Unfounded assumptions and the abandonment of 'at risk' youth

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At a recent New South Wales forum about the future of residential care, various speakers cited what they thought were the key themes that should guide thinking about the development of future residential programs for 'at risk' youth. The themes were that these programs must be small, local and, somewhat less confidently, that they should only be used as a 'last resort' when all other ways of addressing the care and treatment needs of these young people have been tried. It was also noted that funding for programs should reflect the level of staff expertise required when programs are treatment rather than accommodation focussed, although what this might mean in practice was not explored. These are all themes that are part of any discussion about the future of the residential component of the out-of-home care system.

The contention of this paper is that these themes are based on unfounded assumptions. When used in service planning to guide future services these assumptions contribute to the abandonment of 'at risk' youth to either no service or services that are less than adequate. The themes are explored by applying them to services in other sectors that also deal with 'at risk' youth, namely, health, education and criminal justice. The conclusion is that these themes should be replaced with others that will enable community service organisations to develop more appropriate services for 'at risk' youth.

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At a recent New South Wales (NSW) forum about the future of residential care, various speakers cited what they thought were the key themes that should guide thinking about the development of future residential programs for 'at risk' youth. The themes were that programs had to be *small* scale (programs must have limited enrolments), they must be *local* (rather than state wide) and, less confidently, that they should only be used as a 'last resort' when all other ways of addressing the care and treatment needs of these young people have been tried. It was also noted that funding for programs should reflect the level of staff expertise required when programs are treatment rather than accommodation focussed, although what this might mean in practice was not explored (Association of Children Welfare Agencies, 2001). These are commonly cited themes and there is evidence to suggest that they influence service planning not just in NSW but all other Australian states and territories.

The contention of this paper is that these themes are based on a set of unfounded assumptions. When used in service planning these assumptions then contribute to the abandonment of 'at risk' youth to either no service or services that are less effective than they deserve. This matter is explored by way of an examination of the consequences of applying this thinking to services in other sectors that also deal with this group of youth – health, education and criminal justice.

WHO ARE 'AT RISK' YOUTH?

'At risk' youth are those between 12 and 17 years of age, of either gender, whose antisocial activities range from disruptive and delinquent acts through to serious aggressive and violent behaviours. These activities are often linked to mental health (including self-harm) and substance abuse problems arising in many instances from abuse and neglect (Ainsworth, 1999; 2001). These youth also invariably demonstrate an inability to live peaceably with others including their immediate family. These are the most vulnerable young people in Australian society.

Without effective interventions designed to alter their problematic and destructive behaviour patterns, these 'at risk' youth face a grim future that is likely to include one or all of the following: low-level educational achievements, substantial periods of unemployment, an inability to maintain relationships, and the potential for homelessness, adult criminality, poor mental health and long-term poverty.

It is this problematic population that government and non-government organisations find the most difficult to serve. This population is also the population towards which any new residential care and treatment programs are most likely to be directed.

COMPARING SYSTEMS

So the question is: why is it that residential programs in the community services sector must be small, local and represent a service that is only to be used as a last resort? Noticeably, these themes are not promoted with such fervour in other service sectors that also have to deal with this population of youth. An examination of service levels in each of the other systems helps to clarify this issue.

For example, in the health, education and the criminal justice systems at least four levels of service are found and each level of service is designed to address a particular set of problems or issues. In fact each level of service marks a response to increasingly complex problems and increased levels of severity. These service levels are generally characterised as preventative, primary, secondary and tertiary, with the highest tertiary level services that are the most costly and intensive being reserved for the most serious problems or issues.

In health, the Quit Smoking programs represent a preventative level community awareness raising campaign. Next, general practitioners are the providers of the first or primary level of service to the population in general. When a condition is of high severity these practitioners refer patients to secondary level (specialist clinic or consultant) services who may then arrange for patients to receive tertiary (inpatient hospital) services. There is no expectation that primary level general practitioners will be able to adequately treat complex and severe problems.

While there is a push to provide a wider range of services to rural and remote communities, it remains true that the most specialised secondary or tertiary levels of services are often only available in large population centres or metropolitan based hospitals. This level of knowledge and skill is scarce and costly and cannot easily be replicated at a local level. In addition, many effective interventions for a particular condition need to be immediate (and not always when all else has failed) and may be intensive. Small and local are not themes that are easily applied to health services. They only command attention at a primary level when conditions are relatively simple and effective treatments are well established.

In education, general community literacy awareness raising programs are an example of preventative campaigns. The first or primary level providers in education (not to be confused with primary schools) are teachers who offer services to the general child and youth population in community-based schools. Behind these teachers and schools there is an array of secondary level services (not to be confused with secondary schools) such as specialist counselling and psychological services that focus on resolving problem behaviours or learning difficulties. Furthermore, most education systems provide tertiary level services (not to be confused with tertiary colleges or universities) in terms of special schools, some of which are residential schools, for the most difficult to educate 'at risk' youth. There is no expectation that teachers who provide primary level services will alone be able to resolve complex behaviour or learning difficulties.

In education, as with health, secondary and tertiary level services that require specialist knowledge and skill that is scarce and costly are most often available in larger population centres. Themes such as small and local can only apply at the primary or first service level when learning patterns are relatively straightforward and effective teaching strategies are well established.

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In the criminal justice system four levels of service exist. Programs such as Neighbourhood Watch act at a preventative level as part of a general crime prevention strategy. At a primary level local police activity is focussed on crime prevention, deterrence and detection. Minor transgressions of the law may at this level be dealt with through police cautioning. Then at a secondary level the court system acts to further deter criminal behaviour by imposing penalties that range from community service orders, substantial fines to short-term custodial sentences. Diversion programs that aim to help 'at risk' youth avoid entering further into the secondary level criminal court system may also feature at this point. Finally, at the tertiary level serious crime is dealt with by higher courts that punish and deter this type of criminal activity through the imposition of custodial sentences. There is no expectation that the local police acting at a primary level will alone be able to deter all criminal activity. Moreover, if an offence is very serious, ie, murder, a first time offender may be dealt with at a tertiary level. The seriousness of the offence determines the level at which the system responds. When the courts deal with complex and severe acts of criminal behaviour either at a secondary or tertiary level and impose custodial sentences that aim to deter and rehabilitate youth from the 'at risk' population, these sentences may be served in large state run institutions. The criminal justice system does not abide by the small, local or last resort themes. The themes of small and local find favour principally at primary level when offences are relatively simple and low-key cautioning practices are in place. They also apply to a lesser

extent at a secondary level when diversionary programs that seek to prevent 'at risk' youth from entering further into the criminal justice system exist.

Likewise, in the community services sector, as with other sectors, four levels of service can be identified. At a preventative level parenting programs can be viewed as part of a community awareness raising and social problem prevention strategy. At primary level social workers and others provide individualised community based casework, brokerage and advocacy services for 'at risk' youth. Then at the secondary level they may refer 'at risk' youth to a range of agencies that provide specialist services that may include mental health counselling, substance abuse treatment and delinquency prevention programs. These services aim to re-educate, re-socialise and rehabilitate these youth and to promote pro-social behaviours. Finally, the tertiary level of the system may involve the use of out-of-home care services that include foster care (non-relative or kinship care), residential programs and other supported accommodation and assistance services (SAAP), especially refuge services, as part of a care plan.

There is no expectation that a social worker or others acting at a primary service level will alone be able to change some of the complex problems and issues that 'at risk' youth present. As in other systems it is recognised that secondary and tertiary level services will be needed. Yet, tertiary services that only include foster care (including treatment foster care), residential programs and other SAAP refuge type accommodation services (Community Services Commission, 2001) lack the specialist knowledge and skill to intervene effectively given the complex social problems and severe developmental issues of 'at risk' youth. The gap at a tertiary level in the community services sector is the absence of more powerful and intensive care and treatment services that might address these needs. One reason for this is that, unlike the other systems of health, education and criminal justice, there is a claim in community services that all services must be small, local and, as far as residential care and treatment is concerned, must only be used when all else has been tried. The next section of this paper seeks to re-examine this reasoning.

Figure 1 provides a chart of the levels of service in the different resource systems.

CRITICAL QUESTIONS FOR COMMUNITY SERVICES

So the question again is: why must residential care and treatment programs in the community services sector be small, local and always be used as a last resort when there is an attempt to address the needs of 'at risk' young people?

Firstly, what evidence is there that small services or programs can adequately address the complex social problems and severe developmental issues that 'at risk' youth present? There is none. Instead, there is evidence that small (in NSW no more than six places), intensive residential programs are less effective than was originally anticipated (Bath, 1998a; Clark, 1997). Elsewhere small is not an issue. For example, a survey of US licensed public and private residential group care facilities undertaken in 1998 spanning child welfare, juvenile justice, mental health and developmental disability, identified approximately 10,000 facilities. The survey covered emergency shelters, family foster homes, therapeutic foster care homes, kinship foster homes, group homes or residential group care and independent living units. These facilities offered 265,022 beds of which 67,680, or approximately 25%, were in group homes or residential group care. Their size ranged from four bed group homes to institutions with 250 or more beds (Child Welfare League of America, 1998). Similarly, in a British study of 44 children's homes the capacity ranged from four to 20 places with 23 (over 50%) having a capacity greater than six places (Sinclair & Gibbs, 1998). More importantly, there is evidence of the effectiveness of

Figure 1: Service levels, cost and intensity across the major resource systems

SYSTEM	HEALTH	CRIMINAL JUSTICE	EDUCATION	COMMUNITY SERVICES
LEAST COST Preventative level	Health promotion, eg, quit smoking	Crime prevention, eg, Neighbourhood Watch	Community education, eg, literacy campaigns	*LEAST INTENSIVE* Community education, eg, parenting classes
Primary level	General practitioner	Police service	Community based schools	Individual casework, eg, advocacy, brokerage
Secondary level	Specialist clinics	Court system	School counsellors, psychologists	Substance abuse, delinquency prevention day programs
Tertiary level *MOST COST*	Hospitals, teaching hospitals, programs	Prison and other forms of detention	Special schools, residential schools	Foster care, SAAP ???? *MOST INTENSIVE*

residential programs that have a significantly greater capacity (Ainsworth, 2001) than the small six bed residential programs that are given preference in the NSW out-of-home care system. This evidence about the relationship between size and effectiveness should at the least cause the assumption that 'small is best' to be questioned.

Secondly, what evidence is there that local services or programs can adequately deal with the issues of 'at risk' youth? Or conversely, what evidence is there that programs that are not local are ineffective? Again, I would suggest that there is none. Moreover, other service systems that deal with 'at risk' youth recognise that these youth need tertiary level services. There is also acknowledgement that these services require highly qualified staff with specialist knowledge and skill. That this level of service is costly and can only be provided in a few places is also acknowledged. The other service systems of health, education and criminal justice also know that such services cannot be provided at every local hospital, school or court or in every shire or town. There is of course recognition that using non-local services can cause temporary family and community dislocation but this is seen as a price that is paid in order to obtain the necessary tertiary level service. On the other hand, a study by Friman et al (1996) indicates that the level of dislocation from family and friends for 'at risk' youth in residential treatments may not be as severe as has been previously suggested.

Finally, what evidence is there that the less intensive services or programs than residential care and treatment can effectively address the complex social problems and severe developmental issues of 'at risk' youth? Alas, there is none. Instead, what we see in community services is the repeated use and repeated failure of such services with this population. The result is that these youths are further traumatised and rarely helped by this experience. Noticeably, the other service systems accept that the more complex or severe the problem or issue, as in the case of 'at risk' youth, the more intensive the treatment intervention will have to be if it is to be effective and not simply repeat an already failed strategy.

In my view the themes of small, local and last resort are simply a reflection of ideas embedded in an organisational culture that represent a set of personal, political or religious beliefs or ideology that have no research or evidential foundation. Rather the reverse is true. 'At risk' youth require tertiary level services,

> ... that have sufficient interventive *power*, are at a higher level of *intensity* and of longer *duration* (PID) than can be provided by ... most community based programs. PID services ... involve a degree of compulsion and may include the use of restrictive residential setting (Ainsworth, 1999, p. 15).

Indeed, PID services are for the community services sector the equivalent of tertiary level services that are to be found in health, education and criminal justice sectors. They need to exist alongside foster care and refuge services as part of the tertiary level provision all service systems require. Like all other tertiary level services they should only be used selectively when other services cannot offer effective care and treatment that is commensurate with the severity and complexity of the problem. This does not however imply that 'level four' services should always be used as a last resort. In fact, highly intensive services are used in other systems when services of lesser power, intensity and duration will not resolve a problem or issue. They therefore may be used first, not just last. To support such a proposition may be politically incorrect. But given that 'at risk' youth are the most vulnerable young people in Australian society who face a grim future without effective care and treatment, it is hard to see why this should be so.

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COST, POLITICS, HISTORY AND KNOW HOW

Tertiary level services in all service systems are inevitably the most costly component of each system. This is because each service system must preserve the greatest specialist knowledge and skill and its finest facilities for the most complex and severe problems that are within its mandate. For health this is serious, life-threatening conditions and teaching hospitals. In education it is services for students who have the highest potential as well as those who struggle hardest to learn and specialist residential schools. And for the courts it is the most serious offences and offenders and secure custodial institutions.

Moreover, the health system does not say that teaching hospitals where treatment for serious, life-threatening conditions is available must be closed because they are too costly to operate. In education residential schools that cater for students who have high potential continue even though they are costly to maintain. Nor are special schools for students who struggle hardest to learn, and which are equally costly, abandoned. The criminal justice system does not decide to reject its responsibility for the trial of serious offenders, their sentencing and containment even though it is costly to adhere to judicial procedures and penalties and to maintain secure institutions. As these systems show they maintain tertiary services regardless of their cost, although they do manage them with considerable care and constantly look for cost efficiencies.

Why then do community services provide such limited tertiary level services?

The argument that 'it's too costly' to do so which is used to justify this position is wafer thin. Why are the themes of small, local and last resort that work against the development and use of tertiary services for 'at risk' youth embraced? Why is it that any challenge to these themes is greeted with polite smiles and no action? Support for themes for which there is no evidence, and the elevation of these themes to the level of organisational ideology that, in turn, impedes the development of a range of powerful, intensive, tertiary level services of sufficient duration to achieve behaviour change, can hardly be correct. Indeed, not to provide these tertiary services is to abandon those 'at risk' youth who might benefit from them to a life of misery. This response from government organisations that are required in law to safeguard and protect these young people from harm is a far cry from any notion of social justice.

Another explanation for the unwillingness of community services organisations to promote tertiary level services, especially residential care and treatment programs, is that these agencies are captives to history. This history is of a range of abusive institutions, predominantly but by no means exclusively state run institutions, where poorly educated and inadequately trained staff were allowed to maintain abusive, control-oriented regimes by unskilled managers (Forde, 1999; Mendes, 2001). This is a history that no one wants to see repeated. Present day planners appear to be paralysed by this past and filled with anxiety that the past will be recreated if the current ideology is questioned and a more open response to the needs of 'at risk' youth is considered.

Finally, there is a lack of knowledge about how to design tertiary level programs, the knowledge base that staff will need to run effective programs, and how to train staff to work with 'at risk' youth who may be referred to these programs. Knowledge about how to build and use a positive peer culture in residential programs as part of a repertoire of peer helping techniques has largely been passed over (Vorrath & Brendtro, 1985). Life space crisis intervention techniques now highly developed for use in schools and similar group venues similarly remain largely untapped as a resource for helping Australian 'at risk' youth (Fecser & Long, 2000)). There is also the 'Therapeutic Crisis Management' training package that has been well tried in a number of residential programs, and that is now being taught to foster carers (Bath, 1998b). EQUIP type re-education programs that are founded on a positive peer culture approach but which seek to address deficits in thinking and moral development also offer exciting possibilities (Gibbs, Potter & Goldstein, 1995).

It is time to build a new generation of powerful tertiary level community services to address the needs of 'at risk' youth to go alongside less intensive foster care, residential programs and refuge services that provide care but not 'care and treatment'. It's time to make a difference to the lives of these vulnerable young Australians. In fact, it's way past time and we are running late. ☐

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