Residential care – at the frontline of practice ...

Views from Australia

WELCOME TO ADULTHOOD: SUPPORTING YOUNG PEOPLE IN CARE

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There is a resurgence of interest in residential care across Australia as all jurisdictions struggle to cope with the numbers of children and young people coming into care. This is due to a number of factors that include an inability to find appropriate numbers of foster carers, especially for young people, and an increasing number of young people with traumatic presentations for which there is difficulty in providing care within a family setting. Mendes and Moslehuddin (2007) point out there is evidence to suggest that an increasing number of children and young people are entering care later in adolescence after many years of deprivation and abuse; and they are therefore entering care with increased disturbance.

Thus young people are entering care later, with higher levels of distress, and they are often encountering a number of placement moves with limited treatment being offered to them to counteract their distress. According to CARC (2005, cited in Mendes & Moslehuddin 2007), young people leaving care do not constitute a large group in Australia — about 1700 young people aged 15 -17 years leave care each year.

With many jurisdictions undergoing a change in legislation that seeks to address these issues (e.g. Victoria's new legalisation provides for services up to 21 years), what is changing in how we see the provision of residential care to this group of young people who are not ready to leave home?

As already identified, many of the young people entering residential care have experienced significant trauma and, given the high levels of neglect and trauma to which they have been subjected, research suggests they often have cognitive deficiencies

Many practitioners speak of the severe emotional delays that young people in their care demonstrate due to a lack of quality interactions over time. Yet, paradoxically, all social systems somehow expect that this group of young people in care will demonstrate a level of competence and independence that the general population is not expected to have.

In 2006 I undertook a Churchill Fellowship to explore the issues of residential care in the UK, Canada and the US. One of the groups I investigated in relation to how residential care was seen to meet their needs was young people aged 15-17 years. Whilst everybody I talked with on my research tour identified that attachment disorders and disruptions characterise young people in care, it appears that we continue to provide systems of care that sustain—and some would say worsen—rather than challenge, treat or heal this damage.

All residential providers in the UK raised concerns about this age group. Most young people were leaving care at 16 years old. Interestingly, whilst the UK legislation states that young people in care must be supported until the age of 23, there appeared to be limited understanding of how to do this. There were also budgetary systems that prevented local authorities from addressing this responsibility. For instance, young people aged 16-18 years were funded from a different budget to 0-11 year olds and 11-16 year olds. These age groups were also funded to different levels and it appeared that, on the whole, service delivery was driven by available funding rather than the needs of the young people.

All residential service personnel in the UK spoke of how young people were not ready at 16 and 17 to live alone. When funding was tied to young people individually, then the funding followed the child; but when services were no longer funded, they provided a much more limited service to young people, if at all. It could be argued that this is due to the number of 'for profits' in the market place – but it appears more likely to be due to the 'unit cost' basis on which services had to manage funding. This meant services were likely to solicit a new child quickly to effectively manage program budgets. For young people already in residential care, many of whom feel staff are only there because they are paid to be there, this type of approach and 'funding packaging' must make it difficult for interpersonal attachments to form. It must also be difficult to feel there is a purpose to building a relationship, only to have to end it again.

In British Columbia, Canada, young people as young as 16 years were being placed on youth agreements that allowed

them to access independent living and support, but with conditions. Young people were provided with a flat and some subsidies for their income, but had to sign a contract agreeing to attend school, employment/training and drug programs (if relevant) or other conditions as per an agreement with a case worker. This often resulted in many young people living in low cost housing, in dubious neighbourhoods, and with limited support.

Practitioners shared many examples of these young people from highly difficult backgrounds being unable to sustain the conditions of their contract, saying they often found themselves homeless, and suffering another failure and placement move. It could be argued that even a young person from the most stable background who was given a flat, an income and no adult supervision, would struggle not to have friends around and maintain their tenancy in these conditions.

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Conversely, the groups of young people we are talking about in this instance are immensely vulnerable, have lacked good quality care over the course of many years and have not been offered any skill development in the areas of independence. For some residential services overseas, this was compounded by the limits of their site and the sheer numbers of children involved, which often resulted in the use of cooks and cleaners, thus denying young people active involvement in the day-to-day living skills.

In 1992, Skinner from Glasgow recommended that young people in residential care should be well prepared for adult life and that young people should be supported into their early twenties. At one of the most vulnerable points for any young person—transitioning to independence—we appear to provide limited support and a lack of recognition that some forms of group care with staffing may be necessary to assist young people begin their adult years with a positive experience.

In 2006, my Churchill report made the following recommendations in this area:

1. There needs to be a renewed focus on the needs of older young people in this age range with further model development undertaken to better ensure positive options for young people leaving care.
2. Continued higher levels of care should be available for this group, if needed, with specialist support offered.
3. An independent living skills program needs development in all residential care facilities to ensure that young people leave with appropriate skills that equip them to live independently into the future (Hillan 2006).

Residential care can be flexible, providing differing models for differing needs. This could include small group homes and access to 'granny flat' type arrangements that assist young people in transitioning to independence, while still seeking support; and independent units where staff could still stay over occasionally to combat loneliness or assist in skill development. It may also include 'spare rooms' arrangements where young people can come 'home' occasionally to seek more intensive support. Residential carers can assist in the development of living skills, support in education and employment opportunities and the building of appropriate support networks over time. As Skinner (1992) noted, residential carers cannot exactly replicate a parent/child relationship, but they have to fulfil the basic parenting requirements for children and young people in their care, primarily the attendance to the physical and nurturing needs of children and young people. If we are building residential care, then we have to look at how we use this flexibly to meet needs.

It is in the day-to-day building and repairing of relationships that much of the therapy is undertaken with children and young people in residential care. The relationships formed in residential care can, and should, be used to assist young people transition to independence. We value the importance of relationships in our own lives, marvelling at friendships that last over 20 years and family connections that go on for generations, but we 'professionalise' young people's lives to the point that long-term connections to organisations or staff are demonised.

Two years on from my 2006 report and I have seen limited development in this area. Residential care can often play a significant role in assisting young people develop independence in a supported setting. It can allow young people to explore and move to independence in a way that young people with significant family members are able to achieve; and which most supportive families ensure takes place. It can also provide a safety net that enables exploration with opportunities for supportive relationships providing reflection and insight, without failure or rejection in the context of that relationship.

Too many young people in care are being allowed to fail their way into adulthood, left to the mercies of an ill-equipped mental health system and an adult world that has poor understanding of their 'in care' experiences. This is a national tragedy and one that begs the question – if the State has intervened because parents are not able to provide a safe

and appropriate care environment, how can we stand before the community and, more importantly, the young people themselves, and claim that we are doing a better job when the outcomes for young people in care continue to be so poor.

No more is this demonstrated than when we say to a young person 'You have reached 18 or 19 and I am sorry, regardless, you are no longer eligible for a service'. Not one parent I know says to their child 'You are now 18 and no longer my problem'. Most parents in our economic context are still supporting their adult children until 24 years at home, but we allow the state, as a parent, to withdraw support. Young people leaving care should be embraced and, I would argue, be enabled to receive a higher level of support than the average young person due to their needs. This should include access to residential programs designed for them if they wish to take advantage of them. □

REFERENCES

Anglin, James P. (2002) *Pain, normality and the struggle for congruence: Reinterpreting residential care for children and youth*, The Haworth Press Inc.

Hillan, L. (2006) *Reclaiming residential care: A positive choice for children and young people in care*, report for the Winston Churchill Memorial Trust of Australia.

Mendes, P. & Moslehuddin, B. (2007) *Transitioning from the State care system: The impacts of the in care experience on the post care outcomes for young people leaving care*, paper presented at the Australian Social Policy Conference, July.

Skinner, A. (1992) *Another kind of home: A review of residential care*, The Scottish Office, The Social Work Inspectorate for Scotland, Edinburgh, HMSO.

THE PLACE OF SPECIALISED RESIDENTIAL CARE

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A central challenge for out-of-home care providers is to ensure that young people entering the out-of-home care system are placed in an environment that is best suited to meeting their needs. Meeting this challenge requires the maintenance of a diversity of placement options within the service system and commitment to matching the needs of children and young people with appropriate services. This article uses the example of a particular group of residential units within MacKillop Family Services to highlight a model of residential care that has achieved considerable stability and positive outcomes with a cohort of young people.

THE CONTEXT

Residential care has been the subject of policy ambivalence in recent years – viewed as a form of out-of-home care that is costly, disruptive and that consistently delivers poor outcomes for young people (see, for example, Allen Consulting Group 2003; Ward & Holmes 2008). It has been viewed as an option that is the 'end of the road' in the placement system. A number of authors have highlighted the problematic assumption that residential care is a 'last resort' – a placement option to be used once all other 'less restrictive' forms of care have been exhausted (see, for example, Ainsworth & Hansen 2005; Knorth, Harder, Zandberg & Kendrick 2008; Stuck, Small & Ainsworth 2000). As has been illustrated by Stuck, Small and Ainsworth (2000), such assumptions create a false picture of the complex needs of many young people entering the care system, foster an unhelpful (homogenous) picture of models of residential care and perpetuate a service framework that matches young people to services rather than the reverse. Work undertaken by Osborn, Delfabbro and Barber (2008) estimated that over 75% of young people entering care had a clinical level conduct disorder, two-thirds had peer problems and approximately half were clinically anxious or depressed. Furthermore, the authors highlight the incidence of placement breakdown associated with these children and young people (2008: 6).

Creating the conditions of long-term stability and safety for young people is a key goal. Cashmore and Paxman (2006) have highlighted the importance of creating and sustaining placements with high degrees of 'felt security' for young people. Based on their research with care leavers, the authors (2006: 238) suggest that a young person's sense of 'felt security' was a more significant predictor of positive after care outcomes than placement stability.

For some young people, residential care can represent the most appropriate option for providing enduring support and care. We support the argument presented by Ainsworth and Hansen (2005: 195; see also Hillan 2006: 22) that a specialised and highly selective residential program should be an integral part of any mature child care and protection system. It is a form of care that can be adept in engaging with, and creating stability for a cohort of young people with unique needs.

We now consider the example of one of our residential services to highlight the strengths and vulnerabilities of a model of specialist care.

LONG TERM SPECIALIST CARE

MacKillop Family Services[1] is a major provider of out-of-home care in Victoria – delivering a range of home-based care and residential care services for children and young people. The focus of this article is our Long Term Specialist Care (LTSC) service, which operates in the North/Western region of metropolitan Melbourne.

The LTSC service consists of four residential units. Each unit has a capacity of two young people and is staffed based on the 24 hour model. This model allows staff to work on a 'seven days on/seven days off' roster. This base staffing can be boosted at particular times of the day (e.g. early evening) or year (e.g. school holidays) when required.

The benefits of the model for residents in terms of development and continuity of relationships with significant adults/carers and stability of a predictable home-like environment are obvious. Involvement of a regular caregiver with a young person's school, day program, outings, visits to family or doctor, is likely to increase a young person's capacity and motivation to engage with, and succeed at, normal developmental activities. For staff, the model allows the reward of being an influential and meaningful adult and caregiver to individual children and young people – to make a positive difference to their lives.

Young people placed with this service have particularly high needs, often linked to intellectual disability or mental illness. Such needs are often too challenging to be sustained in models of home-based care. For example, a review of the service highlighted that of the eight young people (aged 10 to 17 years) placed at the time of the review, seven had experienced between 4 and 24 placement changes. Four young people had experienced return home or permanency placements that had broken down.

The LTSC service has an exceptional record of creating enduring and purposeful environments for young people who have experienced considerable instability in their families and/or their out-of-home care placements. With the exception of two young people who had recently been placed with the service, young people had been with the service for between 19 months (one young person) and over three years for the five other young people.

Key elements of LTSC

Settled staffing model

The service has an enviable record of staff retention, with a staff team that is committed to working with the young people towards positive and lasting change. It is very difficult and challenging work that entails managing situations of crisis and/or extreme behavioural disturbance. It relies on a staff group with the experience and skills to engage with young people and 'stick' with them through crisis and/or disruption.

Matching young people and carers

The LTSC team have a strong focus on matching the needs of young people entering the service with both the other young people and the staff at the residential unit. While this service model has considerable success in creating stability for young people exhibiting a range of challenging behaviours, it is not suitable for all young people entering the out-of-home care system. The service is best suited to working with young people with high and/or complex needs rather than young people exhibiting high risk behaviour/s.

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Capacity

The units operate at a capacity of two (sometimes three) young people per residential unit. While the four bed rostered unit has almost become the standard in residential care, the LTSC two bed model is most appropriate both for meeting the (often complex) needs of young people and for increasing the capacity of staff to provide safe and stable placements.

Planned entry

The service emphasises planning both before and during placement. The team commences working with the young person well before entry into the service. Young people are introduced to staff and the unit in a planned and incremental manner – an approach that minimises disruption to both the young person entering the units and those already there.

Responsive care teams and case management

The Care Team is central to the placement of young people. The membership of the Care Team reflects the individual needs of each young person. Specialist and other services (e.g. child and adolescent mental health service, education services, police liaison representatives) are involved to ensure integrated and robust planning arrangements. The Care Team develops goals that respond to the developmental needs of each young person and provides clear direction for

[1] MacKillop Family Services provides services across a range of disciplines including out-of-home care, family support, disability, education, and heritage and information services.

staff and others to respond to episodes of crisis – for example, articulating clear pathways for admission to mental health services should the need arise.

The Care Team also provides the opportunity for ongoing review of service interventions and ways of working with young people – a practical forum to focus on a discussion of 'what works when'. The process also creates a culture of cooperation and mutual support among the various professionals, residential and case management staff and families – all the significant people in the life of the young person.

Involving families

The service has a commendable record of engaging the families of young people in placement. Family involvement is encouraged in the Care Teams, daily life within units, and other aspects of the lives of young people.

The vulnerabilities of the LTSC model

Sustainable funding

A key vulnerability of this model is the funding level available to support young people with high needs. 'High and complex needs' have come to be equated with challenging behavioural issues requiring an eight hour rostered staffing response. Too often this becomes a 'one size fits all' response that makes it extremely difficult to provide options outside the standard rostered four bed model. The funding level for young people in the target group of the LTSC service does not recognise their high level of need, and particularly the extent to which smaller two bed options with stable staffing prevent escalation of behaviour problems and ensure placement stability.

Sustaining the integrity of matching and planned entry

As stated above, this model does not meet the needs of all young people entering the out-of-home care system, and can easily be 'destabilised' by the wrong referral. This model relies on the ability to match appropriate referrals and provide a planned and integrated transition process – fortunately, the service is well understood by Regional Child Protection staff who monitor referrals and participate in the process of matching.

Transitioning to sustainable placements

The plight of young people leaving state care has been highlighted in a range of studies (see, for example, Cashmore & Paxman 2006; London 2004; Mendes & Moslehuddin 2006; Raman, Inder & Forbes 2005). For young people transitioning from our LTSC service, this is a pronounced issue, as they may have limited capacity to live independently, and there are few referral options. It is a constant challenge both to prepare young people for transition, and to find suitable options for referral to adult services that respond to their ongoing needs.

CONCLUSION

Models of residential care occupy a particular and necessary place within the suite of options for young people requiring care and protection outside of the family home. Putting the interests and needs of young people at the centre is the key to creating high quality out-of-home care services that make a difference. Our LTSC service demonstrates that residential care need not be viewed as the 'end of the line' or a pit stop on the way to somewhere better – it can be an option that sustains security and stability and promotes growth and potential in the best interests of young people. ☐

REFERENCES

Ainsworth, F. & Hansen, P. (2005) 'A dream come true – no more residential care. A corrective note', *International Journal of Social Welfare*, 14, pp.195-199.

Allen Consulting Group (2003) *The Child Protection Outcomes Project*, Final Report for the Victorian Department of Human Services, Melbourne.

Barth, R. (2005) 'Residential care: From here to eternity', *International Journal of Social Welfare*, 14, pp. 158-162.

Cashmore, J. & Paxman, M. (2006) 'Predicting after-care outcomes: The importance of "felt" security', *Child and Family Social Work*, 11, pp. 232-241.

Hillan, L. (2006) *Reclaiming residential care: A positive choice for children and young people in care*, report for the Winston Churchill Memorial Trust of Australia.

Knorth, E., Harder, A., Zandberg, T. & Kendrick, A. (2008) 'Under one roof: A review and selective meta-analysis on the outcomes of residential child and youth care', *Children and Youth Service Review*, 30, pp.123-140.

London, Z. (2004) *It's a real shock: Transitioning from care to independent living*, MacKillop Family Services Practice and Policy Unit, Monograph Series 31, Melbourne.

Mendes, P. & Moslehuddin, B. (2006) 'From dependence to interdependence: Towards better outcomes for people leaving state care', *Child Abuse Review*, 15(2), pp. 110-126.

Morton, J., Clark, R. & Pead, J. (1999) *When care is not enough: A review of intensive therapeutic and residential service options for young people in out-of-home care who manifest severe emotional and behavioural disturbance and have suffered serious abuse or neglect in early childhood*, Department of Human Services, Victoria.

Osborn, A., Delfabbro, P. & Barber, J. (2008) 'The psychosocial functioning and family background of children experiencing significant placement instability in Australian out-of-home care', *Children and Youth Services Review*, doi:10.1016/j.childyouth2007.12.012.

Raman, S., Inder, B. & Forbes, C. (2005) *Investing for success: The economics of supporting young people leaving care*, Centre for Excellence in Child and Family Welfare Inc., Melbourne.

Stuck, E., Small, R. & Ainsworth, F. (2000) 'Questioning the continuum of care: Towards a re-conceptualisation of child welfare services', *Residential Treatment for Children and Youth*, 17(3), pp. 79-92.

Ward, H. & Holmes, L. (2008) 'Calculating the costs of local authority care for children with contrasting needs', *Child and Family Social Work*, 13, pp. 80-90.