



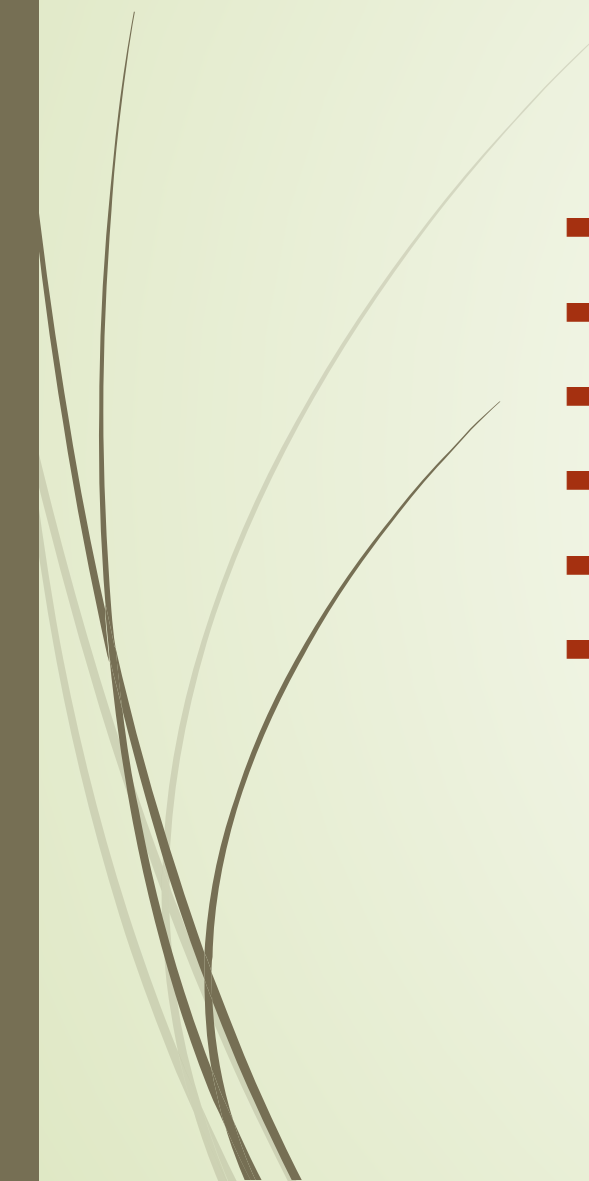
Stability in Residential Out of Home Care

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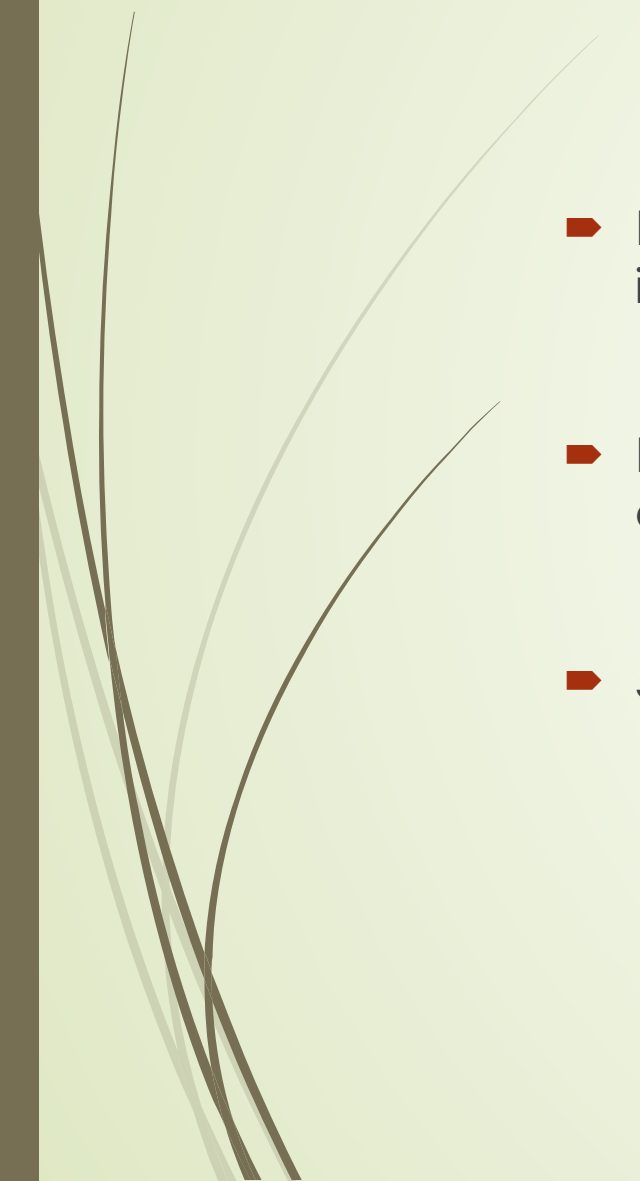


Presentation Plan

- Background: The Literature
 - Gaps in the research: The Problem
 - What we did
 - What we found
 - The Model
 - Questions
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Background: The Literature

- ▶ Residential care forms part of the child protection and OOHC systems and is run by the individual states and territories.
 - ▶ Residential care has typically been considered as a 'last resort' (Delfabbro et al., 2005)
 - ▶ 5% of YP in OOHC are in residential care and are (typically) aged from 12-18.
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Background



- ▶ It appears that the residential care population and the foster care populations are different (Ainsworth & Hansen, 2015; Ainsworth & Holden, 2018; Curtis, Alexander & Lunghofer, 2001)
- ▶ Comparisons of outcomes between these two populations may be difficult as it cannot be expected that equivalent outcomes would be forthcoming given equivalent in-care experiences, therefore direct examination of residential care is important.



Background



- ▶ Placement instability has a number of negative impacts on young people, both short and long term. Short-term effects include reduced school performance (Macleaun et al, 2017), further placement instability (Chamberlain et al., 2006; Rock et al., 2015), sexual behaviour problems (Prentky et al., 2014; Tarren-Sweeney, 2008), and greater reliance on mental health services. Long term, these impacts include difficulties with executive functioning and decision-making (Beers & De Bellis, 2002), poorer mental health (Fawley-King & Snowden, 2013) and offending behaviour (Ryan & Testa, 2005). These effects appear to hold even when accounting for type and timing of maltreatment.
- ▶ Notably, studies examining stability have not found significant improvements in functioning. Tarren-Sweeney (2017) stated that for many very complex young people, a positive outcome may simply be a lack of deterioration over time.




Background

- ▶ Placement instability and stability have historically and almost universally been evaluated by the measuring of placements over time (Unrau, 2007).
- ▶ Cashmore and Paxman (2006) conducted a qualitative study of 'felt security' and the link between feeling secure in the placement and later outcomes.



Gaps in the Research: The Problem

- ▶ Stability has never been measured explicitly in residential care
 - ▶ When stability is measured as 'placements-over-time', it captures a point in time in which a child has not changed placements, not their subjective experience of stability.
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The Problem



- ▶ How can we measure stability in residential care? So many moving parts...
- ▶ Co-residents, staff teams, caseworkers, management structures, changes of schools associated with changes of placements...

- ▶ How do we understand what constitutes stability?
- ▶ How do we determine if stability can have any reparative effects?
- ▶ Does stability, when done well, make a difference for young people? And if so, are the specific elements that are most integral?



What we did

- ▶ RQ: *“How do young people, who have lived in residential care, and residential care workers define, understand and explain placement stability?”*
- ▶ Exploratory approach to identifying the possible variables associated with conceptualising placement instability and stability in residential care.
- ▶ Individuals who had left care who had experienced residential care in NSW aged 18-25 years
- ▶ Individuals who currently or previously worked in residential care in NSW
- ▶ 13 staff members, 8 young people



What we did

- ▶ The staff group comprised 13 individuals, split with eight males and five females
- ▶ There was a wide range of experience held by the participants, with a mean number of years as 10.8 years. Most participants have a degree (either undergraduate or post-graduate) from a range of disciplinary backgrounds. Many participants have held roles in management at co-ordinator or manager level. Two participants worked in upper level management, two held clinical roles and the remaining participants had the majority of their experience working 'on the floor' in residential houses.



What we did

- ▶ 8 young people; 3 female and 5 male
- ▶ When discussing their mental health diagnoses, participants typically reported being diagnosed with Depression ($n = 3$), Post-Traumatic Stress Disorder (PTSD; $n = 4$), Anxiety ($n = 3$), Attention Deficit Hyperactivity Disorder (ADHD; $n = 4$), Oppositional Defiant Disorder (ODD; $n = 1$) and Bipolar Disorder ($n = 1$). These numbers do not add to eight participants as multiple participants endorsed multiple diagnoses ($n = 4$).
- ▶ Only two participants reported having a disability, both of which were intellectual disabilities

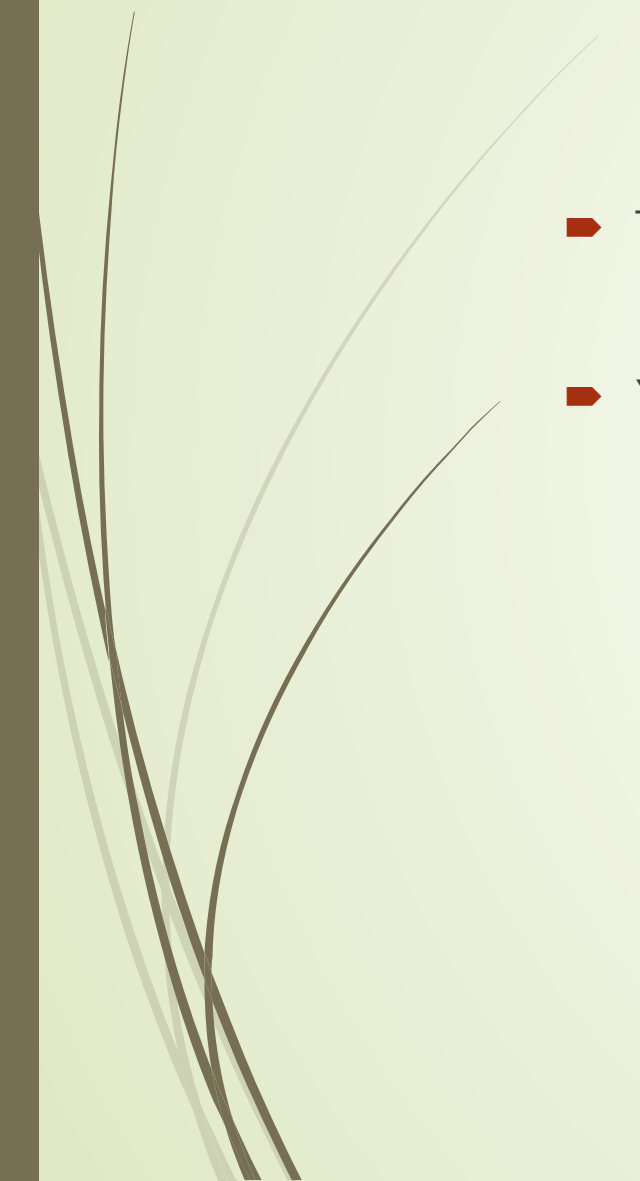


What we found

- ▶ Multiple elements were endorsed by both groups of participants as being important for stability.
- ▶ Of particular importance were:
 - ▶ Staff stability: including casual staff
 - ▶ Consistency
 - ▶ Planned and communicated changes
 - ▶ Safety
 - ▶ Matching
 - ▶ Trauma-informed care



What we found

- ▶ There were 4 points of difference in what staff and young people said
 - ▶ Young people talked about:
 - ▶ Peer relationships
 - ▶ Ongoing staff contact
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What we found

- ▶ Points of difference with staff:
- ▶ Staff talked about:
 - ▶ Importance of training and supervision
 - ▶ 'Pushing back' against inappropriate referrals



Impact of stability

- ▶ Tarren-Sweeney (2017) and Tomlinson (2008) both hypothesised that positive outcomes may simply be related to a lack of deterioration, or that they experienced lesser adversity than they may have done, had they remained in the family home.
- ▶ Staff and young people agreed that instability leads to negative outcomes
- ▶ The young people spoke from their own experiences of instability in their own lives, while the staff described the consequences they had seen; suggesting that these consequences of instability are common and typify the experience of instability on a young person.



Impact of Stability

- ▶ Both staff and young people identified common positive outcomes as a result of stability.
- ▶ The staff participants were able to identify positive elements of healing associated with stable placements, including improvements in connections to the house and the staff, increased school engagement, improved communication and an ability to heal from their past trauma.
- ▶ The young people identified that having stable relationships was the impetus for positive change. They were specific that that stability provided support through the relationships they had with staff; typically, when discussing stability, they spoke about it as stable relationships with staff, *feeling loved, having support, having people to connect with, working with the young person, being helped*, rather than the experience of one consistent placement.



Impact of Stability

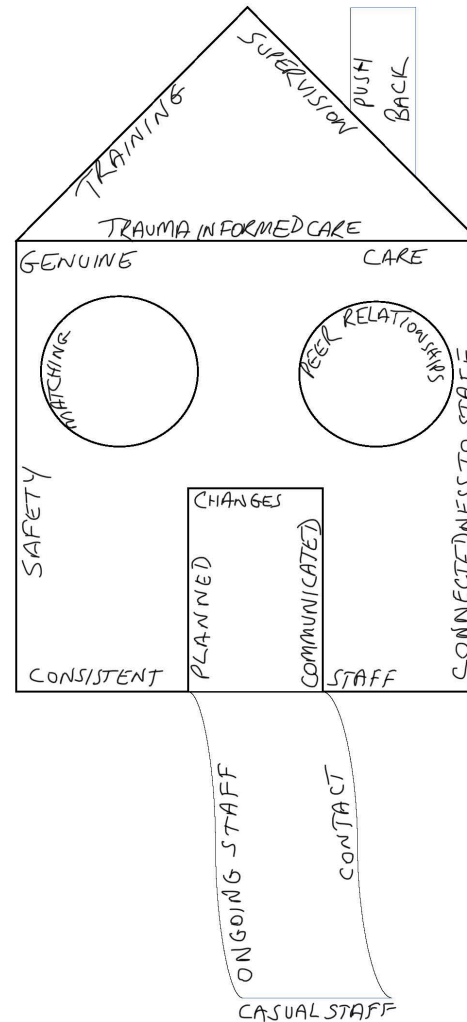
- ▶ It is **relational stability** that provided positive outcomes for young people.
- ▶ The young people specifically discussed school success, parenting success, engagement with staff engaging in positive activities and feeling better about themselves.
- ▶ Notably, these outcomes are diametrically opposite to the consequences of instability, suggesting that stability can provide reparative support.



The Model

- ▶ This model is based on the findings from this research and is a formulation of how the elements may best work together to provide the greatest opportunity for stability.
- ▶ It is my own model (and currently my own drawing, so please...be kind)
- ▶ I only accept wildly supportive comments, given it looks like a 7 year old did it on 'paint'.

The Model

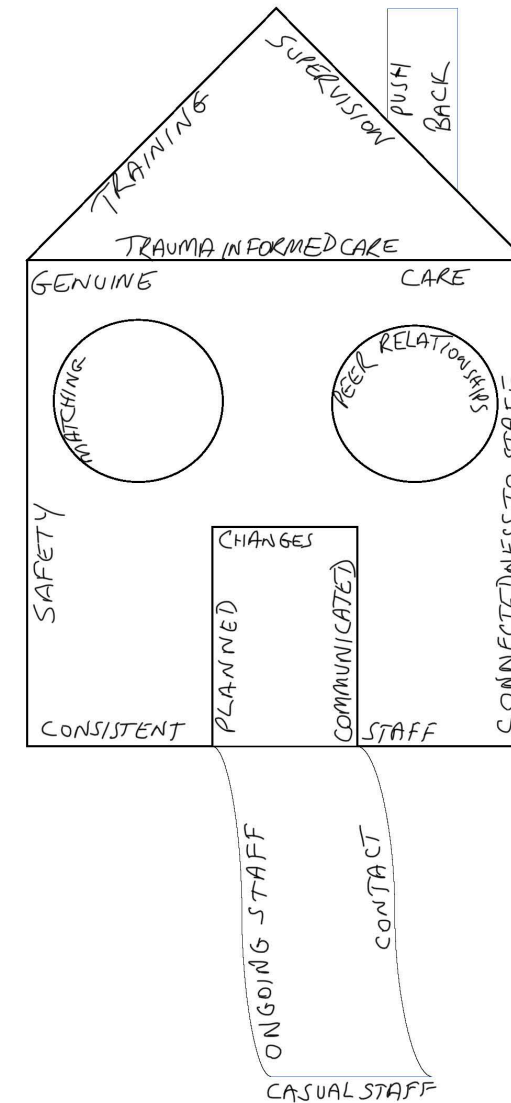




The model

- ▶ This home is central to all that provides stability, through a continuous placement. The elements within the house form the proximal elements for stability. The elements forming the roof and outside the house form the distal elements.
- ▶ The model encapsulates the multidimensional operationalisation of stability that has been developed with this research. The model encapsulates many different elements that contribute to a placement not only being stable, but also feeling stable for a young person.
- ▶ This model comprises the first step in exploring stability with greater depth and nuance than has been done previously.

The model (again)





Questions/Comments

- ▶ Not about my drawing.
 - ▶ Feel free to contact me at jenna.Bollinger@monash.edu
 - ▶ Thank you for your time today, or whenever you watch this, from whichever part of the world you are in. We are all in this together!
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