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Reflections on Out-of-Home Care

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This paper is a reflective commentary that highlights some of the issues that impacted upon my thinking and perspectives as a social worker working in the child, youth and family sector. The paper takes the form of a narrative with some accounts of incidents that were memorable and challenged the ways I thought about myself and issues we face in the sector. My concerns are that, while there are many aspects of the work done in this sector in the past that we don't want to repeat, there are also features of service delivery that we overlook in the contemporary tendency to want quick solutions and pursue trends. The conclusions I have come to include the need for community-based, co-located services for parents and children who need supports and out-of-home care responses (OOHC).

■ **Keywords:** Child welfare, Out of Home Care, child protection, critical reflection

Reflections on Out-of-Home Care

An extensive literature addressing OOHC issue has accumulated across recent decades with the challenges, programmatic responses and policy shifts of the sector to the forefront of attention. Indeed, the experiences of people who spent time in OOHC have been the subject of media reports in various countries in recent months due to the failures of the care systems to keep children and young people safe. While academics and practitioners from across the globe have contributed to what we know today about what works when it comes to providing service responses to children, young people and their families, the task is not a straightforward one, and we are currently confronted with the nature of what occurred in the past and has continuing repercussions in the present.

In writing this paper, my interest is using reflection on my past experiences and observations in the OOHC sector to identify what worked – though not necessarily for everyone, as no single system of response will ever fully meet the diverse needs of disrupted families and their children. This is not an academic endeavour in the sense of presenting a strongly referenced article based on traditional research, but rather a critically reflective look at what aspects of my experience have stayed alive in my mind and, perhaps, what can be learned from such memories. In a sense, this paper chronicles the unfolding of a career over some 43 years – corresponding closely to the period over which *Children Australia* has been published.

My thoughts on OOHC begin with the first time I became aware of children living in a children's home rather than with their families. I was probably 5 or 6 years old when neighbours, a childless couple, asked if I could go with them to pick up a girl of my age from Kildonan in Elgar Road, Burwood, in Melbourne. They were to have her stay for the weekend. I was reluctant, being an introverted child who didn't really know the neighbours except by sight, but I was seated on the back seat of their car, legs sticking straight out unable to reach the floor; my eyes level with the lower edge of the window. I was doing this because I was told.

I recall sweeping down a long circular driveway, being told to wait while the couple collected the child and, whilst waiting, straining to look out the window to see where I was. The sandy-coloured brick building outside looked bleak with doors and windows closed – and silent. The girl, with her small cardboard case, was placed next to me. Her face was closed too; almost grim. The adults tried to make us talk, asking questions of us both. I tried to be polite. The girl was silent. Back in the street where I lived, I was sent home; left with the impression of having failed to deliver. The girl remained mute and was, I later discovered, returned to Kildonan. She failed to deliver too and the couple never hosted her again.

Thinking back, I wonder at the determination of that child not to play the adults' game, but also fear for the trauma she experienced and the potential for lasting effects. I remember forming a marked suspicion of childless people who wanted to rescue children and to make them their own; people who sought out kids from children's homes

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and expected them to be "normal" or, worse still, to be unpaid workers as they grew older. Even back then, there were carefully told tales behind closed doors about children who ended up working on isolated farms or as unpaid domestics; children who sometimes ran away. And I distinctly remember thinking about how powerful adults were, including my own parents. It was so difficult to articulate why I didn't want to do something they wanted, to think quickly enough in a reasoned way, so I, like most kids, tried to conform and often remained silent. I felt a lack of confidence to express an opposing opinion too.

In retrospect, I carried a number of assumptions about adults and adult needs, even at this early age. Power held by adults, I thought, was not always used in the interests of children, though perhaps it wasn't in *my* interests! And childless adults who wanted children were keen to rescue, but only on their own terms, I thought. Such childish observations did not include the possibility of genuine, if misplaced, concerns for children, but were largely based on a sense of empathy for other kids that lacked understanding of the complexities of life that might precipitate OOHC. It is easy to know better now – to recognise the positive power of adults in children's lives as well as to acknowledge the importance of advocacy for children.

It was the era of children's homes – the 1950s – and all the churches ran them. We went to school with "home kids" too. You could pick them out because of how they were dressed and because they kept to themselves. They were different and somehow we grasped that their "bad" behaviour wasn't really their fault. They tried to exercise some control, gain some small sense of self-sufficiency perhaps, when resisting and when being uncooperative. They had nothing to lose. They survived through the charitable acts of others and it was shoved at them on a daily basis.

A decade later, just a few of the children's homes had managed to close down and move to providing care through the cottage or family group home models. Kildonan was one of them and was purchased by the, then, Social Welfare Department, becoming Allambie Reception Centre. Once again, some 14 years later, I entered that sweeping driveway, sensing I was on familiar territory, but unable to establish how this could be. This time I was on "observation placement" as part of my social work course and this time there was the sound of children everywhere.

I was growing up. I now knew that, when a family acquaintance held a new babe in her arms, "a poor girl who'd got herself into trouble" had just lost her child and, within days, the baby was always adopted by a "lovely couple". I knew that children separated from all that was familiar would be distressed; that they probably loved their parents, regardless of the "charge" that brought them into care. It was an old piece of legislation that charged children with "no settled place of abode and no visible means of support", "likely to lapse into a career of vice and crime", "exposed to moral danger", "unfit guardianship" and, just occasionally, "abandoned". And I already felt it so unfair that the children got the label and the whole family suffered. By now I recognised that there were parents to be considered too. It wasn't always their fault that children were removed either. Life wasn't fair, I had discovered. It was probably what led me to do social work.

Three years later, I was working as a social worker at Allambie and had long since realised why the place had felt familiar. It was the early 1970s and a time of change. And change we certainly needed! At Allambie, we stopped dividing children by age and kept family groups together as much as possible. We stopped outfitting those children leaving for longer term placement from the bulk store underneath the main building and took them shopping instead. We ended meals in the dining room and had the meals in the units where the children lived; and we began sending them out to local schools – though I was never convinced that this was in the best interests of newly removed and disrupted kids. We even took older sisters from Winlaton and kept boys over 10 years if they were part of a sibling group rather than send them to Baltara. We employed the first male child care officers in mixed gender settings. And we were sometimes disobedient, as will be evident in due course.

Each summer holidays the remaining big children's homes, which received payment by the "bed-night", closed until school was due to start in February. Better not to ask where the children went, but always a few went back to parents and "disappeared". We had seen some of those institutions – the ones with the 12 bed dormitories, pastel-coloured candlewick bedspreads with a clearly untouched soft toy on each pillow, the dining rooms with heavy tables and wooden benches; the one where the sulphur-crested cockatoo said "bugger-off" as we passed by. They were stark and foreboding places, somehow always cold and grey-looking. Then late in January, the nuns who ran some of them would phone and put in their "orders" for children: "Two girls 6 to 8 years, a boy under 4 years and 3 girls in the 9 to 12 year age range". I will never forget those calls; and the pressure was on from above too.

The head of the Family Welfare Division wanted the Allambie numbers reduced – and fast. It was the time of year that the newspapers would carry stories of overcrowding at Allambie – 300+ children, many sleeping on mattresses on the floor. It was always sensational sounding – far more so than how it felt being there. We were directed to lower the numbers and place children where there were vacant beds. That often meant even further displacement and they could end up in locations that made contact with family impossible. Country kids might find themselves in the city suburbs or a town far from their own; city kids could end up miles from the suburb they knew or in the country somewhere. The already compromised access with parents was exacerbated, as already disadvantaged families were seldom able to afford the complicated transport routes and costs of visiting. Just getting to Allambie was often hard enough.

We slowed down a bit – passive resistance – knowing some kids had just stopped wetting the bed, had just started to connect to a staff member, just begun to tolerate a day at school. Better a mattress on the floor beside siblings than banishment to a distant wing of an orphanage because of one's sex and age. My assumptions echoed those of colleagues. Access and connection to family was more important to kids than issues of overcrowding. We weren't dealing with a production conveyer belt here. We were dealing with individuals with complex needs. We needed to consider individual circumstances and protect children as far as was possible from further trauma. Policies could disadvantage if they were based on one size fits all.

I had formed some very adverse views of big orphanages, and yet in recent years I met a man who shared his story of childhood years spent in one of them; one in a country town. His story stirred my thoughts about parents' choices for their children; and reactivated those feelings of unfairness and disillusionment about a society that wants to deliver only the most basic of services to people facing disadvantage.

He wasn't, of course, an orphan. Rather, his mother had "run away" from a violent partner only to find that, being untrained for other than domestic work, she had to work long hours in cleaning, cooking and housekeeping to survive. She had placed him voluntarily, taking him out whenever she could get a day off, living frugally in a room and saving every penny until, years later, she could afford to get a house and have him home. He told me that the structure, routine and rules with consequences did him good. He had, apparently, no bitterness in spite of physical punishments and privations. And, at the time of our conversation sitting on a grassy embankment watching our dogs playing together, he spoke of how he continued to live with his mother and was now her carer in her old age. The incident reminded me of earlier learning – that family relationships, the connection to a parent who cared, can make all the difference; that we need to find ways to enhance the support of parents and children.

But it wasn't like that for the majority of children. At Allambie I confronted the trauma caused by intergenerational disadvantage, by sexual abuse that could seldom be named for what it was, by serious abuses of children who came to us via the Royal Children's Hospital and by "broken down" adoptions. I broke off a brief romance as a result of all that. The boyfriend told me I was far too immersed in my work, that there was no need to worry about such issues and I should give it all up for a normal life. I realised that unless one worked in that environment and faced the darker side of life and human nature, it was impossible to understand the impacts – emotionally, intellectually and ethically. I gave *him* up with no regrets.

There is another part of the Allambie story too, albeit now seldom told. Institution though it was with rules and policies, rosters and the like, Allambie was where I met and worked alongside men and women who were passionately committed to doing the very best they could for those children – people who spent their whole career in the OOHC sector advocating for change and fairness as the years past and as regionalisation took hold. There were staff who patiently cared for children in their unit, coming in on days off because of a birthday, spending time celebrating Christmas with the children when they weren't rostered on and could have been with their own families. So I learnt about relationships; those that reflect genuine caring, consistency and warmth; and about being predictable, respectful and real, and providing a sense of community. These attributes helped children and adolescents. They are what made Unit 64, the residential care for "difficult" adolescents in Brighton, a success in the mid-1970s in spite of the challenges that the staff faced. The same qualities went a long way in the successful care of adolescents who were placed there. The staff went after them when they ran away, they negotiated educational arrangements, they took the teenagers on holidays using some of the money they had all earned through fundraising efforts. They allowed one young woman to have a dog as a companion; though sadly, that saw the downfall of the Unit altogether – another story. It was the same with the families who were approved carers under the Intensive Neighbourhood Care (INC) scheme in South Australia. The commitment to those young people and the flexibility required to accommodate their needs was exemplary. The quality of the relationships developed and their importance in the lives of the children and young people who found themselves in the OOHC sector is borne out by the number of ex-care people with whom my colleagues have stayed in touch and have continued to support into adulthood and parenthood.

It should be no surprise, then, that locally established and supported children's residential units, like Currawong House in Hamilton, Victoria, enjoyed considerable success with a stable, dedicated staff who consistently responded to child and family needs well beyond the call of duty. Families in that district whose children were at Currawong often arrived distressed and angry, but were treated with respect, together with an earthiness that comes with rural community life. Parents with high support needs due to crisis or mental health issues were able to access respite care, and the children spending time at Currawong were able to move about the local community with minimal stigma because the residence was community owned and responded when things got tough. Local people, along with the staff and children, contributed to the annual fundraising fete, to the support of families doing it tough, to outings for the kids – and sharing a bedroom with siblings or even another child the same age which was common in residential care at the time was not the issue it has become in our culture of risk aversiveness.

Those twenty or so years beyond my graduation saw many changes, but they related more to arrangements with government funding, accountability, management regimes and agency structures and control over welfare activities than to improvements to the quality of care for children and their families. The OOHC sector saw numerous amalgamations of organisations with concomitant changes in the nature of organisational life and language. Boards of directors replaced the local, community-based committees of management with concerned citizens, health and welfare professionals and church representatives replaced with accountants, lawyers, business entrepreneurs and human resource experts. Of course there were still some church representatives in the big church agencies, but community status and professional expertise that privileged economic and commercial disciplines underpinned the power in agencies – and still holds sway. I have memories of sharply enervating experiences of reporting to those boards as a manager, and of my own board membership. There were hours spent arguing over budget minutia with little attention given to client wellbeing issues or the success of program initiatives. The language was of critical mass, accountability, legal obligation, the risks and money . . . money, money! It felt like a world apart from children, families and clients who, when mentioned, were merely the subject of passing charitable thoughts.

At the same time, there were changes in legislation concerning children, young people and families and a push for home-based care – foster care – as the preferred option. That foster care didn't suit all children and young people was not an acceptable issue to raise. Residential care was out of favour, and it looks like this continues to be the case. That too many children were being removed too late from families who found the responsibility beyond their capacities was an unpopular point of view. That many traumatised children and young people are unable to cope with the standard public school regime, an institutionalising environment in itself, was an idea that earned one no favours with either departmental staff or teachers. We began to talk about challenging behaviours, we began to lose foster families and find the recruitment more difficult, and we began to spend a lot of money trying to contain young people, using casual one on one staffing in some instances. Children across the country were experiencing multiple placements and the additional trauma this incurs (Hughes, 2015). Those few young people who managed to be placed in boarding schools might have been the luckier ones.

And those of us who had now been around for over thirty years were not always regarded well in the new era of brashness, the yen for simple answers and captivating technology of the new century. I remember being made to feel like a grumpy old woman and there are many of my colleagues, some of whom retired early, who felt the same way. Actually, many of the issues were the same as ever. We had always worked with adults who had disrupted childhoods and suffered mental ill health, with people who used drugs to escape from the realities of homelessness and a lack of meaningful social connectedness, and with children and young people trying to find themselves following the traumas of abuse, displacement or rejection. These people needed long-term, reliable and predictable relationships, some needed what we loosely called "re-parenting", and all required much more than case management and constant referral after years of disadvantage. It takes a long time to re-orient oneself to relationships with others and to the world, to re-learn or learn for the first time, and re-develop or, indeed, develop a sense of agency and meaning in one's life after years of disadvantage (Ogden, 2015). This is not being dependent, this is about the opportunity and the consistent support to become a member of the community who is able to live a reasonable life beyond disadvantage.

More recently, our knowledge has been expanded by new evidence of the impacts of trauma on brain development (Porges, 2015; Shore, 2015). Neurobiological research and the development of programs such as Take Two (Berry Street, 2010) and Boys Town's Expressive Therapies Intervention (BETI) (Southwell, in press) is confirming what many of us always suspected about the damage to developmental pathways of children and young people, and the value of significant, consistent relationships for the promotion of development across physical, cognitive, emotional and educational domains. Knowledge drawn from the disciplines of social work and social pedagogy, along with other specialisations, confirms what those of us now nearing retirement learned through observation and experience in the OOHC sector. It is early days, however, in recognising that we actually sidelined knowledge and expertise gained in past decades and we now need to actively reintroduce this to our foundational knowledge and practices in the child and family sector, albeit in different language and supported by clear evidence gained through research. We also need to find ways to ensure this knowledge and expertise is used to change the present systems of response to families and children. This is a matter of urgency; we must ensure "the system" doesn't continue running a race that is dissociated from what is needed on the ground, and prevent the recurrence of problems in further generations.

Our current systems of responding to child protection issues, income support, family support and the like evolved under the forces of neoliberalism, fiscal restraint, managerialism and risk averseness. Now there is public pressure to bring abuses and damaging policies to light and the demand for accountability has been brought to the fore. The resulting processes of Royal Commissions are essential for redress of the trauma experienced by people during their childhood and adolescent years, but I wonder if we will actively use what we can learn from the adult survivors of such experiences to change and enhance the current service system. Regimes of accountability alone are never going to be sufficient to prevent abuses and exploitation of children. We need to be brave enough to re-think the whole of the system, bring down the siloing of service delivery, move away from the ever-enlarging agency structures that are so focussed on the business aspects of organisational activity to the detriment of time, activity and effort on the ground. I would go even further and ask: Where is the expert generalist for the delivery of welfare responses and why are we so unable to consolidate services for the benefit of children, young people and their families?

So what can we learn from our reflections on long experience – what is it that I have learnt? There are of course, many aspects of past care arrangements that we certainly don't want to repeat and we have been hearing of these in the media and reports of inquiries into abuse of children. As others contribute their ideas in this Anniversary Issue of *Children Australia*, I have also been thinking about what are the important elements of a care system. Being able to see the world of the child or adolescent through their eyes seems to be an important point from which to begin to understand what they might need to overcome the disadvantage and trauma they have, or are, experiencing. Their views about the nature of the care they need, and openly negotiating the options, is also an important first step to establishing care arrangements. Being able to step in before a child's situation becomes irretrievable is essential as families and children are much more likely to work alongside staff if they feel supported rather than blamed. Normalising the issue of sometimes needing support when things get tough is a part of this. Language like Joe Hockey's (2014) 'lifters, not learners', and 'the age of entitlement is over', the constant references to dependency as a negative condition rather than recognising our interdependency as humans in a complex social system (Lehmann, 2014), and the current unwillingness of Australian society to do more than bandage or plug the gaps when they get too embarrassing, get us nowhere.

I have changed over the years. My reflections have led me to understand, or perhaps to reiterate, that adults are powerful and can be frightening, but can also be fragile and need support, can be caring and persevering for their children. We need to avoid seeing the world as adults versus children and see the world from both perspectives – a world that is infinitely complex; where things are not always one way or another, but can be both. We need to spend time understanding multiple perceptions and struggles, though without condoning abusive or undermining behaviours. We need to ensure that children and young people gain a sense of agency, that they are partners in their own development and that they are awarded opportunities to develop as they would in the care of responsible parents. This means attention to their education and training, to their ongoing support beyond their time "in care", to revisiting that understanding of equity that leads to going so much further for kids who have missed out on so much. It means ensuring this care is enduring enough to have a positive impact on the neuroplasticity of the brain – the re-parenting of children, adolescents and parents that we used to talk about as we observed the slow shifts to a lifestyle that left behind repetitive misjudgements and poor choices. And embedded in such provisions is the maintenance of significant relationships that are consistent, flexible, warm and work to develop a sense of community around the child or young person; and around parents who may have missed out on significant relationships, themselves.

This leads me to envisaging what our OOHC sector needs to look like in another 40 years' time. How lovely to have the opportunity to dream of how a system might look. What a complex task to even dream about! But this is a chance to put forward our ideas of how the provision of care and support might look in 40 years' time and so my first wish is for services to be really embedded in communities – owned, supported and responsive to communities – no longer small parts of large bureaucracies that are unable to belong, in any real sense, in community life.

My vision is for Hubs of Child, Youth and Family support and care that are open to all for parenting support and early childhood development services on a campus that includes the facilities and opportunities for local people to seek help, to volunteer, and to be employed in the delivery of care and support of children, young people, and all parents – foster parents, sole parents and parents who have health or disability concerns. The goal of the Hub as a campus setting becomes like a small community in itself and is not exclusive in terms of specialisation that encourages restriction and stigma. If the campus was able to maintain a community of staff and volunteers, including being able to offer residential care by a stable staff group and educational support, this might go some way to the provision of care for children through the range of respite, short-term and longer term placement options that would include the support of parents and foster parents. A local, multidisciplinary advisory and support group including a GP, police, counselling staff, teacher, maternal and child health, child protection and other relevant professionals would mean that advocacy for those using services, and access to services, is facilitated within the locale, as well as the staff of the Hub being supported in decision-making for complex situations. "Ownership" issues would be balanced, as would decisions, with transparency in terms of information and knowledge being shared for the benefit of families and children.

Of course, there are still issues of accountability, but these would need to be the minimal regulatory requirements for the wellbeing of all parties, rather than complex systems that offer little of the intended protection and are experienced as so much red tape. The higher the visibility the less chance of abuse and neglect of clients too. A move to a learning and sharing community of practice (Wenger, McDermott, & Snyder, 2002), and associated activities, rather than a blaming or deficit model of relationships would result in more realistic recognition of the challenges in providing care and support rather than the siege mentality and fear of getting it wrong that pervades a lot of the conversations I hear in the field at the present time. And recognition of the benefits of including a social pedagogical approach, and ongoing training of all staff and foster carers and volunteers in this discipline, would provide knowledge and skill enhancement for the work that was being undertaken at many levels.

Expensive to roll out? Yes. But perhaps not as expensive as one would anticipate given the current costs of multiple moves of children and young people. Or the costs associated with the frustrations and consequent behaviour of parents who feel they have no voice, and with the loss of foster carers because they feel isolated, lack a place to go or the local support and respite they need in tough times. Not as expensive as paying for the poor educational outcomes for children in care, and not so expensive if we were to be patient and later find we have a generation of parents and children who *don't* end up with trauma and mental health issues for life, or spend time in prison or on the streets as the new generation of homeless people, or who end up on drugs to try to escape the pain of life.

Would we have a government at some future time that was brave enough to really step away from the pathway of service delivery that has developed in the last 15 to 20 years and change the current system of care and protection of children? Perhaps not, but one is allowed to dream.

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