Stability in residential care in NSW, Australia: The role of the workforce

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Abstract

Stability in residential care has, to date, been operationalised by fundamentally counting placements and equating these with varying levels of stability. In so doing, it has been found that having many placements (i.e., indicative of instability) is associated with diverse problematic outcomes including increased criminalisation, increased mental health difficulties and ongoing placement instability. On the other hand, however, stability has not been found to provide repair. This paper examines staff's roles and needs required for providing stability. Thirteen staff who worked in residential care in New South Wales participated in semi-structured interviews regarding their thoughts on what brings stability to a residential care placement and the impact of stability on a young person's outcomes. Analysis was conducted using thematic analysis and QSR NVivo. Findings suggested that staff were required to provide consistency and work within a therapeutic lens when delivering residential care to young people. To do so, they required support from the organisation in terms of training and supervision. The findings suggest that stability can be achieved in residential care largely via consistent relationships with staff who are well supported by their organisations

Keywords

Residential care, stability, youth work, out-of-home care, Australia

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Residential care in Australia

Residential care forms part of child protection and child welfare systems in most developed countries (Ainsworth & Thoburn, 2014). Within Australia, out of home care (OOHC) is governed by the individual states and territories, with non-government organisations (NGOs) responsible for the day-to-day management of the young people in their care. Most young people in the broader OOHC system live in foster care or kinship care, with only about 6% of young people in residential care; according to recent 2019 data, this equates to 2,876 children in residential care across Australia (Australian Institute of Health and Welfare [AIHW], 2020). Residential care facilities typically look after children and young people aged 10 to 18 years (82% are aged over 10 years according to AIHW, 2016).

Stability in residential care

Stability has historically been measured using a 'placements-over-time' paradigm, meaning that an individual's experience of stability has been determined by the number of placements they have experienced over their time in care (Unrau, 2007). Stability has been examined in foster care settings, rather than residential care settings, wherein the counting of placements can be extrapolated to indicate consistent carers and, to an extent, consistency of residents within the house. Within residential care, however, the ongoing nature of a single placement does not, in and of itself, indicate any consistency within that placement. Staff may change, residents may change, management structures may change, all while a young person remains within the placement.

Outcomes associated with instability

Placement instability, as measured by a placements-over-time paradigm, has been found to lead to a host of negative outcomes for young people, particularly in the areas of mental health, attachment difficulties, behavioural problems, sexual and general offending, and executive functioning difficulties, which includes the abilities to plan, set goals and inhibit behaviours.

Placement instability has been found to be linked to greater use of mental health and psychiatric facilities (Fawley-King & Snowden, 2013) and increases in anxiety and depression (Pritchett, Gillerg & Minnis, 2013). According to Newton, Litrownik and Landsverk (2000), placement instability can lead to externalising behaviour difficulties, such as aggressive behaviour or property damage. The authors found that over a study period of 18 months, behaviour problems increased as placements increased. Further, multiple placements have been found to reduce executive control, which relates to the ability to self-regulate emotions and behaviour (Lewis et al., 2007), while other researchers found that as unique foster placements increase, a child's ability for inhibitory control decreases (Pears et a., 2010). Therefore, as placement numbers rise, it appears that young people become more behaviourally dysregulated, and have less capacity to inhibit problematic behaviours or regulate their emotions.

Given that counting placements only provides detail about the number of placements a young person experiences, rather than the quality of the placements or the quality of the connections, what appears to be stability may rather equate more to a time in which a young person has not changed placements. Therefore, an examination of what constitutes stability, and how that can impact on outcomes for young people, is necessary. Tarren-Sweeney (2017) stated that for many very complex young people, a positive outcome may simply be a lack of deterioration. Therefore, the provision of stability may not lead to overtly positive outcomes, rather it may provide a buffer against negative outcomes. This supposition, however, is likely to be based on an operationalisation of stability that does not include a focus on connection and therefore may underestimate the power of stable connections.

This paper will address the elements that are key for staff to be able to provide a stable environment for the youth in their care; what supports do they need; how do staff create stability and what is their experience of stability for the young people they care for?

Methodology

This paper will seek to answer the research question, 'How do residential care workers define, understand and explain placement stability'? This question interrogates what has not previously been explored in the literature, i.e., what actually constitutes stability in a complex, multifaceted environment with many moving parts, including a rotating roster of staff, co-residents and a management system including team leaders, managers, caseworkers and psychologists. The research question is inherently exploratory as stability has not, to date, been examined as a construct as part of the literature and secondly has not been considered within residential care. Therefore, a qualitative approach was taken to undertake in-depth interviews with key personnel involved in residential care. To do so, 13 interviews with residential care staff were conducted, including youth workers, managers, clinicians, and senior management staff.

Staff participants had a mean age of 44.4 years (min 20.0; max 51.0), with eight males and five females participating. As is evident, there is 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 including psychology, social work, and youth work. It is notable that the sample is highly educated, with nine out of 13 (69.2%) staff participants holding at least an undergraduate degree, with 23% holding postgraduate degrees. Those that hold lower qualifications, such as a Technical and Further Education (TAFE) qualification or high school degree, dominated the youth work/floor staff demographic. According to a Victorian state survey undertaken by The Centre for Excellence in Child and Family Welfare Inc (2015), who examined statistics about the residential care workforce from over 20 organisations with 1,597 staff members, of whom 37% were male and 63% female, and 62% held post-secondary school qualifications, 14% of whom had university qualifications. This finding suggests that the current sample is more highly educated, with a greater proportion of male staff than is typically found in residential care. Regarding the positions held by the staff, many participants have previously or currently 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. This sample provides a wide range of voices of those who have worked in residential care including understandings of how stability has been enacted, how it has failed and the consequences of both.

Purposive and snowball sampling was used to identify suitable individuals to interview, and participants were subsequently asked if they were aware of any other individuals who may be suitable to participate. The researcher's details were then passed to those potential participants for them to contact the researcher.

Semi-structured interviews were undertaken with participants that sought to identify the elements of stability that were perceived as significant. Questions were asked in relation to positive and negative placement experiences, the impact of stability and instability, the impact of co-resident changes and the impact of positive and negative matching. The data were analysed using thematic analysis (Clarke et al., 2019) and QSR Nvivo.

Results

Staff members identified several elements that contributed to stability, many of which were also identified by the young people. Staff particularly identified that consistency within the staff team was necessary, that they required support, supervision, and training to be able to do their jobs well, they needed the agency to be able to 'push back' against the funding body to reject inappropriate referrals and that a trauma informed approach was particularly necessary. These will be discussed in turn. The staff's experiences of the impact of stability on the young people in their care will also be examined.

Consistency

Stability for young people requires the external experience of consistent, strong staff members who are known to the young people and each other; working in consistent and predictable ways.

>…for me a stable placement means that there is not frequent changes in the staffing and other young people coming and going and their case worker and clinician and other people around them, I think that stability is the people that are involved in their life or constantly there even if they stay in the house is just as unsettling for them as moving frequently which is a worst case scenario. (KI, co-ordinator)

Without consistent staffing and a consistent routine, young people cannot experience a placement as being stable. Therefore, of fundamental importance is that consistency of attachment figures and predictability in the day-to-day experience of the placement is prioritised.

Organisational scaffolding

The way the organisation functions is an important element of stability, according to staff participants. The organisation provides the scaffolding for staff to be able to do their jobs, by providing training and support, ensuring that the staff feel listened to and empowered to do their work well. When this does not occur, however, staff are more likely to burn out and create instability within the team and the house by using their leave allowances.

>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)

>Training is helpful as well, of course, like psycho-education for staff to be able to understand, I suppose, that what they're seeing in the behaviours that they're observing and trying to manage, that's actually coming from a place and that's not that a child's just defiant that there are underlying causes for that behaviour which I suppose in a way it helps other staff develop

> more empathy and more understanding so that they are a little
> bit more patient, nurturing, those sorts of things instead of just
> being reactive to the behaviours that they're trying to deal with.
> (SH, co-ordinator)

The need for the organisation to scaffold the staff to be able to do their job is highlighted by staff. Staff at different levels of employment, from floor staff to high level management, noted that managerial support, in terms of providing support, supervision and training, was integral to ensuring the staff were able to remain in their roles. In developing an understanding of stability, if consistent staffing were a key element, then organisational support, and scaffolding form the bedrock beneath the consistent staff teams.

Push-back

Further, those in higher level management and clinical roles described the need to manage relationships with the funding bodies to ensure that the funded obligations are met, without jeopardising the day-to-day running of the organisation itself. Some participants indicated that the ability to 'push back' against the funding bodies provided greater ability to ensure more appropriate matching of residents in the houses.

> 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)

The difficulty of managing these relationships with funding bodies was highlighted by these individuals who noted that, while there is some possibility

of push-back, this is limited by the contracts and by the need to be able to pay staff when agencies are funded for beds to be filled. This forces a difficult balancing act of managing those relationships, managing less-than-perfect placement options or the possibility of destabilising otherwise stable placements to make a better match for the referred young person.

Trauma informed care

Staff participants identified the need for an understanding of, and need to implement, trauma informed care. Within this context, staff identified that when they can understand the impact of trauma on the developing brain and attachment systems, they are better equipped to respond in helpful ways to the young people and maintain a positive and stable placement. With the knowledge about the impact of trauma, staff were able to understand the dynamics within the house better and make informed choices about how to respond, rather than reacting to problematic behaviours and interactions.

> …a lot of the time we see staff entering into power struggles, conflict cycles with young people and allow ego and power to dominate the conversation as opposed to the development of the child so there was a lot of that that we saw. But once staff get a really good understanding of trauma informed practice then things tend to change. (WC, manager)

In seeking to understand stability, a trauma informed workforce is more likely to focus on the development of the young person, understand the dynamics at play and work with that young person, rather than against them in times of crisis and be able to repair any ruptures that occur. Thus, promoting a stable placement requires staff to be able to manage difficult interactions in helpful ways and this is, according to staff, facilitated by an understanding of trauma informed care.

Stability as reparative

Staff noted that when stability was present, they observed reductions in problematic behaviours and increases in prosocial behaviour.

> …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)

> I've seen kids go on to basically, once they've had stability, they've been able to resolve their trauma. And when they've been able to do that, I've seen an increase in their educational functioning, I've seen an increase in their health functioning, I've seen an increase in their social functioning. (WF, clinician)

Discussion

Consistent staffing

Staff identified the need for externally stable elements for a placement to be considered stable. Consistency applied to both the staff members and constancy within the house including staff interpretation and enacting of the rules, and routines, and how the staff managed various situations, such as maintaining routines or addressing behavioural difficulties like property damage or self-harm. It was noted by one of the senior management staff members that staff who are struggling may have a tendency to take advantage of their leave allowances, or call in sick, which increases instability for young people. When this occurs, young people cannot predict who will be caring for them, which contributes to inconsistency and unpredictability within the house.

This finding has not previously been found in the extant literature on stability; however, this can be explained by the previous literature being based in foster care. The key difference between foster care and residential care is that foster care is a family-based model, in which the young person resides with the family, as part of the family. Therefore, for a placement to be consistent, the caregivers also, by definition, are consistent and known to each other and those in the

placement. This difference between the placement types highlights the need for research examining stability specifically in residential care.

Organisational scaffolding

Training and supervision were identified by staff as being important. Staff noted that training allowed them to understand what was occurring with the young people and develop strategies to assist the young people more effectively. Further, ongoing supervision provided support to the staff, and they noted that in the absence of support, staff would have a tendency towards burnout and may take advantage of their leave entitlements which, in turn, creates greater instability for the young people. Youth work staff identified that the presence of good managers can make a significant difference to morale when there are day-to-day challenges to cope with. Management staff, however, spoke of the need to provide support to their staff to assist when there are challenges, to reduce burnout. The outcome studies regarding young people in residential care do not typically refer to the training undertaken by the staff looking after the children and this has not been a feature of any analysis to date. The provision of training and supervision, while not a direct component of stability, does provide a buffering for staff against the challenges of their work, thus providing a greater likelihood of stable and consistent staffing and approaches to their work.

Push-back

Some staff, specifically those in upper management and one clinician, were able to identify the need to push-back against the funding body where possible to ensure that appropriate matching can be done. The issue of 'push back' fundamentally relates to advocacy and the expertise the managers have regarding the individual young people, the houses, and the staff's capabilities. Being able to argue against inappropriate referrals would facilitate the matching process, making it more likely that positive matching can occur for both staff teams and the other young people in the placement, which would increase the likelihood of stable placements. The inability to do this, however, creates a fundamental flaw in the ability to plan for stable placements.

Trauma informed care

The staff described how awareness of the influence of trauma on the developing brain and attachment systems altered the way they interacted with the young people, particularly during difficult periods, such as when the young people were acting out towards the staff. It was notable that there were differences in which staff spoke explicitly of trauma informed care, with the youth work staff using the language less frequently than the management staff. This may be because the staff spoke about how they work with young people, rather than the overarching principles of what they are doing. It is notable that at least two of the youth workers involved referred young people to be interviewed, meaning that, between two- and six-years post-leaving care, the young people have ongoing meaningful relationships with those staff members. Therefore, while they did not use the language of trauma informed care, they have naturally engaged in it.

Stability as reparative

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 communicationand an ability to heal from their past trauma. This finding is particularly significant given that it is contradictory to all previous findings. Tarren-Sweeney (2017) hypothesised that, at best, stability could provide a buffering against negative outcomes. The staff members were unanimously able to identify positive outcomes resulting from stability for their young people. To make sense of this finding, we must consider the initial proposal that in operationalising stability by measuring the number of placements a young person experiences over a time frame, the important elements of what make a stable placement get missed, such as consistency and quality of relationships.

Conclusion

The significant findings of the current research include the need for ongoing stable and consistent relationships with safe adults who genuinely care about the

young people. The staff that provide those supportive relationships, equally need to be supported by the organisations that they work for, through management, training, and supervision. Furthermore, the findings challenged the assumption that remaining in a single placement was sufficient for an experience of stability, through the need for consistent caregivers and the difficulties associated with casual staffing.

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. Staff have a crucial and key role to play in the provision of stability and the organisations have a crucial role to play in providing an environment in which staff can provide such stability.

The experience of stability has little to do with an ongoing placement, however, this is a necessary condition of stability. A felt sense of stability within a placement appears to be related more strongly to a consistent placement with whom the young people can forge and maintain genuinely caring relationships that are supported by the management of the organisation.

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Jenna Bollinger has a master's in forensic psychology from UNSW and is currently completing her PhD at Monash University, investigating stability in residential out of home care in NSW, Australia. She has worked in out of home care in different capacities since 2012 and is currently the director of psychology and clinical services for Knightlamp, which consults on assessment and implementation of therapeutic programmes in out of home care across Australia.