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From the low status role of residential (care) workers to the high-status role as house mentors

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Abstract

This article is about the claim that 'residential work is part of social work', and how the subsequent demise of specialist residential qualifications in both Britain and Australia came about. This demise resulted from the British adoption of the CQSW (Certificate of Qualification in Social Work) as a common fieldwork and residential services qualification. Australia, in time, imported US models of residential care and treatment. Two examples are given, firstly, of how the downsizing of residential facilities in NSW has created a demand for residential placements that cannot be satisfied. This is described as a planning and policy failure. The second example is from education. This educational sector programme avoided the rush by community services to reduce the use of residential facilities. In contrast, this programme, for educationally disengaged young people, has maintained a capacity of 32 young people, and can empirically demonstrate effectiveness in returning these young people to mainstream education. The focus in this programme is on 'educational gain and behaviour change', with staff in the four special houses having an educational role as house mentors.

Keywords

Residential workers, low status, house mentors, high status

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Introduction

In Britain, Australia and New Zealand, the job titles of people who staff residential services for children and young people (CYP) have changed over time. This started in the 1970s under the influence of policies of deinstitutionalisation and the downsizing of residential facilities for CYP. This article comments mainly on British and Australian events.

Downsizing heralded the wider emergence of family group homes (FGH) staffed by married couples, whose task was to provide tender, loving care (TLC – nurturing care) to a group of young people for whom TLC was seen as the best response to their ongoing developmental needs. The recruitment of married couples (with no human service type qualifications) to the role of cottage or houseparents, as they were called, was deemed problematic by the 1980s. By that time there was an increased likelihood of married women being employed outside the family home. In addition, young people who only needed TLC were seen as candidates for foster care, and not residential placement.

The response to this view, and to the related staffing dilemma, was to move to a rostered staffing model, for what became known as group homes (GH). A rostered staffing model for GH involved employing a group of workers to cover the 24/7 daily life of a GH. The staff are known as residential (care) workers. These workers had low status in comparison to community-based practitioners. Staff turnover was, and is, high due to the combination of difficult YP who are placed in GH and the anti-social work hours for staff. Importantly, GH simply provide accommodation and some assistance with daily living activities. Other services, such as education or counselling are provided by external agencies.

GH in Australia primarily cater for adolescents with complex emotional and behavioural issues, who are inappropriate for placement in foster care. TLC would not be enough for these YP. This complexity is usually accompanied by a young person's history of multiple failed foster care placements.

Despite this by the 1990s the wish list in New South Wales (NSW) was for 'no more residential care', which turned out to be illusory. In fact, the drive to

reduce the use of residential facilities merely moved CYP, who should have continued to be the responsibility of the child welfare system, into homelessness and juvenile justice systems. Ainsworth and Hansen documented this transfer of responsibility for these YP, in a much-cited article (Ainsworth and Hansen, 2005). The limitations of GH were, later, further elaborated by Ainsworth (2017). The current NSW Alternative Care Arrangements (ACWA, 2020) programme illustrates the problems that arise when downsizing becomes the dominant policy imperative, to which we will return later.

Qualifications

Specialised courses in residential work existed in England in the 1960s at Selly Oak College (Birmingham) and Newcastle and London universities (primarily for Approved School staff). In Scotland, similar courses existed at Langside College (Glasgow) and Aberdeen (Robert Gordon's). In Australia low level community college initiatives were to be found in Brisbane and Adelaide.

In Britain, these courses all ended when the Central Council in Education and Training for Social Work (CCETSW) in 1974, made the claim that 'residential work is part of social work'. The plan was that in future the existing CQSW (Certificate in Qualification Social Work) courses would be the professional qualification for both fieldworkers and residential workers. CQSW courses were of two years' duration and generally university based.

The extent to which existing CQSW courses were able to integrate teaching about residential work (group work, use of the environment, etc.) into the existing curriculum of CQSW courses is questionable. Up to this point CQSW courses were staffed by social workers committed to an individual casework model of social work practice. Some courses added a residential services practitioner to their staff, but this had a marginal impact on course content (Ainsworth, 2021).

Reflecting the above orientation, two recent Australian articles illustrate how, to this day, an individualised relationship-based model of practice is inappropriately

imposed on residential programmes, in the belief that this will make these programmes therapeutic (Kor, Fernadez & Spangaro, 2021a, 2021b).

In Britain most residential staff who acquired the CQSW qualification did not return to practice in residential facilities for CYP. Instead, they preferred to take a position in field social work. Thus, the idea that making the CQSW the main professional qualification for residential work would professionalise this area of practice was never achieved.

One contribution to the debate about CQSW courses and residential work was the publication in 1983 by CCETSW of 'A Practice Curriculum for Group Care' (CCETSW paper 14.2). This curriculum was never embraced as a practice model by any of the CQSW qualifying programmes, even those that proclaimed to be educating residential workers.

The exceptions to the above were a number of initiatives in Scotland. In 2000 the Scottish Institute for Residential Child Care (SIRCC) was established. Prior to that, in 1995, the Centre for Residential Child Care (CRCC) was set up. In 2011 this organisation morphed into CELCIS (Centre for Excellence in Child Care), based at the University of Strathclyde. Today, CELCIS is at the forefront of the drive to establish a degree level qualification for residential childcare staff. To this end the Centre offers an MSc in Advanced Residential Child Care as well as an MSc in Child and Youth Care studies. No similar organisation exists in any of the three other nation states that make up the former UK (United Kingdom).

Developments in Australia were undoubtably influenced by the British claim that 'residential work is part of social work'. The eventual demise of Australian community college residential work certificate courses was however more associated with the downsizing of residential faculties for CYP. The downsizing meant that courses of this kind could no longer attract sufficient student numbers to be economic for the named colleges. The state-based Residential Care Associations in Western Australia and Queensland were also made redundant.

Today, Victoria is the only Australian State to specify minimum qualification for residential care workers (VDHHS, 2018). There are three mandatory community college level units. These units are to work effectively in trauma informed care, provide primary residential care, and facilitate responsible behaviour. This should, following further study, result in a Certificate V, in Child, Youth and Family Intervention. This is a vocational rather than a professional level qualification.

In contrast, Australian social work courses are accredited by the Australian Association of Social Workers (AASW), not by a semi-autonomous government body like CCETSW. To qualify as social worker, you complete a generic 4-year degree. The courses do not offer specialisations by field of practice e.g., mental health. As a result, the debate surrounding the notion that 'residential work is part of social work' had little if any impact on qualifying course content.

Importing therapeutic programmes into Australia

International therapeutic platforms or specific models of care have been implemented in some agencies in Australia (e.g. Children and Residential Experiences, CARE [Holden, 2009]; Sanctuary [Bloom, 2013]; the Family Home Programme, TFM [Thompson and Daly, 2015]). Outcome data from the Australian editions of these programmes, other than TFM, is not readily available.

> Other models have been developed by local organisations and specialists, including the *Keep Embracing Your Success* (KEYS) model, Anglicare Victoria, (www.anglicarevic.org.au); *The Lighthouse Model* (Barton et al., 2012); the *Mercy Family Services' Therapeutic Model of Care* (Wall et al., 2013); and the *Spiral to Recovery Model* (Downey et al., 2015) (Ainsworth & Bath, forthcoming).

For more about the importance of programmes see Ainsworth (2015). Unlike *CARE, Sanctuary* or *TFM* the above programmes have not been empirically tested.

Ainsworth and Bath (forthcoming) also identify organisations such as the Australian Childhood Foundation (www.childhood.org.au) and Knightlamp Consulting (www.knightlamp.org) that support other services to develop context-specific therapeutic residential care. The National Therapeutic Residential Care Alliance (www.ntrca.com.au), which has been operating for close to 10 years, is made up of managerial personnel who share their 'collective knowledge' about TRC and seek to play a leadership role in the development of policy and practice.

In addition, all funded GH residential services in NSW must now implement a questionable therapeutic framework developed by Verso consultants (NSW DCJ, 2020), although there is one exception in NSW that will be discussed later. Similarly, in Queensland, all funded GH residential services must adhere to a therapeutic framework called *Hope and Healing* (PeakCare and Encompass, 2015).

Australian examples: Planning and policy failure and service effectiveness

Example 1: Community services

The current NSW *Alternative Care Arrangements* (ACWA, 2020), referred to earlier, illustrate the point that a mature child welfare system will always need some residential provision. Indeed, at any one time, over 100 CYP in NSW are accommodated in motel and hotel rooms, where they are looked after by youth workers, while they wait for a GH placement. These placements are, on average, more costly than any standard GH placement. The shortage of GH placements is the result of the NSW child protection authority reducing the number of GH services they are willing to fund. In that respect the ACA programme is a resounding planning and policy failure.

Example 2: Education and community services

The residential education programme at the Dunlea Centre (DC) (the original Australian Boy's Town) in suburban NSW is an example of service effectiveness.

As an accredited school it has never been subject, unlike other residential services, to the therapeutic framework developed by Verso Consulting (2016).

The centre is a 5 day/4 night (Monday-Thursday) and is a programme that is an accredited residential school for male and female young people. The enrolment age ranges from 12 to 16 years. The centre is a campus-based facility consisting of a modern school, extensive recreational facilities, and four special residential houses (three male and one female) with a capacity of eight young persons in each house (32 YP in total). These houses are in part financially supported by the NSW Department of Community Services and Justice (DCJ). A further house for females is expected to be opened in 2023, giving DC a capacity of 40 young people. The expected period of attendance at DC is a minimum of 12 months. The aim is to return a young person to either mainstream school, college, or employment following completion of their time at the DC.

In the 1990s there was an attempt to cast DC as a family preservation (FP) programme with the addition of family counselling (FC) to the services they provided. This in some way made DC into a hybrid programme, which straddled the education and social work systems. Unfortunately, in 2016 the collection of demographic data showed that 70% of parents who had agreed to attend every two weeks for FC did not do so. Today, DC does not present as a FP programme. Families are now engaged through a time-limited, skills focused Common Sense Parenting (CSP) programme, which has been well received by parents.

Programme change at Dunlea

Following a 2018 review by an expert panel, changes were made to the agency's organisational structures and day-to-day educational and care practices in 2019 (Humphreys, Urquhart & Sydes, 2018). As part of the change process the agency adopted the Teaching Family Model (TFM), as used at Boy's Town in Omaha, Nebraska (Fixsen & Blase, 2019; Thompson & Daly, 2015). The agency selected the TFM after an extensive review of US and UK residential programmes. TFM has evolved over 50 years (Fixsen & Blase, 2019) and has outstanding outcome evidence, about the productivity and well-being of young

people who have completed the Boy's Town programme (Huefner et al. , 2007; Kingsley et al. , 2008).

The TFM is a cognitive-behavioural intervention characterised by family-style living, integrated support systems, and clearly defined individualised goals (James, 2011). The TFM has been researched and widely replicated. It is identified as a promising best practice model (Fixsen et al. , 2007; James, 2011; The California Evidence-Based Clearinghouse for Child Welfare, 2012).

Evidence of the DC programme's effectiveness was published as, 'Demonstrating the effectiveness of a residential education programme for disengaged young people' (Mastronardi, Ainsworth & Huefner, 2020). The objectives of the DC programme are 'educational gain and behaviour change', and it is these empirical results that are reported in the above article. The empirical data to support this claim was obtained using multiple administrations of SDQ (Strengths and Difficulties Questionnaire) which was used to measure behaviour change and PAT (Progressive Achievement Test) that was used to measure educational gain.

This programme is unique and is the only non-group home facility in NSW. In Australia it should be noted that the dominant form of residential services is group homes, of which it is estimated there are around 800. The norm is four places per group home, with Victoria moving to two places (Ainsworth and Bath, forthcoming; CCYP, 2019).

In this respect, the DC has successfully defied the move to downsize or move away from the use of a residential facility, as the most suitable form of service when efforts are needed to reengage youth in mainstream education. In fact, the DC demonstrates that, contrary to much of the current negative appraisal, residential programmes professionally designed and staffed can be effective.

Moving the TFM model on – the next step

Boy's Town in Omaha (BTO) in implementing the TFM employ married couples as Teaching Parents (TP) in each campus house, to act as mentors and show young people (YP) how to act in new prosocial ways. BTO does not call TP residential

workers or residential (care) workers, as this is uncommon American terminology. TP do of course also assist YP with daily living activities, when necessary. Importantly, the use of TP as job title confirms that the endeavour is educational, not just TLC (nurturing care).

At Boy's Town Engadine (BTE) the term teaching parent (TP) cannot be used as BTE employ two unrelated staff per special house (not married couples). As a result, it is suggested that the term residential worker, or residential (care) worker be made redundant, in favour of the job title, *House Mentor* (HM). This job title more accurately describes the duties that HM must undertake.

The standing of people employed in residential services as care workers for children and young people (CYP) is acknowledged by social work and child welfare agencies as attracting low status. There are many reasons for this, not least the negative image of this work, as portrayed by federal, state and territory authorities, whose long-term aim has been, and continues to be, to build a child welfare system that contains no 24/7 residential services (Ainsworth and Bath, forthcoming). A job title like House Mentor has the capacity to increase the status of these staff and their level of remuneration. GH staff could reshape their role and adopt the same job title.

Conclusion

The concluding disclaimer is that residential work in *not* part of social work. Neither GH nor DC fit that claim. The eight curriculum content areas for direct care workers as contained in the CCETSW's *Practice Curriculum for Group Care* (CCETSW paper 14.2, 1983) vividly demonstrates this fact. Only item five, on the spot counselling, has a remotely social work flavour.

In fact, the claim by CCETSW that 'residential work is part of social work' was both misleading and harmful. It compounded the drive to reduce the use of residential facilities for CYP with complex emotional and behavioural problems, for which no community-based services are adequate. It has also held back research efforts to design and tested urgently needed new therapeutic residential care (TRC) models (Ainsworth, 2015).

Of course, it might be argued that the drive to create a child welfare system that contains no residential provision means that the benign neglect of these services and their workforce is justified. Why invest in a service you want to see disappear? But closer examination of state and territory services in Australia shows that despite every effort to achieve this aim, residential services, in the form of GH, continue to proliferate while DC is likely in 2023 to increase its female student capacity.

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