Providing Quality Residential Care for Young People, and Responding to the Sexual Exploitation of our Vulnerable Youth

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Outline for the day

- James and Robyn introductions
- What constitutes quality residential care?
- Break
- How do we do quality care?
- Lunch
- Understanding sexual exploitation
- Break
- Responding to the signs and realities of sexual exploitations

Providing Quality Residential Care for Young People

Objectives for this session

- To learn from international research about therapeutic residential care, including:

  - Key elements (active ingredients) of therapeutic care
  - Implementing change in residential agencies
  - Achieving ongoing congruence and fidelity to therapeutic principles and values

- To explore issues and challenges in daily practice

A Time of Rethinking and Renewal

- Northern Ireland – testing out 5 models of therapeutic residential care
- State of Victoria, Australia – developing and evaluating the TRC model
- North America – development and dissemination of a number of models (e.g. Sanctuary, CARE, ARC, Circle of Courage/RAP)
- New policies in Brazil in advance of practice developments
- Re-thinking in Japan with tradition of “orphanages”

Agency-level challenges

- Pendulum swings in political context
- Uncertain financial and funding environment
- Increased calls for accountability and transparency
- Public and media moral outrage at incidents/deaths
- Level of resources for staffing and training
- Choosing a model of service in shifting demographic
- Governance and leadership
- Achieving congruence within the organization
- Collaboration versus competition
- **Others…**

What is the link between quality care and sexual exploitation?

- The large majority of young people in residential care have suffered the effects of trauma (i.e. they are in psycho-emotional pain and exhibit pain-based behaviours).
- These young people need to be safe and to receive therapeutic help in order to develop resilience.
- They likely have little trust in adults (including you), and until they can develop a positive relationship with people who genuinely care for them, they will remain highly vulnerable to predators.

Research has demonstrated that…

At risk or sexually exploited children and youth respond most favourably to programs that are:

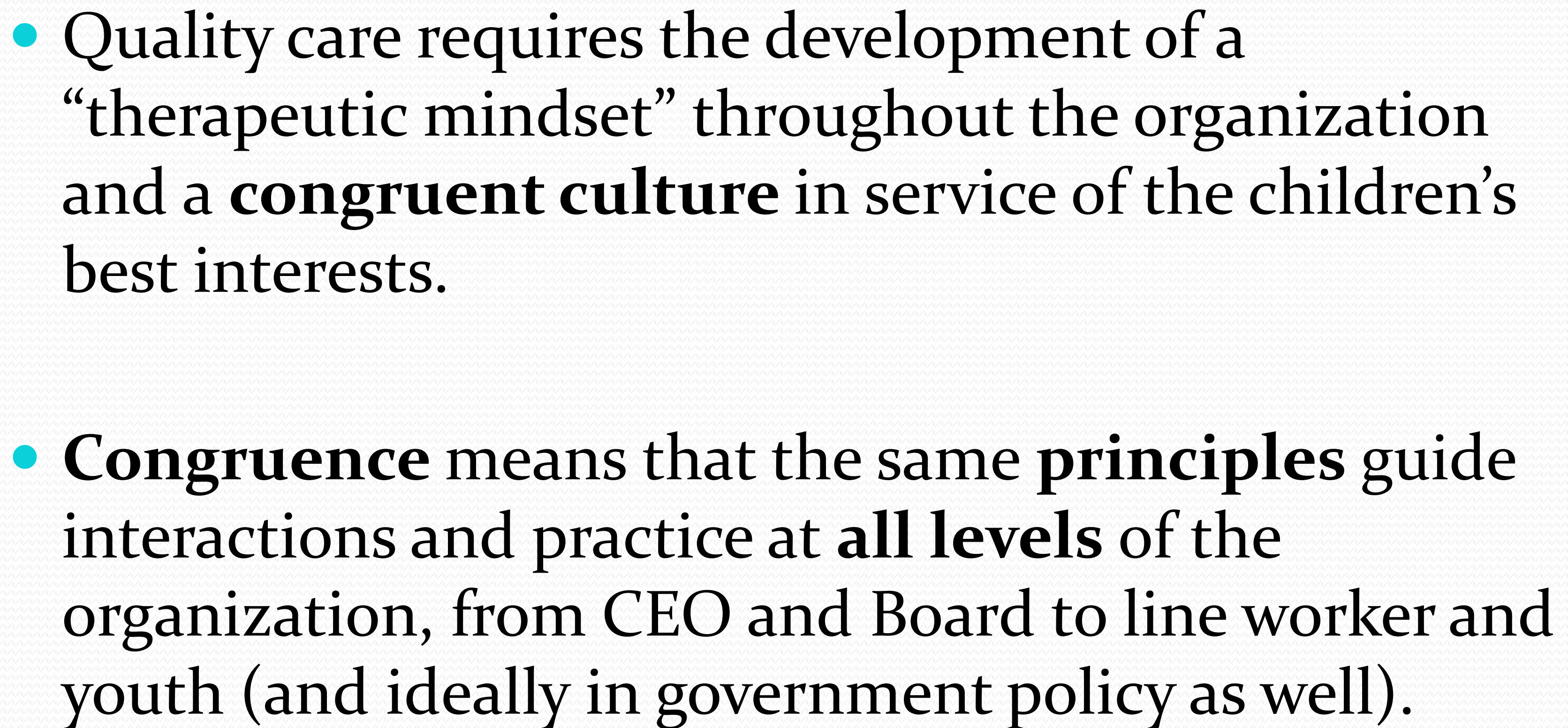
- Developmentally appropriate (age appropriate)
- Culturally appropriate
- Non-judgemental
- Child/youth centered
- Creative
- Responsive to individual needs
- Non-coercive
- Staffed by personally committed staff with empathy

Findings from recent research on therapeutic care indicate a need to move from:

- an ad hoc to an **intentional approach** (do everything with a purpose)
- "do your best" to **enact therapeutic principles**
- punitive/coercive to **therapeutic/caring responses**
- rules and consequences to **expectations**
- rigidity to **flexibility**
- managing behaviour to **creating experiences**
- technical to **adaptive thinking**
- command and control to **participative and dialogic management**

Quality residential care

- Quality care can be achieved by all residential programs, not just those labelled TRCs.
- Quality care is a platform, or scaffolding, which can support vulnerable and hurting youth to remove barriers to their healthy development
- Quality care requires skilled residential staff who can build positive relations and a safe environment for youth



- Quality care requires the development of a "therapeutic mindset" throughout the organization and a **congruent culture** in service of the children's best interests.

- **Congruence** means that the same **principles** guide interactions and practice at **all levels** of the organization, from CEO and Board to line worker and youth (and ideally in government policy as well).

What does research tell us about this?

- My own research and a growing body of research across many nations, including in this very state of Victoria, is bringing forward very similar findings

- While rigorous evaluation is still in its early stages, the initial results of both quantitative and qualitative research on the “new wave” of residential programs is promising

The touchstone of good residential/ group home care

- **The struggle for congruence in service of the best interests of children**
- But all programs think they are acting in the best interests of the children in care, when in fact many are not, or at least not consistently
- Congruence means that there is consistency, reciprocity and coherence within and across all levels of agency functioning

Basic psycho-social processes

- **Creating an extra-familial living environment** – the prime task of managers
- **Responding to pain and pain-based behaviour** – the key challenge for careworkers
- **Developing a sense of normality** – the basic need for young people in care

All positive changes can be traced to 11 interactional dynamics

- listening and responding with respect;
- communicating a framework for understanding;
- building rapport and relationship;
- establishing structure, routine and expectations;
- inspiring commitment;

Interactional Dynamics (cont'd)

- offering emotional and developmental support;
- challenging thinking and action;
- sharing power and decision-making;
- respecting personal space and time;
- discovering and uncovering potential; and
- providing resources.

Moving from “last resort” to positive alternative in system of care

- Placing workers need to accept that well-functioning group care is positive for the right young people, at the right time
- There needs to be a move away from a mechanical formula for placement that leads to multiple foster home “breakdowns” before a residential placement
- Child welfare systems need to invest in developing and maintaining well-functioning group care
- Workers need to carefully assess the level of care, supervision and intensity required by youth

Beware decision rules

For example:

- All children have a right to live in a family (**except those who can't)**
- Try (all) less intrusive services before more intrusive alternatives (**but less intrusive for whom?**)
- Place a child in residential care only as a last resort (**which may mean years of misplacements and pain**)
- Every child has a right to permanency and stability (**but what do we do to ready them for such a place?**)
- Others?

Who is the slow learner here?

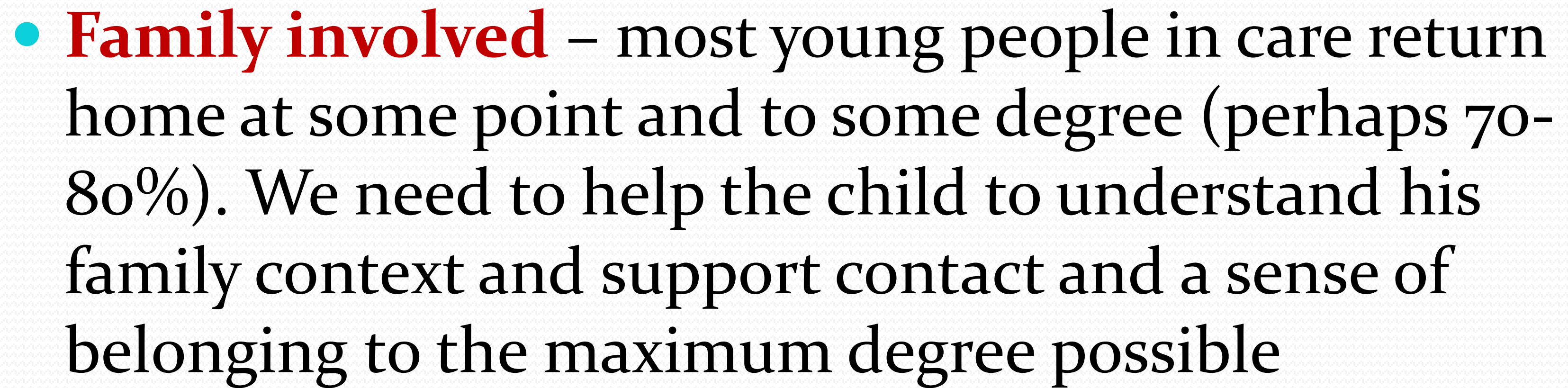
(Within two months in a staffed group home, this young woman stopped fighting the system and started to work on her problems.)

What characteristics of group homes need to be considered for placement?

- Group homes are not families; a strength for some young people (level of intimacy)
- Child expected to fit in with family versus group home designed to adjust to needs of the child
- Sense of ownership of home and contents
- Number of carers and children present, potential relationships
- Shifts of staff versus 24/7/7 parents
- Intensity and consistency of therapeutic care
- Presence of on-site supervision

Seven Principles to Guide Residential Practice
(based on the Cornell University CARE program model)

- **Developmentally appropriate** – we need to understand that children develop at different rates on different dimensions of their development; according to norms, a young person may be 12 years old in cognitive development but 6 years old emotionally, 8 years old linguistically and 16 years old physically. In order to assist, we need to work in each individual child's the "zone of proximal development".



- **Family involved** – most young people in care return home at some point and to some degree (perhaps 70-80%). We need to help the child to understand his family context and support contact and a sense of belonging to the maximum degree possible

- **Relationship based** – research on helping and counselling demonstrates that the most important aspect of any helping action is the quality of the human relationship between helper and helpee. We cannot change another person's behaviour – only they can do that – but through the quality of our relationship we can influence change and growth. Such therapeutic relationships are ***attachment-promoting.***

- **Trauma informed** – all the young people in residential care, and most of those in the child welfare system, have experienced many losses, traumas and disappointments, and live with deep psycho-emotional pain. We need to avoid inflicting more pain on their pain, and to help them to gain a sense of becoming shapers of their own destinies, rather than feeling like victims of fate.

- **Competence centred** – everyone needs to feel they are good at something – at least one thing significant to them, no matter how insignificant it may seem to others. On the basis of that experience, a sense of competence can be developed and experienced in other areas of their life as well. We need to focus on what young people are doing, and can do, rather than on what they are not doing or cannot at this stage do.

- **Ecologically oriented** – we all live in our own world – of places, relationships, experiences, hopes, fears, thoughts, feelings and aspirations. This constellation is always a work in progress, and we need to help young people to learn to navigate their particular worlds in all their complexity, changeability and uncertainty.

- We need to start with their immediate life-space – their room, their housemates, their cottage, their teachers, their careworkers, their family members, and work out from there towards having them feel more at home in the broader world and the world of their future.

- **Culturally responsive-** many of the young people in care come from Indigenous cultures, or minority cultures of different faiths, colour, life experience and belief systems from the so-called mainstream. Workers not from these cultures need to learn about these cultures, understand their values, respect their traditions, honour their histories and join with all the young people in their struggles for their rights, justice, a place in society and a hopeful future.

So, how does this all work in practice?

Case example #1

- **A female resident absconds before supper time in the evening and returns at 2:00 am in the morning with alcohol on her breath and looking a little shaken up.**

- **You are the worker on duty when she walks in the door.**

  What are you thinking?

  What do you say to her?

  What action do you take?

Guiding Principles

- **In the child's best interests**
- Developmentally appropriate
- Family involved
- Relationship based
- Competence centered
- Trauma informed
- Ecologically oriented
- Culturally responsive

Debriefing

* What is your first concern in this situation?
- What is your second concern?
- What are your fears or anxieties?
- What message(s) do you want to convey in this moment?
- What opportunities do you see in this situation?
- What follow-up would want to undertake in the following days?
- Which principles are you implementing in your response?

Case example #2

- **You are on a group outing of 8 residents and 2 staff members. One of the boys starts a fight with another boy on the trip, and shouting swear words, while walking down the main street in the middle of town. When a police man comes, he tries to run away but is brought back by the police who help you get everyone back on the bus.**
- **You meet as a staff group to discuss the incident. What actions would you propose taking?**

Debriefing

- **What is your first concern in this situation?**
- **What is your second concern?**
- **What are your fears or anxieties?**
- **What message(s) do you want to convey in this moment?**
- **What opportunities do you see in this situation?**
- **What follow-up would want to undertake in the following days?**
- **Which principles are you implementing in your response?**

Case example #3

- Two 14 year olds girls sneak out of their residence after bedtime and are found with two 15 year old boys in the boys' room in another residence. It appears that there may have been some kissing and fondling going on, but apparently nothing more then that.
- They are brought back to the cottage where you are the on-shift supervisor and your are told what happened..
  - What are you thinking?
  - What do you say to the girls?
  - What action do you take?

Debriefing

- What is your first concern in this situation?
- What is your second concern?
- What are your fears or anxieties?
- What message(s) do you want to convey in this moment?
- What opportunities do you see in this situation?
- What follow-up would want to undertake in the following days?
- Which principles are you implementing in your response?

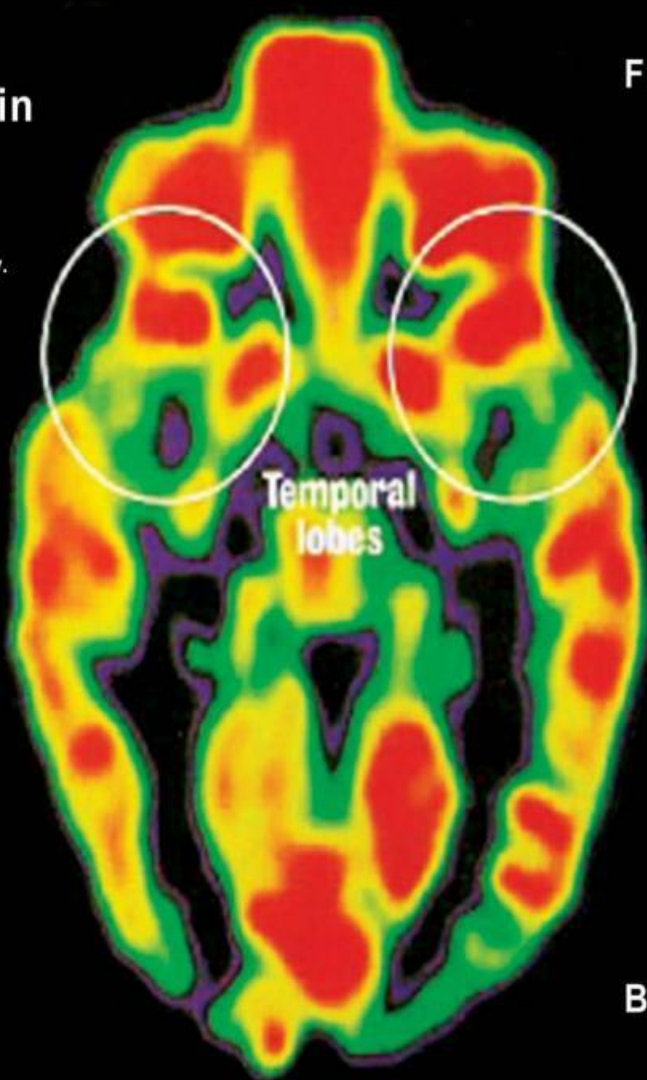
- **A recent development is the convergence of the emerging field of neuro-biology (brain science) and CYC**
- **Especially the work of Bruce Perry (MD, PhD)**

Brain research is now demonstrating that:

- **Early childhood traumas alter the development of neural pathways in the brain;**
- **but thanks to *neuroplasticity*, consistent, nurturing caregiving over the course of everyday life can help to create new pathways;**
- **through creating a sense of safety, human connections and self-regulation.**

Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



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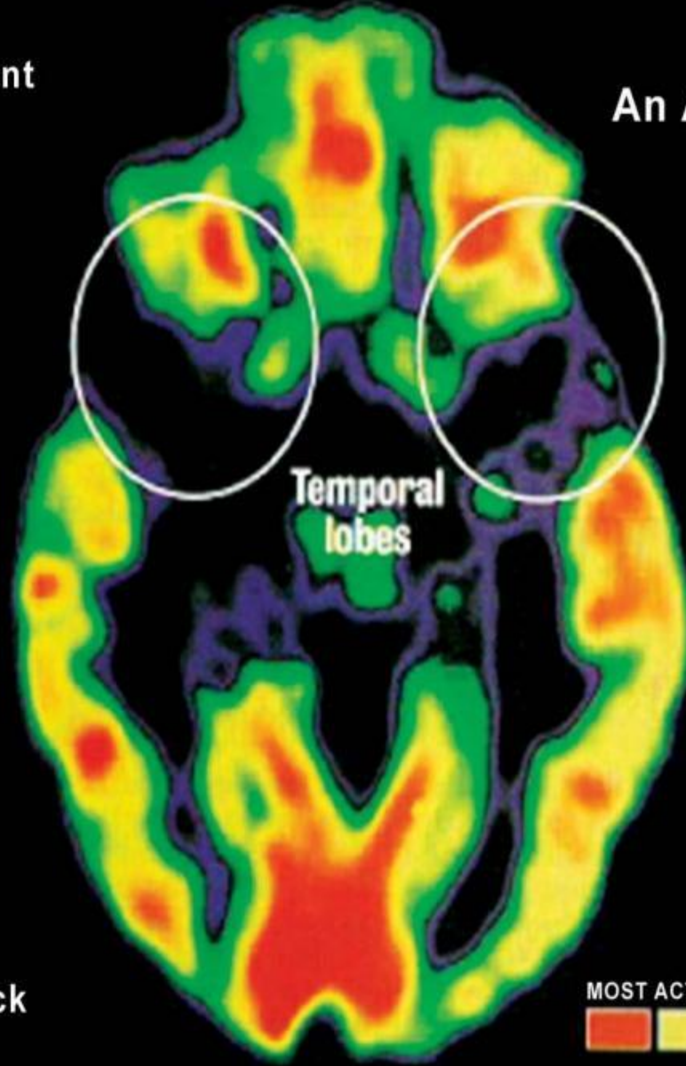


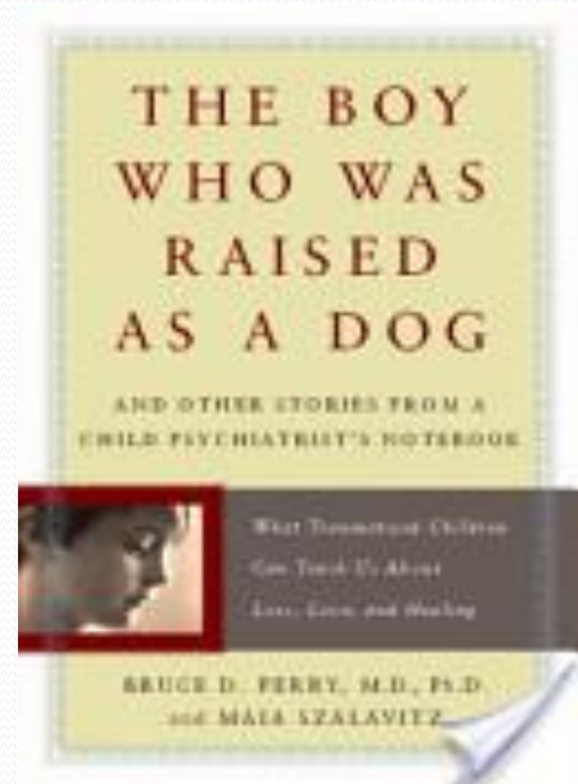
Back

An Abused Brain

This PET scan of the brain of a Romanian Orphan, who was instutionlized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top),which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.

MOST ACTIVE LEAST ACTIVE

- **If you haven't already, I recommend you read "The Boy Who was Raised as a Dog** and other stories from a child psychiatrist's notebook" (2009)



Dr. Perry's research has demonstrated what was asserted in *The Other 23 Hours*, namely:

"We learned that some of the most therapeutic experiences do not take place in "therapy", but in naturally occurring healthy relationships… between a professional like myself and a child, between an aunt and a scared little girl, or between a calm Texas Ranger and an excitable boy." (p.70)

"People, not programs, change people." (p. 80)

Conclusion

- Create a true system of care, not a mechanistic continuum (i.e. use group home care when needed, not as last resort)
- Understand the elements and dynamics of well-functioning group care programs
- Support each other to manage the complexity involved in providing therapeutic care
- Match type of services to the needs of young people in care

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- State of Victoria, TRC - Taking Stock and Looking Forward: http://www.aifs.gov.au/nch/pubs/issues/issues35/issues35.pdf

And remember…

Residential care is not rocket science;

It's far more complex than that!

Questions and
comments?