial resources are not only preventing agencies from engaging sufficient numbers of appropriately qualified personnel to provide quality substitute care, but are also imposing constraints on the capacity of such agencies to diversify their services and thus give greater effect to current policies such as de-institutionalisation, the early restoration of children to their families, and proper assessment and planning of substitute care placements. It was further submitted that until additional funds are made available, agencies will continue to be constrained in their ability to upgrade accommodation facilities, work more closely with parents, and provide a wider range of other services such as after-care and respite care, both recognised as essential to meeting the needs of the children in care and the children's parents.

6.15 The Committee found a number of fundamental inconsistencies in the funding arrangements for substitute care programs in all States and Territories. These were often not related to the different needs of children but reflected the categorisation of certain groups of children (e.g. guardians and non-guardians), the characteristics of the institution or substitute care program into which children are placed, as well as the historical nature of funding arrangements. The Committee also believes that the provision of government financial support for substitute care programs is in most cases inadequate, especially with respect to assistance provided for the non-government sector. The fact that this sector is under-resourced is a matter for particular concern as it bears a disproportionate share of the burden of providing substitute care services.

6.16 The allocation of funds for substitute care programs rests primarily with the governments of the States and the Northern Territory. The determination of appropriate levels and methods of funding is therefore their responsibility. However, the Committee believes there is a need for present funding arrangements to be reviewed by the States and the Northern Territory to ensure first, that substitute care services and facilities are provided and maintained at the highest possible standard so that the physical, emotional and social developmental needs of children in care are fully met, and secondly, that funds for substitute care services are distributed equitably between the government and non-government sectors.

Application of assessment and planning procedures

6.17 During the inquiry, government and non-government welfare organisations were criticised for failing to apply adequate assessment procedures to determine the needs of children requiring admission to care (including ascertaining the circumstances that precipitated the intervention and removal of the child from the family in the first place) and failing to devise adequate plans and goals for the placement of children in substitute care. It was argued that as the early restoration of a child to its natural family is a goal pursued by most organisations providing substitute care services, welfare authorities have a responsibility to investigate more thoroughly the reasons for a child's placement and to make available greater assistance and advice to the child and its family based on such assessment processes. In particular, it was maintained that if no initial professional assessment is made of a child's needs and the reasons for his or her placement in care, and if no plan of intervention is subsequently set in motion, there can be no clear purpose or goal in applying measures to promote the child's future development and to facilitate family restoration or placement in a permanent alternative. Evidence indicated that too often the outcomes of various forms of intervention are fortuitous and depend on matters external to the intervention itself.

6.18 The seriousness of this shortcoming is compounded in light of the concept of *parens patriae* whereby government and non-government welfare agencies responsible for the decision to remove a child from his or her family, either through their own intervention or in response to a request from a child's parents, also have a duty to ensure not only that the quality of care provided is satisfactory, but that a child's development is adequately promoted and that the consequences for both the child's and the family's future justify the agencies' initial intervention.

6.19 The Committee found that the absence of clearly defined policies and procedures relating to the proper assessment and planning of a child's placement in care, whether with the intention of restoring the child to its natural family or, alternatively, placing the child elsewhere on a permanent basis, has contributed to the following negative factors:

- the continuing predominance of the practice of removing and placing children in substitute care, despite the acceptance in principle of the 'family-community support' concept and the passage in some States of community welfare Acts;
- the excessive duration of substitute care for some children;
- an unacceptably high re-admission rate for other children, in many cases reflecting premature discharge, a discharge process that leaves the child and family ill-prepared for the child's return, the long-term nature of crises in some families, and the failure of support services to provide adequate help to overcome such problems;
- a continuing high breakdown rate in foster care placements;
- the frequent separation of siblings and the removal of children from the geographic area and social community with which they are familiar;
- the lack of recognition of the individuality of children and the inappropriate grouping of certain children, particularly disabled children (e.g. the placement of the elderly with the young, and the developmentally handicapped with the mentally ill);
- high rates of recidivism among young offenders; and
- the absence of on-going assessment of the changing needs of children over time, particularly disabled children, which can lead to 'learned helplessness' and dependence.

6.20 Inadequate assessment and planning procedures have also added to the growing trend for some children to become 'lost' in the welfare system and become victims of 'welfare drift' (i.e. being moved from one unplanned short-term placement to another). The problem of welfare drift was first documented in the 1950s and 1960s in the United States of America. It became apparent there and subsequently in the United Kingdom that reform was needed and the problem was addressed using the concept of 'permanency planning' which has been hailed as a successful approach in both countries. 'Permanency planning' is the term used to describe the speedy and permanent placement planning process needed to ensure that children do not drift in and through the welfare system. Within this process, priority is given to the maintenance or restoration of the child to his or her natural family and, failing that, to the relinquishment of the child for adoption or some other permanent alternative placement. Thus, in the first instance, permanency planning entails channelling all possible support resources to the family of the child in care. The success of this stage depends, however, on the availability and accessibility of a range of locally based, adequately resourced and professionally staffed family support services.

6.21 Recent reports on substitute care by the Department for Community Welfare in Western Australia and the New South Wales Task Force on Residential and Alternate Care have lent support to the concept of permanency planning.⁶ However, opponents to this approach, both overseas and in Australia, contend that it can result in rushed placements and the too-easy termination of parental rights, a particular problem for more vulnerable and less articulate families. It has also been argued that, because it focusses on crises, permanency planning has really only provided more efficient administrative control systems and has done little to promote the development of general family policy or the improvement of child care and other child welfare practices.⁷ The proponents of permanency planning acknowledge the dangers and agree that the successful implementation of this approach occurs when comprehensive family support services are available and priority is accorded to the restoration of the child to its family.

6.22 While the appropriateness of adopting the permanency planning model may be debatable, the need for welfare agencies to adopt better assessment and planning procedures is, in the Committee's view, essential to ensuring that children are placed in the most appropriate form of substitute care in the first place; that they do not remain in care unnecessarily or, alternatively, are not discharged prematurely; and that they do not become victims of welfare drift. It became apparent during the inquiry that the adoption of suitable assessment and planning procedures is inhibited by the inability of some organisations to develop and maintain appropriate client data collection, storage and retrieval systems. Without such mechanisms it is not possible to ascertain whether initial placement decisions are made in the best interests of the child, nor is it possible for a child's progress to be charted and reviewed on a regular basis. It was claimed by a number of agencies that the demands of day-to-day administration and limited resources prevent them from developing and maintaining proper records and systematically analysing client data. Some were also reluctant to allocate resources to this function in the absence of standard criteria for the assembly of such data.

6.23 The failure of welfare organisations to seek and maintain basic information on their clients was identified by Gregory and Smith in their survey of children in non-government residential care. Their research found, for example, that survey respondents did not know whether some children in their care had brothers or sisters; whether a child in their care was the eldest in the family of those children in care from the same family; whether siblings were resident in another non-government child care centre; and, in a small number of cases, whether a child's siblings were resident in the same institution. The survey also revealed that, in a surprising number of cases (1114), respondents did not know with whom the child had been living prior to admission; whether some children had been admitted previously to their own agency; or if children had ever been admitted to care by another agency. The authors of the survey concluded that the adequacy of an agency's work with a child and his or her family must be questioned if such basic information about the child's life experiences is not known to those who are given responsibility for the care of the child.⁶ The Committee supports this view and believes the situation has changed little since this survey.

6.24 The assembly of such basic information on children in care is necessary for a number of reasons. First, the presence or absence of siblings, parents and relatives immediately places certain limitations on the planning of a child's placement. Secondly, lack of information about the reasons for the admission of a child to care and about the marital, economic, educational, employment and housing circumstances of parents must limit the capacity of agencies to assess what a child's parents can achieve with or without further outside assistance and may thus result in unrealistic expectations by the agency, the family and the child. Thirdly, assessment of a child's educational standard, school performance, social adjustment and personal behaviour, both before and during placement, is necessary to determine the type of short-term or long-term care required for the child. The Committee's attention was drawn particularly to the need for proper assessment and planning procedures to be followed in the placement of Aboriginal children. This issue has already been discussed in some detail in Chapter 2.

6.25 As a prerequisite to improving the overall effectiveness of present substitute care practices and as a means of preventing welfare drift, the Committee believes it is necessary that a set of universally acknowledged guiding principles be developed to assist in the assessment and planning of a child's placement in substitute care, and that individual substitute care agencies be encouraged to develop and maintain appropriate data collection, storage and retrieval systems. The Committee accordingly **recommends that the Commonwealth Minister for Community Services seek the co-operation of State and Territory Ministers responsible for child welfare matters and non-**

government welfare agencies to establish a set of universally acceptable guiding principles for (a) the initial and continuing assessment of children requiring substitute care and (b) the development of a planned approach towards the placement of children in care. The Committee further recommends that the Commonwealth Government introduce a special substitute care grants program to assist government and non-government welfare agencies in the implementation of proper assessment and planning procedures for the placement of children in substitute care, including the design and maintenance of appropriate client data collection, storage and retrieval systems.

Integration of services

6.26 A major obstacle to improving the effectiveness of present substitute care policies and programs is the lack of integration between the substitute care system and the general child welfare system. For example, the isolation of institutional care programs from other elements of the welfare system such as day care and the provision of general family support services has been the subject of particular criticism. Until recently, there has been a tendency to place institutional care at one end of the continuum of child welfare services and community child care at the other end. Some argue that this dichotomy should not exist today, that it has adversely influenced child welfare planners over the last twenty years or more, that it has caused many welfare administrators to resist sharing the use of community facilities, and has contributed to the negative connotations of institutional care.

6.27 While it is erroneous to assume that all services labelled 'community-based' are necessarily progressive, innovative or enlightened, particularly when such assumptions are made before any evaluation has taken place, it should also not be assumed that services which are institutionally-based or residentially-based must be regressive, again before any evaluation has occurred. The Barclay Report published in Britain in 1982 reviewed the place of residential care and day care programs in the generic service structure of public and private care arrangements." It raised the possibility of moving residential care services into the centre of the service system and redefining them in terms of family support services with outreach elements directed at meeting the particular needs of various groups within the community. A residential centre operated in this way may offer a range of services (occasional care, respite care, long-term care, parent education, child counselling, etc.) and be very much 'community-based'.

6.28 The use of institutional centres for the purpose of providing respite care for families with disabled children illustrates well how a residential facility could be used more widely were it better integrated with other child and family welfare services. Evidence shows that many more families would be able to keep their disabled children at home if respite care facilities were more readily available. Establishments providing accommodation for disabled children may have vacancies from time to time which can be used for planned respite care or even for unplanned respite care on occasions. In addition, it is not uncommon for organisations to set aside a limited amount of approved accommodation to cater for emergencies (e.g. to assist in times of carer illness or crisis). Nevertheless, the general shortage of appropriate accommodation for disabled children in the community is such that the majority of these facilities ultimately develop into long-term residential centres which are usually able to allocate only minimal bed capacity for short-term or emergency cases. Also, government funding requirements normally stipulate that such homes be conducted on a full-time basis and be utilised to full capacity for a majority of the time. On the other hand, there are a number of under-utilised or former residential care facilities that have been closed or are only partially utilised which

may be suitable for other purposes such as respite care. To date, there has been little attempt to integrate these services or to introduce arrangements for the shared use of facilities.

6.29 The development of an integrated approach towards the administration of institutional care programs and other child care and welfare services, including the shared use of buildings, would also help overcome the considerable stigmatisation and isolation from the community, both physical and social, of many institutional care centres. During the inquiry, the Committee was encouraged to hear of a former institution being used as a base from which an expanded range of welfare services is being provided to meet the needs of children and families in a particular locality. The Committee welcomes this development and believes such practices should be encouraged.

6.30 The Committee also believes there is a need for welfare services for particular groups of children such as the disabled, Aboriginals and young offenders to be more closely integrated with other child welfare programs. While separate departments or units may have been established initially in recognition of the special needs of these target groups, the Committee is concerned that this practice may act to disaffect or isolate these children from developments in the mainstream of welfare thought and service delivery. As noted by the Social Welfare Policy Secretariat, the policy and administrative separation of care for Aboriginal and disabled children from the mainstream of general child care and public welfare policy has probably contributed to a slower de-institutionalisation process for these particular groups.¹⁰

Exchange of information and conduct of research

6.31 The Committee supports the view that the effectiveness of present substitute care policies and programs could be improved by greater interchange of information and ideas between the States and Territories (and between the government and non-government sectors) concerning developments occurring both within Australia and overseas in the field of substitute care. With regard to the conduct of research, it became apparent to the Committee that there is little co-ordination in Australia between research projects being undertaken in this area by various organisations and research institutes, and that the results of research are not always brought to the attention of the relevant welfare authorities or agencies. The isolation in which the States and Territories tend to operate, despite their common objectives and problems is, in the Committee's view, a matter for serious concern and reflects the fragmented way in which substitute care programs and associated child and family welfare services are being provided in Australia today.

6.32 The Committee was advised that on several occasions individual States have allocated considerable funds for the development of new schemes, involving significant preliminary research and investigation, although similar strategies were already on trial elsewhere. Had the results of the earlier endeavours been more widely disseminated, other States and welfare agencies may have benefited or at least avoided unnecessary duplication of effort and waste of resources in ascertaining the applicability of such alternative approaches for their own requirements. Often new projects being developed in one State towards the treatment of particular groups of children have direct relevance and application to similar target groups elsewhere (e.g. the development of the South Australian Intensive Neighbourhood Care Scheme for young offenders). These projects may be regarded as being of national significance in improving the overall effectiveness of policies and programs for children requiring institutional and other forms of care. However, the value and potential of such initiatives are rarely fully realised because of the small scale of the projects and because of the limited dissemination of information to promote and facilitate their adaptation elsewhere.

6.33 The Committee believes the Commonwealth should take the initiative in fostering the exchange of ideas and the dissemination of information, including the results of research, between the States and Territories (and between the government and non-government sectors) about recent developments occurring both within Australia and overseas in the substitute child care field. The Committee therefore **recommends that the Minister for Community Services seek the co-operation and assistance of State and Territory Ministers responsible for child welfare matters and non-government welfare agencies in devising appropriate mechanisms for promoting the dissemination and exchange of information concerning new developments and exemplary practices in the provision of institutional and other forms of substitute care (e.g. through the establishment of a national clearinghouse for studies related to children in substitute care and the joint sponsorship of regular national seminars, workshops or conferences).**

ENDNOTES

1. J. Carter, *Protection to Prevention: Child Welfare Policies*, SWRC Reports and Proceedings No. 29, Social Welfare Research Centre, University of New South Wales, Sydney, January 1983.
2. WELSTAT is a joint State and Commonwealth project concerned with the standardisation and improvement of social welfare statistics. The project which was established by the Council of Social Welfare Ministers in 1976 is managed by committees consisting of representatives from each State and Territory welfare department, the Commonwealth Department of Community Services, the Australian Bureau of Statistics, the Policy Co-ordination Unit (formerly the Social Welfare Policy Secretariat), and the National Committee on Health and Vital Statistics. The project is serviced by the WELSTAT Secretariat which is located in the Department of Community Services in Canberra.
3. This is a quarterly series entitled, *Persons in Juvenile Corrective Institutions*.
4. To be eligible for financial assistance under the *Nursing Homes Assistance Act 1974*, for example, an organisation must meet certain Department of Health requirements. These regulations have been the subject of criticism by some voluntary organisations who argue that while they are obliged to conform to departmental requirements for financial reasons, adherence to such rules is not always in the best interests of their clients. While many people need a high level of long-term medical and/or nursing care, many others, including children with physical and/or intellectual disabilities, need training and rehabilitation rather than long-term medical or nursing care. Certain agencies caring for the disabled thus see the imposition of various funding criteria conflicting with the objectives of their services.
5. For example, the present limitation on recurrent funding under the Handicapped Persons Welfare Program means that an organisation can base its funding on grounds of economic necessity as the rationale for a medically oriented approach even in areas where a nursing home environment may be extremely restrictive, inappropriate to the organisation's clients needs and a decided barrier to their social integration.
6. D. McCotter and H. Oxnam, *Children in Limbo — An Investigation into the Circumstances and Needs of Children in Long-Term Care in Western Australia*, Report and Appendices, Department for Community Welfare, Perth, 1981; and Residential and Alternate Care Task Force (Mr V.J. Dalton, Chairman), *Final Report*, Sydney, February 1982.
7. A.J. Kahn, *Studies in Social Policy and Planning*, Russell Sage Foundation, New York, 1969.
8. 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, p. 120.
9. National Institute of Social Work Working Party (P.M. Barclay, Chairman), *Social Workers, Their Role and Tasks*, Report to the Secretary of State for Social Services, Bedford Square Press, London, 1982.
10. *Transcript of Evidence*, Submissions, p. 1123.