

Coughlan F

ENOUGH, SOON ENOUGH? CHANGES IN RESIDENTIAL CARE

Dr Felicity Coughlan is a lecturer at the Department of Social Work at Rhodes University

Transformation in residential care for young people has been under the spotlight since 1995. The IMC report *In whose best interests?* surveyed 56 of the 77 state-run residential care facilities for children (including 5 reform schools, 17 schools of industry and 30 places of safety). Its findings were unequivocal – there is a serious crisis in residential care services for young people. Important problems identified included the fact that almost 25% (n=941) of the children in care surveyed (N= 5769) were deemed to be in inappropriate placements by the personnel of the institution and 1798 (31%) of the children were placed in provinces other than the province in which they ordinarily lived (IMC 1996b:9). The staff employed to perform child and youth care functions were seriously under-qualified with only 11% holding qualifications in child and youth care work and only 54% of senior personnel holding similar qualifications (IMC, 1996c:24). A serious racial imbalance in staffing was also identified, with the majority of staff employed being white, meaning that children who would normally use an African language as their first language were at a serious disadvantage.

This survey and other investigations concluded that the average per capita cost per month of R2327 to care for the youth and children in government-run residential care was questionable as an effective or efficient use of resources. Unequal distribution and allocation of resources on the basis of race were further exacerbated by racial disparities in terms of general budgetary allocation, standard of care, methods of discipline, extent of freedom, length of stay, contact with families and communities, access to appropriate education, developmental and treatment programmes and human resource allocations (IMC, 1996c:9-13). The result was wide-scale policy development initiatives aimed at transforming the child and youth care system. Part of the proposed change entails pressure to reduce the proportion of resources expended on residential care and increase the proportion of resources expended on early intervention and prevention. This principle has been actualised in the new Financing Policy for Developmental Welfare Services (1999), the implementation of which should be completed by 2004 but which has barely started in some of the country's provinces.

In 1998 the national government (provincially co-ordinated) required all residential care facilities to complete detailed questionnaires on each youth in care. This process called "Project Go" was aimed at releasing the blockages in the system by assessing whether children are appropriately placed and advocating speedier returns to the community. This was an enormously time-consuming process for all facilities and, while many complied, there was some resistance.

This paper reports on a small survey of 10 private residential care facilities undertaken in 1998 to establish a baseline for the extent to which some of the issues identified in the survey of state facilities were also reflected in private organisations in an effort to address, at least to some extent, the need for the Project Go initiative (if not its actual process and implementation). While this survey was by no means representative, it is indicative of the ongoing need to support transformation efforts within private organisations and not only within government ones. A study currently being undertaken (Coughlan, 2001) is showing that while the resources for residential care are dwindling, the needs of the children in care are increasing – they are increasingly troubled

and needing intensive assistance. Four of the facilities surveyed in 1998 are being intensively studied and it is clear that some progress is being made but that it is often seen to be not enough, and not happening soon or quickly enough. It would be easy to blame this lack of change on resistance to transformation, but the reality is much more complex and much more concrete. As the needs of children in care intensify, the resource needs of the organisations increase and with no increase in state subsidy in many provinces since 1992, these facilities are being asked to improve the qualifications of their staff; offer integrated services including family reunification and provide a therapeutic milieu for very troubled children on a diminishing resource base in a context of diminishing government and policy support.

TABLE 1: PROFILE OF 10 PRIVATE CHILDREN'S HOMES: 1998

	A	B	C	D	E	F	G	H	I	K
Number of children in care	58	90	61	28	20	106	49	55	250	141
Boys (percentage)	45	40	61	57	50	40	48	45	50	52
Girls (percentage)	55	60	39	43	50	60	52	55	50	48
Racial composition of children (percentages)										
Black	38	2	13	100	50	40	37	100	1	69
White	50	88	72	0	5	0	26	0	94	14
Coloured	12	10	15	0	45	10	27	0	5	17
Indian	0	0	0	0	0	50	10	0	0	0
Total number of staff	46	24	20	14	9	53	22	14	63	50
Gender of staff (percentage)										
Male	24	4	10	0	88	9	23	0	10	20
Female	76	96	90	100	12	91	77	100	90	80
Racial composition of staff (percentages)										
Black	48	42	35	86	12	23	59	100	46	77
White	48	58	50	0	33	0	27	0	54	15
Coloured	4	0	15	14	55	0	4	0	0	8
Indian	0	0	0	0	0	77	10	0	0	0
Child care worker to child ratio	1: 5	1: 11	1: 12	1: 3	1: 5	1: 11	1: 5	1: 9	1: 12	1: 6
Percentage of child care workers with a child care qualification	100	88	60	0	75	60	40	0	24	70
Number of social workers	2	2	1	0	1	1	1 ½	1	4	3

A number of private residential care facilities have made significant (almost miraculous) progress, but many remain restrained by the legacy of the apartheid (and pre-apartheid) contexts in which they originated. Eleven Children's Homes that were corporate members of the National Association of Child Care Workers and that subscribed to the NACCW journal were purposively sampled (Seaberg, 1985:145) and approached for assistance in the 1998 survey. Ten agreed to participate and their profiles are given in Table 1. The criteria for selection were that the facilities, in addition to being corporate members of NACCW (which strongly supports transformation), had been established during or before the apartheid era (and thus were required to transform) and were

urban (and were thus in multi-cultural settings). This small-scale survey revealed that private facilities were facing many of the same challenges (especially in terms of the racial integration of staff and children) as those reported in government facilities, except that on the whole their staff were better trained. All reported support for the policy changes, but all also reported the sheer pressure of work and resources as the single most restricting factor in taking on the proposed changes.

In an effort to assess whether or not these challenges were being faced equally in private facilities not as active in the national structures, another 15 organisations were randomly selected (Seaberg, 1985:136) from the sampling frame of the mailing list of a child care journal. Only one returned the survey questionnaire. A low return rate is not uncommon in mailed surveys, but this low response is nevertheless disappointing given the use of a dedicated sector mailing list as a sampling frame (Austin & Crowell, 1985:277, 296). Some of these organisations were followed up telephonically and stated that they were under such enormous pressure in terms of the administrative requirements of Project Go that they were reluctant, or unable, to be involved with anything else.

The ten questionnaires that were returned were from six organisations that had historically served white children (A, B, C, G, I, K), two which had served black children (D, H), one which had served coloured (E) children, and one that had traditionally served both the black and the Indian communities equally (F). A change in racial profile of the children (in comparison to the original mandate of the organisation) had been achieved since 1994 in three of the historically white homes (A, G, K), while two (D, H) continued to serve only one race group. Most of the facilities thus had not significantly changed the integration profile of their children.

The integration of the staff profile does appear more equitable, but remains skewed in terms of the historical mandate of the facility in most cases. Women are over-represented on the staff of almost all of the organisations. This is of concern when compared to a fairly even gender split with respect to children. It is clear that these organisations continue to experience difficulty in providing adult male role models for their children – especially in direct on-line child care. The salaries paid to child care staff could be one of the contributors to this problem – with many salaries in 2001 still being below R2000 per month for on-line workers. However, given that the salaries are generally lower than what is being paid in government facilities, the proportion of staff who have at least a basic child care qualification is encouraging. Except for two of the facilities, most of the child care workers in private facilities have some form of child care qualification, which suggests that the private facilities have achieved greater success in this aspect of development than has been the case for government-owned and operated services. The child care worker (or child and youth care worker) is the person sharing the life space of the child on a 24-hour a day basis. The developmental approach to working with children and youth in residential care necessitates that the people sharing the life space are skilled and competent (Harrington & Honda, 1986:28) if there is to be any validity in a claim that residential care is more than custodial supervision. The child to child care ratio was also comparatively good, with a range of 1:12 to 1:3 with an average of 1:7 in comparison with a range of 1:6 to 1:63 in government facilities (IMC, 1996b:10). The private facilities, on average, thus offer more favourable ratios than the best government facilities.

These private facilities have a social worker to child ratio of between 1:106 and 1:30, with most having at least one social worker per 50 children in care. In the state facilities the surveyed ratio in schools of industry was 1:277; in reform schools 1:702; and in places of safety 1:49. The large ratios in the former two categories are a result of the low number of social workers employed in

these systems – in the 16 schools of industry 9 social workers were employed and in the 4 reform schools there was only 1 social worker (IMC, 1996c:21).

The cost to the state per child per month in 1996 was in the region of R2327: a per capita cost of R75 per day (IMC, 1996b:11). Given a state subsidy per child in care in 1998 of R780 per child, the cost to the state per child in private care was a third of the cost of caring for the child in government facilities. Even with an increase in some provinces in 2001 to R1000 per month per child subsidy, the cost to the state of private care remains much lower than the cost per child in government care, with some estimates of costs in some government facilities in 2000 being as high as R4000 per child per month.

It would appear therefore that the transformation needs in residential care need to continue to be taken seriously but that there should be recognition of the fact that the private sector in this field is offering cost effective services with qualified staff. As in so many other sectors of welfare service provision, the private or not-for-profit organisations are rendering quality services at a fraction of the cost to the state of provincial service providers. In residential care, as in the other sectors, the resource pressures resulting from the unequal and delayed implementation of the Financing Policy are threatening the very existence of those organisations which should most be protected. While there may still not be enough change, soon enough, the indictment is more against the state than against the private sector.

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