1967

2-C

AN EXAMINATION

OF

FACILITIES FOR EMOTIONALLY DISTURBED AND RETARDED CHILDREN

in

The Province of Alberta

Prepared by

THE EDMONTON WELFARE COUNCIL

— 1967 —

AN EXAMINATION

OF

FACILITIES FOR EMOTIONALLY DISTURBED AND RETARDED CHILDREN

in

The Province of Alberta

Prepared by

THE EDMONTON WELFARE COUNCIL

1967

Reprinted with permission of
The Edmonton Social Planning Council
February 1968

ACKNOWLEDGEMENT

This report is the result of the work of many dedicated people who over a period of a year, devoted considerable time, knowledge and energy to its completion. With sincere appreciation I wish to acknowledge the commendable efforts of:

the committee who completed the task:

Mrs. F. W. Hewes
Dr. Charles Hynam
Mr. R. Henbest
Dr. W. Bobey
Mr. A. Teal

the professional staff who did the research and compiled the information:

Mr. A. H. Ziai

the Welfare Information Service:

Mrs. Marion Stonell

our secretary:

Mrs. Linda Barber

and the community-minded Professionals in the field:

Sister Michael
Miss E. Wyness
Mr. K. Wass
Mr. W. McFarland
Mr. J. Farry
Mr. G. Welsh
Mr. E. Dubord

It is our hope that this study may contribute to the development of better services for those incapable of speaking on their own behalf.

George Levine,
Chairman.

GL/ldb.

TABLE OF CONTENTS

TABLE OF CONTENTS (cont'd)

LIST OF TABLES

PREAMBLE

The Edmonton Welfare Council is a voluntary agency devoted to the task of planning and promoting the maintenance and development of the well-being of the community's members in respect to their health, welfare and recreational needs. Its functions are, through voluntary association and joint action: (1) to promote understanding and awareness of community needs; (2) to assist the community in the evaluation of these needs; (3) to aid the community in relating, developing and applying in an orderly manner the community's resources to meet its needs.

The Edmonton Welfare Council for many years has been concerned with the institution and treatment facilities for children. In 1963 the Council made an extensive study of child care institutions in Edmonton. The study discovered the need for more psychological and psychiatric services available to the children's institutions; a social-psychological and medical assessment of children prior to their admission to these institutions; the need for more extensive services for mentally defective and emotionally disturbed children in the Province.

It was brought to our attention that still there is a shortage of treatment facilities for emotionally disturbed and retarded children and that the present facilities are not meeting the needs of these children. There is a lack of acceptable and up-to-date standards of service for these institutions. It is also evident that due to the high costs of operation many parents as well as private institutions are facing financial hardship.

In 1966 the Edmonton Welfare Council appointed a committee to look into this problem and examine the needs and treatment facilities for emotionally disturbed and retarded children. This report is the result of the work of this committee.

INTRODUCTION

Although the institutions and special care for the retarded and emotionally disturbed children have made considerable progress in the past 40 years, they did so in spite of public indifference and hostility due to misunderstanding, low budget, and poor professional training and inadequate facilities. This situation still exists and our mental health programme and services in general, are inadequate and outmoded.

It is evident that for institutions to play a vital and effective role in the mental health field their emphasis in service must be changed from custodial to social care, toward work in the community and in the family.

Because of the emotional damage done to children through long-term institutional care, no child should be admitted to an institution except for specialized treatment and with a realistic plan for his early discharge either to his own or to a substitute home.

Without such essential provisions as diagnostic and assessment services, after-care and follow-up, group homes and foster homes, no significant gain can be expected from a treatment centre.

The newly established Canadian Commission on Emotional and Learning Disorders in Children states:

> "Vast numbers of children in Canada are known to be seriously handicapped by emotional and learning disorders. Overwhelming numbers of children are already known to various agencies, and at present are receiving, as a rule, only minimal assistance. Countless others are receiving no assistance whatsoever. The existing services are utterly unable to meet the demands presented by these children, and it would appear that the continuing development of these services on our present models, philosophies, and administrative structures will never be able to adequately meet this demand."

This is how the Royal Commission on Health describes the status of Mental Health in Canada:

> "of all the problems presented before the commission, that which reflects the greatest public concern, apart from the financing of health services generally is mental illness -- case finding, diagnosis, treatments and rehabilitation.
>
> From the briefs and testimony presented to the commission, two major conclusions can be reached. The first is that in the past, general ignorance on the part of society of the nature of mental illness has led to a "ghetto attitude" toward those affected. Treatment of the mentally ill has been for too long characterized by callousness and neglect. The second conclusion is that we are in the midst of a great period of transition, perhaps just at the beginning of that period in which not only are public attitudes rapidly changing, but that very change is making positive action possible and the outlook for treatment results hopeful if not actually optimistic."

The Canadian Mental Health Association, Alberta Division, in its recent brief to the Department of Health states:

> "It is of the utmost importance to maintain a good public image of our mental health services, to maintain the confidence of the people in the treatment services, to allay fears of mental treatment, and to reassure the people who fear to acknowledge illness and/or accept treatment."

Objectives of the study are:

1. To examine the institutional needs and services for emotionally disturbed and retarded children,
2. To review standards under which these institutions are operating,
3. To study fee structures and public-private relationships in the area of financing of these institutions (capital as well as operating costs),
4. To make recommendations.

Scope of the Study

The study is limited to the treatment facilities and services for emotionally disturbed and retarded children. The study will not examine the nature of the programs or treatment methods and techniques used in these institutions. It will, however, look into standards and philosophy

of these institutions to safeguard the welfare of children and to maintain high quality of services. The study is primarily concerned with these facilities in the Edmonton area.

Methods of the Study

The committee used the following study methods:

A. Personal and group interviews with lay and professionals in the field

B. Reports and written information available by public and private agencies in our own Province as well as other Provinces and the U.S.A.

C. Research and studies done locally, nationally and internationally.

CHAPTER I

EXTENT OF THE PROBLEM

Population of Retarded and Emotionally Disturbed Children

According to the Canadian Commission on Emotional and Learning Disorders in Children:

> "It is not possible at present to exactly estimate how many children are handicapped in this way. Surveys made both in this country and in the United States and England have consistantly shown that there are between 10 and 20% of school age children who suffer from disorders of this kind."

Numbers of retarded children are easier to determine. According to the Royal Commission on Health 3% of the general population are afflicted by this handicap, 1/5 of this number under the age of 20. The population of Alberta is estimated at 1,456,000 and according to this figure there are 43,680 mentally retarded people in Alberta, 8,736 of them under the age of 20.

In the case of emotionally disturbed children it is very difficult to estimate the exact number. The Alberta Department of Public Health in its 1966 report states:

> "At the present time there are 800 mentally defective children in the Red Deer School Hospital and 3,000 psychiatric patients in our other mental hospitals, and 510 senile cases in Rosehaven. There are 1,000 mental defectives in Deerhome."

The Royal Commission on Health in its report states:

> "In 1960 over 25 million days were spent in mental hospitals and psychiatric units, with an average daily number of patients of 69,000. In other words one in every 20 people is a patient in a psychiatric hospital or unit. It is estimated that if present admission rates continue, more than one out of every 10 infants will spend some part of his life in a psychiatric institution. In addition, there are those suffering from psychiatric or emotional disorders, but not necessarily confined to hospitals, whose number is unknown but estimated to be possibly in the neighborhood of one in ten of the population. Based on studies in Britain and the U.S.A., it has been estimated that the prevalence of emotional and mental disorders among school children is of the order of 5 to 10%, and mental retardation may affect at least 3% of the population, 1/5 of this number under the age of 20."

It is estimated that in 1960 in the U.S.A. at least 3,000,000 people including about 250,000 children were treated for some form of mental illness in hospitals or clinics, or by private psychiatrists. Many more who needed help never sought or received treatment. U.S. census figures for 1960 show that persons 5 - 19 amounted to 48,648,000, or approximately 49,000,000. One quarter of a million children in 49,000,000 would amount to 1/2%. On this basis, in Alberta there are approximately 1,950 children between 5 - 19 who may require some form of psychiatric care.

The prevalence of emotional and mental disorders among school children according to the Royal Commission on Health is between 5 to 10%. If we use the 5% estimate there are 1,942 emotionally disturbed children of school age in Alberta. At present only 581 emotionally disturbed children are being served in public and private residential centres in Alberta.

TABLE I - AN ESTIMATE OF POPULATION OF EMOTIONALLY DISTURBED CHILDREN IN ALBERTA

	AGE	MALE	FEMALE	TOTAL	EMOTIONALLY DISTURBED (5%)
Alberta	5 - 14	148,313	141,123	289,436	1,447
	5 - 19	198,609	189,831	388,440	1,942
Edmonton	5 - 14	28,431	27,209	55,640	278
	5 - 19	37,306	37,433	74,739	373

By 1970 the population of teenagers (15-19) in Edmonton is expected to number 42,300. Too, children under 15 who today number 117,641, by 1970 are expected to number over 160,000.

Estimate number of emotionally disturbed between ages 5 - 19 by 1970 will be in the vicinity of 1,000 in Edmonton alone.

All these statistics are estimates of different aspects of psychiatric disorders among the population which may serve to indicate the magnitude of the problem though they do not lend themselves to a clear and precise overall picture.

CHAPTER II

INSTITUTIONAL FACILITIES IN ALBERTA

So far as services are concerned only small numbers of these children are receiving some care and help. Even these services are in the form of short-term placement, are piecemeal or totally inadequate. This is mainly due to the limited number of professionals in the field, lack of good standards of operation, lack of up-to-date facilities and high cost of operation and maintenance.

PRIVATELY OPERATED FACILITIES

There are 15 known privately operated institutions that are providing "care" and/or "treatment" for emotionally disturbed and retarded children in the Province of Alberta. In addition, there are several private homes and foster homes which parents can use. Of the 15, many are recognized and used by public and private agencies for placement of these children. However, there are some of these facilities which barely meet Alberta's minimum standards and receive no referrals from professional agencies, public or private. Their main clientele are desperate parents who cannot afford to place their child in proper treatment settings and are not eligible to receive financial help from the government.

TABLE II - PRIVATE TREATMENT FACILITIES FOR EMOTIONALLY DISTURBED CHILDREN IN EDMONTON

NAME OF INSTITUTION	RATE PER DAY	CAPACITY	AGE	SEX
Kiwanis Children's Home	$15.75	30	6 - 16	M & F
Kiwanis Teen House	12.00	10	13 - 17	M
Marydale	10.49	24	6 - 12	M & F

TABLE III - PRIVATE THERAPEUTIC FACILITIES FOR EMOTIONALLY DISTURBED CHILDREN IN EDMONTON

NAME OF INSTITUTION	RATE PER DAY	CAPACITY	AGE	SEX
Oakhill Boys Home	$10.00	8	10 - 14	M
Our Lady of Charity School for Girls				
- Institution	10.06	32	12 - 18	F
- Cottages	10.06	48	12 - 18	F

TABLE IV - PRIVATE FACILITIES FOR RETARDED CHILDREN

NAME OF INSTITUTION	RATE PER DAY	CAPACITY	AGE	SEX
Welwyn Manor	$8.00	44	0 - 6	M & F
Mrs. Zoie Gardner	3.00	11	0 - up	M & F
Mrs. O. Beisel	3.00	3	6 mo. - 3	M & F
Mrs. V. Stearnes	No definite amount	5	Any age	M & F
Wensley Children's Home	Unknown	9		M & F

In addition to the residential facilities, 15 schools in the Province are providing education and training opportunities for 802 retarded children. (See Table V).

PUBLIC FACILITIES

Excerpts from the Department of Health report, 1966:

A." Emotionally Disturbed Children

This problem has recently been attracting considerable attention. In studying what has been done elsewhere it is found that the treatment is still experimental, therefore, it has been decided to set up a pilot study for 30 children in Linden House* at the Alberta School Hospital in Red Deer. This service has been operating very successfully but below capacity. Good results have been achieved but most important is the fact that staff and patients are learning to get along with each other and the picture looks clearer. In addition, there is an 8 bed ward at the University Hospital for the short-term evaluation and treatment of the emotionally disturbed child." (See Table VI).

*Opened in 1959

TABLE V

(1966/67) Schools for Retarded Children

NAME OF INSTITUTION	LOCATION	NO. OF CHILDREN
Christine Meikle School for Retarded Children	64 - 12th St., N.E. Calgary	143
Emily Follensbee School for Retarded Children	5139 - 14 St., S.W. Calgary	68
Burgess School for Retarded Children	4602 - 57th St., Camrose, Alberta.	72
Drumheller School for Retarded Children	Parkdale Cottage School, Drumheller, Alberta.	8
Winnifred Stewart School for Retarded Children	11130 - 131 St. Edmonton, Alberta.	321
Peace School of Hope	9618 - 101 Ave., Grande Prairie, Alta.	39
Dorothy Gooder School for Retarded Children	1805 - 9 Ave. N. Lethbridge, Alta.	51
Medicine Hat & District School for Retarded Children	13 Street, S.E. Medicine Hat, Alta.	25
Parkland School for Retarded Children	6016 - 43 Ave., Red Deer, Alta.	28
Robin Hood School for Retarded Children	218 Cottonwood Ave. Sherwood Park.	26
St. Paul School for Retarded Children	St. Paul, Alta.	15
Dr. R. R. Cairns School for Retarded Children	Vegreville, Alta.	10
Vermilion School for Retarded Children	4525 - 54 Ave., Vermilion, Alta.	8
Wetaskiwin School for Retarded Children	Wetaskiwin, Alta.	9
Edmonton Aphasic School for Language & Learning Disabilities	9909 - 109 Street Edmonton, Alberta.	33

B. "Mentally Retarded Children

Mentally retarded children who are classified as mental defectives are provided with care and training at the Alberta School Hospital, Red Deer, at a cost of $1.00 per day to the responsible parent or guardian, up to age 21. After age 21 the patient himself is responsible subject to the Maintenance Order Act.

The cost of operating this School Hospital is approximately $5.24 per patient day. The difference between what the parent or guardian pays and the actual cost is provided from Provincial General Revenue." (See Table VII).

The objective of this school is to provide training that will enable as many patients as possible to make the best use of their abilities and return to their communities. Patients in the Alberta School Hospital receive medical care as well as their training.

TABLE VI - PUBLIC FACILITIES FOR EMOTIONALLY DISTURBED CHILDREN IN EDMONTON

NAME OF INSTITUTION	CAPACITY	AGE	RATE PER DAY	SEX
Glenrose School Hospital	40	6 - 14	$2.50	M & F
South Side Boys Home[1]	18	8 - 14	----	M
Linden House	25	6 - 14	2.00	M & F
Diagnostic & Assessment[2] Centre	40	up to 16	----	M & F
Diagnostic & Assessment[2] Centre - Closed Unit	12	up to 16	----	M & F

(1) will not operate after summer, 1967.
(2) only government wards are admitted.

Excerpts from Mrs. W. F. Bowker's Brief on Mental Retardation, 1965:

"Provincial Training School at Red Deer (now called the Alberta School Hospital) operated by the Department of Health accommodating 825 retarded and a waiting list of 500. Admission is largely restricted to children over 6 years of age. This means that it is almost impossible for parents to find placement anywhere for infants and young children, and if they do, the cost to them would run from $65 to $90 a month in a boarding home to $5.00 a day in a nursery. There is some financial help available to persons in need, but this does not apply to the average case. Certainly for the child who is severely retarded, care should be immediately available at nominal cost to parents deserving it."

> "Deerhome is located near the Alberta School Hospital at Red Deer to which children from the school hospitals are transferred on reaching adulthood, and there are already over 1,000 adult retardates in this institution. A further point should be mentioned namely, provision for short-term residential care at nominal cost to permit parents of a retarded child to get away alone on a holiday, or to meet a family crisis or illness. Temporary care of this kind is provided by legislation in Britain, and was recommended in the Toronto study. From discussion with local persons engaged in this field, this appears to be one of our most urgent needs in Alberta. Such facilities could be provided by reserving a section in each institution for temporary placement."

The situation is still the same and the waiting list is now 500. When the new Mental Health Act went into effect it is required to admit 4 year olds at Red Deer. Now due to crowded conditions, the Alberta Hospital School no longer can admit any child after age 16 or even in his 15th year. The hospital officials are facing many difficulties for new admissions as many children remain for long periods of time in the hospital. Some of the children never reach their maximum educational level till 18 or 20 years. They stay on if educable and go into vocational courses. There are a few patients at the Alberta Hospital School up to 40 years of age because of the over-crowded conditions at Deerhome, which is for the mentally defective adults.

Mrs. Bowker in her report on Mental Retardation states:

> "In Alberta, mental retardation comes within the jurisdiction of the Department of Health, and the present policy is to encourage parents to keep their retarded children at home - at least till the age of six years. Because of the shortage of facilities for placement outside the home, most parents have no alternative but to care for the child at home, regardless of complicating emotional factors that may exist within the family. Many parents must continue to do so even beyond the first six years, when placement in a residential training school such as that at Red Deer might better meet the needs of the family and provide better adjustment for the child."

Mrs. Bowker also points out the lack of supportive services for families of Retarded Children:

"There is no official place of referral in Alberta to which parents can go for help and advice in resolving the distressing emotional conflicts which arise on discovery that a child is retarded, or for direction and counselling in the multitude of problems which develop in the care of such a child."

TABLE VII - PUBLIC FACILITIES
FOR RETARDED CHILDREN

NAME OF INSTITUTION	RATE PER DAY	CAPACITY	AGE	SEX
Alberta School Hospital	$1.00	825	6 - 16	M & F
Baker Memorial San.	1.00	152	0 - 16	M & F
Deerhome	1.00	1,000	Adult	M & F

It is known that in terms of quality and quantity of services for these children, Calgary is by far ahead of Edmonton. (See table VIII). There is a serious shortage of facilities for emotionally disturbed teenagers in Alberta. The age range in most institutions falls between 6 - 12 and few go as high as 14 or 15. There is a complete gap of service for 16 - 19 year old teenagers in Edmonton.

Most children centres are reluctant to accept older children because of special problems involved in their treatment. Many of these children are referred to large mental hospitals which are not designed to handle them.

It is evident that in most cases there are more demands for facilities for boys than for girls. There is a shortage of after-care facilities in the Province. In most cases children cannot be discharged because of lack of proper after-care.

TABLE VIII - PRIVATE CHILDREN'S INSTITUTIONS IN ALBERTA

NAME OF INSTITUTION	RATE PER DAY	CAPACITY	AGE	SEX
Catholic Charities Group Home for Girls, Calgary	$10.50	7 or 8	12 - 17	F
Dominic Savio, Calgary	10.50	10	8 - 18	M
Don Bosco House, Calgary	9.00	12	8 - 18	M
*Ex-Servicemen's Children's Home, Edmonton.	7.50	26	5 - 16	M
Kiwanis Children's Home, Edmonton	15.75	30	6 - 16	M & F
Kiwanis Teen House Edmonton	12.00	10	13 - 17	M
Marydale, Edmonton	10.49	24	6 - 12	M & F
Oakhill Boy's Town, Bon Accord, Alta.	10.00	8	10 - 14	M
O'Connell Institute Edmonton	3.07	23	6 - 15	F
Our Lady of Charity School Edmonton	10.06	85	13 - 18	F
Providence Creche Calgary (Retarded Children)	7.00	30	0 - 6	M & F
St. Mary's Boys' Home Edmonton	3.20	90	12 - 16	M
Salvation Army Children's Village, Calgary	7.00	50	6 - 18	M & F
Welwyn Manor Wetaskiwin	10.00	46	0 - 12	M & F
William Roper Hull, Calgary	14.00	48	8 - 15	M
William Roper Hull, Calgary (by summer /67)	14.00	75		F

*Since this study this institution no longer is operating

CHAPTER III

Philosophy, Goals and Standards of Operation

Trends in Philosophy

Trends in the incidence and definition of psychiatric disorders have strong effects on the design and provision of the health services. On the one hand, there is a trend to include more and more disorders of which previously would have been considered as social maladjustments in the sphere of psychiatric care: Alcoholism is one example. Drug addicts are being moved from jails to hospitals or clinics, and other kinds of social offenders may follow. Psychiatric treatment, on the other hand, has been changing from custodial care to intensive treatment. This has resulted in increasing demands for the provision of care in psychiatric units of general hospitals in preference to that in mental institutions.

There is a wide variety of homes and institutions operating in the Province with one objective in mind - custodial care. Many of these do not have proper and adequate physical facilities and without realizing it have become a dumping ground for desperate parents or agencies. They lack proper program and treatment services, staff, after-care and follow-up. The effectiveness of the programmes of the well organized institutions is reduced because of lack of supportive services such as halfway houses, group homes, etc. Lack of leadership, out-dated and outmoded standards of care and legislation, inadequacy of sound treatment-goals, and shortage of professionals in the field are some of the factors responsible for the present situation in this province.

Standards of Operation

The first recommendation of the Canadian Mental Health Association, Alberta Division's Brief to the Department of Health is related to standards of institutions:

> "We respectfully suggest that immediate consideration be given to accreditation of Alberta's Mental Institutions through the Canadian Council on Hospital Accreditation."

1. Minimum Standards for Institutions and Nurseries in Alberta

The present minimum standards for institutions and nurseries in Alberta includes the following requirements: (for detailed information please see Appendix I)

- Building and accommodation regulation
- equipment and furnishing
- maintenance
- enrolment
- records
- daily procedures
- nutrition
- health and medical supervision
- fire regulations
- staff.

2. The Child Welfare League of America Standards for Institutions

"These standards pertain to institutional care of children whose needs cannot be met in their own families, and who can benefit by the experiences and help to them and their parents that an institution can offer through its group living programme and through its specialized resources and services.

Basic Assumptions Underlying Practice in Providing Institutional Care Service

It is expected institutional care service should be provided in accordance with the following principles and values.

Child Welfare League of America Standards continued

Value of Individual

Any child, regardless of age, sex, race, color, creed, social circumstances, national or religious origin, sickness or other handicaps, has the right to be respected as an individual and to have the best possible care in accordance with his individual needs.

Goals of Institutional Care

The ultimate goal of institutional care is for every child to return to family life in the community, either to his own home or in an adoptive, foster, or group home.

- it is not desirable for institutional care to become a prolonged way of life, or for a child to remain in an institution throughout his childhood.
- Institutional care should be planned with a foreseeable termination. Prolonged or indefinite periods of institutional care, resulting from lack of adequate planning or lack of case-work with parents, are not considered acceptable practice.

Knowledge About Children

Advances in knowledge about child growth and development and about the effect on human behaviour and personality development of multiple interrelated biological, social, cultural and other environmental forces have brought about changes in care of children in institutions.

Care Based on Needs of Child

Certain principles have evolved from greater understanding of the needs of all children for love, care, protection, and esteem; for play, learning, social, and spiritual experiences appropriate to their level of development; for training, guidance and control, and for relationships with adults they can trust and with whom they can identify as models.

Institutional Care as a Child Welfare Service

Purpose:

The purpose of the institutional care as a child welfare service should be to provide group care and treatment for children whose needs cannot at the time be adequately met in a family; and to offer opportunities for a variety of experiences, through a group living program and specialized services, that can be selectively used, in accordance with an individualized plan for each child.

- to foster normal maturation
- to correct or modify the effect of previous unsatisfactory experience."

(For more detailed information see APPENDIX II)

3. Guides for Services to Children in Catholic Institutions

National Conference on Catholic Charities has come up with "Guides for Services to Children in Catholic Institutions" which we believe is comprehensive and precise, offering sound advice in areas of program, staff, facilities and services.

> "No institution can truly take the place of a child's home but since many children need a substitute home, institution personnel should strive constantly to make the institution the best possible substitute.
>
> The practices and underlying philosophy outlined in the Guides have been accepted and utilized in institutions for a number of year. They reflect the institution from the large, custodial type institution of the past to the smaller, treatment focused institution of today."

The "Guides" includes, that each institution should formulate in writing a concise statement of purpose, covering the following:

1. Description of services offered
2. Ages of children accepted
3. Types of children accepted
4. Length of care for children.

The guides place much emphasis not only on the caliber of services at the institution but also on discharge and follow-up, group work, disciplines, activity groups, education, recreation, etc.

4. The Children's Institutions Act and Regulations in the Province of Ontario

Under this act all homes and institutions for children are grouped as schedule 2, 3, and 4. Schedule 1 is a list of the sponsoring corporations which operate the institutions approved under the other three schedules.

In general Schedule 2 institutions care for the child who is placed because of some disruption in his family home. They may also provide a

service to wards for whom a group programme is considered appropriate.

Schedule 3, institutions should be those caring for moderately disturbed children and the services provided would be under the direction of a professionally trained social worker or would include social worker services.

Schedule 4 institutions would include residential treatment centres. There has been a rescheduling of institutions under Schedule 4 and there are now six institutions included under this schedule. These are Madame Vanier Children's Services (formerly Fontbonne Hall), Boys Village, Mount St. Joseph Centre, Protestant Children's Village, Sacred Heart Children's Village and Sunnyside Children's Centre.

This is how the Act defines Schedule 3 institutions:

> "In addition to the requirements of subsection 2 (board and lodging) in a children's institution that is listed in schedule 3 provision shall be made for a program, as approved by the advisory board, for the care and treatment of residents who, on the basis of objective psychological and medical findings, are deemed to have difficulty in adjusting to or benefiting from normal family relationships or in adjusting to or coping with regular community life."

With regard to Schedule 4, Institutions the Act described them this way:

> "In addition to the requirements of subsection 2, in a children's Institution that is listed in schedule 4, provision shall be made for a specialized program, as approved by the advisory board, for the care and treatment of residents whom on the basis of objective psychological and medical findings are deemed to be emotionally disturbed but who are not mentally ill or mentally defective within the meaning of "The Mental Hospital Act" and who are not eligible for admission to an institutions under the act."

Under this act the Government of Ontario is authorized to establish an advisory board with power to classify and schedule various institutions according to their functions. (For more detailed information please see Appendix III).

5. The State of Illinois Classifications for Child Care Institutions

The State of Illinois is using group classification for child care institutions. Function, treatment or therapy services and staffing are described under each classification. Institutions are bound by the act to uphold these. The Act states:

> "Full compliance with these shall be mandatory upon each institution seeking a group classification. Without necessarily jeopardizing the basic licensed status of an institution, the Department shall, at any time, withdraw its designation of a special Group I or Group II or Group III classification should the institution fail to maintain the criteria thereof."

(For more detailed information see APPENDIX IV).

X X X X X X X X X X X X X X

The present minimum standards for Institutions and Nurseries in Alberta deal primarily with the physical facilities, fire and health regulations which are necessary requirements under the Licensing Act. The present requirements, however, neglect the basic and most essential prerequisite for maintaining a high level of service in institutions. Each institution should be required to submit a statement of purpose and function in meeting the needs of those under its care.

An institution or home at the outset should clarify its philosophy, goal and function in terms of program and care for the type of children it intends to serve. This will prevent institutions accepting children for whom their services are inappropriate. It will also improve acceptance and understanding of the institution by the public and would facilitate supervision by the authority.

All institutions and homes should be classified and accredited by an advisory board on the basis of their function, treatment, goals and services prior to their licensing. We believe there is a need for various types of institutions and homes, whether it be group homes or custodial care, therapeutic or treatment centres. Only accredited institutions should qualify for government support. Lack of accreditation, however, should not jeopardize the basic licensed status of an institution. Accredited institutions must abide by the prescribed requirements of each classification.

CHAPTER IV

FINANCE

In actual practice, parents are encouraged to remain responsible for their children. A children becomes a ward of the government when there is neglect or need for alternate care under the terms of the Child Welfare Act.

Selection of children for admission to government institutions is based on the recommendation of a government agency or a private practitioner. The majority of cases are referred by government agencies. The superintendent of a government institution is responsible for acceptance or rejection of a referral.

A nominal charge is made (mental hospital $1.00 per day); training schools ($1.50 per day). If a child is the responsibility of the parents or a private individual or a private agency, that party is responsible for payment for the child. If the child is a ward of the government, the government pays the charge.

For a private person, there is some flexibility on charges. The charge is determined by assessment of income. For placement in a private institution, where the fee is high, parents can apply for assistance to Aid to Dependent Children Programme, where each case is judged on its individual merits. However, there seems to be no clear-cut term of reference for eligiblity.

As the cost of private placement is prohibitive, many parents try to keep the child at home at all cost. Often this creates serious financial and emotional problems within the family.

The need for extra subsidization to benefit families whose income is above the Welfare level is an urgent one and requires immediate attention.

If a family is desperate, one device being used is temporary non-ward care.

I. GOVERNMENT ASSISTANCE AVAILABLE TO PARENTS FOR CHILDREN UNDER 18 YEARS IN THEIR HOME

There is no disability allowance or pension available to any person under 18 years of age from any source.

A. Through the Department of Public Welfare (Provincial)

Parents on marginal incomes can apply for supplement of income through Public Assistance if a retarded or mongoloid child cared for at home incurs costs that are crippling family resources, e.g. special diet. This would be determined on an individual basis with no stipulated amount being paid.

If the need is one related to the child's health, e.g. special drugs, then the Department of Public Health should be approached to make provision for the drugs. A doctor's certificate is required.

B. Through City Social Service Department

There is no provision for help to either the child or the parents unless a low wage might be supplemented in order to relieve the burden of extra expenses due to the care of such a child at home. Amount would be determined on an individual basis taking into consideration all circumstances of the family.

C. Through the Department of Education

Under the School Act, $1.75 per pupil per day will be provided for transportation when it is necessary for a pupil to attend school out of his own area, e.g. Winnifred Stewart School.

D. Through the Department of Health

Only drugs listed as Special Drugs under Medical Services Division are provided. A doctor's certificate is required. If a person is eligible the drugs are dispatched from that office and include:

- penicillin for person with rheumatic fever, up to 18 yrs of age.
- insulin, tolbutamide, phenformin and diabenese for diabetics under means tests.
- drugs for treatment of cystic fibrosis.

II. GOVERNMENT ASSISTANCE FOR PLACEMENT OF CHILDREN UP TO 18 YEARS OUTSIDE THEIR OWN HOME

A. Non-Ward Care

- is short-term emergency care apart from the home and family. Contract is for a 6 month period with possible renewal period of a further 6 months.
- is where complete cooperation and particiation in the plan by the parents is possible.
- is where family or relatives are unable to care for the children
- is where there is no element of neglect
- is where children must be cared for outside of the home for reasons beyond the control of parents or parent.
- is where close contact will be kept by parents and frequent visits made.
- is where the Supt. of Child Welfare assumes custody but not guardianship.
- is care which can be terminated at any time.
- is not a substitute for financial assistance
- is not used where parents are outside the Province.
- is not to be used when children can be kept at home or with relatives with some financial assistance.

The plan for non-ward care is worked out with the parent and includes the length of time care will be required, the amount the parents are able to contribute towards the care of the children, arrangements re clothing, medical and hospital care, Family Allowances, etc.

Placement is made in approved foster homes or institutions as in the case of any ward. Agreement is automatically terminated when the child:

- returns to parents
- enters a provincial institution, e.g. Bowden, Alberta School Hospital,
- marries or dies
- reaches the age of 18 years

B. Aid to Dependent Children (ADC)(Social Allowance Guardian Program)

- An extension of the Social Allowance program to avoid children becoming wards if there are responsible relatives to care for them,
- Not intended to supplant the responsibility of the parents. Financial circumstances of the family are investigated and the parents are expected to remit regular payments to the Department to offset the cost wholly or in part. Enforcement of agreements can be made through District Court.
- Agreements for periods of up to 3 years
- Department involved only in maintenance (not in placement)
- Legal responsibilities remain with parents or guardian.

Benefits Include:

- Material assistance of food, clothing, drugs
- Medical hospital card.

III. FINANCIAL ASSISTANCE AVAILABLE FOR MENTALLY DEFECTIVE CHILDREN CARED FOR OUTSIDE THE HOME

Apprehension and committal is the responsibility of the Department of Public Health if the child's mental retardation is sufficient to require institutionalization. The main group of defective children for which

placement will be sought through the Department of Public Welfare is the mongoloid child. If it felt that except in a very few instances, these children can be cared for at home as they require little extra physical care than any other child.

When it appears a mongoloid child cannot be cared for at home, the case is referred to the Guidance Clinic. A standing committee of the Department of Public Welfare and the Division of Mental Health examines both Guidance Clinic and Welfare Department reports. If it is determined that the child cannot or should not be cared for in his own home, a decision is made as to placement in Alberta School Hospital or to care of Department of Public Welfare. If the latter, and the parent's financial circumstances are limited, they can apply through Social Allowance Guardians Program (ADC) for assistance. If the parent's financial situation is adequate non-ward care could be used, thus allowing for continuous involvement between parents and child.

No payment will be made by the Department of Public Welfare on behalf of children placed in mental institutions as this is the responsibility of the Department of Public Health.

IV. FEES

The cost ranges from a nominal $1.00 per day in government institutions to $15.75 per day in private institutions, (see table IX). Private homes which provide physical care charge parents between 35 and 60 dollars a month; as the cost of well run private institutions are prohibitive most families choose the second best "custodial care". Consequently, many private institutions are mainly existing and heavily rely upon government referrals. In essence the government is the main source of income for these agencies.

TABLE IX - SCHEDULE OF RATES BY PRIVATE INSTITUTIONS IN ALBERTA

NAME OF INSTITUTION	RATE PER DAY
Catholic Charities Group Home for Girls, Calgary	$10.50
Dominic Savio Calgary.	10.50
Don Bosco House Calgary	9.00
*Ex-Servicemen's Children's Home Edmonton	7.50
Kiwanis Children's Home Edmonton	15.75
Kiwanis Teen House Edmonton	12.00
Marydale Edmonton	10.49
Oakhill Boy's Town, Bon Accord, Alberta.	10.00
O'Connell Institute Edmonton	3.07
Our Lady of Charity School Edmonton	10.06
Providence Creche Calgary (Retarded Children)	7.00
St. Mary's Boys' Home Edmonton	3.20
Salvation Army Children's Village, Calgary.	7.00
Welwyn Manor Wetaskiwin	10.00
William Roper Hull, Calgary.	14.00
William Roper Hull, Calgary (by summer /67)	14.00

*Since this study this institution no longer is operating.

SOME HIGHLIGHTS OF ONTARIO ACTS

In the Province of Ontario the government provides subsidies and assistance for capital as well as operating costs under the Children's Institutions and Regulations Act and the Homes for Retarded Children's Act and Regulations. The grants structure under both Acts are similar.

A. Classes of Children's Institutions

1. Children requiring sheltered, specialized or group care.
2. Children that on the basis of objective psychological and medical findings are deemed to have difficulty in adjusting to or benefiting from normal family relationships or in adjusting to or coping with regular community life.
3. Children whom on the basis of objective psychological and medical findings are deemed to be emotionally disturbed but who are not mentally ill or mentally defective.

B. Capital Grants

1. Government may direct payment to the approved corporation, erecting the new building or the addition, of an amount equal to the cost but not exceeding an amount based upon the bed capacity of the new building or the addition at the rate of $5,000 per bed.
2. When the acquisition of a building to be used as a children's institution has been approved the corporation may receive an amount equal to the cost but not exceeding the amount based on the bed capacity of the building at the rate of $1,000 per bed.

C. Operating Grants

The government pays to an approved corporation an amount equal to 75% of the cost for the care and maintenance of those children residing in a children's institution. Children must be a resident of Ontario.

D. Rules Governing Homes

In addition to such by-laws as to the building, fire, sanitation, medical, health, nour shment, sleeping, toilet facilities, play areas, etc., the Act includes the following:

In every childrens institution, the board shall:

1. Provide opportunities for the religious education of each resident in accordance with the wishes of his parents,
2. Provide opportunities for the residents to participate in recreational, rehabilitative and hobby-craft activities.
3. Ensure that each resident receives, at all times, care adequate for and consistent with his individual needs.
4. Provide at least one competent staff member on full-time duty or the equivalent thereof, for every 4 residents.

Fifty-two institutions in Ontario at present are receiving grants under The Children's Institutions Act and Regulations, and only two associations under The Homes for Retarded Children Act and Regulations.

X X X X X X X X X X X X X X

To meet the needs of individuals and to be able to offer the best possible treatment and rehabilitative services, we must develop the whole range of residential treatment services, each of which is capable of service to specific groups of children. Essentially, there is a need for experimentation with new and varied approaches for setting more limited and concrete goals and for a more balanced and integrated view of the psychological and environmental factors involved. Private and voluntary agencies involvement in the field can and do make significant contributions. Operation of private residential treatment facilities with adequate resources and sound programs are expensive. (See table IX). We believe that governmental support in terms

of capital and operating grants is a positive step toward development of more diversified and specialized facilities for emotionally disturbed and retarded children. We especially draw attention to the Ontario Act referred to above and given in full in Appendix III.

CHAPTER V
CONCLUSIONS

It is evident that in Alberta specialized treatment centres, group homes and foster homes for emotionally disturbed and retarded children are inadequate in number and of those that are in operation only about 50% are equipped for intensive treatment.

There are serious gaps in services offered for emotionally disturbed teenagers (14 - 19) in Edmonton.

Operation of private residential treatment facilities with adequate resources and sound programs is expensive and consequently out of reach of the average person. At present parents have the following alternatives to choose from. In each case the financial and emotional hardships on parents are intolerable. The alternatives are as follows:

- to apply to government institutions; in most cases they must wait due to age or condition of the child or due to a long waiting list;
- to abandon the child and face the consequences;
- to keep the child at home
- to move to another location or province in the hope of finding a better solution;
- to place the child in a private institution if they can afford it.

We emphasize that there is a need for experimentation with new and varied approaches for setting more precise goals and for a more balanced and integrated view of the psychological and environmental factors involved. The involvement of private and voluntary agencies can and does make significant contributions. A whole range of residential treatment centres capable of serving specific groups of children must be developed to meet the needs of individuals and to offer the best possible treatment

and rehabilitative services. Private institutions are heavily dependent upon government referrals as only the government can afford the high fees. We believe that governmental support in terms of capital and operating grants is a necessary step toward development of more diversified and specialized facilities for emotionally disturbed and retarded children for the following reasons:

(a) enables institutions to lower their fees
(b) allows freedom of choice to the parents
(c) provides incentive for up-grading and improvement of care and treatment
(d) leaves a reasonable degree of responsibility with the family
(e) encourages and maintains private interests and voluntary organizations involvement in the field
(f) augments supervision and control by the authorities.

We especially draw attention to the Ontario Act.

In considering what standards should be established in children's institutions, it is essential to begin with a statement of the objectives. The guiding objective is to promote the total well-being of the child. The interest of the child must be given priority over all other considerations. Present minimum standards of child care institutions in Alberta require immediate reviewing and up-grading in order to provide some basis for accreditation.

Only accredited institutions should receive financial assistance for operation and capital expenses. This assistance will enable these institutions to bring their fee within the reach of the majority of people. Lack of accreditaion, however, should not jeopardize the basic licensed status of an institution. Accredited institutions must abide by the prescribed requirements of each classification.

The Edmonton Branch of the Canadian Mental Health Association in its recent study "Out-patient Mental Health Services for Children in Edmonton" reveals alarming concern by the pediatricians, social workers, and educators regarding services to the emotionally disturbed and retarded children. A few of their comments are as follows:

- There is difficulty placing retarded children in institutions particularly Indian and Metis children.
- Provision of temporary placements set-up for retarded children who are being cared for in their own homes.
- There are not enough treatment centres for intensive treatment therapy for all emotional and retarded problems among children.
- No place to send many in need of care and treatment.
- More services are needed for management of the retarded adolescent and management of the retarded individual in trouble with the law.
- A Provincial Council on mental retardation to coordinate and assimilate government and voluntary agencies.

Also relevant is the following excerpt from the report of the Public Expenditures and Revenus Study Committee, March, 1966, Government of Alberta:

> "Retarded and mentally defective children with a borderline I.Q. of 60-85 require care which is often beyond the resources of the parents. At the present time some confusion exists as to which Department of Government is responsible for the welfare of these people. In some cases the Department of Health has the responsibility while in others the Department of Welfare assumes responsibility. On the other hand School for Retarded Children come under the jurisdiction of the Department of Education. Greater interest in the retarded and mentally defective child has resulted in better care being afford to them in the past few years. Much research is now being done which will assist considerably to make the lives of these unfortunates more rewarding. It will take the best efforts of the Education, Health, and Welfare Departments, to meet the challenge of making these lives more useful."

We share the committees' concern as to the allocation of responsibility among various government departments for mentally defective children. We would therefore, submit that this would entail the establishment of very clear terms of reference in the management of these children by the combined efforts of the departments involved.

RECOMMENDATIONS

WE RECOMMEND:

1. THAT THE GOVERNMENT OF ALBERTA APPOINT A PROFESSIONAL ADVISORY COMMITTEE TO:
   - (A) DEVELOP CLASSIFICATIONS FOR CHILD CARE INSTITUTIONS ACCORDING TO THEIR FUNCTION
   - (B) DEVELOP STANDARDS FOR ACCREDITATION
   - (C) DEVISE METHODS OF IMPLEMENTATION OF ACCREDITATION.
2. THAT THE GOVERNMENT OF ALBERTA UP-GRADE THE PRESENT MINIMUM STANDARDS OF OPERATION FOR ALL CHILD CARE INSTITUTIONS.
3. THAT THE GOVERNMENT OF ALBERTA MAKE AVAILABLE NECESSARY SUBSTANTIAL CAPITAL GRANTS TO ACCREDITED PRIVATE INSTITUTIONS FOR ERECTION OF NEW FACILITIES OR IMPROVEMENT OF EXISTING ONES.
4. THAT THE GOVERNMENT OF ALBERTA MAKE AVAILABLE NECESSARY SUBSTANTIAL OPERATING GRANTS TO ACCREDITED PRIVATE INSTITUTIONS.
5. THAT THE GOVERNMENT OF ALBERTA DEVISE ADMINISTRATIVE DIRECTIVES FOR BETTER COORDINATION AMONG GOVERNMENT DEPARTMENTS PROVIDING SERVICES TO EMOTIONALLY DISTURBED AND RETARDED CHILDREN INCLUDING DEPARTMENTS OF HEALTH, WELFARE, EDUCATION AND ATTORNEY GENERAL'S
6. THE DEVELOPMENT OF SHORT TERM PLACEMENT AT NOMINAL COST TO OFFER TEMPORARY RELIEF TO PARENTS OF HANDICAPPED CHILDREN.
7. MORE FACILITIES FOR TREATMENT OF TEENAGERS WITH EMOTIONAL DISTURBANCES AND BEHAVIOUR DISORDERS.
8. MORE RESIDENTIAL FACILITIES FOR RETARDED CHILDREN AND ADULTS PREFERABLY NEAR MAJOR CENTRES IN THE PROVINCE.
9. EXPANSION OF AFTER-CARE SERVICES INCLUDING GROUP HOMES, FOSTER HOMES, AND HALF WAY HOUSES.
10. THE PROVISION OF DAY CARE AND TRAINING SERVICES FOR UNASSESSABLE MULTIPLE HANDICAPPED CHILDREN.
11. COMPREHENSIVE PROGRAMME OF RESEARCH AND STUDY TO BE CONDUCTED IN SPECIFIC ASPECTS OF SERVICES TO ALL CHILDREN.

BIBLIOGRAPHY

- Alberta Department of Public Health
  - 1966 Report
  - Nursing Home Act

- Alberta Department of Public Welfare
  - 1966 Report
  - Minimum standards for homes and institutions, Act 17, 1966.
  - Summary of special accommodation, June, 1966.

- Brief on Mental Retardation
  - M.M. Bowker, December, 1965.

- Child Welfare League of America Inc.
  - Standards for services of Child Welfare Institutions, 1964.

- Canadian Mental Health Association, Alberta Division
  - Brief to the Government of Alberta
  - Summary of chief recommendations.

- Canadian Mental Health Association, Edmonton Division.
  - Study "Out-patient Mental Health Services for Children in Edmonton", 1967.

- Commission on Emotional and Learning Disorders in Children
  - Statement of purpose

- Edmonton Welfare Council
  - Background for Planning, 1965.

- National Conference on Catholic Charities
  - Guides for Services to Children in Catholic Institutions, 1964.

- Province of Alberta
  - Report of the Public expenditures and revenue study Committee, March, 1966.

- Province of Ontario, Department of Public Welfare
  - The Children's Institutions Act and Regulations
  - The Homes for Retarded Children Act and Regulations

- Royal Commission on Health Services Report, 1965.

APPENDIX I

EXCERPTS FROM THE ALBERTA DEPARTMENT OF PUBLIC WELFARE - MINIMUM STANDARDS FOR INSTITUTIONS AND NURSERIES

A. BUILDING AND ACCOMMODATION

Every building used as a home shall be constructed to make provision for:

1. Compact layout of rooms conducive to easy supervision and avoiding unnecessary halls and corridors.
2. Adequate facilities and space for administration, interviewing maintenance of records, staff lounge and change room,
3. Adequate storage space for equipment and supplies
4. Space as follows:
   (a) for full time care in sleeping areas
      1. 35 square feet of floor space per person, age birth to six years
      2. 50 square feet of floor space per person, age 6 to 16
      3. 75 square feet of floor space per person, over 16 years.

   (b) for day care for children, twenty square feet of floor space per child (except in the City of Calgary where 25 square ft. is required).

B. RECREATION AREAS

Every home shall be constructed to provide indoor and outdoor recreation according to the needs of the age group and condition of persons occupying the areas.

C. EQUIPMENT AND FURNISHINGS

The home shall provide suitable furnishings in the building for sufficient administration of the home and convenience of staff.

D. MAINTENANCE

The home shall be maintained in a good state of cleanliness and repair in respect to the premises and equipment.

E. ENROLLMENT RECORDS

1. Number of persons enrolled shall be governed by space available and staff provided.
2. Full records of all persons in the home shall be maintained as required by the Child Welfare Act and The Welfare Homes Act and available for inspection of at all times.
3. It is recommended that the person or persons operating homes should be safeguarded by having:
   (a) accident insurance protection in case of accident of illness on their premises during period of care.

(b) written permission from parent, guardian or next of kin so that care may be given in an emergency, if needed.

(c) where adult care is given, in some instances it has proved helpful to inquire of the location of a "will" (if any) and the wish of the relatives regarding burial arrangements.

F. DAILY PROCEDURES IN THE HOME

1. for full time care
   (a) a daily plan of activities such as recreation, rest, study or visiting privileges shall be planned according to age group,
   (b) activities of pre-school age children shall be supervised at all times.

2. for part time care (for children)
   (a) a daily plan of activities such as recreation, play, study washroom routine, nourishment and rest intervals according to age group
   (b) activities of pre-school age children shall be supervised at all times.

G. NUTRITION

The standards of the Local Board of Health must be met where part time or full time care is given in a home.

H. HEALTH AND MEDICAL SUPERVISION

The standards of the Local Board of Health must be met where part or full time care is given.

I. FIRE DRILL AND EMERGENCY REGULATIONS

1. The regulations under the Fire Prevention Act regarding homes and institutions must be met.
2. Addresses and telephone number of staff members, substitute staff, local medical officers of health, physician, taxi or other emergency information shall be listed on a card and posted in an accessible place.
3. Maintain a record of fire drills on forms supplied by the Homes and Institutions Branch.

J. STAFF

1. Where full time care is given, the operator shall:
   (a) be sympathetic to the welfare of persons placed in her care,
   (b) be suitable in point of age, health, personality to care for persons in her care
   (c) had adequate qualifications and experience to give care to persons in her care
   (d) have sufficient household help to ensure that the regulations of the Local Board of Health can be met.

(e) where children are receiving care, not to be expected to give care to more than six children of any age or condition including those who are related to her by blood or marriage except where extra assistance is planned or permitted circumstances exist.

2. Where part time care is given to children the operator shall:

(a) be sympathetic to the welfare of children
(b) have adequate experience in methods of child guidance
(c) be suitable in point of age, health and personality to occupy the position.
(d) employ additional supervisory staff with adequate experience as needed.
(e) employ a minimum number of staff in each home, calculated as shown on the following guide:

Ages of Children	Ratios of Total Staff to Total Enrol.
over 2 years	1 of staff to 10 children
2 to 7 years	1 of staff to 20 children
Over 7 years	1 of staff to 30 children

(f) employ sufficient suitable household staff to ensure that regulations in respect to nutrition, health, care, cleaning sanitation, and safety can be carried out.

APPENDIX II

STANDARDS

Excerpt from "Standards for Services of Child Welfare Institutions"

CHILD WELFARE LEAGUE OF AMERICA

BASIC ASSUMPTIONS UNDERLYING PRACTICE IN PROVIDING INSTITUTIONAL CARE SERVICE

It is expected that institutional care service should be provided in accordance with the following principles and values.

Value of Individual

Any child, regardless of age, sex, race, color, creed, social circumstances, national or religious origin, sickness or other handicaps, has the right to be respected as an individual and to have the best possible care in accordance with his individual needs.

Value of Family Life

In our culture, family life generally offers the best opportunities for meeting the normal developmental and socialization needs of children.

- Every child needs the affection and security of a family of which he feels he is a part.
- Living in a family and in a community is the natural and desirable way of life in our society.
- Any child who can live in a family and benefit by it should have the opportunity to do so.

Preservation of Natural Family

It is best for a child to be reared in his natural family, so long as it can meet his needs or be helped to do so.

- Services to enable parents to carry or resume their responsibilities to the best of their ability should be available in every community. These services should include family services, financial assistance, day care, protective and homemaker services, and other social casework and treatment services to children in their own homes.
- A child should be separated from his own parents only when circumstances, problems of parents, or problems of the child are such that, even with help, he cannot receive the care and treatment he needs while living in his own home or community.
- Inherent in institutional care is at least one problem that affects every child: separation from his original family and entrance into a way of life that is not the customary one in a society in which children are reared in families.

Selection of Appropriate Form of Substitute Care

If a child must be cared for away from his natural family, the particular needs and problems of the child and his family, which may change from time to time, should be the basis for deciding what kind of care is most suitable; and whether foster family care, institutional care, or adoption can best provide for him and his parents the opportunities and services they require.

Goal of Institutional Care

The ultimate goal of institutional care is for every child to return to family life in the community, either in his own home or in an adoptive, foster, or group home.

- It is not desirable for institutional care to become a prolonged way of life, or for a child to remain in an institution throughout his childhood.

- Institutional care should be planned with a foreseeable termination. Prolonged or indefinite periods of institutional care, resulting from lack of adequate planning or lack of casework with parents, are not considered acceptable practice.

Knowledge About Children

Advances in knowledge about child growth and development and about the effect on human behavior and personality development of multiple interrelated biological, social, cultural, and other environmental forces have brought about changes in care of children in institutions.

Care Based on Needs of Child

Certain principles have evolved from greater understanding of the needs of all children for love, care, protection, and esteem; for play, learning, social, and spiritual experiences appropriate to their level of development; for training, guidance, and control; and for relationships with adults they can trust and with whom they can identify as models.

INSTITUTIONAL CARE AS A CHILD WELFARE SERVICE

Purpose

The purpose of institutional care as a child welfare service should be to provide group care and treatment for children whose needs cannot at the time be adequately met in a family; and to offer opportunities for a variety of experiences, through a group living program and specialized services, that can be selectively used, in accordance with an individualized plan for each child

... to foster normal maturation

... to correct or modify the effect of previous unsatisfactory experiences

... to ameliorate social and emotional problems interfering with the child's personality development and functioning.

Children for Whom Institutional Care is Appropriate

Institutional care should be used for children whose relationship to their parents and whose family situation, level of development, and social and emotional problems are such that they can benefit by group living experiences, together with the integrated treatment planning and team approach that the institution can make available.

- Such children fall into the following groups (which are not mutually exclusive):

- Children whose families cannot meet their needs, even with maximum use of available services and resources, because of the nature of parental problems, the child's problems, or circumstances that cause family breakdown or that affect the adequacy of care the child receives or the parents' ability to use help

- Children who cannot at the time make use of the opportunities that family living offers

  ...who are at the stage of development (adolescence) when they are trying to emancipate themselves from close family ties

  ...who are unable to form other close relationships because of the nature of their relationship with natural parents

  ...who lack skills to function satisfactorily in a family or community (including some handicapped children); or who have not learned to deal with reality or stress

- Children with difficulties in relating to adults or other children

  ...who have suffered severe deprivation, rejection, neglect, or abuse in their own families, or repeated separation experiences and unsatisfactory placements

  ...who are fearful of forming relationships and distrustful of any dependent relationship with an adult

  ...who need relationships with a variety of adults before they can accept a close relationship with one individual

- Children whose behavior cannot be tolerated in a family or community

  ...who have not learned to control their impulses as expected at their age level

  ...who act out problems in a way that is dangerous to themselves or to others, and who require special protections and control (such as those who set fires or those who have character disorders or established patterns of delinquency).

Children for Whom Institutional Care is Not Appropriate

Institutional care should not be used for children who need and can benefit by the experiences of living in a family, who can accept family ties and take part in family

and community life, and who have achieved a level of development and are able to behave in a way that meets expectations for children of their age.

Such children include

- Infants and preschool children

- Family groups of children. Family groups with a large number of children whose individual needs may best be served by keeping them together should be placed in a family home, especially when they include preschool-age children. If necessary, agency-owned foster homes should be developed for this purpose.

- Handicapped children. Mentally retarded, emotionally disturbed, crippled, blind, and deaf children, like other children, should, whenever it is in their best interest, be kept in their own families.

- Children for whom other services are appropriate but unavailable or inadequate in their communities. These other services include casework with children and families living in their own homes, outpatient psychiatric services, and foster family care.

Service Related to Characteristics of Children

Characteristics of children for whom institutional care is to be provided, such as age, special needs, social and emotional problems, and family situation, should be the basis for determining type of program, staffing, and special services and facilities required.

Core Components of Institutional Care

Regardless of type of institution, all institutional care of children should have certain core components that can be used differentially in accordance with the needs and problems of individual children:

- a process of separation of the child from his own home and of placement in a group of unrelated children and adults

- the group setting, characterized by

  ...peer groups and their influence

  ...a variety of adults related to the child in a professional or staff capacity, with training and/or personal qualities qualifying them to deal with children: child care workers, teachers, chaplains, recreation workers, maintenance staff, nurses, physicians, caseworkers, group workers, psychologists, psychiatrists

  ...the physical facility owned and operated by an established organization

- a group living program purposively planned to provide

  ...day-by-day living experiences that are conducive to growth

and corrective of previous unsatisfactory experiences

...individualization

...an atmosphere favorable to children

...tolerance and understanding of feelings and behavior of unhappy or disturbed children

- provisions for meeting normal dependency and developmental needs common to all children

- specialized services (clinical services) required for diagnosis, treatment, and consultation in providing help for pathological conditions, social problems, and personality disorders affecting the child's growth and functioning.

Total Service

Institutional care should be provided as a total service given in behalf of individual children and should have the following definable units of service:

...intake

...preparation for placement

...services for child in group care

...services for parents

...termination.

Treatment in Institutional Care

The service should provide for each child such help as he may need with his particular problems, on the basis of a purposeful plan arrived at by conscious deliberation of the staff team, and with responsibility for integrating the total service for and with the child delegated to an appropriate staff member: the executive, the caseworker, or the social worker in charge of the daily living program.

- Treatment implies an intent to bring about some change in the problems of the child and in his family situation.

- It must be purposeful and designed in accordance with some theoretical formulation about treatment.

- The total service must have a plan and clearly defined goals chosen on the basis of a diagnostic evaluation of the particular needs and problems of the individual child and his family.

- Selective use should be made of component parts of the service in accordance with the plan, as they may reinforce each other at a given time in promoting normal growth or remedying pathological conditions; e.g., grouping, controls, daily activities and experiences, direct work with the child (medical, psychological, remedial, casework, or group work), work with the parents.

- There should be coordination of all parts of program and services affecting the total life of the child (child care, education, recreation, religion, medical, social work, psychiatric).

- The approach of all staff members working with a particular child and family should be harmonious, with a common goal and understanding of their respective responsibilities and roles in relation to the child and to one another.

- Administrative provisions should assure implementation of the treatment plan.

Integration of Service

The daily activities, group living program, and services prescribed in the plan for the individual child should be coordinated and integrated into a unified approach to him and his parents that may have some impact on his problems and stimulate improvement in his emotional health and social functioning.

- The value and treatment aspects of all the component parts must be recognized and be related to one another in the service for a particular child.

- Integration should be achieved through regularly scheduled case or planning conferences attended by all staff members who work with a particular child and his family, including child care worker, teacher, nurse, recreation worker, chaplain, social worker, physician, psychiatrist, psychologist, and remedial teacher.

- Planning for each child and periodic evaluation of his progress should be based on contributions of all staff working with the child and his parents.

Team Approach

A team approach is essential in providing service in behalf of individual children.

- Institutional care and treatment require the contributions of various categories of staff with different training, backgrounds, and skills.

- Each staff member must have a clearly defined role and responsibility, determined by his particular training and competence.

- Each must be ready to carry out his part in the total service and must be able to understand and respect the particular competence and contribution of other staff.

- All staff members working with a child must be prepared to accept a common goal, to use consultation, and to be guided by understanding of the needs and problems of children.

- An atmosphere of mutual respect and trust among all staff is dependent on administration.

APPENDIX III

Department of Public Welfare, Province of Ontario 1965

The Homes For Retarded Children Act & Regulations

CAPITAL GRANTS

1. When the site and plans of a new building or the plans of an addition to an existing building used or to be used as a home for retarded children have been approved by the Minister under clause c of subsection 1 of section 4, the Lieutenant Governor in Council may, out of the moneys appropriated therefor by the Legislature, direct payment to the approved local association, erecting the new building or the addition, of an amount equal to the cost to the local association of the new building or the addition, but not exceeding an amount based upon the bed capacity of the new building or the addition at the rate of $5,000 per bed. 1965,c. 47

2. When the acquisition of a building to be used as a home for retarded children has been approved by the Minister under clause d of subsection 1 of section 4, the Lieutenant Governor in Council may, out of the moneys appropriated therefor by the Legislature, direct payment to the approved local association, acquiring the building, of an amount equal to the cost to the local association of the acquisition, but not exceeding an amount based on the bed capacity of the building at the rate of $1,200 per bed. 1965, c. 47.

3. In computing the cost to a local association of erecting a new building or an addition to an existing building under section 5 or of acquiring a building under section 6, the computation shall include only expenditures directly referable to the establishment or provision of residential accommodation for retarded children and shall be computed in accordance with the regulations.

OPERATIVE GRANTS

1. Subject to section 9, there shall be paid to an approved local association, out of the moneys appropriated therefor by the Legislature, an amount equal to 75 per cent of the cost to the local association, computed in accordance with the regulations, of providing residential accommodation for those children who are residing in an approved home that is maintained and operated by the local association and who have not been committed to the care of a children's aid society under The Child Welfare Act, 1965 or any predecessor thereof. 1965, c. 47

2.-(1) A provincial supervisor shall inspect every approved home for retarded children and examine the books of account and any other records of the home at least once each year, but he may inspect any such home or examine the books of account and the other records at any time.

(2) A provincial supervisor may inspect the books of account and other records of an approved local association that pertain to homes for retarded children.

3. Any approval given under this Act may be suspended by the Minister or revoked by the Lieutenant Governor in Council at any time.

4. The Lieutenant Governor in Council may make regulations,

(a) specifying the local associations and the homes for retarded children that are approved for the purposes of this Act;

(b) prescribing rules governing homes for retarded children and the conduct of the children residing therein and the staffs thereof;

(c) governing the admissions of retarded children to homes for retarded children and the kinds of services that are to be provided therein;

(d) governing the qualifications and the powers and duties of the members of the staffs of homes for retarded children;

(e) requiring and prescribing medical and other related or ancillary services that are to be provided for the children residing in homes for retarded children;

(f) prescribing additional qualifications for the establishment of residence for the purposes of section 9:

(g) governing applications by approved local associations for payments under this Act and prescribing the method, time and manner of payment;

(h) prescribing the manner of computing costs to local associations for the purposes of sections 7 and 8;

The Homes for Retarded Children Act & Regulations

ADDITIONAL POWERS AND DUTIES OF PROVINCIAL SUPERVISORS

1.- (1) A provincial supervisor shall be given access at any time to any home for retarded children or any part thereof for the purposes of inspection under subsection 1 of section 10 of the Act.

(2) A provincial supervisor shall inspect,

(a) each home for retarded children for the purpose of determining compliance with the Act and this Regulation and for any other purpose as required by the Minister;

(b) the building or buildings and accommodation, the sanitary and eating facilities, the recreational, rehabilitative and hobby-craft facilities and equipment, the fire equipment and fire precautions; and

(c) the dietary and appraise the nutritional standards for the children including those on special diets.

The Children's Institutions Act & Regulations

CAPITAL GRANTS

1. When the site and plans of a new building or the plans of an addition to an existing building used or to be used as a children's institution have been approved by the Minister under clause c of subsection 1 of section 4, the Lieutenant Governor in Council may, out of the moneys appropriated therefor by the Legislature, direct payment to the approved corporation, erecting the new building or the addition, of an amount equal to the cost to the approved corporation of the new building or the addition, computed in accordance with the regulations, but not exceeding an amount based upon the bed capacity of the new building or the addition at the rate of $5,000 per bed. 1965, c. 15

2. When the acquisition of a building to be used as a children's institution has been approved by the Minister under clause d of subsection 1 of section 4, the Lieutenant Governor in Council may, out of the moneys appropriated therefor by the Legislature, direct payment to the approved corporation, acquiring the building, of an equal amount to the cost to the approved corporation of the acquisition, computed in accordance with the regulations, but not exceeding an amount based upon the bed capacity of the building at the rate of $1,200 per bed. 1965, c.15

OPERATING GRANTS

1. Subject to section 8, there shall be paid to an approved corporation, out of the moneys appropriated therefor by the Legislature, an amount equal to 75 per cent of the cost to the corporation, computed in accordance with the regulations, of providing for the care and maintenance of those children who are residing in a children's institution that is maintained and operated by the corporation and who have not been committed to the care of a children's aid society under The Child Welfare Act, 1965 or any predecessor thereof. 1965, c. 15

The Children's Institutions Act & Regulations

2. The Lieutenant Governor in Council may make regulations.

(a) specifying the corporations and the children's institutions that are approved for the purposes of this Act and establishing classes of children's institutions;

(b) establishing an advisory board consisting of not more than three persons and prescribing its duties;

(c) prescribing rules governing children's institutions or any class thereof and the conduct of the children cared for therein and the staffs thereof;

(d) governing the admission of children to children's institutions or to any class thereof and prescribing the kinds of children that may be cared for in any class of children's institutions and the care or treatment to be provided therein;

(e) governing the qualifications and the powers and duties of the members of the staffs of children's institutions or any class thereof;

(f) requiring and prescribing medical and other related or ancillary services for the care and treatment of children in children's institutions or in any class thereof;

(g) prescribing additional qualifications for the establishment of residence for the purpose of section 8;

(h) governing applications by approved corporations for payments under this Act and prescribing the method, time and manner of payment;

(i) prescribing the manner of computing the cost to approved corporations for the purposes of sections 5 and 6;

(j) prescribing the manner of computing the cost of the care and maintenance of children in children's institutions for the purposes of section 7.

(k) prescribing the records to be kept by approved corporations and children's institutions, the claims and returns to be made to the Minister by approved corporations with respect to children's institutions and the method, time and manner in which such claims and returns shall be made and providing penalties for late claims or returns;

The Children's Institutions Act & Regulations

(l) providing for the recovery by an approved corporation or the Province from the person or persons in whose charge a child is or from the estate of such person or persons of any amount paid by the corporation or by the Province to the corporation for the cost of the care and maintenance of the child in a children's institution and prescribing the circumstances and the manner in which any such recovery may be made;

(m) prescribing addition powers and duties of provincial supervisors;

(n) prescribing forms and providing for their use;

(o) respecting any matter necessary or advisable to carry out effectively the intent and purpose of this Act.

CLASSES OF CHILDREN'S INSTITUTIONS

1.-(1) Children's institutions are classified as those listed in Schedule 2, 3, or 4 and the institutions listed in the Schedule are included in the class.

(2) In a children's institution that is listed in Schedule 2, provision shall be made for the board and lodging of the residents thereof.

(3) In addition to the requirements of subsection 2, in a children's institution that is listed in Schedule 3, provision shall be made for a program, as approved by the advisory board, for the care of residents who, on the basis of objective psychological and medical findings are deemed to have difficulty in adjusting to or benefiting from normal family relationships or in adjusting to or coping with regular community life.

(4) In addition to the requirements of subsection 2, in a children's institution that is listed in Schedule 4, provision shall be made for a specialized program, as approved by the advisory board, for the care and tre tment of residents who, on the basis of objective psychological and medical findings, are deemed to be emotionally disturbed but who are not mentally ill or mentally defective within the meaning of The Mental Hospitals Act and who are not eligible for admission to an institution under that Act.

The Children's Institutions Act & Regulations

ADVISORY BOARD

1.-(1) An advisory board is established, consisting of three persons appointed by the Minister, one of whom shall be designated by the Minister as chairman of the advisory board.

(2) The advisory board shall advise the Minister respecting recommendations to the Lieutenant Governor in Council for approval for the purposes of the Act of,

(a) corporations under section 2 of the Act; and

(b) children's institutions under section 3 of the Act.

(3) The advisory board shall advise the Minister as to the Schedule in which each children's institution shall be classified under section 2 and shall review the program of any institution proposed for classification in Schedule 3 or 4 to determine whether or not the advisory board approves the program for the purposes of the classification as required by subsections 3 and 4 of section 2.

(4) The advisory board shall advise upon and make recommendations respecting any other matter at the request of the Minister.

Department of
Children and Family Services (Illinois) July 1, 1965.

Children and Family Services Regulation No. 5.17

GROUP CLASSIFICATION OF CHILD CARE INSTITUTIONS

Section I

LEGAL AUTHORITY TO DESIGNATE GROUP CLASSIFICATION-APPLICATIONS

1. LEGAL AUTHORITY

The Child Care Act, Section 16 (c) as amended March 25, 1965, provides that "The Department may, in its issuance of licenses for child care institutions, indicate thereon a classification as follows: (1) Group I, for a facility which meets the qualifications and standards prescribed by the Department and which provide professional therapy or treatment and fulltime casework and diagnostic services on a continuing basis for children with special behavioral or emotional disorders; (2) Group II, for a facility which meets the qualifications and atandards prescribed by the Department and which provides full-time case work services to or on behalf of children; and (3) Group III, for all other facilities which meet the qualifications and standards prescribed by the Department."

The Director of the Department delegates to the Chief of the Division of Child Welfare responsibility for designating group classifications in such form and manner as to identify clearly those child care institutions which qualify for a Group I, Group II or Group III classification, according to qualifications, standards and special criteria prescribed under Sections Two, Three, Four and Five.

(continued, page 2)

Children and Family Services Regulation No. 5.17 (cont)

II APPLICATIONS

An institution seeking a Group I, Group II or Group III classification shall make application for such on forms prescribed by the Department and supply whatever information or reports, pertaining to the conduct of the institution, as may be required by the Department to determine its eligibility for the special classification sought.

An institution classified under Group II or Group III may submit application for a high classification at any time it qualifies for same.

The Department shall not designate a group classification except to those institutions filing application for such.

Section Two

QUALIFICATIONS, STANDARDS AND SPECIAL CRITERIA FOR GROUP CLASSIFICATION OF CHILD CARE INSTITUTIONS

In addition to meeting and maintaining standards prescribed under Department of Children and Family Services Regulation No. 5.11, "Minimum Standards for Licensed Child Care Institutions and Maternity Centres", Group I, II and III institutions shall meet the special criteria, below. These standards and criteria shall be in force until revoked or revised by the Department. Full compliance with these shall be mandatory upon each institution seeking a group classification. Without necessarily jeopardizing the basic licensed status of an institution, the Department shall, at any time, withdraw its designation of a special Group I

or Group II or Group III classification should the institution fail to maintain the criteria therefor.

It shall be the obligation of an institution designated under any group classification to notify the Department, through the respective regional office, of any staff, program or other change which would necessitate lowering or removal of the group classification. The circumstances shall be reviewed by the Department to determine the continuing or ultimate group classification status of the institution.

Section Three

GROUP I CLASSIFIED CHILD CARE INSTITUTIONS

I CHILDREN SERVED

Institutions qualifying for Group I classification shall provide for and serve children who have been diagnosed and evaluated by a psychiatrist as presenting behavioral or emotional disorders of such degree that specialized services, including intensive psycho-therapy, in residential facilities, are recommended.

II THERAPY OR TREATMENT

Therapy or treatment services shall be provided by the institution on a regular and continuous basis; to the extent and degree required by each individual child, for adjustment of the behavioral and emotional disorders involved and required for the child's rehabilitation, health, education and welfare.

(continued page 4)

Children and Family Services Regulation No. 5.17 (cont)

These services shall be conducted in an environment that is supportive, corrective and growth-conducive, and through utilization and coordination of a variety of services in the fields of social work, psychiatry, psychology, pediatrics and other medical and health specialties; and in child care, child development, recreation, education and religion.

Treatment shall include periodic re-evaluations of each child's progress and determination of his continuing treatment needs.

There shall be a full and comprehensive case record maintained on each child in which diagnosis, treatment methods and process, progress, periodic evaluations, and continuing needs and plans are documented.

The institution shall periodically and consistently report to the referring agency on a child's progress and involve said agency in discharge plans well in advance to assure appropriate after-care when the child leaves the treatment facility.

Casework with the child's family shall be an integral part of the treatment plan for the child and such services shall be provided by the institution serving the child, unless undertaken by another agency by plan and in close cooperation with the treatment facility.

(continued page 5)

Children and Family Services Regulation No. 5.17 (cont)

III STAFF

A. Administrator

The administrator shall have an appropriate Degree in social work, education, theology, medicine, psychology or in some related social science and have had five years of successful experience in administering a group care facility or group program for children. The administrator shall have demonostrated ability to integrate all aspects of a child-centered program, particularly involving orientation, in-service training, assignment and use of staff; utilization and coordination of ancillary services; and administering a well-rounded treatment and child care program conducive to the rehabilitation, health, education, welfare and general well-being of each child served.

B. Professional Staff

All key professional persons, including physicians, psychiatrists, psychologists, educators nurses and social workers, shall be appropriately licensed, certified or otherwise qualified in their respective fields, and experienced in working with children.

C. Casework Staff

1. Casework staff shall be sufficient in quality and quantity to provide regular full-time casework services to and on behalf of each child. "Full-time casework services" means services

(continued page 6)

Children and Family Services Regulation No. 5.17 (cont)

available and extended to every individual child served by an institution, seeking Group I classification, with such services supervised by a person or persons holding the Master's Degree from an accredited School of Social Work; plus three years of successful casework experience with children, one year of which shall have been in a child welfare or family agency, a mental institution, or some other facility in which children with behavioral, emotional or mental disorders are treated; and whose full working time is directly related to the casework services of the institution.

2. To be considered a caseworker, for the purpose of this classification, a person must have had some graduate social work training and be under the direct supervision of a person with qualifications to supervise casework services as specified under 1, above.

3. The number of professional casework staff shall be such as to assure that every child receives the degree and extent of services individually needed. Attention shall be given to assignment of case loads to ensure adequacy of casework services, in all its components, to the children and their families. A full-time caseworker in a Group I institution shall be expected to handle no more than a maximum of 15 child cases; part-time casework staff shall be expected to handle a like ratio of cases in proportion to the time employed.

(continued, page 7)

Children and Family Services Regulation No. 5.17 (cont)

applies to the person in the position of lead or primary child care worker assigned to a group or cottage, and is not to be construed as limiting or preventing an institution from employing or designating other capable persons to serve as assistant or relief child care workers who might have achieved less than high school education.

Section Four

GROUP II CLASSIFIED CHILD CARE INSTITUTIONS

I CHILDREN SERVED

Institutions qualifying for Group II classifications shall provide for and serve children whose problems of care and emotional adjustment are such as to require regular and indvidualized casework services for each child accepted. Such services, as an integral part of the program, shall be administered, supervised or directed by professionally qualified casework staff.

II STAFF

A. Administrator

The administrator of the institution shall have at least a Bachelor's Degree, in or related to the social sciences, from an accredited college or university, and four years successful experience in administering a group care facility or program for children. The administrator shall have demonstrated ability to coordinate all aspects of a child-centered program, particularly involving orientation, in-service training, assignment and coordination of staff; utilization and coordination of ancillary services; and administering a well-rounded program conducive to the health, education and welfare of all children accepted.

(continued page 9)

Children and Family Services Regulation No. 5.17 (cont)

B. Casework Staff

1. Casework staff shall be sufficient in quality and quantity to provide regular, full-time casework services to and on behalf of children. "Full time casework services" means services available and extended to every individual child served by an institution, under Group II classification, with such services supervised by a person or persons holding a Master's Degree from an accredited School of Social Work; plus two years of successful, supervised casework experience with children; and whose full working time is related to the casework service needs of the children served by the institution.

2. To be considered a caseworker, for the purpose of this classification, a person must have had some graduate social work training and be under the direct supervision of a person with qualifications to supervise case work services as specified under 1, above.

3. The number of professional casework staff shall be such as to assure that every child receives the degree and extent of services individually needed. Attention shall be given to assignment of case loads to ensure adequacy of casework services, in all its components, to the children and their families. A full-time caseworker in a Group II institution shall be expected to handle a caseload of no more than 30 child cases. Part-time casework staff shall be expected to handle no more than a like ratio of child cases in proportion to the time employed.

(continued, page 10)

Children and Family Services Regulation No. 5.17 (cont.)

4. Nothing herein, is to be construed as limiting or preventing an institution from employing additional staff, including student social work trainees, volunteers, or case aides, with capacity to take responsibility for and to assist with certain social work functions, that enhance the services to children under care, if such persons are under supervision of properly qualified staff specified under item 1, above.

Section Five

GROUP III CLASSIFIED CHILD CARE INSTITUTIONS

Institutions seeking Group III classification shall fully meet and maintain standards prescribed under Department of Children and Family Services Regulation No. 5.11, "Minimum Standards for Licensed Child Care Institutions and Maternity Centers."

AN EXAMINATION

OF

FACILITIES FOR EMOTIONALLY DISTURBED AND RETARDED CHILDREN

in

The Province of Alberta

Prepared by

THE EDMONTON WELFARE COUNCIL

1967

Reprinted with permission of
The Edmonton Social Planning Council
February 1968

ACKNOWLEDGEMENT

This report is the result of the work of many dedicated people who over a period of a year, devoted considerable time, knowledge and energy to its completion. With sincere appreciation I wish to acknowledge the commendable efforts of:

the committee who completed the task:

Mrs. F. W. Hewes
Dr. Charles Hynam
Mr. R. Henbest
Dr. W. Bobey
Mr. A. Teal

the professional staff who did the research and compiled the information:

Mr. A. H. Ziai

the Welfare Information Service:

Mrs. Marion Stonell

our secretary:

Mrs. Linda Barber

and the community-minded Professionals in the field:

Sister Michael
Miss E. Wyness
Mr. K. Wass
Mr. W. McFarland
Mr. J. Farry
Mr. G. Welsh
Mr. E. Dubord

It is our hope that this study may contribute to the development of better services for those incapable of speaking on their own behalf.

George Levine,
Chairman.

GL/ldb.

TABLE OF CONTENTS

TABLE OF CONTENTS (cont'd)

LIST OF TABLES

PREAMBLE

The Edmonton Welfare Council is a voluntary agency devoted to the task of planning and promoting the maintenance and development of the well-being of the community's members in respect to their health, welfare and recreational needs. Its functions are, through voluntary association and joint action: (1) to promote understanding and awareness of community needs; (2) to assist the community in the evaluation of these needs; (3) to aid the community in relating, developing and applying in an orderly manner the community's resources to meet its needs.

The Edmonton Welfare Council for many years has been concerned with the institution and treatment facilities for children. In 1963 the Council made an extensive study of child care institutions in Edmonton. The study discovered the need for more psychological and psychiatric services available to the children's institutions; a social-psychological and medical assessment of children prior to their admission to these institutions; the need for more extensive services for mentally defective and emotionally disturbed children in the Province.

It was brought to our attention that still there is a shortage of treatment facilities for emotionally disturbed and retarded children and that the present facilities are not meeting the needs of these children. There is a lack of acceptable and up-to-date standards of service for these institutions. It is also evident that due to the high costs of operation many parents as well as private institutions are facing financial hardship.

In 1966 the Edmonton Welfare Council appointed a committee to look into this problem and examine the needs and treatment facilities for emotionally disturbed and retarded children. This report is the result of the work of this committee.

INTRODUCTION

Although the institutions and special care for the retarded and emotionally disturbed children have made considerable progress in the past 40 years, they did so in spite of public indifference and hostility due to misunderstanding, low budget, and poor professional training and inadequate facilities. This situation still exists and our mental health programme and services in general, are inadequate and outmoded.

It is evident that for institutions to play a vital and effective role in the mental health field their emphasis in service must be changed from custodial to social care, toward work in the community and in the family.

Because of the emotional damage done to children through long-term institutional care, no child should be admitted to an institution except for specialized treatment and with a realistic plan for his early discharge either to his own or to a substitute home.

Without such essential provisions as diagnostic and assessment services, after-care and follow-up, group homes and foster homes, no significant gain can be expected from a treatment centre.

The newly established Canadian Commission on Emotional and Learning Disorders in Children states:

> "Vast numbers of children in Canada are known to be seriously handicapped by emotional and learning disorders. Overwhelming numbers of children are already known to various agencies, and at present are receiving, as a rule, only minimal assistance. Countless others are receiving no assistance whatsoever. The existing services are utterly unable to meet the demands presented by these children, and it would appear that the continuing development of these services on our present models, philosophies, and administrative structures will never be able to adequately meet this demand."

This is how the Royal Commission on Health describes the status of Mental Health in Canada:

> "of all the problems presented before the commission, that which reflects the greatest public concern, apart from the financing of health services generally is mental illness -- case finding, diagnosis, treatments and rehabilitation.
>
> From the briefs and testimony presented to the commission, two major conclusions can be reached. The first is that in the past, general ignorance on the part of society of the nature of mental illness has led to a "ghetto attitude" toward those affected. Treatment of the mentally ill has been for too long characterized by callousness and neglect. The second conclusion is that we are in the midst of a great period of transition, perhaps just at the beginning of that period in which not only are public attitudes rapidly changing, but that very change is making positive action possible and the outlook for treatment results hopeful if not actually optimistic."

The Canadian Mental Health Association, Alberta Division, in its recent brief to the Department of Health states:

> "It is of the utmost importance to maintain a good public image of our mental health services, to maintain the confidence of the people in the treatment services, to allay fears of mental treatment, and to reassure the people who fear to acknowledge illness and/or accept treatment."

Objectives of the study are:

1. To examine the institutional needs and services for emotionally disturbed and retarded children,
2. To review standards under which these institutions are operating,
3. To study fee structures and public-private relationships in the area of financing of these institutions (capital as well as operating costs),
4. To make recommendations.

Scope of the Study

The study is limited to the treatment facilities and services for emotionally disturbed and retarded children. The study will not examine the nature of the programs or treatment methods and techniques used in these institutions. It will, however, look into standards and philosophy

of these institutions to safeguard the welfare of children and to maintain high quality of services. The study is primarily concerned with these facilities in the Edmonton area.

Methods of the Study

The committee used the following study methods:

A. Personal and group interviews with lay and professionals in the field

B. Reports and written information available by public and private agencies in our own Province as well as other Provinces and the U.S.A.

C. Research and studies done locally, nationally and internationally.

CHAPTER I

EXTENT OF THE PROBLEM

Population of Retarded and Emotionally Disturbed Children

According to the Canadian Commission on Emotional and Learning Disorders in Children:

> "It is not possible at present to exactly estimate how many children are handicapped in this way. Surveys made both in this country and in the United States and England have consistantly shown that there are between 10 and 20% of school age children who suffer from disorders of this kind."

Numbers of retarded children are easier to determine. According to the Royal Commission on Health 3% of the general population are afflicted by this handicap, 1/5 of this number under the age of 20. The population of Alberta is estimated at 1,456,000 and according to this figure there are 43,680 mentally retarded people in Alberta, 8,736 of them under the age of 20.

In the case of emotionally disturbed children it is very difficult to estimate the exact number. The Alberta Department of Public Health in its 1966 report states:

> "At the present time there are 800 mentally defective children in the Red Deer School Hospital and 3,000 psychiatric patients in our other mental hospitals, and 510 senile cases in Rosehaven. There are 1,000 mental defectives in Deerhome."

The Royal Commission on Health in its report states:

> "In 1960 over 25 million days were spent in mental hospitals and psychiatric units, with an average daily number of patients of 69,000. In other words one in every 20 people is a patient in a psychiatric hospital or unit. It is estimated that if present admission rates continue, more than one out of every 10 infants will spend some part of his life in a psychiatric institution. In addition, there are those suffering from psychiatric or emotional disorders, but not necessarily confined to hospitals, whose number is unknown but estimated to be possibly in the neighborhood of one in ten of the population. Based on studies in Britain and the U.S.A., it has been estimated that the prevalence of emotional and mental disorders among school children is of the order of 5 to 10%, and mental retardation may affect at least 3% of the population, 1/5 of this number under the age of 20."

It is estimated that in 1960 in the U.S.A. at least 3,000,000 people including about 250,000 children were treated for some form of mental illness in hospitals or clinics, or by private psychiatrists. Many more who needed help never sought or received treatment. U.S. census figures for 1960 show that persons 5 - 19 amounted to 48,648,000, or approximately 49,000,000. One quarter of a million children in 49,000,000 would amount to 1/2%. On this basis, in Alberta there are approximately 1,950 children between 5 - 19 who may require some form of psychiatric care.

The prevalence of emotional and mental disorders among school children according to the Royal Commission on Health is between 5 to 10%. If we use the 5% estimate there are 1,942 emotionally disturbed children of school age in Alberta. At present only 581 emotionally disturbed children are being served in public and private residential centres in Alberta.

TABLE I - AN ESTIMATE OF POPULATION OF EMOTIONALLY DISTURBED CHILDREN IN ALBERTA

	AGE	MALE	FEMALE	TOTAL	EMOTIONALLY DISTURBED (5%)
Alberta	5 - 14	148,313	141,123	289,436	1,447
	5 - 19	198,609	189,831	388,440	1,942
Edmonton	5 - 14	28,431	27,209	55,640	278
	5 - 19	37,306	37,433	74,739	373

By 1970 the population of teenagers (15-19) in Edmonton is expected to number 42,300. Too, children under 15 who today number 117,641, by 1970 are expected to number over 160,000.

Estimate number of emotionally disturbed between ages 5 - 19 by 1970 will be in the vicinity of 1,000 in Edmonton alone.

All these statistics are estimates of different aspects of psychiatric disorders among the population which may serve to indicate the magnitude of the problem though they do not lend themselves to a clear and precise overall picture.

CHAPTER II

INSTITUTIONAL FACILITIES IN ALBERTA

So far as services are concerned only small numbers of these children are receiving some care and help. Even these services are in the form of short-term placement, are piecemeal or totally inadequate. This is mainly due to the limited number of professionals in the field, lack of good standards of operation, lack of up-to-date facilities and high cost of operation and maintenance.

PRIVATELY OPERATED FACILITIES

There are 15 known privately operated institutions that are providing "care" and/or "treatment" for emotionally disturbed and retarded children in the Province of Alberta. In addition, there are several private homes and foster homes which parents can use. Of the 15, many are recognized and used by public and private agencies for placement of these children. However, there are some of these facilities which barely meet Alberta's minimum standards and receive no referrals from professional agencies, public or private. Their main clientele are desperate parents who cannot afford to place their child in proper treatment settings and are not eligible to receive financial help from the government.

TABLE II - PRIVATE TREATMENT FACILITIES FOR EMOTIONALLY DISTURBED CHILDREN IN EDMONTON

NAME OF INSTITUTION	RATE PER DAY	CAPACITY	AGE	SEX
Kiwanis Children's Home	$15.75	30	6 - 16	M & F
Kiwanis Teen House	12.00	10	13 - 17	M
Marydale	10.49	24	6 - 12	M & F

TABLE III - PRIVATE THERAPEUTIC FACILITIES FOR EMOTIONALLY DISTURBED CHILDREN IN EDMONTON

NAME OF INSTITUTION	RATE PER DAY	CAPACITY	AGE	SEX
Oakhill Boys Home	$10.00	8	10 - 14	M
Our Lady of Charity School for Girls				
- Institution	10.06	32	12 - 18	F
- Cottages	10.06	48	12 - 18	F

TABLE IV - PRIVATE FACILITIES FOR RETARDED CHILDREN

NAME OF INSTITUTION	RATE PER DAY	CAPACITY	AGE	SEX
Welwyn Manor	$8.00	44	0 - 6	M & F
Mrs. Zoie Gardner	3.00	11	0 - up	M & F
Mrs. O. Beisel	3.00	3	6 mo. - 3	M & F
Mrs. V. Stearnes	No definite amount	5	Any age	M & F
Wensley Children's Home	Unknown	9		M & F

In addition to the residential facilities, 15 schools in the Province are providing education and training opportunities for 802 retarded children. (See Table V).

PUBLIC FACILITIES

Excerpts from the Department of Health report, 1966:

A." Emotionally Disturbed Children

This problem has recently been attracting considerable attention. In studying what has been done elsewhere it is found that the treatment is still experimental, therefore, it has been decided to set up a pilot study for 30 children in Linden House* at the Alberta School Hospital in Red Deer. This service has been operating very successfully but below capacity. Good results have been achieved but most important is the fact that staff and patients are learning to get along with each other and the picture looks clearer. In addition, there is an 8 bed ward at the University Hospital for the short-term evaluation and treatment of the emotionally disturbed child." (See Table VI).

*Opened in 1959

TABLE V

(1966/67) Schools for Retarded Children

NAME OF INSTITUTION	LOCATION	NO. OF CHILDREN
Christine Meikle School for Retarded Children	64 - 12th St., N.E. Calgary	143
Emily Follensbee School for Retarded Children	5139 - 14 St., S.W. Calgary	68
Burgess School for Retarded Children	4602 - 57th St., Camrose, Alberta.	72
Drumheller School for Retarded Children	Parkdale Cottage School, Drumheller, Alberta.	8
Winnifred Stewart School for Retarded Children	11130 - 131 St. Edmonton, Alberta.	321
Peace School of Hope	9618 - 101 Ave., Grande Prairie, Alta.	39
Dorothy Gooder School for Retarded Children	1805 - 9 Ave. N. Lethbridge, Alta.	51
Medicine Hat & District School for Retarded Children	13 Street, S.E. Medicine Hat, Alta.	25
Parkland School for Retarded Children	6016 - 43 Ave., Red Deer, Alta.	28
Robin Hood School for Retarded Children	218 Cottonwood Ave. Sherwood Park.	26
St. Paul School for Retarded Children	St. Paul, Alta.	15
Dr. R. R. Cairns School for Retarded Children	Vegreville, Alta.	10
Vermilion School for Retarded Children	4525 - 54 Ave., Vermilion, Alta.	8
Wetaskiwin School for Retarded Children	Wetaskiwin, Alta.	9
Edmonton Aphasic School for Language & Learning Disabilities	9909 - 109 Street Edmonton, Alberta.	33

B. "Mentally Retarded Children

> Mentally retarded children who are classified as mental defectives are provided with care and training at the Alberta School Hospital, Red Deer, at a cost of $1.00 per day to the responsible parent or guardian, up to age 21. After age 21 the patient himself is responsible subject to the Maintenance Order Act.
>
> The cost of operating this School Hospital is approximately $5.24 per patient day. The difference between what the parent or guardian pays and the actual cost is provided from Provincial General Revenue." (See Table VII).

The objective of this school is to provide training that will enable as many patients as possible to make the best use of their abilities and return to their communities. Patients in the Alberta School Hospital receive medical care as well as their training.

TABLE VI - PUBLIC FACILITIES FOR EMOTIONALLY DISTURBED CHILDREN IN EDMONTON

NAME OF INSTITUTION	CAPACITY	AGE	RATE PER DAY	SEX
Glenrose School Hospital	40	6 - 14	$2.50	M & F
South Side Boys Home[1]	18	8 - 14	----	M
Linden House	25	6 - 14	2.00	M & F
Diagnostic & Assessment[2] Centre	40	up to 16	----	M & F
Diagnostic & Assessment[2] Centre - Closed Unit	12	up to 16	----	M & F

(1) will not operate after summer, 1967.
(2) only government wards are admitted.

Excerpts from Mrs. W. F. Bowker's Brief on Mental Retardation, 1965:

> "Provincial Training School at Red Deer (now called the Alberta School Hospital) operated by the Department of Health accommodating 825 retarded and a waiting list of 500. Admission is largely restricted to children over 6 years of age. This means that it is almost impossible for parents to find placement anywhere for infants and young children, and if they do, the cost to them would run from $65 to $90 a month in a boarding home to $5.00 a day in a nursery. There is some financial help available to persons in need, but this does not apply to the average case. Certainly for the child who is severely retarded, care should be immediately available at nominal cost to parents deserving it."

> "Deerhome is located near the Alberta School Hospital at Red Deer to which children from the school hospitals are transferred on reaching adulthood, and there are already over 1,000 adult retardates in this institution. A further point should be mentioned namely, provision for short-term residential care at nominal cost to permit parents of a retarded child to get away alone on a holiday, or to meet a family crisis or illness. Temporary care of this kind is provided by legislation in Britain, and was recommended in the Toronto study. From discussion with local persons engaged in this field, this appears to be one of our most urgent needs in Alberta. Such facilities could be provided by reserving a section in each institution for temporary placement."

The situation is still the same and the waiting list is now 500. When the new Mental Health Act went into effect it is required to admit 4 year olds at Red Deer. Now due to crowded conditions, the Alberta Hospital School no longer can admit any child after age 16 or even in his 15th year. The hospital officials are facing many difficulties for new admissions as many children remain for long periods of time in the hospital. Some of the children never reach their maximum educational level till 18 or 20 years. They stay on if educable and go into vocational courses. There are a few patients at the Alberta Hospital School up to 40 years of age because of the over-crowded conditions at Deerhome, which is for the mentally defective adults.

Mrs. Bowker in her report on Mental Retardation states:

> "In Alberta, mental retardation comes within the jurisdiction of the Department of Health, and the present policy is to encourage parents to keep their retarded children at home - at least till the age of six years. Because of the shortage of facilities for placement outside the home, most parents have no alternative but to care for the child at home, regardless of complicating emotional factors that may exist within the family. Many parents must continue to do so even beyond the first six years, when placement in a residential training school such as that at Red Deer might better meet the needs of the family and provide better adjustment for the child."

Mrs. Bowker also points out the lack of supportive services for families of Retarded Children:

"There is no official place of referral in Alberta to which parents can go for help and advice in resolving the distressing emotional conflicts which arise on discovery that a child is retarded, or for direction and counselling in the multitude of problems which develop in the care of such a child."

TABLE VII - PUBLIC FACILITIES
FOR RETARDED CHILDREN

NAME OF INSTITUTION	RATE PER DAY	CAPACITY	AGE	SEX
Alberta School Hospital	$1.00	825	6 - 16	M & F
Baker Memorial San.	1.00	152	0 - 16	M & F
Deerhome	1.00	1,000	Adult	M & F

It is known that in terms of quality and quantity of services for these children, Calgary is by far ahead of Edmonton. (See table VIII). There is a serious shortage of facilities for emotionally disturbed teenagers in Alberta. The age range in most institutions falls between 6 - 12 and few go as high as 14 or 15. There is a complete gap of service for 16 - 19 year old teenagers in Edmonton.

Most children centres are reluctant to accept older children because of special problems involved in their treatment. Many of these children are referred to large mental hospitals which are not designed to handle them.

It is evident that in most cases there are more demands for facilities for boys than for girls. There is a shortage of after-care facilities in the Province. In most cases children cannot be discharged because of lack of proper after-care.

TABLE VIII - PRIVATE CHILDREN'S INSTITUTIONS IN ALBERTA

NAME OF INSTITUTION	RATE PER DAY	CAPACITY	AGE	SEX
Catholic Charities Group Home for Girls, Calgary	$10.50	7 or 8	12 - 17	F
Dominic Savio, Calgary	10.50	10	8 - 18	M
Don Bosco House, Calgary	9.00	12	8 - 18	M
*Ex-Servicemen's Children's Home, Edmonton.	7.50	26	5 - 16	M
Kiwanis Children's Home, Edmonton	15.75	30	6 - 16	M & F
Kiwanis Teen House Edmonton	12.00	10	13 - 17	M
Marydale, Edmonton	10.49	24	6 - 12	M & F
Oakhill Boy's Town, Bon Accord, Alta.	10.00	8	10 - 14	M
O'Connell Institute Edmonton	3.07	23	6 - 15	F
Our Lady of Charity School Edmonton	10.06	85	13 - 18	F
Providence Creche Calgary (Retarded Children)	7.00	30	0 - 6	M & F
St. Mary's Boys' Home Edmonton	3.20	90	12 - 16	M
Salvation Army Children's Village, Calgary	7.00	50	6 - 18	M & F
Welwyn Manor Wetaskiwin	10.00	46	0 - 12	M & F
William Roper Hull, Calgary	14.00	48	8 - 15	M
William Roper Hull, Calgary (by summer /67)	14.00	75		F

*Since this study this institution no longer is operating

CHAPTER III

Philosophy, Goals and Standards of Operation

Trends in Philosophy

Trends in the incidence and definition of psychiatric disorders have strong effects on the design and provision of the health services. On the one hand, there is a trend to include more and more disorders of which previously would have been considered as social maladjustments in the sphere of psychiatric care: Alcoholism is one example. Drug addicts are being moved from jails to hospitals or clinics, and other kinds of social offenders may follow. Psychiatric treatment, on the other hand, has been changing from custodial care to intensive treatment. This has resulted in increasing demands for the provision of care in psychiatric units of general hospitals in preference to that in mental institutions.

There is a wide variety of homes and institutions operating in the Province with one objective in mind - custodial care. Many of these do not have proper and adequate physical facilities and without realizing it have become a dumping ground for desperate parents or agencies. They lack proper program and treatment services, staff, after-care and follow-up. The effectiveness of the programmes of the well organized institutions is reduced because of lack of supportive services such as halfway houses, group homes, etc. Lack of leadership, out-dated and outmoded standards of care and legislation, inadequacy of sound treatment-goals, and shortage of professionals in the field are some of the factors responsible for the present situation in this province.

Standards of Operation

The first recommendation of the Canadian Mental Health Association, Alberta Division's Brief to the Department of Health is related to standards of institutions:

> "We respectfully suggest that immediate consideration be given to accreditation of Alberta's Mental Institutions through the Canadian Council on Hospital Accreditation."

1. Minimum Standards for Institutions and Nurseries in Alberta

The present minimum standards for institutions and nurseries in Alberta includes the following requirements: (for detailed information please see Appendix I)

- Building and accommodation regulation
- equipment and furnishing
- maintenance
- enrolment
- records
- daily procedures
- nutrition
- health and medical supervision
- fire regulations
- staff.

2. The Child Welfare League of America Standards for Institutions

"These standards pertain to institutional care of children whose needs cannot be met in their own families, and who can benefit by the experiences and help to them and their parents that an institution can offer through its group living programme and through its specialized resources and services.

Basic Assumptions Underlying Practice in Providing Institutional Care Service

It is expected institutional care service should be provided in accordance with the following principles and values.

Child Welfare League of America Standards continued

Value of Individual

Any child, regardless of age, sex, race, color, creed, social circumstances, national or religious origin, sickness or other handicaps, has the right to be respected as an individual and to have the best possible care in accordance with his individual needs.

Goals of Institutional Care

The ultimate goal of institutional care is for every child to return to family life in the community, either to his own home or in an adoptive, foster, or group home.

- it is not desirable for institutional care to become a prolonged way of life, or for a child to remain in an institution throughout his childhood.
- Institutional care should be planned with a foreseeable termination. Prolonged or indefinite periods of institutional care, resulting from lack of adequate planning or lack of case-work with parents, are not considered acceptable practice.

Knowledge About Children

Advances in knowledge about child growth and development and about the effect on human behaviour and personality development of multiple interrelated biological, social, cultural and other environmental forces have brought about changes in care of children in institutions.

Care Based on Needs of Child

Certain principles have evolved from greater understanding of the needs of all children for love, care, protection, and esteem; for play, learning, social, and spiritual experiences appropriate to their level of development; for training, guidance and control, and for relationships with adults they can trust and with whom they can identify as models.

Institutional Care as a Child Welfare Service

Purpose:

The purpose of the institutional care as a child welfare service should be to provide group care and treatment for children whose needs cannot at the time be adequately met in a family; and to offer opportunities for a variety of experiences, through a group living program and specialized services, that can be selectively used, in accordance with an individualized plan for each child.

- to foster normal maturation
- to correct or modify the effect of previous unsatisfactory experience."

(For more detailed information see APPENDIX II)

3. Guides for Services to Children in Catholic Institutions

National Conference on Catholic Charities has come up with "Guides for Services to Children in Catholic Institutions" which we believe is comprehensive and precise, offering sound advice in areas of program, staff, facilities and services.

> "No institution can truly take the place of a child's home but since many children need a substitute home, institution personnel should strive constantly to make the institution the best possible substitute.
>
> The practices and underlying philosophy outlined in the Guides have been accepted and utilized in institutions for a number of year. They reflect the institution from the large, custodial type institution of the past to the smaller, treatment focused institution of today."

The "Guides" includes, that each institution should formulate in writing a concise statement of purpose, covering the following:

1. Description of services offered
2. Ages of children accepted
3. Types of children accepted
4. Length of care for children.

The guides place much emphasis not only on the caliber of services at the institution but also on discharge and follow-up, group work, disciplines, activity groups, education, recreation, etc.

4. The Children's Institutions Act and Regulations in the Province of Ontario

Under this act all homes and institutions for children are grouped as schedule 2, 3, and 4. Schedule 1 is a list of the sponsoring corporations which operate the institutions approved under the other three schedules.

In general Schedule 2 institutions care for the child who is placed because of some disruption in his family home. They may also provide a

service to wards for whom a group programme is considered appropriate.

Schedule 3, institutions should be those caring for moderately disturbed children and the services provided would be under the direction of a professionally trained social worker or would include social worker services.

Schedule 4 institutions would include residential treatment centres. There has been a rescheduling of institutions under Schedule 4 and there are now six institutions included under this schedule. These are Madame Vanier Children's Services (formerly Fontbonne Hall), Boys Village, Mount St. Joseph Centre, Protestant Children's Village, Sacred Heart Children's Village and Sunnyside Children's Centre.

This is how the Act defines Schedule 3 institutions:

> "In addition to the requirements of subsection 2 (board and lodging) in a children's institution that is listed in schedule 3 provision shall be made for a program, as approved by the advisory board, for the care and treatment of residents who, on the basis of objective psychological and medical findings, are deemed to have difficulty in adjusting to or benefiting from normal family relationships or in adjusting to or coping with regular community life."

With regard to Schedule 4, Institutions the Act described them this way:

> "In addition to the requirements of subsection 2, in a children's Institution that is listed in schedule 4, provision shall be made for a specialized program, as approved by the advisory board, for the care and treatment of residents whom on the basis of objective psychological and medical findings are deemed to be emotionally disturbed but who are not mentally ill or mentally defective within the meaning of "The Mental Hospital Act" and who are not eligible for admission to an institutions under the act."

Under this act the Government of Ontario is authorized to establish an advisory board with power to classify and schedule various institutions according to their functions. (For more detailed information please see Appendix III).

5. The State of Illinois Classifications for Child Care Institutions

The State of Illinois is using group classification for child care institutions. Function, treatment or therapy services and staffing are described under each classification. Institutions are bound by the act to uphold these. The Act states:

> "Full compliance with these shall be mandatory upon each institution seeking a group classification. Without necessarily jeopardizing the basic licensed status of an institution, the Department shall, at any time, withdraw its designation of a special Group I or Group II or Group III classification should the institution fail to maintain the criteria thereof."

(For more detailed information see APPENDIX IV).

X X X X X X X X X X X X X X

The present minimum standards for Institutions and Nurseries in Alberta deal primarily with the physical facilities, fire and health regulations which are necessary requirements under the Licensing Act. The present requirements, however, neglect the basic and most essential prerequisite for maintaining a high level of service in institutions. Each institution should be required to submit a statement of purpose and function in meeting the needs of those under its care.

An institution or home at the outset should clarify its philosophy, goal and function in terms of program and care for the type of children it intends to serve. This will prevent institutions accepting children for whom their services are inappropriate. It will also improve acceptance and understanding of the institution by the public and would facilitate supervision by the authority.

All institutions and homes should be classified and accredited by an advisory board on the basis of their function, treatment, goals and services prior to their licensing. We believe there is a need for various types of institutions and homes, whether it be group homes or custodial care, therapeutic or treatment centres. Only accredited institutions should qualify for government support. Lack of accreditation, however, should not jeopardize the basic licensed status of an institution. Accredited institutions must abide by the prescribed requirements of each classification.

CHAPTER IV

FINANCE

In actual practice, parents are encouraged to remain responsible for their children. A children becomes a ward of the government when there is neglect or need for alternate care under the terms of the Child Welfare Act.

Selection of children for admission to government institutions is based on the recommendation of a government agency or a private practitioner. The majority of cases are referred by government agencies. The superintendent of a government institution is responsible for acceptance or rejection of a referral.

A nominal charge is made (mental hospital $1.00 per day); training schools ($1.50 per day). If a child is the responsibility of the parents or a private individual or a private agency, that party is responsible for payment for the child. If the child is a ward of the government, the government pays the charge.

For a private person, there is some flexibility on charges. The charge is determined by assessment of income. For placement in a private institution, where the fee is high, parents can apply for assistance to Aid to Dependent Children Programme, where each case is judged on its individual merits. However, there seems to be no clear-cut term of reference for eligiblity.

As the cost of private placement is prohibitive, many parents try to keep the child at home at all cost. Often this creates serious financial and emotional problems within the family.

The need for extra subsidization to benefit families whose income is above the Welfare level is an urgent one and requires immediate attention.

If a family is desperate, one device being used is temporary non-ward care.

I. GOVERNMENT ASSISTANCE AVAILABLE TO PARENTS FOR CHILDREN UNDER 18 YEARS IN THEIR HOME

There is no disability allowance or pension available to any person under 18 years of age from any source.

A. Through the Department of Public Welfare (Provincial)

Parents on marginal incomes can apply for supplement of income through Public Assistance if a retarded or mongoloid child cared for at home incurs costs that are crippling family resources, e.g. special diet. This would be determined on an individual basis with no stipulated amount being paid.

If the need is one related to the child's health, e.g. special drugs, then the Department of Public Health should be approached to make provision for the drugs. A doctor's certificate is required.

B. Through City Social Service Department

There is no provision for help to either the child or the parents unless a low wage might be supplemented in order to relieve the burden of extra expenses due to the care of such a child at home. Amount would be determined on an individual basis taking into consideration all circumstances of the family.

C. Through the Department of Education

Under the School Act, $1.75 per pupil per day will be provided for transportation when it is necessary for a pupil to attend school out of his own area, e.g. Winnifred Stewart School.

D. Through the Department of Health

Only drugs listed as Special Drugs under Medical Services Division are provided. A doctor's certificate is required. If a person is eligible the drugs are dispatched from that office and include:

- penicillin for person with rheumatic fever, up to 18 yrs of age.
- insulin, tolbutamide, phenformin and diabenese for diabetics under means tests.
- drugs for treatment of cystic fibrosis.

II. GOVERNMENT ASSISTANCE FOR PLACEMENT OF CHILDREN UP TO 18 YEARS OUTSIDE THEIR OWN HOME

A. ,Non-Ward Care

- is short-term emergency care apart from the home and family. Contract is for a 6 month period with possible renewal period of a further 6 months.
- is where complete cooperation and particiation in the plan by the parents is possible.
- is where family or relatives are unable to care for the children
- is where there is no element of neglect
- is where children must be cared for outside of the home for reasons beyond the control of parents or parent.
- is where close contact will be kept by parents and frequent visits made.
- is where the Supt. of Child Welfare assumes custody but not guardianship.
- is care which can be terminated at any time.
- is not a substitute for financial assistance
- is not used where parents are outside the Province.
- is not to be used when children can be kept at home or with relatives with some financial assistance.

The plan for non-ward care is worked out with the parent and includes the length of time care will be required, the amount the parents are able to contribute towards the care of the children, arrangements re clothing, medical and hospital care, Family Allowances, etc.

Placement is made in approved foster homes or institutions as in the case of any ward. Agreement is automatically terminated when the child:

- returns to parents
- enters a provincial institution, e.g. Bowden, Alberta School Hospital,
- marries or dies
- reaches the age of 18 years

B. Aid to Dependent Children (ADC)(Social Allowance Guardian Program)

- An extension of the Social Allowance program to avoid children becoming wards if there are responsible relatives to care for them,
- Not intended to supplant the responsibility of the parents. Financial circumstances of the family are investigated and the parents are expected to remit regular payments to the Department to offset the cost wholly or in part. Enforcement of agreements can be made through District Court.
- Agreements for periods of up to 3 years
- Department involved only in maintenance (not in placement)
- Legal responsibilities remain with parents or guardian.

Benefits Include:

- Material assistance of food, clothing, drugs
- Medical hospital card.

III. FINANCIAL ASSISTANCE AVAILABLE FOR MENTALLY DEFECTIVE CHILDREN CARED FOR OUTSIDE THE HOME

Apprehension and committal is the responsibility of the Department of Public Health if the child's mental retardation is sufficient to require institutionalization. The main group of defective children for which

placement will be sought through the Department of Public Welfare is the mongoloid child. If it felt that except in a very few instances, these children can be cared for at home as they require little extra physical care than any other child.

When it appears a mongoloid child cannot be cared for at home, the case is referred to the Guidance Clinic. A standing committee of the Department of Public Welfare and the Division of Mental Health examines both Guidance Clinic and Welfare Department reports. If it is determined that the child cannot or should not be cared for in his own home, a decision is made as to placement in Alberta School Hospital or to care of Department of Public Welfare. If the latter, and the parent's financial circumstances are limited, they can apply through Social Allowance Guardians Program (ADC) for assistance. If the parent's financial situation is adequate non-ward care could be used, thus allowing for continuous involvement between parents and child.

No payment will be made by the Department of Public Welfare on behalf of children placed in mental institutions as this is the responsibility of the Department of Public Health.

IV. FEES

The cost ranges from a nominal $1.00 per day in government institutions to $15.75 per day in private institutions, (see table IX). Private homes which provide physical care charge parents between 35 and 60 dollars a month; as the cost of well run private institutions are prohibitive most families choose the second best "custodial care". Consequently, many private institutions are mainly existing and heavily rely upon government referrals. In essence the government is the main source of income for these agencies.

TABLE IX - SCHEDULE OF RATES BY PRIVATE INSTITUTIONS IN ALBERTA

NAME OF INSTITUTION	RATE PER DAY
Catholic Charities Group Home for Girls, Calgary	$10.50
Dominic Savio Calgary.	10.50
Don Bosco House Calgary	9.00
*Ex-Servicemen's Children's Home Edmonton	7.50
Kiwanis Children's Home Edmonton	15.75
Kiwanis Teen House Edmonton	12.00
Marydale Edmonton	10.49
Oakhill Boy's Town, Bon Accord, Alberta.	10.00
O'Connell Institute Edmonton	3.07
Our Lady of Charity School Edmonton	10.06
Providence Creche Calgary (Retarded Children)	7.00
St. Mary's Boys' Home Edmonton	3.20
Salvation Army Children's Village, Calgary.	7.00
Welwyn Manor Wetaskiwin	10.00
William Roper Hull, Calgary.	14.00
William Roper Hull, Calgary (by summer /67)	14.00

*Since this study this institution no longer is operating.

SOME HIGHLIGHTS OF ONTARIO ACTS

In the Province of Ontario the government provides subsidies and assistance for capital as well as operating costs under the Children's Institutions and Regulations Act and the Homes for Retarded Children's Act and Regulations. The grants structure under both Acts are similar.

A. Classes of Children's Institutions

1. Children requiring sheltered, specialized or group care.
2. Children that on the basis of objective psychological and medical findings are deemed to have difficulty in adjusting to or benefiting from normal family relationships or in adjusting to or coping with regular community life.
3. Children whom on the basis of objective psychological and medical findings are deemed to be emotionally disturbed but who are not mentally ill or mentally defective.

B. Capital Grants

1. Government may direct payment to the approved corporation, erecting the new building or the addition, of an amount equal to the cost but not exceeding an amount based upon the bed capacity of the new building or the addition at the rate of $5,000 per bed.
2. When the acquisition of a building to be used as a children's institution has been approved the corporation may receive an amount equal to the cost but not exceeding the amount based on the bed capacity of the building at the rate of $1,000 per bed.

C. Operating Grants

The government pays to an approved corporation an amount equal to 75% of the cost for the care and maintenance of those children residing in a children's institution. Children must be a resident of Ontario.

D. Rules Governing Homes

In addition to such by-laws as to the building, fire, sanitation, medical, health, nour shment, sleeping, toilet facilities, play areas, etc., the Act includes the following:

In every childrens institution, the board shall:

1. Provide opportunities for the religious education of each resident in accordance with the wishes of his parents,
2. Provide opportunities for the residents to participate in recreational, rehabilitative and hobby-craft activities.
3. Ensure that each resident receives, at all times, care adequate for and consistent with his individual needs.
4. Provide at least one competent staff member on full-time duty or the equivalent thereof, for every 4 residents.

Fifty-two institutions in Ontario at present are receiving grants under The Children's Institutions Act and Regulations, and only two associations under The Homes for Retarded Children Act and Regulations.

X X X X X X X X X X X X X X

To meet the needs of individuals and to be able to offer the best possible treatment and rehabilitative services, we must develop the whole range of residential treatment services, each of which is capable of service to specific groups of children. Essentially, there is a need for experimentation with new and varied approaches for setting more limited and concrete goals and for a more balanced and integrated view of the psychological and environmental factors involved. Private and voluntary agencies involvement in the field can and do make significant contributions. Operation of private residential treatment facilities with adequate resources and sound programs are expensive. (See table IX). We believe that governmental support in terms

of capital and operating grants is a positive step toward development of more diversified and specialized facilities for emotionally disturbed and retarded children. We especially draw attention to the Ontario Act referred to above and given in full in Appendix III.

CHAPTER V
CONCLUSIONS

It is evident that in Alberta specialized treatment centres, group homes and foster homes for emotionally disturbed and retarded children are inadequate in number and of those that are in operation only about 50% are equipped for intensive treatment.

There are serious gaps in services offered for emotionally disturbed teenagers (14 - 19) in Edmonton.

Operation of private residential treatment facilities with adequate resources and sound programs is expensive and consequently out of reach of the average person. At present parents have the following alternatives to choose from. In each case the financial and emotional hardships on parents are intolerable. The alternatives are as follows:

- to apply to government institutions; in most cases they must wait due to age or condition of the child or due to a long waiting list;
- to abandon the child and face the consequences;
- to keep the child at home
- to move to another location or province in the hope of finding a better solution;
- to place the child in a private institution if they can afford it.

We emphasize that there is a need for experimentation with new and varied approaches for setting more precise goals and for a more balanced and integrated view of the psychological and environmental factors involved. The involvement of private and voluntary agencies can and does make significant contributions. A whole range of residential treatment centres capable of serving specific groups of children must be developed to meet the needs of individuals and to offer the best possible treatment

and rehabilitative services. Private institutions are heavily dependent upon government referrals as only the government can afford the high fees. We believe that governmental support in terms of capital and operating grants is a necessary step toward development of more diversified and specialized facilities for emotionally disturbed and retarded children for the following reasons:

(a) enables institutions to lower their fees
(b) allows freedom of choice to the parents
(c) provides incentive for up-grading and improvement of care and treatment
(d) leaves a reasonable degree of responsibility with the family
(e) encourages and maintains private interests and voluntary organizations involvement in the field
(f) augments supervision and control by the authorities.

We especially draw attention to the Ontario Act.

In considering what standards should be established in children's institutions, it is essential to begin with a statement of the objectives. The guiding objective is to promote the total well-being of the child. The interest of the child must be given priority over all other considerations. Present minimum standards of child care institutions in Alberta require immediate reviewing and up-grading in order to provide some basis for accreditation.

Only accredited institutions should receive financial assistance for operation and capital expenses. This assistance will enable these institutions to bring their fee within the reach of the majority of people. Lack of accreditaion, however, should not jeopardize the basic licensed status of an institution. Accredited institutions must abide by the prescribed requirements of each classification.

The Edmonton Branch of the Canadian Mental Health Association in its recent study "Out-patient Mental Health Services for Children in Edmonton" reveals alarming concern by the pediatricians, social workers, and educators regarding services to the emotionally disturbed and retarded children. A few of their comments are as follows:

- There is difficulty placing retarded children in institutions particularly Indian and Metis children.
- Provision of temporary placements set-up for retarded children who are being cared for in their own homes.
- There are not enough treatment centres for intensive treatment therapy for all emotional and retarded problems among children.
- No place to send many in need of care and treatment.
- More services are needed for management of the retarded adolescent and management of the retarded individual in trouble with the law.
- A Provincial Council on mental retardation to coordinate and assimilate government and voluntary agencies.

Also relevant is the following excerpt from the report of the Public Expenditures and Revenus Study Committee, March, 1966, Government of Alberta:

> "Retarded and mentally defective children with a borderline I.Q. of 60-85 require care which is often beyond the resources of the parents. At the present time some confusion exists as to which Department of Government is responsible for the welfare of these people. In some cases the Department of Health has the responsibility while in others the Department of Welfare assumes responsibility. On the other hand School for Retarded Children come under the jurisdiction of the Department of Education. Greater interest in the retarded and mentally defective child has resulted in better care being afford to them in the past few years. Much research is now being done which will assist considerably to make the lives of these unfortunates more rewarding. It will take the best efforts of the Education, Health, and Welfare Departments, to meet the challenge of making these lives more useful."

We share the committees' concern as to the allocation of responsibility among various government departments for mentally defective children. We would therefore, submit that this would entail the establishment of very clear terms of reference in the management of these children by the combined efforts of the departments involved.

RECOMMENDATIONS

WE RECOMMEND:

1. THAT THE GOVERNMENT OF ALBERTA APPOINT A PROFESSIONAL ADVISORY COMMITTEE TO:
   - (A) DEVELOP CLASSIFICATIONS FOR CHILD CARE INSTITUTIONS ACCORDING TO THEIR FUNCTION
   - (B) DEVELOP STANDARDS FOR ACCREDITATION
   - (C) DEVISE METHODS OF IMPLEMENTATION OF ACCREDITATION.
2. THAT THE GOVERNMENT OF ALBERTA UP-GRADE THE PRESENT MINIMUM STANDARDS OF OPERATION FOR ALL CHILD CARE INSTITUTIONS.
3. THAT THE GOVERNMENT OF ALBERTA MAKE AVAILABLE NECESSARY SUBSTANTIAL CAPITAL GRANTS TO ACCREDITED PRIVATE INSTITUTIONS FOR ERECTION OF NEW FACILITIES OR IMPROVEMENT OF EXISTING ONES.
4. THAT THE GOVERNMENT OF ALBERTA MAKE AVAILABLE NECESSARY SUBSTANTIAL OPERATING GRANTS TO ACCREDITED PRIVATE INSTITUTIONS.
5. THAT THE GOVERNMENT OF ALBERTA DEVISE ADMINISTRATIVE DIRECTIVES FOR BETTER COORDINATION AMONG GOVERNMENT DEPARTMENTS PROVIDING SERVICES TO EMOTIONALLY DISTURBED AND RETARDED CHILDREN INCLUDING DEPARTMENTS OF HEALTH, WELFARE, EDUCATION AND ATTORNEY GENERAL'S
6. THE DEVELOPMENT OF SHORT TERM PLACEMENT AT NOMINAL COST TO OFFER TEMPORARY RELIEF TO PARENTS OF HANDICAPPED CHILDREN.
7. MORE FACILITIES FOR TREATMENT OF TEENAGERS WITH EMOTIONAL DISTURBANCES AND BEHAVIOUR DISORDERS.
8. MORE RESIDENTIAL FACILITIES FOR RETARDED CHILDREN AND ADULTS PREFERABLY NEAR MAJOR CENTRES IN THE PROVINCE.
9. EXPANSION OF AFTER-CARE SERVICES INCLUDING GROUP HOMES, FOSTER HOMES, AND HALF WAY HOUSES.
10. THE PROVISION OF DAY CARE AND TRAINING SERVICES FOR UNASSESSABLE MULTIPLE HANDICAPPED CHILDREN.
11. COMPREHENSIVE PROGRAMME OF RESEARCH AND STUDY TO BE CONDUCTED IN SPECIFIC ASPECTS OF SERVICES TO ALL CHILDREN.

BIBLIOGRAPHY

- Alberta Department of Public Health
  - 1966 Report
  - Nursing Home Act

- Alberta Department of Public Welfare
  - 1966 Report
  - Minimum standards for homes and institutions, Act 17, 1966.
  - Summary of special accommodation, June, 1966.

- Brief on Mental Retardation
  - M.M. Bowker, December, 1965.

- Child Welfare League of America Inc.
  - Standards for services of Child Welfare Institutions, 1964.

- Canadian Mental Health Association, Alberta Division
  - Brief to the Government of Alberta
  - Summary of chief recommendations.

- Canadian Mental Health Association, Edmonton Division.
  - Study "Out-patient Mental Health Services for Children in Edmonton", 1967.

- Commission on Emotional and Learning Disorders in Children
  - Statement of purpose

- Edmonton Welfare Council
  - Background for Planning, 1965.

- National Conference on Catholic Charities
  - Guides for Services to Children in Catholic Institutions, 1964.

- Province of Alberta
  - Report of the Public expenditures and revenue study Committee, March, 1966.

- Province of Ontario, Department of Public Welfare
  - The Children's Institutions Act and Regulations
  - The Homes for Retarded Children Act and Regulations

- Royal Commission on Health Services Report, 1965.

APPENDIX I

EXCERPTS FROM THE ALBERTA DEPARTMENT OF PUBLIC WELFARE - MINIMUM STANDARDS FOR INSTITUTIONS AND NURSERIES

A. BUILDING AND ACCOMMODATION

Every building used as a home shall be constructed to make provision for:

1. Compact layout of rooms conducive to easy supervision and avoiding unnecessary halls and corridors.
2. Adequate facilities and space for administration, interviewing maintenance of records, staff lounge and change room,
3. Adequate storage space for equipment and supplies
4. Space as follows:
   (a) for full time care in sleeping areas
      1. 35 square feet of floor space per person, age birth to six years
      2. 50 square feet of floor space per person, age 6 to 16
      3. 75 square feet of floor space per person, over 16 years.

   (b) for day care for children, twenty square feet of floor space per child (except in the City of Calgary where 25 square ft. is required).

B. RECREATION AREAS

Every home shall be constructed to provide indoor and outdoor recreation according to the needs of the age group and condition of persons occupying the areas.

C. EQUIPMENT AND FURNISHINGS

The home shall provide suitable furnishings in the building for sufficient administration of the home and convenience of staff.

D. MAINTENANCE

The home shall be maintained in a good state of cleanliness and repair in respect to the premises and equipment.

E. ENROLLMENT RECORDS

1. Number of persons enrolled shall be governed by space available and staff provided.
2. Full records of all persons in the home shall be maintained as required by the Child Welfare Act and The Welfare Homes Act and available for inspection of at all times.
3. It is recommended that the person or persons operating homes should be safeguarded by having:
   (a) accident insurance protection in case of accident of illness on their premises during period of care.

(b) written permission from parent, guardian or next of kin so that care may be given in an emergency, if needed.

(c) where adult care is given, in some instances it has proved helpful to inquire of the location of a "will" (if any) and the wish of the relatives regarding burial arrangements.

F. DAILY PROCEDURES IN THE HOME

1. for full time care
   (a) a daily plan of activities such as recreation, rest, study or visiting privileges shall be planned according to age group,
   (b) activities of pre-school age children shall be supervised at all times.

2. for part time care (for children)
   (a) a daily plan of activities such as recreation, play, study washroom routine, nourishment and rest intervals according to age group
   (b) activities of pre-school age children shall be supervised at all times,

G. NUTRITION

The standards of the Local Board of Health must be met where part time or full time care is given in a home.

H. HEALTH AND MEDICAL SUPERVISION

The standards of the Local Board of Health must be met where part or full time care is given.

I. FIRE DRILL AND EMERGENCY REGULATIONS

1. The regulations under the Fire Prevention Act regarding homes and institutions must be met.
2. Addresses and telephone number of staff members, substitute staff, local medical officers of health, physician, taxi or other emergency information shall be listed on a card and posted in an accessible place.
3. Maintain a record of fire drills on forms supplied by the Homes and Institutions Branch.

J. STAFF

1. Where full time care is given, the operator shall:
   (a) be sympathetic to the welfare of persons placed in her care,
   (b) be suitable in point of age, health, personality to care for persons in her care
   (c) had adequate qualifications and experience to give care to persons in her care
   (d) have sufficient household help to ensure that the regulations of the Local Board of Health can be met.

(e) where children are receiving care, not to be expected to give care to more than six children of any age or condition including those who are related to her by blood or marriage except where extra assistance is planned or permitted circumstances exist.

2. Where part time care is given to children the operator shall:

(a) be sympathetic to the welfare of children
(b) have adequate experience in methods of child guidance
(c) be suitable in point of age, health and personality to occupy the position.
(d) employ additional supervisory staff with adequate experience as needed.
(e) employ a minimum number of staff in each home, calculated as shown on the following guide:

Ages of Children	Ratios of Total Staff to Total Enrol.
over 2 years	1 of staff to 10 children
2 to 7 years	1 of staff to 20 children
Over 7 years	1 of staff to 30 children

(f) employ sufficient suitable household staff to ensure that regulations in respect to nutrition, health, care, cleaning sanitation, and safety can be carried out.

APPENDIX II

STANDARDS

Excerpt from "Standards for Services of Child Welfare Institutions"

CHILD WELFARE LEAGUE OF AMERICA

BASIC ASSUMPTIONS UNDERLYING PRACTICE IN PROVIDING INSTITUTIONAL CARE SERVICE

It is expected that institutional care service should be provided in accordance with the following principles and values.

Value of Individual

Any child, regardless of age, sex, race, color, creed, social circumstances, national or religious origin, sickness or other handicaps, has the right to be respected as an individual and to have the best possible care in accordance with his individual needs.

Value of Family Life

In our culture, family life generally offers the best opportunities for meeting the normal developmental and socialization needs of children.

- Every child needs the affection and security of a family of which he feels he is a part.
- Living in a family and in a community is the natural and desirable way of life in our society.
- Any child who can live in a family and benefit by it should have the opportunity to do so.

Preservation of Natural Family

It is best for a child to be reared in his natural family, so long as it can meet his needs or be helped to do so.

- Services to enable parents to carry or resume their responsibilities to the best of their ability should be available in every community. These services should include family services, financial assistance, day care, protective and homemaker services, and other social casework and treatment services to children in their own homes.
- A child should be separated from his own parents only when circumstances, problems of parents, or problems of the child are such that, even with help, he cannot receive the care and treatment he needs while living in his own home or community.
- Inherent in institutional care is at least one problem that affects every child: separation from his original family and entrance into a way of life that is not the customary one in a society in which children are reared in families.

Selection of Appropriate Form of Substitute Care

If a child must be cared for away from his natural family, the particular needs and problems of the child and his family, which may change from time to time, should be the basis for deciding what kind of care is most suitable; and whether foster family care, institutional care, or adoption can best provide for him and his parents the opportunities and services they require.

Goal of Institutional Care

The ultimate goal of institutional care is for every child to return to family life in the community, either in his own home or in an adoptive, foster, or group home.

- It is not desirable for institutional care to become a prolonged way of life, or for a child to remain in an institution throughout his childhood.

- Institutional care should be planned with a foreseeable termination. Prolonged or indefinite periods of institutional care, resulting from lack of adequate planning or lack of casework with parents, are not considered acceptable practice.

Knowledge About Children

Advances in knowledge about child growth and development and about the effect on human behavior and personality development of multiple interrelated biological, social, cultural, and other environmental forces have brought about changes in care of children in institutions.

Care Based on Needs of Child

Certain principles have evolved from greater understanding of the needs of all children for love, care, protection, and esteem; for play, learning, social, and spiritual experiences appropriate to their level of development; for training, guidance, and control; and for relationships with adults they can trust and with whom they can identify as models.

INSTITUTIONAL CARE AS A CHILD WELFARE SERVICE

Purpose

The purpose of institutional care as a child welfare service should be to provide group care and treatment for children whose needs cannot at the time be adequately met in a family; and to offer ppportunities for a variety of experiences, through a group living program and specialized services, that can be selectively used, in accordance with an individualized plan for each child

... to foster normal maturation

... to correct or modify the effect of previous unsatisfactory experiences

... to ameliorate social and emotional problems interfering with the child's personality development and functioning.

Children for Whom Institutional Care is Appropriate

Institutional care should be used for children whose relationship to their parents and whose family situation, level of development, and social and emotional problems are such that they can benefit by group living experiences, together with the integrated treatment planning and team approach that the institution can make available.

- Such children fall into the following groups (which are not mutually exclusive):

- Children whose families cannot meet their needs, even with maximum use of available services and resources, because of the nature of parental problems, the child's problems, or circumstances that cause family breakdown or that affect the adequacy of care the child receives or the parents' ability to use help

- Children who cannot at the time make use of the opportunities that family living offers

  ...who are at the stage of development (adolescence) when they are trying to emancipate themselves from close family ties

  ...who are unable to form other close relationships because of the nature of their relationship with natural parents

  ...who lack skills to function satisfactorily in a family or community (including some handicapped children); or who have not learned to deal with reality or stress

- Children with difficulties in relating to adults or other children

  ...who have suffered severe deprivation, rejection, neglect, or abuse in their own families, or repeated separation experiences and unsatisfactory placements

  ...who are fearful of forming relationships and distrustful of any dependent relationship with an adult

  ...who need relationships with a variety of adults before they can accept a close relationship with one individual

- Children whose behavior cannot be tolerated in a family or community

  ...who have not learned to control their impulses as expected at their age level

  ...who act out problems in a way that is dangerous to themselves or to others, and who require special protections and control (such as those who set fires or those who have character disorders or established patterns of delinquency).

Children for Whom Institutional Care is Not Appropriate

Institutional care should not be used for children who need and can benefit by the experiences of living in a family, who can accept family ties and take part in family

and community life, and who have achieved a level of development and are able to behave in a way that meets expectations for children of their age.

Such children include

- Infants and preschool children

- Family groups of children. Family groups with a large number of children whose individual needs may best be served by keeping them together should be placed in a family home, especially when they include preschool-age children. If necessary, agency-owned foster homes should be developed for this purpose.

- Handicapped children. Mentally retarded, emotionally disturbed, crippled, blind, and deaf children, like other children, should, whenever it is in their best interest, be kept in their own families.

- Children for whom other services are appropriate but unavailable or inadequate in their communities. These other services include casework with children and families living in their own homes, outpatient psychiatric services, and foster family care.

Service Related to Characteristics of Children

Characteristics of children for whom institutional care is to be provided, such as age, special needs, social and emotional problems, and family situation, should be the basis for determining type of program, staffing, and special services and facilities required.

Core Components of Institutional Care

Regardless of type of institution, all institutional care of children should have certain core components that can be used differentially in accordance with the needs and problems of individual children:

- a process of separation of the child from his own home and of placement in a group of unrelated children and adults

- the group setting, characterized by

  ...peer groups and their influence

  ...a variety of adults related to the child in a professional or staff capacity, with training and/or personal qualities qualifying them to deal with children: child care workers, teachers, chaplains, recreation workers, maintenance staff, nurses, physicians, caseworkers, group workers, psychologists, psychiatrists

  ...the physical facility owned and operated by an established organization

- a group living program purposively planned to provide

  ...day-by-day living experiences that are conducive to growth

and corrective of previous unsatisfactory experiences

...individualization

...an atmosphere favorable to children

...tolerance and understanding of feelings and behavior of unhappy or disturbed children

- provisions for meeting normal dependency and developmental needs common to all children

- specialized services (clinical services) required for diagnosis, treatment, and consultation in providing help for pathological conditions, social problems, and personality disorders affecting the child's growth and functioning.

Total Service

Institutional care should be provided as a total service given in behalf of individual children and should have the following definable units of service:

...intake

...preparation for placement

...services for child in group care

...services for parents

...termination.

Treatment in Institutional Care

The service should provide for each child such help as he may need with his particular problems, on the basis of a purposeful plan arrived at by conscious deliberation of the staff team, and with responsibility for integrating the total service for and with the child delegated to an appropriate staff member: the executive, the caseworker, or the social worker in charge of the daily living program.

- Treatment implies an intent to bring about some change in the problems of the child and in his family situation.

- It must be purposeful and designed in accordance with some theoretical formulation about treatment.

- The total service must have a plan and clearly defined goals chosen on the basis of a diagnostic evaluation of the particular needs and problems of the individual child and his family.

- Selective use should be made of component parts of the service in accordance with the plan, as they may reinforce each other at a given time in promoting normal growth or remedying pathological conditions; e.g., grouping, controls, daily activities and experiences, direct work with the child (medical, psychological, remedial, casework, or group work), work with the parents.

- There should be coordination of all parts of program and services affecting the total life of the child (child care, education, recreation, religion, medical, social work, psychiatric).

- The approach of all staff members working with a particular child and family should be harmonious, with a common goal and understanding of their respective responsibilities and roles in relation to the child and to one another.

- Administrative provisions should assure implementation of the treatment plan.

Integration of Service

The daily activities, group living program, and services prescribed in the plan for the individual child should be coordinated and integrated into a unified approach to him and his parents that may have some impact on his problems and stimulate improvement in his emotional health and social functioning.

- The value and treatment aspects of all the component parts must be recognized and be related to one another in the service for a particular child.

- Integration should be achieved through regularly scheduled case or planning conferences attended by all staff members who work with a particular child and his family, including child care worker, teacher, nurse, recreation worker, chaplain, social worker, physician, psychiatrist, psychologist, and remedial teacher.

- Planning for each child and periodic evaluation of his progress should be based on contributions of all staff working with the child and his parents.

Team Approach

A team approach is essential in providing service in behalf of individual children.

- Institutional care and treatment require the contributions of various categories of staff with different training, backgrounds, and skills.

- Each staff member must have a clearly defined role and responsibility, determined by his particular training and competence.

- Each must be ready to carry out his part in the total service and must be able to understand and respect the particular competence and contribution of other staff.

- All staff members working with a child must be prepared to accept a common goal, to use consultation, and to be guided by understanding of the needs and problems of children.

- An atmosphere of mutual respect and trust among all staff is dependent on administration.

APPENDIX III

Department of Public Welfare, Province of Ontario 1965

The Homes For Retarded Children Act & Regulations

CAPITAL GRANTS

1. When the site and plans of a new building or the plans of an addition to an existing building used or to be used as a home for retarded children have been approved by the Minister under clause c of subsection 1 of section 4, the Lieutenant Governor in Council may, out of the moneys appropriated therefor by the Legislature, direct payment to the approved local association, erecting the new building or the addition, of an amount equal to the cost to the local association of the new building or the addition, but not exceeding an amount based upon the bed capacity of the new building or the addition at the rate of $5,000 per bed. 1965,c. 47

2. When the acquisition of a building to be used as a home for retarded children has been approved by the Minister under clause d of subsection 1 of section 4, the Lieutenant Governor in Council may, out of the moneys appropriated therefor by the Legislature, direct payment to the approved local association, acquiring the building, of an amount equal to the cost to the local association of the acquisition, but not exceeding an amount based on the bed capacity of the building at the rate of $1,200 per bed. 1965, c. 47.

3. In computing the cost to a local association of erecting a new building or an addition to an existing building under section 5 or of acquiring a building under section 6, the computation shall include only expenditures directly referable to the establishment or provision of residential accommodation for retarded children and shall be computed in accordance with the regulations.

OPERATIVE GRANTS

1. Subject to section 9, there shall be paid to an approved local association, out of the moneys appropriated therefor by the Legislature, an amount equal to 75 per cent of the cost to the local association, computed in accordance with the regulations, of providing residential accommodation for those children who are residing in an approved home that is maintained and operated by the local association and who have not been committed to the care of a children's aid society under The Child Welfare Act, 1965 or any predecessor thereof. 1965, c. 47

2.-(1) A provincial supervisor shall inspect every approved home for retarded children and examine the books of account and any other records of the home at least once each year, but he may inspect any such home or examine the books of account and the other records at any time.

(2) A provincial supervisor may inspect the books of account and other records of an approved local association that pertain to homes for retarded children.

3. Any approval given under this Act may be suspended by the Minister or revoked by the Lieutenant Governor in Council at any time.

4. The Lieutenant Governor in Council may make regulations,

(a) specifying the local associations and the homes for retarded children that are approved for the purposes of this Act;

(b) prescribing rules governing homes for retarded children and the conduct of the children residing therein and the staffs thereof;

(c) governing the admissions of retarded children to homes for retarded children and the kinds of services that are to be provided therein;

(d) governing the qualifications and the powers and duties of the members of the staffs of homes for retarded children;

(e) requiring and prescribing medical and other related or ancillary services that are to be provided for the children residing in homes for retarded children;

(f) prescribing additional qualifications for the establishment of residence for the purposes of section 9:

(g) governing applications by approved local associations for payments under this Act and prescribing the method, time and manner of payment;

(h) prescribing the manner of computing costs to local associations for the purposes of sections 7 and 8;

The Homes for Retarded Children Act & Regulations

ADDITIONAL POWERS AND DUTIES OF PROVINCIAL SUPERVISORS

1.- (1) A provincial supervisor shall be given access at any time to any home for retarded children or any part thereof for the purposes of inspection under subsection 1 of section 10 of the Act.

(2) A provincial supervisor shall inspect,

(a) each home for retarded children for the purpose of determining compliance with the Act and this Regulation and for any other purpose as required by the Minister;

(b) the building or buildings and accommodation, the sanitary and eating facilities, the recreational, rehabilitative and hobby-craft facilities and equipment, the fire equipment and fire precautions; and

(c) the dietary and appraise the nutritional standards for the children including those on special diets.

The Children's Institutions Act & Regulations

CAPITAL GRANTS

1. When the site and plans of a new building or the plans of an addition to an existing building used or to be used as a children's institution have been approved by the Minister under clause c of subsection 1 of section 4, the Lieutenant Governor in Council may, out of the moneys appropriated therefor by the Legislature, direct payment to the approved corporation, erecting the new building or the addition, of an amount equal to the cost to the approved corporation of the new building or the addition, computed in accordance with the regulations, but not exceeding an amount based upon the bed capacity of the new building or the addition at the rate of $5,000 per bed. 1965, c. 15

2. When the acquisition of a building to be used as a children's institution has been approved by the Minister under clause d of subsection 1 of section 4, the Lieutenant Governor in Council may, out of the moneys appropriated therefor by the Legislature, direct payment to the approved corporation, acquiring the building, of an equal amount to the cost to the approved corporation of the acquisition, computed in accordance with the regulations, but not exceeding an amount based upon the bed capacity of the building at the rate of $1,200 per bed. 1965, c.15

OPERATING GRANTS

1. Subject to section 8, there shall be paid to an approved corporation, out of the moneys appropriated therefor by the Legislature, an amount equal to 75 per cent of the cost to the corporation, computed in accordance with the regulations, of providing for the care and maintenance of those children who are residing in a children's institution that is maintained and operated by the corporation and who have not been committed to the care of a children's aid society under The Child Welfare Act, 1965 or any predecessor thereof. 1965, c. 15

The Children's Institutions Act & Regulations

2. The Lieutenant Governor in Council may make regulations.

(a) specifying the corporations and the children's institutions that are approved for the purposes of this Act and establishing classes of children's institutions;

(b) establishing an advisory board consisting of not more than three persons and prescribing its duties;

(c) prescribing rules governing children's institutions or any class thereof and the conduct of the children cared for therein and the staffs thereof;

(d) governing the admission of children to children's institutions or to any class thereof and prescribing the kinds of children that may be cared for in any class of children's institutions and the care or treatment to be provided therein;

(e) governing the qualifications and the powers and duties of the members of the staffs of children's institutions or any class thereof;

(f) requiring and prescribing medical and other related or ancillary services for the care and treatment of children in children's institutions or in any class thereof;

(g) prescribing additional qualifications for the establishment of residence for the purpose of section 8;

(h) governing applications by approved corporations for payments under this Act and prescribing the method, time and manner of payment;

(i) prescribing the manner of computing the cost to approved corporations for the purposes of sections 5 and 6;

(j) prescribing the manner of computing the cost of the care and maintenance of children in children's institutions for the purposes of section 7.

(k) prescribing the records to be kept by approved corporations and children's institutions, the claims and returns to be made to the Minister by approved corporations with respect to children's institutions and the method, time and manner in which such claims and returns shall be made and providing penalties for late claims or returns;

(l) providing for the recovery by an approved corporation or the Province from the person or persons in whose charge a child is or from the estate of such person or persons of any amount paid by the corporation or by the Province to the corporation for the cost of the care and maintenance of the child in a children's institution and prescribing the circumstances and the manner in which any such recovery may be made;

(m) prescribing addition powers and duties of provincial supervisors;

(n) prescribing forms and providing for their use;

(o) respecting any matter necessary or advisable to carry out effectively the intent and purpose of this Act.

CLASSES OF CHILDREN'S INSTITUTIONS

1.-(1) Children's institutions are classified as those listed in Schedule 2, 3, or 4 and the institutions listed in the Schedule are included in the class.

(2) In a children's institution that is listed in Schedule 2, provision shall be made for the board and lodging of the residents thereof.

(3) In addition to the requirements of subsection 2, in a children's institution that is listed in Schedule 3, provision shall be made for a program, as approved by the advisory board, for the care of residents who, on the basis of objective psychological and medical findings are deemed to have difficulty in adjusting to or benefiting from normal family relationships or in adjusting to or coping with regular community life.

(4) In addition to the requirements of subsection 2, in a children's institution that is listed in Schedule 4, provision shall be made for a specialized program, as approved by the advisory board, for the care and tre tment of residents who, on the basis of objective psychological and medical findings, are deemed to be emotionally disturbed but who are not mentally ill or mentally defective within the meaning of The Mental Hospitals Act and who are not eligible for admission to an institution under that Act.

The Children's Institutions Act & Regulations

ADVISORY BOARD

1.-(1) An advisory board is established, consisting of three persons appointed by the Minister, one of whom shall be designated by the Minister as chairman of the advisory board.

(2) The advisory board shall advise the Minister respecting recommendations to the Lieutenant Governor in Council for approval for the purposes of the Act of,

(a) corporations under section 2 of the Act; and

(b) children's institutions under section 3 of the Act.

(3) The advisory board shall advise the Minister as to the Schedule in which each children's institution shall be classified under section 2 and shall review the program of any institution proposed for classification in Schedule 3 or 4 to determine whether or not the advisory board approves the program for the purposes of the classification as required by subsections 3 and 4 of section 2.

(4) The advisory board shall advise upon and make recommendations respecting any other matter at the request of the Minister.

Department of
Children and Family Services (Illinois) July 1, 1965.

Children and Family Services Regulation No. 5.17

GROUP CLASSIFICATION OF CHILD CARE INSTITUTIONS

Section I

LEGAL AUTHORITY TO DESIGNATE GROUP CLASSIFICATION-APPLICATIONS

1. LEGAL AUTHORITY

The Child Care Act, Section 16 (c) as amended March 25, 1965, provides that "The Department may, in its issuance of licenses for child care institutions, indicate thereon a classification as follows: (1) Group I, for a facility which meets the qualifications and standards prescribed by the Department and which provide professional therapy or treatment and fulltime casework and diagnostic services on a continuing basis for children with special behavioral or emotional disorders; (2) Group II, for a facility which meets the qualifications and standards prescribed by the Department and which provides full-time case work services to or on behalf of children; and (3) Group III, for all other facilities which meet the qualifications and standards prescribed by the Department."

The Director of the Department delegates to the Chief of the Division of Child Welfare responsibility for designating group classifications in such form and manner as to identify clearly those child care institutions which qualify for a Group I, Group II or Group III classification, according to qualifications, standards and special criteria prescribed under Sections Two, Three, Four and Five.

(continued, page 2)

Children and Family Services Regulation No. 5.17 (cont)

II APPLICATIONS

An institution seeking a Group I, Group II or Group III classification shall make application for such on forms prescribed by the Department and supply whatever information or reports, pertaining to the conduct of the institution, as may be required by the Department to determine its eligibility for the special classification sought.

An institution classified under Group II or Group III may submit application for a high classification at any time it qualifies for same.

The Department shall not designate a group classification except to those institutions filing application for such.

Section Two

QUALIFICATIONS, STANDARDS AND SPECIAL CRITERIA FOR GROUP CLASSIFICATION OF CHILD CARE INSTITUTIONS

In addition to meeting and maintaining standards prescribed under Department of Children and Family Services Regulation No. 5.11, "Minimum Standards for Licensed Child Care Institutions and Maternity Centres", Group I, II and III institutions shall meet the special criteria, below. These standards and criteria shall be in force until revoked or revised by the Department. Full compliance with these shall be mandatory upon each institution seeking a group classification. Without necessarily jeopardizing the basic licensed status of an institution, the Department shall, at any time, withdraw its designation of a special Group I

or Group II or Group III classification should the institution fail to maintain the criteria therefor.

It shall be the obligation of an institution designated under any group classification to notify the Department, through the respective regional office, of any staff, program or other change which would necessitate lowering or removal of the group classification. The circumstances shall be reviewed by the Department to determine the continuing or ultimate group classification status of the institution.

Section Three

GROUP I CLASSIFIED CHILD CARE INSTITUTIONS

I CHILDREN SERVED

Institutions qualifying for Group I classification shall provide for and serve children who have been diagnosed and evaluated by a psychiatrist as presenting behavioral or emotional disorders of such degree that specialized services, including intensive psycho-therapy, in residential facilities, are recommended.

II THERAPY OR TREATMENT

Therapy or treatment services shall be provided by the institution on a regular and continuous basis; to the extent and degree required by each individual child, for adjustment of the behavioral and emotional disorders involved and required for the child's rehabilitation, health, education and welfare.

(continued page 4)

Children and Family Services Regulation No. 5.17 (cont)

These services shall be conducted in an environment that is supportive, corrective and growth-conducive, and through utilization and coordination of a variety of services in the fields of social work, psychiatry, psychology, pediatrics and other medical and health specialties; and in child care, child development, recreation, education and religion.

Treatment shall include periodic re-evaluations of each child's progress and determination of his continuing treatment needs.

There shall be a full and comprehensive case record maintained on each child in which diagnosis, treatment methods and process, progress, periodic evaluations, and continuing needs and plans are documented.

The institution shall periodically and consistently report to the referring agency on a child's progress and involve said agency in discharge plans well in advance to assure appropriate after-care when the child leaves the treatment facility.

Casework with the child's family shall be an integral part of the treatment plan for the child and such services shall be provided by the institution serving the child, unless undertaken by another agency by plan and in close cooperation with the treatment facility.

(continued page 5)

Children and Family Services Regulation No. 5.17 (cont)

III STAFF

A. Administrator

The administrator shall have an appropriate Degree in social work, education, theology, medicine, psychology or in some related social science and have had five years of successful experience in administering a group care facility or group program for children. The administrator shall have demonostrated ability to integrate all aspects of a child-centered program, particularly involving orientation, in-service training, assignment and use of staff; utilization and coordination of ancillary services; and administering a well-rounded treatment and child care program conducive to the rehabilitation, health, education, welfare and general well-being of each child served.

B. Professional Staff

All key professional persons, including physicians, psychiatrists, psychologists, educators nurses and social workers, shall be appropriately licensed, certified or otherwise qualified in their respective fields, and experienced in working with children.

C. Casework Staff

1. Casework staff shall be sufficient in quality and quantity to provide regular full-time casework services to and on behalf of each child. "Full-time casework services" means services

(continued page 6)

Children and Family Services Regulation No. 5.17 (cont)

available and extended to every individual child served by an institution, seeking Group I classification, with such services supervised by a person or persons holding the Master's Degree from an accredited School of Social Work; plus three years of successful casework experience with children, one year of which shall have been in a child welfare or family agency, a mental institution, or some other facility in which children with behavioral, emotional or mental disorders are treated; and whose full working time is directly related to the casework services of the institution.

2. To be considered a caseworker, for the purpose of this classification, a person must have had some graduate social work training and be under the direct supervision of a person with qualifications to supervise casework services as specified under 1, above.

3. The number of professional casework staff shall be such as to assure that every child receives the degree and extent of services individually needed. Attention shall be given to assignment of case loads to ensure adequacy of casework services, in all its components, to the children and their families. A full-time caseworker in a Group I institution shall be expected to handle no more than a maximum of 15 child cases; part-time casework staff shall be expected to handle a like ratio of cases in proportion to the time employed.

(continued, page 7)

Children and Family Services Regulation No. 5.17 (cont)

4. Nothing, herein, is to be construed as limiting or preventing an institution from employing additional staff, including student social work trainees, volunteers, or case aides with capacity to take responsibility for and to assist with certain social work functions, that enhance the services to children under care, such persons are under supervision of properly qualified staff specified under item 1, above.

D. Other Staff

The number and qualifications of all other professional and non-professional staff employed shall be such as to provide optimum supervision, protection and material care needed by each individual child to assist him in his progress toward good physical and mental health.

Special consideration shall be given to the selection of residential child care staff who have greatest daily responsibility to provide the close personal and attendant needs of the children served.

Child care staff, serving as houseparents, shall have at least a high school education and personal attributes of character, health and personality, and, particularly, understanding of children and their innate needs that permit them to work effectively with troubled children. Such staff shall be composed of individuals who can provide a secure, accepting environment in which the child can learn, grow, develop and resolve his behavioral and emotional difficulties. This

(continued page 8)

Children and Family Services Regulation No. 5.17 (cont)

applies to the person in the position of lead or primary child care worker assigned to a group or cottage, and is not to be construed as limiting or preventing an institution from employing or designating other capable persons to serve as assistant or relief child care workers who might have achieved less than high school education.

Section Four

GROUP II CLASSIFIED CHILD CARE INSTITUTIONS

I CHILDREN SERVED

Institutions qualifying for Group II classifications shall provide for and serve children whose problems of care and emotional adjustment are such as to require regular and indvidualized casework services for each child accepted. Such services, as an integral part of the program, shall be administered, supervised or directed by professionally qualified casework staff.

II STAFF

A. Administrator

The administrator of the institution shall have at least a Bachelor's Degree, in or related to the social sciences, from an accredited college or university, and four years successful experience in administering a group care facility or program for children. The administrator shall have demonstrated ability to coordinate all aspects of a child-centered program, particularly involving orientation, in-service training, assignment and coordination of staff; utilization and coordination of ancillary services; and administering a well-rounded program conducive to the health, education and welfare of all children accepted.

(continued page 9)

Children and Family Services Regulation No. 5.17 (cont)

B. Casework Staff

1. Casework staff shall be sufficient in quality and quantity to provide regular, full-time casework services to and on behalf of children. "Full time casework services" means services available and extended to every individual child served by an institution, under Group II classification, with such services supervised by a person or persons holding a Master's Degree from an accredited School of Social Work; plus two years of successful, supervised casework experience with children; and whose full working time is related to the casework service needs of the children served by the institution.

2. To be considered a caseworker, for the purpose of this classification, a person must have had some graduate social work training and be under the direct supervision of a person with qualifications to supervise case work services as specified under 1, above.

3. The number of professional casework staff shall be such as to assure that every child receives the degree and extent of services individually needed. Attention shall be given to assignment of case loads to ensure adequacy of casework services, in all its components, to the children and their families. A full-time caseworker in a Group II institution shall be expected to handle a caseload of no more than 30 child cases. Part-time casework staff shall be expected to handle no more than a like ratio of child cases in proportion to the time employed.

(continued, page 10)

Children and Family Services Regulation No. 5.17 (cont.)

4. Nothing herein, is to be construed as limiting or preventing an institution from employing additional staff, including student social work trainees, volunteers, or case aides, with capacity to take responsibility for and to assist with certain social work functions, that enhance the services to children under care, if such persons are under supervision of properly qualified staff specified under item 1, above.

Section Five

GROUP III CLASSIFIED CHILD CARE INSTITUTIONS

Institutions seeking Group III classification shall fully meet and maintain standards prescribed under Department of Children and Family Services Regulation No. 5.11, "Minimum Standards for Licensed Child Care Institutions and Maternity Centers."

AN EXAMINATION

OF

FACILITIES FOR EMOTIONALLY DISTURBED AND RETARDED CHILDREN

in

The Province of Alberta

Prepared by

THE EDMONTON WELFARE COUNCIL

— 1967 —

AN EXAMINATION

OF

FACILITIES FOR EMOTIONALLY DISTURBED AND RETARDED CHILDREN

in

The Province of Alberta

Prepared by

THE EDMONTON WELFARE COUNCIL

1967

Reprinted with permission of
The Edmonton Social Planning Council
February 1968

ACKNOWLEDGEMENT

This report is the result of the work of many dedicated people who over a period of a year, devoted considerable time, knowledge and energy to its completion. With sincere appreciation I wish to acknowledge the commendable efforts of:

the committee who completed the task:

Mrs. F. W. Hewes
Dr. Charles Hynam
Mr. R. Henbest
Dr. W. Bobey
Mr. A. Teal

the professional staff who did the research and compiled the information:

Mr. A. H. Ziai

the Welfare Information Service:

Mrs. Marion Stonell

our secretary:

Mrs. Linda Barber

and the community-minded Professionals in the field:

Sister Michael
Miss E. Wyness
Mr. K. Wass
Mr. W. McFarland
Mr. J. Farry
Mr. G. Welsh
Mr. E. Dubord

It is our hope that this study may contribute to the development of better services for those incapable of speaking on their own behalf.

George Levine,
Chairman.

GL/ldb.

TABLE OF CONTENTS

TABLE OF CONTENTS (cont'd)

LIST OF TABLES

PREAMBLE

The Edmonton Welfare Council is a voluntary agency devoted to the task of planning and promoting the maintenance and development of the well-being of the community's members in respect to their health, welfare and recreational needs. Its functions are, through voluntary association and joint action: (1) to promote understanding and awareness of community needs; (2) to assist the community in the evaluation of these needs; (3) to aid the community in relating, developing and applying in an orderly manner the community's resources to meet its needs.

The Edmonton Welfare Council for many years has been concerned with the institution and treatment facilities for children. In 1963 the Council made an extensive study of child care institutions in Edmonton. The study discovered the need for more psychological and psychiatric services available to the children's institutions; a social-psychological and medical assessment of children prior to their admission to these institutions; the need for more extensive services for mentally defective and emotionally disturbed children in the Province.

It was brought to our attention that still there is a shortage of treatment facilities for emotionally disturbed and retarded children and that the present facilities are not meeting the needs of these children. There is a lack of acceptable and up-to-date standards of service for these institutions. It is also evident that due to the high costs of operation many parents as well as private institutions are facing financial hardship.

In 1966 the Edmonton Welfare Council appointed a committee to look into this problem and examine the needs and treatment facilities for emotionally disturbed and retarded children. This report is the result of the work of this committee.

INTRODUCTION

Although the institutions and special care for the retarded and emotionally disturbed children have made considerable progress in the past 40 years, they did so in spite of public indifference and hostility due to misunderstanding, low budget, and poor professional training and inadequate facilities. This situation still exists and our mental health programme and services in general, are inadequate and outmoded.

It is evident that for institutions to play a vital and effective role in the mental health field their emphasis in service must be changed from custodial to social care, toward work in the community and in the family.

Because of the emotional damage done to children through long-term institutional care, no child should be admitted to an institution except for specialized treatment and with a realistic plan for his early discharge either to his own or to a substitute home.

Without such essential provisions as diagnostic and assessment services, after-care and follow-up, group homes and foster homes, no significant gain can be expected from a treatment centre.

The newly established Canadian Commission on Emotional and Learning Disorders in Children states:

> "Vast numbers of children in Canada are known to be seriously handicapped by emotional and learning disorders. Overwhelming numbers of children are already known to various agencies, and at present are receiving, as a rule, only minimal assistance. Countless others are receiving no assistance whatsoever. The existing services are utterly unable to meet the demands presented by these children, and it would appear that the continuing development of these services on our present models, philosophies, and administrative structures will never be able to adequately meet this demand."

This is how the Royal Commission on Health describes the status of Mental Health in Canada:

> "of all the problems presented before the commission, that which reflects the greatest public concern, apart from the financing of health services generally is mental illness -- case finding, diagnosis, treatments and rehabilitation.
>
> From the briefs and testimony presented to the commission, two major conclusions can be reached. The first is that in the past, general ignorance on the part of society of the nature of mental illness has led to a "ghetto attitude" toward those affected. Treatment of the mentally ill has been for too long characterized by callousness and neglect. The second conclusion is that we are in the midst of a great period of transition, perhaps just at the beginning of that period in which not only are public attitudes rapidly changing, but that very change is making positive action possible and the outlook for treatment results hopeful if not actually optimistic."

The Canadian Mental Health Association, Alberta Division, in its recent brief to the Department of Health states:

> "It is of the utmost importance to maintain a good public image of our mental health services, to maintain the confidence of the people in the treatment services, to allay fears of mental treatment, and to reassure the people who fear to acknowledge illness and/or accept treatment."

Objectives of the study are:

1. To examine the institutional needs and services for emotionally disturbed and retarded children,
2. To review standards under which these institutions are operating,
3. To study fee structures and public-private relationships in the area of financing of these institutions (capital as well as operating costs),
4. To make recommendations.

Scope of the Study

The study is limited to the treatment facilities and services for emotionally disturbed and retarded children. The study will not examine the nature of the programs or treatment methods and techniques used in these institutions. It will, however, look into standards and philosophy

of these institutions to safeguard the welfare of children and to maintain high quality of services. The study is primarily concerned with these facilities in the Edmonton area.

Methods of the Study

The committee used the following study methods:

A. Personal and group interviews with lay and professionals in the field

B. Reports and written information available by public and private agencies in our own Province as well as other Provinces and the U.S.A.

C. Research and studies done locally, nationally and internationally.

CHAPTER I

EXTENT OF THE PROBLEM

Population of Retarded and Emotionally Disturbed Children

According to the Canadian Commission on Emotional and Learning Disorders in Children:

> "It is not possible at present to exactly estimate how many children are handicapped in this way. Surveys made both in this country and in the United States and England have consistantly shown that there are between 10 and 20% of school age children who suffer from disorders of this kind."

Numbers of retarded children are easier to determine. According to the Royal Commission on Health 3% of the general population are afflicted by this handicap, 1/5 of this number under the age of 20. The population of Alberta is estimated at 1,456,000 and according to this figure there are 43,680 mentally retarded people in Alberta, 8,736 of them under the age of 20.

In the case of emotionally disturbed children it is very difficult to estimate the exact number. The Alberta Department of Public Health in its 1966 report states:

> "At the present time there are 800 mentally defective children in the Red Deer School Hospital and 3,000 psychiatric patients in our other mental hospitals, and 510 senile cases in Rosehaven. There are 1,000 mental defectives in Deerhome."

The Royal Commission on Health in its report states:

> "In 1960 over 25 million days were spent in mental hospitals and psychiatric units, with an average daily number of patients of 69,000. In other words one in every 20 people is a patient in a psychiatric hospital or unit. It is estimated that if present admission rates continue, more than one out of every 10 infants will spend some part of his life in a psychiatric institution. In addition, there are those suffering from psychiatric or emotional disorders, but not necessarily confined to hospitals, whose number is unknown but estimated to be possibly in the neighborhood of one in ten of the population. Based on studies in Britain and the U.S.A., it has been estimated that the prevalence of emotional and mental disorders among school children is of the order of 5 to 10%, and mental retardation may affect at least 3% of the population, 1/5 of this number under the age of 20."

It is estimated that in 1960 in the U.S.A. at least 3,000,000 people including about 250,000 children were treated for some form of mental illness in hospitals or clinics, or by private psychiatrists. Many more who needed help never sought or received treatment. U.S. census figures for 1960 show that persons 5 - 19 amounted to 48,648,000, or approximately 49,000,000. One quarter of a million children in 49,000,000 would amount to 1/2%. On this basis, in Alberta there are approximately 1,950 children between 5 - 19 who may require some form of psychiatric care.

The prevalence of emotional and mental disorders among school children according to the Royal Commission on Health is between 5 to 10%. If we use the 5% estimate there are 1,942 emotionally disturbed children of school age in Alberta. At present only 581 emotionally disturbed children are being served in public and private residential centres in Alberta.

TABLE I - AN ESTIMATE OF POPULATION OF EMOTIONALLY DISTURBED CHILDREN IN ALBERTA

	AGE	MALE	FEMALE	TOTAL	EMOTIONALLY DISTURBED (5%)
Alberta	5 - 14	148,313	141,123	289,436	1,447
	5 - 19	198,609	189,831	388,440	1,942
Edmonton	5 - 14	28,431	27,209	55,640	278
	5 - 19	37,306	37,433	74,739	373

By 1970 the population of teenagers (15-19) in Edmonton is expected to number 42,300. Too, children under 15 who today number 117,641, by 1970 are expected to number over 160,000.

Estimate number of emotionally disturbed between ages 5 - 19 by 1970 will be in the vicinity of 1,000 in Edmonton alone.

All these statistics are estimates of different aspects of psychiatric disorders among the population which may serve to indicate the magnitude of the problem though they do not lend themselves to a clear and precise overall picture.

CHAPTER II

INSTITUTIONAL FACILITIES IN ALBERTA

So far as services are concerned only small numbers of these children are receiving some care and help. Even these services are in the form of short-term placement, are piecemeal or totally inadequate. This is mainly due to the limited number of professionals in the field, lack of good standards of operation, lack of up-to-date facilities and high cost of operation and maintenance.

PRIVATELY OPERATED FACILITIES

There are 15 known privately operated institutions that are providing "care" and/or "treatment" for emotionally disturbed and retarded children in the Province of Alberta. In addition, there are several private homes and foster homes which parents can use. Of the 15, many are recognized and used by public and private agencies for placement of these children. However, there are some of these facilities which barely meet Alberta's minimum standards and receive no referrals from professional agencies, public or private. Their main clientele are desperate parents who cannot afford to place their child in proper treatment settings and are not eligible to receive financial help from the government.

TABLE II - PRIVATE TREATMENT FACILITIES FOR EMOTIONALLY DISTURBED CHILDREN IN EDMONTON

NAME OF INSTITUTION	RATE PER DAY	CAPACITY	AGE	SEX
Kiwanis Children's Home	$15.75	30	6 - 16	M & F
Kiwanis Teen House	12.00	10	13 - 17	M
Marydale	10.49	24	6 - 12	M & F

TABLE III - PRIVATE THERAPEUTIC FACILITIES FOR EMOTIONALLY DISTURBED CHILDREN IN EDMONTON

NAME OF INSTITUTION	RATE PER DAY	CAPACITY	AGE	SEX
Oakhill Boys Home	$10.00	8	10 - 14	M
Our Lady of Charity School for Girls				
- Institution	10.06	32	12 - 18	F
- Cottages	10.06	48	12 - 18	F

TABLE IV - PRIVATE FACILITIES FOR RETARDED CHILDREN

NAME OF INSTITUTION	RATE PER DAY	CAPACITY	AGE	SEX
Welwyn Manor	$8.00	44	0 - 6	M & F
Mrs. Zoie Gardner	3.00	11	0 - up	M & F
Mrs. O. Beisel	3.00	3	6 mo. - 3	M & F
Mrs. V. Stearnes	No definite amount	5	Any age	M & F
Wensley Children's Home	Unknown	9		M & F

In addition to the residential facilities, 15 schools in the Province are providing education and training opportunities for 802 retarded children. (See Table V).

PUBLIC FACILITIES

Excerpts from the Department of Health report, 1966:

A." Emotionally Disturbed Children

This problem has recently been attracting considerable attention. In studying what has been done elsewhere it is found that the treatment is still experimental, therefore, it has been decided to set up a pilot study for 30 children in Linden House* at the Alberta School Hospital in Red Deer. This service has been operating very successfully but below capacity. Good results have been achieved but most important is the fact that staff and patients are learning to get along with each other and the picture looks clearer. In addition, there is an 8 bed ward at the University Hospital for the short-term evaluation and treatment of the emotionally disturbed child." (See Table VI).

*Opened in 1959

TABLE V

(1966/67) Schools for Retarded Children

NAME OF INSTITUTION	LOCATION	NO. OF CHILDREN
Christine Meikle School for Retarded Children	64 - 12th St., N.E. Calgary	143
Emily Follensbee School for Retarded Children	5139 - 14 St., S.W. Calgary	68
Burgess School for Retarded Children	4602 - 57th St., Camrose, Alberta.	72
Drumheller School for Retarded Children	Parkdale Cottage School, Drumheller, Alberta.	8
Winnifred Stewart School for Retarded Children	11130 - 131 St. Edmonton, Alberta.	321
Peace School of Hope	9618 - 101 Ave., Grande Prairie, Alta.	39
Dorothy Gooder School for Retarded Children	1805 - 9 Ave. N. Lethbridge, Alta.	51
Medicine Hat & District School for Retarded Children	13 Street, S.E. Medicine Hat, Alta.	25
Parkland School for Retarded Children	6016 - 43 Ave., Red Deer, Alta.	28
Robin Hood School for Retarded Children	218 Cottonwood Ave. Sherwood Park.	26
St. Paul School for Retarded Children	St. Paul, Alta.	15
Dr. R. R. Cairns School for Retarded Children	Vegreville, Alta.	10
Vermilion School for Retarded Children	4525 - 54 Ave., Vermilion, Alta.	8
Wetaskiwin School for Retarded Children	Wetaskiwin, Alta.	9
Edmonton Aphasic School for Language & Learning Disabilities	9909 - 109 Street Edmonton, Alberta.	33

B. "Mentally Retarded Children

Mentally retarded children who are classified as mental defectives are provided with care and training at the Alberta School Hospital, Red Deer, at a cost of $1.00 per day to the responsible parent or guardian, up to age 21. After age 21 the patient himself is responsible subject to the Maintenance Order Act.

The cost of operating this School Hospital is approximately $5.24 per patient day. The difference between what the parent or guardian pays and the actual cost is provided from Provincial General Revenue." (See Table VII).

The objective of this school is to provide training that will enable as many patients as possible to make the best use of their abilities and return to their communities. Patients in the Alberta School Hospital receive medical care as well as their training.

TABLE VI - PUBLIC FACILITIES FOR EMOTIONALLY DISTURBED CHILDREN IN EDMONTON

NAME OF INSTITUTION	CAPACITY	AGE	RATE PER DAY	SEX
Glenrose School Hospital	40	6 - 14	$2.50	M & F
South Side Boys Home[1]	18	8 - 14	----	M
Linden House	25	6 - 14	2.00	M & F
Diagnostic & Assessment[2] Centre	40	up to 16	----	M & F
Diagnostic & Assessment[2] Centre - Closed Unit	12	up to 16	----	M & F

(1) will not operate after summer, 1967.
(2) only government wards are admitted.

Excerpts from Mrs. W. F. Bowker's Brief on Mental Retardation, 1965:

"Provincial Training School at Red Deer (now called the Alberta School Hospital) operated by the Department of Health accommodating 825 retarded and a waiting list of 500. Admission is largely restricted to children over 6 years of age. This means that it is almost impossible for parents to find placement anywhere for infants and young children, and if they do, the cost to them would run from $65 to $90 a month in a boarding home to $5.00 a day in a nursery. There is some financial help available to persons in need, but this does not apply to the average case. Certainly for the child who is severely retarded, care should be immediately available at nominal cost to parents deserving it."

> "Deerhome is located near the Alberta School Hospital at Red Deer to which children from the school hospitals are transferred on reaching adulthood, and there are already over 1,000 adult retardates in this institution. A further point should be mentioned namely, provision for short-term residential care at nominal cost to permit parents of a retarded child to get away alone on a holiday, or to meet a family crisis or illness. Temporary care of this kind is provided by legislation in Britain, and was recommended in the Toronto study. From discussion with local persons engaged in this field, this appears to be one of our most urgent needs in Alberta. Such facilities could be provided by reserving a section in each institution for temporary placement."

The situation is still the same and the waiting list is now 500. When the new Mental Health Act went into effect it is required to admit 4 year olds at Red Deer. Now due to crowded conditions, the Alberta Hospital School no longer can admit any child after age 16 or even in his 15th year. The hospital officials are facing many difficulties for new admissions as many children remain for long periods of time in the hospital. Some of the children never reach their maximum educational level till 18 or 20 years. They stay on if educable and go into vocational courses. There are a few patients at the Alberta Hospital School up to 40 years of age because of the over-crowded conditions at Deerhome, which is for the mentally defective adults.

Mrs. Bowker in her report on Mental Retardation states:

> "In Alberta, mental retardation comes within the jurisdiction of the Department of Health, and the present policy is to encourage parents to keep their retarded children at home - at least till the age of six years. Because of the shortage of facilities for placement outside the home, most parents have no alternative but to care for the child at home, regardless of complicating emotional factors that may exist within the family. Many parents must continue to do so even beyond the first six years, when placement in a residential training school such as that at Red Deer might better meet the needs of the family and provide better adjustment for the child."

Mrs. Bowker also points out the lack of supportive services for families of Retarded Children:

"There is no official place of referral in Alberta to which parents can go for help and advice in resolving the distressing emotional conflicts which arise on discovery that a child is retarded, or for direction and counselling in the multitude of problems which develop in the care of such a child."

TABLE VII - PUBLIC FACILITIES FOR RETARDED CHILDREN

NAME OF INSTITUTION	RATE PER DAY	CAPACITY	AGE	SEX
Alberta School Hospital	$1.00	825	6 - 16	M & F
Baker Memorial San.	1.00	152	0 - 16	M & F
Deerhome	1.00	1,000	Adult	M & F

It is known that in terms of quality and quantity of services for these children, Calgary is by far ahead of Edmonton. (See table VIII). There is a serious shortage of facilities for emotionally disturbed teenagers in Alberta. The age range in most institutions falls between 6 - 12 and few go as high as 14 or 15. There is a complete gap of service for 16 - 19 year old teenagers in Edmonton.

Most children centres are reluctant to accept older children because of special problems involved in their treatment. Many of these children are referred to large mental hospitals which are not designed to handle them.

It is evident that in most cases there are more demands for facilities for boys than for girls. There is a shortage of after-care facilities in the Province. In most cases children cannot be discharged because of lack of proper after-care.

TABLE VIII - PRIVATE CHILDREN'S INSTITUTIONS IN ALBERTA

NAME OF INSTITUTION	RATE PER DAY	CAPACITY	AGE	SEX
Catholic Charities Group Home for Girls, Calgary	$10.50	7 or 8	12 - 17	F
Dominic Savio, Calgary	10.50	10	8 - 18	M
Don Bosco House, Calgary	9.00	12	8 - 18	M
*Ex-Servicemen's Children's Home, Edmonton.	7.50	26	5 - 16	M
Kiwanis Children's Home, Edmonton	15.75	30	6 - 16	M & F
Kiwanis Teen House Edmonton	12.00	10	13 - 17	M
Marydale, Edmonton	10.49	24	6 - 12	M & F
Oakhill Boy's Town, Bon Accord, Alta.	10.00	8	10 - 14	M
O'Connell Institute Edmonton	3.07	23	6 - 15	F
Our Lady of Charity School Edmonton	10.06	85	13 - 18	F
Providence Creche Calgary (Retarded Children)	7.00	30	0 - 6	M & F
St. Mary's Boys' Home Edmonton	3.20	90	12 - 16	M
Salvation Army Children's Village, Calgary	7.00	50	6 - 18	M & F
Welwyn Manor Wetaskiwin	10.00	46	0 - 12	M & F
William Roper Hull, Calgary	14.00	48	8 - 15	M
William Roper Hull, Calgary (by summer /67)	14.00	75		F

*Since this study this institution no longer is operating

CHAPTER III

Philosophy, Goals and Standards of Operation

Trends in Philosophy

Trends in the incidence and definition of psychiatric disorders have strong effects on the design and provision of the health services. On the one hand, there is a trend to include more and more disorders of which previously would have been considered as social maladjustments in the sphere of psychiatric care: Alcoholism is one example. Drug addicts are being moved from jails to hospitals or clinics, and other kinds of social offenders may follow. Psychiatric treatment, on the other hand, has been changing from custodial care to intensive treatment. This has resulted in increasing demands for the provision of care in psychiatric units of general hospitals in preference to that in mental institutions.

There is a wide variety of homes and institutions operating in the Province with one objective in mind - custodial care. Many of these do not have proper and adequate physical facilities and without realizing it have become a dumping ground for desperate parents or agencies. They lack proper program and treatment services, staff, after-care and follow-up. The effectiveness of the programmes of the well organized institutions is reduced because of lack of supportive services such as halfway houses, group homes, etc. Lack of leadership, out-dated and outmoded standards of care and legislation, inadequacy of sound treatment-goals, and shortage of professionals in the field are some of the factors responsible for the present situation in this province.

Standards of Operation

The first recommendation of the Canadian Mental Health Association, Alberta Division's Brief to the Department of Health is related to standards of institutions:

> "We respectfully suggest that immediate consideration be given to accreditation of Alberta's Mental Institutions through the Canadian Council on Hospital Accreditation."

1. Minimum Standards for Institutions and Nurseries in Alberta

The present minimum standards for institutions and nurseries in Alberta includes the following requirements: (for detailed information please see Appendix I)

- Building and accommodation regulation
- equipment and furnishing
- maintenance
- enrolment
- records
- daily procedures
- nutrition
- health and medical supervision
- fire regulations
- staff.

2. The Child Welfare League of America Standards for Institutions

"These standards pertain to institutional care of children whose needs cannot be met in their own families, and who can benefit by the experiences and help to them and their parents that an institution can offer through its group living programme and through its specialized resources and services.

Basic Assumptions Underlying Practice in Providing Institutional Care Service

It is expected institutional care service should be provided in accordance with the following principles and values.

Child Welfare League of America Standards continued

Value of Individual

Any child, regardless of age, sex, race, color, creed, social circumstances, national or religious origin, sickness or other handicaps, has the right to be respected as an individual and to have the best possible care in accordance with his individual needs.

Goals of Institutional Care

The ultimate goal of institutional care is for every child to return to family life in the community, either to his own home or in an adoptive, foster, or group home.

- it is not desirable for institutional care to become a prolonged way of life, or for a child to remain in an institution throughout his childhood.
- Institutional care should be planned with a foreseeable termination. Prolonged or indefinite periods of institutional care, resulting from lack of adequate planning or lack of case-work with parents, are not considered acceptable practice.

Knowledge About Children

Advances in knowledge about child growth and development and about the effect on human behaviour and personality development of multiple interrelated biological, social, cultural and other environmental forces have brought about changes in care of children in institutions.

Care Based on Needs of Child

Certain principles have evolved from greater understanding of the needs of all children for love, care, protection, and esteem; for play, learning, social, and spiritual experiences appropriate to their level of development; for training, guidance and control, and for relationships with adults they can trust and with whom they can identify as models.

Institutional Care as a Child Welfare Service

Purpose:

The purpose of the institutional care as a child welfare service should be to provide group care and treatment for children whose needs cannot at the time be adequately met in a family; and to offer opportunities for a variety of experiences, through a group living program and specialized services, that can be selectively used, in accordance with an individualized plan for each child.

- to foster normal maturation
- to correct or modify the effect of previous unsatisfactory experience."

(For more detailed information see APPENDIX II)

3. Guides for Services to Children in Catholic Institutions

National Conference on Catholic Charities has come up with "Guides for Services to Children in Catholic Institutions" which we believe is comprehensive and precise, offering sound advice in areas of program, staff, facilities and services.

> "No institution can truly take the place of a child's home but since many children need a substitute home, institution personnel should strive constantly to make the institution the best possible substitute.
>
> The practices and underlying philosophy outlined in the Guides have been accepted and utilized in institutions for a number of year. They reflect the institution from the large, custodial type institution of the past to the smaller, treatment focused institution of today."

The "Guides" includes, that each institution should formulate in writing a concise statement of purpose, covering the following:

1. Description of services offered
2. Ages of children accepted
3. Types of children accepted
4. Length of care for children.

The guides place much emphasis not only on the caliber of services at the institution but also on discharge and follow-up, group work, disciplines, activity groups, education, recreation, etc.

4. The Children's Institutions Act and Regulations in the Province of Ontario

Under this act all homes and institutions for children are grouped as schedule 2, 3, and 4. Schedule 1 is a list of the sponsoring corporations which operate the institutions approved under the other three schedules.

In general Schedule 2 institutions care for the child who is placed because of some disruption in his family home. They may also provide a

service to wards for whom a group programme is considered appropriate.

Schedule 3, institutions should be those caring for moderately disturbed children and the services provided would be under the direction of a professionally trained social worker or would include social worker services.

Schedule 4 institutions would include residential treatment centres. There has been a rescheduling of institutions under Schedule 4 and there are now six institutions included under this schedule. These are Madame Vanier Children's Services (formerly Fontbonne Hall), Boys Village, Mount St. Joseph Centre, Protestant Children's Village, Sacred Heart Children's Village and Sunnyside Children's Centre.

This is how the Act defines Schedule 3 institutions:

> "In addition to the requirements of subsection 2 (board and lodging) in a children's institution that is listed in schedule 3 provision shall be made for a program, as approved by the advisory board, for the care and treatment of residents who, on the basis of objective psychological and medical findings, are deemed to have difficulty in adjusting to or benefiting from normal family relationships or in adjusting to or coping with regular community life."

With regard to Schedule 4, Institutions the Act described them this way:

> "In addition to the requirements of subsection 2, in a children's Institution that is listed in schedule 4, provision shall be made for a specialized program, as approved by the advisory board, for the care and treatment of residents whom on the basis of objective psychological and medical findings are deemed to be emotionally disturbed but who are not mentally ill or mentally defective within the meaning of "The Mental Hospital Act" and who are not eligible for admission to an institutions under the act."

Under this act the Government of Ontario is authorized to establish an advisory board with power to classify and schedule various institutions according to their functions. (For more detailed information please see Appendix III).

5. The State of Illinois Classifications for Child Care Institutions

The State of Illinois is using group classification for child care institutions. Function, treatment or therapy services and staffing are described under each classification. Institutions are bound by the act to uphold these. The Act states:

> "Full compliance with these shall be mandatory upon each institution seeking a group classification. Without necessarily jeopardizing the basic licensed status of an institution, the Department shall, at any time, withdraw its designation of a special Group I or Group II or Group III classification should the institution fail to maintain the criteria thereof."

(For more detailed information see APPENDIX IV).

X X X X X X X X X X X X X X

The present minimum standards for Institutions and Nurseries in Alberta deal primarily with the physical facilities, fire and health regulations which are necessary requirements under the Licensing Act. The present requirements, however, neglect the basic and most essential prerequisite for maintaining a high level of service in institutions. Each institution should be required to submit a statement of purpose and function in meeting the needs of those under its care.

An institution or home at the outset should clarify its philosophy, goal and function in terms of program and care for the type of children it intends to serve. This will prevent institutions accepting children for whom their services are inappropriate. It will also improve acceptance and understanding of the institution by the public and would facilitate supervision by the authority.

All institutions and homes should be classified and accredited by an advisory board on the basis of their function, treatment, goals and services prior to their licensing. We believe there is a need for various types of institutions and homes, whether it be group homes or custodial care, therapeutic or treatment centres. Only accredited institutions should qualify for government support. Lack of accreditation, however, should not jeopardize the basic licensed status of an institution. Accredited institutions must abide by the prescribed requirements of each classification.

CHAPTER IV

FINANCE

In actual practice, parents are encouraged to remain responsible for their children. A children becomes a ward of the government when there is neglect or need for alternate care under the terms of the Child Welfare Act.

Selection of children for admission to government institutions is based on the recommendation of a government agency or a private practitioner. The majority of cases are referred by government agencies. The superintendent of a government institution is responsible for acceptance or rejection of a referral.

A nominal charge is made (mental hospital $1.00 per day); training schools ($1.50 per day). If a child is the responsibility of the parents or a private individual or a private agency, that party is responsible for payment for the child. If the child is a ward of the government, the government pays the charge.

For a private person, there is some flexibility on charges. The charge is determined by assessment of income. For placement in a private institution, where the fee is high, parents can apply for assistance to Aid to Dependent Children Programme, where each case is judged on its individual merits. However, there seems to be no clear-cut term of reference for eligiblity.

As the cost of private placement is prohibitive, many parents try to keep the child at home at all cost. Often this creates serious financial and emotional problems within the family.

The need for extra subsidization to benefit families whose income is above the Welfare level is an urgent one and requires immediate attention.

If a family is desperate, one device being used is temporary non-ward care.

I. GOVERNMENT ASSISTANCE AVAILABLE TO PARENTS FOR CHILDREN UNDER 18 YEARS IN THEIR HOME

There is no disability allowance or pension available to any person under 18 years of age from any source.

A. Through the Department of Public Welfare (Provincial)

Parents on marginal incomes can apply for supplement of income through Public Assistance if a retarded or mongoloid child cared for at home incurs costs that are crippling family resources, e.g. special diet. This would be determined on an individual basis with no stipulated amount being paid.

If the need is one related to the child's health, e.g. special drugs, then the Department of Public Health should be approached to make provision for the drugs. A doctor's certificate is required.

B. Through City Social Service Department

There is no provision for help to either the child or the parents unless a low wage might be supplemented in order to relieve the burden of extra expenses due to the care of such a child at home. Amount would be determined on an individual basis taking into consideration all circumstances of the family.

C. Through the Department of Education

Under the School Act, $1.75 per pupil per day will be provided for transportation when it is necessary for a pupil to attend school out of his own area, e.g. Winnifred Stewart School.

D. Through the Department of Health

Only drugs listed as Special Drugs under Medical Services Division are provided. A doctor's certificate is required. If a person is eligible the drugs are dispatched from that office and include:

- penicillin for person with rheumatic fever, up to 18 yrs of age.
- insulin, tolbutamide, phenformin and diabenese for diabetics under means tests.
- drugs for treatment of cystic fibrosis.

II. GOVERNMENT ASSISTANCE FOR PLACEMENT OF CHILDREN UP TO 18 YEARS OUTSIDE THEIR OWN HOME

A. Non-Ward Care

- is short-term emergency care apart from the home and family. Contract is for a 6 month period with possible renewal period of a further 6 months.
- is where complete cooperation and particiation in the plan by the parents is possible.
- is where family or relatives are unable to care for the children
- is where there is no element of neglect
- is where children must be cared for outside of the home for reasons beyond the control of parents or parent.
- is where close contact will be kept by parents and frequent visits made.
- is where the Supt. of Child Welfare assumes custody but not guardianship.
- is care which can be terminated at any time.
- is not a substitute for financial assistance
- is not used where parents are outside the Province.
- is not to be used when children can be kept at home or with relatives with some financial assistance.

The plan for non-ward care is worked out with the parent and includes the length of time care will be required, the amount the parents are able to contribute towards the care of the children, arrangements re clothing, medical and hospital care, Family Allowances, etc.

Placement is made in approved foster homes or institutions as in the case of any ward. Agreement is automatically terminated when the child:

- returns to parents
- enters a provincial institution, e.g. Bowden, Alberta School Hospital,
- marries or dies
- reaches the age of 18 years

B. Aid to Dependent Children (ADC)(Social Allowance Guardian Program)

- An extension of the Social Allowance program to avoid children becoming wards if there are responsible relatives to care for them,
- Not intended to supplant the responsibility of the parents. Financial circumstances of the family are investigated and the parents are expected to remit regular payments to the Department to offset the cost wholly or in part. Enforcement of agreements can be made through District Court.
- Agreements for periods of up to 3 years
- Department involved only in maintenance (not in placement)
- Legal responsibilities remain with parents or guardian.

Benefits Include:

- Material assistance of food, clothing, drugs
- Medical hospital card.

III. FINANCIAL ASSISTANCE AVAILABLE FOR MENTALLY DEFECTIVE CHILDREN CARED FOR OUTSIDE THE HOME

Apprehension and committal is the responsibility of the Department of Public Health if the child's mental retardation is sufficient to require institutionalization. The main group of defective children for which

placement will be sought through the Department of Public Welfare is the mongoloid child. If it felt that except in a very few instances, these children can be cared for at home as they require little extra physical care than any other child.

When it appears a mongoloid child cannot be cared for at home, the case is referred to the Guidance Clinic. A standing committee of the Department of Public Welfare and the Division of Mental Health examines both Guidance Clinic and Welfare Department reports. If it is determined that the child cannot or should not be cared for in his own home, a decision is made as to placement in Alberta School Hospital or to care of Department of Public Welfare. If the latter, and the parent's financial circumstances are limited, they can apply through Social Allowance Guardians Program (ADC) for assistance. If the parent's financial situation is adequate non-ward care could be used, thus allowing for continuous involvement between parents and child.

No payment will be made by the Department of Public Welfare on behalf of children placed in mental institutions as this is the responsibility of the Department of Public Health.

IV. FEES

The cost ranges from a nominal $1.00 per day in government institutions to $15.75 per day in private institutions, (see table IX). Private homes which provide physical care charge parents between 35 and 60 dollars a month; as the cost of well run private institutions are prohibitive most families choose the second best "custodial care". Consequently, many private institutions are mainly existing and heavily rely upon government referrals. In essence the government is the main source of income for these agencies.

TABLE IX - SCHEDULE OF RATES BY PRIVATE INSTITUTIONS IN ALBERTA

NAME OF INSTITUTION	RATE PER DAY
Catholic Charities Group Home for Girls, Calgary	$10.50
Dominic Savio Calgary.	10.50
Don Bosco House Calgary	9.00
*Ex-Servicemen's Children's Home Edmonton	7.50
Kiwanis Children's Home Edmonton	15.75
Kiwanis Teen House Edmonton	12.00
Marydale Edmonton	10.49
Oakhill Boy's Town, Bon Accord, Alberta.	10.00
O'Connell Institute Edmonton	3.07
Our Lady of Charity School Edmonton	10.06
Providence Creche Calgary (Retarded Children)	7.00
St. Mary's Boys' Home Edmonton	3.20
Salvation Army Children's Village, Calgary.	7.00
Welwyn Manor Wetaskiwin	10.00
William Roper Hull, Calgary.	14.00
William Roper Hull, Calgary (by summer /67)	14.00

*Since this study this institution no longer is operating.

SOME HIGHLIGHTS OF ONTARIO ACTS

In the Province of Ontario the government provides subsidies and assistance for capital as well as operating costs under the Children's Institutions and Regulations Act and the Homes for Retarded Children's Act and Regulations. The grants structure under both Acts are similar.

A. Classes of Children's Institutions

1. Children requiring sheltered, specialized or group care.
2. Children that on the basis of objective psychological and medical findings are deemed to have difficulty in adjusting to or benefiting from normal family relationships or in adjusting to or coping with regular community life.
3. Children whom on the basis of objective psychological and medical findings are deemed to be emotionally disturbed but who are not mentally ill or mentally defective.

B. Capital Grants

1. Government may direct payment to the approved corporation, erecting the new building or the addition, of an amount equal to the cost but not exceeding an amount based upon the bed capacity of the new building or the addition at the rate of $5,000 per bed.
2. When the acquisition of a building to be used as a children's institution has been approved the corporation may receive an amount equal to the cost but not exceeding the amount based on the bed capacity of the building at the rate of $1,000 per bed.

C. Operating Grants

The government pays to an approved corporation an amount equal to 75% of the cost for the care and maintenance of those children residing in a children's institution. Children must be a resident of Ontario.

D. Rules Governing Homes

In addition to such by-laws as to the building, fire, sanitation, medical, health, nour shment, sleeping, toilet facilities, play areas, etc., the Act includes the following:

In every childrens institution, the board shall:

1. Provide opportunities for the religious education of each resident in accordance with the wishes of his parents,
2. Provide opportunities for the residents to participate in recreational, rehabilitative and hobby-craft activities.
3. Ensure that each resident receives, at all times, care adequate for and consistent with his individual needs.
4. Provide at least one competent staff member on full-time duty or the equivalent thereof, for every 4 residents.

Fifty-two institutions in Ontario at present are receiving grants under The Children's Institutions Act and Regulations, and only two associations under The Homes for Retarded Children Act and Regulations.

X X X X X X X X X X X X X X

To meet the needs of individuals and to be able to offer the best possible treatment and rehabilitative services, we must develop the whole range of residential treatment services, each of which is capable of service to specific groups of children. Essentially, there is a need for experimentation with new and varied approaches for setting more limited and concrete goals and for a more balanced and integrated view of the psychological and environmental factors involved. Private and voluntary agencies involvement in the field can and do make significant contributions. Operation of private residential treatment facilities with adequate resources and sound programs are expensive. (See table IX). We believe that governmental support in terms

of capital and operating grants is a positive step toward development of more diversified and specialized facilities for emotionally disturbed and retarded children. We especially draw attention to the Ontario Act referred to above and given in full in Appendix III.

CHAPTER V
CONCLUSIONS

It is evident that in Alberta specialized treatment centres, group homes and foster homes for emotionally disturbed and retarded children are inadequate in number and of those that are in operation only about 50% are equipped for intensive treatment.

There are serious gaps in services offered for emotionally disturbed teenagers (14 - 19) in Edmonton.

Operation of private residential treatment facilities with adequate resources and sound programs is expensive and consequently out of reach of the average person. At present parents have the following alternatives to choose from. In each case the financial and emotional hardships on parents are intolerable. The alternatives are as follows:

- to apply to government institutions; in most cases they must wait due to age or condition of the child or due to a long waiting list;
- to abandon the child and face the consequences;
- to keep the child at home
- to move to another location or province in the hope of finding a better solution;
- to place the child in a private institution if they can afford it.

We emphasize that there is a need for experimentation with new and varied approaches for setting more precise goals and for a more balanced and integrated view of the psychological and environmental factors involved. The involvement of private and voluntary agencies can and does make significant contributions. A whole range of residential treatment centres capable of serving specific groups of children must be developed to meet the needs of individuals and to offer the best possible treatment

and rehabilitative services. Private institutions are heavily dependent upon government referrals as only the government can afford the high fees. We believe that governmental support in terms of capital and operating grants is a necessary step toward development of more diversified and specialized facilities for emotionally disturbed and retarded children for the following reasons:

(a) enables institutions to lower their fees
(b) allows freedom of choice to the parents
(c) provides incentive for up-grading and improvement of care and treatment
(d) leaves a reasonable degree of responsibility with the family
(e) encourages and maintains private interests and voluntary organizations involvement in the field
(f) augments supervision and control by the authorities.

We especially draw atteption to the Ontario Act.

In considering what standards should be established in children's institutions, it is essential to begin with a statement of the objectives. The guiding objective is to promote the total well-being of the child. The interest of the child must be given priority over all other considerations. Present minimum standards of child care institutions in Alberta require immediate reviewing and up-grading in order to provide some basis for accreditation.

Only accredited institutions should receive financial assistance for operation and capital expenses. This assistance will enable these institutions to bring their fee within the reach of the majority of people. Lack of accreditaion, however, should not jeopardize the basic licensed status of an institution. Accredited institutions must abide by the prescribed requirements of each classification.

The Edmonton Branch of the Canadian Mental Health Association in its recent study "Out-patient Mental Health Services for Children in Edmonton" reveals alarming concern by the pediatricians, social workers, and educators regarding services to the emotionally disturbed and retarded children. A few of their comments are as follows:

- There is difficulty placing retarded children in institutions particularly Indian and Metis children.
- Provision of temporary placements set-up for retarded children who are being cared for in their own homes.
- There are not enough treatment centres for intensive treatment therapy for all emotional and retarded problems among children.
- No place to send many in need of care and treatment.
- More services are needed for management of the retarded adolescent and management of the retarded individual in trouble with the law.
- A Provincial Council on mental retardation to coordinate and assimilate government and voluntary agencies.

Also relevant is the following excerpt from the report of the Public Expenditures and Revenus Study Committee, March, 1966, Government of Alberta:

> "Retarded and mentally defective children with a borderline I.Q. of 60-85 require care which is often beyond the resources of the parents. At the present time some confusion exists as to which Department of Government is responsible for the welfare of these people. In some cases the Department of Health has the responsibility while in others the Department of Welfare assumes responsibility. On the other hand School for Retarded Children come under the jurisdiction of the Department of Education. Greater interest in the retarded and mentally defective child has resulted in better care being afford to them in the past few years. Much research is now being done which will assist considerably to make the lives of these unfortunates more rewarding. It will take the best efforts of the Education, Health, and Welfare Departments, to meet the challenge of making these lives more useful."

We share the committees' concern as to the allocation of responsibility among various government departments for mentally defective children. We would therefore, submit that this would entail the establishment of very clear terms of reference in the management of these children by the combined efforts of the departments involved.

RECOMMENDATIONS

WE RECOMMEND:

1. THAT THE GOVERNMENT OF ALBERTA APPOINT A PROFESSIONAL ADVISORY COMMITTEE TO:
   - (A) DEVELOP CLASSIFICATIONS FOR CHILD CARE INSTITUTIONS ACCORDING TO THEIR FUNCTION
   - (B) DEVELOP STANDARDS FOR ACCREDITATION
   - (C) DEVISE METHODS OF IMPLEMENTATION OF ACCREDITATION.
2. THAT THE GOVERNMENT OF ALBERTA UP-GRADE THE PRESENT MINIMUM STANDARDS OF OPERATION FOR ALL CHILD CARE INSTITUTIONS.
3. THAT THE GOVERNMENT OF ALBERTA MAKE AVAILABLE NECESSARY SUBSTANTIAL CAPITAL GRANTS TO ACCREDITED PRIVATE INSTITUTIONS FOR ERECTION OF NEW FACILITIES OR IMPROVEMENT OF EXISTING ONES.
4. THAT THE GOVERNMENT OF ALBERTA MAKE AVAILABLE NECESSARY SUBSTANTIAL OPERATING GRANTS TO ACCREDITED PRIVATE INSTITUTIONS.
5. THAT THE GOVERNMENT OF ALBERTA DEVISE ADMINISTRATIVE DIRECTIVES FOR BETTER COORDINATION AMONG GOVERNMENT DEPARTMENTS PROVIDING SERVICES TO EMOTIONALLY DISTURBED AND RETARDED CHILDREN INCLUDING DEPARTMENTS OF HEALTH, WELFARE, EDUCATION AND ATTORNEY GENERAL'S
6. THE DEVELOPMENT OF SHORT TERM PLACEMENT AT NOMINAL COST TO OFFER TEMPORARY RELIEF TO PARENTS OF HANDICAPPED CHILDREN.
7. MORE FACILITIES FOR TREATMENT OF TEENAGERS WITH EMOTIONAL DISTURBANCES AND BEHAVIOUR DISORDERS.
8. MORE RESIDENTIAL FACILITIES FOR RETARDED CHILDREN AND ADULTS PREFERABLY NEAR MAJOR CENTRES IN THE PROVINCE.
9. EXPANSION OF AFTER-CARE SERVICES INCLUDING GROUP HOMES, FOSTER HOMES, AND HALF WAY HOUSES.
10. THE PROVISION OF DAY CARE AND TRAINING SERVICES FOR UNASSESSABLE MULTIPLE HANDICAPPED CHILDREN.
11. COMPREHENSIVE PROGRAMME OF RESEARCH AND STUDY TO BE CONDUCTED IN SPECIFIC ASPECTS OF SERVICES TO ALL CHILDREN.

BIBLIOGRAPHY

- Alberta Department of Public Health
  - 1966 Report
  - Nursing Home Act

- Alberta Department of Public Welfare
  - 1966 Report
  - Minimum standards for homes and institutions, Act 17, 1966.
  - Summary of special accommodation, June, 1966.

- Brief on Mental Retardation
  - M.M. Bowker, December, 1965.

- Child Welfare League of America Inc.
  - Standards for services of Child Welfare Institutions, 1964.

- Canadian Mental Health Association, Alberta Division
  - Brief to the Government of Alberta
  - Summary of chief recommendations.

- Canadian Mental Health Association, Edmonton Division.
  - Study "Out-patient Mental Health Services for Children in Edmonton", 1967.

- Commission on Emotional and Learning Disorders in Children
  - Statement of purpose

- Edmonton Welfare Council
  - Background for Planning, 1965.

- National Conference on Catholic Charities
  - Guides for Services to Children in Catholic Institutions, 1964.

- Province of Alberta
  - Report of the Public expenditures and revenue study Committee, March, 1966.

- Province of Ontario, Department of Public Welfare
  - The Children's Institutions Act and Regulations
  - The Homes for Retarded Children Act and Regulations

- Royal Commission on Health Services Report, 1965.

APPENDIX I

EXCERPTS FROM THE ALBERTA DEPARTMENT OF PUBLIC WELFARE - MINIMUM STANDARDS FOR INSTITUTIONS AND NURSERIES

A. BUILDING AND ACCOMMODATION

Every building used as a home shall be constructed to make provision for:

1. Compact layout of rooms conducive to easy supervision and avoiding unnecessary halls and corridors.
2. Adequate facilities and space for administration, interviewing maintenance of records, staff lounge and change room,
3. Adequate storage space for equipment and supplies
4. Space as follows:
   (a) for full time care in sleeping areas
      1. 35 square feet of floor space per person, age birth to six years
      2. 50 square feet of floor space per person, age 6 to 16
      3. 75 square feet of floor space per person, over 16 years.

   (b) for day care for children, twenty square feet of floor space per child (except in the City of Calgary where 25 square ft. is required).

B. RECREATION AREAS

Every home shall be constructed to provide indoor and outdoor recreation according to the needs of the age group and condition of persons occupying the areas.

C. EQUIPMENT AND FURNISHINGS

The home shall provide suitable furnishings in the building for sufficient administration of the home and convenience of staff.

D. MAINTENANCE

The home shall be maintained in a good state of cleanliness and repair in respect to the premises and equipment.

E. ENROLLMENT RECORDS

1. Number of persons enrolled shall be governed by space available and staff provided.
2. Full records of all persons in the home shall be maintained as required by the Child Welfare Act and The Welfare Homes Act and available for inspection of at all times.
3. It is recommended that the person or persons operating homes should be safeguarded by having:
   (a) accident insurance protection in case of accident of illness on their premises during period of care.

(b) written permission from parent, guardian or next of kin so that care may be given in an emergency, if needed.

(c) where adult care is given, in some instances it has proved helpful to inquire of the location of a "will" (if any) and the wish of the relatives regarding burial arrangements.

F. DAILY PROCEDURES IN THE HOME

1. for full time care
   (a) a daily plan of activities such as recreation, rest, study or visiting privileges shall be planned according to age group,
   (b) activities of pre-school age children shall be supervised at all times.

2. for part time care (for children)
   (a) a daily plan of activities such as recreation, play, study washroom routine, nourishment and rest intervals according to age group
   (b) activities of pre-school age children shall be supervised at all times.

G. NUTRITION

The standards of the Local Board of Health must be met where part time or full time care is given in a home.

H. HEALTH AND MEDICAL SUPERVISION

The standards of the Local Board of Health must be met where part or full time care is given.

I. FIRE DRILL AND EMERGENCY REGULATIONS

1. The regulations under the Fire Prevention Act regarding homes and institutions must be met.
2. Addresses and telephone number of staff members, substitute staff, local medical officers of health, physician, taxi or other emergency information shall be listed on a card and posted in an accessible place.
3. Maintain a record of fire drills on forms supplied by the Homes and Institutions Branch.

J. STAFF

1. Where full time care is given, the operator shall:
   (a) be sympathetic to the welfare of persons placed in her care,
   (b) be suitable in point of age, health, personality to care for persons in her care
   (c) had adequate qualifications and experience to give care to persons in her care
   (d) have sufficient household help to ensure that the regulations of the Local Board of Health can be met.

(e) where children are receiving care, not to be expected to give care to more than six children of any age or condition including those who are related to her by blood or marriage except where extra assistance is planned or permitted circumstances exist.

2. Where part time care is given to children the operator shall:

(a) be sympathetic to the welfare of children
(b) have adequate experience in methods of child guidance
(c) be suitable in point of age, health and personality to occupy the position.
(d) employ additional supervisory staff with adequate experience as needed.
(e) employ a minimum number of staff in each home, calculated as shown on the following guide:

Ages of Children	Ratios of Total Staff to Total Enrol.
over 2 years	1 of staff to 10 children
2 to 7 years	1 of staff to 20 children
Over 7 years	1 of staff to 30 children

(f) employ sufficient suitable household staff to ensure that regulations in respect to nutrition, health, care, cleaning sanitation, and safety can be carried out.

APPENDIX II

STANDARDS

Excerpt from "Standards for Services of Child Welfare Institutions"

CHILD WELFARE LEAGUE OF AMERICA

BASIC ASSUMPTIONS UNDERLYING PRACTICE IN PROVIDING INSTITUTIONAL CARE SERVICE

It is expected that institutional care service should be provided in accordance with the following principles and values.

Value of Individual

Any child, regardless of age, sex, race, color, creed, social circumstances, national or religious origin, sickness or other handicaps, has the right to be respected as an individual and to have the best possible care in accordance with his individual needs.

Value of Family Life

In our culture, family life generally offers the best opportunities for meeting the normal developmental and socialization needs of children.

- Every child needs the affection and security of a family of which he feels he is a part.
- Living in a family and in a community is the natural and desirable way of life in our society.
- Any child who can live in a family and benefit by it should have the opportunity to do so.

Preservation of Natural Family

It is best for a child to be reared in his natural family, so long as it can meet his needs or be helped to do so.

- Services to enable parents to carry or resume their responsibilities to the best of their ability should be available in every community. These services should include family services, financial assistance, day care, protective and homemaker services, and other social casework and treatment services to children in their own homes.
- A child should be separated from his own parents only when circumstances, problems of parents, or problems of the child are such that, even with help, he cannot receive the care and treatment he needs while living in his own home or community.
- Inherent in institutional care is at least one problem that affects every child: separation from his original family and entrance into a way of life that is not the customary one in a society in which children are reared in families.

Selection of Appropriate Form of Substitute Care

If a child must be cared for away from his natural family, the particular needs and problems of the child and his family, which may change from time to time, should be the basis for deciding what kind of care is most suitable; and whether foster family care, institutional care, or adoption can best provide for him and his parents the opportunities and services they require.

Goal of Institutional Care

The ultimate goal of institutional care is for every child to return to family life in the community, either in his own home or in an adoptive, foster, or group home.

- It is not desirable for institutional care to become a prolonged way of life, or for a child to remain in an institution throughout his childhood.

- Institutional care should be planned with a foreseeable termination. Prolonged or indefinite periods of institutional care, resulting from lack of adequate planning or lack of casework with parents, are not considered acceptable practice.

Knowledge About Children

Advances in knowledge about child growth and development and about the effect on human behavior and personality development of multiple interrelated biological, social, cultural, and other environmental forces have brought about changes in care of children in institutions.

Care Based on Needs of Child

Certain principles have evolved from greater understanding of the needs of all children for love, care, protection, and esteem; for play, learning, social, and spiritual experiences appropriate to their level of development; for training, guidance, and control; and for relationships with adults they can trust and with whom they can identify as models.

INSTITUTIONAL CARE AS A CHILD WELFARE SERVICE

Purpose

The purpose of institutional care as a child welfare service should be to provide group care and treatment for children whose needs cannot at the time be adequately met in a family; and to offer opportunities for a variety of experiences, through a group living program and specialized services, that can be selectively used, in accordance with an individualized plan for each child

... to foster normal maturation

... to correct or modify the effect of previous unsatisfactory experiences

... to ameliorate social and emotional problems interfering with the child's personality development and functioning.

Children for Whom Institutional Care is Appropriate

Institutional care should be used for children whose relationship to their parents and whose family situation, level of development, and social and emotional problems are such that they can benefit by group living experiences, together with the integrated treatment planning and team approach that the institution can make available.

- Such children fall into the following groups (which are not mutually exclusive):

- Children whose families cannot meet their needs, even with maximum use of available services and resources, because of the nature of parental problems, the child's problems, or circumstances that cause family breakdown or that affect the adequacy of care the child receives or the parents' ability to use help

- Children who cannot at the time make use of the opportunities that family living offers

  ...who are at the stage of development (adolescence) when they are trying to emancipate themselves from close family ties

  ...who are unable to form other close relationships because of the nature of their relationship with natural parents

  ...who lack skills to function satisfactorily in a family or community (including some handicapped children); or who have not learned to deal with reality or stress

- Children with difficulties in relating to adults or other children

  ...who have suffered severe deprivation, rejection, neglect, or abuse in their own families, or repeated separation experiences and unsatisfactory placements

  ...who are fearful of forming relationships and distrustful of any dependent relationship with an adult

  ...who need relationships with a variety of adults before they can accept a close relationship with one individual

- Children whose behavior cannot be tolerated in a family or community

  ...who have not learned to control their impulses as expected at their age level

  ...who act out problems in a way that is dangerous to themselves or to others, and who require special protections and control (such as those who set fires or those who have character disorders or established patterns of delinquency).

Children for Whom Institutional Care is Not Appropriate

Institutional care should not be used for children who need and can benefit by the experiences of living in a family, who can accept family ties and take part in family

and community life, and who have achieved a level of development and are able to behave in a way that meets expectations for children of their age.

Such children include

- Infants and preschool children

- Family groups of children. Family groups with a large number of children whose individual needs may best be served by keeping them together should be placed in a family home, especially when they include preschool-age children. If necessary, agency-owned foster homes should be developed for this purpose.

- Handicapped children. Mentally retarded, emotionally disturbed, crippled, blind, and deaf children, like other children, should, whenever it is in their best interest, be kept in their own families.

- Children for whom other services are appropriate but unavailable or inadequate in their communities. These other services include casework with children and families living in their own homes, outpatient psychiatric services, and foster family care.

Service Related to Characteristics of Children

Characteristics of children for whom institutional care is to be provided, such as age, special needs, social and emotional problems, and family situation, should be the basis for determining type of program, staffing, and special services and facilities required.

Core Components of Institutional Care

Regardless of type of institution, all institutional care of children should have certain core components that can be used differentially in accordance with the needs and problems of individual children:

- a process of separation of the child from his own home and of placement in a group of unrelated children and adults

- the group setting, characterized by

  ...peer groups and their influence

  ...a variety of adults related to the child in a professional or staff capacity, with training and/or personal qualities qualifying them to deal with children: child care workers, teachers, chaplains, recreation workers, maintenance staff, nurses, physicians, caseworkers, group workers, psychologists, psychiatrists

  ...the physical facility owned and operated by an established organization

- a group living program purposively planned to provide

  ...day-by-day living experiences that are conducive to growth

and corrective of previous unsatisfactory experiences

...individualization

...an atmosphere favorable to children

...tolerance and understanding of feelings and behavior of unhappy or disturbed children

- provisions for meeting normal dependency and developmental needs common to all children

- specialized services (clinical services) required for diagnosis, treatment, and consultation in providing help for pathological conditions, social problems, and personality disorders affecting the child's growth and functioning.

Total Service

Institutional care should be provided as a total service given in behalf of individual children and should have the following definable units of service:

...intake

...preparation for placement

...services for child in group care

...services for parents

...termination.

Treatment in Institutional Care

The service should provide for each child such help as he may need with his particular problems, on the basis of a purposeful plan arrived at by conscious deliberation of the staff team, and with responsibility for integrating the total service for and with the child delegated to an appropriate staff member: the executive, the caseworker, or the social worker in charge of the daily living program.

- Treatment implies an intent to bring about some change in the problems of the child and in his family situation.

- It must be purposeful and designed in accordance with some theoretical formulation about treatment.

- The total service must have a plan and clearly defined goals chosen on the basis of a diagnostic evaluation of the particular needs and problems of the individual child and his family.

- Selective use should be made of component parts of the service in accordance with the plan, as they may reinforce each other at a given time in promoting normal growth or remedying pathological conditions; e.g., grouping, controls, daily activities and experiences, direct work with the child (medical, psychological, remedial, casework, or group work), work with the parents.

- There should be coordination of all parts of program and services affecting the total life of the child (child care, education, recreation, religion, medical, social work, psychiatric).

- The approach of all staff members working with a particular child and family should be harmonious, with a common goal and understanding of their respective responsibilities and roles in relation to the child and to one another.

- Administrative provisions should assure implementation of the treatment plan.

Integration of Service

The daily activities, group living program, and services prescribed in the plan for the individual child should be coordinated and integrated into a unified approach to him and his parents that may have some impact on his problems and stimulate improvement in his emotional health and social functioning.

- The value and treatment aspects of all the component parts must be recognized and be related to one another in the service for a particular child.

- Integration should be achieved through regularly scheduled case or planning conferences attended by all staff members who work with a particular child and his family, including child care worker, teacher, nurse, recreation worker, chaplain, social worker, physician, psychiatrist, psychologist, and remedial teacher.

- Planning for each child and periodic evaluation of his progress should be based on contributions of all staff working with the child and his parents.

Team Approach

A team approach is essential in providing service in behalf of individual children.

- Institutional care and treatment require the contributions of various categories of staff with different training, backgrounds, and skills.

- Each staff member must have a clearly defined role and responsibility, determined by his particular training and competence.

- Each must be ready to carry out his part in the total service and must be able to understand and respect the particular competence and contribution of other staff.

- All staff members working with a child must be prepared to accept a common goal, to use consultation, and to be guided by understanding of the needs and problems of children.

- An atmosphere of mutual respect and trust among all staff is dependent on administration.

APPENDIX III

Department of Public Welfare, Province of Ontario 1965

The Homes For Retarded Children Act & Regulations

CAPITAL GRANTS

1. When the site and plans of a new building or the plans of an addition to an existing building used or to be used as a home for retarded children have been approved by the Minister under clause c of subsection 1 of section 4, the Lieutenant Governor in Council may, out of the moneys appropriated therefor by the Legislature, direct payment to the approved local association, erecting the new building or the addition, of an amount equal to the cost to the local association of the new building or the addition, but not exceeding an amount based upon the bed capacity of the new building or the addition at the rate of $5,000 per bed. 1965,c. 47

2. When the acquisition of a building to be used as a home for retarded children has been approved by the Minister under clause d of subsection 1 of section 4, the Lieutenant Governor in Council may, out of the moneys appropriated therefor by the Legislature, direct payment to the approved local association, acquiring the building, of an amount equal to the cost to the local association of the acquisition, but not exceeding an amount based on the bed capacity of the building at the rate of $1,200 per bed. 1965, c. 47.

3. In computing the cost to a local association of erecting a new building or an addition to an existing building under section 5 or of acquiring a building under section 6, the computation shall include only expenditures directly referable to the establishment or provision of residential accommodation for retarded children and shall be computed in accordance with the regulations.

OPERATIVE GRANTS

1. Subject to section 9, there shall be paid to an approved local association, out of the moneys appropriated therefor by the Legislature, an amount equal to 75 per cent of the cost to the local association, computed in accordance with the regulations, of providing residential accommodation for those children who are residing in an approved home that is maintained and operated by the local association and who have not been committed to the care of a children's aid society under The Child Welfare Act, 1965 or any predecessor thereof. 1965, c. 47

2.-(1) A provincial supervisor shall inspect every approved home for retarded children and examine the books of account and any other records of the home at least once each year, but he may inspect any such home or examine the books of account and the other records at any time.

(2) A provincial supervisor may inspect the books of account and other records of an approved local association that pertain to homes for retarded children.

3. Any approval given under this Act may be suspended by the Minister or revoked by the Lieutenant Governor in Council at any time.

4. The Lieutenant Governor in Council may make regulations,

(a) specifying the local associations and the homes for retarded children that are approved for the purposes of this Act;

(b) prescribing rules governing homes for retarded children and the conduct of the children residing therein and the staffs thereof;

(c) governing the admissions of retarded children to homes for retarded children and the kinds of services that are to be provided therein;

(d) governing the qualifications and the powers and duties of the members of the staffs of homes for retarded children;

(e) requiring and prescribing medical and other related or ancillary services that are to be provided for the children residing in homes for retarded children;

(f) prescribing additional qualifications for the establishment of residence for the purposes of section 9:

(g) governing applications by approved local associations for payments under this Act and prescribing the method, time and manner of payment;

(h) prescribing the manner of computing costs to local associations for the purposes of sections 7 and 8;

The Homes for Retarded Children Act & Regulations

ADDITIONAL POWERS AND DUTIES OF PROVINCIAL SUPERVISORS

1.- (1) A provincial supervisor shall be given access at any time to any home for retarded children or any part thereof for the purposes of inspection under subsection 1 of section 10 of the Act.

(2) A provincial supervisor shall inspect,

(a) each home for retarded children for the purpose of determining compliance with the Act and this Regulation and for any other purpose as required by the Minister;

(b) the building or buildings and accommodation, the sanitary and eating facilities, the recreational, rehabilitative and hobby-craft facilities and equipment, the fire equipment and fire precautions; and

(c) the dietary and appraise the nutritional standards for the children including those on special diets.

The Children's Institutions Act & Regulations

CAPITAL GRANTS

1. When the site and plans of a new building or the plans of an addition to an existing building used or to be used as a children's institution have been approved by the Minister under clause c of subsection 1 of section 4, the Lieutenant Governor in Council may, out of the moneys appropriated therefor by the Legislature, direct payment to the approved corporation, erecting the new building or the addition, of an amount equal to the cost to the approved corporation of the new building or the addition, computed in accordance with the regulations, but not exceeding an amount based upon the bed capacity of the new building or the addition at the rate of $5,000 per bed. 1965, c. 15

2. When the acquisition of a building to be used as a children's institution has been approved by the Minister under clause d of subsection 1 of section 4, the Lieutenant Governor in Council may, out of the moneys appropriated therefor by the Legislature, direct payment to the approved corporation, acquiring the building, of an equal amount to the cost to the approved corporation of the acquisition, computed in accordance with the regulations, but not exceeding an amount based upon the bed capacity of the building at the rate of $1,200 per bed. 1965, c.15

OPERATING GRANTS

1. Subject to section 8, there shall be paid to an approved corporation, out of the moneys appropriated therefor by the Legislature, an amount equal to 75 per cent of the cost to the corporation, computed in accordance with the regulations, of providing for the care and maintenance of those children who are residing in a children's institution that is maintained and operated by the corporation and who have not been committed to the care of a children's aid society under The Child Welfare Act, 1965 or any predecessor thereof. 1965, c. 15

The Children's Institutions Act & Regulations

2. The Lieutenant Governor in Council may make regulations.

(a) specifying the corporations and the children's institutions that are approved for the purposes of this Act and establishing classes of children's institutions;

(b) establishing an advisory board consisting of not more than three persons and prescribing its duties;

(c) prescribing rules governing children's institutions or any class thereof and the conduct of the children cared for therein and the staffs thereof;

(d) governing the admission of children to children's institutions or to any class thereof and prescribing the kinds of children that may be cared for in any class of children's institutions and the care or treatment to be provided therein;

(e) governing the qualifications and the powers and duties of the members of the staffs of children's institutions or any class thereof;

(f) requiring and prescribing medical and other related or ancillary services for the care and treatment of children in children's institutions or in any class thereof;

(g) prescribing additional qualifications for the establishment of residence for the purpose of section 6;

(h) governing applications by approved corporations for payments under this Act and prescribing the method, time and manner of payment;

(i) prescribing the manner of computing the cost to approved corporations for the purposes of sections 5 and 6;

(j) prescribing the manner of computing the cost of the care and maintenance of children in children's institutions for the purposes of section 7.

(k) prescribing the records to be kept by approved corporations and children's institutions, the claims and returns to be made to the Minister by approved corporations with respect to children's institutions and the method, time and manner in which such claims and returns shall be made and providing penalties for late claims or returns;

The Children's Institutions Act & Regulations

(l) providing for the recovery by an approved corporation or the Province from the person or persons in whose charge a child is or from the estate of such person or persons of any amount paid by the corporation or by the Province to the corporation for the cost of the care and maintenance of the child in a children's institution and prescribing the circumstances and the manner in which any such recovery may be made;

(m) prescribing addition powers and duties of provincial supervisors;

(n) prescribing forms and providing for their use;

(o) respecting any matter necessary or advisable to carry out effectively the intent and purpose of this Act.

CLASSES OF CHILDREN'S INSTITUTIONS

1.-(1) Children's institutions are classified as those listed in Schedule 2, 3, or 4 and the institutions listed in the Schedule are included in the class.

(2) In a children's institution that is listed in Schedule 2, provision shall be made for the board and lodging of the residents thereof.

(3) In addition to the requirements of subsection 2, in a children's institution that is listed in Schedule 3, provision shall be made for a program, as approved by the advisory board, for the care of residents who, on the basis of objective psychological and medical findings are deemed to have difficulty in adjusting to or benefiting from normal family relationships or in adjusting to or coping with regular community life.

(4) In addition to the requirements of subsection 2, in a children's institution that is listed in Schedule 4, provision shall be made for a specialized program, as approved by the advisory board, for the care and tre tment of residents who, on the basis of objective psychological and medical findings, are deemed to be emotionally disturbed but who are not mentally ill or mentally defective within the meaning of The Mental Hospitals Act and who are not eligible for admission to an institution under that Act.

The Children's Institutions Act & Regulations

ADVISORY BOARD

1.-(1) An advisory board is established, consisting of three persons appointed by the Minister, one of whom shall be designated by the Minister as chairman of the advisory board.

(2) The advisory board shall advise the Minister respecting recommendations to the Lieutenant Governor in Council for approval for the purposes of the Act of,

(a) corporations under section 2 of the Act; and

(b) children's institutions under section 3 of the Act.

(3) The advisory board shall advise the Minister as to the Schedule in which each children's institution shall be classified under section 2 and shall review the program of any institution proposed for classification in Schedule 2 or 4 to determine whether or not the advisory board approves the program for the purposes of the classification as required by subsections 3 and 4 of section 2.

(4) The advisory board shall advise upon and make recommendations respecting any other matter at the request of the Minister.

Department of
Children and Family Services (Illinois) .July 1, 1965.

Children and Family Services Regulation No. 5.17

GROUP CLASSIFICATION OF CHILD CARE INSTITUTIONS

Section I

LEGAL AUTHORITY TO DESIGNATE GROUP CLASSIFICATION-APPLICATIONS

1. LEGAL AUTHORITY

The Child Care Act, Section 16 (c) as amended March 25, 1965, provides that "The Department may, in its issuance of licenses for child care institutions, indicate thereon a classification as follows: (1) Group I, for a facility which meets the qualifications and standards prescribed by the Department and which provide professional therapy or treatment and fulltime casework and diagnostic services on a continuing basis for children with special behavioral or emotional disorders; (2) Group II, for a facility which meets the qualifications and atandards prescribed by the Department and which provides full-time case work services to or on behalf of children; and (3) Group III, for all other facilities which meet the qualifications and standards prescribed by the Department."

The Director of the Department delegates to the Chief of the Division of Child Welfare responsibility for designating group classifications in such form and manner as to identify clearly those child care institutions which qualify for a Group I, Group II or Group III classification, according to qualifications, standards and special criteria prescribed under Sections Two, Three, Four and Five.

(continued, page 2)

Children and Family Services Regulation No. 5.17 (cont)

II APPLICATIONS

An institution seeking a Group I, Group II or Group III classification shall make application for such on forms prescribed by the Department and supply whatever information or reports, pertaining to the conduct of the institution, as may be required by the Department to determine its eligibility for the special classification sought.

An institution classified under Group II or Group III may submit application for a high classification at any time it qualifies for same.

The Department shall not designate a group classification except to those institutions filing application for such.

Section Two

QUALIFICATIONS, STANDARDS AND SPECIAL CRITERIA FOR GROUP CLASSIFICATION OF

CHILD CARE INSTITUTIONS

In addition to meeting and maintaining standards prescribed under Department of Children and Family Services Regulation No. 5.11, "Minimum Standards for Licensed Child Care Institutions and Maternity Centres", Group I, II and III institutions shall meet the special criteria, below. These standards and criteria shall be in force until revoked or revised by the Department. Full compliance with these shall be mandatory upon each institution seeking a group classification. Without necessarily jeopardizing the basic licensed status of an institution, the Department shall, at any time, withdraw its designation of a special Group I

Children and Family Services Regulations No. 5.17 (cont)

or Group II or Group III classification should the institution fail to maintain the criteria therefor.

It shall be the obligation of an institution designated under any group classification to notify the Department, through the respective regional office, of any staff, program or other change which would necessitate lowering or removal of the group classification. The circumstances shall be reviewed by the Department to determine the continuing or ultimate group classification status of the institution.

Section Three

GROUP I CLASSIFIED CHILD CARE INSTITUTIONS

I CHILDREN SERVED

Institutions qualifying for Group I classification shall provide for and serve children who have been diagnosed and evaluated by a psychiatrist as presenting behavioral or emotional disorders of such degree that specialized services, including intensive psycho-therapy, in residential facilities, are recommended.

II THERAPY OR TREATMENT

Therapy or treatment services shall be provided by the institution on a regular and continuous basis; to the extent and degree required by each individual child, for adjustment of the behavioral and emotional disorders involved and required for the child's rehabilitation, health, education and welfare.

(continued page 4)

Children and Family Services Regulation No. 5.17 (cont)

These services shall be conducted in an environment that is supportive, corrective and growth-conducive, and through utilization and coordination of a variety of services in the fields of social work, psychiatry, psychology, pediatrics and other medical and health specialties; and in child care, child development, recreation, education and religion.

Treatment shall include periodic re-evaluations of each child's progress and determination of his continuing treatment needs.

There shall be a full and comprehensive case record maintained on each child in which diagnosis, treatment methods and process, progress, periodic evaluations, and continuing needs and plans are documented.

The institution shall periodically and consistently report to the referring agency on a child's progress and involve said agency in discharge plans well in advance to assure appropriate after-care when the child leaves the treatment facility.

Casework with the child's family shall be an integral part of the treatment plan for the child and such services shall be provided by the institution serving the child, unless undertaken by another agency by plan and in close cooperation with the treatment facility.

(continued page 5)

Children and Family Services Regulation No. 5.17 (cont)

III STAFF

A. Administrator

The administrator shall have an appropriate Degree in social work, education, theology, medicine, psychology or in some related social science and have had five years of successful experience in administering a group care facility or group program for children. The administrator shall have demonostrated ability to integrate all aspects of a child-centered program, particularly involving orientation, in-service training, assignment and use of staff; utilization and coordination of ancillary services; and administering a well-rounded treatment and child care program conducive to the rehabilitation, health, education, welfare and general well-being of each child served.

B. Professional Staff

All key professional persons, including physicians, psychiatrists, psychologists, educators nurses and social workers, shall be appropriately licensed, certified or otherwise qualified in their respective fields, and experienced in working with children.

C. Casework Staff

1. Casework staff shall be sufficient in quality and quantity to provide regular full-time casework services to and on behalf of each child. "Full-time casework services" means services

(continued page 6)

Children and Family Services Regulation No. 5.17 (cont)

available and extended to every individual child served by an institution, seeking Group I classification, with such services supervised by a person or persons holding the Master's Degree from an accredited School of Social Work; plus three years of successful casework experience with children, one year of which shall have been in a child welfare or family agency, a mental institution, or some other facility in which children with behavioral, emotional or mental disorders are treated; and whose full working time is directly related to the casework services of the institution.

2. To be considered a caseworker, for the purpose of this classification, a person must have had some graduate social work training and be under the direct supervision of a person with qualifications to supervise casework services as specified under 1, above.

3. The number of professional casework staff shall be such as to assure that every child receives the degree and extent of services individually needed. Attention shall be given to assignment of case loads to ensure adequacy of casework services, in all its components, to the children and their families. A full-time caseworker in a Group I institution shall be expected to handle no more than a maximum of 15 child cases; part-time casework staff shall be expected to handle a like ratio of cases in proportion to the time employed.

(continued, page 7)

Children and Family Services Regulation No. 5.17 (cont)

4. Nothing, herein, is to be construed as limiting or preventing an institution from employing additional staff, including student social work trainees, volunteers, or case aides with capacity to take responsibility for and to assist with certain social work functions, that enhance the services to children under care, such persons are under supervision of properly qualified staff specified under item 1, above.

D. Other Staff

The number and qualifications of all other professional and non-professional staff employed shall be such as to provide optimum supervision, protection and material care needed by each individual child to assist him in his progress toward good physical and mental health.

Special consideration shall be given to the selection of residential child care staff who have greatest daily responsibility to provide the close personal and attendant needs of the children served.

Child care staff, serving as houseparents, shall have at least a high school education and personal attributes of character, health and personality, and, particularly, understanding of children and their innate needs that permit them to work effectively with troubled children. Such staff shall be composed of individuals who can provide a secure, accepting environment in which the child can learn, grow, develop and resolve his behavioral and emotional difficulties. This

(continued page 8)

Children and Family Services Regulation No. 5.17 (cont)

applies to the person in the position of lead or primary child care worker assigned to a group or cottage, and is not to be construed as limiting or preventing an institution from employing or designating other capable persons to serve as assistant or relief child care workers who might have achieved less than high school education.

Section Four

GROUP II CLASSIFIED CHILD CARE INSTITUTIONS

I CHILDREN SERVED

Institutions qualifying for Group II classifications shall provide for and serve children whose problems of care and emotional adjustment are such as to require regular and indvidualized casework services for each child accepted. Such services, as an integral part of the program, shall be administered, supervised or directed by professionally qualified casework staff.

II STAFF

A. Administrator

The administrator of the institution shall have at least a Bachelor's Degree, in or related to the social sciences, from an accredited college or university, and four years successful experience in administering a group care facility or program for children. The administrator shall have demonstrated ability to coordinate all aspects of a child-centered program, particularly involving orientation, in-service training, assignment and coordination of staff; utilization and coordination of ancillary services; and administering a well-rounded program conducive to the health, education and welfare of all children accepted.

(continued page 9)

Children and Family Services Regulation No. 5.17 (cont)

B. Casework Staff

1. Casework staff shall be sufficient in quality and quantity to provide regular, full-time casework services to and on behalf of children. "Full time casework services" means services available and extended to every individual child served by an institution, under Group II classification, with such services supervised by a person or persons holding a Master's Degree from an accredited School of Social Work; plus two years of successful, supervised casework experience with children; and whose full working time is related to the casework service needs of the children served by the institution.

2. To be considered a caseworker, for the purpose of this classification, a person must have had some graduate social work training and be under the direct supervision of a person with qualifications to supervise case work services as specified under 1, above.

3. The number of professional casework staff shall be such as to assure that every child receives the degree and extent of services individually needed. Attention shall be given to assignment of case loads to ensure adequacy of casework services, in all its components, to the children and their families. A full-time caseworker in a Group II institution shall be expected to handle a caseload of no more than 30 child cases. Part-time casework staff shall be expected to handle no more than a like ratio of child cases in proportion to the time employed.

(continued, page 10)

Children and Family Services Regulation No. 5.17 (cont.)

4. Nothing herein, is to be construed as limiting or preventing an institution from employing additional staff, including student social work trainees, volunteers, or case aides, with capacity to take responsibility for and to assist with certain social work functions, that enhance the services to children under care, if such persons are under supervision of properly qualified staff specified under item 1, above.

Section Five

GROUP III CLASSIFIED CHILD CARE INSTITUTIONS

Institutions seeking Group III classification shall fully meet and maintain standards prescribed under Department of Children and Family Services Regulation No. 5.11, "Minimum Standards for Licensed Child Care Institutions and Maternity Centers."