Residential programs for children and young people

What we need and what we don't need

Frank Ainsworth

This article is written as a bold opinion piece. It stems from the fact that once again we are seeing reports of abuse in residential care while at the same time there are calls for the reclaiming of residential care as a positive choice for children and youth. Yet there seems to be confusion as to exactly what function these programs should perform in the broader out-of-home care system. There are also important questions about the knowledge and skills that staff would require if such programs are to be non-abusive. A rejoinder to this opinion piece would be welcome.

Dr Frank Ainsworth
Senior Principal Research Fellow (Adjunct)
School of Social Work and Community Welfare
James Cook University, Townsville Campus, Queensland 4811
Email: frankainsworth@hotmail.com

In the recent *Report on allegations concerning the treatment of children and young people in residential care*, the Western Australian Ombudsman severely criticised the Department for Community Development for allowing the mistreatment of children and young people by direct care workers in hostels run by the Department (O'Brien & Barrass 2006; WA Ombudsman 2006). Other states and territories have similar residential programs (Clark 1997; Community Services Commission 1999). At about the same time as the Ombudsman report was released, there was a presentation at the 2006 Association of Children's Welfare Agencies (ACWA) conference based on findings from a Churchill Fellowship that was called 'Reclaiming residential care: A positive choice for children and young people in care' (Hillan 2006). What this presentation highlighted was that the child care and child protection systems in the US, Canada, England and Scotland make much more use of residential programs, and do so, with some exceptions, in a non-abusive manner. Even more recently, there has been a call for state-run residential homes for children (Hannan & Wallace 2006; Liddell, Donegan, Goddard & Tucci 2006). In Australia, any move towards a wider use of residential programs as part of the out-of-home care system, in the opinion of the author, would be disastrous unless there is clarity about the theoretical foundations and function of these programs. There is also a need for a direct care work force, as in parts of North America, Britain and some countries in Europe (Clough, Bullock & Ward 2006; Fulcher & Ainsworth 2006a; Petrie, Boddy, Cameron, Wigfall & Simon 2006), who are trained specifically for work in these settings. Neither condition currently exists in Australia. This article is an attempt to make progress with regard to both of these requirements.

THE FUNCTION OF RESIDENTIAL PROGRAMS

Residential programs exist in the four major human resource systems of health, justice, education and community services (Ainsworth & Fulcher 1981). In these systems such programs have a variety of functions, many different titles and provide services in response to various social conditions and for a range of population groups. These programs also vary in size, ranging from very small group homes to more institutional structures such as schools and hospitals that can serve many. What this diverse range of residential programs

have in common is that they all offer some form of 'group living' and a '24 hours, 7 days per week, 365 days of the year (24/7)' operating timeframe.

The functions they perform also vary. Essentially, these functions can be classified as either accommodation, education, treatment or containment (Ainsworth 1985). What is important for program effectiveness and the prevention of abuse is that a program must be carefully designed and the program function must be clear. If the function is not clear, then the staff will be confused and program objectives will not be achieved. The potential for abusive practices also increases. A good illustration of this is found in the WA Ombudsman (2006, p. 70) report where a residential program created to act as a short-term Assessment Centre for a particular group of young people aged 10-17 years, deviated from its original function, both by taking younger children and assuming a long-term accommodation role for them, to the detriment of all concerned.

DECIDING ON THE POPULATION TO BE SERVED

Residential programs are only one part of the out-of-home care system which is currently heavily dependent on kinship care and non-relative foster care (AIHW 2006). Given the high cost of residential programs (Holmes & Ward 2006; Selwyn, Sturges, Quinton & Baxter 2006) by comparison with other out-of-home care options, it is important that these programs are highly specialised and only available to a rigorously selected group of children and young people. Examples might be a treatment program for children and young people with sexualised behaviours or those assessed as having a conduct disorder who are inappropriate for family foster care. These programs need to have a sound theoretical foundation, a carefully developed structure, a clear treatment process and identified and measurable outcomes.

In that respect, in planning a residential program, the first design decision has to be about which population the program will serve. For example, some residential programs that are presented as Emergency Accommodation Services (EAS) turn out to be little more than dumping grounds for any child or young person who is difficult to place. Programs used in this way invariably end up with a population that is mixed by age, gender and type of problem. In such situations the potential for negative peer group influences (Dishion, Bullock & Granic 2002) is high and difficult behaviours are likely to be copied. Indeed, in these circumstances, a deviant program culture that cuts across, and undermines, any positive behaviour change effort is inevitable. The WA Ombudsman (2006) report gives good examples of this.

For example:

> EAS is supposed to have kids short-term, not train them up, just give them a basic idea. However, now there are kids both long-term and short-tem, staying from overnight up to months. The dynamics are bad – there is no stability. The long-term ones see others coming and going all the time. Their behaviour deteriorates and with eight kids it is not possible to supervise them adequately and they run off (WA Ombudsman 2006, p. 74).

And:

> There are now very pressing questions about whether it is better for some of the young people to be returned to their families rather than be exposed to the violence and abuse in hostels. One young girl ... had a family which was affected by drugs and alcohol. There was neglect, but no sexual abuse. When she came into the hostels ... she had a 'high moral' stand. Since then she has been exposed to the promiscuousness of severely sexually abused young girls. She has become involved with an ex-Department for Community Development hostel 17-year-old boy who lives close [by] (WA Ombudsman 2006, p. 75).

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The report also shows that specific functions were identified for some programs, namely the Kath French Assessment Centre and the Equip hostel program. The Equip program is a well established, empirically grounded model developed by Gibbs, Potter and Goldstein (1995) that seeks to address young people's thinking errors and teach anger management skills. This program was 'intended to only be utilised by young people who had consented to take part in the Equip program and who had been assessed as suitable (WA Ombudsman 2006, p 63). Yet later, a direct care worker is quoted as saying:

> ... the upper level of the Department started placing kids with us that had not been interviewed by us, were not selected by us, they were not appropriate for the program either, cognitively they were too young and could not understand the concepts of the program so generally the program began to degrade ... (WA Ombudsman 2006, p. 75).

The following quotation from the earlier Cant and Downie (2004) report provides further evidence of this practice.

> Placement shortages for difficult to place children and young people appear to have severely compromised parts of the

> service. For example ... the Kath French Centre was intended to function as a 6-8 week assessment centre for children who had experienced three or more placements and were difficult to place. It is now accommodating for lengthy periods very damaged children for whom there are no alternative placements, a function for which it was neither designed nor is it suited (WA Ombudsman 2006, p.76).

In fact the Department undermined the objectives of their most promising programs by treating them as accommodation programs rather than assessment or teaching programs. The WA Ombudsman (2006) report, by mapping the disasters that followed from using a program for a population for which it was not designed, underlines this point. It also shows that residential programs that have a mixed population and lack clear objectives do not work. In fact they may become abusive.

In effect a residential education or treatment program has to have a 24/7 curriculum that sets out the place and timing of program events and the activities that children and young people will pursue in order to achieve the behaviour change objective against which they were selected as program participants.

AUSPICING RESIDENTIAL EDUCATION AND TREATMENT PROGRAMS

It seems that accommodation needs must be met due to pressure from politicians, the judiciary and even public sector union officials, and these demands always take precedence over a program function. Perhaps government departments, out of strategic necessity, should only directly auspice and conduct accommodation programs. Non-government organisations might provide better locations for residential education or residential treatment programs since these organisations may feel less compelled to respond to political, judicial or union pressure.

THEORY, STRUCTURE AND PROCESS

Behind a clear set of objectives every residential program needs to have an articulated theoretical foundation (Clough, Bullock & Ward 2006; Whittaker 1979), the lack of which has been noted by various authors in their writings about some programs (Anglin 2002; Berridge & Brodie 1998). There must also be a clear structure and a set of processes by which the theory is translated into the behaviour change objectives that the program seeks to pursue. What is also needed is clarity about the staff roles and a positive peer culture (Vorrath & Brendtro 1985) that is amicable to the achievement of the program objectives. There must also be a team ethos that ensures that the program is not allowed to drift away from the stated objectives as this only undermines any potential change efforts.

In effect a residential education or treatment program has to have a 24/7 curriculum that sets out the place and timing of program events and the activities that children and young people will pursue in order to achieve the behaviour change objective against which they were selected as program participants. These are all matters which must carefully match the program objectives and the desired measurable outcomes.

DIRECT CARE WORK METHODS AND SKILLS

One obvious omission from the WA Ombudsman (2006) report is that there is no comment about the staffing levels in the Departmental hostels. What has to be appreciated is that the relevant staffing level for a program depends on the function the program is designed to perform. Thus accommodation, teaching, treatment and containment programs each demand different staffing levels. They also each demand a skilled workforce. The only reference in the WA Ombudsman (2006) report to the issue of workforce skills is a footnote that indicates the qualification level of direct care workers. This is noted as a 'TAFE Certificate 3 and 4 in Human Services, at entry' (WA Ombudsman 2006, p. 21). That this should be the accepted qualification for direct care workers is astonishing, especially as specialised training for these positions now exists 'in Canada, Ireland and Western Europe and in some measure in England and Scotland' (Fulcher & Ainsworth 2006b, p. 286). By analogy, accepting a Certificate 3 in Human Services as adequate is a bit like asking a nursing orderly to perform surgical procedures or a school cleaner to take charge of the 6th grade history class. Such events would not be accepted and nor should this qualification level be acceptable in Departmental hostels. The high level treatment or teaching needs of the children and young people in these programs demands a highly skilled, specialised workforce.

Much has been written about the qualification and training needs of direct care workers. As early as 1981 Ainsworth described the method and skills that direct care workers require and, since that time, this formulation has been widely canvassed (see also Ainsworth 1997, 2006; Ainsworth & Fulcher 1985; Central Council for Training and Education in Social Work 1983; Fulcher & Ainsworth 2006a). In addition, family work has been added to the original formulation in recognition of the fact that residential education or residential treatment programs need to be

Figure 1 Group care methods and skills in direct and indirect care work

Direct Care (work with children)	Indirect Care (work for/on behalf of children)
• Provision of everyday personal care (food, clothes, warmth) • Formulation of individual care and treatment plans • Developmental scheduling (individual and group) play and activity based • Activity programming (individual and group) play, recreation, and informal education • Group work (educational, activity, and therapeutic formats) • Life-space counselling (individual and group) • Program planning, unit level • Work with families	• Environmental planning (fabric maintenance, improvement, modification or extension and purchase of personal care essentials and equipment) • Design implementation and evaluation of unit program • Administration and management of program budgets, data collection, and resource acquisition exercises • External relations with media, local community, kindred systems and significant others • Program leadership and team development • Selection, training, and assessment of performance of practitioners • Supervision and monitoring of practitioners' work and program achievements

(Adapted from Ainsworth 1981, p.240)

'family centred and child focused' (Ainsworth 2006; Ainsworth & Small 1995). In Figure 1, these methods and skills are listed. A more comprehensive coverage of the direct care aspects of this figure can be found in Fulcher and Ainsworth (2006a).

Finally, these methods and skill areas need to interact with each other in order to make for a dynamic and effective treatment, teaching and learning environment (Ainsworth & Fulcher 1985). Other key contributions to any professional training are an understanding of positive peer group approaches (Vorrath & Brendtro 1985), the de-escalation of crisis techniques (Holden 2001) and life space intervention methods as developed by Fecser and Long (2000). Only when direct care workers have mastered these methods and skills are there likely to be residential programs that are non-abusive and effective.

Yet, in Australia there are no educational institutions offering this type of methods and skills training for direct care workers. Nor are there any programs that allow individuals to obtain 'social pedagogy' qualifications that provide, in many parts of Europe, the theoretical and practical education and care backgrounds for those who work with children in care in residential and other group settings (Petrie et al. 2006). In that respect, Australia has a long way to go before it would be wise to reclaim residential programs as a positive choice for children and young people.

WHAT WE NEED AND WHAT WE DON'T NEED

Let it be said that what we do not need are poorly designed residential programs. Such programs would add nothing to the out-of-home care system. Nor do we need programs with inadequately qualified or skilled staff. Or, for that matter, poorly staffed programs that claim to be providing residential treatment or residential education when all they are capable of providing is accommodation.

We do not need any more categorisation of residential programs as inevitably abusive when, as the WA Ombudsman (2006) report shows, the real culprit is poor management decisions, poor program design and inadequately trained staff. And in spite of what the WA Ombudsman (2006) report says, writing or updating a manual for direct care workers is unlikely to improve the quality of residential programs, even those that only provide a much needed accommodation service. Manuals are more about managing organisational risk than anything else (Webb 2006).

What we do need are residential treatment and residential education programs that are staffed by adequately trained direct care workers and others. And above all we need residential programs that are non-abusive and effective. Now for rejoinders – please. ■

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