



What makes a placement stable in residential care?

Jenna Bollinger

B.Psych (Hons), M.Psych (For), PhD



Background

- Australia has one of the lowest rates of residential care usage in the world!
- Interviewed 13 staff and 8 young people to form an understanding of what creates a stable placement

The Model





Placement stability

- Placement instability has a number of negative impacts on young people, both short and long term. Short-term effects include reduced school performance (Maclean 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

- Cashmore and Paxman (2006) conducted a qualitative study of 'felt security' and the link between feeling secure in the placement and later outcomes.
- Felt security was a better predictor of positive outcomes 4-5 years after leaving care than is the stability of placements (as measured by counting placements).



Staff stability

*“with stability there’s kind of got to be that permanency, like we went through probably 3 clinicians in the 2 and a half, 3 years that I was there, 2 educational consultants, 2 house managers, so there was never permanence and even with permanent staff they rotated a few times as well but...and the staff have to be able to build a connection with the kids, one it would make working easier and two, it’s much more effective.” **E, 18 years, male***

*“So, I think that the more we start thinking about placements as relationships with carers we will actually do a lot better in stabilising them, rather than seeing placements as a place” **SM, clinician***



Consistency



*“consistency throughout with the staff, with the young people even things like their school, what’s expected of them, routine. I tend to find the more that those things can stay constant and stable, tends to offer young people a bit of reassurance there because so much of their world has been unstable and unpredictable that, from my experience there’s placements where there’s consistent staff, consistent other young people there for a significant amount of time that these placements seem to work a bit better.” **SH, co-ordinator***

*“I think any placement will work in residential care as long as you’ve got a really, really strong team willing to support that young person.” **AB, youth worker***



Casual staff



"Yes it really destabilises them you know, they say from themselves through surveys that we have done with that they don't like casuals coming through, as much as they say they don't like their team or whatever when you put casuals through because you don't have a choice because people are on leave or whatever. They are very clear on saying we don't want casuals you know and they will act out, there will be incidents, you know the casuals don't necessarily know, well they don't know about everything the care team knows they don't know the little things that might de-escalate them, you can't teach all that in a quick handover." **NL, area manager**

"[impact of casual staff was] very bad cus they don't know you and they come in and they read your file and that's what they judge you off and then they don't like, there's no point in you having any contact or getting to know them because you're never going to see them again or if you do it will be like one more time, you'll never see them, you kind of time, well I isolated myself and just didn't get to know them because they're were just going to be there for 10 hours and then going to go and I was never going to see them again so..." **B, 18 years, female**

"The same way they were, like a kid wouldn't be OK for you to go look after some other baby and just leave your kid. That's how we feel, these people were like our parents, so we want consistency. We don't want you here one day of the week and then back the next, then you know, off for two weeks and then drop back in again." **M, 22 years, male**



Safety



“yes, that’s the main thing is that they feel safe. Because I’ve heard young people say that they’ve been at home and that people have come into the house, broke into the house and there’s no one there to look after them. Where here where I’ve worked, I’ve had young people come to attack other young people and we’ve stopped them at the front and they know someone cares about them.” **IE, youth worker**

“So when a young person feels unsafe, it’s not impossible, but it’s very hard to have a therapeutic intervention when someone’s feeling unsafe because of the hierarchy of needs and that sort of thing, they’re not able to engage in an therapeutic intervention because they don’t feel comfortable or feel safe in the environment because they’re working in primarily a flight or fight mode.” **JA, manager**



Connection



"[The young people test staff by] trashing the place, threatening you to see how you respond and how you take it, if you can handle it. Because all their life they've been either abused or let down by family members and people just giving up on them and leaving. So, if they can test you through that way and feel safe with you, that's when they usually trust you. It's about trust." **IE, youth worker**

"Yeah and the kids, there are so many kids that have far too many placements. By the time they're 15 they're moved 30 odd times. no one likes moving at the best of times when you have a choice and these kids, they have no belongings, their belongings are limited to what anyone's willing to pack for them, no ownership over anything because the beds aren't theirs, nothing is theirs, it's all shared or belongs to an agency. They don't have anything to be proud of or look after, it makes me sad." **JG, coordinator**



Planned changes



"...Planned is always good, one of my things around planning though is that there's different perceptions of what constitutes a plan and how long a plan is for, a plan shouldn't be 2 weeks as is the case generally across the sector, any transition from one program or one service or organisation is generally done in a 2-3 week period. That's not OK, I think the transition needs to be a 3 month process, lots of sleepovers, it's about building connections first so if you know a young person's going to be transitioning, from day dot you need to be including the young person in that conversation including the other organisation or service in that conversation and start building relationships from the get go. For me that's the most important thing and after 2 months or whatever you can start to have sleepovers and things like that and really integrate them slowly so they feel likely they're already connected to that space. Too many times I've seen young people transitioned and then here's your bed and room, here's your room, mate, enjoy and it's a bed with a desk and that's all it is. So, but if they can already start to put pictures up and start to bring things over slowly it's always a much better process." **WC, manager**

"It happened like every other week, it got to the point where I refused to even unpack my belongings because I knew that I would have to pack them up again.

Interviewer: how was it that they told you that you were moving?

Respondent: the day that I was moving.

Interviewer: every time?

Respondent: every time." A, 24 years, male



Matching



"[what makes] A bad placement bad - if you have children in there that are not getting along as such and are always fighting and knocking each other's heads. They can't get along, do anything as such, a young person is always running away and not coming home. I believe that- yes OK there is a lot of children in care I understand that. But putting two young people together who obviously are not going to be able to live with each other or anything like that as they are going to assault each other all the time or whatever the case may be- that in itself needs being looked at a little bit. Because I have been in placements with [staff member] at [location] another girl came in her name was [name] and she would just always just act out always try and boot down my door for no given reason for the simple fact that she just having a bad day and she took it out on me as the other young person and I did not want to be at that house because I felt intimidated I felt that I couldn't live safely in a home in that I should be feeling safe because of another young person." **T, 24 years, female**

"Yes it's like playing chess, chess not chequers. Absolutely because you can have several programs that are actually really stable because you have consistent staff and things are going particularly well you can have 4, 5, 6 programs that are going really well and then you have one young person you have to consider which program you're going to put them in and you know wherever you're going to put them is going to really upset the progress that's been happening in those spaces, so they're always very difficult decisions to make because for the sake of one person you have the potential of upsetting 3 or 4, depending on how many kids you have in the house, 2 or 3. So that can be a tricky thing and how you make the right decision, again it's about safety and it's about what's going to have the least amount of impact on others in that space, how detrimental will it be to others if I put them in house A and there's a little bit of chaos there, can it be managed, can the complement of staff are going to be able to manage that or if I put them in house B will the whole thing fall apart and we'll see a lot of aggression from the young person in the program, so you kind of have to make an overarching decisions round there to place the young person. Sometimes it's literally the lesser of several evils." **WC, manager**

*Matching to staff is also an important element***



Trauma informed care

*“Let’s just say that we have staff who are known, who are familiar, who are stable right? If they are not themselves well versed in especially the relational impact of developmental trauma yes, then they’re not going to understand the ruptures that are likely to emerge once a child is stabilized. Once your child is stabilised they’re going to enter into very unfamiliar realms of a stable placement, now that’s very unfamiliar for a child, so they need assistance in being able to tolerate safety and care, but the problem is that when you have staff who don’t understand this concept, who don’t understand that care and stability could be intolerable, then they will have no understanding whatsoever as to why the rupture will be there, why the child will be pushing their buttons personally, why are they reacting to it, why the child seems so ungrateful for all the good things that they are doing, right and then you will end up with placement instability because either there will be pressure to move that child from that placement in which case its 100% unstable because they’re not there anymore, or it will be unstable because the staff themselves will remove themselves and they will either quit or they will want to move to another area and then that creates instability. Or it will cause the staff to remain, for the child to remain, but the staff to play into the internal working model of that child and to begin to behave in more punitive means and actually then begin to damage the relationships that they have developed.” **SM, clinician***



Supervision and support

“It gets to that point when people are just burnt out or people have a genuine fear that this is what they’ll be walking into so they’d rather not walk into it, people refuse to work in certain places. Your regular team, they’re obviously taking every privilege that is afforded them so leave, sick leave they’ll have, so you would have to back for that with casual staff, then if you can’t get casual staff, you’ve got agency staff so obviously if the team is made up of 5 or 6 people, now you have 15 people.” **SJ, regional manager**

“I’ve got a good manager who makes me feel supported because she’s always working hard to keep the team together and she’s always working with the team and she has the same goals we have - trying to make it like a family environment as best we can. So, my manager is really good like and the rest of my team are really good but it’s a hard struggle sometimes for the team.” **AB, youth worker**



Push-back against inappropriate referrals

*"...one of the things that gets in the way of matching, just like transition time, is the pressure that's put on agencies by the placement coordination units that sit within departments. That pressure gets in the way of matching. For example, they've got 1 bed target that they're funded for, the placement coordination unit says well we only have 1 child that's been referred right now so you have to take them because we are paying for that bed and we have a child here. So therefore, really what's being left unsaid is, you may not do any matching process with this case." **SM, clinician***

*"But in terms of how much of influence you have is relative when you think about you are contractually obliged to have certain places and if there's a vacancy then you are contractually obliged to take whatever is remotely applicable. So even if that matching is not entirely workable, you still have to do it and then consider what the risk is and then ameliorate against the risks. We were always addressing it from a position of risk, of best interest, because you don't have it. If you only have 10 houses and you only have a vacancy in 1 of those houses, then the referral can only go there, otherwise what you're doing is moving other young people to create spaces." **SJ, area manager***



Ongoing staff contact

*"We felt like a lot of these blokes, you know, they still speak to you to this day that have met my kids you know, all these blokes they still keep in contact you know, they've offered hands when I need it, they're part of my family that I see" **M, 22 years, male***

*"A lot of them [YP] went on to have good outcomes, a lot went on to having a huge amount of aftercare done because the workers that were working with these young people for a long time, were still working within the house. So it was always a place that you could come back to. They could call up, we would talk to them. We would also always give them therapeutic interventions even after they had left. A lot of the workers went above and beyond anything they had to do." **JA, manager***

*"...it can be that simple but in terms of the person's life, what does that mean? At 18 then you're out. OK, yes, you've had two placements since you've come to this organization or agency. At that age, you've only been in two places, wonderful, stability. After that? Don't know." **SJ, regional manager***



Peer relationships



“I think that’s a big part of child’s life to be able to have friends over and OK maybe not sleepovers or anything like that. I get that. But you know, being able to have your friends there, to interact with your friends, to interact, it makes you feel a bit more comfortable. I would, you know, being able to have my friends there you know, on weekends or whatever. But you’re not allowed to and it’s a bit upsetting. It really is.” **T, 24 years, female**

“Yeah, I had a few of them [friends] but they were in [my organization] as well... Because I wouldn’t plan it, so they’d [the staff] usually just plan it [the activities with friends].” **J, 20 years, male**



School



*“Well, I go to an alternative school so everyone there has a diagnosis. So it was hard, but it was easy because pretty much 50% of the school are in care. So it was, everyone was really nice. It wasn’t like your typical high school.” **B, 18 years, female***

*“I think the biggest thing would be school, because you know, no matter how much a kid changes houses, school can be that one permanent thing... But you know, school is an environment where kids can make friends and build those necessary relationships. Where, these houses, you probably won’t get that chance. Plus, education is key!” **E, 18 years, male***



Genuine care

*“For the life I was given, why I had to go through all these foster placements why my parents couldn’t look after me, why I had to endure the shit I endured. It was all just a big question of why. It took me a long time. But being loved, it does something to a kid. I couldn’t be bad if I wanted to, you know, because I had love and respect for them and I knew that it was mutual, you know.” **M, 22 years, male***

*“the idea that someone is there for them and someone actually cares about how they feel. Someone that wants to listen.” **A, 24 years, male***



Participant stories



- Participant E
- 18 years old
- 1st year university
- 32 foster placements
- 1 residential care placement
- Chose residential care instead of boarding school to maintain school stability



Participant stories



- Participant T: 24 years old, finished school year 10.
- Parent to four children. 20+ residential care placements.
- Participant A: 24 years old, finished school in year 9, parent to one son
- 20+ residential care placements
- Both have ongoing contact with at least 1 staff member
- Participant B: 18 years old, two residential care placements
- Participant E: 18 years old, one residential care placement
- Two individuals with the greatest residential care instability, in terms of numbers of placements, had more positive reflections on their experiences. This was likely related to the close and meaningful relationships they had with some staff members.



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



*"I believe that it's made me the person who I am today. You know, because when I was first in care it was a very bad, traumatic... experience and at the end of... residential care with the end and everything, as I said you know they were there for me. You know, they were there to support me... and I think that in itself went a long way, you know. I felt that I had got a little bit of support... around me and I think ... it's helped me in some regard being a good parent if that makes sense. It makes me a better parent to not parent my children how I was brought up. Or with some carers, they just turn their back. Well I don't turn my back when my son comes to me and is very emotional [with] autism or anything like that, you know. I don't do that, I don't turn my back. I sit down, you know, and speak to my son and comfort him and... I think I learned a lot from some of the carers in residential care... how to be as a parent... as a support more so, support and understanding for different situations." **T, 24 years, female***



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.
- *“...young people getting into employment, finding their own accommodation, family restorations, young people starting their own businesses, getting their licenses, going on to live independently. You know we’ve seen young people that have grown up and had their own children, being good mums and dads, basically breaking generational curses.”* **JA, manager**



How to guide

- Policy and practice:
- CEO to youth workers have to prioritise working to provide stability with decisions made that focus on that specific outcome
- Staff need to be trained in trauma-informed care; be provided with ongoing supervision to implement it and reflective practice
- Management need to communicate about decision-making to reduce the us/them effect when decisions go against the feedback provided by staff
- Young people need to be involved in decisions that impact them and communicated with when what they recommend or desire won't happen
- Trust each other and build strong relationships between staff/staff and young people/staff and management/management and young people

Questions/Comments

- Feel free to contact me at jennab@knightlamp.com
- Thank you for your time today!



My beautiful girls