

# Young People's Experiences of Receiving Individual Packages of Care in South Australia

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The aim of this study was to explore the role that professional foster care – and specifically Individual Packages of Care (IPC) in South Australia – plays in providing an alternative care option for young people who are unable to live with their birth parents due to issues of abuse or neglect, but who also, due to behavioural concerns, are not well suited to a traditional foster care placement. Participants in the study were nine young people who had previously lived in an IPC placement. The findings highlight participants' experiences of living in the context of an IPC placement, experiences that were at times challenging, but which also provided opportunities for growth and positive change that may not have been possible in a traditional foster care placement.

■ **Keywords:** foster care, individual packages of care, professional care, behaviour management

## Introduction

Australian research on the child-protection system – and specifically on young people who cannot live with their birth parents due to issues of abuse and neglect – has long recognised the importance of speaking with young people about their experiences (Delfabbro, Barber, & Bentham, 2002; CREATE Foundation, 2004, 2005; Gilbertson & Barber, 2003). As Fernandez (2007) notes, the voices of young people who are currently living, or who have previously lived, in state care provide valuable insight into the concerns, perceptions and experiences of those who are serviced by the sector. Gilligan (2002) further asserts that the inclusion of young people in research honours their voices and knowledge, placing them centrally in the process of informing policy and practice.

In terms of Australian research that has given young people in care (or who have previously been in care) a voice – specifically in terms of relationships with carers – Osborn and Bromfield (2007) suggest that the majority of young people in care consider foster placements to be secure, happy and supportive, and their carers helpful. Similarly, O'Neill (2004) reports that children who were raised in care, and who felt that the adults involved in their care valued and listened to them, experienced their caregivers as an important resource. Other research has also noted that when a positive relationship exists between carers and children, it has a marked beneficial impact on the young person's time in care (New South Wales Community Services Commission, 2000). The 2004 CREATE Foundation report similarly

stated that all participants indicated that their carer was the most influential person in terms of whether things went well for them or not. Cooperation and success within a placement has also been suggested to be more likely to occur when the carer is considerate of the wishes of the young person (Delfabbro et al., 2002; Mason & Gibson, 2004). It has been suggested that where a young person's views are taken into consideration by those involved in their care, their care experience improves because self-esteem is enhanced when young people have more control over their lives (Delfabbro et al., 2002).

Moving beyond carers, previous research also suggests that for young people in care, the relationships they have with their social worker can be an important source of positive support (see Baldry & Kemmis, 1998; Bell & Eyberg, 2002; Morgan, 2006; Winter, 2009). However, while a positive relationship with a social worker is important, it has been found that young people in care often experience frustrations, disappointments and negative experiences in their relationships with social workers (Leeson, 2007; McLeod, 2007; Morgan, 2006). A combination of infrequent and inconsistent visits, unreliability, frequent changes of social worker and competing role demands that prevent an effective relationship with the young person have all been

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reported to damage the relationship that young people in care have with their social workers (McLeod, 2007; Morgan, 2006). The 2004 CREATE Foundation report, for example, found systemic problems that created distress for young people in care, including slow procedures preventing timely responses to needs, court processes which do not consider the wishes of the youth, lack of resources and inadequate support in leaving care.

Despite these findings about what works and what doesn't work for children raised in out-of-home care in their relationships with carers and social workers, and despite the fact, as stated above, that research on foster care should include the voices of young people, Osborn and Bromfield (2007) suggest that decisions about the needs and experiences of young people in care are rarely informed by the viewpoints and experiences of young people themselves. As such, the present paper, with its focus on young people who have experienced an Individual Package of Care (IPC), provides unique insight into the experiences of this specific population. In so doing, it contributes to the above literature in identifying what works and what does not work for young people living in out-of-home care.

## Background Information

In South Australia in 2005 a special youth carer programme was introduced to provide therapeutic care services with wrap-around features to 'at-risk' adolescents who could not live with their birth parents due to issues of abuse and neglect. The programme had two aims: the first was to provide placement stability, and the second to promote behaviour change (Gilbertson, Richardson, & Barber, 2005). The programme's foundations were based upon a therapeutic foster care model, and assessment of the programme found it to be successful in achieving its aims (Gilbertson et al., 2005). On the basis of this success, the statutory child protection agency in South Australia provided further funding to support this programme, which became known as Individual Packages of Care (IPC).

IPCs adopt a model in which the placement of the young person occurs in a home not owned by those providing care. Rather, the state provides a home in which the IPC is implemented, and in which the young person can live permanently. In other words, and in contrast to traditional foster care, if an IPC placement breaks down, the professional carers leave, rather than the young person being removed from the home. Other features of IPCs are:

- placements are limited to one adolescent;
- placements are staffed by at least four professionally trained carers;
- the home is rented either privately by the state or from the housing authority;
- the programme is annually funded; and

- on reaching the age of 18 the young person may transfer contract of the home to himself to maintain tenancy.

By offering independently sourced accommodation, the IPC seeks to limit one of the main problems experienced in traditional foster care, namely that of placement instability (Gilbertson et al., 2005). It allows service providers to be interchangeable and carers to be removed if unsuitable, all without changing the physical placement of the young person. Young people are referred to the programme if they have a history of placement breakdown, problem and high-risk behaviour, substance abuse, and if other placement options have been exhausted (Gilbertson et al., 2005). Due to the limited number of IPC placements available, a psychologist from the department, a placement specialist, the young person's current social worker, their current foster carer, and others in the care team convene a case conference to discuss the need for the IPC before referring to the provider agency. If the case conference identifies that the IPC is in the best interests of the young person, funding is discussed, case plans are submitted, and a budget analysis conducted to fund the placement according to identified needs.

## Method

### Participants

In order to recruit participants who had lived some of their life in care (and specifically in an IPC placement), agencies involved in providing support services to former clients (i.e., post-guardianship services) were approached, and an agreement was given to circulate information to former clients. Former clients who contacted the researcher were initially screened in order to establish that they had been placed in an IPC, resulting in a total of nine participants; seven young men and two young women. The average age of the participants was 18.5 years.

### Procedure

Ethics approval for the project was obtained from The Flinders University Social and Behavioral Research Ethics Committee. Following the provision of information about the study and the participants' involvement, the interviewer made a time to meet with each participant to conduct the interview. Interviews were semi-structured and focused on the participants' experiences of living in an IPC placement.

### Data Analysis

The data were subject to thematic analysis according to the steps outlined by Braun and Clarke (2006). As they suggest, thematic analysis is 'a method for identifying, analyzing and reporting patterns (themes) in the data' (p. 79). After reading through the transcripts several times during the analysis period, themes were identified from the data, rather than the data being fitted into pre-existing coding or theoretical frameworks. This approach was considered more appropriate due to the evaluative nature of the research. Due to the large volume of interview data collected, the data were

analysed for themes and then grouped according to commonalities. Participant responses were examined for direct references to meaningful elements that could help capture accurately re-occurring patterns in the data.

## Results

The thematic analysis returned the following themes:

- (1) Readiness of the IPC placement for the young person.
- (2) Social worker influence on IPC.
- (3) Improving behaviour in an IPC.

These three themes are now outlined in detail with indicative extracts from the interviews included and discussed.

### Readiness of the IPC Placement for the Young Person

Participants suggested a number of factors that should be considered when planning an IPC placement: (1) time to get to know the care team prior to the placement; (2) time to find out about the structure of the IPC placement; (3) time to terminate the relationship with the current carer; (4) time to allow the care team to prepare for the young person; and, importantly, (5) time to rectify issues within the IPC including staffing and other shortfalls that may affect the young person. The following extract from one young person highlights a number of these considerations:

“When I moved into the placement I would have preferred to get to know people rather than being thrown in so I could suss the place out. It would have been nice to say seeya to the old lady who looked after me before it too, even though I didn't like her looking after me, I still want to know she thought the new placement was a good idea. It would have been nice too if the agency actually had real staff instead of ring ins all the time.” (FY3)

All participants made similar comments regarding transition into IPC placements. They suggested that IPC placements should be planned carefully with a proper transition into the placement. Some participants reported being forced into an IPC quickly following a placement breakdown, because there was nowhere else for them to go, and that this was detrimental to them.

When it came to the staff who worked in the IPC placement, many participants indicated that they often did not appear to understand the carer role. One participant suggested that many of the carers in their placement were recruited quickly and given shifts with little time between interviews and starting work:

“When a carer was missing, I used to ask the coordinator all the time when they would be replaced. They would sometimes tell me that people were being interviewed on the day I asked and might start the same night. It was crazy, the really new ones who hadn't done it before turned up shitting themselves.” (FY3)

These types of changes created disruption in the placement when new carers arrived, and did not follow the established routines and would not assist the young person to complete and achieve tasks without checking with supervisory staff first. In addition, participants indicated that they felt many carers lacked the ability to manage daily issues as they arose, including medication issues, planning timetables and appointments. Some participants emphasised that the major skill deficit amongst carers was their inability to handle conflict, with most carers calling supervisors and social workers to resolve it for them. Participants felt that new carers should not be allowed to work in the placement until they: (1) clearly understood their role; (2) knew the other key stakeholders and their roles; and (3) understood how to maintain the placement and interact with the young person.

Given the three points above, it is also worth noting that participants indicated that information sharing about their past was lacking, and that this impacted upon the ability of carers to adequately interact with them and meet their needs. In light of the complexity of many young people's history, including multiple placements, abuse and mental health issues, participants suggested that information sharing could assist carers to better support young people in an IPC placement according to their individual needs. The follow extract demonstrates this view:

“If the carer understands that my mother abandoned me, it may help them understand why I am cautious about forming new relationships with people, that is very important.” (FY4)

Overall, this first theme indicates that for some participants, the preparation of professional carers to implement and manage their care in an IPC placement was problematic, and information sharing limited at best. Poor information sharing led to many problems reported by the young people, including reduced tolerance for behaviour in the IPC and a lack of understanding of their needs.

### Social Worker Influence on IPC Placement

This theme highlights the difficulty that young people had in forming and maintaining relationships with their social worker, and the subsequent influence social workers had on the IPC placement. Despite the problems identified by participants, five nonetheless reported that their experiences with their social worker were positive some of the time. Many reported that their experience was positive when the social worker was respectful to them as well as to the care team. Respect was characterised as social workers including the care team in decision making, seeking regular feedback about interventions attempted, working through a crisis with the care team and client, engaging the young person professionally and with the appropriate use of language, and remaining professional in contact with the care team at all times. Many participants stressed that the role of the social worker was critical to them receiving ongoing benefit from the placement, as indicated in this extract:

“I know that at times the social worker was hard to work with, because we disagreed a lot on things, but they knew me and knew what I needed. They weren’t easy to pull one over on, and definitely weren’t prepared to put up with my bullshit. If it was just the carers and me, I know for sure it wouldn’t have worked.” (FY6)

However, all participants reported that some of the time their social worker did not appear to be interested in meeting their needs. Reported problems with social workers included: (1) avoided calls; (2) frequently cancelled appointments; and (3) requests that the young person attend the office to meet with them (rather than the social worker meeting the young person at the IPC placement). The following extract demonstrates the impact of these concerns:

“Every day was hard for me and I needed someone to be there for me. Anyone who doesn’t give a crap about their job, including the social worker, puts the placement at risk of falling apart. The motivation of a social worker has to include a genuine hope for us to make it in the world.” (FY3)

Prohibitively large caseloads were suggested by seven participants as the reason that a social worker could not meet their needs. The same participants stated that it was often difficult to gain continuous support, because the social worker was assisting other clients when they called. Many of the participants felt that the social workers who demonstrated that they cared were as available as they could be, but were limited due to workloads and high caseloads. The following extracts point out the frustrations felt by young people who experienced difficulty with social worker contact:

“My social worker was out all the time when I would call for help with something. They were good when they were able to help, but I think there is a big need for more social workers; kids in care deserve to have someone available most of the time. I don’t think I was demanding, but it was hard to get what I needed, let alone what I wanted.” (FY4)

“The social worker needed to be able to help me get ahead, not just put out the fires when the shit hit the fan. They did a good job of helping when they are around, but the department needs to wake up and realise that planning to help a young person is way better than dealing with the shit as it happens. I know it’s not always the social worker’s fault that they aren’t free to be there, but something has to change. The placement would have been way better if they were free to help get stuff sorted before it happened.” (FY7)

Despite social workers being difficult to contact or being generally unavailable during times that contact was needed, all participants conceded that their own difficult behaviour was at times challenging for the social worker to respond to and work with. One participant stated that they would deliberately use the social worker’s time to prevent them from meeting the needs of other young people, as explained in this extract:

“There are some situations that the social worker just can’t get ahead with. I used to call the social worker twelve times a day just to piss them off and stop them from being able to help anyone else. Half the time I didn’t even need anything I just wanted to make sure that I was their focus for the day. When the social worker got me in to see the psychologist, we worked out together it was part of my attachment disorder. I wouldn’t have found this out without the social worker’s help. I think this shows that we have to cooperate for the placement to work too, and that means giving the social worker a break sometimes.” (FY4)

As the extracts in this theme demonstrate, the role of the social worker was viewed by all participants to have both a positive and negative influence on the IPC. Common complaints amongst participants included the lack of availability of the social worker due to large caseloads and other tasks that prevented them from being available. Participants did, however, recognise the organisation and structure that social workers bring to the IPC, and the inherent value of their professional knowledge in resolving conflict and behavioural problems.

### **Improving Behaviour in an IPC Placement**

Responses in this final theme highlighted the challenge of changing behaviours while in an IPC placement. Participants identified several major behaviours that they engaged in that were detrimental to the placement. Participants candidly reported that they had threatened the stability of their own placements (some more frequently and intentionally than others), and some participants stated that their behaviours would affect the future of an IPC, as suggested in this extract:

“Half of the time my behaviour threatened the stability of the placement, running away, getting smashed from drugs and alcohol, and doing things to piss the carers off. I don’t think there was a day when my placement wasn’t at risk of being ended because of something I had done.” (FY3)

All participants reported, however, that the desire to change behaviour for the better increased once in the IPC. It appeared that at the core of change was the provision of a better home than they had previously experienced, which was characterised by less restriction, less requirements to conform to somebody else’s norms, and improvement in general support. Nonetheless, participants suggested other ways to improve behaviours in the IPC, including to: (1) provide opportunity for skill development; (2) encourage the young person to use more adaptive behaviours; and (3) keep the young person safe from others’ and their own behaviour.

Yet, despite the positive benefits in terms of behaviour change in an IPC placement, some participants stated that IPCs do not provide a consistently emotionally supportive environment for the very young, and that younger children need a consistent relationship to be supported during their earlier time in care. The following extracts outline the views

of two of the participants in terms of the use of IPC placements for younger children:

“When I first entered care, I needed something consistent and a place to feel safe. In the IPC, I still needed to feel safe, but it was more important to feel safe from judgement than safe from the world.” (FY8)

“I came into care when I was five years old. I wanted a mum and dad and don't think a bunch of carers would have been good at all. My sister was in a group home when she was really young, and she ran away a lot because she had so many different people telling her what to do. The IPC has a time and place; as teenagers we don't need parents, we need people to care about us and guide us; younger kids need a lot more than that.” (FY3)

As such, while IPC placements have many benefits for young people whose placement in traditional foster care has been problematic and unviable, for some (especially young) individuals traditional care may continue to be a better option. Despite the identified advantages of the IPC, all participants reported in this study that they entered the IPC at a later point in care and thus whether this would have been as beneficial had they entered at a younger age is unclear.

## Discussion

The findings presented in this paper highlight that, in the delivery of IPCs, a number of benefits and detriments exist that can be challenging for the young people who are serviced by them. In terms of the benefits, all participants in the study indicated that the key elements of the IPCs (remaining in the house, high levels of support) were of significant benefit to them through the provision of a neutral environment that supported them in the development of their own identity. While variables such as personality conflicts and youth behaviours can be difficult to accommodate in all cases, all participants expressed that their IPC was a placement where they could be themselves, in some cases for the first time in their lives. In terms of the potentially detrimental aspects of IPC placements, participants suggested that IPCs would benefit from revision, including changes to recruitment of carers and more accessible arrangements for funding to agencies to ensure long-term stability and greater permanency for the individuals who are served by the placements. Participants also suggested that addressing deficiencies that result from poor communication and a lack of role definition may be a catalyst to improving the overall quality of IPC placements.

Many of the young people reported having less respect for workers who demonstrated low levels of competence, which was characterised by deliberately engaging them in inappropriate behaviours and tasks, and making comments about their abilities and how they felt about them. This suggests that the use of carers who are less competent in IPC placements can be detrimental to the ongoing relationship

with the young person. It is important that coordinators are aware of dysfunctional care teams and use their leadership to address these problems to promote open communication and thus free-flowing information between members of the care team.

To conclude, the findings presented in this paper indicate that, at least for this sample, IPC placements are a useful addition on the continuum of out-of-home care. The findings suggest that this may potentially be more the case for older children, children who experience placement drift and children with significantly challenging behaviours, than it may be for younger children. The fact that IPC placements still incorporate aspects of a traditional home life (in comparison to residential care, which is even further removed from a traditional home setting) may be highly beneficial for young people who are unable to live with their birth families and who struggle in a family-based foster placement, but for whom some form of approximation to a traditional home life may still be advantageous.

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