

Submission on the Draft Children’s Amendment Bill

From the National Association of Child and Youth Care Workers (NACCW)

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*Child and Youth Care Workers and Work
Foster care
Child and Youth Care Centres
Shelters and drop in centres*

Note: Words in bold are insertions. Words with strikethrough are deletions.

Chapter 1: Definitions

Clause	Proposed amendment	Discussion/motivation
Definitions		
1	<p>Insert a definition of “child and youth care worker”.</p> <p>Insert a definition of “child and youth care work”</p> <p>Insert references to roles of child and youth care workers where relevant in chapters 5, 6, 7, 8, 11 and 12</p>	<p>Child and youth care workers provide a wide range of child protection and care services and are recognised as a category of social service professionals by the South African Council for Social Service Professionals (SACSAP). However they are not expressly defined and named in the Bill and are not expressly allocated functions and roles in the Bill (except sometimes in the Child and Youth Care chapter).</p> <p>We therefore recommend the insertion of a definition of a “child and youth care worker” and “child and youth care work” as follows: “Child and Youth Care is direct protective, developmental and ameliorative practice within the life space of a young person in the community, the family or a group care/education setting. Its aim is, through the use of positive relationships and planned programming, to address</p>

		<p>emotional and behavioural issues, thus promoting improved functioning and development.”</p> <p>This needs to be followed up with references to the role of child and youth care workers, especially in chapters 5, 6, 7, 8, 11 and 12.</p>
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Chapter 12: Foster Care

Clause	Proposed amendment	Discussion/motivation
Number of children to be placed in foster care per household		
185 (2)	<p>Section 185(2) provides for more than six children to be placed in foster care in terms of a cluster foster care scheme.</p> <p>While we support the concept of cluster foster care, we recommend that the Bill create absolute clarity as to the difference between cluster foster care schemes and a child and youth care</p>	<p>Of concern is the manner in which ‘cluster foster care’ is articulated in the Bill. Originally designed as a model for ensuring social service agency support to ‘clusters’ of foster carers, all taking care of children in their own homes, the concept is now also being used to develop models of care that look worryingly like mini-residential care units. The idea is that an agency buys a house, ‘employs’ a number of foster parents who then receive six foster care grants each. Some of the models supervise workers, provide them with support, and work towards professionalizing them. The legal complexity of this situation is not clear in that the agency’s involvement in a situation of this nature is not legislated. The foster parents are in effect staff, yet they will have no legal protection as staff as they are not recognised in law as staff. There may be legal matters pertaining to worker rights in such models that will be raised by the labour unions as they scrutinize the Bill.</p> <p>Besides the problems outline above in relation to the staff, a more important consideration here also relates to children’s rights to family (especially in relation to permanency planning) and to protection from abuse and neglect. Surely in this type of operation we open children to many of the negative effects of unregulated residential care? A danger would be exposing children to serial (not multiple) care givers, as foster carers are free to decide to stop being foster parents, or worse still foster parents who continue being foster parents because they are economically trapped.</p>

<p>centre.</p> <p>Strict requirements apply to child and youth care centres, while cluster foster schemes remain largely unregulated in the Bill.</p> <p>If they are very similar, this large difference between the two types is likely to create a “loophole” in the Bill which will leave children in cluster foster schemes unprotected.</p>	<p>By calling a rose by another name are we not fooling ourselves into thinking that it is not a rose? Will we in effect be creating mini children’s homes with the same pressures on staff, who will be poorly remunerated compared to their colleagues working in child and youth care centres?</p> <p>Staff in cluster foster schemes are also likely to have limited understanding of challenged children’s special developmental needs as they will not be linked to the training and skills requirements that are set for staff in child and youth care centres.</p> <p>As a result, we may end up creating many small child and youth care centres without the necessary safeguards being in place and thereby exposing many children to the debilitating effects of long-term residential care.</p>
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Chapter 13: Child and Youth Care Centres

Clause	Proposed amendment	Discussion/motivation
Child and youth care centre (definition clause)		
191	<p>Remove the exclusion of shelters in 191(1) (b) and insert a new sub-section in s192(2) to cover programmes offered to children on the street, in order to ensure that shelters fall under the umbrella of the chapter on child and youth care centres.</p> <p><i>Programmes for the reception, temporary care and assessment of children of the street</i> should be listed as one of the programmes in s192(2). Alternatively, sub-section (f) could be considered broad enough to cover such programmes.</p> <p><u>Suggested re-draft:</u></p> <p>191 (1) A child and youth care centre is a facility for the provision of residential care to more than six children outside the child’s family environment in accordance with a residential care programme or programmes suited for the children in the facility, but excludes –</p>	<p>All shelters should be registered as child and youth care centres. Having them in a separate chapter perpetuates the incorrect notion that children of the street are a category of children in need of a lesser standard and quality of care and protection services.</p> <p>The norms and standards for the various types of programmes will need to be translated into procedures or practice guidelines and this will vary depending on the programme. The norms and stds for programmes offered to children of the street can provide for the nuances necessary with regards to the particular needs of children of the street.</p>

	<p>(a) a partial care facility; (b) a shelter or drop- in centre; (c) a boarding school; (d) a school hostel or other residential facility attached to a school; or (e) any other establishment which is maintained mainly for the tuition or training of children other than an establishment which is maintained for children ordered by a court to receive training or tuition.</p> <p>(2) A child and youth care centre must offer a therapeutic programme designed for the residential care of children outside the family environment, which may include a programme designed for – (x) the reception, temporary safe care, assessment and counselling for children of the street.</p>	
191	<p>Insert an additional sub-category into sub-section (2) to include programmes designed for providing support and material assistance to children leaving residential care (eg leaving care programmes for children when they reach age 18).</p> <p>(x) assisting children to make the transition when leaving child and youth care centres after reaching age 18</p>	<p>When children reach 18 years of age some of them need assistance to make the transition between the centre and the outside world. This is especially true for children who have been assessed as being challenging to place in the community (eg in foster care or home care). Programmes designed to provide such assistance should be listed as one of the types of programmes that could qualify for funding.</p>
191(2)	<p>Provide clarity on how community outreach programmes (primary prevention and early intervention) will qualify for funding (ie will it be via chapter 8 provisions or via Chapter 13 provisions?)</p>	<p>Many centres provide outreach programmes (prevention and early intervention programmes, family reunification and aftercare) to the surrounding community aimed at preventing children in the community needing to be placed in residential</p>

		<p>care or re-admitted into care.</p> <p>Street children shelters often concentrate on immediate prevention and early interventions when they come across a new child on the street as interventions at this stage have a greater success rate in ensuring family re-unification. Such a child may not yet be resident in the shelter – ie the intervention happens on the street when a street worker is on street patrol looking for new street children. In Hillbrow there is an example of a mobile unit that moves through Hillbrow spotting new children on the street, assessing their needs, and providing options to the child for assistance.</p> <p>At the moment, centres receive funding in the form of per capita grants (per child in the centre) and they do not receive separate funding for outreach programmes. When the new Bill becomes law, and when per capita funding changes to programatic funding, will centres be able to apply for and qualify for funding for their prevention services and reunification/aftercare programs or only for the residential care programme?</p> <p>How will funding for such prevention programmes be channelled? The list of programmes in 192(2) concentrates on the programmes provided in the residential centre to the children in the centre, while Chapter 8 provides for funding to primary prevention and early intervention programmes. Clarity is needed here as to how centres will apply for funding for outreach programmes.</p>
191 (2)	Insert the words “and psychiatric” after the word	Children who have been abused, neglect or abandoned can

(h)	<p>“emotional”.</p> <p>(h) the reception, development and secure care of children with behavioural, and emotional, and psychiatric difficulties.</p>	<p>develop a range of emotional and behavioural challenges. The border line between a serious behavioural or emotional challenge and a psychiatric condition or mental disability (eg major depression, bi-polar disorder, schizophrenia) is often not clear. Creating an artificial boundary which says that children diagnosed with psychiatric conditions become the responsibility of the Department of Health does not take into account the holistic needs of the children. Children with such conditions require a range of treatment interventions that may include psychiatric drug treatments but should always include developmental programmes and counselling.</p>
191 (3) (a)	<p>191 (3) A child and youth care centre may in addition to its residential care programmes, offer –</p> <p>(a) the provision of appropriate care and development of children with physical or mental disabilities or chronic illnesses;</p> <p>New section: 191 (3) All child and youth care centres must ensure an enabling environment to promote equal access and opportunities for children with disabilities and chronic illnesses.</p> <p>and</p> <p>192(2) The MEC must –</p> <p>(c) include in the strategy a plan for ensuring that a sufficient number of centres take the necessary measures to enable access for children with</p>	<p>This sub-section creates the impression that children with disabilities require residential care due to having a disability. Children with disabilities end up in the child protection system for the same reasons as other children: they have been abused, neglected, maltreated, orphaned, abandoned etc. They need care and protection in recognition that they are a child first and then additional assistance in recognition that they have a disability which could compound their vulnerability.</p> <p>We therefore recommend that 3(a) should be deleted and a clause inserted that places an obligation on all centres to provide an enabling environment to enable children with disabilities to access all centres.</p>

	disabilities and chronic illnesses.	
191(3)	<p>Provide clarity on how sub-section (3) (b) will interact with the Prevention and Treatment of Drug Dependency Act¹.</p> <p>Move 3(b) to be one of the sub-categories in sub-section 2.</p>	<p>Centres providing treatment for drug addiction, currently need to register and apply for funding through the Prevention and Treatment of Drug Dependency Act. Will the insertion of sub-section (b) into the Children’s Bill change this in any way? Will centres providing programmes for children with drug dependency problems be required to register in terms of both Acts or just one of the Acts?</p> <p>We recommend that there be only one registration procedure and that this should be regulated through the Children’s Bill. Many children in existing child and youth care centres need drug dependency treatment and child and youth care centres therefore need to have programmes available for such children. There are very few drug treatment centres available in South Africa and there are long waiting lists for admission to such centres. Programmes run at child and youth care centres should therefore be encouraged and funded.</p> <p>It is also important to ensure that drug treatment programmes are designed and developed specifically taking into account the needs of children. It is questionable whether the Drug Dependency Act and the regulations/norms and stds/monitoring of centres does that sufficiently. Housing drug dependency programmes under the Children’s Bill would ensure that they were specifically designed and implemented</p>

¹ Act 20 of 1992. Section 9 provides that : “(1) No person shall manage any institution or other place maintained mainly for the accommodation and care of persons who are dependent on drugs or in which such persons receive mainly physical, psychological, spiritual or social treatment, except a treatment centre, unless such institution or place is registered under this section. “

		with children's needs in mind.
Strategy		
192	<p>192(1) The Minister, after consultation with the Ministers of Education and Health, must include in the departmental strategy a strategy framework aimed at ensuring an appropriate spread of child and youth care centres throughout the Republic providing the required range of residential care programmes in the various regions.</p> <p>(2) Such strategy should be informed by a needs assessment per province.</p> <p>(3) The MEC must –</p> <p>(a) Conduct an annual assessment of the need for residential care centres in the province and submit this to the National Minister.</p> <p>(b) Maintain a register of all registered and unregistered child and youth care centres in the province concerned;</p> <p>(c) In consultation with the National Minister and in keeping with the national strategy referred to in sub-section (1), and taking into account the needs assessment and registers mentioned in sub-section 3, plan strategies for and ensure the provision of an appropriate spread of child and youth care centres in the province providing the required range of residential care programmes.</p>	<p>There are currently many unregistered residential children's homes operating in South Africa. (As an example: In one informal settlement in Cape Town, there are approximately 10 unregistered centres.)</p> <p>In recognition that the phenomenon is likely to increase (and not disappear over night) and that such centres need assistance to register, close or transform in order to adequately provide for and protect the children in these centres; we recommend that the MEC of each province should be obliged to conduct an assessment of the need for residential care in each area, and to keep a register of both registered and unregistered centres. Residential care centres should only be established if there is a genuine need in the area. MEC's should also be obliged to conduct this assessment and make decisions in relation to registration, closure or transformation of unregistered centres within a tight time-frame.</p> <p>.</p>
192	Insert specific references to sections 4 and 5 of the Children's Act (inter-departmental co-ordination) in the strategy clause.	The Departments of Health, Education, and Justice currently also operate facilities for the residential care of children or provide elements of the programmes and services needed in

		<p>centres operated under the umbrella of the Department of Social Development.</p> <p>An example is a hospice type institution for children with chronic illnesses such as HIV/AIDS.</p> <p>Furthermore, some centres operate under the umbrella of two pieces of legislation. An example would be a treatment programme for children dependent on drugs. Currently applications and funding need to be made in accordance with the Drug Dependency Act, however such centres may also fall under the umbrella of the Child Care Act/Children's Bill.</p> <p>Another inter-departmental issue in need of redress is school fees in relation to children in child and youth care centres. Despite the new school funding regulations, centres routinely report that schools are demanding school fees from children in child and youth care centres, or indirectly denying access to children by saying that they do not have space for the children. It does not make sense for the funding from one Department (Social Development) to be used to have to pay another department (Department of Education).</p> <p>Given these interdependencies between the different departments, and the overlaps between different laws, we recommend that an integrated approach to drafting the strategy and planning provisioning of centres is pro-actively mentioned. The Bill could make a cross reference to section 5 (obligation to ensure a co-ordinated approach) in s192 in order to place the need for integration in a prominent place.</p>
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		Please see the end of this grid for more examples of inter-departmental interdependencies that need to be considered.
Notices of enforcement		
198(1)	<p>Replace “may” with a “must”.</p> <p>A provincial head of social development may must by way of written notice of enforcement instruct –</p> <p>(a) a person or organisation operating an unregistered child and youth care centre –</p> <p>(i) to stop operating that centre; or</p> <p>(ii) to apply for registration in terms of section 199 within a period specified in the notice; or</p> <p>(iii) to transform the centre into a non-residential primary prevention and early intervention project</p>	<p>The head of department should not have a discretion as to whether or not to act in relation to unregistered centres. The discretion should be only with regards to the type of action that should be taken. The precedent set in the Noupoot judgement makes it clear that it is a violation of the Promotion of Administrative Justice Act (PAJA) for the Department not to make an administrative decision as a “non-decision” leaves the centre in legal limbo with no recourse.</p> <p>He/she should be obliged to act, either by registering the centre, closing the centre or assisting the centre to transform.</p> <p>The option of transforming should be provided instead of only the “black and white” options of register or close.</p>
Consideration of application		
200(4)	<p>(4) The provincial head of social development must consider a report of a designated social service professional worker before deciding an application for registration or renewal of registration.</p>	<p>We recommend rather the use of the words “designated social service professional” in order to enable child and youth care workers (professionals who are specifically trained on child and youth care centres and child and youth care work) to write such reports.</p> <p>When such designations are made, we recommend that only professionals with the necessary training and experience in child and youth care centres should be designated.</p>
Conditional registration		
201	Insert a sub-section placing an obligation on the	We welcome the inclusion of sub-section (4) in s203 which

	Provincial Department of Social Development to provide assistance to centres with conditional registration to comply with the norms and stds.	<p>provides that the provincial Department of Social Development may assist a “registration holder” to comply with the minimum norms and standards.</p> <p>However, we note the absence of a section which provides for assistance to unregistered facilities to comply with the norms and stds in order to qualify for registration and funding. Sub-section (4) only applies to centres who are registered but who have had their registration cancelled.</p> <p>A section providing for assistance to unregistered centres could be inserted in section 201 (Conditional registration).</p>
Child in child and youth care centre to be closed		
205	We support section 205 and 171.	<p>We support sections 205 and 171 which will help ensure that the transfer of children from unregistered centres into registered centres is done in a way which protects the child’s rights.</p> <p>It needs to be recognised that many children (especially young children) will have developed primary attachment bonds with the caregivers in unregistered centres. Transfers from unregistered centres therefore need to be very carefully handled to ensure that long term psychological damage to the child is minimised.</p>
Management Boards		
207(1)	We welcome and support this section	We support the proposal in sub-section (1) that all child and youth care centres should have management boards, including government run centres. At the moment government run child and youth care centres do not have boards. We

		recommend that they should have boards to promote accountability, ensure diversity and transparency.
207(2) (a)	(2) The members of a management board are appointed by – (a) the MEC for social development in the relevant province, in accordance with a procedure prescribed by regulation , in the case of a child and youth care centre which is operated by the province.	In order to ensure stakeholder and community participation and representation on government child and youth care centre boards, we recommend that the appointment procedures for management boards for government run centres should also be prescribed in regulation (as is provided in sub-section (b) for NGO run centres).
207(3)	We welcome and support this section	We support the proposal in sub-section (3) that in appointing boards, “equitable representation by all stakeholders, including the community...must be ensured”. We believe that the Board should represent the diversity and special needs of the children in the centre for example in respect of culture, HIV status, disability and language.
212(1) - (o), (q) and (r).	The Minister must may , where appropriate after consultation with the Ministers of Education and of Health, in terms of section 306 make regulations prescribing – (l) the powers and duties of the management boards of child and youth care centres; (m) the composition of management boards, including – (i) appointment procedures; (ii) qualifications for membership; (iii) term of office; (iv) filling of vacancies; and (v) suspension or termination of membership; (o) matters relating to the functioning of management boards, including –	These subsections provide that the Minister may make regulations prescribing matters relating to members of management boards. We support all these sub-sections because they promote accountability and helps Boards function within the child care legislative framework. They ensure that Boards know that their core business is child care and not anything else. However, we recommend that the word “may” should be replaced with “must” to ensure that such regulations are issued as without this legal framework, management boards would remain unregulated. A further problem we would like to raise in the area of these regulations is the problem of ensuring that Board members

<p>(i) designation and functions of presiding members;</p> <p>(ii) the convening and conduct of meetings;</p> <p>(iii) quorums; and</p> <p>(iv) the appointment and functioning of committees of a board;</p> <p>(q) matters relating to the responsibilities of and interaction between the management board and the staff and residents of a child and youth care centre;</p> <p>(r) the reporting responsibilities of management boards and staff to the department, person or organisation operating the child and youth care centre;</p> <p>(x) the appropriate training of members of Boards of Management</p>	<p>are accountable and that they actively provide the necessary support to the centre. When the Centre is registered as a s21 not for profit company, the Board members are financially and legally accountable for the affairs of the Centre. This accountability mechanism helps ensure that the Board members are actively involved in supporting the centre. However, those centre's whose Board members are not accountable through a s21 governance system, often struggle to ensure that their management boards provide the necessary governance support to the centre.</p> <p>Please consider this problem when designing the regulations for Management Boards to ensure that sufficient accountability mechanisms are created for Board members.</p> <p>It is important that members of Management Boards receive the necessary training on child and youth care work and centre management. However the Bill does not refer to the need for training. We recommend that this should also be listed as a matter to be prescribed in regulations.</p>
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Chapter 14: Shelters and Drop in Centres

Clause	Proposed amendment	Discussion/motivation
Shelters and drop in centres		
213	Remove shelters from this chapter and place in chapter 13. Delete 213(1) (a)	See motivation above in relation to section 191.
Assignment of functions to municipality		
225	Delete this clause	<p>Section 225 provides for the head of department in a province to assign the performance of a range of functions in relation to shelters for street children to the municipality.</p> <p>Local government's first agenda tends to be to ensure that the street are empty of street children. Their motivation is not based in the care and protection needs of the children, but more in a desire to keep the streets clean, crime free and acceptable to the surrounding businesses.</p> <p>In comparison, the Child and Youth Care Centre chapter does not have a clause allowing for the assignment to municipalities of functions in relation to child and youth care centres. It is questionable therefore as to why shelters for street children should be assigned to municipalities.</p> <p>We therefore recommend that this clause providing for the assignment of functions to municipalities in relation to shelters should be deleted.</p>

Additional information to support this submission

1. Inter-departmental integration issues

Education

- (1) Many centres report that schools are insisting that the centres pay schools fees. In other instances, the schools are excluding children access using the excuse that they are full to capacity. However the centres say that this is an excuse being used because they know the children from the centre will not be paying fees. This is happening despite the new school funding regulations which exempt child and youth care facilities from having to pay school fees. It does not make sense for one government department (Social Development) to be funding the centre, only for that centre having to use that funding to pay another government department (Education).
- (2) Children on the streets have often been out of school for long periods of time. They need bridging courses and additional assistance in order to re-join the mainstream schooling system. In one centre in KZN, teachers from the local school come to the street children shelter in the afternoon and teach a bridging course for street children in the centre. This approach needs to be encouraged.
- (3) Children on the street often do not have birth certificates and identity documents. Some schools require these documents before agreeing to admit the children. This requirement results in children of the street being denied access to education.
- (4) Schools in child and youth care centres need to be monitored. At present, such schools are not be monitored by the Department of Education.
- (5) Children who have been abused or neglected often have behaviour and emotional challenges that require a specific understanding and a continuity of care. While they receive this care while in the child and youth care centre at night and on week-ends, during the day they go to school and they are likely to receive the necessary understanding while at school. One suggestion for ensuring that they do receive continuity of care is for child and youth care workers to be employed within the schools to ensure that children with behavioral and emotional challenges are provided with the necessary support and teachers are trained on how to respond appropriately. Teachers bear heavy burdens of over full classes and many children with challenges that they cannot address. Having child and youth care workers employed at schools could alleviate this burden on teachers and ensure that children in need are supported while in school.

Health

- (1) When street children need medical treatment (for instance for injuries sustained in fights on the street or for sexually transmitted diseases), they sometimes face barriers when they approach the clinics on their own. There have been reports of nurses pushing them aside, shouting at them and generally treating them with disrespect. Their health conditions are often not kept confidential. The Children's Bill [B70D – 2003] provides that children over the age of 12 years can access medical treatment on their own (current law is 14 years), and the National Health Act prescribes that the child has a right to confidentiality. Health care practitioners appear to be unaware of these provisions in relation to street children and need to be trained to ensure that street children's rights to health care services are not denied.

Police

- (1) Street children and the police often come into contact on the streets. The policy will need training on the new Bill especially with respect to how they should respond to and assist street children.

Dept Labour and Public Service

- (1) Children's homes are designated as an essential service (as of December 2004), which means that they cannot strike. However, there are other labour laws and agreements which impact on the ability of centres to provide the best care to the children. One problem currently being experienced in government run centres is that government child and youth care workers work on a shift system that interferes with the need for continuity for care for the children in the centres. Could the Department of Labour and the Department of Public Service be asked to look into this problem and find an appropriate solution in the best interests of the children in the centres? In relation to future decisions that affect staff on child and youth care centres, can a mechanism be put in place to ensure that agreements reached between government and unions in bargaining councils also take into account the specialised staffing needs of child and youth care centres.
- (2) The staff in government run child and youth care centres tend to receive higher salaries than the staff in NGO run child and youth care centres. In recognition that all centres need to comply with the same norms and standards, there is no

justification for this difference in salary. Government staff salaries are governed under the public service, while NGOs salaries are dependent on the funding received from the NGO from government.

- (3) Programmes provided in government run centres also tend to receive more funding than programmes provided in NGO run centres. Again – parity should be introduced as both centres are bound by the same norms and standards.
- (4) Child and youth care workers need access to funding to enable them to develop their skills, for instance to acquire a diploma in child and youth care work. Access to bursaries is currently difficult.
- (5) The Public Service rank promotions system sometimes results in unqualified staff being promoted automatically to higher positions in government run centres.

2. Unregistered children's homes

There are currently many unregistered residential children's homes operating in South Africa. (As an example: In one informal settlement in Cape Town, there are approximately 10 unregistered centres).

The centres have arisen for a number of reasons. Some have been established in response to a genuine need in the community. Some have been established by individuals trying to create employment for themselves. Some have been established by well meaning individuals and organisations who do not have the knowledge and skills needed to rather start primary prevention and early intervention services. The cause and extent of unregistered children's homes has not been properly researched, however information from child and youth care workers on the ground indicate that such centres are on the increase and that government social workers are placing children in these unregistered centres.

As government social workers are placing children in these centres, it is clear that the provincial departments are aware of the existence and location of these centres. There have been some media reports of some of these centres being closed down, however the majority continue to exist without pro-active assistance from the provincial departments to either register and fund them, close them or transform them into alternative projects such as drop in centres or primary prevention projects.

Inserting the appropriate clauses into the Bill, to place a clear duty on the MEC's to conduct a needs assessment for each area and then to make decisions in relation to registering, closing or transforming these centres within specified timeframes, would help ensure the issue is prioritised.

We support sections 205 and 171 which will help ensure that the transfer of children from unregistered centres into registered centres is done in a way which protects the child's rights.

3. Creating enabling environments for children with disabilities

Currently, children with disabilities are not adequately provided for within child and youth care centres. Many children with disabilities end up being sent back to abusive situations at home due to centres not being able or willing to admit them. Others are housed in hospitals instead of in child and youth care centres. Children with mental disabilities often end up in mental health institutions/psychiatric hospitals on heavy drug treatments.

NACCW recommends that all centres should be obliged to progressively move towards creating enabling environments to ensure that children with disabilities can be provided with equal access and opportunity. In order for this to become a reality, centres will need:

- training for all staff,
- extra funding in recognition that children with disabilities tend to stay longer in residential care, and
- extra funding to enable the centres to make their buildings physically accessible.