Social injustice for 'at risk' adolescents and their families

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For the last twenty-five years, in Australia and in most western type countries, the planning of services for children and families has been strongly influenced by a series of ideological concepts. These concepts are: deinstitutionalization, normalization, least restrictive environment, mainstreaming, minimal intervention, and diversion. Together they are the central tenets of a paradigm (CTP) currently used by policy makers and human service planners. This paper argues that the use of the CTP has had an unintended negative impact. It has lead to the neglect of the most difficult 'at risk' adolescents and their families. What we have is a situation where services of sufficient power, intensity and duration (PID) needed by this group are not favoured since they do not conform to the CTP. For 'at risk' adolescents and their families this is socially unjust.

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For the last twenty five years or more, in Australia and in most western type countries, the planning of services for children and families has been strongly influenced by six concepts: deinstitutionalization, normalization, mainstreaming, least restrictive environment, minimal intervention, and diversion. Deinstitutionalization and normalization are derived from the health care system, particularly the psychiatric and developmental disability fields. They stem from the recognition that this system had become over dependent on large institutional settings that had ceased to be the most appropriate treatment or care venues. The notions of least restrictive environment and mainstreaming are from education. These concepts stem from US legal rulings about the right of access to education in public school settings. Finally, the concepts of minimal intervention and diversion are closely linked to services for juvenile offenders and reflect attempts to reduce the involvement of young people in the criminal justice system.

All of these concepts are derived from work undertaken in the US in the 1950s and 1960s, and none of the concepts have their origin in child welfare. These concepts are now the central ideological tenets of a paradigm (CTP) used by policy makers and human service planners in Australia. It is the CTP that has to be examined when services for 'at risk' adolescents and their families are under consideration since it is this paradigm that inhibits the development of relevant services for this group. Figure 1 shows the system of origin of these concepts.

THE POSITIVE BENEFITS FOR CHILD WELFARE

The beneficial results of the application of the CTP to child welfare, particularly out-of-home care services, are several. Large children's institutions no longer dot the landscape of our towns and cities. Instead, family foster care is the dominant form of out-of-home care. Only 2416, or 12%, of the population of children in out-of-home care are now in residential placements (Bath, 1997). There are also fewer children in out-of-home care than ever before (Bath, 1997). Additionally, Australia has lower in care rates than most other western type countries (Bath, 1997). In essence, deinstitionalization and normalization policies have had an impact. Children who are placed in out-of-home care are now likely to be in the least restrictive setting and attending mainstream public school. This approach is a far cry from an earlier era when children in care lived long term on an institutional campus, ate and slept in congregate facilities, and attended an internal school with few opportunities for interaction with children not in care or with the surrounding community. For the group of children in care whose principal needs are nurturing care, educational and other developmentally focused opportunities combined with planned early family reunification, these changes have been positive.

THE NEGATIVE CONSEQUENCES FOR CHILD WELFARE

Unfortunately, the pursuit of the CTP by policy makers and service planners has not led to the same positive outcomes for the more difficult to serve 'at risk' group of adolescents and their families.

This group of adolescents displays a range of complex needs and age inappropriate behaviours. They disconnect themselves from the educational process through non-attendance or expulsion from school and frequently have an established pattern of offending. Many have a history of disrupted foster care placements. They also engage in substance abuse and some attempt suicide. In summary, depression, seriously disruptive, aggressive and violent anti-social behaviours and an inability to live peaceably with others, including their immediate family, are all hallmarks of this group of adolescents. Finally, when everyone is alienated by their behaviours, they face long-term unemployment and homelessness with the potential for drift into a life of social isolation, adult crime and poverty.

This group requires services that have sufficient interventive power, are at a higher level of intensity and of longer duration (PID) than can be provided by foster care and most community-based programs. Even treatment foster care does not have sufficient intensity of service inputs to provide adequately for them. PID services usually involve a degree of compulsion and may include the use of restrictive residential settings. These services are controversial and the high cost of such services causes their use to be questioned. However, more importantly, they are viewed unfavourably because they do not conform to the CTP which policy makers and service planners have adopted. As a consequence there is opposition to PID type services to change the behaviours of seriously 'at risk' adolescents.

The dilemma about how to serve this very difficult group of 'at risk' youth and their families is an issue across the world. This is not a problem that is confined to Australia. All communities are struggling to find ways to alter the destructive cycle of events described above. However, other countries do not appear to be quite so committed to the preservation of the CTP as Australia and are therefore more able to maintain or develop specialised re-education and treatment services. In this context it is worth offering some selective snapshots of overseas experience.

A note of qualification

The examples of overseas experience in the next section of this paper reflect some differences in attitudes towards services and the development of a new generation of services for 'at risk' adolescents and their families. In none of the places that provide examples of new generation services is there any wish to return to the abusive practices of the past. On the contrary, in the US, Britain and South Africa these services and policy developments reflect recognition that mature child welfare systems have to contain selective services for the most difficult 'at risk' youth and their families. There is also recognition that a proportion of these services will be residential programs. Given that the research evidence about the effectiveness of non-residential forms of service such as treatment foster care or wraparound services is inconclusive, this seems appropriate (Bates, English & Kouidou-Giles, 1997).

Figure 1. The central tenets and their system of origin

TENETS	SERVICE SYSTEM
Normalization	Developmental disability
Deinstitutionalization	Mental health Developmental disability
Mainstreaming	Education
Least restrictive environment	Education
Minimal intervention	Criminal justice, especially juvenile justice
Diversion	Criminal justice, especially juvenile justice

SNAPSHOTS FROM ABROAD

United States

An example of an intensive and appropriate service for 'at risk' youth in the US is Glen Mills School. This school, close to Philadelphia in Pennsylvania, serves 700 mainly black delinquent males on a single campus. The program provides a powerful and intensive, 24 hours per day, seven days per week, re-education and re-socialisation experience for adolescents who have appeared before the juvenile court. It achieves educational and sports results that allow a significant number of residents to progress directly from Glen Mills to university. This program contravenes the notion of deinstiutionalization, normalization, least restrictive environment, and mainstreaming. In spite of this the research evidence shows that it works for a significant number of 'at risk' adolescents (Grissom & Dubnov, 1989).

Another example is the EQUIP program developed in Columbus, Ohio. This is another powerful and intensive intervention with incarcerated juvenile offenders. This program offers an integrated anger management, moral and life skills development curriculum to these offenders. This program also contravenes the tenets of the favoured paradigm. However, yet again, the research evidence is that this program works at least for some 'at risk' adolescents. (Gibbs, Potter & Goldstein, 1995).

The Walker School and Home, Boston, Massachusetts is yet another example of a service of sufficient power, intensity and duration to achieve change. This combined day school and campus-based residential program provides for over 100 pre-pubescent boys with learning difficulties that may be neurological and/or psychological in origin. This program provides on campus schooling which then extends to intensive support in community-based schools. The community-based school division provides demonstration services, consultancy and training to teachers in the local school systems to enable them to retain these children in mainstream classes. This program also contravenes the tenets of the CTP. Again, the

evidence is that it produces positive change for children at risk of exclusion from the mainstream public school system (Small, 1999).

Another response in the US to the issue of 'at risk' adolescents is the acceptance of the idea that residential education should be an option for some of these youth (Beker & Magnuson, 1996; Schuh & Caneda, 1997). The integrated living and learning environments provided by residential education are seen to offer positive advantages to adolescents who might otherwise fail to receive a relevant education and achieve their full potential. This position is heavily supported by Israeli research and experience of using residential schools as 'modifying environments' for at risk youth (Levy, 1996).

A further development is the move by child welfare practitioners away from assessment of family pathology to an assessment based on family strengths (Rapp, 1998; Saleebey, 1997). This is resulting in a drive by child welfare agencies to find ways to incorporate parents as partners into the effort to address the issue of 'at risk' adolescents by residential and community-based services (Ainsworth, Maluccio & Small, 1996; Ainsworth, 1997).

Finally, it is worth noting the national multi-site descriptive and prospective Odyssey study project sponsored by the Child Welfare League of America (CWLA) (Curtis, Papa-Lentini, Alexander & Brockman, 1998). The intention of this 5 year project is to document the outcomes for approximately 3400 children and youth of residential group care, group homes and therapeutic foster care placements. This is the largest research project ever undertaken by CWLA and is evidence of the importance that continues to be attached to residential programs in the US.

Britain

In Britain, after two decades of trying to reduce the use of residential programs, social service organisations responsible for 'at risk' adolescents are now revising this view. There is recognition that well managed programs which operate for 24 hours per day, 7 days per week, offer greater service power and intensity and can be of longer duration than most community-based programs. Such programs are accepted as a necessary element of a mature child welfare system. This view is held in spite of negative national publicity following a number of criminal cases involving the serious abuse of children in notorious residential programs (Levy & Kahan, 1991). Since the Levy and Kahan report into one of these scandals, the Department of Health has heavily invested in a series of research projects designed to enhance the quality and the effectiveness of residential programs (Department of Health, 1998; Farmer & Pollock, 1998; Hills & Child, 1998; Sinclair & Gibbs, 1998; Whitaker, Archer & Hicks, 1998). The Department has also promoted a major review of safeguards for children living away from home which has recently been released (Utting, 1997). This report confirmed that, regardless of these criminal events, residential care should continue to be viewed as a positive choice for some 'at risk' adolescents and their families (Wagner, 1988). It also urges social service authorities to make further efforts to advance the training and qualification level of personnel who staff residential care and treatment programs. The parallel Scottish report goes so far as to recommend that a university professorial chair in residential child care be created (Kent, 1997).

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Finally, it is worth noting that in response to the scourge of persistent juvenile offending the new Labour government has moved to establish secure residential programs offering vocational training to adolescents between 12 and 14 years of age.

In addition, the Health Secretary has indicated the Government's determination to rehabilitate residential care as an optional alternative to fostering (Brindle, 1998).

There is also a suggestion that residential child care workers will have to hold a minimum national vocational qualification (NVQ) in order to be eligible for employment. They will also have to be registered with the proposed General Social Care Council (Brindle, 1998). Clearly, these proposals and developments run contrary to the CTP that currently dominates the thinking of policy makers and service planners in Australia.

South Africa

For anyone interested in the reform of child welfare the South African situation also warrants examination. Following the election of a Government of National Unity, an Inter-Ministerial Committee on Young People at Risk (IMC) was established in 1995 (IMC Interim Policy Recommendations, 1996). This committee was established to manage the process of transformation of the child and youth care system over a time limited period that ends in the year 2004. Its membership is drawn from the Ministries of Welfare, Justice, Safety and Security, Correctional Services, Education, Health, as well as a number of national non-government organisations that include the National Association of Child Care Workers (NACCW). This committee has undertaken extensive research pertaining to residential child and youth care. It has undertaken a world search for best practice programs for service delivery and staff education and training. Based on this search the IMC has sponsored a series of innovative residential and community-based programs to test out their viability in the South African context. These programs, all of which bar one were about ensuring that children were diverted away from the juvenile justice and residential care services, were subjected to external evaluations that have now been completed (IMC Report on the pilot projects, 1998). These programs are currently being transformed into learning sites where policy makers,

managers and practitioners can experience first hand how to implement the various models and principles to facilitate replication of these services within their own community and/or province. The aim is to have 100 replication projects in place by July 1999.

In the earlier interim recommendations the IMC made significant recommendations about the reduction in use, but not the abandonment, of residential programs for 'at risk' children and adolescents. Of particular interest is the recommendation that child and youth care be recognised as a professional activity that spans the education, health care, welfare and justice systems. The notion of child and youth care workers as a key occupational or professional group, to provide services for 'at risk' adolescent and their families in residential as well as community-based programs, is primarily taken from Canada (Denholm, Ferguson & Pence, 1987). The promotion of this model by the IMC with additional support from NACCW and assistance from Education Australia will ensure that Technikon SA offers in 1999 a four year degree program in child and youth care by distance education (Welfare Update, 1998, van Schalkwyk & de Jonge, 1998). This development will guarantee that a trained workforce gradually emerges across the years of transformation. Child and youth care practitioners are also likely to achieve professional registration under a proposed Council for Social Service Professionals. This council will be the umbrella organisation for social welfare personnel and will cover various occupational groups including social workers, probation officers and child and youth care practitioners.

REMAINING ISSUES

At this point it is important to draw attention to the most recent manifestation of the CTP that is finding favour in Australia, namely, 'individualised service' packages, or wraparound services (Burchard & Clarke, 1989). These packages are also based on developments in the psychiatric and disability systems plus the special education sector, rather than the child welfare system. These services are concerned with providing individuals and their families with a range of support services, including financial resources, that enable them to live as complete lives as possible within the limits of their disability. They are not treatment services.

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The care and support focus of 'individualised services' is frequently insufficient as the focus of services for 'at risk' adolescents. For many 'at risk' adolescents there is a need to go beyond care and support and focus on services that seek to change those behaviours that put them at risk of entering a cycle of disadvantage. These treatment, re-education or re-socialization services have to find ways to reach and to teach 'at risk' adolescents to modify their behaviour and learn to live amicably with others. Without these changes entry to the cycle of disadvantage is almost inevitable. At the centre of attempts to teach 'at risk' adolescents how to live with others is the use of the peer group (Kahan, 1994; Vorrath & Brendtro, 1985; Gibbs, Potter & Goldstein, 1995). Individualised services by definition are incapable of meeting this treatment requirement. Using a model of individualised services, it is certainly possible to maintain 'at risk' adolescents in community placements. This is not treatment and it invariably means providing placements that isolate 'at risk' youth from their peers. In fact, such placements are exclusionary and contravene some of the basic tenets of the CTP.

Finally, a note about the use of compulsion and restrictive settings for treatment purposes is needed. Lawyers and children's rights advocates are invariably opposed to the use of either of these which they see as restricting the freedom of 'at risk' adolescents. As was noted earlier, this group of adolescents displays a range of complex needs and age inappropriate behaviours. They frequently have a history of non-attendance or expulsion from mainstream school and disrupted foster care placements. Seriously disruptive, aggressive and violent anti-social behaviours and an inability to live peaceably with others, including their immediate family, are hallmarks of this group of adolescents. All of the above place these young people in real jeopardy. They are in danger of reaching adulthood only to find that their ability to function competently and to maintain employment and adult relationships is compromised. If this is the freedom that must be protected then it is an unjust freedom (Staller & Kirk, 1997). The freedom that is needed is a just freedom – in fact, a freedom that allows 'at risk' adolescents to grow beyond these constraints. If providing this just freedom involves some time limited restrictions on where an adolescent may live while change is attempted, then this seems to be a legitimate action. In this way the rights of 'at risk' adolescents and their families are protected and the freedom for the adolescents to grow into competent and healthy adults that every family, and the broader community, would want is also protected.

THE MESSAGES

So what are the messages that can be derived from these international developments? Firstly, the examples given indicate that the CTP is a less dominant force in policy making and service planning elsewhere in comparison to the Australian context. Nowhere else is this paradigm so slavishly followed. This paradigm does not support services of sufficient power, intensity and duration that are needed by 'at risk' adolescents and their families. Secondly, there are model programs that do achieve positive results with 'at risk' adolescents and their families. Serious consideration needs to be given to the trialing of these programs even when they do not conform to the CTP. This would go some way toward restoring professional

and community confidence in our ability to achieve positive outcomes for 'at risk' adolescents and their families. Thirdly, a renewed emphasis needs to be placed on professional education and training and this may need to include exploring the notion of a child and youth care profession as one way of ensuring that 'at risk' adolescents and their families receive the services they need.

SUMMARY

The CTP has not adequately served 'at risk' adolescents and their families in the child welfare system. Under this paradigm the real rights and liberties of adolescents to be provided with care and treatment services that ensure that they grow into competent and healthy adults have been seriously compromised. Services of sufficient power, intensity and duration that have the potential to achieve positive outcomes with 'at risk' adolescents are sacrificed as a result of flawed ideological concepts that are at the centre of this paradigm. These concepts do not represent the appropriate planning framework for services for 'at risk' adolescents and families. Indeed, for 'at risk' adolescents and their families they neither support the services that are needed or protect the necessary freedom or liberty to permit 'at risk' adolescents to grow into competent adults. This can only be described as socially unjust. □

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