

A dream come true – no more residential care. A corrective note

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This note is about the attempt by the Australian State and Territory child care and protection systems to do without residential programmes. It traces the process of moving to this position and the historical and policy imperatives that supported this service direction. It also outlines the consequences of the absence of 24 hours-a-day 7-days-a-week residential education or treatment programmes for difficult and disturbed young people. It is both a cautionary and corrective note designed to underline the need for some specialised and highly selective residential programmes as part of any mature child care and protection system. This is something that Australia forgot.

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Introduction

In Australia, as of 30 June 2004, the last date for which figures are available, there were 21,795 children and young people in out-of-home care placements that were provided under the auspices of State and Territory child care and protection services. Of these children and young people, 1,037 (4 per cent) were in residential care programmes. This ranged from 47 (1 per cent) in Queensland to 380 (9 per cent) in Victoria. Of these children, 46 per cent were aged 10–14 years and 39 per cent were aged 15–17 years. Only 4 per cent or 41 of the 1,037 children were under the age of 5 (Australian Institute for Health and Welfare, 2005).

In this context, the term residential care refers to ‘placement in a residential building whose purpose is to provide placements for children and where staff personnel are paid. This category includes facilities where there are rostered staff, where there is a live-in carer (including family group homes), and where staff are off-site (for example, a lead tenant or supported residence arrangement), as well as other facility-based arrangements’ (Australian Institute for Health and Welfare, 2005: 42). All these facilities are very small, frequently with no more than six places, which is the legal limit for such facilities in New South Wales (NSW). They basically respond to a care and supported accommodation need. Their classification as residential care is correct, since they do not offer within these facilities integrated education and/or treatment services.

What the figures say

The decline in the use in Australia of residential care placements has been mapped by Bath (1997), who

shows that in the three-year period between 1993 and 1996 there was a continuous decline in the use of this type of placement. This decline was from 2,416 in 1993 to 1,818 in 1996, a reduction of 24.8 per cent. This reduction in the use of residential care placements has continued since that time and by 30 June 2004 the number of these placements was 1,037, a further decline of 781 (57 per cent) since 1993. Unfortunately, while this decline has continued, foster care treatment programmes (e.g. Chamberlain, 2003) or other treatment services for children and young people with challenging and other antisocial behaviours have either not been developed or they are in their infancy. This is against a background of agreement that has existed for the last decade that these services need to be developed. Instead, 20,475 (almost 94 per cent) of the Australian children in out-of-home care are in home-based care that is generally regular foster care or minimally monitored kinship care.

So who are we talking about?

The difficult and disturbed children and young people to whom we are referring are predominantly aged between 10 and 17 years, of either gender, whose activities range from disruptive and delinquent acts through to serious aggressive and violent behaviours. These behaviours are often linked to mental health (including self harm) and substance abuse problems arising in many instances from abuse and neglect (Ainsworth, 1999, 2001). These children and young people invariably demonstrate an inability to live peaceably with others, either their immediate family or foster carers. They rarely attend day school as they have usually been suspended or expelled. A history of

multiple disrupted foster care placements is commonplace. They are so alienated from others that without effective intervention to steer them to an alternative outcome they face long-term unemployment and homelessness, with the potential to drift into a life of social isolation, adult crime and poverty.

In a recent Australian study of foster care (Barber & Delfabbro, 2004) the authors state that it is possible to predict which children on entry to out-of-home care will not settle into a stable foster care placement. In their sample of 235 this was approximately 20 per cent (47 young people). The most critical variable in this prediction is a prior disrupted foster care placement. These are the likely subset of children and young people in out-of-home care in Australia who are reported as being in a residential care placement (Australian Institute for Health and Welfare, 2005). As noted, 46 per cent of these children and young people were aged 10–14 years and 39 per cent aged 15–17 years.

How did we get to where we are?¹

A number of historical and contemporary events have contributed to this position. First, there was the practice of removing Aboriginal children from their parents solely because of their race, rather than because of neglect or abuse. These children have been called the 'Stolen Generation'. This practice was commonplace until the 1970s (Australian Law Reform Commission, 1997; Human Rights and Equal Opportunity Commission, 1997; McDonald, 1996). Children who were removed from their parents in this way were placed in institutional care, mostly in missions run predominantly by non-government church-sponsored organisations. This was part of an attempt to separate Aboriginal children from their culture and assimilate them into white society. The reputation of residential care was sullied by its role in this process.

The equally abhorrent practice of forced child migration that affected primarily white children from Britain and Ireland represents another phenomenon that tainted residential care for children and youth. Child migration that was common in the immediate postwar period continued spasmodically until the 1960s. This approach was supported by British authorities, including non-government organisations such as Barnardos, the Church of England Children's Society and various Catholic orders (Bean & Melville, 1989; Gill, 1997; Humphreys, 1995). Particularly distressing are the carefully documented accounts of the physical and sexual abuse of some of these children placed in a number of residential institutions, including orphanages,

sponsored by religious orders (Gill, 1997; Humphreys, 1995). For these children, now referred to as the 'Lost Innocents' (Senate Community Affairs Reference Committee, 2001) who were sent to populate the British Empire and to benefit from a new life in a sunny climate, this was a cruel deception. The abuse they suffered continues to wreak havoc in their lives, and not surprisingly they are vocal critics of institutional care (Senate Community Affairs Reference Committee, 2001). Tied to all of the above are reports into abuse in institutional care and other residential facilities run by both government and non-government organisations that affected other Australian children who were neither Aboriginal nor child migrants (Community Services Commission, 1999a; Forde, 1999; Senate Community Affairs Reference Committee, 2004).

Partly as a result of the above, State and Territory governments reduced their dependence on all forms of institutional care and in addition indiscriminately closed residential programmes, beginning in the 1970s. This was regardless of whether these programmes could demonstrate that they had an ethical, safe and sensible programme that was likely to generate positive outcomes, or not. Indeed, residential programmes were all viewed as unsafe places incapable of reform.

The major social policy ideologies of the last two decades or more, deinstitutionalisation, normalisation, least restrictive environment, mainstreaming and diversion supported this thrust (Ainsworth, 1999, 2001, in press). The compatibility between these ideologies and the economic imperatives that shaped the drive to cut the cost of child welfare services in the 1980s and 1990s also made residential programmes a prime target for closure. Indeed, promulgated throughout this time was the view that various forms of foster care (family foster care, kinship care) were the preferred and cheaper option (Fulcher & Ainsworth, 1994). This economic rationale for closing residential programmes is now under review, given that in the 2003/04 financial year the NSW Department of Community Services, the statutory authority for child care and protection services in that State, spent Au\$58.5m on 169 children and youth (about Au\$346,000 per child) for whom foster care placements could not be found (Horin, 2004). During that time these young people were accommodated individually for significant periods of time in specially rented houses, hotel and motel rooms where they were supervised 24 hours a day, 7 days a week, by mainly untrained youth workers.

Parallel developments

Young people who might well have been placed in residential care are now instead being served by homeless youth programmes. A national jointly funded Commonwealth-State Supported Accommodation

¹ The first two paragraphs of this section are based on similar paragraphs in Ainsworth (1998). More recent references have been added.

Assistance Program (SAAP) was established in 1985. SAAP was initially promoted as a 'safety net' programme for these young people. The programme has since broadened its mandate and now aims to 'provide transitional supported accommodation and related support services to help homeless people (of all ages) achieve the maximum possible degree of self reliance and independence' (Australian Institute for Health and Welfare, 2004: 1; National Strategic Plan, 1997). The importance of this programme becomes apparent when the national profile of SAAP clients is examined. In the year 2002–2003, of those clients (male and female) that used this programme, 1,800 (1.9 per cent) were under the age of 15 years, while another 17,400 (17.9 per cent) were between 15 and 19 years of age. This is 19,200 (19.8 per cent) of the total number of clients in the programme in that year (Australian Institute for Health and Welfare, 2004). At a local state level in NSW in 1998–1999, clients aged 15–19 years made up the largest single group, numbering 4,598 (17 per cent of all clients). Clients under the age of 15 years numbered 654 (2.4 per cent) (Community Services Commission, 2001).

Thus, the SAAP population contains a significant number of children and young people who under current protective legislation are the legal responsibility of the child care and protection authorities. Moreover, there is evidence that the Department of Community Services in NSW actively seeks to place wards and other young people for whom they have responsibility into SAAP programmes (Community Services Commission, 2001). Indeed, it can be argued that State and Territory authorities have offloaded many of the most disturbed and difficult children and young people to the less-professional SAAP programmes (Community Services Commission, 2001). In that sense, SAAP facilities have become the *de facto* residential programmes of the child care and protection system.

Unfortunately, SAAP programmes, which in NSW alone cost Au\$100.6m in 2001/2002 (New South Wales Ombudsman, 2004), are generally staffed by a largely untrained workforce who do not have a prior professional background in child care and protection services. SAAP programmes are what they were created to be – short-term emergency accommodation. Indeed, the Federal act that provides the mandate for SAAP programmes does not authorise them to provide education or treatment services nor, given the short-term nature of these programmes, would this be possible.

Furthermore, a recent inquiry into access and exit policies in SAAP programmes by the NSW Ombudsman (2004) makes attempts by these programmes to work selectively with particular children and young people almost impossible. The Ombudsman draws attention to the SAAP mandate to provide services to 'all' homeless youth and also to the way in which excluding certain

categories of youth is in contravention of anti-discrimination legislation. The result of this report is that, at least in NSW, SAAP programmes will not be able to exclude as a category young people with mental health problems, substance abuse issues, those who are violent, and even individuals who have a history of non-payment of residential accommodation fees.

Yet, noticeably, SAAP programmes are now populated by those vulnerable children and young people, who in an earlier era were likely to have been in residential programmes run under the auspice of non-government or government child care and protection agencies. The Ombudsman's report (2004) is more than likely to make SAAP programmes a less than safe place for these children and young people.

Other misadventures

Even more worrying is the way in which some of this group of in-care children and young people, who are already victims of abuse or neglect, have become engaged while in foster care in delinquent activities that have led to their migration into the juvenile justice system. This is a drift that has been exacerbated by the lack of relevant preventative residential education or treatment programmes within the child care and protection service sector. In fact, in NSW in 1993–1994 a ward of the State who was under the supervision of the child care and protection authorities was 15 times more likely to enter a juvenile justice centre than the rest of the juvenile population (Community Services Commission, 1996, 1999b).

Lastly, in recent years there has been a growth of new private for-profit residential providers who for a fee of Au\$1,000 will provide one night's residential accommodation for a child or young person no matter how difficult they may be. These small hostel-type facilities are completely unregulated and invariably employ untrained staff. In desperation, the NSW Department of Community Services periodically uses these services.

The dream gone wrong

The dream – no more residential care – has gone disastrously wrong. One consequence of the attempt to do without residential care programmes rather than transform them into residential education and treatment facilities is that there is a crisis in foster care in NSW and every other Australian State and Territory (Ainsworth, 2001; McHugh, 2004). This crisis has to a large extent been created because many foster carers are exhausted and disillusioned by the placement, or more accurately misplacement, of children and youth who by virtue of unmanageable behaviour should not have been placed in a regular home environment. These are

children and young people who need the type of 24-hours-a-day, 7-days-a-week education and treatment that can only be provided by residential programmes. Unfortunately, these types of programmes do not exist in Australia. All we have are a few residential programmes classified as 'residential care' that simply provide supported accommodation. This is because of the total closure of other types of residential facilities through, in no small measure, an overemphasis on the use of foster care.

It is not that foster care has failed these children and young people. It is that it is unrealistic to expect foster carers to be able to manage extreme behaviours. Foster care services are vital and need to be supported and preserved for those children and young people for whom they are best suited. The hope that foster carers would somehow or other be able to cope with even the most disturbed and difficult children and young people is transparently not true. Foster care cannot be the only form of out-of-home care for disturbed and disruptive children and young people. Australia has tried this and the evidence is in – it does not work!

Moreover, the closure of more than 50 per cent of residential places in the child care and protection services sector has not resulted in better services for a significant group of highly disturbed and disruptive children and young people. Primarily, what has happened is that these young people have been transferred to emergency accommodation programmes (SAAP) or to residential programmes in the juvenile justice system. Even if community-based options are expanded and foster care treatment programmes (Chamberlain, 2003) are vigorously promoted and foster care as an alternative to detention (Walker, Hill & Triseliotis, 2002) gets underway, some residential education and treatment programmes will still be needed – not least because, as both Chamberlain (2003) and Walker, Hill and Triseliotis (2002) show, when treatment foster care or foster care as an alternative to detention fails (as these services inevitably do in a few cases) they transfer the young person to a residential facility. And these facilities should not just be accommodation warehouses – they should offer, even at this late hour, education and treatment services. The challenge that remains is how to design, resource, implement and staff a range of new non-abusive positive 24-hours-a-day, 7-days-a-week residential education and treatment programmes that can challenge young people's inappropriate behaviours and offer them the opportunity to change and grow into healthy individuals capable of leading rewarding adult lives. These are not easy tasks, as a return to residential care programmes from the past must be avoided at all costs, but there are elements of knowledge and skill to build upon in pursuing this service goal.

Knowledge about how to build a positive peer culture (Vorrath & Brentro, 1985) in residential programmes as

part of a repertoire of peer helping skills has not been fully exploited. Life-space crisis intervention techniques – now highly developed for use in schools and other group venues – similarly remain largely untapped resources for helping difficult and disturbed children and young people in residential education and treatment programmes (Fecser & Long, 2000). There is also the 'Therapeutic Crisis Management' training package (Bath, 1998), a derivative from the Cornell University residential services project. EQUIP-type residential re-education programmes (Gibbs, Potter & Goldstein, 1995), founded in a positive peer-culture approach that seek to address deficits in thinking and moral development, are a further source of inspiration. There is also Ainsworth's (1997) empirical study that builds a model of family-centred group care the aim of which is to incorporate parents as partners into the residential education and treatment process. The direct and indirect practice skills that are needed by managers and front-line practitioners in residential education and treatment programmes, including those for family work, have also been fully articulated (Ainsworth, 1981, in press). These materials collectively offer exciting possibilities when it comes to developing a new generation of safe, secure and non-abusive residential programmes. But much more effort will still be needed.

Australian experience shows that a mature child care and protection system has to have some residential education and treatment programmes that are capable of dealing with disturbed and difficult children and young people. Foster care, in all its varieties, is not enough. A new generation of residential education and treatment programmes need to be specialised and highly selective in their intake. They will always be controversial, expensive, difficult to manage, and may only achieve modest changes in behaviour. In the absence of these programmes, the alternative is a deplorable transfer of responsibility for vulnerable children and young people from the child care and protection sector to services for the homeless or to the juvenile justice system. This can only be viewed as morally undesirable and a socially unjust outcome that every society would want to avoid.

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