

**LOOKING FOR GOOD PRACTICE AND OPTIMAL SERVICES FOR YOUTH  
FACING HOMELESSNESS WITH COMPLEX CARE NEEDS AND HIGH RISK  
OR CHALLENGING BEHAVIOUR**

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## SUMMARY

This study employed qualitative research methodology informed by the grounded theory tradition to explore good practice and optimal services for young people presenting with complex care needs associated with challenging or high risk behaviour. In-depth interviews were conducted in three waves of data collection and analysis with fourteen experienced practitioners whose careers have included sustained periods of work with this group in a number of selected Victorian service systems.

The principal vantage point was the interface between the supported accommodation and assistance programs for homeless young people, statutory child protection and care, placement and support programs for young people at risk and juvenile justice programs for young offenders. The nature of the problem necessarily included some consideration of mental health and services dealing with substance abuse.

The findings propose a view of good practice giving emphasis to the accessible and assertive presence of a responsible adult to “be there” fostering relationships and skilled purposive intervention. Intervention should be planned, holistic, sensitive and responsive to particular needs. It provides active unconditional care. It attends to attachment and trauma concerns and works with short run goals and a long term perspective. Intervention is sustained until constructive disengagement can occur.

The complexity and challenge in the task of helping hurt youth warrants the support, strength and guidance of a multi-skilled team. Ideally the team will be described using normative terms. Optimal services are timely, congruent, seamless and robust in capacity to nurture, establish boundaries and meet developmental and therapeutic requirements. They should be connected to a community and there for as long as it takes, with ready access to suitable accommodation, purchasing power and flexibility of operation. To the greatest extent possible solutions are generated in the place where help is sought. Voluntary service commitment lasts till personal capacity and natural networks take over.

## **STATEMENT OF AUTHORSHIP**

Except where reference is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from the thesis submitted for the award of any other degree or diploma.

No other person's work has been used without due acknowledgement in the main text of the thesis.

This thesis has not been submitted for the award of any degree or diploma in any other tertiary institution.

All research procedures reported in the thesis were approved by the Ethics Committee of Berry Street Victoria on 20 October 2005, the Faculty of Health Sciences Human Ethics Committee on 7 February 2006 (FHEC05/188) and the Human Research Ethics Committee of the Department of Human Services, Victoria on 1 March 2006 (HREC 01/06).

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Signed: Lloyd S. Owen Date:



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The major reason for pursuing this study arises from many encounters with young people, their families and the staff who have worked with them. Among ever present pain and uncertainty there have been many moments of warmth, humour, support and occasional exhilaration. The lessons about life have been, and continue to be, myriad, with each succeeding generation. For many years now, at the back of my mind, I have wanted to write something useful and call it, if it was good enough, Zita's bequest, in honour of a bright young woman who lost her life twenty years ago to a drug overdose. I don't think this is yet good enough. But I have to thank the many who have been on this journey for their effort and the insights freely shared with me. A special tribute is due to the group who came a little closer and adopted our family as part of their family. Watching them surmount challenges, become parents and grandparents, survive and in some cases thrive lends inspiration and drives a desire to find ways to make successful and fulfilling journeys possible and probable.

To the participants in the study I thank you for your generosity, time and insights so freely shared. Your experience is amazing and the skill and dedication I encountered is profound. I thank you for "being there." To my supervisors over the long lead up and the final burst of activity Professors David Cox and Allan Borowski thanks are due for patience, forbearance and support. I am grateful also to colleagues and students in the School of Social Work and Social Policy at La Trobe University and the Australian and International fraternity that has developed around projects like "Looking After Children," the former colleagues from the Department of Human Services and the Community Services Organisations I have worked in and with, who have helped to keep difficult but important ideas alive.

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## **CHAPTER 1 INTRODUCING THE STUDY**

This study is about responding to acting out and facilitating growth and recovery for youth presenting with high risk or challenging behaviour which threatens their stay at home, in crisis accommodation or in out of home care. This introductory chapter outlines the research problem and the research questions including my definitions of embedded concepts and the significance of the research questions. I briefly sketch the approach chosen to conduct the research and the significance and limitations of the study and this choice of methodology. An outline of the following chapters and their contents concludes this chapter.

### **The Research Problem**

Some young people present behavioural challenges to the degree that they are allocated to assertive outreach, intensive case management or supervision programs, therapeutic programs or settings, or placed in secure welfare or other custodial settings. This research seeks to identify those aspects of welfare practice and of the service system which are more likely to succeed in containing, mitigating or eliminating the problem behavior and restoring growth and recovery.

There is clear evidence of diminished life chances among this population and higher costs to the community over the life span and often into later generations. Programs are often tested to their limits and, apart from some optimistic professional literature; there is a general perception that successful resolution of the problems these young people present to themselves and to others is difficult and limited. Limitations are often stated in terms of inadequate practice or limited services.

There have been substantial changes in the systems dealing with such young people in recent decades. My primary vantage point in the service system now in the State of Victoria, Australia, is the supported accommodation and assistance system for homeless youth and the protection and care system for young people deemed to be at risk of significant harm. The nature of the problem, however, inevitably involves the juvenile justice system, the child and adolescent health and mental health systems, including those established specifically for the prevention and treatment of drug and alcohol problems and some disability services. As indicated in chapter 4, I have also had a variety of involvements, both professional and voluntary, with the care of young people away from home. The losses and successes I have observed in this work have driven my interest in this project. As I see young people still grappling for direction and a sense of worth and belonging, while plunging at times into seriously risky situations and I sense the anguish and confusion of parents and the too frequent frustration and compromises facing workers, I believe we still need to do better and at least avoid making things worse.

One substantial change within the last 25 years has been the closure of most congregate care children's' homes and campus style institutions in favour of approaches which attempt to manage the case of the young person with problems in community and mainstream environments. Another has been the application of principles which emphasise the least intrusive and least restrictive forms of intervention guided by assessments and judgments about risk. For this reason and a range of other factors, there have been substantial shifts in accepted practice strategies and preferred forms of service. There have been stronger expectations that children

and young people should stay with their families or be returned to them after running away or breakdowns occur. Home based care became preferred over residential care and access to, and use of, secure accommodation has been substantially limited. Some of the directions we and previous generations of workers embarked on with a sense of certainty have been, and are being, called into question.

For workers in direct practice there appears to be considerable tension about how best to respond to significant risk taking behaviour. Rooney (1992) points to four options available to workers in attempting to achieve compliance (a safety respecting, empowering form of compliance) with involuntary clients. These are socialisation, persuasion, negotiation and coercion. There is likely to be considerable agreement that socialisation, persuasion and negotiation are preferred strategies and that the use of coercion or compulsion requires substantial justification and is subject to a variety of legal constraints. All service systems rely, to a considerable extent, on voluntary participation and, frequently, when clients fail to take up an offer of service of a particular kind, such as counseling, therapy, mediation, specific skill development, etc. follow up is limited or non-existent. Often this means problems persist and may get worse and compounded, turning up again in the same or another agency or service system. The programs identified at the beginning of this section (assertive outreach, intensive case management or supervision programs, therapeutic programs or settings, secure welfare or other custodial settings) and a variety of strategies within them, have developed to try to engage young people and deal better with problem behavior. Some have reached the point where a number of people are employed to provide one to one care for one challenging high needs or high risk client.

Clearly a service with this level of intensity is very costly and not always perceived as successful or justifiable on a continuing basis. There is, therefore, a constant pressure to shift problems to cheaper options, limit access to such levels of service or cap expenditure on intervention in terms of caseloads, time or money. A solution often proposed is better case management directed at collaborative efforts to tap resources and skills across system and program boundaries. This can be helpful if supply is sufficient in those other areas and if the problems inherent in achieving collaboration between organizations with different functions, values and culture, can be overcome. Often these conditions do not exist and the impediments to collaboration are difficult or impossible to overcome.

In this study I used a qualitative research approach, informed by the grounded theory tradition and in-depth interviews to examine and explore experienced practitioner viewpoints about intervention processes, service context and their perceptions of success and the factors which contribute to or impede successful outcomes. The study was also informed by aspects of my experience in the field.

### Research Questions

Four research questions were chosen to guide the study about adolescent clients facing homelessness and in particular those who present with complex care needs connected with high risk or challenging behaviours in Victorian service systems. The first: How do experienced practitioners “construct” good practice? The second asked: What factors facilitate good practice? and the third: What factors impede good practice? The fourth question was: What do experienced practitioners believe an optimally effective service system would look like? For each of these

questions working hypotheses were developed from the literature and my experience in the field. These are detailed as follows.

#### Working Hypotheses for the First Research Question

The working hypotheses for the first question are: Good practice conforms to justifiable standards of legality, ethical activity and effectiveness; good practice is resilience-led, goal directed, solution focused and approached with optimism; solutions pursued in good practice respect the needs and rights of both the young person and others affected or likely to be affected by the young person's behaviour; good practice involves a distillation of factors likely to be contributing to specified (problems) or behavioural concerns and states of opportunity for growth and development, that is, risk and protective factors present or absent in the person, family, peer group, school and community; good practice seeks longer term outcomes likely to be evaluated in the future, by the young person, as life enhancing and for the most part reflecting the accumulation of short term gains in mutually identified significant areas of activity; good practice attends to the need for the young person to have at least one, and preferably more, sustained, supportive and valued relationships with a caring adult and positive peers; good practice attends to establishing limits for anti-social and self destructive behaviour including limits mandated by courts or other legitimate authorities.

#### Working Hypotheses for the Second Research Question

For the second question the working hypotheses are: What is possible is greatly affected by the attitudes, beliefs and values of the host community at local, regional, state and federal levels of government and politics; public, private and "not for profit" sector resource levels; and surrounding organisational and community structures and cultures. These translate, in turn, into the will and skill and the time and equipment needed to undertake good practice. At the local level, resource levels (including caseloads), leadership and supervision, ongoing professional education and skill development (including case by case specific training and access to consultation), good working relationships between services needed to contribute components of the intervention are fundamentally important. As well, a dynamic but sound theoretical basis for the particular service form should include ongoing attention to "what works" understanding and evaluation. Positive motivation, understanding of specific features of the case and optimistic views about work with adolescents also does make a difference.

#### Working Hypotheses for the Third Research Question

For the third research question the working hypotheses are: Impediments to good practice and effective outcomes include workload and throughput pressure driven by insufficient resources and misunderstandings about the resources, skills and time required to achieve change; insufficient access to the range of service forms needed to generate and sustain appropriate case-by-case and sub-group responses; insufficient understanding of the specifics of adolescent development and needs; pessimistic viewpoints, low motivation, burnout, unsuitable recruitment and subordination of client needs to other interests; inappropriate mixing of young people and insufficient peer group monitoring and management; conflict between carers and insufficient clarity of expectations between members of an intervention team and between members of the team and the young person.

### Working Hypotheses for the Fourth Research Question

The working hypotheses for the fourth research question are: An effective service system provides developmentally appropriate primary, secondary and tertiary services of sufficient quantity and quality to respond to demand in a timely way. It addresses needs arising in the context of the young person's selfhood (physical and psychological wellbeing), family and social network, school/ vocation, peer group, recreational opportunities and citizenship in the wider community. It will have a set of guiding principles, ability to assess thoroughly, a variety of service options and a sustained capacity to respond until individual coping capacity and natural support networks take over.

### Embedded Concept Definitions

A number of concepts are embedded in the research questions and working hypotheses which are defined here. These are:

#### Practice

Activity undertaken or organized to be undertaken by a professional worker employed, authorized or mandated to respond to this client population.

#### Good practice

Following Rooney (1992) good practice needs to be ethical, legal and effective. Although the precise nature of each of these concepts can be further debated, for the purpose of this study, the reference points respectively are, the code of ethical practice adopted by the Australian Association of Social Workers, the law as it stands in the State of Victoria, and what is generally understood as evidence based practice. The working hypotheses point to some extension of these concepts.

In the course of the study a number of sets of principles of good practice and best practice were encountered including material emanating from the recently appointed Child Safety Commissioner for Victoria. Good practice is not yet simply defined.

#### Adolescent

Adolescence refers to the life stage between childhood and adulthood. Its onset is marked by the advent of puberty and there are many aspects of it which bear on the question of challenge. These include psychological, social, legal, economic transitions and changes in expectations of family and community. There is a great deal of variety between young people and the pathways they follow. There are also differences in many elements encountered in early, middle and late adolescence. To contain the scope of this project emphasis will be given to the middle adolescent group which falls roughly in the 14-17 age band and mid to late secondary school. Noting, however, that significant challenge and risk taking does occur at times in the 10-14 group. It is evident quite notably among early maturing girls and conduct disordered boys.

#### High Risk Behaviour

The Victorian government initiative concerning high risk adolescents started with some research which identified the young people in each region presenting serious personal and/ or community risk issues and posing difficult management problems for child protection and care system staff. A schedule was established for the registration of these young people, establishing eligibility for a much more intensive program response. Roughly 200 such young people are in the system at any one time. The service quality improvement project articulated those of concern as

presenting with multiple and complex behavioural and emotional difficulties including combinations of: Challenging behaviour at home, in placement and at school; significant substance abuse; suicidal tendencies; aggression; chronic running away; prostitution; association with paedophiles; emerging or diagnosed psychiatric or psychological disorder; consistent, escalating offending; sexual offending; estranged or non-existent relationships with their family. (DHS 1997; Success Works 2001))

There are, however, a number of concerns about making the judgment about level of risk. In the fast moving world of adolescent development young people may move quite rapidly in and out of risky situations and risky states of mind. Variations of seriousness and chronicity occur but responses are also affected by wide variation in tolerance and judgment of observers about risk and thresholds for action.

This is so in spite of elaborate attempts, such as the Victorian Risk Framework, to specify the nature and quantum of risk and processes for responding to it such as court adjudication and psychiatric diagnosis.

#### Challenging Behaviour

Challenging behaviour in the contexts concerned will include some defined in DSM-IV using mental health criteria : attention-deficit/hyperactivity disorder, conduct disorder/delinquency, oppositional defiant disorder, runaway, school refusal, sexual abuse perpetrator. Some significant programmatic responses such as multi dimensional foster care and residential treatment, rest on categories such as severe conduct disorder. Scott Sells, over a period of research and practice concerned with parenting more challenging adolescents, has written about tough adolescents or out-of-control adolescents. He poses a hierarchy of troubling behaviour which some adolescents threaten and display to challenge and neutralize parental control. These are disrespect, truancy or failing grades, running away, teenage pregnancy or sexual promiscuity, alcohol or drug abuse, threats or acts of violence, threats of suicide (Sells 1998; 2001). In general it will involve a marked tendency to not comply with rules, requests, expectations of those responsible for the young person's care and to engage in aggressive, disruptive, destructive and disrespectful activity. It includes therefore also those who present the challenge in the form of withdrawal, substance abuse, self sabotage, self mutilation, self harm and threats, attempts and acts of suicide.

#### Complex Care Needs.

Recognised as an issue across a number of service systems it refers in general to clients who present with multiple difficulties of significant proportion tending to cross established program boundaries. The Victorian Youth Homelessness Action Plan (2004:28) points to

the growing number of young people who have particular, significant and complex needs that can only be met through a well planned and coordinated cross program response. These needs can arise from serious mental health disorders, alcohol or other drug issues or both; a history of abuse or sexual assault and involvement in child protection; experience as a refugee or asylum seeker; involvement with juvenile justice; being a young parent and/or where children are involved with child protection.

The Commonwealth has recognized the issue in the Supported Accommodation and Assistance Program (SAAP) system in general and has a project devoted to better defining and counting this population. In Victoria, a project was established in 2002 titled "Responding to people with multiple and complex needs". This has resulted in specialized statewide service system being established for a tightly targeted group of people 16 years and over. This has a

referral process, an expert panel, and assessment arm and an intensive case management service which aims within a period of 12-15 months to resolve immediate difficulties and to connect the individual to other service systems which will remain appropriate for the longer term (DHS 2003).

#### Intervention

Intervention in this context is the action taken in response to the identified problem which is intended to modify the course of events. In this respect it conforms to the Oxford dictionary definition of "intervention". It should be acknowledged, however, as a term used by social workers and others to represent action following assessment. It appears to have emerged at least in part to avoid the use of terms such as "treatment" or "therapy" which are more aligned with medical models. In recent times "therapy" has returned to popularity to some extent in this field.

#### Contextual Factors

Included as contextual factors are the geographical and physical environment, socio political factors including legislative and policy mandates and expectations, organizational structures and cultures, values embedded in peer, family and community and specific socio cultural vectors and states which bear on identity, behaviour and matters of advantage or power.

#### The Victorian Service System

The particular part of the Victorian service system concerned with adolescents at risk with complex care needs, centres on the organizational units concerned with child protection and placement support and the supported accommodation and assistance program which was established as part of a Commonwealth State agreement to deal with homelessness. There is also a substantial overlap with the juvenile justice system as many of the young people with complex needs become subject to court orders for offences. Other systemic entities with frequent involvement included police, education, general health, mental health, disability and alcohol and drug services. The practice explored focused on the interface between child protection, supported accommodation and assistance and juvenile justice.

#### Effective outcomes

Outcomes sought are the cessation or reduction of high risk behaviours to a level commensurate with community norms for young people of similar age and circumstances. The expectation is that intervention will be goal directed at an individual level and that short term goals and gains will accumulate and contribute overall to a reasonably safe, law abiding and relatively satisfying quality of life.

#### Significance of the Study

The four research questions are significant for several reasons. The first is their significance for theory, the second is their significance for practice, the third is their significance for education and training of social workers and other human service practitioners and lastly their significance for policy development and planning.

#### Theoretical Significance

Although there is a growing array of clinically based practice models being reported, public welfare direct practitioner and practitioner supervisor perspectives are not strongly represented in the literature and there has been little indication of the extent to which the substantial array of knowledge which is available is reaching the moment to moment worker client



interaction. There are still areas of theoretical uncertainty and areas of dispute concerning some aspects of practice and in respect to service forms and organization. The study sought to identify and make inroads on these issues.

#### Significance for Practice

If more effective ways of working with these young people and better ways of organizing services can be identified and adopted there are likely to be substantial reductions in emotional suffering (young people themselves, families, carers, victims and other fearful members of the community at large), social disruption and dysfunction and economic cost over the longer term. An aim was to contribute to the extension and refinement of practice tools and processes, and the structures and cultures needed to support good practice.

#### Significance for Education and Training of Social Workers and Other Human Service Practitioners.

Many practitioners have developed considerable knowledge and experience but often this has not been articulated or disseminated beyond their specific practice unit or organization and fed back into education and training. Much of the literature and academic support materials have been derived from overseas, and the impression I had whilst working in social work education was that local material was limited. That imbalance has begun to change in recent times and this study provided an opportunity to identify some of our local material. It was also apparent that some of the underlying premises used in training require refinement and the study provided an opportunity to attempt some of that work. It was also evident that people placed in direct care roles with this client group have often had little education and training for the field and there was a need to gain a better understanding of the way care teams are best composed and supported.

#### Significance for Policy Development and Planning

Some service forms and approaches to practice remain contested. This leaves them open to inadequate or inappropriate use, adoption or rejection based on political or economic expediency or populist pressure. There is now available a rich literature bearing on many aspects of the problem. Some of this is commonly referred to as the "What works literature" (McGuire 1995; Sherman et al. 1998; Alexander 2000; Kluger et al. 2000; Youth Justice Board 2001; Sallybanks 2002). There is a substantial literature of this type and there have been some attempts to connect it to practice. There has been a growing tendency to invite contributions from overseas experts and others to forums and policy discussions. Conferences have been a growing feature of the practice and policy landscape with much support from the Department of Human Services and community service organizations. Communications technology has revolutionised the means for dissemination within the last 2 or 3 years. The take up, however, is still disparate and its pertinence often insufficiently articulated or at least insufficiently distilled into a form palatable and digestible by policy makers and practitioners who are often too busy to wrestle with complicated ideas or too beholden to popular or intuitive conceptions of what should be done. It must be acknowledged that a common response to some problems is for research or reviews of particular topics to be commissioned which often do lead to system change or bids for additional resources. It is also important to acknowledge many attempts to consult in the course of planning processes. There remains a need for many issues to be identified, clarified and distilled in a way which clearly directs action toward system improvement.

There are substantial contributions from local and overseas work concerning intervention with involuntary clients some of which has been taken up by the system but not comprehensively. This carries a range of selection, training and supervision imperatives for workers (Rooney 1992; Ivanoff, et al 1994; Trotter 1999; 2006).

Some effort has gone into developing integrated approaches to policy, legislation and system development with a research or evidence base particularly in the United States and more recently in the United Kingdom predominantly with a focus on youth crime. In Victoria a relatively comprehensive review in 1984 led to the passage of the Children and Young Persons Act 1989. A range of specific issue reviews have occurred, or are in process, bespeaking felt need to improve various aspects of the system. There is also acknowledgement that rapid societal change has impacted on the situation and life chances of many young people often in a deleterious way. A further recent review of Victorian legislation took place culminating in a White Paper "Protecting Children: The Next Steps" and the Children, Youth and Families Act 2005, the Child Wellbeing and Safety Act 2005 and the Working with Children Act 2005.

One issue emerged, and was considered in the lead up to the legislation, concerns young people who inflict harm on themselves or place themselves in danger. Thought was given to whether a new ground of child protection intervention should be enacted for those who place themselves at risk of significant harm and whether new models for therapeutic containment or other options to address self harming behaviours through community service responses should be examined and introduced, or whether a new approach to returning young people safely to their placement can be developed which satisfies "duty of care" concerns and deals with the dilemmas of what constitutes reasonable restraint (Department of Human Services 2004: 113-114). In the end the legislation remains silent on these issues, as more consideration of the complexities is needed, and current hopes are pinned on the capacity of new therapeutic initiatives and the best interests principles enshrined in the new legislation. This study touches on some of the related issues. It is also of note that a number of recent developments have occurred with the intention of reforming the out of home care sector in Victoria in a partnership between Victorian Government and Community Service Organisations. Working parties were established to follow through a report "Pathways to Partnership: The Final Report of the Out of Home Care Partnership Case Study Review" (Department of Human Services 2003). This work has now delivered the first iteration of the Placement and Family Services Sector Development Plan 2006. At the Federal level, a Senate Community Affairs References Committee has also recently made a range of recommendations for action at Federal and State level (Report on Institutional Care 2005). These events carry considerable potential for change over time. In concert with the signing off of the SAAP V Commonwealth State agreement for the next triennium the Victorian Government recently released (October 2006) The Youth Homelessness Action Plan Stage 2: 2006-2010. This study should help to inform processes flowing from these intended improvements and reforms.

#### Methodological Significance

As identified in the literature review, studies drawing on the perspectives of young people are increasing in number and there is a significant literature on out of home care and residential treatment. Some of the latter includes staff perspectives. Some clinical work has been identified which proposes fruitful ways of working with young people and in some instances their families.

This is generally grounded in clinical or therapeutic practice. Some work has been identified which draws on a focus group methodology. A further reason for undertaking this research is that no local work has been identified which uses a grounded theory approach to tap the experience of public welfare practitioners engaged in responding to the needs of this population.

#### Limitations of the Study

Some limitations should be acknowledged in that the topic spans a broad spectrum of human behaviour and interaction and the systems involved with it are multiple and complex. Covering that breadth and appreciating its dynamic nature has been a challenge. I am certain that there are elements in both the field and the literature which I have missed. Saturation was achieved on some issues only, others are evident now, which if explored may provide a different perspective. There was no difficulty with access to the field and participants contributed frankly and freely. Much more ground was visible than could be covered and there are some reservations about how well I managed to process the substantial quantity of interview material which was provided. Some limitations are inherent in the methodology and these are considered in chapter 3. Trustworthiness measures were taken as far as possible within the chosen scope as well as the time and resources available but I am aware that better mastery of some of the technological aids now available could have improved on this performance.

#### Outline of the Structure and Content of the Rest of the Thesis

The remaining six chapters of this thesis address the following content. Chapter 2 details the literature located and explored in relation to contemporary understanding of adolescence and those in particular seen as having complex needs, high risk or challenging behaviour. This is followed by literature which I consider to be the most pertinent for presentation in relation to each of the research questions. Chapter 3 presents the methodology adopted and reports on its execution including the trustworthiness standards required of a qualitative study. Chapter 4 provides the context of the study giving details of the background to the enquiry and the structure of the service system used to guide the enquiry and reports where relevant on my roles and experience in the service system. Chapter 5 provides the findings of the first wave of data collection and analysis which generated some core categories concerning good practice, some perspectives on the target group of adolescents, and some findings about factors enabling and factors impeding good practice. Two core categories also emerged in respect to the optimal service system, a framework for considering various aspects of the service system and some imperatives and further questions to pursue in the second wave of data collection. Chapter 6 reports the findings of the second and third waves of data collection and analysis, consolidates the core categories from propositions concerning good practice and the optimal system which were generated in the course of the second wave analysis. Chapter 7 discusses the findings in relation to the four research questions and the extent to which understanding has been advanced by the study in relation to each. It considers the implications of the findings and directions for future research.

## **CHAPTER 2 LITERATURE REVIEW**

### Introduction

There is a vast quantity of literature of potential relevance to this study of practitioner perspectives about good practice and optimal services for youth facing homelessness with complex needs. The literature was broadly explored in the process of determining the form the study should take and much of it was located in the course of reflecting on practice in this field over time. Having chosen, however, to adopt a grounded theory approach Glaser (1978) would argue that the literature should largely be put aside pending the inductive process of theory formulation using the grounded theory method. Nonetheless, the following uses some broad themes to identify material relevant to the study. This contributed to initial working hypotheses and the study departure point. The literature review reflects my understanding of the prominent concerns of the field and related research. Participant responses, additional questions and reflection provoked further appraisal of selected material in the course of analysis and in the concluding stages of the study. Most of that has been included in the findings and concluding chapter. Where pertinent it has been included in this chapter.

On a number of occasions I have undertaken systematic library database searches utilizing the core social work data bases Social Services Abstracts, Informit, ProQuest 5000 and Expanded Academic ASAP. The technology and information explosion of the last decade has been overwhelming to the point where there is now more material available than can be accessed or read. I also collected more of possible pertinence than could be included in this review. Dependence has increased on the reviews and meta analysis work of others, books with overarching themes and frequent quick searches of likely web sites. There are now many government enquiries, reports, strategies, protocols and consultations and similar activities occurring in community and business sectors often in collaboration with each other. Where possible Australian and Victorian material of this nature was examined and included. I found it difficult to incorporate all of this.

The study was bounded by its focus on clients in the adolescent life stage, principally those aged 14-17, by those who at times present substantial challenge to services and by their tenuous options for accommodation. Consonant with its aim of generating theory likely to lead to practice and service improvement, this overview of literature identified material concerned with complex needs in association with high risk or challenging behaviour in the adolescent population. Material related to conceptions of good practice is examined next and then attention is given to service systems and their functioning.

### Literature about Complex Needs, High Risk and Challenging Behaviour in Adolescence

First there is a need to acquaint the reader with perspectives of adolescence which I believe bear on the study. In particular, the transition from dependency on parental responsibility to autonomous responsibility for decision making and behavioural accountability is included. Pertinent to this study also was the question of capacity for responsibility in the legal sense of mens rea as well as the developmental and psychosocial sense of shifts occurring within the period of adolescence of brain development, cognitive and moral development. Tensions between

common prescriptions attached to chronological age and individual differences have significant implications for service systems.

### Capacity for Autonomy

Questions of informed consent and duty of care and the balance of empowerment with limit setting is succinctly summarized by Morton et al. (1999:97-105). Also provided is a useful account (1999:90-100) of the shifting balance between adolescent autonomy and adult limit setting through the years from age 14 before which there is no legal right to exercise consent and 18 from which autonomous consent generally applies. A useful account is also given of the concept of duty of care which encompasses our obligations to each other to help and not hurt according to accepted standards. To be held in breach both damage and causal connection need to be demonstrated.(1999:101).

Services for young people in the 14-18 age group need to be responsive and flexible enough to vary their role in decision-making according to judgments about the young person's maturity and day to day capacity for making life decisions. At times a service for young people will make decisions for the young person, at times make decisions jointly with them and at times have them make decisions quite independently (Morton et al. :102).

These authors also point to a number of factors which practitioners need to take into account when making judgments about the capacity of a young person to make important life decisions. Consideration must be given to the gravity of the consequences that may follow the decision. It is important to ensure that the young person has accurate and unbiased information available to them to inform the decision-making. The judgment needs to be made about the ability of the young person to comprehend information and their capacity to balance the risks and benefits associated with the decision. Also important is their capacity to make judgments about their own ability to carry through the implementation of the decision and the capacity to ask questions and seek more information and support when necessary. Practitioner judgments will also take into account the specific age and apparent maturity of the young person at the time (closer to 14 or 18), the presence of supportive relationships with peers or adults who can help weigh up the pros and cons of decision. It will also be important to take into account their mental and physical state at the time. Factors such as intoxication, severe distress, anger or depression may have substantial impact on capacity at that time (Morton et al., 1999). Some of the challenge inherent in these issues is brought out in the debates and variations between jurisdictions on the age of criminal responsibility (Urbas, 2000) and other legal ages for activity (drinking, driving, purchasing tobacco, voting) or consent (commercial contracts, sexual intercourse, confidential medical advice/treatment e.g. contraception). Earlier induction into these behaviours often elevates the risk of problematic outcomes (Moore and Rosenthal, 1993; Peterson, 2004: 404-408; Johnson 2001) many parents and carers struggle with the balance of their duty of care and the young person's perceived right to autonomy.

The latter half of the 20th century witnessed increasing movement in relation to human rights. Part of the developing agenda, typified by the United Nations Convention on the Rights of the Child, included the rights of children and young people to be heard, to participate in decision-making and to not be abused physically, sexually or emotionally. Corporal punishment is now increasingly viewed as assault in Australian society and formal systems have moved to avoid the

arbitrary deprivation of liberty. Children in Victoria are usually provided with a regularly updated booklet at school titled, "Am I old enough? This sets out their legal rights and restrictions as they grow up (Victoria Legal Aid, 2002). At the same time the strong growth of market pressures often directed at the pockets of young people and their parents and the powerful advertising campaigns supporting them confront young people with invitations to adult behaviour at an early age. Some of the rites of passage to adult status are delayed and somewhat confused. Increasingly identity issues are established within powerful market forces (Miles, 2000) and it would appear that young people are confronted with more choices in many aspects of life but much less certainty about pathways to follow (Wyn and White, 1997). For parents, carers and young people themselves the question of capacity and boundaries, empowerment and limit setting and decisions about what or how much is antisocial is an important agenda item.

#### Adolescent Anti-social Behaviour

Another portion of the literature about complex needs, high risk and challenging behaviour in adolescence deals with antisocial behaviour in adolescence. It is substantial in volume and deals with many of the conditions which make up high risk and challenging behaviour and complex needs. In some cases it is part of broader developmental studies. Some of this literature gives suggestions for prevention and intervention. A major finding from the literature concerns the heterogeneity of the population in terms of individual characteristics, social background, configuration of behaviours, levels of risk, causal factors, age of onset and the likelihood of persistence (Rutter et al., 1998; National Crime Prevention, 1999; Reid et al., 2002; Putallaz and Bierman, 2004; Stewart et al., 2002 ). Much of this is now informed by a number of longitudinal studies and snapshot studies which have added greater understanding of risk and resilience factors through the life course.

There are now many lists of risk and protective factors or resilience factors which have been compiled in respect to particular social conditions and flow charts or algorithms representing developmental pathways. These approaches have contributed to the development of a genre of research sometimes referred to as pathway research or career research (Farrington, 1992) which typically studies developmental issues, events, conditions, sequences and destinations associated with crime, addiction, mental health etc., the National crime prevention pathways report brings together many of these (National Crime Prevention, 1999: 136-138). The authors identify risk factors and protective factors in terms of child factors, family factors, school context, life events and community and cultural factors. One significant longitudinal project in the United States traced pathways in boys' disruptive and delinquent behaviour. It identified three characteristic pathways (1) Overt pathway which progressed from minor aggression to serious violence; (2) Authority Conflict pathway which moved from stubborn behaviour to authority avoidance (truancy, running away, staying out late); and (3) Covert pathway which progressed from minor covert behaviour e.g. lying, shoplifting through property damage to more serious delinquency such as fraud, burglary, serious theft. Some young people were on all three (Kelley et al., 1997). Moffitt (1993) in New Zealand drew on the Dunedin longitudinal study to distinguish "life course persistent" from "adolescent only" groups of young offenders. An interesting Queensland study traced the pathways from child maltreatment and juvenile offending for a 1983 birth cohort (Stewart et al., 2002). It retrospectively utilised records from both systems up to the

year 2000. Michael Little in the UK applied career research to life course changing decisions and processes for young men in prison (Little, 1990). Pathways have been used to look at secure treatment outcomes in Britain (Bullock et al., 1998). A pertinent local longitudinal study is the Australian Temperament Project which has been following up a large sample of the 1983 Victorian birth cohort reporting on various aspects of their pathway including a specific examination of patterns and precursors of adolescent antisocial behaviour (Vassallo et al., 2002; Smart et al., 2005).

Relevant snapshots of the youth population include the Adolescent Health Survey (Hibbert et al 1996), a survey of risk and protective factors (The Adolescent Health and Wellbeing Survey) on a statewide, regional and local government area basis (Bond et al., 2000), National surveys of Australian secondary students on HIV/AIDS and sexual health (Smith, et al 2002) National Drug Strategy Household Surveys (AIHW 2005) and Victorian Youth Alcohol and Drug Surveys (Premiers Drug Prevention Council, 2002; 2003; 2004). These and other data sources have been used to inform the recently published State of Victoria's Children Report 2006 (DHS, 2006b).

Together with other sources noted in later chapters these have led, on one hand, to a better understanding of how, when and where services might be more appropriately directed to particular subgroups of the population e.g. sex offenders, violent offenders, drug users etc. On the other hand, they point to the importance of a capacity to provide individually tailored services to address the needs and concerns related to a particular individual's behaviour and circumstances that is sometimes referred to as wraparound care (Brown and Hill, 1996; Skiba and Nichols, 2000; Marks and Lawson, 2005). To some extent this is acknowledged in the most recent Victorian Juvenile Justice developments following the Rehabilitation Review (Day and Howells, 2003). An assessment model has been developed incorporating the best practice principles of risk, needs and responsivity (Victorian Offender Needs Indicators for Youth). This kind of research has also informed a number of developments concerning prevention and early intervention in adolescent mental health, suicide prevention as well as the prevention of crime and delinquency. Much of this has been reported under a National project administered by the Australian Early Intervention Network for Mental Health in Young People - AusEInet (Davis et al., 1998; 1999; 2000). Pertinent to this study, a range of pathways and resilience research provides much of the evidence base for the recommendations for practice and service development in the following reports and some additional work undertaken in other States by Robin Clark (Clark 1997; 2000: 21-40).

Three substantial literature reviews have been undertaken in Victoria which span the topic of challenging behaviour and complex needs, including a focus on adolescents. Morton, Clarke and Peard prepared one as part of their report "When Care is Not Enough" in 1999. Success Works prepared one in 2001 as part of their evaluation of the High Risk Adolescents Service Quality Improvement Initiative. Thomson Goodall Associates (2002) prepared one to inform a Department of Human Services Project on responding to people with high and complex needs. Together they provide a potent overview of this field and the many complex elements contained in it. The array of causal conditions and probabilistic risk and resilience factors traverse neurological, physiological, psychological, social and cultural domains all of which bear on the

question of assessment and the need for multidisciplinary involvement and a measure of skill to maintain a holistic perspective.

Such a view is supported also by the observation of Bath and Long (2004: 15 - 16) when they point to some of the major behavioural, developmental and psychiatric issues that need to be catered for in the population now found in residential care. Included are young people with conduct disorders; some displaying the challenging symptomatology of child abuse and trauma; some young people with an intellectual disability; some with neuro-developmental problems; some with mental illness or mental disorders; and, a variety of behavioural disorders - including substance abuse, sexually abusive behaviour, etc. When one considers the particular behaviours and conditions specified in the high risk adolescent service quality improvement initiative broader system implications are apparent. These are: challenging behaviour at home, in placement and at school; significant substance abuse; suicidal tendencies; aggression; chronic running away; prostitution; association with paedophiles; emerging or diagnosed psychiatric or psychological disorder; consistent, escalating offending; sexual offending; and, estranged or non-existent relationships with their family. (DHS, 1997b; SuccessWorks, 2001).

Each of these categories imports a range of particular concerns, specific assessment issues, particular strategies pertinent to intervention and implications for what practitioners do and how the service system should be organised and enabled to function.

#### Literature About Practice

This section of our literature review concentrates on issues related to practice which involve direct service with the target group of young people and their families. It begins with principles of practice then looks at literature about “what works?” and literature about approaches seen as optimistic, empowering, strengths based and creative. By so doing it reflects what I believe is an important value stance in relation to doing this work.

#### Principles of Practice

There is a substantial literature about practice. A number of studies have identified principles of best practice. Of particular pertinence to this study are those identified by Morton et al. (1999:95-115) and SuccessWorks (2001:97-108). Both are substantial and detailed and have been used to assist in the construction of the working hypotheses presented in the methodology chapter. Principles underlying a resilience led approach to practice in out of home care have been produced by Gilligan (2001). These are directed to the needs of children and young people in care:

Value stability in placement arrangements (be slow to disrupt a placement which is a viable going concern, purely because it belongs to the wrong administrative category); value continuity in meaningful relationships (value relationships that the child values); value the child making sense of what has happened in the past (help the child to understand what has happened and do this at his or her pace); value positive school experience (value educational and social attainment at school); value, hobbies interests and talents (value what interests and rewards the child); value friendships, especially with children outside care (help to keep friendships alive); value a child's connections to concerned adults (help the child to tap into the concern and interest of adults in their natural social network); value appropriate opportunities for the child to take decisions and responsibility (be alert to such opportunities in the different arenas in which the child lives out his or her life); avoid stereotypes of young people in care (remember, each child is different-they may share some surface characteristics but each has his or her own unique history); avoid oversimplified solution's to the needs of young people in care (remember



one size fits all approaches don't work in a field as complex as working with children in care). (Gilligan, 2001: 63)

Also of particular relevance are the principles and practice processes outlined by writers concerned with involuntary clients (Rooney, 1992; Ivanoff et al., 1994; Trotter, 1999: 2006) who suggest that the work proceeds with elements of persuasion, negotiation and coercion. A major part of the work is to engage in processes which will help to restore involuntary young people to a voluntary place in the world. For them to gain a place in the nested systems of family, peers, social institutions such as school or work and community as citizens. Trotter (1999; 2006) provides a useful framework for practice in this area which has the underlying theme of empowering the involuntary client to formulate and meet pro-social goals and aspirations. Trotter's "Principles of effective practice" are: (1) Role Clarification. Role Clarification involves frequent open and honest discussions about role, for example: the purpose of your intervention; your dual role as helper/investigator; the client's expectations of you; your authority and how it can be used; negotiable and non-negotiable areas; confidentiality (or who can know). (2) Pro-Social Modelling and Reinforcement. This entails, identifying behaviours/comments you wish to promote; rewarding/encouraging the comments/behaviours you wish to promote; modelling the behaviour/comments you wish to promote; identifying and discouraging or confronting comments behaviours you wish to change; aiming for four positives or rewards to every negative or confrontational comment. (3) Problem Solving. This entails, doing a problem survey; problem ranking; problem exploration; setting goals; developing a contract; developing strategies; ongoing monitoring. (4) To develop and work in a relationship, the worker should: be open and honest; use empathy; challenge rationalisations, not minimise; be non-blaming; be optimistic; articulate client and family members' feelings and problems; use appropriate self-disclosure; use appropriate humour. (Trotter, 1999)

Some of the work of Fook, Ryan and Hawkins (2000) on expert practice and Ryan et al. (2004a; 2004b; 2005) and their application of it to examine professional expertise in working with chronic and challenging mental health clients is also relevant. Their findings resonate with some of the views expressed by Clark (2000) in her report on exceptional practice with troubled adolescents. In particular, they identified qualities that characterise the expert worker's approach and capacity to work creatively and flexibly in conditions of novelty, complexity and uncertainty. These include knowledge at many levels of what they were dealing with, belief in their skills and assessment of the situation to the extent that is possible, a sense of optimism and hope with an ability to withstand the hard grind, see small gains, "go ten rounds with the system" and authentic caring for the well being of the client. Also of interest is the indication that this level of expertise develops with reflective exposure to concrete situations over time and that high value is placed on supportive supervision and dealing with the emotional content of the work (Ryan et al., 2005: 279-298). The notion of unconditional care and pressing systems to respond was also explored by Meade (2001) who, in focus groups with intensive case management services managers, identified some factors enhancing or impeding unconditional care. The 17 factors which contribute to the practitioner's capacity to deliver unconditional care and 9 which inhibit it are detailed below in the section on practitioner perspectives in research.

## The “What Works” Literature

This next section of the review of literature concerned with practice attends to literature about “What works.” This has become a popular form of expression among academics and some concerned with practice. It is associated also with the strong contemporary drive for evidence-based practice. It is often tied back to the Martinson controversy (Martinson 1974; Cullen and Gendreau, 2000) whose analysis of a number of outcome studies suggested that “Nothing works” in delinquency programs. In social work, Fischer (1973) reached similar conclusions about casework in the same era. Borowski, (2001) points to the dangers of strong causal reasoning being applied to data which can be no more than probabilistic and potentially confounding as a basis for policy making when there is insufficient appreciation of the dynamism, and the possible multifactorial nature and complexity of causes and effects as well as heterogeneity among the population to which causal inferences are being applied. He finds some hope, however, in the potential for better probabilistic theory being developed and that meta analysis of evaluation research does point firmly to aspects of programs that do have an impact on reoffending and some that are promising. This type of research, which pools the results of smaller studies with recognized degrees of validity, has demonstrated that many things work for particular ends, under particular conditions. He refers to studies which the United States Office of Juvenile Justice and Delinquency Prevention (OJJDP) has reported under the “what works” rubric in terms of what works, what doesn’t and what is promising (Sherman et al 1998).

McGuire’s work has pursued this theme also (McGuire, 1995). Both Trotter’s work (2006) and the Victorian Rehabilitation Review (Day et al., 2003) draw well on this foundation. Other related fields have used this term with similar intent. The Child Welfare League of America sponsored work on “What works in child welfare” (Kluger et al., 2000). The National Children’s Bureau in the UK sponsored a series which included what works in foster care, what works in education for children in care, etc.

Other work in Britain sponsored by the Department of Health has had a similar intent and effect. Sets of commissioned research was combined to produce “Child Protection: Messages from Research” (Bullock et al., 1995) and “Caring for children away from home: Messages from Research”(Archer et al., 1998). The “Looking after children” approach to assessment, case planning and review, now in use in Victoria is strongly associated with much of this work.

There is much to draw from this literature to guide practice with this target population. Of particular note is the value of working in a goal directed way, of matching the longevity and intensity of intervention to the level of risk and the empirical strength accorded to cognitive behavioural approaches to intervention and multi systemic intervention (individual, family, school, peers and community). Towards the end of the 1990s a new appreciation of attachment theory emerged in the thinking of a number of practitioners and researchers in Victoria particularly those associated with the Take Two program. As it gathered momentum, it was joined by some new ways of looking at the impact of trauma. At times these have been seen, to some extent, as being in opposition to social learning and behavioural approaches to practice (Moore et al., 1998) but there are also some indications that when applied respectfully and sensitively the combination works. It has been of some interest to see the attempt to apply this knowledge in the range of dimensions and instruments now informing assessment processes in the Take Two program

(Frederico et al., 2005) and the processes I have observed in the Multiple and Complex Needs Initiative.

Literature about Optimistic, Empowering, Strengths-based and Creative Approaches to Working with Troubled Adolescents, Their Families and Carers.

A considerable array of literature has been identified which appears to have the potential to enhance practice. Much of this has excited the interest of some practitioners in Victoria in different parts of the service system. There is some evidence that poor outcomes are more likely to follow pessimistic expectations (Martin 2003; Fuller 1998, 2002). Strengths based, solution focused, narrative and resilience based approaches are examples of approaches which promote an optimistic view (Saleebey, 1992; Gilligan, 1999). In Victoria St Lukes Family Care in Bendigo have incorporated these ideas into agency practice (Elliott et al., 2000 ) and have also developed a publication and distribution house for these approaches (Innovative Resources).

Accelerated by the conclusion of the “when care is not enough” report (Morton et al., 1999) that attachment, trauma and social learning issues are keys to understanding and responding to the seriously disturbed behaviour of abused children renewed interest has developed in Victoria in incorporating them in practice and programs. They have been taken up as primary interests of the Take Two program and much more recently have risen to prominence in the thinking about new therapeutic home based care and residential treatment programs., A range of material has been identified which builds on the seminal work of John Bowlby and Mary Ainsworth (Peterson, 2004: 149-159) for responding to attachment problems and residual effects of trauma (James, 1986; Kunstal, 1999; Kagan, 2004; Hughes, 1998; 2006). As noted in the findings chapters recent neuroscience has contributed additional understanding.

Creative forms of engaging adolescents and helping them rewrite life scripts through narrative work, motivational interviewing, proactive counseling, spiritual renewal and cultural transformation, discursive empowerment etc. emerge from an array of clinical literature (White and Epston 1992; Miller and Rollnick 2002; Geldard and Geldard 2004; Kipnis 1999; Ungar 2004).

Substantial work has occurred in recent years around mediation with families, peers, victim/ offender, and various forms of family conferencing. Some of this relates to work with offenders under restorative justice approaches but it now has an extensive history in family reunification work as well. The growing literature in this area tends to be associated with alternative dispute resolution processes used as alternatives to Court (Wundersitz, 1994; 1997; Markiewicz et al., 1997; Health & Community Services 1995; Ellis and Sowers, 2001: 205-209; Sheehan, 2006).

A number of approaches have developed also directed at improving parenting skills. These include (Coleman and Roker's Handbook (2001), Martin Herbert's (1997) ABC approach to behaviour intervention, Triple P (Positive Parenting Program) (Sanders 2001), ABCD Parenting (Cann and Burke 2002), Parenting with Love and Limits (Sells 2001) and Parenting Wisely (Family Works Inc. 2004). These all claim a significant evidence base.

### Research Based On Practitioner Perspectives

This section of the literature review identifies research which is specifically focused on practitioner perspectives of working with high risk or challenging adolescents. It also examines research of this nature which is methodologically similar to this study.

The study of greatest relevance (because it also sought the views of practitioners), was one conducted by Robin Clark on behalf of a policy practice research group associated with the non-government agencies delivering care in Victoria. The study report is titled "It has to be more than a job: a search for exceptional practice with troubled adolescents" (Clark 2000). The study used ethnographic methodology based on the social science paradigms conceptualised by Schon (1983) as reflection in action. It utilised interviews with a purposive non-probability sample of seven exceptional practitioners. A group of experts close to the field nominated by chief executive officers and the leadership of the Children's Welfare Association of Victoria identified people whose practice with troubled adolescents was considered exceptional. Their work locations spanned a number of programs including a detention centre group work program, accommodation and support program, an adolescent child protection team, the group care situation and an alternative education program for troubled adolescents. Data analysis entailed weaving "back and forth between the tapes, the provisional hypotheses, the literature and the guiding principles which had been generated by the agency CEOs and the group of experts" (Clark 2000:19). A set of the ingredients of effective practice with adolescents was identified through this iterative process.

The study found a number of critical ingredients of exceptional practice. These were seen to be:

Providing the most normative environment; facilitating the young person's connections to kith and kin and ensuring the young person is connected to at least one consistent caring adult; ensuring consistent and competent case management; involvement of the young person in the development of individualised service plans that are holistic and responsive to the changing needs of the adolescent recognising that adolescence by its very nature is a turbulent period for any young person and therefore programs need to allow for immediacy of response and to have an outreach component; recognising cultural differences and special needs; recognising the importance of peers and identity formation; searching for ways of developing the young person's interests and talents and their qualities of leadership in whatever area is deemed appropriate and likely to yield positive results for the young person; given that many of the young people in care today are developmentally delayed, intellectually disabled and/or troubled as a result of past abuse and neglect they are likely to require intensive therapeutic intervention and programs of affirmative action if they are to make a satisfactory transition into adulthood; given that many of these young people have had no success in the school system, effective practice will have a strong emphasis on making up for educational deficits and on school to work transition programs. (Clark 2000:41).

The expert group, informed also by the literature, proposed three principles which should guide the system of care for the young people. They are: (1) offering programs of intensive support and development to front-line staff, particularly focusing on ways in which their capacity to provide unconditional care can be enhanced and ensuring the agency ethos places a high value on caring and connectedness; (2) focusing on the holistic assessment and appropriate inputs for the young person, rather than a sole focus on a young person's deficits; and (3) providing continuity of care, education and health services by means of integrated services management.

These principles were explored in focused interviews with the practitioners who responded with the needs and issues of particular young people in their care in mind and specific episodes of practice. Analysis affirmed the value of the principles and led to a central focus on the concept of unconditional care and developing both the opportunity and the sense of belonging in the young person. Exceptional staff were able to see beyond challenging behaviour and address the wider needs of the young person including education and recreational pursuits and interests. The components of the care system were not to be seen as hard and fast alternatives but part of an interactive system that could draw on both foster care and residential care and deliver therapeutic assistance on a multi systemic basis. The study visited the issue of supporting and replicating the practice, suggesting value in Schon's (1983) 'reflective practice' as an approach. The concluding quote of one of the respondent's comments visits both the practitioners attitude and the responsiveness of the workplace.

It has to be more than a job. What you do with kids and families you do with workers -- you support, value, build the culture that respects individual's and encourages people to be different; and to encourage them never to give up. You teach them to never accept no if they think the kid really needs something. Protocols with other services can be helpful, but in my experience, the most effective way of getting what you want for the kid is to wear the other system down until they deliver. After all that's what parents do isn't it? (Clark 2000: 62)

Another local study undertaken as part of an MA (research) degree by Miriam Meade brought together a group of case managers involved with high-risk adolescents, some from the Department of Human Services Victoria and some working in the intensive case management services operated by community services organisations as part of the high risk adolescent strategy, to reflect on their practice in the light of some specified principles of unconditional care. The research approach taken had an action research intent but was also based on the 'reflective practice' approach of Schon (1983) promoted by Fook (1996). The findings are affirming of a set of 17 unconditional care principles. These are:

- (1) Continuity of case manager wherever possible; (2) the ability to remake personal work practice in line with evidence based practice and developments in the field; (3) relationship as a base for practice; (4) consistency of care within the placement system; (5) honesty, integrity, respect and flexibility; (6) persisting in the face of everything, no matter what; (7) acceptance of the young person; (8) the need to work from a developmental perspective, which takes into account the difference between the biological age of the young person and the emotional age of the young person; (9) commitment to identifying and/or helping to provide a significant person in the young person's life; (10) recognition that spirituality and moral development are protective factors which require acceptance and sometimes facilitation by the case manager; (11) the development of a young person's identity in conjunction with their culture is intrinsically protective and healing; (12) the ability to put responsibility and participation directly with the young person, according to appropriate developmental and emotional status; (13) the competency to make and implement hardline decisions when necessary and in line with client's best interest and statutory standards; (14) the recognition that acting in a protective matter is the joint responsibility of service providers and case managers of all service sectors and the most basic form of caring for a young person; (15) the family is the foundational context in which we work with young people; (16) connectedness to community both family and educational is a stabilising and supporting factor which underpins stability; (17) the use of defensible risk practice, which relies on a balance of statutory responsibility and the innate nature of risk-taking in adolescents. (Meade 2001: 10)

The study also explored the practitioners' perception of the use of professional knowledge with reference to a framework of professional knowledge developed by Drury Hudson (1997).

The components of professional knowledge in this model are theoretical knowledge, empirical knowledge, personal knowledge, practice wisdom, and procedural knowledge. One finding was a relatively low reliance on empirical knowledge. Also of interest in this study was the identification of a number of factors seen to be inhibiting unconditional care. These were, workload and throughput pressure imposed by management and service contracts; expedient management practices that place finances or time management at the core of decision-making due to a lack of resourcing; no desire to work with young people; training that does not specialise in adolescent development; systemic conflicts and processes; personal reflective and experiential happenings; engagement difficulties and rejection of the young person; exhaustion and burnout due to lack of support and helpful supervision from management and supervisors; and, little or no access to current developments in local and international research outcomes (Meade 2001: 38). The construction of exceptional practice which emerged from Clark's work and which was taken forward by Meade was summed up in the term 'unconditional care'. A number of further assumptions and implications flow from this, some helpful and some which may be less than helpful. Revisiting practitioner perspectives of good practice may help to provide helpful refinement. In this researcher's view the choice of the construct of 'unconditional care' may set up an unrealistic expectation for both practice and services.

Hough (1996) completed an ethnographic study on the work world of social workers in child protection. His research question was: How do the workers (practitioners) experience the organisational construction and definition of their work? The work grew out of a concern about the impact of managerialism on the public welfare practice of child protection. It involved participant observation within a Victorian team of protective workers and a number of semistructured interviews. The focus of the research was organisational and presented as a case study. It did, however, touch profoundly on the contested terrain of child protection practice. The grounded experience of the workers leads to dissonance and contradictions in any attempt to define the work as clear, certain, predictable and transparent. Challenging adolescents were not a particular feature of the research. The exercise was also complicated by the protective team who were the subject of the study being involved in an unusual and controversial multiple apprehension concerning a religious sect (Hough 1996).

Trotter (1993; 1999; 2006) involved practitioners in an empirical practice exercise with a focus on role and a prosocial reinforcement approach. The work involved him designing an approach to practice based on the "what works" literature. A control group was used to compare casework outcomes from a group of practitioners trained in the prosocial approach. Reduced levels of recidivism were demonstrated in respect to the trained group. The study contributes a useful practice model for work with involuntary clients including adolescents. Its outcomes were measured in terms of reduced offending by clients and while noting that the intervention strategy was practitioner knowledge and skill, it was not focused on practitioner perspectives.

Some other research which draws on a staff perspective comes from work in the United Kingdom on caring for children away from home (Archer, Hicks, Little, and Mount 1998). Among a number of studies commissioned by the Department of Health two in particular give attention to eliciting staff perspectives. The first Whitaker, Archer and Hicks (1998) explored the experience of staff working in children's homes using a working life journal to show the people and

organisations staff had to interact with and a force field analysis to chart the factors that facilitated or impeded good practice and good outcomes. In pursuing the goal of benefiting the children and young people five main areas of work were identified. How: to plan for and work with individual young people; to work with the group of young people; to work with and be managed by the social services department; to work with other people and organisations outside the home; and, to work to develop and maintain themselves as a viable and effective team. Sources of reward identified included feeling the support of a strong staff team, seeing actual benefits for the young people in care, feeling that difficult situations could be competently handled by themselves and/or colleagues and feeling valued by departmental colleagues and managers. Sources of stress included a pileup of tasks and a lack of control over situations which might arise; being on the receiving end of abuse from young people; awareness that the unexpected and unmanageable could occur at any time; feeling helpless or potentially helpless in the face of events; feeling vulnerable to blame if things went wrong; and where a sense of support or confidence from management was lacking. The cultural climate was influenced by the rate of turnover of young people, the proportion of emergency placements, the mix of young people, the number not in school, stability in the staff group, complementarity within the composition of young people and staff in respect to gender and race, how secure staff felt within the organisation, the presence or absence of conflict with managers and the level of morale (Archer, Hicks, Little, and Mount 1998:81-82).

The significance of structure and culture in the management and operation of residential facilities was a feature of a study by Brown, Hobson and Little (1998). A high degree of concordance between societal, formal and belief goals helped create a healthy staff culture which was supportive of the aims and objectives of the home appeared to have productive effects on the outcomes for children (Archer, Hicks, Little, and Mount 1998:81-82).

Another study of considerable relevance was carried out by James P. Anglin. He used a grounded theory approach to gain a more in-depth understanding of residential life and residential work in a number of purposively selected group homes in British Columbia, Canada. Its theory generating aim drew on observations and interviews with young people, staff and other stakeholders connected with the homes. He sampled the participating homes in two phases. He selectively sampled four for diversity of function in the first phase and he theoretically sampled five more in a second phase in pursuit of emerging core categories. He achieved what, in his view, was theoretical saturation and integration of core categories around the central theme of congruence in service of the children's best interests. His theoretical breakthrough enabled the construction of a three-dimensional matrix.

The first axis of the matrix consists of three basic psychosocial processes:

1. Creating an extra familial living environment.
2. Responding to pain and pain-based behaviour.
3. Developing a sense of normality.

The second axis of the matrix consists of levels of group and home operation:

1. Youth and family;
2. Casework and teamwork;
3. Supervision.;

4. Management;
5. Extra agency influences (contracting bodies etc).

The third axis consists of a number of interactional dynamics:

1. Listening and responding with respect;
2. Communicating a framework and understanding;
3. Building rapport and relationship;
4. Establishing structure, routine and expectations;
5. Inspiring commitment;
6. Offering emotional and developmental support;
7. Challenging thinking and action;
8. Sharing power and decision-making;
9. Respecting personal space and time;
10. Discovering and uncovering potential; and
11. Providing resources. (Anglin 2002: 53)

This study is seen as particularly pertinent to the one reported in this thesis as it draws on the methodology proposed here and it includes practitioner perspectives. It is also pertinent in so far as residential care is seen to be a key component of services for youth facing homelessness with complex needs. Its focus, however, is broader than the high risk or challenging group who were the subject of this study but many of the issues raised have direct relevance to both practice and system issues. Conducted in Canada but drawing mostly on experience in the United Kingdom and North America, it contributes much to an understanding of practice in residential care.

#### Literature About Service Systems

The fourth research question sought practitioner views about the optimal service system needed to support good practice. This part of the literature review therefore examines literature about aspects of service systems which might bear on practice with these young people. There is a large amount of potentially pertinent literature relating to service systems and service system development. For the population of youth at risk their fortunes circulate or move between the major service systems of health, welfare, education and law enforcement. Organising principles for services often shift in line with prevailing sociopolitical attitudes and circumstances, organizational structures of the time and the distribution of resources. Much of this is detailed in the chapter on the context of this study.

#### Some Frameworks Guiding Service Organization and Responses.

Within the cultures of the major service systems referred to above some particular organizing frameworks for services are promoted. In some instances these frameworks originate in one service system and spread to others. Some become more strongly associated with particular practice and academic disciplines. The following briefly describes some of the frameworks which appear to impact on services for challenging young people.

##### Universal, Primary, Secondary and Tertiary Services

One common framework originating in the public health arena which has been adapted and taken up to some extent by other systems refers to a continuum of universal, primary, secondary and tertiary services. A version of this framework has been used to inform the most



recent family and placement services sector development plan released in June 2006. Universal services are defined as preventative services offered to the whole community. Primary services are preventative services offered to specific groups. Secondary services are earlier intervention services offered when specific risk has been identified. In the plan family support services are included here. Tertiary services are those involving statutory intervention for proven harm or severe risk. In the plan, placement support and out of home care services are located here (DHS 2006c: 21).

#### Collaboration and Working Together

The view is frequently expressed that adequate responses to these young people will often require collaboration between agencies and service systems. Morton et al (1999) draw attention to the fact that each of the four systems likely to be involved (child protection, juvenile justice, mental health and drug and alcohol services) have different cultures, principles and approaches to intervention. Put simply, child protection is concerned with risk of harm, juvenile justice with challenging serious offending and recidivism, mental health with early intervention and voluntary participation in therapy (sometimes short term involuntary crisis containment), alcohol and drug services with harm minimisation. These concerns in Victoria led to a “working together” strategy being developed. Interest in this project includes education with its universal learning opportunity ethos as an important system and the supported housing system which tends to emphasise the right to shelter and an emphasis on advocacy. There is a significant literature on inter-agency collaboration (Hornby 1993; Scott 1993; Success Works/ Childrens Welfare Association 2001). This points to the complexity of the issue, the inherent fault lines likely to lead to dispute and to the time, effort, commitment and good will likely to be required to achieve and sustain sound working relationships.

#### A Prevention, Treatment and Maintenance Continuum

A framework which is often utilised in mental health and disability areas for categorizing service responses was developed by Mrazek and Haggerty (1994) (cited in Davis et al 2000). It conceives of a spectrum of interventions carried out by the service system along functional lines. The functions and the focus of services are as follows.

Prevention: universal>selective>indicated

Treatment: case identification>standard treatments for known disorders

Maintenance: compliance with long-term treatment (a goal of reduction in relapse and recurrence)>after care (including rehabilitation).

#### The Changing for Good Framework

An influential framework commonly used by drug and alcohol services relates to changing habituated behaviour. It appears to have some value in informing the way services might be organized to take advantage of client readiness to change. Prochaska et al. (1992) outlined six stages involved in changing behaviours driven by or associated with addiction. This has considerable bearing on the implications of harm minimisation approaches which, while acknowledging the frequent involvement of law enforcement agencies including police and courts, are most often used in Victoria in response to risk-taking related to substance abuse and the very strong emphasis on the voluntary participation of clients in services.

The stages are: (1) Pre-contemplation - in this stage the person has no thought of changing and often fails to see the issue is a problem. Threats from family, friends and courts have little effect. Helpful responses in this stage involve open communication and relationship building (conversations about change may push them away). Empathising and helping manage a harm minimisation approach may be helpful. (2) Contemplation - in this stage the person has some thoughts about changing, about why the habit exists and what the payoff is. With uncertainty they are torn between the desire to change and a wish to stay the same. Costs and benefits are being considered. Active listening may be helpful in assisting them to explore their thoughts and to acknowledge their feeling and thinking about change. It may be important to validate their preferences but avoid expressing our own. (3) Preparation - in this stage the person has decided that change is wanted, work might be done to remove temptations, plan action, put supports in place from family, friends, support groups etc., arrange substitutes for the habit. It may be helpful to ask the person what they want to do and support them in contacting services and gathering information about courses of action. (4) Action - in this stage the plan is put into effect and action is taken to practice new ways of behaving. This does not necessarily involve abstinence, it may be to start treatment, change the environment, achieve some reduction. For some abstinence may be their choice. It may be helpful to recognise any positive action and provide encouragement, if they slip back, responses from supporters should avoid focusing on the negative and continue to foster the belief that change is possible. (5) Maintenance - in this stage the possibility of relapse is recognized, but that it does not necessarily mean total failure. It can be helpful to support the maintenance, affirm their ability to manage and be in control and to acknowledge and support activity in other areas of their life. (6) Termination - this stage involves decisions about whether maintenance may be a lifetime concern or whether the habit has been successfully replaced and ceases to be a temptation. Should relapse occur, avoid panic, provide support according to the level to which they have returned. (Prochaska and Di Clemente 1992; SHARC 2004).

#### A Family and Placement Support Framework

The child and youth welfare service system is often described in terms of a range of family support options and a range of out of home care options. Up until the 1950s Victoria relied heavily on a number of government and non-government institutions and congregate care homes. Initially these were devolved into a range of residential care options. This was followed by major movement to shift reliance toward more family and home-based options such as kinship care, foster care and permanent care services or adoption. The details of the story are more comprehensively covered elsewhere but it is possible to describe the contemporary service system in terms of family support, home-based care and residential care. There has been much discussion about the form and quantum of these services. A number of programs have been established to support families to prevent out of home placement. Given the substantial growth in foster care but ongoing evidence of both placement breakdowns and carer attrition there is contemporary consideration of some stronger, more professionalised and therapeutic forms of foster care which are operating elsewhere.

For some time residential care has been considered an inferior option and there have been dramatic reductions in the number of beds in Victoria and the number of agencies providing

this option. There is now reconsideration of the place of residential care in the service system. Anglin (2002) writes from a Canadian perspective and an analysis of the service systems in the United Kingdom and North America saying that residential group care has been recommended in the literature for a number of reasons. He cites the Utting Report (Department of Health, 1991) which suggested group care for children and adolescents who: (1) have decided that they do not wish to be fostered; (2) have had bad experiences in foster care; (3) have been so abused within the family that another family placement is inappropriate; or (4) are from the same family and cannot otherwise be kept together (2002: 11). He also cites the Wagner report (1988: 96-97) which indicated a continuing need for residential child and youth care in situations involving respite care, preparation for permanent placement, keeping families together, for care and control or for therapeutic provision (Anglin 2002: 12).

Bath and Long (2004) comment in their review of a Victorian integrated residential and education program,

Any residential program in Australia today needs to carefully consider the breadth of its resources and its capacity to respond to the range of young people who will be referred and the complexity of their needs. The key service design implications are as follows:

1. Residential programs need to move beyond a care and accommodation paradigm to develop responses to a range of developmental, emotional, social, behavioural needs;
2. Such programs need a range of qualified and experienced professional staff including psychologists, social workers, counsellors and, if funding allows, recreational/occupational specialists and educators;
3. Careful and comprehensive intake assessment will need to be provided so as to identify the young people that can and cannot be assisted, to identify the areas of need that must be addressed, to develop meaningful intervention in case plans, to match the young person with suitable residential and educational options, and to minimise risk for the young person, his/her peers and staff;
4. Care may need to be provided in a range of different accommodation options with different group sizes. Options may include small residential units, regular houses and flats, and even the non traditional options such as caravan. Group sizes may range from four or five down to one.
5. Training needs to be comprehensive, covering the broad range of issues that workers will confront.
6. Strong linkages will have to be developed with external specialists and services where such services cannot be provided centrally. (Bath and Long 2004: 18)

Morton et al. (1999) proposed that steps be taken in Victoria to enhance the regional response involving collaboration and the introduction of additional therapeutic services. They further proposed a statewide service and the adoption of best practice principles. The statewide service is now operating with some regional components. Regrettably it would appear that the targeting will exclude some who need such a service. My study seeks to explore ways of improving the regional response while acknowledging an array of service planning and development activities which have been taking place in what is now being referred to as the family and placement services sector. These developments are examined in the chapter on context.

#### Literature About Intensive, Targeted Service Responses

A limited array of literature has been identified which relates to intensive in home intervention, such as, multi systemic therapy (Henggeler 1993) and therapeutic foster care (Chamberlain 1998; Harris 2003). Considerable overseas literature (Whittaker 1978; 1979; 2000; Pecora et al 2000; Maluccio 2002; Archer et al. 1998; Bullock et al. 1993) but little Australian literature (Durrant 1993; Ainsworth 2003; Bath 1998) concerns residential care and treatment.

Some has been identified which relates to the contested issue of secure care for non-offenders (O'Neil 2001; Bullock et al 1998; Tregeagle 1999). More is available, though it is limited in Australia, concerning secure care for offenders (Asher 1986; Loeber and Farrington 1998).

Three study tours have been undertaken which have looked at secure and semi-secure accommodation options in North America. I undertook one in 1984 as the literature at the time was widely reporting to the success in Massachusetts of closing institutions. I examined facilities for both offenders and non-offenders in Massachusetts and California. I found at that time that not all secure accommodation had been closed and that a number of secure programs had been recently established in addition to a range of intensive supervision or tracking programs. I also observed that although offenders and non-offenders were being separated in court processes and detention, they were commonly housed together again in group homes after their release from custody. Another study tour was undertaken in 1998 by Craig Cowie. He reported on a number of programs recommending that Victoria should consider a semi-secure treatment option similar to the exceptional services program he examined in New York.

Exceptional Services Program is housed in a building that has a number of modifications aimed at meeting the particular design needs of the young women housed there. For example, the dining room has chairs and tables that are secured to the floor, plastic utensils are used and counted after each meal and exterior doors are fitted with a handles that will only open after being depressed continuously for 30 seconds. As soon as a handle is touched an alarm goes off advising staff that someone is attempting to leave the building, giving staff time to intercept the young person before they actually leave the building. This enables Exceptional Services Program to keep young people supervised in the program 93% of the time. In the six months prior to the writer's visit there were 58 AWOL attempts, of which only four were successful (Cowie 1998).

This description reminded me of a facility that I visited in Sacramento which was described as a non secure detention program, the Alternative Neighbourhood Centre in Sacramento. The building was constructed a way which permitted exit only through the front door. Young people were not physically prevented from leaving but to do so they inevitably had to pass a number of staff who would interact with them about the choices they were making. Considerable effort was put into actively producing a plan within 48 hours of admission (two social workers were rostered for 12 hours each day to enable this to happen) and the plan could include a further limited stay of up to 21 days. A more extended stay in this staff secure facility required determination by court.

Lisa Hillen visited a number of residential programs in the United Kingdom and North America in 2005. She reported on the variations and the state of debate in these countries about the use of secure care, or as it is called in Canada safe care, restraint and residential treatment. It is apparent in these countries that there have been more options available than in Victoria but there are still major deficits in their systems overall. Included was the difficulty of ensuring access to adequate mental health treatment and alcohol and drug programs that can be utilised on a voluntary basis and which match client needs so they are not placed in services which are either over restrictive or under capacity (Hillen 2005). My own experience that some young people appreciate the availability of a safe and secure environment was echoed by some of the participants in this study and others. A researcher in England who had been interviewing young people as part of a longitudinal study of young people in care recounted the following anecdote

You asked about secure units. The interview study didn't look specifically at secure units, but there was the case of one young woman who became looked after [came into care] because of her challenging and violent behaviour. She had lots of placements whilst in the care of the local authority and at one point ended up at a secure unit. At interview she commented about how much she loved that placement because it was strict and she knew where the boundaries were. She had no choice but to go to school because the unit was shut during the day. The unit was very small - only 3 residents and a relationship and trust could be built between residents and staff. No doubt it was an expensive placement and after 3 months she was moved back to a children's home in her local authority. She then had a series of other placements, most of which ended with a disruption at the request of the carer/children's home. She left care at 16, became involved in drugs, was committed to hospital under the Mental Health Act, for self-harming behaviour, had an eating disorder. Generally she was very vulnerable, yet she still recalled the placement in the secure unit as the best placement she ever had and spoke animatedly about it (Skuse 2003).

Hawkins, et al. (1992) studied various settings in terms of their restrictiveness and have come up with the following scheme for thinking about how they operate. There are three major dimensions which create the restriction.

The physical facility : its appearance (size, institutional look, etc), its internal structure and equipment (locks, privacy, kitchen eating arrangements etc) and physical layout; Rules and requirements: that affect free movement, activity or other choice; and, Voluntariness of entering or leaving the setting permanently.

These dimensions are restrictive to the extent that one or more of them does the following: (1) Limit the frequency, variety or quality of interpersonal family relationships involving the child as a permanent integral member of a family. (2) limit the opportunities to engage in normal personal and family responsibilities such as cleaning cooking, managing money, caring for the yard, helping to repair things etc. (3) limit personal choices such as the type of food to eat, when to eat, temperature of the room, décor of his/her room, personal clothing , privacy etc. (4) limit the child's free choice of involvement in recreational activities, such as watching his/her choice of television programs, listening to his/her preferred music, reading books, outdoor games, bicycling etc.(5) limit the child's independence of movement within the settings rooms and buildings (locks or prohibitions) , on the property or in the community.(6) limit contacts with other environments eg shopping, church, outside schooling, homes of friends, relatives etc.(7) limit frequency, variety, quality of social relations outside the family with normal peers, adults or younger children. (8) identify the child as different (stigmatise) because neighbors or peers know that the child is in some form of special care. (1992 :55)

Many of the recorded arguments, however, have been partisan or ambivalent about the issue of secure care which contains many elements. Where it does exist there is much criticism about important aspects of the experience being missing (National Children's Bureau 1995), about the effect of mixing too many varieties of young people in a very contained environment (Bullock et al 1998), the oppressive violation of rights which in some cases is a gendered issue (Carrington 1993; O'Neill 2001) and disrupting development and violating identity (Little 1990). Heeding the views expressed by some of the participants in this study, a much more careful deliberation appears to be warranted. It is tempting to think that if there were enough of the right kind of alternatives no secure care would be necessary.

In Victoria the relatively long-standing application of diversionary and least intrusive/coercive principles has led to service developments with program documentation based on literature reviews referred to above. The product is embodied in the High Risk Infant and High Risk Adolescent Service Quality improvement initiatives to which has now been added a new Statewide Clinical Service "Take Two" which targets children and young people with emotional and behavioural disturbances which are the aftermath of severe abuse and neglect or childhood

trauma which leads to child protection service intervention. Its underpinning theoretical orientation is built on a multi-systemic clinical response to attachment problems and post-traumatic stress. The service form which emerges is detailed assessment and case formulation, intensive case management and brokerage funds to facilitate a wraparound response (Success Works 2001; Berry Street 2004; Frederico, Jackson and Black 2005).

A service response for people 16 years and over with multiple and complex needs also relies on detailed assessment, a panel deliberation process with brokerage funding capacity and an intensive case management service designed to operate for 12-15 months to engender ongoing alternative services from appropriate systems (DHS 2004).

#### Literature about Homelessness

This section of the literature review was completed in the closing stages of the study as a result of observations by participants that adolescent violence toward parents was an issue. This led me to refocus on questions around adolescent homelessness, initially on the question of violence. Observations from participants and some of my own experience has also drawn attention to young people being discharged or diverted to the SAAP system or as one participant put it, "case planned to homelessness". This in turn led me back to the body of work on street life and living rough (Hagan and McCarthy, 1998; Williams, 2004) and issues related to expulsion or running away from home and consequent homelessness. Participants had alerted me to two well-developed programs of family therapy operating in Victoria. One that was developed in practice by the Meridian family therapy team, Anglicare Victoria is called "Breaking the Cycle". Evaluation suggests positive change and significant client satisfaction with the group program (Paterson et al 2002). A booklet based on some women's experiences in this program is now being distributed quite widely to programs encountering the issue of adolescent violence toward parents. Similarly, a family therapy response has been developed by Berry Street Victoria in their MATTERS (mediation and family therapy service) program (Sheehan 1997). This was set up as a pilot program by the Federal Attorney-General's Department as part of the response to the Burdekin Report on youth homelessness (1989). Evaluation research points to positive results for many families in terms of physical assaults by the young person reducing, police or legal assistance no longer being required and the cessation of fear for parents and siblings of the person. The evaluation also drew attention to the complexity and co-occurring conditions found in these situations and the need for longer term support or return for reassurance when necessary (Sheehan, 1997: 87-90).

Pursuing this line of enquiry led to a major crime prevention report commissioned by the Attorney-General's Department and completed in 1999. The report is titled, Living Rough and it is about preventing crime and victimisation among homeless young people. It completed a substantial literature review and examined a number of programs. It developed a number of principles for best practice, some drawn from literature and some from the field. These have been summarised as an holistic approach, service flexibility, collaboration and partnerships, participation by young people in decision-making, sound management practices, commitment to social justice principles and culturally inclusive. I note with interest that the detail given to the principles derived from the field resonated remarkably with inputs from participants in this study and some of the good practice service case studies did also.

Contemplating the risks inherent in street life draws attention to the question of runaway youth or missing persons which appears to have had little academic consideration in Australia. It is subsumed in the broad area of youth homelessness and family conflict. A subset of the problem concerns young people who run away from out-of-home care or custodial centres. There is an Australian Institute of Criminology Trends and Issues paper on missing persons which gives some information about incidents, issues and impact on various parties (Henderson et al 2000). A substantial report on the temporary leave system in Victoria's custodial centres was triggered by a publicised absconding from leave (Falconer 2004 ). The issue of runaway and homeless youth was picked up in a study by Jack Rothman in the United States which reflects the tension between professionals that had developed about the management of status offenders following deinstitutionalisation and decarceration following the legislation of 1974 which outlawed their detention. The study points to the two sides in the debate but also provides some detail about the elements of care required for young people bearing emotional scars from the earlier relationships with adults (Rothman 1991: 108-109). The Dartington Social Research Unit facilitated and reported on a national seminar held in London in 1997 which drew together the issues concerning young runaways and noted some research then in progress concerning young people running away from care and accommodation. Two salient issues raised were that running away predicts further running away and that young people are often at serious risk when on the run (Mount 1997). The Social Exclusion Unit in the United Kingdom took up the issue of young runaways suggesting that it is a signal that something is seriously wrong, that it effects a substantial number of families and, for many, it carries considerable risk. They suggest there are some definitional difficulties as running a way means different things to different people.

A parent, for example, may say that the child has run away, while the child themselves may think that they were forced to leave. The police may see a child as a missing person, social services as a child at risk, a children's home as someone who is absent without permission, benefits staff as an estranged young person. To an outreach service, a runaway may be homeless, while a drop-in centre may not know that they have run away at all (Social Exclusion Unit 2002:1).

Substantial research has been undertaken in Victoria concerning youth homelessness by Chamberlain and McKenzie, the most recent of which is referred to in the findings chapters, who have traced the various pathways into homelessness including the youth pathway. Their work continues to draw attention to the significance of robust early intervention when separation first occurs from home (Chamberlain and McKenzie 2006). Two very recent studies into homelessness and youth homelessness make a substantial contribution to current understanding. The first draws attention to the spiral of increasing vulnerability associated with homelessness drawn from the experience of 5,000 homeless people in Melbourne. The data was collected from case records from Homeground Services and the Salvation Army Crisis Centres from January 2005 to June 2006. It points out the substantial prevalence of people with drug and mental health problems using services for the homeless but indicates that 66% of the people with drug problems and 53% of those with mental health problems developed those problems after they became homeless not before (Chamberlain et al 2007). The second study has great relevance to my research in that it examined the situation of 77 young men and 88 young women (mean age 17 years) who had been homeless for less than six months and 266 young men and 261 young

women (mean age 17.9 years) who had been homeless for more than six months. They were recruited from services across metropolitan Melbourne between December 2000 and August 2002. Four groups emerged from the sample, a street-based group (unstable homeless), a service-based group (stable homeless), a part-time family home group (unstable home) and, family home private rental group (stable home). Characteristics of each group were identified. Their particular needs and suggested responses from services were also put forward. The two most vulnerable groups were the street-based group and the part-time family home group.

The street-based group had cut family ties and had multiple moves over two years. They had a history with the Department of Human Services but had minimal involvement with services after becoming homeless. They were highly troubled and had many unresolved problems, they were young when they left home, almost half had attempted suicide, there were many with unresolved drug and alcohol and mental health problems. The things that made a difference were seen to be time and space away from an abusive family and a valued relationship with a partner. Their needs, identified in the project, were long-term supportive relationship with significant adults; being valued as individuals who can contribute; staged, long-term, flexible service responses; a responsive, dependable outreach service with 24-hour on-call capacity; assistance with drug/alcohol/mental health problems; and income support and housing stability (Mallett et al 2006:3).

The part time family home group had left highly stressed family environments and, although family relationships improved over time, they had not made a permanent return home but had retained place-based and personal connections. They were couch surfing (moving around friends and relatives) or renting and their vulnerability continues because of substance misuse, mental health and income problems. Among the group were more females than males, they had troubled family histories and some had been in foster care. Personal and parental mental illness and drug and alcohol were issues. They had retained a network of friends, family and school and moderate engagement with education and poorly paid insecure employment. They made use of support services but not accommodation services. The things which were seen to have made a difference were time and space, parental attempts at reconciliation, retaining connections with people and places, early accommodation in refuges and strong relationships with a key worker. They were seen to need longer-term case management and substantial support with mental health, school, employment and opportunities for family mediation/conferencing (Mallett et al., 2006: 4).

The service-based group and the family home/private rental group had achieved a degree of stability at follow-up. Both had benefited from time and space away from home and rapid access to accommodation and intensive support for the service-based group which often came from situations of cross-cultural intergenerational conflict and, ongoing personal relationships and emotional support from workers for the family home/private rental group who tended to have positive attitudes to self and the future (Mallett et al : 4-5).

This research also looked at the pathways into homelessness noting two types of reported reasons for leaving home. The first entailed problematic “running from” experiences the second related to “running to” reasons as a result of a desire for life change. Although family conflict was the most commonly reported reason for leaving home the breadth of this category



reduced its analytic value. More insight was obtained by looking at the four other most common reasons for leaving home given in the interviews. They were: family violence, personal or parental drug and alcohol abuse, personal anxiety and depression and the desire for adventure and independence.

For one third violence was the catalyst for leaving and for two thirds of these it had been long-term. Two thirds of those experiencing physical violence were young women and male relatives including stepfathers were most often named as perpetrators

Nearly a quarter experienced violence from mothers or stepmothers and step family violence was reported by nearly a quarter.

Drug and/or alcohol use was the main reason for leaving home given by one third of the sample. Four distinct pathways indicating interactions between drug/alcohol use, family conflict and homelessness were identified. They are: (1) young person's drug/alcohol use > family conflict > homelessness. (2) family conflict > young person's/alcohol use > homelessness. (3) family conflict > homelessness > young person's drug/alcohol use. (4) family member(s) drug/alcohol use > family conflict > homelessness.

Around one third left home from a desire for independence and to loosen parental control. For many of these it was an adventure and a chance to explore for some it was to escape stressful family environments with a reluctantly taken step.

Anxiety and depression were commonly cited but rarely nominated as sole reason's for leaving. Most connected their anxiety and depression to other factors contributing to their decision to leave. (Mallett et al., 2006:3)

In my view this research has great significance for practice and service development and its findings resonate with the views expressed by the participants in my study.

#### Government and Welfare Industry Reviews, Reports and Strategic Plans

Again, there is a vast amount of literature in the form of enquiries, standing and ad hoc committee reports and documents associated with planning processes. Many of these have been referred to in the ensuing chapters. I systematically examined the annual reports of the Department of Human Services and its antecedent welfare departments for the last 20 years. I also examined annual reports of the Youth Parole Board and the Child Death Inquiry Reports for the last ten years. As well, I examined the literature related to the two major reviews of legislation relating to child and youth welfare, the succession of reviews of child protection and ministerial statements concerning those matters and juvenile justice. There is the flow of material related to homelessness, including youth homelessness, which has boosted triennial renegotiation of the Commonwealth/State Supported Accommodation Assistance Agreements (SAAP). There is a substantial array of documented standards, manuals, procedural instructions and interdepartmental and interagency protocols. Troubled young people are a frequent theme and there have been many proposals and programs put forward and commenced to deal with the vulnerabilities and the threats they present. Some past policies have been called to account in reports on the stolen generation, the forgotten children in the care system and abuse in care across a variety of agencies. In 1993 Justice Fogarty in one of his reports on Victorian Protective Services said that "the most disconcerting change since his previous review has been the virtual abandonment of adolescents by the protection service" (Fogarty, 1993: 33). He was referring to

runaways and chronically homeless young people on the streets after deinstitutionalization. In his view, the promise of community sector alternatives managing the situation had been a failure. In 1996 the Auditor-General also reported concerns about the capacity of police and the Department of Human Services to successfully respond to the same issues in spite of the establishment of a street work unit. Both Departmental Heads responded that the other party had the necessary power to respond (Victorian Auditor-General's Office 1996: 178-181). Protocols in 1998 delineated roles. Raman (2003), in a report about duty of care toward both staff and young people in the care system, pointed to a number of issues which staff surveyed by the community sector peak body said triggered the violence that was leading to high levels of Work Care claims. They were substance misuse affecting behaviour, distress following access visits and phone calls, lack of boundaries, the failure of the system to place realistic and achievable expectations on young people in residential units and, lack of appropriate options in the care system to deal with aggression and violence. Unintended consequences were placement breakdowns and constant movement of young people with serious behavioural concerns between units increasing instability and the potential for further aggression (Raman, 2003: 10). The study identified some progress with these issues but a disturbing litany of continuing problems and concerns.

#### Conclusions Drawn From The Literature Review

The literature suggests that responding to complex needs, high risk and challenging behaviour among youth facing homelessness requires well-trained and well-supported practitioners. These practitioners should possess or have access to therapeutic strategies and the means and ability to take affirmative action. Principles to underpin practice and systems have been developed. Substantial challenge is inherent in the work. The departure point for my study was the research conducted by the late Robin Clark in the mid- to late-nineties. In Victoria it was the combination of her search for exceptional practice in which seven practitioners were interviewed (Clark 2000) and the commissioned report in which she participated with Jane Morton and John Pead "When care is not enough" (Morton et al 1999). In the latter they analysed the cases of 10 young people on the Victorian high risk register with substantial histories of abuse and neglect. That report had a substantial impact on the service systems. Among the changes which followed was the introduction of the Take Two Program. Quite a few initiatives are visible in the regions of the Department of Human Services many with diversion from child protection investigation, out of home placement or non-juvenile justice penetration as an aim. There remains, however, a sense of shortfall, a lack of viable residential care, increasing demand on home-based care with a decreasing supply of carers. A substantial shift has occurred toward kinship care with some questions remaining about appropriate levels of support, variations in family capacity and some unknown consequences.

These problems are evident in other jurisdictions also and a useful exploration of the related issues has been prepared by Sultmann and Testro (2001).

Clark's work also suggested the need for a variety of service forms and a capacity for intensive, multi-system work of varying duration. But there have been other influences at work also which would suggest that both the service system and the practice possibilities have changed. In my experience access to some service forms is difficult, some service forms are non-existent, in doubt or in contest. The climate appears to be more risk averse than it was in the

mid nineties although more diversionary programs are being encouraged. Although methodologically similar, I felt it was time for a new set of practitioner perspectives to help to identify ways of taking the work forward. There was also a different vantage point with the researcher's location at the interface of the supported accommodation and assistance program and the child protection system. Clark's work largely arose out of commissions from statutory systems for child protection. There was, therefore, a bias in the direction of attention toward an abuse and neglect aetiology and highly-targeted statutory system responses. The statutory system is now both diverting and discharging challenging youth into the SAAP system. The SAAP system is also having to rise to the challenge of these and other more complex needs with stronger attention to family work, outreach, cross-sectoral and multi-systemic responses. Clark gathered a small group of practitioners from different program areas using focused interviews, while Meade targeted case managers using a focus group. My study obtained input from experienced practitioners some of whom had become supervisors and managers. Their combined experience as shown in chapter 3 touched on most if not all the issues raised in this literature review.

## **CHAPTER 3 METHODOLOGY**

This chapter provides details of the methodology employed in the conduct of this research. It begins with a restatement of the research questions and the working hypotheses which comprised the starting point for the research. This is followed by a description and justification for the method adopted. It then goes on to describe the process of implementation, step by step. In keeping with the chosen method, data analysis was undertaken as data were being collected.

### The Research Questions and the Working Hypotheses

The study explored the following research questions in a search for understandings which can be applied to practice and system improvement. For adolescent clients facing homelessness and who present with complex care needs connected with high risk or challenging behaviours in a Victorian service system context:

Question 1. How do experienced practitioners “construct” good practice?

Question 2. What factors facilitate good practice ?

Question 3. What factors impede good practice?

Question 4. What do experienced practitioners believe an optimally effective service system would look like?

For each of these research questions working hypotheses were developed from the literature review and my own practice encounters in seeking to respond to the needs of these young people. These working hypotheses provided a starting point for specific issues explored in the interviews. The sets of working hypotheses related to each of these questions are detailed below

#### Hypotheses Related to Question 1

Good practice conforms to justifiable standards of legality, ethical activity and effectiveness; good practice is resilience-led, goal directed, solution focused and approached with optimism; solutions pursued in good practice respect the needs and rights of both the young person and others affected or likely to be affected by the young person’s behaviour; good practice involves a distillation of factors likely to be contributing to specified (problems) or behavioural concerns and states of opportunity for growth and development, that is, risk and protective factors present or absent in the person, family, peer group, school and community; good practice seeks longer term outcomes likely to be evaluated in the future, by the young person, as life enhancing and for the most part reflecting the accumulation of short term gains in mutually identified significant areas of activity; good practice attends to the need for the young person to have at least one, and preferably more, sustained, supportive and valued relationships with a caring adult and positive peers; good practice attends to establishing limits for anti-social and self destructive behaviour including limits mandated by courts or other legitimate authorities.

#### Hypotheses Related to Question 2

What is possible is greatly affected by the attitudes, beliefs and values of the host community at local, regional, state and federal levels of government and politics; public, private and “not for profit” sector resource levels; and surrounding organisational and community structures and cultures. These translate, in turn, into the will and skill and the time and equipment

needed to undertake good practice. At the local level, resource levels (including caseloads), leadership and supervision, ongoing professional education and skill development (including case by case specific training and access to consultation), good working relationships between services needed to contribute components of the intervention are fundamentally important. As well, a dynamic but sound theoretical basis for the particular service form should include ongoing attention to “what works” understanding and evaluation. Positive motivation, understanding of specific features and optimistic views about work with adolescents also make a difference.

#### Hypotheses Related to Question 3

Impediments to good practice and effective outcomes include workload and throughput pressure driven by insufficient resources and misunderstandings about the resources, skills and time required to achieve change; insufficient access to the range of service forms needed to generate and sustain appropriate case-by-case and sub-group responses; insufficient understanding of the specifics of adolescent development and needs; pessimistic viewpoints, low motivation, burnout, unsuitable recruitment and subordination of client needs to other interests; inappropriate mixing of young people and insufficient peer group monitoring and management; conflict between carers and insufficient clarity of expectations between members of an intervention team and between members of the team and the young person.

#### Hypotheses Related to Question 4

An effective service system provides developmentally appropriate primary, secondary and tertiary services of sufficient quantity and quality to respond to demand in a timely way. It addresses needs arising in the context of the young person’s selfhood (physical and psychological wellbeing), family and social network, school/vocation, peer group, recreational opportunities and citizenship in the wider community. It will have a set of guiding principles, ability to assess thoroughly, a variety of service options and a sustained capacity to respond until individual coping capacity and natural support networks take over.

To address the four research questions I chose a qualitative research approach guided by an amalgam of (1) the grounded theory tradition espoused by Glaser and Strauss (1967), Glaser (1978; 1992; 1993; 1994;1998; 2001; 2002), Strauss and Corbin (1998), (2) the approaches to qualitative data collection by in depth interview expounded by Minichiello et al (1995) and (3) the approach to data analysis in qualitative social work research outlined by Coleman and Unrau (2005) with assistance from the computer-based techniques afforded by NVivo4 and later NVivo7. The starting point of data collection was informed by the working hypotheses. The reasons for this choice and the way it was implemented follow.

#### The Research Paradigm

I do not intend to debate in detail the relative merits of qualitative research against quantitative research or positivist (or post-positivist) research. Each has a powerful place in contemporary society and both can impact on practice. Based on an array of research texts, qualitative research has been accorded a position of value in its own right, beyond the traditional merit of helping to refine questions for later testing using positivist methodologies, although that in itself would be a good enough reason for doing this research. The world of practice with youth at risk contains many dilemmas, contests of viewpoint and uncertainties. Positivist methodologies are limited in terms of the amount of complexity they can encompass and are dependent on

finding relatively refined questions to address. At a general level, qualitative research can be understood as systematic inquiry which gathers data in the form of words and ideas expressed as narrative as opposed to numerical measurement and statistical analysis. When it comes to changing practice, however, success is more likely when both are employed. As the primary purpose of this research was to inform practice improvement, attention was given to two sources with which I had become acquainted and which have examined both the processes for using research to inform practice development and the part qualitative research can play in it. The first source is the Australian National Health and Medical Research Council (NHMRC) which is the major reference point for social research standards in Australia. The second is the Dartington Social Research Unit (DSRU) based in Devon in the UK, which I have been acquainted with for some years and visited during a period of leave for study purposes. This unit has been involved in carrying out an array of research concerning child, youth and family welfare. It has also specifically examined the issue of research dissemination and the utilization of research in developing practice.

The following section describes the approach taken in this study and how it fits into the broader scheme of evidence-based practice. In doing so it, first looks at its consistency with the Australian NHMRC views of the nature and role of qualitative research, then the way DSRU see research adding to the evidence base of practice and policy and then it examines the way in which particular traditions and exponents of qualitative research led to the specific approach adopted in this study.

#### NHMRC Views On Research for Practice Improvement

Both fashion and commonsense today give emphasis to evidence-based practice. There appears to be little departure from the high status accorded the randomised controlled experimental design as providing the best evidence of effectiveness. The "What Works" literature in various fields accords status to studies which demonstrate methodological rigour according to positivist experimental design methodology. There is, however, a general consensus that this kind of "purity" is difficult to achieve, especially in social science fields, and that decisions will often rest on evidence of differing strength. NHMRC guidelines for the development, implementation and evaluation of clinical practice adopt evidence ratings based on some of those developed by the US Preventive Services Taskforce (NHMRC 1999). The levels are:

1. Evidence obtained from a systematic review of all relevant randomized controlled trials.
2. Evidence obtained from a least one properly designed randomised controlled trial.
- 3.1 Evidence obtained from well-designed pseudo -- randomised controlled trials (alternate allocation or some other method).
- 3.2 Evidence obtained from comparative studies with concurrent controls and allocation not randomised (cohort studies), case -- control studies, or interrupted time series with a control group.
- 3.3 Evidence obtained from comparative studies with historical control, two or more single -- arm studies, or interrupted time series without a parallel control group.
4. Evidence obtained from case studies, by either posttest or pretest and posttest. (1999: 56).

#### NHMRC Viewpoint on Qualitative Research.

More recent advice from the NHMRC (NHMRC 2005) is as follows:

Qualitative methods are used in many different disciplines. While there is a clear distinction between qualitative and quantitative approaches, many research protocols

combine features of both and it is important to recognise that the two approaches share much in common. However, while quantitative approaches are best suited to answering certain kinds of questions, qualitative approaches are best suited to answering others. Qualitative methods are especially appropriate for investigations in the following areas.

- the influence of economic, political, social and cultural processes on health, illness and disease;
- understanding the experiences of individuals and communities in relation to health, illness and disease;
- understanding interactions between individuals, and within social settings, in relation to health care and health care decision making;
- eliciting contextual data in explaining the results of quantitative studies;
- eliciting contextual data in order to improve the methodological validity of survey instruments; and
- elaborating on causal hypotheses emerging from clinical and epidemiological studies.

Types of methodological approaches, and specific methods, include: in-depth, open-ended interviews with groups or individuals, where participants are encouraged to tell their own stories; direct observation of behaviours and interactions; written and documentary information; and participatory methods, including photo novellas, diaries, art and drawing, and other creative ways of relating experience and knowledge.

- Qualitative approaches are designed to best reflect an individual's experiences in the context of their everyday life. Therefore, most qualitative research is much less formally structured than quantitative approaches, though no less rigorous. What is important to note is that qualitative approaches have a different logic to quantitative approaches to research.
- Qualitative designs do not always begin with specific, testable hypotheses precisely because these methods are particularly suited to exploring health issues at the initial stages where problems are not well understood.
- All qualitative designs should have an initial set of research questions that can be better defined as the research progresses.
- Sampling procedures are designed to yield a rich set of data on smaller samples than in most quantitative studies. The logic of qualitative sampling rests not so much on generalisability, nor on representativeness, but on notions of 'saturation', that is, the point at which no new insights are likely to be obtained. Therefore, sample size is not so much a criterion for judging the rigor of a sampling strategy, but, rather, for judging the extent to which issues of saturation have been explicitly thought through.
- There are many different approaches to the analysis of qualitative data and these are often based on different epistemological (theory of knowledge) assumptions. A research proposal should be judged on the extent to which the techniques of analysis have been made explicit and the extent to which the data might be exposed to different, or alternative, interpretations. (NHMRC 2005 [www7.health.gov.au/nhmrc/publications/hrecbook/02\\_ethics/34.htm](http://www7.health.gov.au/nhmrc/publications/hrecbook/02_ethics/34.htm) accessed 23/04/06).

This study involved the following elements listed in the above statement. It drew attention to the influence of economic, political, social and cultural processes on viewpoints about challenging youth and the services required to address their needs and to deal with their impact on others. It was based on achieving an understanding of interactions between individuals, and within the social settings in which the target group of young people are found with frequent reference to decision making. It also added substance to a contextual understanding which assists to explain the results of some quantitative studies.

## The Dartington View: Research Linking Policy and Practice

At a conference in 2004 Roger Bullock of the Dartington Social Research Unit gave a keynote presentation around the theme of linking research to policy and practice. He suggested that practitioners link general findings from research to particular cases while researchers generalise from individual situations. He saw research as:

... having a function to explain but to do this it might be necessary to describe, chart patterns, clarify concepts, write a natural history etc. He further suggested that evidence based practice is the practice of a range of professionals grounded in a sound knowledge about the needs of children and families and informed by the best evidence on what is effective. In the current context, research is important to promote effective practice which produces optimal outcomes for children and families. (Bullock 2004)

In his experience, however, research was “increasingly being used to inform discussions about costs and litigation” (Bullock 2004).

In relation to the contribution of research to policy and practice he suggested that research findings stand as one factor alongside socio-legal concerns, pragmatic considerations, and users views. Three types of research were seen as significant contributors. The first is research relating to theory which fashions concepts and perspectives (type 1). The second involves large-scale empirical studies which test hypotheses, identify factors etc (type 2). Thirdly there are evaluations of particular situations (type 3). In his view, however, all three are important and interconnected: type 2 needs to be informed by type 1, type 1 needs to be tested by type 2, type 3 is validated in the context of knowledge provided by type 2 (Bullock 2004).

This study belongs to the first of these categories by seeking to provide new conceptual insights and break through some of the contemporary dilemmas which beset practice in this field and service development and delivery.

### Other Views of Qualitative Research Informing This Study

Alongside these contemporary views of the NHMRC and Bullock stands the history of the qualitative research paradigm. It contains a wide range of viewpoints from many contributors ranging from the promotion of qualitative research as a complementary inquiry alongside other methods, to a partisan viewpoint which promotes qualitative research as a paramount form of knowledge-building and, in some instances, the antithesis of the positivist paradigm. This research does not seek to enter that debate but acknowledges the value of a naturalistic paradigm which seeks to enter the world of practice and explore it through the eyes of practitioners. It acknowledges, in concert with those seeking to elevate the status of qualitative research, the need to be rigorous in representing the views of respondents and analysing the data gathered.

Coleman and Unrau (2005) point to a number of assumptions which underlie the qualitative research approach.

The goal of your research study (and thus of the analysis) is to understand the personal realities of research participants in depth, including aspects of their experience that may be unique to them. You should strive to understand human experience in as much complexity is possible. This means aiming for a deep understanding of the experience and the meanings attached to it, but also of the context within which the experience is reported. The context includes the research study itself -- for example, your relationship with the research participants is part of what needs to be understood when your findings



are analysed. Given the complexity of social behaviour, there are many topics in social work that are difficult to measure in the way you would in a quantitative study (Coleman and Unrau, 2005: 405).

The intention in this study was to capture the practice wisdom of a group of people who have worked for substantial periods of time in programs designed to contain the behaviour and meet the needs and challenges of young people as they have been described in this study.

There is a value stance implicit in this study which appears to be in harmony with the views expressed by Denzin and Lincoln (2000) as they try to describe the present “moment” (the future) for qualitative research.

In the seventh moment, the means (methods) of social science are developed, refined, and cherished for their contributions to communities characterised by respectful and loving difference, social justice and equal access to material, social, educational, and cultural capital (the ends of ethnography). Methods vie among themselves not for experimental robustness, but for vitality and vigour in illuminating the ways to achieve profound understanding of how we can create human flourishing. (2000:1062)

In this same volume, Denzin and Lincoln and the other contributors trace a rich history of qualitative research and its many different forms. They use the term “moments” to describe stages separated by periods of challenge and often the rupture of established views. They paint a picture, however, of a vast array of elements, a variety of orthodoxies and a huge range of forms for the collection, analysis and presentation of data. Some of the more orderly views, it seems, belong to an earlier era than the present post-experimental one. Central still, however, is the engagement of the researcher with the researched in seeking to elucidate and illuminate the lived experience of a selected participant.

Another promoter of the status of qualitative research is Riessman (1994). She sets out on a mission to redress what she saw as an imbalance in the teaching of research to social workers.

This book is situated in the politics of knowledge. I have an explicit purpose: to reduce the monopoly of numeric methods on the production of ideas in social work, to expand the rules of knowledge development, and to correct the present imbalance in research education. Because qualitative approaches offer the potential for representing human agency -- initiative, language, emotion -- they provide support for the liberatory project of social work (Riessman' 1994:xv).

These authors propound a view that qualitative research offers a means to illuminate and challenge aspects of the human condition and social organization which permit and perpetuate decision-making based on ignorance or fear and outcomes based on apathy, inequity and oppression. In that respect the chosen method informed by a theory-generating approach inclusive of the grounded theory tradition, within the qualitative paradigm, appears to be consonant with the aim of this study. i.e., to better inform practice in a complex and difficult area of work and to also better inform those responsible for system development. The following describes my understanding of such an approach and the way I utilised it in this study.

#### The Grounded Theory-Informed Theory Generating Approach

As further major contributors to the development and adoption of qualitative research, Corbin and Strauss (1998: 10 - 12) provide a definition of qualitative research. For them qualitative research means any type of research that produces findings not arrived at by statistical procedure or other means of quantification. Their interest, however, is in a grounded theory

approach identified by its theory building intent, i.e., theory induced from data obtained from participants and subjected to a specified form of coding and analysis originally explicated by Glaser and Strauss (1967).

Creswell (1998) is one writer who has attempted to impose some order on the array of approaches to qualitative research. He suggests that importance should be accorded to methodological traditions of inquiry which vary, to some extent, in purpose and form and the disciplines with which they are associated. His definition of qualitative research is,

an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyses words, reports detailed views of informants, and conducts the study in a natural setting. (Creswell 1998: 58)

His five chosen qualitative traditions are biography; phenomenological study; grounded theory study; ethnography and the case study. His comparative method provides a useful summary of the approach adopted in each tradition to planning, conducting and disseminating the research. One merit in his distinction is the position of each in relation to the use of theory. For grounded theory it is intended that the theory emerge from the data so it is expected that the investigator “sets aside as much as possible, theoretical ideas or notions so that the analytic, substantive theory can emerge”. (Creswell 1998: 58). This presents something of a burden for me as the long gestation period for this study resulted in a set of working hypotheses and my long association with the field inevitably consolidated some pre-formed views. My response was to endeavour to hold those views aside in the course of interviewing while trying to make them explicit in the analysis and, therefore, open to challenge.

This idea of enabling theory to emerge from the data was, of course, the original “discovery” of Glaser and Strauss in 1967 leading to the ongoing elaboration of the grounded theory approach to research. There is, however, now some divergence between these two originators as to the form the inquiry takes. Strauss and Corbin have gone on to develop a more structured form of inquiry and analysis. They refer to theory as a plausible relationship among concepts and sets of concepts. “This theory, developed by the researcher, is articulated toward the end of the study and can issue in the form of a narrative statement”, to which Creswell has added, drawing on other sources, “a visual picture or a series of hypotheses or propositions” (Creswell 1998: 56).

Barney Glaser continues to promote an approach to grounded theory which takes its conceptualization in a slightly different direction in a somewhat fluid way. He argues for a minimum of preconceptions as the researcher sets about the data collection process and an approach which sees “all as data” (Glaser 2002). The field is actively engaged and opportunities are taken to harvest concepts which are subjected to the constant comparative method of analysis. Continual examination for similarity and differences between meaning units enables the emergence of categories. Ongoing comparison of categories and a concomitant search for any evidence of patterns in the data enables the researcher to move beyond description to levels of abstraction needed to articulate theory. Glaser makes much of the way the constant comparative method coupled with theoretical sensitivity (and theoretical sampling) permits the eventual identification of categories which are core categories and central to the theory building goal. Thus,

analysis is directed to the identification of a core category (or core categories) as determined by the following characteristics:

1. It must be central to, that is, it must be related to, as many other categories and their properties as possible and more than other candidates for the core category.
2. It must reoccur frequently in the data. By its frequent reoccurrence it comes to be seen as a stable pattern and becomes more and more related to other variables. If it does not reoccur a lot, it does not mean the category is uninteresting. It may be quite interesting in its own right, but it just means it is not core.
3. By being related to many other categories and reoccurring frequently, it takes more time to saturate than the other categories
4. It relates meaningfully and easily with other categories. These connections need not be forced rather, their realisation comes quickly and richly.
5. A core category in a substantive study has clear and “grabbing” implications for formal theory. In Anglin’s (2002: 63) words, “Glaser uses the term ‘grab’ or ‘grabbing’ to refer to the fact that a notion captures one’s thinking or imagination beyond its immediate use or meaning”.
6. It has “carry through”, i.e., by its relevance and explanatory power, it moves the analyst through the data rather than leading to a dead end. It gets the researcher through the analysis of the processes he is working on. He carries through his analysis based on the use of the core category.
7. It is highly variable in degree, dimension and type due to its dependence on related categories. Conditions vary it easily and it is readily modifiable through these dependent variations.
8. While accounting for variation in the problematic behaviour, the core category is also a dimension of the problem. Thus, in part, it explains itself and its own variation.
9. A core category should prevent ungrounded sources from dominating the analysis
10. Because of its grab and explanatory power, it can tempt the researcher to see its presence in all relations, whether grounded or not.
11. The core category may be any kind of theoretical code (i.e. concept) (Glaser 1978: 95-96; Anglin 2002:62-63)

Some core categories take the form of basic social processes. As Glaser describes them they are core categories which process out. They have two or more clear emergence stages. These stages should differentiate and account for variations in the problematic pattern of behaviour. According to Glaser, a process is something which occurs over time, and involves change over time, and this change occurs in the form of stages. In addition to stages, basic social processes have other defining properties which he describes as pervasive, full variability, change over time and may either be basic social psychological processes or basic social structural processes (Glaser 1978: 100 - 102).

The recent work of James P (Jim) Anglin, represents a quite exciting application of Glaser’s approach to grounded theory. Anglin’s (2002) work on residential care is germane also to this study in terms of its subject matter. From interview and observational data collected from a number of residential units in Canada, Anglin discovered the core category “congruence in the service of the children’s best interests” and, in place of basic social psychological processes or basic social structural processes he adopted the term basic psychosocial processes which he applied to his identification of three related categories (1) “creating an extrafamilial living environment”; (2) “responding to pain and pain based behaviour” and (3) “developing a sense of normality” (Anglin 2002 :52-56). His use of psychosocial rather than Glaser’s psychological or structural variants of basic social processes resonates with a social work viewpoint.

Anglin provides an outstanding example of the power of the grounded theory method to revamp understanding of challenging problems in a complex area of practice. His core categories

eloquently guide potential practice and system change. It is a bonus that his study is situated in a field of practice akin to mine.

Simply applying a grounded theory approach runs into the difficulty of disputed process and conflicting assumptions proposed by three sets of adherents, Corbin and Strauss (1998), Glaser (2002) and Charmaz (2000). It is beyond dispute that in-depth interviews with thick description generate large quantities of data for analysis. Pursuing the process recommended by Corbin and Strauss presents a major challenge in the face of limited time and resources. On the other hand, Glaser demands rigour while suggesting, what appears to be a more cavalier approach, to the gathering and processing of data. This presents a challenge to the intelligence and skill of the researcher around choosing or discarding categories to pursue, and expectations to record thought patterns as “memos” for purposes of definition and trustworthiness. He argues against recording, transcribing and correcting interview data as it consumes time on tasks not central to the pursuit of theoretical sensitivity. He argues against the Charmaz approach which pursues a distinction between objectivist and constructivist grounded theory as she attempts to explain how grounded theory works. These somewhat partisan viewpoints lead quite often to a desire to abandon grounded theory constructs in favour of simpler forms of qualitative data analysis.

Some relief is afforded by the approach put forward by Coleman and Unrau (2005) who present an approach to qualitative data analysis which also emphasises extraction of meaning from data with a theory building aim. They legitimise a variety of ways of going about the research process and present a picture which appears to contain the common elements of the above approaches to grounded theory. They say,

There are several ways to approach the task of analysing interview data. One way to analyse interview data is to look for the major themes and patterns in the data, and then to break these down into sub-themes and categories as such distinctions become important. In essence, you start out with a broad look at the data and then break them into smaller issues.

This chapter, in contrast, suggests that you start the analysis by looking at the smaller units. Later you will identify similarities and differences between these to formulate how they fit together as themes and patterns. With this approach, then, you begin with the smaller issues but ultimately identify the broad themes.

Both forms of analysis are appropriate, and the two can converge to yield a similar interpretation of the data. We decided to present a systematic analysis of small units in this chapter for one reason only: we believe that this approach is more likely to allow the results to emerge from the data. The process of systematically comparing and contrasting the small segments of interviews will keep you thinking about what each individual is saying. There is a greater risk when you start with the broad perspective that once having identified important themes, you will apply these to segments with less attention to what is actually being said.

Nevertheless, you have the capacity to consider both broad themes and small meaning units almost simultaneously. The main point is, experiment for the best method for you, and do not be disconcerted by the existence of different approaches. (Coleman and Unrau 2005:404)

I embarked on this study convinced of the utility of grounded theory to provide a framework and process for exploring the perspectives of practitioners attempting to address a challenging task. It appeared to have the potential to identify at least some of the difficulties, dilemmas, successes and hopeful signs which workers encounter in practice. The approach

adopted, however, is that of Glaser rather than the detailed processes laid out by Corbin and Strauss.

Another dilemma for me which persisted throughout the study was the problem of incorporating my own practice experience, particularly that of the last three years, which has frequently confronted me with many of the issues which are central to the research. I am drawn to the possibilities to be found in action research and was also impressed by Grinnell's (1988:14-16) promotion of the idea of a practitioner researcher. This involves approaching everyday practice in ways which result in data output relevant for evaluation and relevant for professional knowledge-building. Such, however, are the strictures imposed by the expansion and interpretation of privacy laws concerning case recording, and the similar expansion of the involvement of ethics decision-making processes in research management that it seems barely possible to acknowledge the impact of that involvement on my thinking. I have chosen to incorporate such material in a way which does not breach privacy or ethical concerns. This does, however, limit much of the richness of these data, which are embedded in my experience and confidential case and agency records, from being conveyed in the study.

It also seemed pertinent to follow the process proposed in the literature for naturalistic enquiry (Lincoln and Guba 1985; Erlandson et al 1993; Creswell 1998: 57), and the following broad steps were utilised in implementing the study. The first determination was the identification of the context and site for the study, secondly, the data collection process, thirdly, the approach to data analysis which enables the identification of categories and leads, finally, through discussion to conclusions.

For data analysis, Coleman and Unrau (2005) propose six steps embedded in a process which works through the establishment of an initial framework, two levels of coding (first level and second level) activity and the search for meaning and relationships in the data. Step one involves preparing the data in transcript form. Step two involves establishing a plan for data analysis. Step three involves first level coding i.e. coding which is "predominantly concrete, and involves identifying properties of data that are clearly evident in the text. Such content is found without combing the data for underlying meaning" (2005: 410). Step four follows with a second level of coding. This coding "is more abstract and involves interpreting the meaning underlying the more obvious ideas portrayed in the data" (2005: 410). Step five involves interpreting the data and theory building. Step six involves assessing the trustworthiness of the results.

They point out that the central purpose of analysis in qualitative studies is to sift, sort, and organise the masses of data acquired during data collection in such a way that the themes and interpretations that emerge from the process address the original research problems (Coleman and Unrau 2005: 404). The strength of the conclusions depends in large measure on the planning and execution of data analysis. As indicated above, some use was made of NVivo computer software to assist the coding and analysis process.

Some aspects of the context and site for the study pertaining to the recruitment of participants are touched on below while a more detailed description of the context is contained in Chapter 4. The following describes the specifics of the approach taken in this study to the recruitment of participants, data collection and data analysis.

### Recruiting the Participants

The following section examines the sampling strategy adopted which includes the sampling criteria, consulting for participants, purposively achieving a spread of regions, programs and agency and service types and the inclusion of theoretical sampling beyond the first wave of data collection.

#### Sampling Strategy

The issue of sampling in general is a relatively complex subject. It is bound up with minimising bias and distortion in the results of research. A qualitative study in the grounded theory tradition faces the task of dealing with a large quantity of narrative data drawn from a relatively small number of research participants. Probability approaches to sampling are mainly connected to statistical analysis with larger numbers which would not be feasible in a study of this nature. Among the non-probability sampling options available, I concur with Creswell (1998) that the starting point for a study which intends to generate grounded theory must be a purposive sampling strategy. This resulted in an effort to identify likely program sources to be included and a deliberate attempt to enlist participants likely to provide rich data. The field is a complex one and not easy to comprehend in its entirety or to access simply. In Chapter 4 the context is discussed in terms of the political base, the service system silos which have evolved over time, the roles played by government and non government services and the array of contemporary service approaches.

Overall the participation sought was from practitioners whose careers with challenging young people with complex needs have substantial longevity, breadth and/or depth. For the purpose of this study, longevity was defined as 5 years or more of service in programs directly associated with high risk or challenging behaviour including substantial face to face contact with such young people. Breadth was defined as continued association with youth issues including high risk or challenging young people, in more than one agency, region, service system, service form or role. Depth was defined as sustained involvement with challenging youth issues building experience in the direction of expert practice. Expert practice was seen as conforming to the constructs developed by Fook, Ryan and Hawkins (2000) as described in the literature review.

#### Consulting For Subjects

After receipt of ethics approval, officers of the Department of Human Services and the peak body for Community Service Organisations (Centre for Excellence in Child and Family Welfare) responsible for these program areas were consulted concerning contemporary directions for services dealing with high risk young people and possible participants with the qualities being sought in the sampling process. The researcher had also compiled a list of likely candidates seen to meet the study criteria based on his experience as a former manager, practitioner and journal editor. This departure point for this study was guided by the contemporary program structures, the sampling criteria and the working hypotheses. In addition, the process of obtaining approval from the Department of Human Services to conduct the study resulted in me joining a working group established to look at the role of residential care in Victoria. The working group consisted of senior placement and support managers of agencies providing residential care, officials from the Department of Human Services, the community sector peak body the Centre of Excellence for

Child and Family Welfare and representatives from the Take Two program. Members of this group provided access to some participants for my study and affirmed the significance of others. Purposively Achieving a Spread of Regions, Programs, Agency Type and Service Forms.

As indicated in the chapter on context, Victoria is divided into regions for program administration and funding purposes. The Department of Human Services now has eight regions, three metropolitan (North and West Region, Eastern Region and Southern Region) and five rural regions (Barwon Southwest, Grampians, Loddon-Mallee, Hume, Gippsland). The Department provides much of the funding used by community service organisations to respond to the needs of this target group. Certain services are contracted out to particular agencies. Some services are delivered directly by Department of Human Services personnel (statutory child protection, secure welfare and some juvenile justice services). Overall program and funding arrangements are quite complex and many services are supported by a mix of Commonwealth funding, State funding, agency fund-raising including partnerships with business, philanthropic trusts and other organizations.

Thus the service system has statutory or departmental components and components delivered by non-government organisations now usually referred to in Victoria as Community Service Organisations. Attention was given to ensuring that both metropolitan and non-metropolitan regions were included and participants from both government and community sectors. An effort was made to ensure a mix of gender among the participants. Of 14 participants 9 were women and 5 were men.

The participants sought were from program areas which had characteristics likely to be associated with more challenging young people.

Firstly, there are programs that incorporate family work often with an assertive outreach component, these include the Reconnect Program, the Innovations Program, and the Finding Solutions program, all of which operate on a regional basis through community service organisations.

Secondly, there are programs which have intensive case management as their brief or as a component of their brief. Each region has an Intensive Case Management Service (ICMS) which, in all but one region, is operated by community service organisations. In some cases larger agencies deliver the service in a number of regions although they are locally managed. Berry Street Victoria provides these services in the northern part of the North and West region, Southern region, Hume region and Gippsland. The Salvation Army has Eastcare in the Eastern region and Westcare in the western part of the North and West region. In other regions or sub-regions either departmental workers or contracted workers from community service organisations provide this function in particular cases.

Thirdly, there are some programs providing high levels of supervision and/or support. The high risk adolescent service quality improvement initiative allows for service agreements with greater levels of funding for particular cases. In some instances this is delivered in conjunction with home-based care (adolescent community placements) or residential care. These may involve a therapeutic component or focus.

Fourthly, there are programs involving high levels of (mandated) supervision, supported accommodation or custodial care for an involuntary population subject to court orders. These

include some one-to-one care, some residential units, secure welfare, juvenile justice intensive supervision (e.g. Youth Attendance Order) and the custodial centres. These may also contain a therapeutic element.

Three programs which clearly include high risk adolescents as clients are the HRASQII, the Take Two Intensive Therapeutic Program and the Multiple and complex needs initiative (MACNI). They were purposively included. My vantage point of interest meant purposively including SAAP, Child Protection adolescent teams and placement and support and juvenile justice. I had also anticipated a need to include some mental health and substance abuse services. As it turned out these areas were all included in the experience of the selected participants.

It is apparent that the problem involves a relatively small number of young people spread through a very complex service system. It was also decided to proceed in waves of data collection and analysis to permit a better directed exploration of the questions. As it turned out, the first wave captured substantial variety in the programs represented over time and generated a substantial array of categories in response to each of the broad research questions and two other sets of data warranting further consideration. An inclusive approach was taken to these data as it was felt that a spread of categories had been generated which might act as a platform for more focused further examination in subsequent waves. To some degree there was also a snowball effect in the data collection process as participants provided strong grounds for the inclusion of others. The envisaged complexity indicated from the beginning the likelihood of the need for three waves of data collection and analysis and the experience bore this out. Although an effort was made to contain each wave, the experience suggested a need to include more rather than less. Very definite time and resource constraints provided a countervailing pressure. Ultimately it was concluded that three waves were sufficient to advance a response of some value to the problem, at the same time identifying some fruitful avenues for ongoing research.

In the first wave I achieved good coverage of intensive case management and services providing high levels of supervision and support. There is a new recognition of the necessity for therapeutic intervention as indicated in the literature review. The Take Two program and some developments in juvenile justice, mental health and the alcohol and drug fields draw attention to this. There was some inclusion of the other service forms in the past histories of participants but more deliberate inclusion of family work, therapeutic work and practitioners currently dealing with involuntary clients occurred in the second wave.

In the second wave, therefore, the net was deliberately extended to include direct statutory child protection involvement with adolescents at risk, juvenile justice practitioners, some focused family work, therapeutic approaches to responding to adolescent violence toward parents and carers. The opportunity was also provided to contrast institutional experience with residential care, foster care and a community-based counselling program. In the second wave also, data capture extended into three additional regions.

The third wave added another non metropolitan region, two outreach related perspectives, including one associated with the Reconnect program and another which had a local government base. Accommodation services were represented with a focus on protective service residential care and SAAP supported accommodation and an association with the recently



established integrated community-based intake system. It was also possible to include a perspective informed by experience as a former client (institutional and residential hostel care over twenty years ago) and now as a worker in the system. Another inclusion was a senior management perspective in the community service sector (backed by substantial on the floor experience) covering a wide array of service forms and strong policy involvement.

#### Theoretical Sampling

In accord with the adopted approach, participants interviewed after the first wave were chosen via further purposive sampling and theoretical sampling (Creswell 1998: 57). Strauss and Corbin (1998) define theoretical sampling as: "sampling on the basis of emerging concepts, with the aim being to explore the dimensional range or varied conditions along which the properties of concepts vary" (Strauss and Corbin 1998: 73). They point out that theoretical sampling cannot be planned before embarking on a study. The specific sampling decisions evolve during the research process. Of course, prior to beginning the investigation, a researcher can reason that events are likely to be found at certain sites and in particular populations (1998: 215). Strauss and Corbin go on to say that in this method of theory building, the investigator samples events and incidents (in our case experiences) looking for indicators which are representative of theoretically relevant concepts about good practice and system qualities which support it. These are then compared for their properties, dimensions or range or variation (1998: 215). This meant that participants chosen for the second and third waves would, by virtue of their present roles, have grounded views about the potential core categories. It also meant that the questions asked in the interview process pursued categories with emerging core potential

#### The Participants

##### Ethical Issues Including the Researcher's Role and Connection with the Participants.

In each case contact was made adhering to required ethics, organisational and privacy protocols. Access and ethics required clearance from the Department of Human Services' research advisory and ethics committees respectively and from the management and, in some cases, others responsible for research and ethics protocol in the particular community service organisations. The process of approval required emphasis to be given to the voluntary and confidential nature of participation and the right to withdraw. This included the development of participant information and consent documentation a copy of which is included in the appendix. Formal approval was granted by the Department of Human Services Ethics Committee and the La Trobe University Faculty of Health Sciences Ethics Committee.

I presented myself in the role of an independent researcher completing a PhD while making clear my employment involvement in this field. All but two of the participants had never worked under my supervision as staff or students. The exceptions had worked in institutions that I had some responsibility for over 20 years before. One who has never worked under my supervision had been a resident in an institution I managed over 30 years before. Four of the participants had worked with other agencies or programs serving young people with whom I also had some involvement.

##### Selecting Participants

Thus, a sample of public welfare practitioners with long-standing involvement in the delivery of services to the target group was successively recruited for each of the waves of data

collection. Overall they came from either statutory or non-statutory agencies dealing with youth facing homelessness or placement in out-of-home care. The practitioners collectively were present or past employees in Victorian supported accommodation and assistance services, child protection, placement and support, juvenile justice, mental health or drug and alcohol services.

In the first wave of data collection, four potential participants who were known professionally to the researcher as having long histories in work with challenging youth were approached, initially by telephone, and asked whether they would be willing to receive the written documentation and consider participating in the research.

All were willing and were provided with written invitations to participate. Participant information and an informed consent form were issued directly to participants known to the researcher and via program managers for those not previously acquainted to accommodate privacy concerns. For those already known to the researcher correspondence addressed directly to them included a request to advise whether there were particular organisational protocols or processes to be met to enable their participation. In some instances this was known in advance and specific steps had been taken to obtain the necessary approvals.

At the initial contact each displayed some enthusiasm for the project. The written invitations were followed up and an appointment was scheduled for three interviewees initially. One found it necessary to postpone the interview because of a bereavement but having reflected on the task nominated another worker who she felt had substantial and significant experience. She made an approach to that worker sharing the informed participation and consent material and advised of their willingness to participate, so an interview was scheduled. In the meantime, the fourth potential candidate nominated a time for interview but advised that a colleague had a particularly germane contribution to make to the task so it was agreed that both would be interviewed in succession on the same day. A sixth participant was approached and access was provided to information and a visit to a residential unit but formal participation in the research was declined.

The second wave commenced with a resolve to include a more definite family work orientation which was facilitated through a CSO Manager in the residential care working group who responded to my research outline with advice that she knew of a very experienced practitioner who had appeared to fit the research criteria, who had an innovative family focus with challenging adolescents. It was also seen as desirable to include a significant departmental input involving contemporary child protection and juvenile justice practice. Another candidate was recommended who had substantial direct involvement in adolescent protective teams as well as a demonstrated interest in therapeutic work and alternatives to secure care. On interview this candidate's experience proved to be even broader and deeper. My attention was drawn by a Regional Director who had heard about the research to another practitioner who had been operating with supervisory and management roles with adolescent protective teams including a high risk focus for over 10 years. This participant's role was embedded in a regional child protection operation. The intention to include a juvenile justice practitioner led to an approach being made to a long-standing acquaintance who I knew had both institutional and community-based juvenile justice experience. In the course of that interview a strong recommendation was made to also interview another very experienced but more recently graduated juvenile justice

practitioner who had strong theoretical and policy interests and roles in relation to the multiple and complex needs initiative for one of the DHS regions.

As analysis of first wave data proceeded and second wave interviews had commenced frequent reference was being made to the need for some young people to have a safe containment option. It was suggested that the State's abandonment of much of its institutional and residential care had resulted in the "baby being thrown out with the bathwater". Fortuitous discussion triggered by an enquiry germane to the study, led to a very experienced practitioner volunteering a perspective that spanned youth prison, youth training centres, residential care, foster care, youth homelessness and community-based counselling. This participation was added to the second wave. The result was six very willing participants in wave two which extended the breadth and depth of experiences.

The third wave was constructed as a process to affirm theoretical redundancy on the likely core categories and to ascertain any challenge to the propositions which had emerged from the second wave. It, however, also drew in experience connected with the recurring category of assertive outreach. This was a program alternative which the data suggested was needed but was seen to be under threat or in decline. Two participants were approached who I had encountered in the field, one currently doing outreach and the other with prior experience in local government auspiced outreach. It was also possible to include a policy involved, senior management perspective which oversaw the full array of current program options and participation in cross sectoral policy and service development.

#### Participant Experience.

To preserve confidentiality details of participant experience are aggregated against the broad program areas of interest rather than individually. All of the first wave participants had experience in excess of 10 years working with adolescents in the target group. All had worked in more than one role, in more than one region and for more than one organisation. There were three female interviewees and two male. Collectively their experience spanned the following program and service forms. Mainstream secondary education; institutional care for adolescents; residential care (campus cottage care, hostel for youth, hostel for homeless persons, rostered units (with sleepover or stand up night shifts); early adolescent units; medium term units; family group homes; intensive case management services, adolescent supported placements; adolescent community placements; case management services; intensive statewide therapeutic services; aged care; youth refuge; supported accommodation; community arts; adult crisis care; child protection teams; training for protection and care and residential workers; drug and alcohol withdrawal, residential rehabilitation and housing; and, diversion and post-institutional transitional care for young offenders.

For second wave participants, length of experience in the field ranged from 9 years to 35 years and all had in excess of five years working in roles involving direct contact with challenging young people. Six had worked in child protection roles including two currently working in statutory child protection. Two had worked as family therapists providing group work, counselling and outreach work to families in conflict with adolescents. Their work included service to the regional SAAP crisis accommodation for young people and for many in adolescent community placements as well as at home. Included was agency based family therapy and a family therapy private

practice for a few years which was closely associated with a non-government agency delivering innovative program for challenging adolescents. Two had about eight to ten years of direct service involvement in adolescent protective teams some of this work included management responsibility for a regional high-risk adolescent program. Two had worked for periods in excess of 10 years in central institutions housing young offenders and young people on care orders (Winlaton, Turana and Baltara) in addition to having substantial experience in regional and community-based programs. Two had substantial direct service and staff supervision experience approximating or exceeding 10 years in regional juvenile justice units. One had worked in a youth prison overseas. One had worked for close to a decade as a social worker in an agency providing a variety of residential care for children and young people. One had held senior management position in a substantial non-government counselling agency for several years and was also associated with a supported accommodation and assistance program for youth. One had been involved in providing foster care for both children and young people, both short and long-term over a period of nearly 20 years. Another had substantial experience in substance withdrawal program and a residential rehabilitation community for young people with mental health problems. Two had significant involvement in supervising family group homes and youth hostels. Another had substantial involvement with Children's Court advisory roles and liaison between central institutions and regional services.

Four of the participants were female and two were male. Two were employed in non-government agencies currently and four were employed in statutory services noting that there had been some movement between sectors for three of the six. All had spent most of their careers in metropolitan regions although one had had some responsibilities attached to a non-metropolitan region.

The experience of participants in the third wave included education, and special programs for early school leavers, community youth support scheme youth work, assertive outreach family reconciliation work and local government base youth outreach work. Also included was supported accommodation assistance program intake work and housing referral. There is substantial responsibility for the full range of alternative accommodation and care programs. Several years of direct service experience in youth hostels and residential child care work. Also included are management roles in a number of CSOs, executive roles on agency boards of management and substantial policy development roles. There were two females and one male interviewed in the third wave their length of experience ranged from 8 years to 27 years.

#### Participant Qualifications.

Professional qualifications held by first wave Participants, with particular pertinence to practice with challenging youth and service system operation, included: Bachelor's degrees in social work, education, behavioural sciences and theology. Diploma studies in welfare and in alcohol and other drugs. Postgraduate studies in clinical psychology, forensic psychology, experiential learning. Completed certificate qualifications held by the first wave participants included youth work, protective care, workplace training and assessment, child care, business management, business excellence and organizational self assessment.

Professional qualifications of second wave participants included four with Bachelors degrees in social work, one with honours, two arts degrees which included major studies in

philosophy, sociology, criminology and psychology, Masters degree in family therapy, Diploma qualifications in welfare studies and family therapy, advanced certificates in child and youth care work coupled with studies in family therapy sufficient for entry to clinical membership of the Victorian Association of Family Therapists. One participant had partially completed a Masters degree in social policy. All had participated in numerous in service training courses.

Qualifications of participants in the third wave included Bachelor of Arts with history and sociology majors and Bachelor of Social Work (with honours). Bachelor of Education and qualifications in family therapy sufficient for entry to clinical membership of the Victorian Association of Family Therapists. Certificate IV in welfare studies (residential and community care) and Certificate IV in welfare studies (youth work).

#### Data Collection

##### The Chosen Approach

Data were collected via in-depth interviewing following the approach outlined by Minichiello et al (1995). Other approaches to data collection were considered. The survey approach was rejected as not being consistent with the study purpose and not conducive to the dealing with the complexity of the problem. Structured approaches would entail too many assumptions and questions to cover the ground. Focus groups were also considered but rejected as being too limiting in their reach at this stage.

According to Minichiello et al (1995), there are no set rules for how to go about doing in-depth interviews or for how to be a good informant. Although some authors do provide rules, Minichiello and colleagues suggest that because each interview takes place in a different sociopolitical and cultural context, which is likely to influence the social interaction that occurs, the approach to each should be developed on its own merits. Acknowledgement is given to the questioning route unfolding against the backdrop of the working hypotheses and the researcher's own experience. It was as anticipated that some of the issues raised at least are contested and at times fraught with challenging choices, and frustrating constraints. The interview can be seen as a "conversation with a purpose" in which the researcher achieves an understanding of the participant's perspective on the issue under discussion. The participants were all willing to be contacted subsequently for further inputs when needed.

While acknowledging the potential for bias referred to below, the study was also informed by the researcher's personal and professional history in this field and more recently work in a local agency attempting to develop innovative responses to some of these young people. These data are the subject of chapter four.

Data gathering commenced following access and ethics approval on 1 March 2006. Five first wave interviews were completed within that month. Transcription and analysis followed. While analysis was ongoing a second wave of interviews commenced in June 2006 with one interview and another five were completed in September. Transcription and analysis had resulted in a summary of findings being prepared which was referred to the four third wave participants who were interviewed in February and early March 2007.

##### The Interview Approach

In keeping with the chosen methodology the in-depth interview is seen as a conversation with minimal preordained structure. The aim is to elicit purposefully the participant's perspective of

the issues. The researcher needed to be aware of his own perspectives in order to avoid leading or imposing them on the participants. Glaser points up also that the researcher's perspective is another component of data to be dealt with in the process of constant comparative analysis when analyzing data. He proposes the researcher might do a field note on their own perspective while endeavouring to avoid the intrusion of their perspective on the data of other informants (Glaser 2002). As indicated above, in this study the researcher has drawn together field experience and reflection in chapter four and acknowledges this as contributing, in part at least, to the working hypotheses developed in advance of data collection around each of the broad research questions that shaped wave interviews. Inevitably however this experience intrudes into the constant comparison process. There are therefore a number of reflective references included in the findings and discussion.

The participant information and consent material had in most cases been sent in advance and time was given prior to the commencement of the interview for consideration and signature. In the first and second waves attention was drawn to the four broad research questions. In the first wave each was systematically pursued after first inviting the participant to sketch their career in programs dealing with challenging young people. It was found that all had a rich array of experiences and in some instances their recollections and experiences involved people and events already known to the researcher as a result of his other roles in this field of practice. In the second wave participants were asked to give their views about good practice and the optimal service system in terms of what works and in terms of their view of the ideal. Some specifics of their particular program area were sought in relation to the emerging findings from the first wave. Particular attention was given to the question of family work and school issues for young people, the question of the complexity in terms of society, the system or young people themselves, the question of intervention and the concerns which had arisen in the first wave about normalising and pathologising approaches to practice. Particular attention was given to the practice goals and approaches for the specific areas of the system in which participants were involved. Specific attention was also given to the extent to which the system can nurture development and how it addresses behaviour management, limit setting and safety concerns. Among the findings of the second wave analysis were fifteen propositions which included refinements of those which resulted from the first wave. Among these were a number of candidates for core categories arising from the study overall. A summary of the first wave findings and the second wave propositions were given in advance to the third wave participants who were asked to affirm or challenge the propositions and draw attention to those issues they felt should receive emphasis in achieving good practice and an optimal service system. The third wave interviews were shorter in length and limited in focus.

#### Data Analysis.

Consistent with the practice of qualitative research in general, analysis proceeds in concert with data collection as a reflexive (Minichiello et al., 1995: 29) and constant comparative process (Glaser and Strauss 1967: 106 also cited by Erlandson et al., 1993: 112; Coleman and Unrau, 2005 : 412). At the simplest level the data of qualitative research are words contained in narrative or sets of narrative. As with other forms of research, analysis entails looking for similarities, differences and patterns in the content which constitute themes through convergence

of ideas. In turn these can be developed as propositions or further questions. These in turn can be modified on discovery of negative cases as additional data are received and explored. At a simple level Wadsworth (1997) suggests that the researcher wallows in the data as coding of transcripts or expanded accounts (Spradley, 1979) of interviews proceeds to the point where categories become evident and ultimately core categories emerge.

Strauss and Corbin 1998 elaborate a systematic process of data analysis which follows a standard format. The data are subject to open coding where the researcher forms initial categories of information by searching for meaning units. Axial coding is then used to assemble the data in new ways to express it in the form of a coding paradigm or logic diagram showing the relationships between categories made up of similar meaning units, causal conditions which might influence its nature, strategies which show the actions or interactions which result from the central phenomenon. Context and intervening conditions and consequences are also identified for this phenomenon. Selective coding then follows where the researcher identifies a storyline to integrate the categories produced in the axial coding model. Conditional propositions or hypotheses are typically presented in this stage. A further step may involve the production of a conditional matrix which visually portrays social, historical and economic conditions influencing the central phenomenon (Strauss and Corbin 1998; Creswell 1998: 57). It is important to observe, however, that this is not a linear process although it may be represented in a cyclical way as analysis proceeds alongside waves of data collection with ongoing coding and refinement of categories and their relationships. Glaser, while adhering to the same elements of the method as Corbin and Strauss, takes issue with some aspects of their recommended approach suggesting that without theoretical sensitivity the approach may not get beyond good description to theoretical formulation.. In my view the processes outlined by Coleman and Unrau 2005 broadly parallel Corbin and Strauss and it is the extensive working and reworking of the data which enables categories to emerge and for patterns and relationships to be seen and consolidated into usable theoretical formulations. The veracity and utility of those formulations have some assurance in the light of the trustworthiness processes detailed below. They can then be tested through further exposure to the field.

Some mention should be made of the way in which NVivo contributed to the process. The program is structured to deal with transcripts and other documents assisting the coding process. Documents are browsed or searched for free nodes (open codes) initially and stored in ways which permit context to be examined and codes to be aggregated and manipulated in the search for patterns and relationships. Tree nodes are used to show relationships, hierarchies etc. In the first wave coding was assisted with NVivo 4. In between waves a new version was released and NVivo 7 was used to assist with wave two analysis.

As foreshadowed above the first wave analysis resulted in a draft summary of categories being developed. I found this was a useful step to consolidate the ideas which had emerged from exploring each of the broad research questions. It enabled some discussion with other colleagues in the field and testing against practice experiences which were continuing to occur in the course of the analysis. This led to further refinement which in turn informed both data collection and analysis in the second wave. The second wave analysis resulted in some refinement of the original propositions and the generation of further categories which were added to the original to

make fifteen propositions in all. These were given to the three third wave participants seeking affirmation that saturation had been reached or challenged prior to settling on the core categories. This process was consistent with one of the many approaches to analysis described by Miles and Huberman (1994:78-79) which includes the use of propositions as one form of hypothesis and what they call a summary aided approach to analysis.

The following section details the way in which attempts to ensure trustworthiness were followed in implementing the study.

#### Trustworthiness

In qualitative research, ideas of validity, reliability, objectivity and generalisation are not seen to be applicable concepts. The drive for rigour to support the strength of its outcomes has resulted in the adoption of the concept of trustworthiness to support the claim of a credible place in knowledge building (Lincoln and Guba 1985; Erlandson et al. 1993: 28). Valid inquiry needs to demonstrate its truth value, making plain the basis for applying it and allows the judgments to be made by others about its procedural consistency and the neutrality of its findings or decisions (Erlandson et al. 1993: 29). Four criteria for trustworthiness were proposed namely, credibility, transferability, dependability, and confirmability.

#### Credibility.

Credibility is assessed by determining whether the description developed through inquiry in a particular setting, rings true for those persons who are members of the setting. Lincoln and Guba (1985) proposed a series of strategies for accomplishing this. These are prolonged engagement, persistent observation, triangulation, referential adequacy materials, peer debriefing, and member checks.

The researcher has had a significant period of engagement with the field through a number of past projects in the last decade including the evaluation of Rice Youth Services (Owen and Markiewicz 1999) and the Hume Adolescent Services Review (Owen and Edwards 2001) An Evaluation of the Victorian Youth Attendance Order (Walters, Thomas and Owen 1994). Some materials which provide an opportunity for referential adequacy are available through the ongoing interest of the Department of Human Services in developing better placement options and diversionary approaches (including the innovations project), the development of therapeutic foster care or residential treatment and the ongoing development of the Take Two intensive therapeutic intervention program. I am currently serving on a number of working groups which have particular relevance. These include the Statewide Looking After Children Advisory Group, a Residential Care Working Group established by the Department of Human Services and the Take Two Program Research Advisory Committee. As the study was drawing to a close major strategic plans were released for family and placement services and also for youth homelessness services. There is evident resonance in much of this with the findings of my study.

Peer debriefing and member checking occurred in the course of data analysis. An analytic note was prepared after transcription of each interview representing the researcher's understanding of the content. This was forwarded to the participant inviting comment or question. No disagreement was found and the only concern raised was reference to possible identification in material which referred to other workers. Steps were taken accordingly to further mask this content in the material used. Copies of transcripts stripped of identifying content were also



examined by a colleague independent of the research who identified themes salient to them. Themes so identified were consistent with those identified by me in the coding process.

#### Transferability.

Transferability refers to the extent to which the findings of an inquiry can be applied in other contexts or with other respondents. It is clear that findings cannot be generalised as they might in positivist research, but it is argued that knowledge gained in one context, may have relevance for other contexts or for the same context in another timeframe. The possibility of transferability increases with the potential to match the elements in one setting with another. Such a match is never likely to be absolute but the possibility of assuming some degree of relevance improves with a thickness of description employed in a study and the purposive and theoretical sampling strategy enabling insights into typical and divergent data. Transferability is assisted also by the chapter which follows detailing the topographical, historical and public policy context of the study, i.e., a thick description of the study's context.

#### Dependability.

Dependability is demonstrated through a dependability audit. That is the researcher provides an audit trail of documentation (a record of critical incidents, interview notes and a running account of the process e.g. a daily journal) to enable an external referee to clearly see the processes by which the study was conducted. The researcher has retained a daily journal, interview transcripts and associated records.

#### Confirmability.

Confirmability refers to the capacity to verify that the outcome of the inquiry is the product of its process rather than the bias of the researcher. It also relies on audit trail referred to as a confirmability audit but, in this instance, the trail enables the auditor to determine if the conclusions, interpretations and recommendations can be traced to their sources and to see if they are supported by the inquiry process (Erlandson et al 1993: 29 - 35). The daily journal, ethics and interview and analytical documentation, as well as retained progressive drafts of the thesis serve as a substantial data source for a confirmability audit.

#### Methodological Limitations of the Study

As foreshadowed at the end of chapter 1, the topic is broad and complex and doing justice to it has been challenging. Access and engagement commonly present problems in systems populated by busy people. The experience in this study was positive and participants appeared to welcome the opportunity to share their ideas and experiences. The complexity of service system structures challenged the capacity of this study to achieve adequate coverage and a balance of perspectives.

Informed consent was a necessary condition for participation and inquiry into matters of practice risk touching on sensitive issues. This can result in participation being avoided or the data being distorted or muted. The experience in this study was one of frankness and openness. The confidential nature of the study appeared to be of some assistance.

Perhaps the greatest challenge for me was to avoid leading questions and imposing too much of my own viewpoint on the analytic work. I think I have been reasonably successful in representing the views of the participants, but I am not certain that I have fully avoided the intrusion of some of my more established views.

A further possible limitation turns on the question as to whether the selected experienced practitioners were proposing views of good practice which is in fact effective practice. The selection process included either recommendation or affirmation by others acquainted with their work to the effect that their work was often successful in meeting the needs of challenging young people. There is very little local outcome research concerning the effects of intervention. Exceptions are Trotter's work (1993; 1999; 2006) which showed improvements relative to control subjects after practitioner training in his prosocial approach and some of the findings on trauma symptom abatement and placement stability which are beginning to emerge from the evaluation of the Take Two Program (Frederico et al 2006). The good practice described by the participants in the present study appears to be consistent with these findings and the broader literature on "what works". The relative absence of substantive outcome research is noted as both a limitation and a future research need.

#### Concluding Comments Concerning Methodology.

This chapter has detailed the methodology chosen to explore the research questions, the thinking behind the choice and the processes which followed in my attempt to advance theory in relation to practice with youth facing homelessness associated with high risk or challenging behaviour. The approach chosen was informed by proponents of the grounded theory tradition of qualitative research. The aim was to achieve views of good practice from experienced practitioners and to consider also ways in which service systems may better support good practice.

The following chapter elaborates the context of the study. The detail of findings from successive waves of interview data appear in chapters 5 and 6.

## **CHAPTER 4**

### **THE STUDY CONTEXT**

The site of this study was the set of Victorian programs and services most likely to encounter young people with complex needs associated with high risk and challenging behaviour. This chapter describes those programs and the context in which they are embedded. In addition to justifying the purposive sampling strategy adopted this free standing chapter serves the purpose of thick description required as a contributor to the trustworthiness factor, transferability. My primary vantage point over the last three years has been at the interface of the supported accommodation system for homeless young people and the systems of child protection and statutory out of home care. Historically, however, my practice has included a range of vantage points which have served to impress on me a number of dilemmas and uncertainties surrounding practice with this client group and the complexity and frequently changing nature of the service systems involved. To deal with this uncertainty and complexity I have chosen to employ a number of lenses through which to view these clients and the practice and services responding to their needs. The first lens is the part played by the political sphere, in particular, the three spheres of Australian government, viz., Commonwealth, State and local. The second focuses on service systems silos which might be expected to respond to the needs of these young people. The third concerns the respective roles played by particular government and non-government services and their interest in providing services to this group of young people. Finally, the array of service approaches in their current state of evolution provides another view of sites in which this practice is found.

#### The Political Sphere

The situation of youth facing homelessness in Australia has been on the agenda of each of the Australian spheres of government. It is also embedded in the significant international instrument, the United Nations Convention on the Rights of The Child which was ratified by the Australian Government in 1990. Historically, responsibility for the care and protection of children and young people who are at risk or in trouble with the law has been a matter for State and Territory legislation and service provision. In Victoria, legislation concerning neglected and criminal children was first passed in 1864 following expressions of public concern and similar developments overseas, separating responses to children from criminal and vagrancy provisions for adults. State legislature and departments have been continuously involved since and the principal legal mechanism associated with child welfare has been, since 1906, the Children's Court. It is very apparent that the interests and ambit of politics in each sphere are dynamic, often extending, sometimes retracting, often changing. This dynamism regarding challenging youth as a client group is reflected in the following specific observations about the part being played by each of the spheres.

#### The Commonwealth Government

Apart from some provisions for income security, the Commonwealth had little to do with mainstream matters related to families and children until the 1970s when the Family Law Act was passed, the Human Rights and Equal Opportunities Commission was established and the Henderson inquiry into poverty was commissioned. During the 1970s considerable concern arose

about the labour market disadvantage of young people (rising unemployment, especially for youth) led to a number of particular initiatives including the Special Youth Employment Program, the Community Youth Support Scheme and an education program for unemployed youth. In 1978 the Conference of Welfare Ministers sought funding from the Commonwealth for emergency accommodation for homeless young people. A youth services scheme was established in 1979 and, by 1982, 75 agencies were providing short-term accommodation and support services for young people in crisis. Following a Senate Standing Committee report on homeless youth in 1982, the Commonwealth introduced, in 1983, a supported accommodation scheme which was followed in 1985 by the introduction of the first Supported Accommodation Assistance Program (SAAP) for homeless people in crisis and women and children escaping from domestic violence. The scheme was jointly funded by the Commonwealth and the States.

A Young Homeless Allowance for 16 and 17-year-olds was introduced in 1986 as part of the social security system (it was equivalent in value to the Tertiary Education Assistance Scheme for 16 and 17-year-olds living away from home to study).

One of the early tasks undertaken by the Human Rights and Equal Opportunities Commission was an inquiry into youth homelessness (the Burdekin Report of 1989). This drew attention to shortcomings in services and policies at the Commonwealth, State and community levels and made a series of recommendations designed to address these. Among the responses to this report were steps taken by the Department of Social Security to improve access to income support payments for young people and the adoption by the Commonwealth government of a youth social justice strategy. This sought to strengthen SAAP services with increased rates, steps to reduce waiting periods, and the introduction of specialist help for labour market assistance, education, counseling and health, information services and adolescent-parent mediation services to reduce the likelihood of young people leaving home inappropriately. The Commonwealth-State SAAP agreements became established as triennial arrangements where the evaluation of one informed the nature of services to be funded in the next triennium. The fifth SAAP agreement commenced operation on the first of October 2006.

This agreement has adopted three strategic priorities. The first aim is to improve pre-crisis intervention for people at imminent risk of homelessness to try to avoid the secondary impact of continuing homelessness such as disruption of education and social supports. The second aim is to improve post crisis transition by improving skills and strategies needed to gain access to long-term housing. The primary target group are people with multiple or complex support needs. This group tend to experience cyclical or chronic homelessness. The third seeks to create better linkages to other support services in government and non-government agencies such as health, education and employment services. This is based on the recognition that the causes of homelessness are varied and complex and aims to find sustainable solutions that can require a tailored suite of integrated and well coordinated supports.

This agreement also sets up an innovation and investment fund adding to about 25 million dollars per year over five years which commenced in 2005/6 with the establishment of the National action plan and priorities for innovation. It funds a range of research and pilot projects in 2006/7 and 2007/8. Successful service delivery models will then be replicated across the sector in 2008/9 and 2009/10.

In addition to these national responses to homelessness, the Commonwealth Government has introduced a number of other national strategies relating to social problems which bear on the target group in this study. These include the National Drug Strategy, national crime prevention initiatives, including prevention and early intervention, violence, domestic violence and violence in indigenous communities and national mental health strategies including a particular focus on youth suicide. Many of the funds from the Commonwealth are channeled to services through State or local government structures and programs as well as to agencies undertaking initiatives under the various national strategies.

#### The State Government

The Burdekin Report was also critical of the role of the States in discharging their responsibility for young people on guardianship orders ("wards" at that time) as many were appearing among the homeless and in detention facilities. This was associated, at least in part, with the trend of minimising state intervention in the lives of young people and families, and the deinstitutionalisation and decarceration movements which were being picked up by State and Territory jurisdictions following ideas which had been percolating around the English-speaking world since their expression by a United States Presidential Commission in 1968. This commission had criticised the way in which young people who had never been convicted of an offence were, at times, incarcerated with offenders and kept under state control for indeterminate periods or until they reached adulthood.

Many of these ideas were put forward in the course of a Child Welfare Practice and Legislation Review conducted in Victoria (the Carney Report of 1984). New legislation eventually followed. The thrust of the Children and Young Persons Act 1989, progressively proclaimed through the 1990s, was to minimise this intervention and promote the reorganisation of services to more clearly separate criminal and family jurisdictions within the Children's Court and to restructure services to embody these principles. It strengthened the role of the Children's Court and sought to reduce administrative decision-making. The Victorian statutory service system had been regionalised in the 1970s with 18 regions overall consisting of 10 country regions and eight metropolitan regions. The Review and the legislation chose not to introduce mandatory reporting in child protection but a groundswell of opinion which had been developing, was crystallised by the publicly prominent case of the death of Daniel Valerio. This led to the introduction, in 1993, of mandatory reporting and the substantial expansion of the state-administered child protection system. Also in the 1990s the Kennett government engaged in a number of radical reforms of the service system which are discussed in more detail below. Suffice it to say here that the number of regions was reduced to nine, five country and four metropolitan (now eight with an amalgamation of two of the metropolitan regions into one). The configuration of departmental structures has also undergone substantial change and, with each step, a change in orientation. The Social Welfare Act of 1970 created a Social Welfare Department which brought together the previous child welfare, prisons, probation and parole units from within the Chief Secretary's administration. It introduced a youth welfare division alongside a family welfare division, prisons and probation and parole divisions. The youth welfare division had responsibility for youth training centres and after care services which accommodated both state wards and young people on sentences.

As regionalisation developed, attention was given to building up regionally administered community-based services. The Social Welfare Department became the Department of Community Services eventually divesting itself of prisons and other adult correctional services but taking on disability services from different areas of the Health Department during a period in which it was known as Community Services Victoria. A major component of this move was moving institutions and regional services concerned with intellectually disabled people from their previous close connection with mental health services. This time also involved the dramatic expansion of child protection services and the cessation of police involvement in investigations (other than criminal) and termination of the mandate of the non-government intervention agency, the Children's Protection Society. Further amalgamations with the Health Department followed, creating an entity known as Health and Community Services. Then, in 1996 came a further radical restructure of the whole state public sector which resulted in the creation of a Department of Human Services which brought together all elements of Health and Community Services, Housing and Youth Affairs. Within this department there have been a number of reconfigurations which bear on services for young people with complex needs and challenging behaviour. Most recent has been the creation of an Office for Children from elements of child protection, placement and support and other family-related services. This has responsibility for the safety and wellbeing of children and young people till they reach the age of 18. State legislation has also again been overhauled to create a Children, Youth and Families Act 2005, a Child Wellbeing and Safety Act 2005 and a Working with Children Act 2005. These Acts provide the basis for the configuration and regulation of services delivered by the statutory authorities and community service organisations. They provide the grounds for protective intervention in the lives of children and young people and they provide the basis for the allocation of resources and, in many instances, prescribe the way in which services will be delivered.

What happens in practice, however, rests on the way the legislation is interpreted and implemented. In my view there is great ambivalence about how best to respond to the challenging behaviour of adolescents and there are also many tensions between different points of view. For example in the lead up to the drafting and passage of the most recent State legislation, the question of adding an additional grounds for protective intervention with young people related to self-harm was debated. It proved too difficult to resolve in the light of the sensitivity and complexity surrounding issues of dependency and autonomy for adolescents.

In addition to child protection legislation, which also includes provisions related to juvenile justice, the interests of this group of young people are also affected by legislation administered by other areas within the Department of Human Services and by other government departments. Within the Department, the Office of Housing has the brief for youth homelessness. It is therefore involved with SAAP and the Youth Homelessness Action Plan Stage 1 (2004) and Stage 2 (2006) have been developed under that auspice. It has a focus on young people aged 12-25. Responsibility for youth policy overall however rests with the Office for Youth, established in 2000 and which is now part of Department for Victorian Communities. It released a youth policy document in 2002 "Respect: The Governments Vision for Young People and another in 2006 "Future Directions: An Action Agenda for Young Victorians". Notable other State involvements in the concerns of these young people include mental health, alcohol and drug dependency,

inhalation of volatile substances legislation, some public health provisions, criminal justice and crime prevention legislation and other interests administered by the Department of Justice and a range of issues managed by departments concerned with employment, education and training at state as well as national levels of government.

#### Local Government

In Victoria local government is at times a very significant player in supporting initiatives related to the well-being of young people. It is common for City and Shire councils to develop strategies around providing local services and facilities for young people and to participate in the delivery of strategies developed at other levels of government, for example, the school focused youth services which attempt to respond to disadvantage and specific issues such as bullying, risk-taking behaviour, etc. In the early 1990s the Kennett government executed a radical restructure of Victoria's local government areas reducing them in number from over 200 to approximately 70. Part of this exercise also entailed local government outsourcing many more of its traditional services in line with economic rationalist views of the role of government. Prior to this radical restructure many local government areas had built up their interest and capacity in human service delivery including youth work. To varying degrees this continues in the new, much larger structures. Local government tends to be at the forefront of concern about some aspects of youth antisocial behaviour and, not infrequently, responds to tenders or joins agencies as a partner in responding to particular needs. In my view, local government is well-placed to do much more in the way of local initiatives, but as with the other spheres of government, development depends on political interest and will and access to necessary resources. It has also taken some time for the new local government structures to find their feet after restructuring which involved the abolition of local councils and the appointment of administrators to do the will of the State government before democratically elected councils were restored. Most do, however, have some programs for youth and council workers participate in local networks of youth services. Some prominence has been given to crime prevention initiatives with assistance from national strategies.

#### Interaction Between The Spheres

The public sector in Australia frequently suffers from diffusion of responsibility and dispute over responsibility for responding to social problems. At times policy and events are profoundly influenced by the party political nature of each sphere. Matters to do with child and youth protection and offending behaviour carry considerable political sensitivity. At times this generates sound planning and consultation and, at other times, very reactive responses to events and media publicity. Spheres of government frequently accuse each other of neglecting responsibility or failing to contribute their share. Passing the buck appears to be fairly common, exacerbated by prevailing ideas of the role of government, outsourcing service delivery as much as possible, operating service delivery systems as a marketplace, creating business environments and purchasing services at competitive prices, "steering not rowing" and creating a consumer culture in which the user of services pays for them.

Fiscal responsibility and economic stringency appeared to dictate the actions of many public servants in each of the spheres of government and much activity is directed at negotiating unit price for services and indexation of prices to cater for social and financial variations effecting

services over time. In 2006, there were disputes over indexation levels between supported accommodation and assistance service agencies and the Commonwealth government and between Victorian community sector agencies and the State government.

Possibly on a more positive note, there appears to have been some shift from a purely competitive environment toward forms of collaboration such as public-private partnership's and the encouragement of consortia to tender for particular tasks. For instance, a tender was recently called for the delivery of juvenile justice conferencing at a regional level and I am aware of a group of agencies collaborating to respond. Another instance involves the Intensive Therapeutic Service (Take Two) which is contracted to a consortium consisting of a community service organisation, a university department, a clinical service and a mental health training institute.

Agreement is reached on some matters with a reasonable evidence base which supports service improvement and positive implementation processes follow. I would argue that is the case in relation to the High-Risk Adolescent Service Quality Improvement Initiative, the Looking After Children project, the Reconnect Program, the Innovations and Finding Solutions programs, adolescent protective teams in child protection and some developments flowing from the Victorian juvenile justice rehabilitation review. All of these activities appear to have had an impact on our young people. I am critical, however, of some aspects of all of these, not the least of which is the degree to which their effectiveness appears to be compromised by cumbersome processes, a risk averse climate and, too frequently, overly stringent resourcing.

#### Service System Silos

Constructs such as complex needs, dual diagnosis, high support and high risk clients and challenging behaviour are found and used in the service systems and fields of practice which have developed around child protection, juvenile justice, mental health, substance abuse, disability and homelessness. The metaphor "silo" has been adopted as it is frequently encountered in discussions among agencies to represent the tendency for professions and systems of services to cultivate a special view themselves, sometimes exclusive, and to set up boundaries around client and practice domains. The definition of complex needs tends to rest on the requirement that different types of expertise, diagnostic criteria and service forms may need to be called upon to address the presenting problem. A common complaint is that clients receive insufficient service, or no service at all, because judgments are made that responsibility should rest with a different service. The mental health patient with a drug or alcohol problem is a frequent manifestation of this issue. Challenging behaviour is generally unwelcome in all service systems although each has adopted processes designed to manage it. Processes of rejection, expulsion and referral out are common responses, sometimes referred to as a game of poison ball, as clients are sent from service to service or agency to agency. It is also possible to find many examples of high degrees of tolerance, particular workers and programs which cope with these concerns and who refer and consult for collaboration.

As indicated above the vantage point of this study is the interface between the SAAP system and the child protection system. The direct practice and support roles I have undertaken in the SAAP system in the last three years have generated significant degrees of involvement with the child protection adolescent team, juvenile justice workers, youth substance abuse workers, mental health workers, school counsellors, employment and training services, police, the courts,



legal services, general medical practice and hospitals, family counselling, parent education and family mediation services. One commonly encounters interdisciplinary and interagency boundary and gatekeeping issues. There are cultural differences between fields and a range of practice knowledge and procedural issues to contend with. I have also had the advantage over many years of working within or close to most of these fields of practice. The question of interdisciplinary and interagency collaboration is well recognised and was the subject of a Victorian government exercise called the Working Together Strategy which sought to give effect to the kind of collaboration underlying constructs like “joined up” government and seamless service systems. As indicated in the literature review, it has also been the subject of research in the child protection area (Scott, 1993). The following are some observations about the culture and dynamics I have encountered in the key service system silos concerned with this target group. SAAP, child protection, out of home care, juvenile justice, mental health services for children and adolescents, student welfare services in schools, substance abuse services for youth, youth friendly health services, disability services and therapeutic intervention for multiple and complex needs. This will show each to be of significance in meeting the needs of the target group of young people.

#### SAAP Services

SAAP services have traditionally focused on crisis accommodation and transitional housing for homeless young people. A structure and culture has built up around the issue of homelessness and its frequent association with family conflict and sometimes, family violence. Traditionally, emphasis has been given to individual youth rights and problems have often been perceived in terms of emancipation difficulties arising between adolescents and their parents. Strong emphasis has been given to participation in services on a voluntary basis where support is offered, privacy and confidentiality are highly respected to the point where it has been common practice to not inform parents of the whereabouts of their adolescent children. Services have tended to be episodic and oriented primarily to accommodation. More recent versions of SAAP have added case management as a form of support to be offered and some programs have provided an outreach component. The system as a whole appears to have become increasingly conscious of the complexity and youthfulness attached to some of its clientele and questions of family reconciliation are being raised. There appears to be a growing consciousness of how limited many of the funded service models are and the role services or their absence play on the pathway to chronic homelessness (Vindis, 2006:27; Chamberlain and McKenzie 2006:201-203; Mallett et al 2006). Exclusion or referral to other agencies tends to be the response to serious challenging behaviour. My principal involvement with SAAP services was firstly at a regional organisational level between 1985 and 1990 as the chief executive officer of the outer eastern and, subsequently, northeastern metropolitan regions of the Department of Community Services. A further brief acquaintance occurred in the course of a consultancy appraising adolescent services for the Hume region in 2001. More substantial involvement has occurred since 2003 in a local SAAP agency. This has included direct service roles as a youth and family worker engaged in family support and assertive outreach, direct residential care work and professional supervision for placement support with some young people who are deemed to be in the high-risk category. Other duties have included training of residential care and housing workers in therapeutic crisis

intervention, some group work with parents and support of an adventure program for a small group of clients.

### Child Protection Services

Child protection in Victoria has become and been retained as a heavily prescribed statutory service located within the regional offices of the Department of Human Services. Its primary focus is assessing risk using the Victorian risk framework and either diverting cases to the community sector or proceeding with investigations to substantiate cases of physical, sexual, emotional abuse or neglect, proceeding where necessary, to launch protection applications with the Children's Court and to refer cases to the police where criminal investigation appears warranted.

It is challenging and sensitive territory and workers walk a fine line between being judged for under intervention or over intervention. Either can lead to heavy scrutiny and, at times, media attention. Risk of death or injury is the predominant concern and priority tends to diminish for adolescents beyond the age of 15 or 16 unless they have special needs. The service began with a strong social work influence in the mid-1980s but the limited supply and retention of workers broadened the workforce substantially. It now includes a range of tertiary graduates in social work, psychology, behavioural sciences and welfare studies. Political or risk aversion sensitivities appear to have moved the service toward a high degree of proceduralism and accountability.

As regional manager of the Department of Community Services in the Outer East from 1985 until 1987, I was involved in establishing child protection operations. From 1987 to 1989 my appointment as regional director in the northeastern metropolitan region included responsibility for child protection and placement support. This followed experience as the superintendent of two of the State's central institutions dealing with children and young people in need of care and protection. The first, Winlaton, dealt with young women from 14 to 21 years of age admitted on protection orders or sentences for offending. The vast majority were protection orders. The second was Superintendent of Allambie from 1980 until 1983. Allambie was a State reception centre catering for children from babyhood to 15 year old girls and 10-year-old boys. My subsequent contact with the child protection system was largely academic in nature until 2003 where the agency work described above entailed considerable close work with members of the local child protection adolescent team. The period before 2003, however, included a number of years as a board member of a community service organisation providing residential care for protective clients and consultancies appraising adolescent services in Hume region (referred to above) and a review of residential services attached to an alternative education program operated by a community service organization.

These experiences have brought to the forefront of my thinking a major dilemma in respect to protective intervention with risk-taking and challenging adolescents. Should they be contained in physically or staff secure programs? Should they be monitored or tracked on the streets (or required to report periodically to an appropriate authority) or should they be left to learn their own lessons with access to support and help when and if they want it?

The struggle with these concerns and tension between duty of care and the young person's right to increasing autonomy has led to an array of service forms discussed later in this chapter. It appears to be, at times, that the major emphasis on risk has enabled child protection

services to colonise the out of home care system and some aspects of universal services such as maternal and child health. By requiring priority attention to statutory child protection cases in systems with limited resources other needy cases are excluded from service.

### Out of Home Care

Often termed placement and support services in Victoria, the legal authority for the care of children unable to live at home resides in the child protection legislation. Historically care was provided in institutions (orphanages, convents, industrial schools etc) or through boarding out and domestic service or other employment-related placements. Adoption was also an alternative but more so for younger children. Victoria relied substantially on institutional care until the 1960s and 1970s when there were definite shifts in the policies of both non-government and government services toward replacing institutions with smaller residential units and foster care.

My experience of the out of home care system for adolescents includes voluntary work in the early 1960s supporting the development and operation of a non-government hostel for adolescents. In the later 1960s my wife and I cared for two mid-adolescent young women in a church-owned house attached to a scattered unit cottage care system. Through the 1970s and early 1980s I held management positions in relation to all of the institutions catering for children in need of care and protection and young offenders. As indicated earlier, from 1985 until 1989 I held posts as chief executive of two of the metropolitan regions in succession, which included oversight of all statutory and funded out of home care operations in those regions, at a time when a definite shift was occurring from reliance on central institutions to the development of regional reception centres, small residential units, foster care and adolescent community placements

A further major shift occurred in the mid-to late 1990s when the decision was made to close all the government-operated residential care, transferring responsibility by tender to community service organisation. Case planning and case management responsibility is usually retained by statutory child protection staff but case management can be contracted to a community service organisation. We now have voluntary and statutory placements, kinship care, foster care, permanent care, adoption, interim accommodation orders, custody to secretary orders, guardianship orders, orders for placement in secure welfare, supervision orders, treatment orders. As indicated elsewhere, I observed some of these changes from the vantage point as a board member of a non-government child and family welfare agency. I was also engaged in a review of another agency's residential care services (Owen and Markiewicz 1999) and undertook a project for the Department of Human Services about the needs of young people leaving care (Owen et al 2000). Both of these projects raised issues about the needs of challenging youth.

In 2005 the Department of Human Services embarked on a sector development plan for family and placement services. A number of working parties have been established to examine future trends, workforce issues, infrastructure questions, governance and performance monitoring, funding models and viability. In addition to that activity which is proceeding jointly chaired by a Member of Parliament and a senior officer from the non-government sector, a joint working group has also been established to look specifically at residential care. I have been asked to participate in the latter group which is now proceeding. A major concern is the challenge presented by many of the young people and what are perceived as their complex needs

### High Risk Adolescent Framework

Each region is allocated resources to provide services to young people who they have placed on their high risk adolescent register. Each has a process for negotiating targets, determining eligibility and administering expenditure which, for a young person under intensive case management accommodated under the DHS RP3 level of care is in the order of \$178,000 per client per year (DHS 2001; 2006e). A review of the initiative was conducted in 2001 and its continuation was recommended and it has continued with few changes in its form. The relatively high levels of expenditure, however, and the challenge of containing eligibility and negotiating appropriate exits from the program continue to present challenges.

Current thinking is embodied in a framework which provides gradation of response intensity from non high risk adolescents to near high risk adolescents and through to specifically high risk adolescents. Existing services are then aligned to issues connected with elements of the program in terms of prevention, assessment and treatment, therapeutic placement, day programs and support activities. System supports rest on improving staff capacity and regional coordination and management consistency of high risk registers. Enhancements are anticipated through therapeutic models now being developed, identification and dissemination of good practice models and staff skill development. A perceived gap concerns the lack of positive day and after hours activities (Clements 2006).

### Juvenile Justice Services

Subsequent to the Children and Young Persons Act 1989 implementing a clear distinction between processes designed to deal with offending behaviour and protective welfare processes, the mandate of Juvenile Justice Services was described as limited to interventions necessary to prevent reoffending. Services went through a period when treatment and rehabilitation were seen as questionable concepts although for youth, rehabilitation did remain, for the most part, an acceptable ideal. (Adult correctional services especially related to prisons, adopted a more pessimistic view with a focus on humane containment.) There has been a longstanding emphasis in Victoria on diversion and on least restrictive intervention for youth who offend. The Children's Court has a substantial hierarchy of diversionary and dispositional options. More recent developments have seen the re-emergence of more active emphases on rehabilitation and notions of treatment, especially in relation to particular types of offending, viz., sexual, serious, violent, drug-related and persistent lawbreaking behaviours. New knowledge about some effective interventions have added to the array of interventions and options for diversion.

In Victoria supervision and custodial services for youth are delivered through three institutions, a youth residential centre accommodating 10 - 14 year-old boys and young women, a Youth Justice Centre for 15 and 16 year-old young men and a Youth Justice Centre located at Malmsbury for young adult offenders aged 17 to 20. As well each region administers community-based correctional orders in sub-regional youth justice units. Rehabilitation and risk management have been powerful components of the ethos in recent times and, as with child protection, strong emphasis is given to procedural prescription in each of these statutory services. There is some non-government involvement in programs associated with release, notably the Brosnan Centre

operating under the auspice of Jesuit Social Services. There appears to have been a growing influence from forensic psychology in more recent service developments.

My involvement with juvenile justice services in Victoria has been substantial. From 1968 until 1985 the bulk of my employment was bound up with the Victorian central institutions for children and youth. It included employment in, or oversight of, the centres dealing with young offenders. Regional posts included responsibility for the juvenile justice units within them. For some years I attended sittings and provided advice to the youth parole board. Academic work included teaching a unit on juvenile justice annually, conducting an evaluation of the Victorian youth attendance order (Thomas, Walters and Owen 1994) and liaison work for students undertaking field work placements in juvenile Justice. As indicated above, more recent work with youth in the SAAP system has involved numerous encounters with juvenile justice workers and processes.

#### Mental Health Services for Children and Adolescents

Victoria has a substantial mental health service which gives emphasis to voluntary treatment in the community for mental health concerns. The principal legislation is the Mental Health Act 1986 which was substantially amended, particularly in reference to involuntary treatment in 2003 and 2005. The Act is administered by the office of the Chief Psychiatrist from within the Mental Health Branch of the Department of Human Services. The service has been transformed from one which previously consisted of large psychiatric institutions and dedicated community psychiatric clinics to a system much more closely co-located with general hospitals and connected to general practice. There are a range of child and adolescent mental health services, some community-based and some hospital-based. There is also a range of rehabilitation services and a range of non-government organisations providing services, including accommodation and support. In the mental health system, as with disability services, practitioners tend to use the term attendant care. Many of the children and adolescents of concern to this study are referred for mental health services. Access however, has often proven to be difficult as demand tends to exceed supply and there are often engagement difficulties.

I have had some associations with mental health services over the years. The first of significance entailed the completion of a training course for volunteers in the early 60s for the visiting services of auxiliaries attached to the Willsmere Hospital for the mentally ill and another for Kew Cottages, the adjoining institution for people with mental retardation, as intellectual disability was then described. My role was as a church youth organisation convener of social service work facilitating visits by youth groups to undertake social activities with the patients. A later association, about 1970, involved a field work placement at Clarendon Psychiatric Clinic whilst undertaking studies in social work. This included casework and group work under supervision with patients discharged from hospital after psychotic episodes. A more extensive association commenced in 1972 and continued until 1985 and involved close acquaintance with psychiatrists and psychologists appointed to provide services in the institutions for children and adolescents. This involved frequent contact consulting about mental health and behavioural issues of particular residents. There have been some instances since in practice where clients I have been supervising have also sought or received services from mental health agencies and practitioners. In the context of work with the youth accommodation agency since 2003 there has

been some direct interaction with both child and adolescent mental health services and adult mental health services around particular clients. It is understood that CAMHS services offer a four session assessment process\* alongside a three-level priority system before a further offer of service is made. In my experience this has often led to service not proceeding or offers of service not being taken up or followed through.

An interesting development with which I have become directly acquainted at the local level is a multidisciplinary, youth-oriented health and mental health service. The service has been able to adopt a case management role and provide specialist mental health and substance abuse consultancy in relation to challenging cases. It is a locally-focused offshoot of a partnership between regional mental health and an innovative youth-oriented general medical practice. Both provide youth counselling and a range of related services.

My acquaintance with the system has left a strong impression of the dominance of the biomedical models of service and well-established professional hierarchies. At times there are evident interdisciplinary and occupational rivalries. There is, however, considerable scope for collaborative work when resources and procedures allow. A high degree of prescription has been developed around involuntary treatment. Very detailed procedures have been developed, which are intended to safeguard well-being and dignity, in relation to the use of restraint or seclusion. Prominent in the work of mental health services are roles around prescribing and managing medication.

#### Substance Abuse Services for Youth

Again there is a legislative basis for alcohol and drug services which are distributed locally through area health networks. There are many instances however of drug and alcohol specialists being included in other service areas. Substance abuse is a common concern for this population. These services follow the formal policy of harm minimisation and tend to seek voluntary participation with outreach, withdrawal and rehabilitation services. Some of these are offered in the home and some in residential settings mostly delivered by non-government agencies under contracts or service agreements. The field has expanded and diverged substantially since the passage of Alcohol and Drug Dependent Persons Act of 1968. This has recently been described as outdated and based on 19th century notions of substance abuse as an illness which could be treated by confining people involuntarily. Substance abuse is now regarded as a chronic and relapsing disorder which, for successful treatment, relies on an individual's motivation to change their behaviour (Victorian government health information 2006). That act is undergoing review with a view to repeal (DHS 2005).

I have had some direct acquaintance with this field through a substantial evaluation project in the Odyssey House therapeutic community (a project concerning parents recovering from addiction who had children with them) and with SHARC the Self-Help Addiction Resource Centre. These both entailed a number of interviews and focus groups with relatively young people recovering from serious (usually heroin) addiction. Also in the context of youth and family work over the last three years, there have been many instances involving substance abuse of alcohol, cannabis, pills and volatile substances (chroming).

#### Youth Friendly Health Services

The general health system warrants a mention in this discussion as they are often implicated in events concerning these young people. Parents often seek advice and one often encounters cases where medication has been provided by general practitioners, paediatricians or hospital services. My work with these young people has involved some encounters with a specialist youth health service to attend to illness and injury and to obtain necessary referral to other parts of the health system. There has, at times, been a problem in ensuring that young people take the medication as prescribed. Sometimes prescription medication is traded on the streets.

Commonly events relating to these young people resulted in attention being sought from hospital accident and emergency departments, especially out of hours. Assistance is sought at times from ambulance services. As with other parts of the health system emphasis is given to the voluntary acceptance of treatment. One of the problems which specialist youth services seek to overcome is the difficulty of managing clinic and appointment-based service delivery with adolescent behaviour. Especially where it concerns troubled young people, appointments are often not kept.

#### Student Welfare Services In Schools

Schools generally have within them staff with responsibility for behavioural concerns and student welfare. The deputy principal usually carries responsibility for discipline and behavioural policy and management. In some instances teachers have additional responsibility and, at times, schools employ dedicated welfare staff. Often in the secondary system student welfare staff are employed to provide services within a cluster of schools. Historically there have been various configurations of psychology, counselling and guidance, welfare staff attending to the needs of students with behavioural concerns and educational difficulties. There have also been swings of policy and structure in terms of providing education for students with disabilities or special needs within the school or in alternative settings. At the present time schools have greater autonomy and responsibility over staffing matters. Resource questions, however, often force priorities and, in recent years, there have been attempts to connect the work of welfare agencies with the needs of schools and to establish protocol based partnering arrangements between Department of Education and Training student well-being staff and clinicians from area based CAMHS. The school-focused youth services program provides one instance of an attempt to share knowledge and approaches to student well-being between schools and other agencies at the community level.

As universal institutions schools provide a very positive site for early intervention and more extensive work where resources permit. With challenging young people, however, school retention is often problematic. Suspension and exclusion is a common outcome of persistent difficult behaviour and young people with problems often truant and drop out altogether.

My experience includes extensive involvement with the special schools some of which were attached to the institutions for children and youth. Constant effort was required to keep relationships positive between school staff and institutional staff. Perceptions of differentials in pay and work conditions often appeared to exacerbate differences in views about the way things should be done. Some cultural clash appears to be almost inherent. Liaison work with social work students on placement in recent years has brought me into contact with some outstanding

programs in schools attempting to cater for individual needs and difficulties. One Student Welfare Coordinator was researching individual learning styles and adopting teaching approaches to take account of these individual differences. Another was providing a special program with childcare built-in for young mothers seeking to continue their secondary education.

My recent work in the SAAP system has brought me into contact with some very innovative alternative programs for struggling students both within and outside schools. Horticulture, bicycle maintenance, automotive repair, music, drama, building construction, car detailing, horseriding, working with animals and adventure-based programs, have all provided settings with broader education and school retention application. Very frequently, however, the young people encountered have great difficulty staying in education programs when accommodation, relationships and other aspects of their lives are not secure. Some young people encounter rejection from peers and others because of their antisocial behaviour, others cluster with like-minded peers, some obtain stability and support from relationships and success at school while other aspects of their lives are troubled. From a welfare agency perspective, this appears to be the exception rather than the rule but there may be a different view if one was to view the problem from another vantage point within the education system.

#### Disability Services

There are well established-organisational structures backed by both Commonwealth and State legislation to cater to the needs of people with physical, sensory and intellectual disabilities. Psychiatric disabilities are covered by the mental health system for many purposes. The income security system operated by Centrelink includes a full range of disabilities. Many organisations and services have been established with a focus on particular types of disability.

It is not uncommon to find among youth with challenging behaviour instances of cognitive impairment inherited or acquired through brain injury and diagnoses related to autism spectrum disorders. The system gives strong emphasis to avoiding discrimination on the basis of disability and maximising autonomy. Capacity for self-care is often an issue and, at times, behaviour problems which have not been resolved in childhood become particularly challenging in the adolescent stage. The disability service system tends to work best for cooperative clients although it has developed structures with behaviour intervention support teams and some more resilient residential placements for people with serious disability. In my experience some young people with disabilities but higher levels of functioning and challenging behaviour are at times excluded from services.

My acquaintance with the disability services, especially those pertaining to the field of intellectual disability, was expanded substantially in the regional chief executive positions. The first region entailed bringing together the operations of the community welfare services in that region with the services previously provided by the office of intellectual disability. The second region had an even greater impact as it included oversight of two major institutions for intellectually disabled people (Janefield and Kingsbury) as well as the community-based services. The role included responding to serious incidents and significant events with the institution managers. During this time also a special unit was developed at Kingsbury to cater for the needs of some clients who would otherwise be placed in prison. As a Regional Director, I had some portfolio responsibilities related to the disability policy and program areas statewide. Beyond that



experience, in the course of my academic career, I participated in major evaluations of the processes of deinstitutionalisation for Caloola, Aradale and Mayday Hills. A component of this work involved examining a number of cases of young people with challenging behaviour who constituted risk to themselves or the community. More recently still I was involved as principal investigator in a major study titled The Family Resilience Project. This surveyed families and services exploring factors associated with children and young people being placed in care outside the home. Services for people with intellectual disability are reserved for those who become registered clients via a process of testing for cognitive functioning and adaptive behaviour. Those with multiple levels of disability and co-occurring conditions at times present to the youth homelessness, child protection and juvenile justice systems.

#### Therapeutic Intervention for Multiple and Complex Needs

Two interesting programs with very similar features have emerged in recent times in direct response to complex needs. The first is the Statewide Intensive Therapeutic Intervention Service ("Take Two") which targets children and young people with emotional and behavioural disturbances which are the aftermath of severe abuse and neglect or childhood trauma leading to child protection service intervention. Its underpinning theoretical orientation is built on a multi systemic clinical response to attachment problems and post-traumatic stress. The service form which emerges is detailed assessment and case formulation, intensive case management and brokerage funds to facilitate a "wraparound" response (Success Works 2001; Berry Street 2004; Frederico, Jackson and Black 2005).

Another service response for people 16 years and over arises from the Multiple and Complex Needs Service Improvement Initiative. It relies also on detailed assessment, a panel deliberation process with brokerage funding capacity and an intensive case management service designed to operate for 12-15 months to engender ongoing alternative services from appropriate systems (DHS 2004). This has its own legislative mandate and specific agencies have been contracted to undertake the assessment function and, as appropriate, case coordination or case management for one year with extension to a further year after review.

In the last three years I have become directly acquainted with both of these programs operating at a case level. Clients have included young people who have been on the high risk adolescent register of the region in which I have been working.

#### Government and Non-Government Service Sectors

It is evident from the descriptions included in the service system silos above that some services are delivered by government employees and others by people employed in community service organisations and, in some, instances commercial organisations and private practice. Victoria has a rich history of charitable, not-for-profit organisations being established in response to a perceived social need. Not infrequently, government grants of property or cash have facilitated these beginnings and ongoing development. Many of the early philanthropic endeavours were sponsored by churches, while some arose from issue-based social movements or committees.

The role of government has varied considerably over time between laissez-faire and interventionist approaches. In the 1970s and 1980s government involvement in services expanded considerably. Some parts of the non-government sector took a lead in devolving

institutions into other forms of care and community-based operations. The 1990s saw a dramatic shift as the government adopted philosophies of devolving responsibility and outsourcing as many services as possible. Clear moves were made to introduce market philosophies with purchasers and providers joining a competitive marketplace (the quasi-market). Considerable pressure was applied to both save and redistribute resources in many of the service systems concerned with this population. It might be argued that, by default, government services had taken responsibility for more challenging clientele as they were excluded from other services or where the services involved required greater accountability as in correctional services. In some instances, government policies spearheaded innovative approaches.

The Kennett government in Victoria espoused market philosophies and as indicated above, took quite radical steps to create a competitive marketplace to both save resources, achieve redistribution and gain compliance with policy objectives. They also encouraged agencies to amalgamate to form much larger entities reminiscent of developments in the commercial world. I recall one of the leaders in commerce at the time saying that business in the modern era needed to rationalise, mechanise and search for world best practice. Reviews and consultants reports became commonplace and the recommended outcomes were frequently cast in terms of rationalization, mergers and amalgamations. Competitive tendering added to the demise of smaller, less supported organisations. The Bracks government was elected in October 1999 easing some of the pace and pressure of that movement but maintaining tight fiscal control. Much more emphasis has been given to the idea of collaboration and partnerships although funding processes are still very much in the form of competitive tendering and business processes. Tenders from consortia are encouraged. The use of brokerage and consultancies has also become quite frequent as the response to complexities or the need for specialisation.

The field of child, youth and family welfare has long had a peak body to represent the community service organisations in the field. National representation has waxed and waned but, in recent years, both state and national peaks have displayed more strength. The Children's Welfare Association of Victoria has become active as a lobbying influence and a contributor to policy development. It has also taken on a substantial training role for the sector and has now adopted the title of the Centre of Excellence for Child and Family Welfare. Agencies involved in the field of homelessness are associated with the Council for Homeless Persons. There are various alliances within the health related fields. Another set of players which at times exert influence in both government and non-government organisations are trade unions and professional bodies. Though some of that influence appears to have weakened in recent years there have been notable industrial disputes involving youth and child care officers in institutions, nurses and social workers. With challenging clients there have been instances of industrial action related to the risks they pose to staff and demands for exclusion or transfer.

My experience has included substantial direct involvement in both government and non-government sectors principally in the field of child youth and family welfare (including juvenile justice) and the non-government sector with several years as editor of a child and family welfare journal ([Children Australia](#)) emanating from the sector, a number of years as a board member of a child and family welfare agency and as a worker and consultant in a SAAP agency. A variety of

projects with both government and non-government connections were undertaken during the course of my academic career from 1990 to 2003.

### The Array of Service Approaches in Their Current State of Evolution

The above discussion of service system silos gave some indication that each has its own terminology for the services provided. In this section we attempt to classify services in a way which is useful for understanding their capacity to respond constructively to the needs of these young people. Broadly they fall into five categories as follows. There are services which offer support to families and young people whilst they are still living at home. Services which endeavour to reach young people wherever they might be, on the street or in other settings are sometimes referred to as outreach services or mobile support. Out of home care services offer an array of different forms of supported accommodation. There are a range of services which apply intensive involvement as case management, supervision or support. Finally there are custodial services which provide secure placement usually involuntary under some form of statutory direction (civil commitment) or Court order.

#### Family Oriented Services

Included here are services referred to as family support services, family preservation services, parent education and skill development services, family therapy, family counseling, parent adolescent mediation, family conferencing. They tend to be seen as having a preventive and early intervention focus toward the primary and, to some extent, the secondary end of the service system continuum. Families have often been blamed for the problems of their children and many of the early services were designed to rescue children from them and provide substitute parenting. Recent years have seen the realisation that failing to deal with family issues can be very destructive, many families change, that children who have been in care often find their way back to families after discharge and that better outcomes may be obtained from supporting families and working with them. Even when children are not returning to their family of origin maintaining links and dealing with issues are likely to be important at various times in the child and young person's life.

Victoria quite rapidly adopted a model of early, time limited intervention based on the home builders model developed in the United States. As a family preservation program it is known as 'Families First'. Its orientation however tended to be toward younger clients. In recent times there has been substantial take-up of three family-oriented program models. The Federally funded Reconnect Program continues as an early intervention program directed at early adolescent youth homelessness after a positive evaluation conducted between 2001 and 2003 (FACSIA 2003). In my acquaintance with it in the local area, I see three agencies contributing to its delivery with a mediation component, a family counselling component and an assertive outreach component. Another program was established as an Innovations (demonstration project). Funded by the Victorian government, it takes referrals from a local child protection team as well as other sources with the aim of preventing the case proceeding to child protection notification. A third program titled 'Finding Solutions' based on a pilot undertaken in the Eastern Metropolitan Region, takes referrals exclusively from the child protection team and again through assertive outreach and family support, works to prevent an out of home care placement. For

about 12 months from September 2003 I was involved with two other part-time workers in delivering the assertive outreach component and providing organisational support for the mediation component of these programs. In that time we also carried out some parent support group work and utilised a parent and adolescent skill development approach called parenting with love and limits. There is a strong sense that family support work is needed in much greater quantities than has been available. There are also parent education and skill development programs (Triple P, ABCD Parenting) being delivered regionally but, again, they tend to be directed to the primary end of the service system. There appears to be scope for more sophisticated delivery to families with the more challenging problems. It is also necessary to observe that, in my experience, child protection adolescent teams appear to encourage emancipation of 15 to 17 year olds rather than adopting more supportive and inclusive roles for parents. In 2004 I worked with a small group of parents whose adolescent children at that time were presenting significant levels of challenging behaviour and risk-taking activity. We met weekly for about four months.

#### Assertive Outreach Services

As indicated above, assertive outreach has been adopted as a component of the diversion and early intervention programs. In my view, there is a need for a much more sophisticated understanding of how assertive outreach should be practised. Although there have been some program attempts in the past and there have been some notable individual street workers or, to use the English term, detached youth workers, there appears to have been little encouragement, in recent times, for much of this to occur at a local level. There is a Street Works unit which has been operating for many years in specific areas of Melbourne which tend to be frequented by runaway young people from the care system. Workers move around common haunts in the evening until the early hours of the morning establishing contact and appraising safety concerns. Mental health services and drug and alcohol services also engage in what they describe as outreach services and mobile youth support services. Sometimes these are connected to crisis housing and residential rehabilitation services.

#### Intensive Involvement

One of the principal service responses in the child protection High Risk Adolescent Service Quality Improvement Initiative was the establishment of intensive case management services coupled with brokerage funds and 1:1 care. The expectation of an intensive case management service is that, it will provide intensive outreach and support; extended hours availability; after hours crisis support and intervention; case management and coordination; consultation and specialist advice for professionals and family members; multidisciplinary staffing; and, post statutory support. It is expected that each member of the team will work intensively with up to six young people at any one time for three to six months. Overall involvement could span a two year period with the level of intensive case management fluctuating with the level of risk (DHS 2001: 33). Adolescent protective teams are also able to demand frequent reporting and engage in closer monitoring as far as resources allow, in response to identified risk. The juvenile justice system administers community-based orders which contain particular expectations around levels of supervision (e.g. youth attendance order). Officers are also able to vary reporting regimes according to their perception of the risk of re-offending.

## Out Of Home Care Services

### Residential Care

Victoria once had a fairly extensive system of residential care for protection and care cases. Government services provided reception centres or short-term units, early adolescent units, medium-term units, hostels and some family group homes. There was considerable variation between regions in the configurations of their service system. Residential care varies from rostered staffing models where shifts are structured to cover the 24-hour day, seven-day week with either a sleepover or stand up night shift. Staffing patterns vary with hours of the day and relative to other supports which might be available at particular times. Some residential care operates with 24-hour staffing models where smaller numbers of staff work back to back with sleepover time between evening and daytime cover. Family group home models work on the premise of a live-in carer sometimes a couple with one free to work outside during the day. Depending on client needs additional support may be provided at particular times and some provision is made for respite and relief. The norm in most residential care at the present time appears to be up to four young people in the residence. Community service organisations similarly operated a wide variety of residential care, progressing also from institutional backgrounds to campus cottage operations, then scattered units and family group homes. In the early 1980s government policy shifted substantially in the direction of promoting foster care as a substitute for residential care.

Following the radical translation of residential care from the public to the non-government sector many concerns emerged about the sufficiency of the models available to care for these young people. Many serious incidents occurred and there was a dramatic increase in work cover claims. At that time I was a board member of one of the receiving non-government agencies (Kildonan Child and Family Services) which had a long tradition in residential care and was therefore able to see some of these consequences being reported by agency staff. Some time after I left the board, the agency relinquished its residential care services. A number of strategies have been put in place to strengthen the models and the skill base of the workforce in the light of the commonly expressed view that the take-up of foster care has left a more complex and residual population for residential care to deal with. Concerns about complex clientele are also expressed in the SAAP system where the models of care for crisis accommodation (youth refuges) appear fairly thin. Note also, that it would appear that a significant number of former statutory or potential statutory clients are either diverted or discharged into the SAAP system because of its role as housing resource for youth who would otherwise be homeless. The other two SAAP housing models rely, firstly, on support staff visiting young people living independently in transitional houses in the community or, secondly, on some houses which have lead tenants who provide a measure of support and modelling for the young people by sharing the accommodation as volunteers. In my view there are many concerns about the strengths of these models. Not infrequently houses are damaged and young people quite often flounder rather than thrive. The models may be more appropriate for an older population aged 18 or more. The

models and quantum of residential services in the statutory protection and care system, are currently part of an enhancement project.

There are also a variety of residential models which parallel some of the above approaches to accommodation and support in alcohol and drug services (withdrawal and residential rehabilitation units and supported housing), mental health services (inpatient units/wards, crisis care houses, supported accommodation) and disability services (community residential units and supported housing). Of some interest are the kinds of care models which emerged with the higher unit prices allowed under the high risk adolescent 1:1 models. Staff have been engaged to care on a one-to-one basis for young people in a wide variety of accommodation including flats, houses, motels and caravan parks.

#### Home-based Care

In contrast to New South Wales, until the 1980s, Victoria invested more in residential care and family group home models than foster care (New South Wales had a large but relatively unsupervised foster care system.) Through the 1970s, however, the capacity of the foster care system was building and distinctions were made between short-term and long-term foster care. There was also an emergency foster care category. It was common for young people leaving residential care to move on to private board in a household. This was seen as a step toward independence and not generally connected to the foster care system. The administration of foster care was undertaken by a specialist fostering and adoption section within the statutory Department of Community Services. The administration and support of foster care programs tended to be regarded as a specialist function with many sensitivities. Recruitment processes and the assessment of the suitability of foster carers have been intrusive and challenging, seeking to avoid the recruitment of people who might abuse children, who might lack the sensitivity to understand their difficulties and the resilience to deal with testing behaviour of children from troubled backgrounds. The security of households and relationships can also be an issue as breakdown of foster family can add yet another trauma to the child in care. Foster family composition is also an issue to avoid negative impacts from sibling rivalry and rejection which might affect both the child being cared for and the foster family's other children.

Foster care has a tradition of being a voluntary system and the payment to carers has been seen more as a subsidy to defray the cost of caring for a child or young person than a recompense for work done. This can also add challenge to the supervisory relationship. Households are traditionally regarded as private places and it is sometimes difficult to expose the intimacies of family life to public scrutiny. This was also seen as a problem with the family group home model of residential care.

The adolescent version of foster care is an adolescent community placement. The term and commitment to establishing more of it, according to one of the study participants, came from its enthusiastic discovery by a Minister on an overseas trip in the 1980s. It was seen as potentially a better form of care than residential care and it was cheaper. The 1980s and 1990s saw a steady reduction in residential care beds and a commensurate increase in foster care services. Alongside foster care came an emphasis on other forms of home-based care including kinship care, (where placement is sought within extended family), and permanent care (which has

a particular court order which permits longer term placement without the extra step of undertaking adoption).

### Custodial Care

The policy position adopted in Victoria with the 1989 legislation was, in general, to oppose involuntary incarceration for people who had not been remanded or convicted for a crime. The discomfort with the issue of incarceration (civil or involuntary commitment) is typified by the fact that custodial treatment provisions in the Alcohol and Drug Dependent Persons Act were never used as the detention centres included in the legislation were never gazetted.

The question of whether any secure provision should be available for adolescents in the protective system has been seriously debated with divided opinion on many occasions. In the event, the statutory authorities did retain two secure units, one for males and one for females. Firm gatekeeping measures were put in place, however, and the legislation limited the length of stay to 21 days with scope for one extension. Its use is restricted to situations of clear and serious risk of harm to the young person or others. These units underwent a substantial review in 1997 and both have been upgraded in terms of accommodation in the intervening years. They house up to 10 young people and are intensively staffed. The juvenile justice system retains the capacity to incarcerate young people on remand and on conviction through the three institutions mentioned above. The mental health system for children and adolescents has some inpatient units and some secure inpatient beds. The question of custodial care sits within a climate of some tension. On the one hand there is pressure to incarcerate in response to the risk of harm to self and others while on the other it is seen by many as unjust and more harmful than helpful to the ongoing journey for the client (Tregeagle 1999: 1-3; NSW Office of the Children's Guardian 2002).

### Conclusions Concerning The Site Of The Study

Based on the literature, my acquaintance in recent times with youth facing homelessness and the service systems with which they have become involved and, reflecting on my own practice history with young people and those service systems, the following is an attempt to place some limits on the site of the study. My reflections also on the issues raised in dealing with such young people and the cultures and structures entangled with the service system responses,

The study is primarily about adolescents in the 14 to 17 year age group. Some extension on either side of this age range is to be accommodated as many young people reach puberty earlier and some begin coming to the attention of authorities concerned with homelessness, running away and offending in the 10 to 14 year age group. It is also the case that young people are still maturing and often not independent due to housing, education and employment considerations until well into their 20s. They are however legally adult at 18 and, at 14, are beginning to exercise some autonomy in respect to decisions in certain areas of their life. The study has as its central focus my most recent area of practice in the system dealing with youth homelessness. This allows some emphasis on contemporary needs and contemporary services so that conclusions of this study might be helpful for future development. It includes, however, the group clearly regarded as high risk in the statutory service system as the agency in which I have been employed has provided some service in that area in collaboration with the statutory child protection authorities and the "Take Two" program initially and subsequently, with local mental health systems and the "Multiple and Complex Needs Initiative". Also central to the study

is what might be termed the interface of the secondary service system and the tertiary service system. The nature of the issues presented by such young people tends to move around agencies and programs with secondary and tertiary prevention roles. Thus, a central role is played by programs involving intensive intervention and stronger forms of out-of-home and custodial care. The central practice reference is toward those whose work involves direct dealing with the young people concerned. Not infrequently, however, this extends to those who provide supervision and support to staff who are in direct contact and accountable for the form practice takes.

The other principal focus for the study is the optimal service system necessary to support good practice. A central beginning for the collection of data was, therefore, people with experience of challenging youth in SAAP programs and in the statutory system for intensive case management and out of home care.

#### The Ambit of Interest

The employment of lenses with which to view facets of the problem leads to a number of conclusions about the ambit or scope of interest of the study. The political sphere lens which explored the parts played by the three spheres of Australian government, (Commonwealth, State and Local) leads to the conclusion that legislation, funding source and political interest should not be limiting factors as each sphere is involved and could potentially be more involved. The second lens focused on service systems silos which might be expected to respond to the needs of these young people. All had particular relevance to the population of concern. The third lens concerned the respective roles played by particular government and non-government services and their interest in providing services to this group of young people. It was shown that both government and non-government sectors are responsible but have considerable potential to fall short of the desired level of service by expecting more of each other than is provided or is possible when they act alone. Finally, the array of service approaches in their current state of evolution provides another view of sites in which this practice is found. They contain, however, evidence of competing priorities and in some instances contested approaches. At the time of writing it was difficult to see a logical common view about the way the service system might be configured to achieve the best outcomes. The findings of this I believe make some contribution to that endeavour.

I have chosen to include programs such as Reconnect, Innovations, and Finding Solutions in spite of those programs being seen within the system as dealing with a lower risk clientele. My experience is that such an assumption might be challenged as these young people are at times in high risk situations and, in my view, some service responses to their needs serve to elevate the risk of long term negative consequences. Given that common reactions to high risk and challenge tend to be fight or flight, account is taken of processes that might lead to abandonment, on the one hand or custodial care on the other. As is evident now in the findings chapters 5 and 6 the participants and some recent research do point to some young people in the community who are very much at risk and disconnected from services (Mallett et al.2006) and a group making their way from care services or early independence into the juvenile justice system.



## **CHAPTER 5**

### **FINDINGS AND DISCUSSION FROM THE FIRST WAVE OF DATA COLLECTION AND ANALYSIS**

This chapter is the first of two chapters which report the major findings of the study. It explores the views expressed by the five first wave participants discussing them in the light of the literature and pertinent aspects of the researcher's practice experience. This set the foundations for the second and third waves of data collection and analysis.

Findings are presented in relation to each of the four broad research questions. It concludes with four propositions which had potential as core categories. There are also two imperatives, family work and issues concerning school and education, which participants unanimously identified as important but insufficiently addressed and three additional questions about complexity which I felt should be pursued further. These were followed up in the second wave.

As outlined in chapter 3, each of the first wave participants had attention drawn to the four broad research questions prior to and during the interview. For youth facing homelessness with complex care needs associated with high risk or challenging behaviour: (1) What do you, as an experienced practitioner, regard as good practice with such young people? (2) What factors enable good practice? (3) What factors impede good practice? (4) What do you believe an optimally effective service system would look like? After the interviews the tape recordings were transcribed. As indicated in the methodology chapter member checking involved an analytic note being prepared based on each transcript and this was forwarded to the participant involved with an invitation to respond if there were any misunderstandings on the part of the researcher or concerns. First level coding generated many meaning units. Further analysis led to a number of categories emerging from responses to each question. These categories are identified and discussed below.

#### Views of Good Practice

\*Two of the participants surprised the researcher with strong rapid responses to the framework being presented in the study which led to the identification of the first two categories which opened up some interesting lines of inquiry and alternative ways of thinking about the context of the study. They appeared to be important to note for work beyond the scope of this thesis but, on face value, they invited abandonment of the study in its present form. As explained below, it looked as though the research questions had already been answered. Further input from the participants provided some reassurance of the need to pursue the inquiry as designed. Among the claims of considerable success there were references to young people who were still at risk beyond the expiration of formal responsibility and that some systemic factors continue to threaten the capacity of agencies to maintain good practice. The first category viz., "contemporary complexity" followed the suggestion that good practice has virtually disappeared as professional interests have been pursued in recent decades. The second viz., "philosophy, theory and models for practice" suggested that a sound theoretical approach has already been identified and translated into an effective model of practice. This model is now being disseminated. Further

reflection by the researcher led to the conclusion that these categories are potentially valuable springboards which could provide other pathways to meeting the objective of improving services to these young people. Another seven categories which emerged from responses to the first question, have been ordered in a way which speaks sequentially to an overall category emerging as a view of good practice. Four further categories from responses to the first question have been grouped as a batch of perspectives about the way in which we might better meet the needs of these young people. These categories are grouped under the heading “perspectives of challenging youth”.\*

### Two Challenging Categories

#### Contemporary Complexity

This theme arose from the reaction of one participant who expressed concern about the movement away from a generic youth worker approach which had occurred over the last 25 years. The suggestion was that good practice has virtually disappeared. Probably as part of a genuine effort to professionalise the work it has, in fact, created more complex systems and responses around difficult young people. The form which professionalisation has taken creates the need to pathologise behaviour. This, in turn, leads to silos being constructed with related perceptions of expertise. At times this appears to be more about justifying the professional's existence than benefiting clients. This the participant saw as detrimental to practice since “as professionals we should be talking about the complexity of our responses, rather than the complexity of someone's needs” (Participant 2). These observations provide a challenge to our use of constructs like “complex needs”, “high risk” and “challenging behaviour” and the structural implications of using them as a starting point for our thinking.

We have made a rod for our own back ... I don't see much difference in the kids I work with now, from the kids I worked with 25 years ago apart from the fact that you don't have the status offenders these days that we locked up because they run away from home occasionally, or steal a car on Saturday night.... I always saw that as ridiculous.  
(Participant 2)

The other participants echoed this concern in various ways referring to increases in accountability requirements, regulation and prescription alongside decreases in access to some services, some specialist help and responses which might previously have been utilised. This is picked up in other themes. Reflection on my own practice experience confirms the view that there is little difference in the young people themselves. The greater differences are in the services available and the way they are delivered and in the socio-cultural environment in which these young people are growing up. Aspects of the latter do translate into some lifestyle and generational differences. I believe the similarities between generations of adolescents are greater than the differences. These views received further consideration and qualification in the second and third waves.

#### Philosophy, Theoretical Underpinning and Models for Practice

The second of the two initial challenging categories has been labeled: “Philosophy, Theoretical Underpinning and Models for Practice”. The challenge to the purpose and the questions guiding this project came in the form of a thoroughly developed model of practice (perhaps nothing more is needed) and the observation that it was not really possible to separate good practice from its systemic support. “One doesn't happen without the other” (Participant 5).

An integrated systemic approach underpinned by theory might describe the approach. This operates within a workplace culture which ensures that workers are looked after along with the children, young people and their families.

The agency responsible for developing this model has adopted Peter Senge's (1992) conception of the learning organisation as an underpinning theory guiding organisational staff and program development. As it has moved on it has become a registered training organization as well as continuing its role as a service delivery agency. Senge's principles of systems thinking, personal mastery, mental models, shared vision and teambuilding have been used to inform development and the articulation of their model. A key development concerning the agency was asking the question, "Why as a team are they successful at running programs?" All workers in the agency were brought together and asked to talk about what they did. The discovery was that the agency's culture is such that "whatever is done for children, young people and families, the staff in this agency, also do for each other". What makes good practice is an holistic approach which addresses the specific individual needs (based on the particular needs, skills, ability and culture) of each young person and their family.

The model contains a number of other theoretical elements which appeared to be soundly based in both literature and practice. These theoretical frameworks are also reflected in the policy, procedure and service documents which inform practice in the agency and the networking and partnerships it has in the community. According to one of the participants who reported on this model, planning includes all the staff and balance is achieved with constant reflection on what is going on. Both the model and this agency are impressive in terms of the literature, their reputation in the field and many of my own views about practice. There are, however, sufficient questions about outcomes and replicability to warrant my enquiry proceeding beyond the simple adoption of the model proposed.

There was unanimity among the participants about a sound philosophical base and theoretical underpinning being essential for good practice. There was unanimity about workers having a sound knowledge of adolescence as a life stage and the developmental processes and contextual influences connected to it. One participant added the view which contains a number of elements to be picked up in other themes.

Good workers need a good philosophical base other than one's driven only by policies and procedures. It includes being able to talk about the process of how you work with the young person, the notion of introduction, of engagement and of the ups and downs that are involved in the real world. It includes the notion of being able to hang in there for a long period of time. It includes being comfortable with the idea that the best way to influence other people is to have a functional relationship with them which is based on things like trust, respect and interdependence. (Participant 2)

The following seven categories also emerged from the inputs of first wave participants and are ordered below in a sequence which I believe encapsulates good practice intervention.

#### Themes Encapsulating Good Practice Intervention

Each of the following categories is presented as a heading with supporting material from the participants, my observations and, where pertinent, some connections to the literature.

##### Being There - Accessibility and Windows of Opportunity

This theme recurs in the data in many different ways. It implies the kind of supervision and support one expects of parents -- the knowledge in a young person's mind that no matter

what time of day or night there is a responsible adult who can be contacted and who will respond in a caring and responsible way and the expectation that someone will be there when important things are happening and encouragement will be offered when there are difficulties to surmount. The expectation is also that when excessive risks are proposed someone will offer advice, issue a warning or act to curtail the event. Providing or approximating this level of supervision and support frequently challenges service systems responding to the needs of our young people.

One participant with wide experience in many parts of the system observed in relation to shortfalls in supported accommodation.

I would codify in some way that it is a human right to have somewhere to live. I would codify in some way that adolescents have the absolute right to have caring adults who will look after them until they are ready to move out on their own. (Participant 2)

Another participant reflecting on the needs of challenging young people said:

So we would have a place for them and it would be nurturing and pleasant. If there was damage to the property it would be fixed. There would be somebody there for them to talk to and understand what the issues are. There would be access to mental health care that is expert, without them having to have a crisis to obtain it. (Participant 3)

Another participant pointed to the immediacy of much adolescent behaviour and their need for attention and how important it is for responsible adults to act in the moment, to take advantage of present motivation and, when the (often brief) windows of opportunity arise, to draw attention to something or deal with something.

We have learned a great deal over 27 years from these young people. One thing that we learned quickly was that it was a waste of time making appointments. If they wanted something they usually wanted it now. If they don't want to see you they won't be there. (Participant 1)

The significance of this issue is reflected in the one-to-one care model for high-risk adolescents with staff employed around the clock to provide support and supervision with one young person. It is also reflected in residential models where either sleepover or stand up night shifts are included in care arrangements as well as day time support and supervision. Notably, however, in the supported accommodation system young people are frequently left to their own devices (a refuge might close through the day). Supported accommodation in transitional houses may be resourced only to the level where a worker has only short periods of contact on a weekly or fortnightly basis. After hours systems vary between agencies in terms of accessibility but the Statewide after hours child protection service tends, in my experience, to screen out or hold till the next day any matters not representing high risk. Other services include triage (priority ranking) and often much waiting and, in other instances, approaches have to be made through police, which can be both daunting and variable in outcome.

#### The Significance of Engagement and Functional Relationships

Participants were unanimous in their view that good practice involves attending to the need of each young person to be appropriately engaged and to have in their life at least one responsible adult who works at developing and maintaining an influential relationship with them. As suggested by one participant above what is required is a functional relationship based on trust, respect and interdependence. Another suggested that the most important thing for good practice is relationships with the young people. The value of giving the young people choice in deciding who will be the key worker is an active practice

I let the kids choose among the residential care staff, the ones they feel closest to, then watch that they don't put all their eggs in one basket. They also have to learn as adults, even though they have had terribly abused backgrounds, that you get different things from different people. If you can trust one you can trust more than one .... But without having a trusting relationship between the kid and a significant adult, there is no way you can do any of the re-parenting that is necessary. (Participant 1)

Also,

The relationship does not have to be with the case manager. Case management is overseeing, not necessarily doing [casework]. Young people will often have a better relationship with the residential supervisor and that is okay. The case manager needs to have some way of remaining engaged with young person but not necessarily being the one they share their deep emotional concerns with. Some kids will tell all to the case manager because they don't have to face them across the table for breakfast. Others will limit their involvement with the case manager to technical things like arranging access visits etc. but getting all the kids to see the case manager once a week about weekend leaves etc did give those who wanted to, an opportunity to talk about other things that were important. It was fine if they didn't, provided they were working through some of their issues with a staff member then I would supervise that person very clearly. (Participant 1)

When asked about ideas for good practice in face-to-face work with challenging young people the first point made by another participant was that forming relationships is crucial: "They have often never had a safe reliable adult in their life ". These young people have often been traumatised from a very early age and so " they don't develop these ways of coping with their life without good reason ". This participant went on to point out some of the qualities needed in the relationship.

It would be a relationship which understands their experience and gives emphasis to saying what's happened to them, avoiding labelling and avoiding an emphasis on what's wrong with them understanding why they behave the way they do and being able to tolerate their difficult behaviours while gaining that understanding. Understanding also that there is never a match between chronological age and emotional or developmental age. There is a need to have a biopsychosocial understanding of the issues. (Participant 3)

Another participant, discussing staff selection, suggested that people are chosen who like young people, who convey a sense of respect and who would make strong advocates for young people.

Their ability to engage is most important, not just with children and young people but also with families, communities and colleagues also. They need to be powerful enough in their own right to raise issues, discuss good ideas and programs. (Participant 5)

Another Participant, turning to the question of engaging and connecting with young people, observed that the length of time it takes can be really idiosyncratic. It has to be based on the young person's needs and not driven by issues related to the practitioner. The practitioner needs an appreciation of the necessity to go at the child's pace and be undaunted in the face of rejection, noting that this may involve months, sometimes years. At times you find young people who "reject and reject and reject " until at some stage they encounter a crisis and "the person who has stayed there and been constant and nonjudgmental and fair, even though their rejection has been quite strong, they'll come to that person". An example was given of a young Aboriginal woman who for six months would not or could not engage with her Aboriginal worker until she experienced pregnancy and the death of her baby. The worker's persistence in offering the

relationship, in spite of testing, provided the basis for her being called on through the events surrounding the child's birth, death and funeral leading to a strong therapeutic relationship which followed. Before these events "there was no sign that anything was being heard." Further,

So, it's perseverance, reading the child well, allowing the child to reject you and saying I'm here if you want me, these are the things we can offer, give it some thought. You don't have to like me but I might have something to say that might be helpful. All those things which don't hook a child in, in any illegitimate emotional way, but allow them to think about it for themselves. Also telling the child, or not being judgmental, about high-risk behaviour, but telling them, look, that really worries me because I am worried that you are going to get hurt and I don't want you to get hurt. (Participant 3)

Another participant offered the view that an important start is to not be shocked by what the young person is doing.

You may not approve of it and it does not mean that you don't care about it, but the reaction should not be one which comes between the worker and the young person. Right alongside this is the capacity to build a relationship or to build trust so that the young person has confidence in you as a worker, that if they talk to you, you will respond in appropriate ways. Thirdly, if things go belly up the worker is not going to abandon you as may have happened through your childhood and into your teenage years. (Participant 4)

One participant suggested that part of the developing relationship entails the capacity to talk through with the young person what problems exist, what issues they are dealing with and help them to identify things they can do to change this situation. Suggestions need to be practical and make sense to the young person. Thus the relationship becomes a vehicle for intervention.

A young person will know that their worker isn't just doing a job, their worker does care and that that care and concern actually becomes part of the currency in the transactions between them. The worker will use that trust to effect change, but won't abuse the trust to effect change. (Participant 4)

With these observations all of the participants in the first wave emphasised the importance of relationships as part of good practice with challenging young people. Their observations also speak to some aspects important to the way relationships are achieved. I have observed these issues at work in a number of cases over the last three years and in prior practice situations. It leaves aside the question of instances in which it is not possible for the young person to make a connection with someone, although I think this is more a matter of creativity and persistence on the part of practitioners, knowing that it can be a difficult and slow process. These responses reminded me strongly of some prior work in which I proposed an approach to facilitating or regulating the relationship. It pointed to a development process based on some ideas drawn from Sutherland and Cressey's (1966) theories of differential association in criminology. It proposed that relationship development is facilitated by four dimensions. Two of these are functions of time, that is, the frequency of contact one has with the young person and the duration of those contacts. More of each increases the probability of connections being established. The third dimension relates to the intensity of the interaction. This can be accentuated by exciting shared activities, for example, abseiling, rock climbing, horse riding, etc. This has been evident in work I have observed in recent practice where I had some involvement with a local group of young people who developed and executed a plan to adventure in New Zealand with a group of volunteers. The fourth dimension involves the significance of past experience influencing present relationship formation. Appearance, mannerisms or an

introduction associated with a previous positive relationship can boost the development of a new relationship (Owen 2000). I believe I observe these phenomena at work from time to time in practice situations. These factors also bear on the variable impact on relationship development of different service forms. The opportunity for interaction in street outreach work can be contrasted with accessibility in residential or home-based care. Intensity in home-based care is at times contrasted with less time and space pressure in residential care.

One of the participants attached some significance to the importance of the relationship being intentional. This brought to mind an observation of Chris Trotter (1999) that it is possible to have a good relationship which does not make a difference to behaviour change outcomes, for example, reduced offending, unless other things happen in its context. He was talking about a number of strategies for achieving change with involuntary clients. It seems important, therefore, for engagement and relationships to be an intentional process undertaken for a purpose. Some of these purposes will become more evident as the following categories are explored.

#### A Unique Appreciation of the Individual Young Person in Context including Quality of Life

This theme speaks to the uniqueness of the individual young person, their context and life course to date. It enters the realm of assessment and planning for intervention whilst adding an aspirational tone. Challenging young people are hard to ignore especially for those who have responsibility for their care. Participants provided insights about the individualisation and intensity of individual assessment and planning attached to high risk adolescent placements and the Take Two Intensive Therapeutic Program for children and adolescents suffering the adverse effects of abuse and trauma. For young people who have been accepted by these programs there is an expectation that assessment will be thorough and extremely comprehensive and expenditures on intervention will, where deemed necessary, be substantial.

One participant observed, in relation to practitioners who do assessments, as a psychologist I thought, and I had worked in the justice system, I thought I could do assessment pretty well. It wasn't until I worked in the child protection system myself that I realised the complexity of it. And the complexity of the histories of these people and I was appalled at my arrogance initially as I thought what is hard about this. You know about human behaviour, you know about human development, I can do an assessment and know what these people need. No I didn't. (Participant 3)

As outlined previously in this thesis the Victorian child protection and out-of-home care system has adopted a system of assessment, case planning and review which uses a very comprehensive framework adapted from an English system called Looking After Children. The juvenile justice system similarly has developed a relatively comprehensive approach also directed to reducing reoffending. In my experience, however, there are significant numbers of 15 to 17-year-old young people whose situations are concerning, but not warranted serious enough, to receive this level of attention. Many do have episodic attention from agencies but, until their problems get severe enough to invite either rejection (or referral on) or acceptance to an intensive program, both assessment and responses are limited by both program philosophies and resources.

When things do get severe enough we see the level of attention reported by this participant in relation to one young person.

We learnt from the kid to stand in her shoes and to start interpreting the external world the way she did, because otherwise, our responses to her missed the mark by miles. By

working with staff, she threatened them, she attacked them, she has done the worst. By working with a small group of female staff, she originally said she hated women because her mother had been a bit of a failure, I think we are making huge changes for her, because she now trusts these women, and she will talk about how she feels when Mum cancels access and they encourage her to cry. And she asks them, "do they cry when they are sad." (Participant 1)

This participant also drew attention to the need to train staff specifically to work with a particular young person with disabilities and other participants spoke of home-based care program approaches where carers are recruited and trained specifically to care for one young person with no expectation that they will continue after the placement ceases.

Another participant gave attention to the limited aspirations and world view of many of these young people. Often their aspirations reflect the low expectations of family and carers.

This participant said,

It's about the system acting like a good parent so that the child knows where it's going to be today, what's in store for it, can predict, and can start to think about the future. Most of the kids we work with don't have any sense of the future. They just know how to survive today. (Participant 3)

This observation reminded me of a comment made by Alan Gibb, one of my senior staff at Winlaton in the late 1970s. He said that so much of the effort of the young people we were seeing, and the system working with them, was pitched at survival and not much else. I do, however, have the benefit of hindsight in respect to a significant number of those young people and have seen some move beyond survival to full and productive lives. Two women whom I met as troubled teenagers 30 years ago have worked with me in the last three years with troubled youth of today. It does mean, however, that sights need to be set on a better quality of life. Among the burgeoning literature on quality of life one finds a Canadian model which has a substantial research base and which talks in terms of people "being, belonging and becoming" (Centre for Health Promotion 1995). There is also an impressive array of Australian work on subjective and objective quality of life which can be accessed through the Australian Centre for the Study of Quality of Life (AQOL) at Deakin University. Helping each young person to find a positive view of him or herself, social connection and support and a positive sense of the future are important goals of intervention.

#### Emotions and Emotional Intelligence

Validating, articulating and managing or containing feelings and their associated behaviours are seen as important components of good practice by all participants. One said,

A lot of good practice involves modelling the capacity to constructively show emotions or feelings etc so that kids who might be a bit behind the eight ball have a model to fall back on. It's a worker's job to put things in a kid's head. It's the kids job to decide when and if they use it. (Participant 2)

Another participant in the course of the interview raised the issue of emotional intelligence as a key factor for effective practice. This came as something of a revelation after discussion of a range of incidents and instances of good work by staff. The participant said "if you've got somebody who doesn't have emotional intelligence they never do good work with these really damaged kids because they will not have the capacity to understand why they behave the way they do" (Participant 1).



It was suggested that emotional intelligence is a fundamental quality. Training and further education can add to it. The construct of emotional intelligence has been attributed to a Doctoral Thesis by Wayne Payne in 1985 titled "The study of emotion: Developing emotional intelligence. The construct was explored by others including Salovey and Mayer (1990). It was popularized in the work titled "Emotional Intelligence" by Goleman (1995). He defined it as (1) the ability to identify and name one's emotional states and to understand the link between emotions, thought and action, (2) the capacity to manage one's emotional states -- to control emotions or to shift undesirable emotional states to more adequate ones, (3) the ability to enter into emotional states (at will) associated with a drive to achieve and be successful, (4) the capacity to read, be sensitive to, and influence other people's emotions and (5) the ability to enter and sustain satisfactory interpersonal relationships. Some aspects of its nature are contested in the literature but a substantial number of the participants gave credence to such a quality. This will be explored later in the thesis.

If she's got the emotional intelligence, as you build the training on, then she reflects 'oh so that's why I do what I do, or feel what I feel'. Behaviours just don't make sense to a lot of people. They just see them as bad kids. All the training in the world is going wide of the mark unless you have people with emotional intelligence..... she knows how to engage with this particular kid and meet the needs. I have always said, I don't care if people make mistakes, whatever that is, provided they try to understand where the kid is at and meet their needs. (Participant 1)

Self-awareness and emotional regulation were pointed out as important attributes in staff. In addition to providing a calming and containing affect it enables a much more considered response to stressful events which in turn can be utilised to help young people through modelling and discussion to extend their own coping mechanisms. Some useful empirical work has been done on adolescent coping which identified three broad strategies (planning, seeking help and dysfunctional approaches e.g. wishful thinking, drinking) which break down into 18 more detailed strategies (Frydenberg and Lewis 1993; Frydenberg 1997). These observations are also entirely consistent with the research-based training in therapeutic crisis intervention which I have been training staff to utilise over the last three years. This approach, developed by Cornell University, teaches a variety of techniques to avoid the escalation of stress-related violence and to utilise crisis situations as a learning opportunity for young people. A central feature of insight development is seen as enabling them to understand the connection between feeling and behaviour (Family Life Development Centre 2001).

One of the participants suggested that, regrettably, relationship-based concerns and issues such as emotional intelligence had not been prized in the culture of the broader system. There is little doubt that feelings and affect play a major role in motivation, risk taking, drug use and many other aspects of adolescent development. It is a theme which warrants significant inclusion in models of practice. The next category in the series encapsulating good practice intervention was a prominent concern about how to contain excessive risk-taking and set limits on behaviour.

#### Behavioural Boundaries and Limit Setting

Three significant sub-categories emerged in discussion of issues related to the category "behavioural boundaries and limit setting. Faced with extreme challenge programs appear to respond with exclusion or demands for containment or punishment. The subcategories explored

below are, first, negotiating limits in everyday care, second, alternatives to secure care and third, the use of secure care.

#### Negotiating Limits in Everyday Care.

This theme was a prominent component of discussion in each of the first wave interviews partly due to its obvious connection to the topic of challenging behaviour and partly because it was introduced in the interviews by the interviewer as an issue which poses frequent dilemmas in practice. There was also unanimity among the participants concerning the importance of the relationship as a basis for setting limits. One participant put it this way,

Another element of good practice, if you have a good relationship with a young person, is the capacity to challenge behaviours, to challenge values, to challenge lifestyles and to challenge with some credibility. The relationship between the worker and the young person has to be intentional, one with a purpose behind it. One of those purposes is the capacity to challenge. This raises the issue of setting boundaries and saying no when appropriate. It may involve decisions, 'perhaps I can predict a bit where this kid is going with this, I can jump in there and stop it now or I can let it go a bit further and see what happens. There are two options: One is the kid will get through it fine, or alternatively, I'm going to be there at the other end anyway'. This is probably a good parenting skill. There is a saying that you can't subtract experience you can only add to it. Adolescence is about picking up as many things as you possibly can, not being told all the time don't do this or that. Sometimes they are better off finding out for themselves. (Participant 2)

Another participant said, "Also important is the strength to say 'no that's not good enough' when necessary. Being nurturing doesn't mean letting someone do whatever they want. People get confused about this sometimes" (Participant 3). Exploring a bit further the characteristics and behaviour of people able to do this, they were seen as people who are centred in themselves, with a good understanding of themselves and able to put the other person first. They exhibit quiet confidence and an ability to relate to the children and their world, understanding it sufficiently to explain or interpret it to the child. They are able to deal with the problem of "splitting" (young people idealising people then feeling let down), understanding how some responses to this are not helpful.

They are not depending on being liked. They are able to stand back and be reasonable when others are caught up in the drama with a child. They are like nurturing, wise parents but with a really clear understanding of what they can offer. They never make promises they can't keep or give a child unrealistic expectations. (Participant 3)

Another participant's observation about the significance of relationships as a vehicle for negotiating boundaries is as follows,

Young people may make demands on staff who may have to say, 'Look I am not able to do that. If you do that that's your choice, I won't support that decision but if you get into strife I will still be here to ....' Generally in a residential care program one of the things you can use is the relationship. It happens in families and depending on the relationship it can happen in case management. You can say 'look, this is what our relationship is built on, you're going over there and I'm telling you that is out of bounds'. It would be pretty rare for a worker to cut themselves off from a young person. (Participant 4)

Three of the first wave participants discussed at some length the question of physical containment in secure care. Some of the discussion contemplated alternatives to the use of secure care when responding to high risk and challenging behaviour. Some touched on the merits of its use per se, a highly contested issue. The following presents some participants' observations, firstly, on alternatives, and, secondly on its use.

Alternative Responses to Secure Care. One participant, reflecting on limit setting, setting boundaries and consequences and responding to risks, said,

I have seen many kids who want you to manage that for them but don't want to admit that that's what's going on. You have to do it in a way in which they don't lose face with their peers. The interpretation of behaviour will influence the nature of our responses. Is it about, "I want to kill myself" or is it about "I have to show everybody I am tough so these are the things I have to do." (Participant 3)

Another important element is around enabling the young person to have some autonomy and not imposing things on them. "We can say 'I guess you are making decisions, I hope you make the one that will keep you safe'. Imposing things on them may lead to them voting with their feet".

Exploring further the question of sanctions and consequences, it was noted that there needs to be a hierarchy of consequences, but there is also a distinction between imposed consequences and natural consequences. An example of the latter included,

"If you do that your friends are going to think you are a dickhead". That's meaningful to kids. Influences in their peer group are very different to the influences that will make you into a model citizen, so you are rewarded for being more out of control than society would say is good. (Participant 3)

This participant also noted that there is a common dilemma in managing the tension between doing things which are intended to keep kids safe, which remove responsibility and autonomy, and taking some risk in the hope of achieving a longer term gain or least avoiding unwanted consequences of the action taken. For example "using secure welfare is likely to raise the question in the young person's mind, 'what sort of person am I?' The conclusion may be, "it is a badge of honour" or that "I am such an out-of-control person that I have to be locked up, I can't manage myself" (Participant 3). It seems possible that both of these conclusions may join the young person's internal working models and emerge in different circumstances.

Further observations were that Court action has to belong in the hierarchy (as a natural consequence for some offending behaviour). In general, however, it is too far removed from the behaviour or the action to be meaningful as a consequence (for immediate behavioural concerns). "Behaviour management regimes (positive and negative reinforcement) are of little value in the absence of a relationship. They are useful as an adjunct" (Participant 3).

Another participant reflecting on the question of boundaries and limit setting suggested that part of developing the relationship is "being upfront about the rules of engagement. A significant part of it is having time for the young person" (Participant 4). The intensive case management service in this agency is caring for 18 high risk young people. There are four case workers, a team leader, and overall manager of case management services plus a mental health and drug and alcohol worker. "Part of the relationship building is the availability and being able to talk in person or on the phone" (Participant 4). The worker has to have good negotiation skills because communicating and negotiating is happening all the time.

"look we discussed this and you said you would.... and if you keep doing this, these are the likely consequences". The reality is our staff do have to say to kids, "look I'm really concerned about what you're doing at the moment and (for example) today I'll be contacting the Department and making a request for secure welfare, I am concerned that you are at risk out there" The emphasis is on being upfront and consistent and honest. It is not about saying I'm worried, then grabbing hold of the kid and whisking them away. (Participant 4).

This participant also emphasised that supervision and consultation within the team is critical. "The worker can be engaging with the young person and thinking there is something seriously wrong here, they can go to the mental health worker and discuss what they are dealing with and what they suspect. It's about taking advice and making proper use of secondary consultation". Reference was also made to utilising natural consequences for learning,

I think that we really try to talk to young people about the natural consequences which are going to occur. For example, if the young person goes to a transitional SAAP program and they are not paying the rent, this that or the other, the natural consequences are that you are going to get thrown out. And that means that you end up at (a refuge) or someplace like that. If that were to happen the worker would still be engaged with the young person, with some young people, particularly where there are mental health issues. Sometimes there are voluntary placements, and not very, often involuntary placements. (Participant 4)

Another participant suggested that where it is possible "it's much better to have a young person go somewhere with a staff member who is trusted enough for them to say what they are really thinking about" (Participant 1). An example was given of a young boy who was feeling exceptionally threatened by messages he received from his father who was about to get out of jail. These pressures are often behind explosive behaviour in residential units or elsewhere.

Discussion with one participant turned to the question of written contracts. It is not something which is done as a matter of course but some mechanisms in use have a similar effect. Any client on the high risk register is required to have a three-weekly meeting which reviews what is happening and obtains agreement on a plan of action. This involves negotiating with the young person and eliciting agreement. Two experienced liaison staff from the local child protection unit provide an interface with the agency's programs. They are involved in the three weekly meetings, have daily contact and a really positive working relationship with the agency team. (Participant 4)

The alternative of taking the young person away to another environment (such as going for a drive) that might also bring distress down, I have encountered frequently in recent experience with high-risk cases. One participant reinforced the strategy noting some limitations,

Even offending young people can benefit from a trip to the riverbank for fishing with an appropriate adult mentor. Some of these opportunities are being eroded also by regulations and restrictions. Staff need rescue qualifications to go surf fishing. Opportunities are being eroded in the desire to keep young people safe. Taking kids away does not always work. One city kid went absolutely berserk when she got out among the paddocks and gum trees. She was not happy with this degree of isolation. The worker had to turn around and come back. (Participant 1)

Little emerged in the discussion with any of the participants about the finer details of behaviour management techniques based on incentives and consequences. Strong emphasis was given to the importance of relationships being a platform for negotiating boundaries which seems to imply both a concern and a distaste for thinking in terms of such responses. Some of my own experience in direct work with very challenging young people has reinforced the difficulty of dealing with young people who feel they have nothing to lose. Building up a stake in conformity or tolerable levels of behaviour at least can be quite a challenge. It brings to mind the system called "parenting with love and limits" developed by Scott Sells (2001) which I have drawn on to some extent in practice over the last three years. It does contain considerable detail concerning incentives, consequences and contracts. It also triggers considerable reflection on the relativities of behaviour management I have encountered directly in home-based care, residential care (both

group and one to one) and care within institutional settings and the techniques taught in therapeutic crisis intervention to avoid and reduce crisis escalation. We return to this topic at a later point in the study. The final subcategory identified as an aspect of behavioural boundaries and limit setting concerns the use of secure care.

Using Secure Care. The issue of secure care was raised by one participant, with reference also to deinstitutionalization and the loss of safe accessible respite “ where a kid’s totally lost control, when their internal controls have broken down. We haven’t replaced the opportunity of putting the kids somewhere safe for a weekend to settle down” (Participant 1). A case illustration dating back to the 1970s was given where a young 12-year-old was running around in circles in a fairly busy street after cutting up her pyjamas into squares and setting them on fire. The building she was living in had the potential to be a firetrap. This created a considerable fire risk to both herself and everybody else. After seeking help from mental health and elsewhere without success, she was returned to Winlaton, an institution for young women with secure, semi-secure and open accommodation.

We felt bad about it but when we went to see her on the Monday morning she greeted us with the biggest hug and cuddles and was so relaxed that she may well have been at a resort on the Gold Coast. At times a kid needs to be in some physical containment in order to reach some emotional containment. We’ve lost that and we’re not fair to those kids. We put them through trying to struggle in the community in a unit with other feral kids when they have totally lost the ability to manage themselves. .... this is wrong because it’s applying adult principles around containment and rights and so forth to adolescents in that period of turmoil. We did not like using RDO (Return Director’s Orders) and did not do it very much or for long periods of time. (Participant 1)

The role of secure welfare was discussed with another participant and some positives and some negatives about its use were acknowledged.

Secure welfare can be helpful because it provides the kid with a sort of, the eye of the hurricane in a way, where they can calm down and have some responsible adults around them to say let’s give this some thought, and many of the kids who go in there do relax and let themselves just stop and think and be kids again, rather than tough guys and hooligans or whatever. I’ve seen girls go in there and play with soft toys like they are five years old again and boys play with cars on the floor, when on the outside, they are stabbing people on trains. So in some ways it’s good in terms of holding them emotionally and psychologically at some stage, but that’s got to do with the environment, the staff, all sorts of variables. It’s not just the building and the fact that they are locked up. (Participant 3)

This participant also made the following observations,

Any physical containment, however, has to be considered in terms of its potential negative effects. It is much better for a child to get it under control in the community in the environment in which they are going to live, and for the people around them, to be in concert about what needs to happen and how it needs to happen. You can lock the child up and take them away from all the influences that trigger their behaviours and they behave very differently, but they have got to live in the community and manage all the influences that are there So, while you may see a huge change during a confinement or containment, it doesn’t take long when they are out, before the same old triggers are pushing their buttons. The transition back and out has to be really well-managed so that they can continue to behave in a way that is safe, positive and all of that. At the moment we don’t do that very well. (Participant 3)

In practice in the last three years I have witnessed a relatively high level of conflict among practitioners about the use of secure welfare. In instances where it has been used a number of problems have arisen around entry, exit and the degree of agreement between the various parties

involved about expectations of what was being achieved. In the context of the Take Two Program, a clinician has been added to the staff of the secure welfare units. This may better serve the interests of young people admitted to that program. I have also witnessed the use of psychiatric inpatient facilities and a measure of conflict that use generated among practitioners. There appears to be much room to develop a better understanding around these issues, notwithstanding a considerable degree of prescription and regulation about the use of these facilities. I have also observed a number of cases where repeated failure to negotiate boundaries with some young people appears to have accelerated their progress into more serious substance abuse and offending behaviour, resulting eventually in secure placement within the juvenile justice system. I suspect that this adds to the burden these young people carry forward rather than it being a necessary constructive step in their emotional and behavioural development.

The next category identified in the series encapsulating good practice involves attempts to move beyond crisis and behavioural management challenges to expanding developmental opportunities. It involves both generating and finding opportunities and includes the often difficult task of motivating young people to participate.

Generating or Finding Developmental Opportunities and Motivating the Young Person to Participate in Them.

Underlying this category is the concern expressed by one participant that workers should be well versed in their understanding of adolescent development. For this population, however, it was apparent from all respondents that getting beyond crisis and behavioural management is often very difficult. Success appears to be focused more on keeping these young people alive and minimizing their disruptive effect on others. The principal sites for generating developmental opportunities -- family and mainstream school -- are largely absent from these young peoples' lives. Two of the respondents were associated with non-government agencies which had established their own alternative education programs. One agency had designed a "creating dreams" program which set out to find opportunities to engage and capture the interest of young people. Reference was made to a number of programs which took young people away for adventure experiences. One participant pointed out a particular person who engaged some troubled young people to assist in a horse riding program for people with disabilities. Another person was discussed who engaged young people in caring for injured animals. For the more challenging young people attaining and maintaining relationships with adults was presented as the key to any further steps. Questions were raised about the wisdom or otherwise of bringing the more troubled young people together because of the negative synergy which often resulted. It was recognized that troubled young people often gravitated to each other. Often they sought out the easy acceptance and, at times, the excitement of street life. One participant pointed out that no matter what placement arrangements were made the more challenging young people "worked their way up and down the [locality]" and when they encountered each other would "fly into each other's arms" (Participant 1).

Some reference was made to the Looking After Children approach to assessment, case planning and review which has a strong developmental and participatory intent. Getting past assessment, crisis management and problematic coping mechanisms like substance abuse, risk

taking and offending involve considerable persistence and resilience on the part of workers. The seventh category identified as encapsulating good practice follows.

#### In for the Long Haul and Finishing Well

This final category in this section on the findings relating to good practice in, what I would like to call, "purposeful intervention" (purposeful intervention is a further category from second level coding), concerns the length of time involved in the intervention and the endpoint of the intervention. I believe there was unanimity among the participants that the length of engagement will vary idiosyncratically and is often not fruitfully managed by targeted time-limited intervention for the more challenging young people. Time-limited intervention, however, is the prevailing orthodoxy driven, I believe, by economic considerations on the one hand and, on the other, by principles of minimum, least intrusive and least restrictive intervention embedded in the policies and principles of the 1989 Victorian legislation. The new Victorian legislation, the Children, Youth and Families Act 2005 gives much more emphasis to stability in care and leaving care processes which acknowledge some need for sustained longer term support.

One participant raised the question in terms of disengagement.

Good practice also has to include the capacity to know when to disengage and to do it in a way which doesn't have a negative effect on either the worker or the young person. No one does this very well and there has been very little work done on it. (Participant 2)

Further exploring the question of what might be the right time to disengage especially given the likely extension of responsibility in the new legislation the participant added,

I think it's more likely to be a negative thing to pull out too early rather than remain involved for too long, particularly if we are talking about a relationship based approach and we are talking about a developing adolescent with a few or negative other role models. It is about being in there for the longer term. (Participant 2)

Another participant raised some issues based on a case situation with which we were both acquainted. It concerned a couple who were providing supervised placement support to a young person.

He would have to be one of the hardest kids ever to engage, you could get his attention if you offered him something, but the minute you didn't, he didn't want to know you. To form a relationship with him is absolutely amazing, the way they have done it. (Participant 3)

Noting that it has been hard work and it continues to be, participant 3 continued:

I don't think a lone person could have done it with him. It was the couple. She could provide the nurturing side, be tough when she needed to and he is just not a person to mess with (This, I think, is a reference to his powerful physical presence (physically fit, tattooed, motorcyclist) but also his strong, genuine, caring demeanor). These things need to be provided for as long as necessary -- a time dictated by the kid's needs 'not by the budget', by people who are not limiting or claiming territory but able to work collaboratively (with congruence) toward common goals. People who have an understanding, that these kids will be where they are emotionally for as long as they need to be. But if you provide them with the opportunity to re-experience what they should have when they were children, they will grow and change. They are not going to stay stuck emotionally, say at two years old, provided they are given opportunities to grow through it. There is a lot of fear that children will stay stuck which I don't think is warranted. (Participant 3)

This point raised the question of dependency. This participant observed that there are still quite strong attitudes in the field representing fear of creating dependency. Ensuing

discussion resulted in the view being expressed that a period of healthy dependency and interdependence may be a valuable and possibly necessary step on the pathway to achieving independence.

I am working with a little boy at the moment with the carers who are lovely people and want to do the right thing. They are saying it's time he grew up he is 10, he is not a baby, but emotionally he needs to be a baby sometimes. The more they push him, the more he resists, but apparently on the surface he appears to be compliant with what they want, but you can see that the development is not happening. He can present the way they want but it is not real change, it's superficial, he is being a good boy because that is what they have asked him to be. It's not where he is really at. (Participant 3)

The question of home-based care for high risk adolescents was touched on briefly in Wave One and was explored further in Wave Two. There are many challenges inherent in it and I have observed a number of serious placement breakdowns associated with aggressive and destructive behaviour. There are, however, reports of some Victorian agencies operating with a degree of success and some trialling of therapeutic foster care is in train. The literature review reports on some overseas experience including some pertinent Scottish research in which professional foster care was tested as an alternative to secure accommodation. Good outcomes were found in approximately one third of the carefully developed strongly supported foster care placements (Walker et al. 2002: 222).

All parts of the system, I believe, are challenged by the need to arrive at a combination of the variables of duration, strength/composition of the care, support/intervention team and the form of intervention appropriate to the needs of the particular case. I believe that it is also appropriate to suggest that one of the principles underlying professional intervention should be to remain active in the young person's social system only for as long as necessary to achieve mutually agreed upon goals which meet the needs of the young person without detriment to the host community and leaving with reasonable assurance that a positive developmental pathway can follow. In some instances such an outcome might be achieved quite quickly as proponents of some models, such as multisystemic therapy, suggest. Some instances, however, will take years to achieve a reasonable outcome, while a small number will require lifetime support. These premises underlie, to a considerable degree, the models of intervention utilised by the Take Two program and the Multiple and Complex Needs Initiative (MACNI). The use of these programs, however, is limited to a small and heavily screened target group. There is, I believe, a need for a more sophisticated understanding of case closure and the idea of constructive disengagement. Some words borrowed from a colleague, Mark Furlong (Furlong 1998:103), refer to the process of ending an episode of intervention as "finishing well". Perhaps an emphasis on constructs such as "constructive disengagement" or "finishing well" might elevate our thinking about the endpoint of intervention. My view of the field as it stands suggests that too often too little is done too late with dire social and economic consequences for some young people, some staff, families and the wider community. The end of intervention is abandonment, hopelessness, a heightened sense of failure and, sometimes, bruising bitterness. Regrettably, the effort to eliminate risk, so evident today, seems to carry with it a tendency to lay blame. One consequence is defensive practice where responsibility is avoided, denied, shifted and at times, laid at the feet of the victim.

A concluding note for this section of the work, of categories encapsulating good practice, leads to a proposition that our response to challenging youth should involve -being there with



intentional relationships and purposeful intervention. In grounded theory terms perhaps this is a core category. Also apparent are the strong parallels between these categories associated with good practice and what one finds in an examination of positive parenting processes. The next section of this chapter examines four categories which cluster around the concept of young people who present serious challenges to the service system.

### Perspectives on Young People Who Challenge the System

The following four categories emerged from the data generated in first wave interviewing and they signal a contemporary need to shift or to expand our service responses to accommodate the ideas they represent. The categories are titled, “appreciating adolescents”, “normalising or pathologising”, “including families and the extra familial environment” and “school and the question of learning”. In a similar way to the previous section, each category is presented in terms of the participants’ expressed views and other supporting observations from my experience and key connections to literature.

#### Appreciating Adolescents (uniquely and collectively)

This category draws on the fact that all of the participants referred to the significance of understanding the adolescent life stage and its various dimensions and variations. Its various bio-psycho-socio-cultural concerns, its emotionality and behaviours, to which is added the unique elements of the individual’s life course, lifestyle and lifespace (Owen 2000), which underlie perceptions and behaviour. In addition to this type of understanding they suggest that a capacity to empathise and enjoy working with them makes an important positive difference. One participant observed that:

The bedrock of good practice includes an adult who has developmentally been adolescent and become an adult, to which is added a really firm understanding of adolescent development, both normative and aberrant development, and the issues that impact on development. The other fundamental for effective practice is to enjoy working with young people. The sort of good practice that rarely exists anymore. A good homegrown youth worker is somebody who has some of the characteristics that adolescents have in and of themselves, prepared to take a risk, a bit creative, a bit out there. ‘Bugger all the obstacles we are going to get through this is no matter what’ - that adolescent resilience notion. I think good workers used to have those sorts of things, but I think now that has been battered out of good workers. (Participant 2)

Another pointed out:

Relationships work up to a point, but even when a kid has a good relationship with a staff member the pressure of the peer group will, in most cases, override that. It’s the adolescent life stage stuff kicking in, after the event [intentions genuinely established with the adult], the young person may be very remorseful, genuinely crying with a note of despair ‘see I’ve f---d up again, I can’t help myself’ (Participant 1).

Elsewhere this same participant was advocating better arrangements to enable young people to access much-needed positive peer relationships.

There is a large volume of work available, as indicated in the literature review, which can assist in understanding the adolescent life stage, the early, middle and late stages within it and its dimensions with related developmental tasks. It includes the recent work on brain function and development which bears on some aspects of readiness for responsibility and the reformulation of various aspects of parent child relationships. It does not relieve parents, carers and adolescents

themselves from quite difficult decision-making at very frequent intervals. These interviews reminded me powerfully of some particular rules of thumb I have found useful for a long time. One is from an undated paper I came across in the 70s. The author, D. Edwards from the Fairfield School for Boys in Lancaster, Ohio, suggested that “programs are people” and the essential tasks facing the people delivering programs for adolescents are maintaining honesty, developing positive relationships and negotiating behavioural limits (Owen 1982). Another is derived from crisis intervention theory (Parad and Caplan 1965:60) where it is suggested that for healthy development, growing young people, need to be loved for their own sake, they need to experience a balance between freedom and control of instinctual expression, a balance between autonomy and dependency with respect to tasks and have adequate role models. The review of literature has pointed to the significance of allowing some autonomy and encouraging responsibility while continuing to exercise duty of care in the challenging 14-to-17 year-old period (Morton et al. 1999). The need to manage the inherent conflict with parental authority as identity issues and capacity for autonomy are being forged.

There has long been recognition that levels of maturity vary and the maintenance in Victoria of the dual track custodial system for young offenders, where 17 to 20-year-olds have a youth specific alternative to the adult correctional system, is seen to allow for some diminished responsibility, some vulnerability and some greater prospect of rehabilitation. It is interesting that recent research on brain function and development suggests a need to more actively accommodate this immaturity. Until their early twenties it would appear that young people may be more prone to follow emotionally driven responses and less able to exercise functions driven by the prefrontal cortex capacity for “sober second thought” (Winter 2004). Juxtaposed with the demand to increase the participation of young people in decisions affecting their lives and to listen better to the perspectives of children and young people (Shier 2001; Reimer 2003; Owen 2003), there appears to be a need for careful rethinking of our responses to challenging adolescents. The case for the value, socially and economically, of investing in early intervention in early childhood has been made and accepted by the Victorian Government. A case could similarly be made for investing in prevention and early intervention services with adolescents.

#### Normalising or Pathologising

The second category on perspectives of young people challenging the system was labeled “normalising or pathologising”. One participant made reference to the prevailing situation in the Western world, where adolescence has expanded, with young people tending to stay at home longer. It tends to be those who are not very well equipped who move out early.

We don't seem to have the capacity to treat these kids as normal, the sort of things our own kids would take for granted -- you move out, short of money, short of a meal, someone to do the washing -- there is a backstop. Again, our tendency to pathologise. If they rely on you, that can be seen as dependent and a bad thing. If they haven't got the commitment, if they run out of money and are hungry it's because they spent all their money and it's their own fault. The best way to teach them a lesson is to make them go hungry. This is not the standard the community applies to kids in general. (Participant 2)

Services often come at the cost of stigma, blame and social exclusion rather than inclusion and invitation to responsible citizenship.

Professionals feel better if they identify a lot of ‘problemness’ rather than see situations as a bit of ‘problemness’ but the rest being explainable in terms of where the young person

has come from and what they have had to deal with. Some of it is just to do with being a teenager. That in itself can be threatening to adults. (Participant 2)

With reference to fostering an air of normality within programs, another participant was reflecting on how the culture of the agency assisted their residential services to work. It was seen as an extension of the agency's honest, caring and supportive culture and the environment that is created. In contrast to some other agencies, the residential units have not been stripped of mirrors, furnishings etc. which might be used as weapons. They look like an ordinary home and there is a culture of pride about creating a homely atmosphere. There are accidents, holes in the wall, etc. but such events are dealt with, repaired and resolved quickly and appropriately (Participant 5).

Another participant, in reflecting on the SAAP system, observed that, compared to other sectors, legislative and accountability frameworks are lacking and other sectors are better resourced. Resources tend to be concentrated where pathologising occurs.

It's a pity that these kids are used to being told they are bad, mad, sad. They don't need anybody else to tell them that again. So setting them up into a situation where they will probably fail just allows us to sit back and say -- well complex needs. Complex needs and we are under resourced. We haven't been creative enough to provide them with some different options. (Participant 2)

In discussion about the attributes of some very effective workers another participant said:

They actually like the kids and are very good at containing or managing their own emotions. This is helpful to young people who are having difficulty with their own emotional regulation. Being around someone who can hear all your awful stuff, know about your behaviour but still care about what happens to you and speak to you as if you're not from Mars. That quality is very important. (Participant 3)

Such observations are reminiscent of the point made in a growing amount of literature about the significance of the notion of normality or normalisation for young people. A number of writers basing their conclusions on interviews with young people or, in two cases, researchers who have graduated from delinquent careers to professional practice have pointed to the profound concern young people often have to see themselves as normal (Anglin 2002; Ungar 2004; Kipnis 1999).

I recall this issue as an abiding concern for many young people I encountered in institutions for young people in protective care and for young offenders. I can recall saying to many "I think we're more alike than different and I don't see you walking around with two heads or six legs". Even where there is obvious difference and disability, gains are more likely when commonalities and abilities are emphasized. Notwithstanding the need to consider contamination issues (creating negative synergy (Dodge et al. 2006) through client mix), situations are often helped when clients find others who are struggling with conditions and circumstances which are similar to theirs. Inclusive of questions relating to positive and negative peer and sibling cultures, these issues merit extensive further consideration. At the very least they suggest an approach to good practice which gives emphasis to seeing the young person's behaviour as an understandable adaptation to events in their life. This is a starting point for acceptance of them as a person of value and searching for ways of legitimately expressing that while managing (including finding the strength and support to manage) and not being dominated by behavioral concerns and "problemness".

### Including Families and Connecting Them to the Extra Familial Environment

All the first wave participants acknowledged the significance of family in the lives of these young people. Including and connecting families was adopted as the third category on perspectives of these young people. All acknowledged the degree of variability in the way service systems respond to families and that often blame is levelled at parents and few resources are available for extensive work with the families of adolescent clients. They are often in disarray and distress and challenging to work with. The topic was not substantially explored in this round of data collection. Its significance, however, is clear. Participants made a number of observations. For instance:

One of the things that sometimes happens is that we take away authority from families, not power but their authority. A better way to be working with families (if they are not an absolute mess) is to be trying in some way to reinforce the family's authority with their child rather than going into battle or making the assumption that if the kid is having difficulty, then the family must be fundamentally bad. (Participant 2)

This participant suggested that in both the youth homelessness system and particularly the protective services system one encounters a situation where kids are removed from home and there may be no family contact for years until, one day, something happens, for example, the kid gets into trouble, and it's the family who comes to the rescue. (Noting exceptions) "there is some sort of bond or loyalty". Further,

I don't believe many people can have kids and be absolutely indifferent to anything or everything that happens to those kids. Parenting is something that needs to be a subject that is just as important as English and Maths and Geography in school. It's not something you should fall into by accident with no one [to guide you], with no preparation. (Participant 2)

Further, the issue of talking to families was raised particularly when the worker senses that, whatever the problems are, they can be sorted out. It is a concern when the young person doesn't want the family to be approached. At times the system demands consent from the young person before the family can be approached and, quite often, workers feel bound by confidentiality and privacy principles to adhere to the young person's wishes in this respect.

It means developing the relationship with the young person and challenging and keeping at it until the young person does give permission to talk to the family. (Participant 2)

Another participant suggested that working with parents can be challenged by various aspects of their own difficulties.

Usually these kids have parents who have had experiences like they have. They have not had the opportunity to form relationships or understand what good parenting is about. So parents who can be involved in any capacity that they can, because the kid is going to get their identity from their parents anyway.. if the parent can offer something and learn as well it would be wonderful. (Participant 3)

In response to the interviewer's observation that "kids often go back to their parents." This participant said,

Absolutely. Often the system is judgmental about parents who have mistreated or rejected their children but they are people without the capacity to do what is asked of them. Yes, support the parents. (Participant 3)

It was also suggested that there are parents who are "too difficult to work with and who are not in a space to change". This observation brought to mind some of the possible approaches that might be employed to help people move through the stages of change proposed by

Prochaska et al. (1995) and frequently referred to in the drug and alcohol field. That forms one component of the parenting with love and limits approach of Scott Sells and there is likely to be potential in the more recently emerging family conferencing and family therapy avenues of work.

There have been a number of developments in the field concerning the consequences for families when parents have a drug addiction, a disability or mental illness and a variety of programs are emerging specifically targeting these issues. There is also growing concern about reports of violence toward parents with adolescent children as the perpetrators. It would appear that any of the concerned service systems dealing with challenging youth need access to positive approaches to working with families. James Anglin (2002) makes reference to service systems seeing programs where their children are living away from home as an "extra-familial environment". This has the effect of not substituting or excluding families from their place in the child's life but building a parallel system to foster growth and development which can adapt to whatever the family has to offer while compensating for any shortfall. One participant in the following comment encapsulates such an optimistic view.

I think the kids need to see their parents not as absent, and not as written off by the system, that their parents actually struggled with some of the things they struggle with. And that it's not all hopeless and that people learn and change and grow. Always, there's always got to be that theme, that there is always opportunity to learn, change and grow. (Participant 3)

Anglin's conception of an extrafamilial environment appears to be a useful way of thinking about the parallel support system needed when family shortfalls are harmful. Ideally effort expended on connection can provide necessary respite and refuge when necessary enabling the young person to have the best of both worlds.

#### School and the Question of Learning

After family, discussion with one participant turned to a theme which I have adopted as the fourth category bearing on perspectives of young people who challenge the system. This category concerns the role of the school as the other most obvious compelling influence in a young person's life.

For a lot of schools there is not much capacity to hang in there with challenging kids because of the notion of contamination, or lack of time to spend relative to the needs of other kids. It needs to be seen as a community responsibility not just the family, school, youth or social worker. At a policy level we need to be saying that young people are a genuine concern. That is the message that government should be giving people rather than scapegoating them [kids] when it suits them. (Participant 2)

The question of education for challenging youth is a frequently recurring subject of concern. A number of the participants commented on the difficulty mainstream schools have in trying to cope with these young people and their frequent suspension and expulsion. Two referred to alternative education programs being operated within their service. Some reference has been made elsewhere in the thesis to some young people for whom their involvement in school is one of the few stable aspects of their life. Within my practice experience an absence of trouble with school or education for these young people is the exception. One result is lifelong disadvantage, not infrequently intergenerational. Good practice demands the inclusion of this concern as part of purposeful intervention.

### A Concluding Note About Perspectives on Young People Who Challenge the System

This set of four categories emerged from the data generated in the first wave of interviewing and they signal a contemporary need to shift or to expand our service responses to accommodate the ideas they represent. The categories are titled, “appreciating adolescents”, “normalising or pathologising”, “including families and the extra familial environment”, “school and the question of learning”. Appreciating adolescents drew attention to the importance of understanding the major developmental impact of the adolescent life stage. The importance of accommodating immaturity while fostering opportunity for responsible decision-making is emphasised as well as the way resilience is built through positive social connections and learning opportunities. The category normalising or pathologising draws attention to the need to emphasise commonalities while accommodating difference. Support is given to the need to foster a sense of normality while finding pathways out of pathology. The literature on resilience as indicated in the literature review gives some guidance about these issues. The category including families and connecting them to the extra familial environment, gave emphasis to services being oriented to and resourced for realistically working with families. Both tasks, finding the potential within family, while building parallel supports to fill gaps and provide a safety net, were signaled. The category of school and the question of learning emphasised that learning is crucial but schools frequently fail to deal with the crisis ridden concerns of these young people. More access to viable education alternatives is necessary.

### Toward Good Practice as Seen at the End of First Wave Analysis

The above represents the first part of the analysis of the data obtained from the five First Wave participants in response to the first research question. Categories were initially broadly divided into three sets of subcategories to enable discussion and further direction for the second wave of data collection and analysis. One set included the challenging categories of “contemporary complexity” and “philosophy, theoretical underpinnings and models for practice”. A second set was categories encapsulating good practice while the third included perspectives of the young people themselves.

Ongoing analysis of these First Wave data suggested, firstly, that more understanding is needed of societal impacts and the complexity of service system responses as part of our consideration of practice principles and the skills which need to be recruited and developed in the work force. Secondly, our conception of good practice arising from this analysis is that it involves appropriate adults being there with intentional relationships and purposeful intervention. Thirdly, intervention requires more active inclusion and stronger emphasis than is commonly available at present on understanding adolescent development concerns and contextual impacts for individual young people in the between years, i.e., particularly those in the 14-17 age bracket. This includes clear conceptions of how to reconcile therapeutic necessities with the strong need for a normalising social climate which young people appear to need. A strong case was made for more active and inclusive activity with families while in some cases, extrafamilial alternatives are needed to mitigate and help to deal with family related problems. A strong plea was also made by first wave participants for continuing and increased attention to alternative education options for young people for whom mainstream school is unsuitable.

A number of additional categories are presented below pertaining to views expressed about factors which enable or impede good practice (questions 2 and 3) and a further set relating to the participant's views of an optimal service system (question 4). Later discussion includes the further step of identifying core categories as part of the aim of generating theory from practice. This was augmented, however, by the product of further waves of data collection.

### What Factors Enable Good Practice?

The analysis of the data provided by the first wave participants, relevant to this question, generated ten categories which were clustered into two sets of categories. The first set relates to the workforce (the workers themselves) and the second to the work place. The categories are explored below within each of these sets. The categories clustered in their sets are as follows. (Set 1) Investing in the workforce: finding and growing positive, purposeful practitioners; attributes of workers associated with good practice; attracting and selecting good workers; and, supervising, supporting and retaining good workers. (Set 2) Achieving a safe and positive workplace: agency values and culture; a collaborative style -- teamwork, partnerships, consortia and the question of congruence; managing critical incidents; managing change constructively; and, facilitating and clarifying appropriate roles. The label for each set is also a superordinate category with core category potential. Observations from participants are presented below in relation to each category and, in some instances, examined in the light of my own practice encounters and, to some extent, illuminated with salient connections to the literature.

#### Investing in the Work Force

The participants were unanimous in expressing the view that the best resources for enabling good practice in any organisation are the workers. One said:

The things that enable it, the best resource, in the context of workers and young people, the best resource that any organisation or agency has got are its workers, they are its best resource. I'm not talking about money or cars or mobile phones, it's the people who do the face to face work with the kids. Investing in their skills, investing in their support and investing in their mental health, they are all appropriate use of resources. (Participant 2)

#### Finding and Growing Positive Purposeful Practitioners

One participant suggested that there is a need to look at the education courses people do. Concern was expressed about the current courses in social work, youth work and welfare. Through the experience of supervising students from university and technical and further education (TAFE) courses, this participant felt that there appears to be a lack of knowledge about adolescent development and the things that affect it. There is a tendency not to see beyond the behaviour, and workers are already "being inculcated into the notion of pathology". In addition to more input on development, it was suggested that there is a need to get beyond the policy and procedural approaches to "a more reflective approach to analysing practice, what we did, why we did it, could we have done better". There needs to be exploration of why they are interested in working with young people, and their placements need to be constructed better with more support from the institution. "This would also provide a better way of identifying those people who don't belong in the field" (Participant 2).

Following discussion with another participant about the way in which allegations against staff are being managed, the interviewer asked what might be done better. The participant observed:

One of the things I see time and again is that the workers who have the greatest interface with the kids are the least educated and the least informed about the kids' needs, so, if that could be changed it would be huge I think. Then, absolutely, the most crucial thing is supervision by people who are, if you can't have educated and trained staff in terms of the functioning of these kids and their needs, you need to have highly educated trained supervisors who can guide them [and] help them process their own stuff and what's going on with the kids. (Participant 3)

Two of the other participants were associated with an agency previously mentioned, which had come to the conclusion that its workforce was particularly effective in working with challenging young people, yet it had been relatively untrained and unable to articulate what it was that led to that effectiveness. A confluence of events appears to have enabled the agency, over a period of about six years, to now articulate their model of practice and, through becoming a registered training organisation, to contribute to the development of curriculum material for competency-based training in child protection and care, to train their own staff (from 10% to 90% qualified with Certificate 4 in protection and care) and to deliver training to staff in other agencies.

These three accounts from the participants prompted me to recall many past struggles associated with the idea of having a suitably selected and trained workforce for this field. For the present there is the heartening observation that the Victorian Government has funded a major Residential Care Learning and Development Strategy.

There have also been other developments in the field such as the introduction and promotion of case management as a role and as an approach to practice, and the adoption of multidisciplinary teams as an approach to practice. At the present time one is likely to encounter someone from a range of disciplines, e.g. social work, welfare studies, psychology, occupational therapy or nursing performing case management or casework in a child protection, mental health or complex care team. Many of these developments have occurred with contest, contention and power play. There appear to be swings between promoting broader and more generalist categories of occupation and specialist (sometimes restricted) categories. It is fair to say that detailed job prescription and competency-based formulae theoretically dominate the fields of practice in which we are interested in this study. The prescriptions are also influenced by occupational health and safety considerations (accentuated by financial penalties applied through Work Safe premiums and other sanctions) and other risk averse pressures such as police checking to avoid the recruitment of paedophiles, violent offenders, etc.

On reflection, in relation to workforce management, the post in which I felt we achieved a relatively positive work workforce was at Winlaton Youth Training Centre. I was Superintendent there from 1974 until 1979. The ratio of staff to young people was generally quite good as we worked towards units of between 6 and 12 young people which had two staff on during the day shift (7 a.m. until 3:30 p.m.) three staff on duty in the evening shift (3 p.m. until 11 p.m.) and one stand-up staff position to supervise two adjoining units overnight (11 p.m. until 7 a.m.) with additional support when needed. During the day there was also a school and some additional program and management staff. Young people were engaged in many activities both on-site and off-site. We managed to achieve rosters which permitted staff to have every second weekend off.



The night shift were generally permanent workers who wanted work at that time and the day and evening staff had rotating eight-hour shifts. We resisted the introduction of 12 hour shifts as experience elsewhere led me to the conclusion that although it was often preferred by staff (7 days off per fortnight), it at times led to them taking a second job leading to more fatigue and less emotional reserve to attend to the needs of our residents. Achieving a satisfactory work and family life balance for staff also helped in this respect. Recruitment strategies emphasised emotional stability, above-average intelligence, variety in age and life experience, gender balance and variety in training and skills as well as capacity and interest in further training. There were few recruits at that time who had university qualifications and those who did tended not to stay in residential care roles for very long. I felt, however, that it was good to have such recruits, even if they stayed for up to two years before moving on, as they often brought a degree of challenge to thinking and practice which was beneficial. We had a reasonable level of specialist professional support (nursing, medical, psychiatry, psychology in addition to social work/welfare on-site and from regions). We generally maintained a steady throughput for training in addition to some in-house strategies for training and development. Industrial concerns were rare and, although the work was challenging, the environment was relatively supportive and congruent.

In recent times, I continue to encounter concern about maintaining a trained and healthy workforce. In crisis accommodation (SAAP), residential care, and residential units attached to juvenile justice, mental health, alcohol and drugs and disability programs sleepover shifts and 24-hour rostered care arrangements are common. A massive injection has been made through the residential care learning and development strategy to promote competency-based training with some backfill capacity as indicated in some of the above discussion with participants. There are many training opportunities and choices available with some funding for backfill in protection and care programs and SAAP programs. Balancing work demands, resources and training opportunities continues as a challenge for supervisors and workers themselves. At this point it is difficult to ascertain whether labour market structures and competency-based training options have had much success in delivering a pre-trained workforce of tertiary graduates and direct care workers with certificates. Some literature of interest which bears on the question of investing in the workforce include Treischman, Whittaker and Brendtro's 1969 landmark work (*The Other 23 Hours*) which emphasised the significance of the role of direct care staff relative to professional and therapeutic efforts. More recently attention has turned to the significance of the structure and culture of services and James Anglin (2002:53) has been successful in identifying a framework of practice pertinent to residential care.

Some additional issues arise in relation to home-based care and the level of training and support necessary to achieve a sustainable day-to-day care and work life balance. Some trials are taking place in Victoria of therapeutic foster care but debate continues about the nature and quantum of training appropriate for different forms of foster care. As indicated above, for some challenging young people home-based care might be a one-off experience with high levels of training and support necessary. Some have argued for the intrinsic worth of a home-based workforce which is primarily volunteer (altruistic) and subsidised rather than salaried (Evans and Tierney 1995:9). Others point to the necessity for the system to include both traditional and professional foster care and a variety of forms for particular purposes (Triseliotis et al. 1995; Kelly

and Gilligan 2000). There are also tax advantages in being subsidized rather than salaried. Questions also remain about the level of training and support which should be available for those providing kith and kin care. The challenge of providing sustainable and appropriate care is not necessarily diminished by natural network status. This appears to be recognised in that caregiver payments are now available to kith and kin carers.

To conclude this discussion of education and training and skill development, I am mindful of some views which have been expressed about people with fewer qualifications but pertinent life experience having greater staying power with challenging young people (Berry 2005) alongside equally strongly suggested views that a high level of education and training improves outcomes (Henggeler 2004). This is also the case with the Oregon Social Learning Centre's Treatment Foster Care model (Reid et al. 2002) which has been adopted as a basis for programs in a number of countries including New Zealand (SuccessWorks 2001: 21-23; Harris 2003). Based on both distant and recent experience I am inclined to the view that better outcomes are achievable when the care team has members who can relate to the young person, sustain their involvement and either themselves have the necessary knowledge and skill or they have access to supervision or support from colleagues which can fill in the gaps. One phenomenon of recent years has been the production of training packages around particular approaches to intervention or particular components of the work. The competency-based training movement which has now created a framework of competencies and standards to guide training providers is one example. Others include things like first aid certificates, Therapeutic Crisis Intervention (TCI) and comprehensive intervention packages such as Multi Systemic Therapy (MST), the Families and Schools Together Program (FAST) and parenting skills development approaches such as Pathways to Positive Parenting (Triple P). Professionals can add these to their repertoire of intervention strategies and, by so doing may gain continuing education points for additional professional accreditation.

The next category looks further at the qualities one seeks to recruit and/or develop in the workforce.

#### Attributes of Workers Associated with Good Practice

Reflecting on the characteristics of people who stand out as being associated with good practice, one participant suggested that good workers should be non-judgmental about kids, able to understand the issues and not be frightened of young people. They "actually like the kids" and are "very good at containing or managing their own emotions". This is helpful to young people who are having difficulty with their own emotional regulation. A further manifestation of this quality is typified by one participant's observation of a young person perspective, viz., "being around someone who can hear all your awful stuff, know about your behaviour, but still care about what happens to you and speak to you as if you're not from Mars " (Participant 3). This participant observed, as well: "Also important, is the strength to say no, that's not good enough, when necessary. Being nurturing doesn't mean letting someone do whatever they want. People get confused about this sometimes" (Participant 3).

Exploring a bit further characteristics and behaviour of people able to do this, they were seen as people centred in themselves, i.e., with a good understanding of themselves and able to put the other person first. They exhibit quiet confidence and an ability to relate to the children and their world, understanding it sufficiently to explain or interpret it to the child. They are able to deal

with the problem of splitting (young people idealising people then feeling let down), and understanding how some responses to this are not helpful. 'They are able to stand back and be reasonable when others are caught up in the drama with a child. They are like nurturing, wise parents but with a really clear understanding of what they can offer. They never make promises they can't keep or give a child unrealistic expectations' (Participant 3).

Other participants referred to the ability to engage, to convey a sense of respect, to work in a collaborative collegiate way, to be flexible, creative and innovative, to be committed to following things through, to be able to contribute to building and sharing the program culture, to be strong advocates for the young people, to be passionate about their work, to be supportive of colleagues, to be emotionally intelligent, to be able to manage their own stress and baggage and to be able to maintain a healthy lifestyle.

Also among the responses were some observations about what good workers are not. They are "not frightened of kids", they are "not depending on being liked", they are "not making promises they can't keep", they do "not have unrealistic expectations", and they are "not easily fazed".

These views again brought to mind the exhaustive attempt to identify the range of competencies needed for work in this field which have now been enumerated by the National Training Board and also a strand of activity pursued by one La Trobe University Masters graduate which focused on the recruitment and selection of residential child care and youth workers. This work included particular reference to avoiding the employment of potential abusers. Some of this work has led on to a packaged program called "Choose with Care" and a monograph on the recruitment and selection of residential care workers (Kiraly 2003).

#### Attracting and Selecting Good Workers

One participant said that their agency does not advertise for residential workers. Rather, potential candidates tend to approach them. People are chosen, most importantly, who can engage young people, who like them and convey a sense of respect. Part of the program's appearance as integrated, holistic and sustained is a product of hiring people who share the culture and passion. This enthusiasm is conveyed in a variety of ways in dealing with the field and wider community.

"It is a very powerful group in which we encourage strong opinions. There is an open door policy and people are encouraged to draw attention to things that need to be done. The agency has a reputation for expressing strong opinions in meetings, etc. That is a good thing as nothing changes without an amount of passion but there is also the commitment to follow it through." (Participant 5)

Some reference was made to the difficulty of recruitment in rural regions and in an agency which had operations in a number of regions there had been some capacity to provide some support from one to the other. Collaboration between agencies in particular areas at times led to movement of staff between agencies with positive effects. Particular care was taken to match workers with young people. Potential workers would be engaged as volunteers or the program support roles. This enabled young people to have contact with them ultimately contriving opportunity for ongoing involvement to be invited rather than imposed (Participant 1). In the light of the frequent assertion that the recruitment and retention of carers is difficult I have been told by some agency staff that the most successful recruitment results from carers talking to other

potential carers among their friends and acquaintances. This contrasts with the statewide campaigns which are being undertaken in recent years in view of the declining recruitment and retention of foster carers. Discussion with another participant suggested some merit in having a more local focus, such as concentration on a particular local government area, which might enable some more active exploitation of the capacity within that community (Participant 5). Student placements provided another avenue in which potential workers could become directly acquainted with the work but it was felt that more institutional support from the school involved could improve the outcomes through the use of more reflective and experiential learning techniques (Participant 2).

My own experience points to the value of enabling people to have supervised experience as volunteers or temporary workers in order to enable them to test their interest and abilities in a supervised, supportive environment. Developing a pool of relievers can be one strategy to facilitate this. It is also my impression that few professionals feel confident and competent to work with troubled adolescents whereas unskilled workers can be attracted by some of the rostered arrangements, penalty rates, etc. as well as the prospect of doing something worthwhile. Some reference has been made to people who graduate to the work from their own challenging backgrounds. Where this is the case, both potential benefits and vulnerabilities are substantial. Attention to self-awareness, sufficient support and supervision are imperative.

One participant pointed to the problem of assuming, as was the case in some of the deinstitutionalisation strategies, that workers experienced in one field of work can adapt readily and quickly to another. Some can but it is more likely that transitional steps will be needed (Participant 4). Another warned against the assumption that the best answer for troublesome young people is an intimidating or aggressive containing environment (Participant 2). The considerable research underpinning the development of the stress model of crisis utilised in therapeutic crisis intervention points to the dangers inherent in this view. The risk of death and injury to clients and staff through insufficient stress and conflict management and the inappropriate application of restraint is considerable (Holden 2001).

#### Supervising, Supporting and Retaining Good Workers

All participants emphasised the importance of supervision and support as a component of this category. In one agency the integrated and caring nature of the culture was emphasised and the importance of continuing to let staff know how valued they are and how extraordinarily flexible and innovative they are. This agency was actively seeking developmental opportunities for staff including training, research and student unit roles. Reference was also made to the importance of mentoring, debriefing where necessary, and encouragement for staff to participate in community activities or other activities which will help them maintain a healthy lifestyle (Participant 5). Thinking of the needs of young people another said that, "they wouldn't experience placement after placement after placement because it breaks down because carers aren't supported enough to manage them" (Participant 3).

This participant also drew attention to some important qualities in supervision.

Supervisors who can say to a worker, instead of just hearing what this kid's been doing, someone who can really say to the worker, who understands transference, counter-transference, projection all those things -- what do you think is going on here, what's the kid trying to do, what's underlying this behaviour. So supervisors who can get staff processing those things will [enable the system to] end up with well-informed staff. So

supervisors need to be very well-trained and have a sophisticated understanding of human behaviour, I think, and to be well-paid and have some status. That's another thing. This work doesn't have a lot of status and yet it is so important, it's amazing isn't it. (Participant 3)

Another pointed to the significance of working with other experienced staff and having good supervision and experiential learning in a safe environment. The ability to reflect on events, behaviour and responses is important for learning and confidence building.

Hey that wasn't too bad, you understand why you did that, look it's okay, you know -- no one will sneak up from behind because I'll be in the room with you and all those sorts of things. Not all the kids are dangerous, but if it gets to that situation where staff are scared of the kids and kids are antagonistic towards staff, what sort of environment is that to work in or live in? (Participant 2).

One of the agencies represented pointed to their high staff retention rate with the average period of employment being 6.9 years. This was attributed to a range of factors which centred on the agency's values and culture and its active effort to care holistically for staff and young people and the families of both. Agency values and culture also emerged as a category attached to the set of categories which follow viz. the significance of achieving a safe and positive workplace to enable good practice.

#### Achieving a Safe and Positive Workplace

This second set of categories which relate to the overarching category, "achieving a safe and positive workplace" are: (1) agency values and culture, (2) collaborative style and congruence, (3) managing serious incidents and the no fear factor, (4) managing change, and (5) facilitating and clarifying appropriate roles.

#### Agency Values and Culture

One participant suggested that it is much easier to work in an agency that has a core set of values as opposed to many regulations.

If you know where an agency is coming from it is much easier to feel confident about the work you do. Getting together mission statements, principles of practice and all that sort of thing is a real challenge but it's a real responsibility. Setting a culture within the organisation or a program is really crucial. Many people don't have a sense of culture or how the culture can have an impact in things. ' it also effects I believe, the way kids operate within the culture. ' (Participant 2).

An example was given of the service redevelopment processes related to the establishment of medium-term units with staff redeployed from an institution. The two senior workers covered the night shifts which enabled routines to be established around bedtime, etc. It reinforces the point that the culture is reflected in everyday things and the culture is infectious.

Discussion with another participant turned to some of the culture building aspects of the organisation, the effect of training, the way it is reflected in the model and the fact that the agency has a slide show about its culture. Staff regularly act beyond the call of duty. Recently when designing some new promotional materials the participant realised that the collected photographs of programs showed that much of what was happening was over and above the job descriptions. This is reminiscent of some of the work referred to in the literature review conducted by the late Robin Clark and encapsulated in the statements " when care is not enough" (Morton et al 1999) and" it has to be more than a job" (Clark 2000). A sense of optimism and enthusiasm was also conveyed by the same agency which valued a "Can Do" attitude. Thinking about overcoming

impediments to good practice was to observe that the agency has “the Nike factor -- we just do it. If people come up against stumbling blocks we would expect them to solve them. If they can't solve them managers would get involved.” Further,

If there are systems issues or funding issues we will find a way. They are incredibly creative and will raise money by having stalls. If they need money they will find a way to raise it, if it's within our guidelines. We have our own education program and that's grown out of a group of kids who were excluded from all mainstream education and all alternative whatever, the behaviours stuff. It's run down in the hall. But if there is a need we will design a program to fit it then figure out how we will fund it and do whatever together”(Participant 5).

Doing things together has emerged as a dominant theme in Victorian service systems on many occasions. Material emerging in this study points up a category which combines that notion with an emerging theme of levels of agreement between parties. This was a category identified by the Canadian researcher Anglin as “congruence” (Anglin 2002). Discussion of the following category elaborates this point.

#### Collaborative Style in Teamwork, Partnerships, Consortia and the Question of Congruence

Reference was made in the data to the need for both horizontal and vertical integration to occur between service systems if adequate responses are to occur drawing on the variety of knowledge, skills and resources necessary to meet the needs of these young people. One participant refers to the direct service level.

These [good practitioner exemplars] are people who can also work across systems. They don't get into a corner and advocate for the child at the expense of collaboration. They are always able to stand back and see what's the best result, be pragmatic but be very human and warm at the same time. (Participant 3)

Another observation refers to senior management roles as well.

Yes that's right. Working across systems, having managers at high levels who have some understanding of the fallout of decisions. What it takes to get something happening at the ground level when they make a decision. All those things count, good collaborative relationships, all that, are so important. Because no one service can provide for these kids, you need mental health, drug and alcohol, general health, you need some of the clout of child protection, you need the resi services and a good foster care system. All of those things no one's got just what these kids need. The complex needs program, that sort of model, may be more useful to these sorts of kids. (Participant 3)

My recall goes immediately to a variety of attempts to achieve such ends. One example was The Specialist Child and Family Services Program, when as a regional director of Community Services in a metropolitan region I met regularly with the regional directors of health and education to resolve interdepartmental situations. Another was The Enhanced Client Outcomes Project piloted in a rural region and the Working Together Strategy which worked hard on strategies at both State and Regional levels. This latter strategy fostered, as well, a number of region-specific and local strategies built on networks, forums, working parties and committees both ad hoc and standing. Contemporary government policy encourages public-private partnerships particularly in infrastructure undertakings. As indicated elsewhere, consortia have developed and are encouraged in response to service tenders. At the case level, case managed care teams are common responses to meeting the needs of challenging young people, especially those referred to the Take Two program and multiple and complex needs panels. As indicated in the literature review, some notable research points to the substantial difficulty entailed in actually

achieving and sustaining collaboration. A range of conditions are necessary. Anglin's work (2002), however, points to the significance of achieving a necessary amount of it if positive outcomes for these young people are to be achieved. He uses the term congruence and his research suggests its significance at five levels involving the care of children and young people in children's homes (Anglin 2002:61-78). All of the participants in this study pointed to the need for high levels of understanding and trust between the people working with challenging youth or agreed strongly with Anglin's views about its importance. One participant used the following terms:

The need to have a common understanding and trust between the significant players to bring about changes in these sorts of kids. Because if they can split they will do it so effectively'. There are few experienced people in any of the services who can manage this sort of thing. (Participant 1)

Another participant suggested that there was an expectation from management that service integration would arise from the "bottom up" application of collaboration. In his view, it needs to begin at the top ("top down") citing an instance he had encountered in the Department of Human Services where senior managers did not talk to each other (Participant 2). Another participant pointed to the difficulty of maintaining collaboration with people outside a team. The volatility and accountability involved in the work with high risk young people was better managed by having the necessary range of skills employed in the team. This added up to insistence on contracted case management and sufficient critical mass to ensure the capacity to employ the necessary expertise within the team (Participant 4).

#### Managing Critical Incidents

In acknowledging the inevitability of staff being challenged and tested in this work, all the participants emphasised the importance of constructively interpreting behaviour and constructively managing critical incidents. Discussion with one participant turned to considering the agency's approach to handling incidents and instances of trauma.

A quick chat follows an incident with potential consequences to gauge the need for any separate additional response, follow-up or external help. When necessary a support team is set up around the particular person involving the people closest to them. A lot of incident reports get written because of departmental requirements but there are not many serious incidents. When they do occur we will move very quickly to limit the time involved, seek what additional attention is required and deal as much as possible with the associated trauma. (Participant 5)

There was some discussion of therapeutic crisis intervention (TCI) and the fact that this agency had developed its own crisis intervention training. They felt the training scenarios available were not real enough. A program was developed and turned into a video using local material. Many of the staff have had substantial amounts of training in the course of work with the department, etc. The participant observed that if industrial action was to occur, it would be important to question whether spot fires were being dealt with adequately. Workers are more likely to take action if they are feeling powerless. In this agency staff meet for morning tea weekly to maintain relationships and communication and each program contributes to the production of a newsletter. Another participant, acknowledging the value of therapeutic crisis intervention, felt that, in general, dealing with the recovery phase of incidents was not handled very well (Participant 1). This is of some significance as the recovery phase emphasises the need to turn the crisis into a learning event. The expected outcome is improved coping skills for a young person and reduced likelihood of recurrence. A number of approaches have developed in Victoria

for handling aggressive outbursts and threatening behaviour. They generally appear to have originated from industrial and occupational health and safety concerns rather than the child's safety and wellbeing concerns which led to the development of therapeutic crisis intervention.

Most of the participants pointed specifically to the effects of the present risk averse culture, the tendency to seek someone to blame for events and current concerns about processes for managing complaints and allegations against staff. These matters will be discussed in more detail in the subsequent section on impediments to good practice. The point made here by participants is the need to know staff well and, through good supervision, management and participation, to establish ways of working which engender trust and confidence. One agency had incorporated a "no fear factor" in their practice model, recognising that defensive practice will impede their ability to improve outcomes for young people. Similarly they saw it as a management role to deal with obstacles to good practice when they occur.

It is also seen as important to take some things off people's shoulders so they can practice without having to worry about funding or other concerns. They need to be confident that issues will be picked up and managed. One of the elements then, which is included in the model is a 'no fear factor'. Staff are well known, well supported and well supervised. (Participant 5)

### Managing Change

Another theme in the cluster concerning the workplace concerns the management of change. The need to take the appropriate amount of time for change to be introduced and absorbed, was raised specifically by three participants. They also emphasised the importance of consultation and participation. One participant described with some excitement the way in which staff contributed their experience to formulate the approach the agency would take to its future operations. The process was described as being an example of action research or grounded theory as it was solidly based on everyday events (Participant 5). All of the participants described periods of major systems change. Most had significant involvement with processes of deinstitutionalisation and all remarked on the period of devolution in the mid-90s when government operated residential services were transferred to the community sector. Predominant drivers in these processes appear to be economic considerations (cost-cutting and productivity cuts, savings or dividends as they have been described in succession, and equity adjustment formulas) and ideologically-driven or politically-driven change. Often change has followed review or inquiry processes and there are some examples of change informed by research.

In my various roles I have witnessed many of these events, some of which have been very positive and some which I and participants regard as negative in their consequences. There have been examples of incremental change, planned change and radical change. This opens up a very broad topic indeed. A primary question to emerge is whether processes to date have achieved an optimal working environment or one which is sub-optimal. The participants pointed to a number of instances in which they felt the baby had been thrown out with the bathwater, tools to manage the challenges appropriately were still insufficient and that some solutions applied to problems were reducing rather than enhancing effectiveness. All welcomed the opportunity, in spite of obviously heavy workloads, to give consideration to things which might enhance good practice and optimal service system development.

### Facilitating and Clarifying Appropriate Roles



The final theme identified in the positive workplace cluster concerned facilitating and clarifying appropriate roles. From a direct service point of view, all participants emphasised the fundamental importance of the establishment of a relationship between the young person and an adult. Adult candidates for such a role might include a carer, a key worker, a case manager or a therapist. Two participants pointed to the value of giving the young people some choice. Such flexibility can yield greater commitment from the young person and possibly greater compatibility. All had care team models as an ideal with access to necessary specialties and adequate supervision and support. Any model which engages more than one person raises the need for collaboration and congruence as described above. Further, I am drawn to the significance of the need for frequent role clarification within the casework working alliance, pointed to by Trotter (1999, as a key component of work with involuntary clients. It appears to be no less important with this target group. I am also drawn to the implications attached to the roles identified by Anglin (2002:65-76) as levels of group home operation, all of which bear on the flow of congruence toward meeting the best interests of the young person. The levels are the contractual level (funding bodies etc.), the managerial level, the supervisory level, the casework level and the youth level. In my experience with high risk young people frequent care team meetings were usually invaluable for information sharing, planning and debriefing. The frequency might vary with circumstances across daily, weekly, fortnightly, three weekly or monthly. One participant made reference to a three-weekly meeting to discuss nominated contracted cases from the high-risk register. I am currently involved with a case in which the care team meets fortnightly and, until recently, was meeting weekly. It is apparent that a plethora of arrangements exist from one case to another and that substantial numbers of players can become involved.

#### Conclusions Concerning Factors Which Enable Good Practice

Participants in the study drew attention to a number of factors which enable good practice. Analysis led to them being examined in two clusters, the first was investing in the workforce and the second was achieving a positive workplace.

Investing in the workforce had a number of aspects. The first entailed finding and growing positive purposeful practitioners. This entails attending to the issue of training, organisational support and supervision. In spite of the intention to achieve a trained rather than an untrained workforce spanning the last 50 years this has often not been the case and continues to be a challenge to some degree. A number of attributes of good workers were identified by the participants. They include having the ability to tolerate and withstand challenge from young people and, at times, the system; the ability to maintain contact with the young persons and establish a working relationship; the ability to use the relationship to set limits, create opportunities and convey a sense of worth to the young person; the ability to facilitate choice and the participation of the young person in case planning and the establishment of care arrangements. They will have values, knowledge and skill which fit with the needs of the individual young person. They will be able to connect to the big picture for the young person through supervision and through active participation in the care team. Supervision will enable the worker to process practice experience, determine developmental opportunities for themselves while maintaining physical and mental health and a reasonable work/life balance.

Participants pointed out that the values and culture of an agency provide a basis for congruence in work with young people. They impact on the way both staff and young people feel and behave. In addition to enunciation in mission statements and statements of principle, culture is reflected in everyday responses to events and processes employed to get things done. This view of culture is supported by research on children's homes in the UK (Brown et al. 1998). Participants pointed up the importance of a "can-do" culture and the importance of aspirations and optimism. Emphasis was also given to the importance of collaboration, teamwork and congruence at all levels within and between involved organisations. There was some suggestion that in-house teams with requisite skills embedded, make collaboration and congruence easier given sufficient autonomy or contracted responsibility. Another contributor to a positive workplace entailed the constructive management of critical incidents. These are an inevitable part of dealing with challenging young people. Developing specific skills to avoid conflict escalation are necessary and participants saw it as important to overcome cultures of blame. Approaches to managing violent and destructive behaviour based on the well-being of young people and staff were preferred over approaches driven simply by industrial or occupational health and safety concerns. Participatory approaches to change management were valued, as was the need to avoid the kind of change which has at times occurred, which threw out the baby with the bathwater. Work with this target group of young people is likely to involve a significant number and variety of people. Frequent contact and communication including care team meetings were both desirable and usually part of current practice. Role clarification, as proposed by Trotter (1999) and levels of organisation enabling a flow of congruence, as proposed by Anglin (2002), were seen as useful models enabling good practice.

#### What Factors Impede Good Practice?

The third research question asked what factors impede good practice. Participants in the first wave acknowledged that the young people in question present a considerable difficulty for the people working with them, for the system overall and for the community. People generally have the best intentions, but the complexities and difficulties attached to the backgrounds of the young people, the interactions between the young people and those caring for them, the complexities and difficulties attached to the service systems which are called into play to deal with them and risk generating environmental factors (easy access to alcohol, drugs, negative peers and exploitative adults) all often exceed ordinary and easy understanding. Much, however, is known but making the case for overcoming shortcomings to those with responsibility for resource allocation and system design is, at times, frustrating for those delivering the service. Five major categories emerged from the responses of participants. These were labelled (1) ignorance, shortfalls in understanding and unacknowledged uncertainty, (2) specialties, silos, tight targets and limited mandates, (3) absent, fragmented and competing responses to need, (4) accountability, overregulation, risk aversion and the culture of blame, and (5) competition for resources and pricing problems. Participants views with some commentary on each of these categories follow.

#### Ignorance, Shortfalls in Understanding and Unacknowledged Uncertainty

There was a sense that although much good work is done, there are significant gaps and shortcomings in comprehensively meeting the needs of these young people. They are often

poorly understood and at times misunderstood. Their challenging behaviour tends to invoke punitive attitudes and the desire for punitive responses or exclusion to avoid their disruptive effect on other young people and the community. One participant pointed to their unpopularity as a cause and suggested,

The lack of political will in Victoria [to seriously attend to their needs] may emanate from the lack of political power held by these young people and their parents; a lack of community; and preoccupation of the leadership with bottom lines and economies. (Participant 2)

A variety of observations from the participants pointed up levels of ignorance and poor understanding at all levels. Anglin (2002: 57-58) has drawn attention to the importance of congruence in what he identified as five different levels of group home operation. In my opinion, these levels are pertinent to any program in this field. The extra-agency or contractual level concerns the funding sources, e.g., and political and departmental spheres or other funding bodies. The managerial and the supervisory levels are those who organise and oversee the work. The casework level concerns those in direct contact with the young person, exercising duty of care and facilitating growth and development. The youth level entails the thinking feeling and acting of the young person in response to their situation and the opportunities offered. While acknowledging that a great deal is known, participants pointed out that uncertainties are often encountered and many situations are unpredictable. A major concern might be summed up as an unreasonable expectation of certainty and manageability where it does not exist or is not accessible within the available programs and structures. Concern was expressed about mismatches of knowledge and expectations at each of the above levels. One participant said,

Another impediment to good practice which is also structural relates to people who make their way to the top of organisations without any real understanding of what things are like on the ground. People responsible for supervision especially the direct line management of those who look after kids, need to have been there themselves and every now and then should go back to have a look. It is an easy thing to forget. (Participant 2)

Another participant said in response to a prompt about what might be done better,

One of the things I see time and again is that the workers who have the greatest interface with the kids are the least educated and the least informed about the kids needs. So, if that could be changed it would be huge I think. Then absolutely the most crucial thing is supervision by people who are [educated and informed]. If you can't have educated and trained staff in terms of the functioning of these kids and their needs, you need to have highly educated trained supervisors who can guide them and help them process their own stuff and what's going on with the kids. (Participant 3)

One participant pointed to a problem inherent in this field in its attraction for people who have their own troubled pasts. A number of respondents suggested that they could make very good workers, but only if sufficient attention was paid to the adequate resolution of their personal issues and, even then, good supervision is necessary to maximise benefits and minimise difficulties.

A lot of people who come into this field come in with their own problems because they think they can help others, when in fact what happens, unless they have actually worked through it very well and have high support, is that it simply triggers their own issues. (Participant 3)

The following statement pointed to a challenge exacerbated by poor advice which is sometimes given to young people with problematic effects. In this case, cutting herself, a self harming behaviour, had been encouraged as a means of releasing emotional pain.

She had great trouble labelling her feelings and everything comes out as anger and aggression. She has had poor advice from someone in her past concerning her self harming behaviour which encouraged her to do it to release her pain. She had a problematic family background with a number of members with intellectual disability. She grew up believing that crying was weakness and when earlier placed with other young people she was unmanageable because others could wind her up so easily. (Participant 1)

I recently encountered another instance of this where a condoning response was given to a young person concerning his drug use rather than one which acknowledged his power of choice while pointing to the range of the likely consequences.

Another participant drew attention to the tendency to view the troublesome behaviour of adolescents as simply bad behaviour warranting punishing or retributive responses. A more productive view is to recognize it as a product of what has happened to young person in the past and as an adaptive part of their psychological survival. This is a cue to negotiate with them to take responsibility for their behaviour, without being devalued as a person.

When considering these limit setting issues we need to be wary of subscribing to the community view that kids in residential care are bad kids who should not be allowed the normal mistake making that others are allowed. They should have the same rights as other young people. (Participant 1)

Another situation which some participants viewed as a mismatch of viewpoints and problematic in terms of the factors utilised to reach important decisions concerned the Children's Court. The following statements were offered in response to systemic impediments to good practice.

There is something else, the Children's Court and the Children's Court Clinic. They are both parts of the system that need to work better with other parts of the system. They do try to but, the court will seek expert advice on what to do then make a completely contrary decision. That can be problematic at times. I think it's about not knowing, I think it's about thinking you know but not knowing. Everybody who works in the system does it with the best intentions. The court process is pretty brutalising to kids and families. (Participant 3)

Noting that it is, after all, an adversarial process the point was extended.

Judge Jennifer Coates [the former President of the Children's Court] has done some wonderful work but sometimes it's about parts of the system talking to other parts of the system. Some parts seem to be up there on their own somewhat. The Children's Court Clinic will do assessments in isolation from the rest of the system and make recommendations that are somewhat mysterious but other times really good. ... It's the only part of the system that doesn't have to share their reports, I think. They do an assessment, often based on a one-off interview and make judgments about what needs to happen to a kid. That is a bit worrying (Participant 3).

One participant pointed to the experience of their agency that people with professional training tend not to stay in residential care with challenging young people. Others who worked well with young people but without professional education did stay. As a consequence the agency became involved in training. The agency had acted on the fact that people who had come into the residential field with youth work training etc., tended to move on, while the field retained good practitioners [who had no formal training] but many had little "theoretical understanding or language to convey their skills and abilities to others" (Participant 4).

Another common assumption was challenged. It concerned the ability of people to move from one type of care setting to another. It would appear that there is a need to take additional factors into account to enable such transitions to be successful. More knowledge and different

skills may be required. An observation was made by one participant, based on personal experience, about the time it can take for staff to make the transition from institutional forms of care to community-based forms of care. The structure and culture present different challenges. The participant had made this transition and was able to comment on the size and expectations and consequences of this adjustment. The expectation that a simple translation of experienced people from institutions to manage challenging young people in community settings did not result in the robust system expected. Many agencies experienced a blowout in serious incidents and work cover claims. (Participant 4 )

At the level of the young person being able to understand what is happening, a number of participants pointed to the importance of workers being able to help young people to make sense of what was going on. Interpreting events, feelings and behaviour and at times checking that things have been understood are important skills for workers. Reference was made by one participant to the difficulty young people have at times in understanding proceedings in case planning meetings. "Everybody with the best intentions talks in that language, and if I don't understand it, how does a kid of 14 who has been pushed from pillar to post all their life understand it, understand what's going on in there?" (Participant 3).

The issue of empowering young people and enabling them to participate in decision-making was raised,

My observation is that it is pretty hard for kids. If they don't want to be seen as troublemakers they go along and say 'yes' no matter what. If they protest, well they don't have the ability to articulate what is going on often at all' 'if they've got someone who is significant to come along with them, who can sit there and not fight with everybody, I think that is possibly their best bet--- an advocate who won't fight with the rest of the people involved. On their own I just don't know what hope they have got, because the system, and I have not looked at the new legislation in any detail, the old legislation talked about making processes understandable for kids and I just saw the processes get more and more out of reach. (Participant 3)

Collectively these observations would suggest a need to recognize that this work will, at times, carry various levels of uncertainty and unpredictability. There appears to be value in people at all levels being open to new information and to working collaboratively to understand the things that might help. There is a need to articulate the perspectives of all levels of operation more clearly and to ensure that doubtful assumptions are exposed, and wrong assumptions constructively challenged. Assumptions, values and, at times, specific knowledge are the province of particular special groups.

The next category (which is a cluster of connected sub-categories) relates to the way in which divisions in the field, according to the participants, are at times detrimental to achieving good practice.

#### Specialties, Silos, Tight Targets and Limited Mandates

As indicated earlier one participant felt that professional education in a number of disciplines had an overemphasis on pathology and a lack of emphasis on how to work in a normalising way.

Professionals feel better if they identify a lot of 'problemness' rather than see situations as a bit of 'problemness' but the rest being explainable in terms of where the young person has come from and what they have had to deal with. Some of it is just to do with being a teenager. That in itself can be threatening to adults (Participant 2). In my experience the differences in

culture, mandate and priority leads different parts of the system to, at times, clash and, at other times, to draw boundaries which leave gaps in responding to challenging young people. These differences can be exacerbated when agency and other organisational boundaries have to be crossed as well. Participants referred on a number of occasions to the silos which have developed in relation to mental health services, child protection services, alcohol and drug services, juvenile justice services, education services and health services and how people are often suspicious of those in agencies and services outside their own. Considerable effort is required to overcome these differences. Reference was made to the way how, on some occasions, personal relationships are established between staff of systems and agencies which make a difference. I was reminded of the deliberate strategy developed in relation to disaster response when I was a regional director of community services in a region and responsible coordinating the recovery phase of disasters. Regular meetings were held involving the staff likely to be called on in a disaster from different agencies, for example, police, fire brigade, medical, local government and welfare agencies, to ensure that relationships were established and one was less likely to be dealing with strangers in the event of disaster.

Frequently, protocols are developed between agencies and service areas to provide a basis for collaboration. One example is the protocol established between Centrelink and child protection and housing agencies in relation to young people claiming allowances for being unable to live at home. I have numerous examples from practice of the problematic effects of boundary issues between agencies and services. Participants made frequent reference to targets as a way of describing the number of clients, beds or placements funded for a given agency, area or period of time. In some instances they did reflect the reality of demand and in others they did not.

Participants also confirmed that one of the reasons for some young people not being able to access services that they needed was the limited mandate attached to particular services. For example, the Take Two program is only available to young people who are clients of the child protection system and whose difficulties are seen to stem from child abuse or neglect. I encountered a number of young people in the youth housing arena who could benefit from the type of service Take Two offers but they are not eligible. Some services are only available to young offenders, for example, the Male Adolescent Program for Positive Sexuality. In one recent case involving a dual diagnosis client (mental illness and drug problems) access to a high dependency unit was available for psychotic episodes but not for severe substance affected states. Both states involved impaired cognitive capacity and warranted a protective response. Sorting this out required an elaborate crisis management plan relying on cooperation from the ambulance service, police, the accident and emergency department of the hospital with its connection to mental health triage. It was found that ambulance and police were not always willing to respond and there were some difficulties at times getting the client to the hospital.

These factors combined lead at times to gaps and shortfalls and services. This leads to some observations which cluster under the next category which is concerned with the lack of response to needs for some young people.

#### Absent, Fragmented and Competing Responses to Need

This sub-category is the first of three clustered under the category "specialties, silos, tight targets and limited mandates". One participant who had substantial experience in a number of

programs, including child protection and therapeutic programs, expressed concern about the inability to provide the right service for the young person at the right time. The interviewer asked: Do you feel a bit powerless?

Yes, and if I feel powerless how do these kids feel and families feel? Although I should feel hopeful, Take Two has been created and it is part of the service system response that is appropriate. But one of the problems is that, while we are supported to do the work we need to do with the kids, we try to get other parts of the system to work, they listen and say -- yeah that's a great idea but it often doesn't get done. (Participant 3)

It was acknowledged that demands for service frequently exceed supply and that most programs in most services are usually operating with some system of priorities directed to those with the greatest need or the greatest agency sense of policy or political sensitivity. My own experience of working within the Innovations Program, doing some assertive outreach and, when necessary, endeavouring to arrange mediation for cases being diverted from child protection investigation, confirmed this. Working half-time I found that once the caseload reached about seven or eight young people and families one was reduced to performing essential functions most of the time neglecting things I often felt should be done and unable to act more creatively. Further, when engaged in one-to-one activity with one challenging high risk young person compromise was often necessary and flexibility extremely limited in terms of responding creatively. If attendance at an important meeting was required, without extra support there was little alternative but to give the young person unsupervised free time, which sometimes was appropriate and in others extremely risky. This reinforced the significance of the conclusion drawn by some of the participants in this study that programs need to have the critical mass of about six high risk cases to support the staff complement and teamwork necessary to provide sensible cover across the six one-to-one cases. I suspect also that detailed costing would have to recognize infrastructure supports and additional costs funded from beyond the unit price, including some voluntarily provided.

The observations of participants, augmented by my own recent experience, indicates that some services are in short supply in some areas. It is often very difficult to gain access to drug and alcohol rehabilitation after withdrawal. There is usually a waiting list and by the time a place becomes available circumstances and motivation may have changed. Access to the male adolescent program for positive sexuality is limited outside the Melbourne metropolitan area. Very little respite care is available for troubled adolescents anywhere. Home-based care and residential placements are often hard to access when they are needed. In my local area supported accommodation for homeless youth has recently been thrown into competition with supported accommodation for young offenders. This follows positive discrimination for young offenders who had previously had difficulty accessing this accommodation. Where the overall supply is insufficient, such prioritisation or privileging leaves needs unmet.

Another form of shortfall noted arises from perhaps insufficient training, sometimes insufficient commitment and, at times, insufficient resources or time to carry things through to a proper conclusion. One example of this arose in the course of discussion with one participant about therapeutic crisis intervention and the participant's observation that we are not very good at dealing with the recovery stage of a crisis. Emphasis was given to the importance of finding the time and useful ways of encouraging staff to reflect on how they feel and to understand that kids

will also have a bag of feelings. Some of the emphasis from industrial concerns and Work Cover have moved us toward giving more attention to how staff are feeling than how the kids are feeling. Another example of this kind of shortfall relates to the implementation of the Looking After Children system of assessment, case planning and review. This system, derived from the UK and adapted for Victoria, has been implemented across all regions and agencies concerned with out-of-home care. The system performs a number of functions but one of its strongest features is its utility in providing comprehensive assessment for case plans using a guide called an assessment and action record. Monitoring data suggests that this feature is not used in a substantial proportion of cases (Department of Human Services 2006d).

The physical containment of young people who present as being at risk was discussed with most of the participants in this wave. Some of their observations have been referred to elsewhere in the thesis but the following observations would suggest that the two statewide units are relatively limited in meeting the need. One participant said,

Secure welfare exists in Melbourne but there are a number of issues of concern.

1. It is very difficult to access.
2. It may not be good for country young people to be brought to the city.
3. It is used more for girls as boys tend to be picked up in the juvenile justice system and boys are easier to get out on activities with a staff member. (Participant 1)

The same participant went on to discuss other options for providing safe containment.

Mental health facilities are not inclined to put up with difficult young people. They are inclined to phone and ask for our staff to sit with them. Services for conduct disordered kids who may be developing personality disorders are patchy but, because many of these services are tightly targeted to the most needy or most extreme, they are difficult to access. (Participant 1)

As indicated elsewhere physical containment is a highly contested issue and will be the subject of further discussion as will be the question of restraint. This latter issue is also highly contested and generally not permitted in Victoria apart from in secure welfare units. One consequence of the absence of a safe containment option or an inability to safely restrain is exclusion from many other programs. Another is a substantial use of medication which can act as a form of chemical restraint. One participant acknowledged that restraint is not used in the agency's programs but the question of limit setting to ensure safety was raised.

A lot of the sanctions that used to be available are no longer there to the point that we throw the baby out with the bathwater by having an expectation of the residential service in particular that they will be able to effectively set boundaries and manage them in a community setting. The tools to do this are inadequate. Use of the police and juvenile justice is problematic and their response is often, 'Why can't you control these kids in these units without getting them charged and then getting a juvenile order?' (Participant 1)

Another factor that impedes good practice was expressed in the following way,

Innovation is great, but don't throw out the baby with the bathwater. I have learned from the past that if you're going to create change you need to allow a suitable amount of time for it. Think about the consequences of what you do. Work together don't work against each other. This is one of the regions that works better in terms of agencies working together. But there are many agencies who find it difficult to work together in other regions (Participant 3).



One participant was asked to comment on whether the relatively recent addition of two programs designed to respond to extreme cases was sufficient. The Take Two program for children and adolescents and the Multiple and Complex Needs for over 16s and adults.

I think the problem with both of them, I think they're both good services but the problem is limited access, there is only a certain amount of service they can provide. I think the model is good. (Participant 3)

It can also be noted that referral to Take Two, as mentioned above, is limited to child protection clients suffering the aftermath of severe abuse or neglect. Referral to the Multiple and Complex Needs Initiative has to meet the stringent criteria set out in the Act. Two of four possible conditions have to be present for the case to be referred.

Another subject raised by all of the participants as a matter of continuing concern was that of leaving care. It has been the subject of a number of reports which have recommended continuing support beyond the cessation of an order and where necessary beyond the age of 18. Participants made a number of observations which follow.

#### Leaving Care

This is the second sub-category attached to the broader category "specialties, silos, tight targets and limited mandates". Raising again the question of resources, discussion turned to leaving care programs. It was noted that a lot of young people who have been in care come into the youth homelessness system.

They are kids who are out of home and in conflict with family, etc. One of the aims of the Act is to keep young people out of places like youth refuges. The models that should be developed should spring from what the needs of the young people are. Some of the young people who have moved from care situations to the new leaving care program have had great difficulty. They may be troublesome and be seen as troublesome and they are, but they have angst and despair and sadness at having to leave their care environment. We are talking about young people who are referred to leaving care programs as they are the ones who have no other supports. Just a sense of loss that they talk about or that you see on their faces or that their behaviour indicates. That's really sad, so I think something could be done better about -- a bit more seamless -- just hang in there for a bit longer, in some sort of way that has some intention. (Participant 2)

Reference was made to the prevailing situation of the Western world where adolescence has expanded with young people tending to stay at home longer.

It tends to be those who are not very well equipped who move out early. We don't seem to have the capacity to treat these kids as normal, the sort of things our own kids would take for granted -- you move out, short of money, short of a meal, someone to do the washing -- there is a backstop. Again our tendency to pathologise. If they rely on you that can be seen as dependent and a bad thing. If they haven't got the commitment, if they run out of money and are hungry it's because they spent all their money and it's their own fault. The best way to teach them a lesson is to make them go hungry. This is not the standard the community applies to kids in general. (Participant 2)

There was some discussion of these kind of alternatives which are developing in the supported accommodation system and that the notion of exit from protective care into systems for the homeless or juvenile justice appears a problem.

Young people need to be able to move without a sense of disgrace or failure. They should be able to move out, and if it doesn't work, come back as kids often do in families. The culture does not support that at present. The strong drive for bums in beds works against such a system. (Participant 1)

Further exploring the question of what might be the right time to disengage, especially given the likely extension of responsibility in the new legislation, one participant commented:

I think it's more likely to be a negative thing to pull out too early rather than remain involved for too long, particularly if we are talking about a relationship based approach and we are talking about a developing adolescent with a few or negative other role models. It is about being in there for the longer term. (Participant 2)

Another area where a shortfall in good practice occurs is when young people transition to adult services.

Adult systems view them differently and no matter how carefully a transitional plan is constructed adequate care ceases to occur. The system ceases to account for particular needs associated with intellectual disability or long term abuse. Perceptions of adult rights, appears to mean that the level of care exercised up to that point ceases. Going to get them out of bed in the morning, or having dinner with them in their flat, might be seen as over-involvement and frowned upon. The consequence is that workers in this agency voluntarily carry an 18 plus caseload in recognition of the family or significant other kind of relationships which have developed whilst a young person has been in care. The young people who need this kind of support are often still multi-problem. One young man is still chroming and often homeless, so the agency staff work with whatever services are involved and try to fill in the gaps. It may be taking the young man in for a shower when he gets grubby on the streets or visit young people who have been institutionalised, or remembering birthdays, etc. (Participant 5)

Some proposals to provide a comprehensive response to leaving care concerns were put forward by DHS for the 2006/7 financial year. The bid was apparently rejected by Treasury at this time. In the third wave the suggestion was made that politically "public" permission has not yet been given to support these young people into young adulthood.

The following theme was discussed by all the first wave participants who acknowledge the major impact on the field of the youth and family services redevelopment in 1996/97 in which the state run residential services were closed and the task contracted to community services organisations. This devolution arose in the context of competing responses to the need for out-of-home care and the judgement that home-based care was preferred over residential care.

Residential care had been given a bad name tarnished with philosophies to do with institutionalisation and it was seen as being too costly. The government-run services were also more costly in general than the services traditionally operated by community services organisation. It seems likely that the underlying factor had much to do with competition for resources. It was later pointed out by a third wave participant that this was part of longer term strategy, the Youth and Family Services Redevelopment which may have ultimately delivered better results but it was truncated by a change of Government.

#### Denigration, Devolution and the Slow Recovery of Residential Care

The frequency and strength of these concerns led to this category being included as the third sub-category of the broader category "specialties, silos, tight targets and limited mandates". In discussion with one participant about residential care and home-based care the observation was made that residential units often worked really well. When a Minister came back from an overseas trip and decided that adolescent community placement (ACP) was the way to go,

Residential care was sort of ignored for a while. Then it became the default placement, what we do with the too hard kids those who can't stay in ACP or foster care. Unfortunately, some in authority concluded that this group needed the kind of people who carried around big sets of keys and were big enough to bounce kids off the walls if that was necessary. That sets things up as an oppositional place. We know these kids will

give trouble so we make sure we are going to get there before them. The whole system becomes a war zone. We have set them up this way again we have pathologised. "This is going to happen because these kids are bad, we must react in this way to make sure our bums are covered, we don't get on the front page of the newspaper and what have you". So now you have high risk adolescent units that are full of kids who are chroming and doing god knows what else. Because that's what we expect them to do and we actually put workers in there and don't support them. We just want to make sure they are big and bad and then when something happens, when a worker hits a kid or assaults a kid, abuses a kid or something, we throw our hands up in horror and say bad luck, you're out of here, we didn't see this coming. (Participant 2)

Discussion with another participant turned to the shift of residential services from the government to community sector in the mid-90s. It was posed on the basis of inputs from other informants that the models of care available in the community sector were not as strong as they needed to be.

Yes, absolutely. It seemed like the community sector actually did not realise how much it cost to provide the residential care, because there is the huge infrastructure in the DHS. And they had no idea of the staffing costs, of the training costs, if they had to have all the kids who were in DHS, they had a certain strata of the kids who were much less difficult to manage and the difficult ones went back. It almost all fell in a heap a few years ago very very badly and some of the CSO's just handed the service back and said it's too hard we can't do it. (Participant 3)

It now appears to be accepted by many that these developments went too far. The nature of the place of residential care and its optimal structure is still a matter of debate. Following work focusing on the partnership between the department and the community sector a number of working parties has been looking at the structure and nature of the service system. The Children's Welfare Association of Victoria has published a monograph on residential care (Centre for Excellence in Child and Family Welfare 2006) and I have some involvement in a Department of Human Services project looking at the future of residential care in Victoria. A substantial reaction appears to have developed against the view that residential care is a place of last resort to be avoided at all costs (Hillen 2006a).

The next category examines a cluster of ideas which participants proposed as the fourth set of impediments to good practice.

#### Accountability, Overregulation, Risk Aversion and a Culture of Blame.

This is the third of four categories listed as impediments to good practice. A number of the participants suggested that one significant impediment to good practice has been the substantial increase in accountability requirements. These at times restrict opportunities for young people and compliance routines and requirements consume a substantial amount of worker and organization time. Participants estimated that between 30-60 per cent of child protection and juvenile justice practitioner time is spent doing things on computers. Many workers find this frustrating as their disposition is to work directly with young people and families. It was suggested that in recent years the system has become increasingly regulated, proceduralised and risk averse. I have to assume that the intentions behind these developments are to keep young people and workers safe, although it was suggested by some participants that a frequent reason is to avoid organizational or political embarrassment. The unintended consequences, however, appear to run the risk of having the opposite effect. Young people are denied opportunities for

development and at times are excluded from the most beneficial programs and often appear to be consigned to the street or offender status because of the risk they pose.

Following the devolution of residential care there was, as indicated earlier, according to some participants, a substantial “blow out” in Work Cover claims. It seems likely that the radical nature of the change process may have influenced this. One participant observed:

[This has occurred] because [to a significant extent we have] a workforce that is afraid, as well as the government that is afraid too. And what drove it was the huge Work Cover costs wasn't it. But a lot of those, there were some genuine cases I think, but I know of cases of workers who had reached the end of their productive life in a job and instead of moving on to another one, had some sense that the system owed them and that's where the Work Cover claim came from. (Participant 3)

Beyond this, according to another participant, the impediments are the overregulation of service systems. “People are always scared or worried that if they go out on a limb and the limb breaks, no one is going to cushion the fall. They just could be dumped. You see it in the department all the time, the way they ruin potentially good workers”. (Participant 2)

One participant observed:

These days, even if you want to do good work, where you can connect with the kid and you know there is no risk to you or the child, sometimes you are prevented from doing it by these rules and regulations now, which is pretty insane. (Participant.3)

At the time of these interviews some of the participants were grappling with the implications of the new “Working with Children” legislation and some promulgated procedures for dealing with allegations of abuse in care. One said in that context:

One serious concern at present which is an impediment to good practice is the political environment that has developed in relation to allegations against staff. The demand is to stand people down when an allegation is made. This smacks of being proven guilty until found innocent. The impact on families and their relationships if they are stood down is huge and sometimes the processes can take as long as eight months. The agency sees these issues differently to most without in any way condoning abuse. The agency feels that it knows its people well. I find it appalling personally and professionally. We've had people almost suicidal, volunteer carers and we find now when we explain that process, they back out of volunteer caregiving and we can't blame them and we have to explain it honestly. There is no way anyone would take a chance if they thought anything would happen with the child, a baby, child or young person, but so many times it's been a young person who has been in the system and the only power they have is to make allegations. It is part of the behaviours which is understandable, but the damage it does is just horrendous. I see that that this has got to be one of the biggest ones that impedes volunteers, home-based carers, workers, the way that the system says we can't support people or give them information. I know all that is changing but I just think, I understand there is an election later this year, and I understand the political implications of things going terribly wrong but someone needs to take a stand and do something about that one. That's the biggest one for me. (Participant 5)

Attention was drawn to the fact that some young people at times make allegations for defensive or manipulative reasons. Many also because of past abuse, are normally hyper-vigilant, hyper-aroused and are prone to misread or overreact to the demeanour or behaviour of carers and others. This poses some risks to them and their carers. Illustrations of this reactivity given by participants follow.

Work was described with one young person who was prone to distorted cognitions, difficulty in managing her feelings and suicidal behaviour, which at times was clearly manipulative and attention seeking. At the same time she had become quite adept at playing the system in a dysfunctional way. “She had actually learnt how to play the system and child protection were so

frightened that this kid was going to top herself that they actually empowered her in a very dysfunctional way” (Participant 1).

Being frightened of these young people and being overly concerned with the risks that they may pose and its possible impact can interfere with good practice.

Another suggested that,

At the moment I think we have in the system and have had for long-time, residential workers who are afraid to tolerate the kid's behaviours because they think there's going to be a consequence for them, and often there is...They can be scapegoated. You can't expect a kid who has lived on the streets, or some of the kids we are talking about here, who have had the experiences they have had, to come home at nine o'clock and be in bed no matter what curfew and consequence you apply. So the system gets tied up with phone calls to police and missing persons reports and God knows what, instead of saying no he's not home tonight, I've done the best I can, he will be in touch when it's possible for him to be in touch? (Participant 3)

One respondent with experience of the secure welfare program commented on Work Safe processes.

They are pretty reasonable when you get them out but there is a lot of bureaucracy and money that goes into supporting people to complain, isn't there, rather than making things manageable for kids. I think it's fascinating that when I first came in, they came in with a model to do with dangerous machinery and they want to put PIN notices on kids. You can't work with that child it's too dangerous. What can happen to them? (Participant 3)

Participants were unanimous in presenting the view that accountability is important but excess accountability and regulation is dysfunctional. The management task involves knowing both staff and young people well. One observed that, 'There needs to be a system where the workers feel safe to do the work they have to do. A system that is focused on achieving things rather than managing risk”

Another said:

We need a system that understands that these kids will experience normal interactions in a particular way. They will think it abusive, or have a different focus or whatever. So the system needs to be well educated and have insight into the ways these kids function. It has to support staff but at the same time it has to protect children, and have a really sophisticated understanding of allegations of abuse and interactions. (Participant 3)

In my experience the nature of this work carries an element of risk which cannot be eliminated without distorting both interaction and developmental opportunities to a dysfunctional degree. Much can be done to minimize it, but to hear workers and their supervisors talking about a culture of fear and blame generates doubt about the system's ability to do what is necessary to restore well-being and engender development for young people in its care. Also, to hear of young people in care complaining that three days notice is required to get permission to visit the family or school friends, not to mention the widening necessity for police checks on those in contact with them, sets them seriously apart from some of the expectations we have for our own children..

The final theme to emerge from participant responses about impediments to good practice is the question of resources and the prevailing approach to service provision which speaks in terms of unit costs and pricing.

#### Competition for Resources and Pricing Problems

When discussion with one participant turned to the question of impediments to good practice, reference was made to the tendency for services to gate keep in order to either keep themselves safe or manage workload concerns. “Lack of resources sounds so lame and it's

always said, but it's an issue. Understanding where the balance point is to achieve optimum services is an issue" (Participant3). Another said, "The biggest impediments to good practice are structural. Resourcing is always an issue but it is just a given. If you've got more money you can do more things" (Participant 4).

Reference was made by some participants to the devolution and deinstitutionalisation processes which released resources for the community sector and set up competitive quasi market processes. The opportunity was also taken to engineer resource shifts between agencies and regions in a climate of productivity saving at the same time.

Noting these issues one participant observed,

When they were all pitted against each other for competitive tendering, everybody wanted to grow and thought they could do it but they didn't actually have the knowledge to understand what was needed...They couldn't provide the service and then kids suffered hugely, kids and staff. Some awful things done to staff, I mean staff in a disability unit for child protection clients, young sex offenders – one staff overnight was a Uni student who didn't have a clue how to manage these kids and was afraid of them that's a terrible thing to do. You need really skilled staff who understand the issues and how to manage it and not feel threatened. Because [a consequence was] those kids ended up in secure welfare. (Participant 3)

One participant referred to an agency which did not engage with these processes until somewhat later than other agencies and other regions. They had the benefit of considerable experience with more challenging youth right through to management level within the organization. They also appear to have achieved a somewhat favoured status with their region, in part because of reputation and to some extent through longstanding relationships.

This agency did not experience much of that difficulty as it already had a depth of talent and experience in working with more challenging young people and a later transition in that particular period occurred with better quality and quantity of support. It was observed that there were problems with the translation of resources as the unit price did not account for the previously available layers of infrastructure and supports from within the system as a whole. Administrative backup, on-call and mutual support, mobile response, etc., were not included sufficiently. Unit price is still an issue and the attitude departmental staff tend to adopt is that it is the final word when unexpected resource problems arise. (Participant 4)

It is relatively clear to the outside observer that community service organizations were asked to provide services for challenging youth at less than the cost of the government-run services which had closed. There have been a variety of compensating moves in the intervening years driven by events such as the Work Cover blowout, industrial threats, particular incidents and the scarcity of skilled workers and home based carers. A question yet to be answered is: What are the real costs of an effective service system able to support consistently good practice?

#### Conclusions Concerning Impediments to Good Practice

From the category titled "ignorance, shortfalls in understanding and unacknowledged uncertainty", the observations of participants led to conclusions that there is an ongoing need to capture and build knowledge in this field and to ensure that the knowledge is shared and renewed at each of the five levels of operation identified by Anglin (2002). These were the contracting bodies (politicians and funders), managers, supervisors, caseworkers and young people themselves. Reference was made to the particular importance of managers and supervisors staying in touch with the realities of work at the grass roots. In management jargon there needs to

be more MBWA (Management By Walking Around). Care is needed to ensure that workers and carers are trained in specifics and adequately supervised to ensure that their vulnerabilities are not unduly exploited and the temptation to see the young people as simply bad and blameworthy does not occur. It was suggested that people with professional qualifications, such as youth work or social work, rarely stay in coal face roles. The major impetus of the residential care learning and development strategy was acknowledged. The informed inclusion and participation of young people appears to be limited and needs to be improved by communicating in ways they can understand and realistically involving them in decision making processes.

A second cluster of ideas was titled "specialties, silos, tight targets and limited mandates". Participants pointed to the differing orientations of different disciplines, agencies and service systems which at times lead to dysfunctional clashes and gaps between services. The deliberate strategies are needed to overcome these limitations and to achieve congruence. These may include actively building relationships and negotiating protocols. The experience of the participants suggests that at times the supply of services does not meet demand. Access was marred at times by a priority allocation and at times by limitations of mandate. One result is exceedingly complex (and expensive) responses which at times are unworkable and ineffective.

The third cluster of ideas emerged from participants pointing to occasions when services were absent, fragmented and competing with the effect of limiting responses to need. Shortfalls, at times, lead to compromise and searches between the least of risky alternatives. Access to some services is patchy, waiting lists are common and most services operate with a list of priorities which amount at the end of the day to unmet need. Deficits of training, commitment, resources and time lead, at times, to partial implementation and less than optimal use of some important tools. Contest and concern about some alternatives such as secure accommodation and restraint require either resolution or demonstrably effective alternatives. There appears to be a need to examine the questionable and premature use of juvenile justice and mental health facilities to resolve some problems experienced in the systems of protection and care and youth accommodation. The statewide solutions Take Two and MACNI are seen as good but very limited in their reach. Participants found the lack of action on 'leaving care' disturbing and counter to the expectations we have for more advantaged young people in the community or our own children. They felt an extended mandate and more resources are needed, but noted the failure of a bid to Treasury by DHS in 2006. Adult-focussed systems do not manage the needs of young people very well. Participants drew attention to the recent history of residential care and the failure to develop and use it properly after devolution of state run services in the mid-to-late 1990s. Some doubtful assumptions driving these developments need to be addressed.

The third category to emerge was titled "accountability, overregulation, risk aversion and the culture of blame". Participants pointed to a climate of fear which has a constraining and limiting effect on effective work with these young people. The work inherently carries a level of risk that cannot be regulated away. This needs to be acknowledged and there is a need to urgently examine the regulatory responses which now appear to be limiting opportunities for growth and development for young people in care.

The fourth category to emerge in response to this question was titled competition for resources and pricing problems. My impression is one of overall stringency as a mindset strongly

adhered to by the present generation of Victorian public servants. Economic management is a key concern of the Victorian government having been labelled as the guilty party for economic mismanagement in a previous period in office. Participants acknowledged that arguments for more resources are rarely heard and sound trite. The critical question is what are the real costs of providing an effective service system able to support consistently good practice? My experience, and the experience of the participants in the first wave of the study suggests that some further resolution of this question is necessary. Some impediments to good practice have been identified but there is a need to actively find ways to deal with them.

The following ideas were noted as positive constructs arising from the above impediments: Owning uncertainty; Accepting and sharing reasonable risk; Overcoming knowledge and skill deficits; Enabling positive accountability; Building trust and collaboration; and, Reality based management of supply and demand. These should have a place in fostering good practice and building optimal services.

#### Toward an Optimally Effective Service System which Complements Good Practice

In the course of the interviews each of the participants was asked to respond to the last general research question which sought their views on the optimal service system to support good practice. In each case there was a fairly quick response which provided some key points. Each was also asked to imagine a situation where they have the power or a magic wand to generate whatever was necessary to create an optimal service system and to think in ideal terms.

The quick responses included the following,

an optimally effective system will have some outlet for these kids .... different types of accommodation for different kids and for different lengths of time and the system simply would be a hell of a lot more flexible (Participant 1); it wouldn't be as siloed as it is now -- mental health, drugs, protective services, housing and accommodation. They would all not be as separated as they are (Participant 2), The word that jumps out immediately is integrated (Participant 3); you can focus on the components, there will be a rostered residential facility with a mental health worker and this, that, or the other, but that doesn't provide an optimal service, that's just the resources. It's the people that provide the optimal service ..... [and in a later reflective return to this question] I think the role of culture in any organisation is fundamental to the outcomes you are going to achieve (Participant 4); I think it's terribly integrated because one doesn't work without the other [good practice and an optimal system to support it] .... from a systemic approach everything has to be underpinned by theory. Workers have to be looked after in the same way as children and young people and their families, and the workplace culture has to be developed to enable that to occur (Participant 5).

The picture that built up as the interviews progressed was of a system capable of delivering congruent, seamless and purposeful intervention. It would be characterised by well-chosen, well-trained and well-supported workers and a variety of accommodation options as well as capacity to work with young people at home, on the street or wherever they might be. It would have a robust crisis management capacity and it would have a high degree of flexibility in its capacity to respond to needs in a timely way. It would have access to alternative education options, employment and recreational options. It would be able to employ skilled people from specialist disciplines whenever necessary and, ideally, have them working as part of a team. It would have a number of means at its disposal for working with families. It would have a capacity to do therapeutic work to address attachment, trauma and the range of commonly encountered behavioural concerns. There would be ample brokerage capacity to address particular needs fully and quickly.



One workers view was evocative of an ideal which appears to be generally antithetical to the way beds or “targets” are currently managed in many parts of the system.

I would create a place where they could go, houses where they could live that were well supervised, where the kids were safe, where their possessions were safe, where they didn't have to be every night if they couldn't be there, but their bed was not taken away (Participant 3).

Thinking in optimal terms, drew attention to questions of critical mass. Some agencies had found that pooling the resources attached to six high risk cases enabled the development of a viable team which included some specialist resources. Aggregating these further enabled additional program possibilities. Also raised was the question of service catchment for optimal operation. Rigid boundaries could be problematic, but so could stretching the service across too large an area. One value expressed was logical connection to a community of some sort. This could lead to a wider sense of responsibility for meeting the needs of “our” young people, and potentially some pride, security and sense of belonging.

#### A Framework for Considering the Breadth and Depth of Service System Concerns

Second level analysis included working through the data and the categories which had been identified to find dimensions among them, to find sequences, hierarchies, order and any other relationships. This led to the development, through an iterative process which included reference to both my past practice and recent encounters with the existing system, to identifying a number of groups of categories which together form a tentative framework for thinking about the breadth and depth of factors to consider in building an optimal service system. Its elements were reinforced in the second and third waves but the task of full explication is beyond the scope of this study. The basic framework therefore is included in the appendix (Appendix C) as a matter for further research.

#### Two Categories which Capture the Essence of the Optimal System

Among the many categories to emerge concerning the varied aspects of significance related to the service system two composite categories were identified which I felt encapsulated the essence of an optimal service system. The first is titled “timely, congruent, seamless, and purposeful intervention” and the second, is “variety of service forms, flexibility in operation and community connectedness”. Some illustrative observations drawn from participant responses follow.

##### Timely, Congruent, Seamless, and Purposeful Intervention

As indicated previously there was a high level of agreement between participants that waiting lists and appointments for services for adolescents often missed important windows of opportunity for preventive work and for promoting positive change. Furthermore, inability or failure to respond in a timely way could lead to a mounting crisis and systems which had great difficulty moving from a crisis to a more productive mode of functioning. In discussion with each of the participants the importance of working together, having good relationships between workers and a high level of agreement between them, consistently emerged. When Anglin's use of the word congruence (Anglin 2002) was drawn to their attention there was wholehearted agreement with the significance of the concept. The notion of seamless services has long been part of discussions in Victoria about working together and integrated services. One participant made reference to it in the following way.

Seamlessness would be another important characteristic of an optimal service system. Not only between different disciplines, but between workers in different roles, including direct care, caseworker, team leader and management. This demands good communication and a focus on the way people work together. (Participant 4)

The purposeful nature of good practice was raised in earlier sections. It requires the optimal service system to enable adherence to “best interest” principles as well as very specific assessment-based attention to individual needs.

#### Variety of Service Forms, Flexibility in Operation and Community Connectedness

Variety of service forms, flexibility in operation and community connectedness emerged from some participant comments as a connected group of categories containing key elements of the service system. One participant raised the question of variety and flexibility this way.

When we are thinking of an optimal system, it would cost more than it costs now, because it would have a greater mixture of options if we are talking about the out-of-home care system. Even with a focus on intensive case management services there is still a concern about having different types of accommodation available for different kids and for different lengths of time. The optimal system would need to be much more flexible to enable them to receive the right service at the right time. (Participant 1)

Another said,

It needs to be seen as a community responsibility not just the family, school, youth or social worker. (Participant 2)

Beyond these two categories analysis resulted in the identification of a number of additional categories and sets of related subcategories which bear on the detail of the optimal service system.

#### Research, Evaluation and Substantive Theory

One participant drew particular attention to the importance of practice being informed by theory. The same principle holds for the structure and function of the organizational arrangements to support it. One agency as earlier described had drawn on a number of specific theoretical approaches to develop and articulate a model of practice. Within the field much is made of evidence-based practice as a guiding principle but few clear examples of substantial linkages between empirical work and substantive theory and practice were raised by participants. After adopting it as an important category, observations by participants raised further questions about the contribution of theory to a number of important dimensions of the service system. Three subcategories were identified as follows. To what extent is research, evaluation and substantive theory evident in Victoria in (1) Informing Policy and Legislation ; (2) Informing Service Philosophy and Culture; and (3) Informing Collaboration Between Services?

Some attempts have been made in the past to attend to an empirical base for practice and service development. One example is a literature review completed in relation adolescent primary care services which gathered Australian and overseas service evaluations seen to be methodologically sound (Goltz and Edgecombe 1996). This was followed by a Scoping Review for Adolescent Services Development in 1997. This appears to have been connected to preparation for the Youth and Family Services Redevelopment which was truncated with a change in government. In my experience evidence from literature and evaluation is commonly sought as part of tendering processes but the extent of funding included for its execution is variable.

An exciting new development has been the establishment of a research Chair at the University of Melbourne through a philanthropic, government and community sector partnership which will relate to ongoing planning processes (DHS 2006c).

#### A Valued, Healthy, Dedicated and Effective Workforce.

The nature of the work force has been discussed in earlier sections but it is seen as important to identify a number of subcategories which represent essential aspects of the process of building and maintaining the workforce component of an optimal service system. The overarching category emerged as a valued, healthy, dedicated, effective workforce. Each of the following subcategories was raised by first wave participants and most have been referred to in some way in findings presented earlier. Each has been reinforced by second and third wave participants and some further discussion arises in chapter 6. Together they form a set of essential elements. In order they are: (1) Well Chosen Workers; (2) Well-Trained Workers; (3) Sufficient and Sound Orientation, Supervision and Support; (4) Positive Career and Succession Planning and (5) Job Satisfaction and Work/Life Balance.

#### Forms of Service for the Process of Purposeful Intervention

This next category to emerge in the task of identifying a framework for building an optimal service system concerned the views of participants about the forms of service needed for purposeful intervention. One participant gave emphasis to the need for the service system to be creative and resourceful. It was also pointed out that where the system fails to meet needs with more challenging young people, it is likely that the young person rather than system shortfall will be seen by many as the cause.

It's a pity that these kids are used to being told they are bad, mad, sad. They don't need anybody else to tell them that again. So setting them up into a situation where they will probably fail just allows us to sit back and say -- well complex needs. Complex needs and we are under resourced. We haven't been creative enough to provide them with some different options. (Participant 2)

One of my mentors, the late Dr Len Tierney, used to say in his social work lectures that the outcome of our intervention should be at least one point better than the outcome of doing nothing at all. In the course of the study's interviews various facets of the intervention process became evident. Many of these have been touched on in previous findings. A more orderly attempt to list them is included in appendix C as categories significant to the breadth and depth of factors bearing on the development of services capable of effective purposeful intervention. They cover aspects of the process of purposeful intervention, targets of intervention, creating the extra-familial environment, service distribution and catchment areas, organizational structures and cultures, including a focus on finance and budgets.

Concerns were raised by study participants about the quality and the impact of some of the organisational environments that have developed. These are typified by the following observations from participants.

Discussion with one participant had turned to the geography of service distribution.

This also leads to balancing the kid's needs with worker and system variables. [There needs to be] a collegiate atmosphere where they [workers] know that other people are experiencing what they are experiencing. They have to have easy access to those people to debrief, brainstorm, be creative and all that. But it has got to be about where the kid also wants to be. It will depend on where the child's connections are, especially aboriginal children. Place is just so important with aboriginal families and children'. These young people are scattered

across the State 'so I guess you would have small centres (of service distributed) statewide'. I suppose Take Two provides a model in some ways. There are teams in each region with good communication, you know phone, car, and the capacity to come together frequently to provide support and share ideas, literature, everything' (Participant 3).

An example of an intimidatory environment with high crisis potential "the whole system becomes a war zone" was described in more detail by participant 2 above (page 117).

In discussion with another participant the point was made that critical mass within programs is important to enable flexibility, relief, support and innovation. Self-monitoring, peer review and constructive competition assist in maintaining an open and honest culture and the capacity to obtain and sustain additional components such as case management with outreach etc. (Participant 4).

But another observed that in some parts of our service systems

It's like trying to survive in a violent marriage and bring up your children, rather than in a relationship where the parents work together and have the same goals for their children and support each other and don't allow the children to split them... often we are trying to protect ourselves from various things in the system in order to do the work we know needs to be done. (Participant 3)

Reference was also made to the tendency toward overregulation in some parts of the service system.

Certainly you have to protect people from inappropriate contact and have boundaries etc but I think there are other ways of doing it. I think we have gone mad with bureaucracy, management and all those things which depersonalise interactions which is exactly the opposite to what these kids need. What you can do about the way the world is organised I have no idea. (Participant 3)

Another observation was made about the waiting rooms one now encounters in many parts of the system that are highly secure.

Yes you go in there and it feels like you are in prison and for a system that is supposed to deal with fragile, fragmented, frightened people. .. I can't believe that they make it so hard for them to actually connect with another person. Everybody holds them at arm's length, there are doors to go through, there are barriers on windows, there are receptionists that keep them away from the workers they need to connect with. It's a system that is crazy making for these people, it really is, rather than [a connecting atmosphere like] somebody who walked up to them in the street and says, hi mate how are you going. (Participant 3)

These issues also became matters of concern for further exploration in subsequent waves of the study.

#### Concluding Propositions Concerning the Optimal Service System

Consideration of the responses of the first wave participants led to an emerging picture of the optimal service system which had a number of characteristics. In essence, the picture which emerged was a system capable of delivering timely, congruent, seamless and purposeful intervention. It would contain a variety of service forms, it would have substantial flexibility in its operation and it would be connected to a community which would generate support and a sense of belonging for the young people in question.

Questions were raised about the role of research, evaluation and substantive theory in informing policy and legislation, service philosophy and culture, and collaboration between services. The findings discussed in relation to the workforce contributed to the identification of a service system category titled "a valued, healthy, dedicated and effective workforce". Some

contributing subcategories were also identified. Forms of service able to make a difference included a framework for service development and maintenance. A number of elements were identified which contribute to the purposeful intervention process. Targets of service intervention were raised as, in some instances, the central focus of the intervention and in others as components to be involved in the intervention process. These included services which focus on the individual, the family, wider networks and the community. The nature, the extent and the strength of the intervention was seen by participants as significant for effective intervention. Service distribution, catchment areas and organisational context appear to bear on service delivery, service access and service effectiveness. Organisational structure and culture provided another category and a number of subcategories, including a particular focus on finance and budgets. Finally, some initial consideration of the question of organisational climate as a service environment was added in the light of some participant concern.

These issues were taken forward with those previously identified in this chapter to assist in the selection of the participants in the Second Wave. They provided some additional specificity in the Wave Two interviews and some specific directions in the discussion within them.

Two propositions which emerged from Wave One responses to the optimal service system question appeared to have core category potential. The first is that the optimal service system will be capable of timely, congruent, seamless, and purposeful intervention and the second is that the optimal service system will contain a variety of service forms, flexibility in operation and community connectedness.

#### Concluding Summary for The First Wave

The product of the interviews of the five experienced practitioners generated a large array of categories which have been worked and reworked to a point where I found myself labelling them as propositions which were likely to be sustained. Many of the elements of those propositions would need more detailed explanation, but, in my view, they added value to the way we think about dealing with these young people. These propositions were taken forward into the data collection processes in the second wave of the study to affirm their value at least to the extent of seeing whether any negative cases would be uncovered in the second wave data. Propositions of this order which appeared to have core category potential were as follows. The first emerged from the first research question and is, "good practice involves appropriate adults being there, with intentional relationships and purposeful intervention". A second proposition emerged from the second research question and it is, "good practice involves investing in the workforce and achieving a positive workplace". The third and fourth propositions emerged from the fourth question about the optimal service system. They are, "the optimal service system will be one capable of timely, congruent, seamless and purposeful intervention" and, "the optimal service system will contain a variety of service forms, flexibility in operation and community connectedness".

At the end of the first wave, two very obvious areas warranting further exploration had also become evident. All participants had acknowledged the pressing necessity to deal with family issues and school or education issues more extensively and thoroughly than is occurring at present. These were given some priority in discussion with Second Wave participants.

Also by the end of first wave analysis, accentuated by some reactions to the emerging findings by colleagues and others in the field, three questions had emerged which I felt were on the edge of being put forward as tentative propositions but at that stage were probably better left as questions for further exploration. These were, firstly, the question of whether the complexity we are now experiencing in dealing with young people relate more to differences in the young people themselves or in the societal conditions now prevailing or is it in the responses and systemic arrangements which have now been established. Secondly, there was a fairly clear proposition that workers in the field need a very thorough grounding in their knowledge of adolescent development. The question is whether the prevailing conceptions of adolescent development are sufficiently up-to-date given advances in neuroscience and the dynamics of social, political and economic change. Thirdly, there was an emerging conception that a normalising perspective should prevail over a pathologising perspective but peer reaction about the relatively recent discovery of the significant need for a therapeutic response to the attachment and trauma underlying the behaviour of many of these young people presents a problem. There appears to be a need to refine our thinking on this which I believe is an important issue and which is reinforced in some of the literature, especially in accounts of errant youth who have gone on to become workers (Kipnis 1999; Barnacle 2000; Ungar 2004; Seita and Brendtro 2005; Szablicki 2007).

Finally, the framework of categories which have emerged in some order about various aspects and components of the optimal service system for purposeful intervention were added as Appendix C as a basis for some reference in subsequent waves and for future research. Aiming to achieve theoretical redundancy on at least one core category and consolidate substantive categories of value to the field I embarked on a second wave of interviews commencing with a practitioner experienced and firmly focused on family work. Other interviews followed designed to take the above issues further. The following chapter presents the findings from the second and third waves of interviews.

## **CHAPTER 6**

### **FINDINGS FROM THE SECOND AND THIRD WAVES OF DATA COLLECTION AND ANALYSIS**

This chapter is the second of two chapters which report the major findings of the study. It explores the views expressed by six participants in the second wave of data collection and as with the previous chapter utilises the constant comparative method to “discover” categories and it draws in to the process relevant literature and pertinent aspects of my engagement with the field. Findings are presented in relation to the core propositions and salient questions which emerged from the first wave. These were pursued in the second wave leading to the presentation of eleven additional propositions and some refinement of the original four propositions. The resulting fifteen propositions were given, in advance of interview, to the three participants in the third wave. This led to affirmation, conclusions concerning theoretical redundancy and some further refinement. The consolidation of these findings set the stage for conclusions about core categories arising from the study and changes in understanding relative to the research questions and the original working hypotheses. These latter issues are discussed in chapter 7.

#### Propositions Concerning Good Practice

The second wave data were interrogated for consistency with the elements of each of the four propositions about good practice and the optimal service system listed at the end of chapter 5. Negative cases were also sought which might challenge or enhance the way each proposition had been stated.

#### First Wave Proposition 1: Good Practice Involves Appropriate Adults Being There, with Intentional Relationships and Purposeful Intervention

This proposition was derived from the analysis of data provided by participants in the first wave of the study. As a category it is underpinned by the following sub-categories which provide a further level of detail. Being there entailed being accessible and being in a position to take advantage of windows of opportunity. The ability to engage the young person in a working relationship was seen as fundamental and functional relationships either with the worker or an appropriate other provides the platform for both risk mitigation and change. A unique understanding of the individual young person in context is an important component of assessment and planning. Emotions, emotional intelligence and managing or regulating emotion emerged as significant elements of practice applied to both workers and clients. Understanding, articulating behavioural boundaries and limit-setting (including negotiating limits in everyday care, alternative responses to secure care and, with some qualifications, using secure care when necessary) also emerged as key components. Generating or finding developmental opportunities and motivating the young person to participate in them was an essential endeavour, albeit challenging, and there was unanimity about being there for the long haul when necessary and aiming to finish well or constructively disengage when the young person was ready to move on.

Proposition 1 was supported by all the second wave participants and there was no disagreement with the elements that comprised it. There was, however, some evidence that, in some instances, the systems in which they are involved vary in the priority and support they give to enabling this type of good practice to be sustained. Some useful insights were presented from

different systems vantage points. There were, however, a number of concerns raised which should be addressed.

The proposition first raises the question of appropriate adults being available to the young person. This in turn raises the question of who these adults might be and for what purpose are they to be there. All of the participants describe this as a feature of the worker-client relationship. It was generally seen as a necessary precursor to engaging in developmental or therapeutic strategies as well as risk reduction and limit setting strategies. Having people available with whom the young person can engage was raised in relation to workers, case planners, unit managers, carers, mentors, crisis workers, therapists, lead tenants and kith and kin. Either people have to be selected who are skilled at engagement or their roles need to be connected with somebody who is accepted by the person or someone able support the necessary matching or engagement processes.

Resource questions clearly impact on the possibility of appropriate people being there when they are needed. Being there can also speed up and strengthen intervention. Carers and workers in out of home care are advantaged in having more contact time to make a difference provided they are not diverted from the task or locked in crisis mode.

In one of the second wave interviews the concept of unconditional care, noted in the literature as an outcome of earlier Australian work, was raised and challenged in terms of the ability to be unconditional. Instead, the idea of a sustained ability to stay there, to “be there” was introduced by the interviewer as a theme which had emerged from the earlier part of the study. In the discussion which followed the participant pointed to the ability to “be there” and “hold” (a concept in use in the attachment literature) and also introducing the idea of parallel processing. “Being there” emerged as the ability to sustain good care and good practice including self-care, team care, supportive supervision and emotional replenishment in the face of the very powerful consequences of the hurt and trauma many of these young people have experienced and which is projected onto the worker.

Unless the strength of this hurt and the consequential projection, transference and counter transference forces are recognized and managed, the likely outcome is conflict between young people and staff, between staff and staff or profound feelings of inadequacy and despair being felt by the worker. This carries a high risk of the worker retreating or burning out and for the young person, a high risk of destructive conflict, self harm, exclusion and rejection.

Being there for some young people may require much assertive outreach, having something the young person wants, the legal clout to require attendance (which may still require much negotiation with the young person) and, in some cases, a staff secure or physically secure setting. A significant part of “being there” involves having a place, a person backed by a team, transport and a mobile phone.

Many instances were given of the importance of relationships but there were also suggestions that its significance is not always recognized, upheld or given priority and the necessary time alongside other demands. Some participants pointed to such shortfalls as a lack of funding for crisis work and therapeutic work, the cessation of outreach work, the absence of out-of-hours access and the outsourcing of some functions in instances which fail to recognize the importance of relationship elements in the processes of managing risk and enabling change.



These encroach on being there and on relationships. The higher the stakes in terms of complexity, risk or specialist skills required for intervention the more likely it will be that co-working will be required or the strength of a care and intervention team.

Purposeful intervention was a feature in the activities of all the participants. The three participants who had sought qualifications in family therapy did so because of dissatisfaction with system capacity to address some obvious needs. The participants working in juvenile justice gave considerable emphasis to planning processes and taking advantage of the window of opportunity to deal with details afforded by the existence of the time-limited juvenile justice order. They were also able to point to some of the more recent developments with need and risk assessment, the locally-developed offender needs indicators for youth (VONIY) and CBT-based strategies such as the MAPPS (male adolescent program for positive sexuality) program and the BRAVE (be real about violence) initiative for sex offending and violent offending respectively. The child protection workers were able to point to some constructive initiatives with family decision-making and risk management in adolescent teams. They spoke, however, of a number of systemic difficulties which encroached on more positive outcomes confining some choices to the best of poor alternatives. These are considered with the optimal service system propositions below.

References to the supported accommodation and assistance program for young people (SAAP) system point to the importance of maximising earlier intervention potential and crisis work to prevent ongoing homelessness and the significance of having stable accommodation which is adequately supported at vulnerable points in young people's careers, such as when things first breakdown at home and when leaving care or leaving institutions. There was consensus that SAAP system resources fall considerably short of the mark. I found it interesting to discover that a statewide juvenile justice housing program had gained priority access to transitional houses in each region with enhanced levels of support, recognizing that this had encroached on already scarce resources for other homeless young people. It was clearly a much-needed initiative which, according to the participants, has made a significant difference but it also appears to be a clear instance of the competition for scarce resources, the accommodation cake being too small and inflexible, a factor which often impedes purposeful intervention.

#### First Wave Proposition 2: Good Practice Involves Investing in the Workforce and Achieving a Positive Workplace

##### Investing in the Workforce

All of the second wave participants affirmed the importance of investing in the workforce, of having people in sufficient quantity with appropriate personal qualities and commitment to young people. Reference was made to major investments in education and training in all the program areas involved. Recent improvements had been made to induction and initial training for both child protection workers and juvenile justice workers. The National Training Board competency-based training curriculum is being delivered through Technical and Further Education (TAFE) colleges and a variety of registered training organizations and some in-house training units. Subsidies are available in both the statutory child welfare sector and the homelessness assistance and community housing sector to support affordable training and, in some instances, the backfill of positions.

One of the participants suggested that the juvenile justice team had benefited from a policy of recruiting staff with tertiary qualifications. This policy had been enhanced by offering significant numbers of student field work placements which has the effect of orienting potential recruits to the realities of work in the unit and attracting them to vacancies when they arise. It meant that workers were more attuned to assessment and report writing skills which were particularly necessary given the volume of work required for the Courts. The Courts were accepting 95 per cent of the unit's recommendations and it was suggested that this result was, in part, due to such a policy.

It was also apparent that all the participants valued strong supervision and support for workers. The work force in each participant's area of interest was generally working in small teams of five to seven staff with controlled caseloads. This did mean that there were waiting lists and unallocated cases in some programs or fairly strict controls on referrals. Only the juvenile justice program indicated a reasonable match of resources with demand. It was apparent, however, that roles were changing to accommodate added administrative and accountability loads with some loss of outreach capacity and an expectation that more functions would be outsourced to the community sector. Some participants reported complaints from workers that they were now spending 50 per cent or more of their time working at computers and one participant in child protection suggested that this may be having an impact on the workforce with the loss of more people-oriented staff and the retention of people more comfortable in the office with computers. One effect might be some individual and collective de-skilling.

Another area of impact had been a greater consciousness of risk and occupational health and safety considerations. This impacted on sole home visits and outreach work etc. Where it is necessary to involve two staff rather than one there is a consequent impact on resources (Participant 10).

Another participant drew attention to the value of having a balance of older experienced staff and younger staff working in the high risk adolescent teams. Understanding thresholds and boundaries takes time and the accumulation of experience. The sensitive issues of thoroughly understanding levels of risk, understanding the capacity of clients to meet expectations and using authority takes time for some workers to learn and the support of more experienced workers was helpful in this respect.

... new workers [may] say, this mother said to me I can't do that and we're going to do [certain action] and you say, no, they actually can't do that and we need to talk about that so, I think they flounder a bit around the edges of it, for a while.

sometimes I think [some young workers] are still struggling, as there are issues with their [own] parents, and so it is always an alert for me around trying to educate them around those things, because you can see that sometimes it's easy to get locked into the battle with the parents, and there is a bit of projection involved so it's trying to pull that back and saying, this is a client. That's not being critical. That's just I think a thing that happens. So there is a balance of having younger people who adolescents can relate to and there is a balance between some adolescents wanting someone they feel who is a bit older, that they feel a different support from. It's okay to be assertive when you need to get an answer for something, it's not okay to be rude and it's not okay to throw your weight around, there is a fine balance between those things and so, some people come naturally to that, and some people don't and there are quite a number of people who come into child protection who struggle with, what they see as a conflictual or confrontational situation and sometimes unfortunately, and I'm never suggesting that we be

confrontational with clients, but if people do that to you, you have to have a demeanour that can manage that and still do your job. (Participant 11)

The participant acknowledged that it was exercising authority in a respectful way which is consistent with the literature on work with involuntary clients (Rooney 1992; Trotter 2006).

Absolutely. And you can see the workers here who are able to do that more naturally and some people really take time, some never get there but some really take time to do that. So it's, I think, finding their way and knowing what the parameters are of our role and I think part of that is also around that boundary issue. It is understanding that we are legally mandated and we have a legal responsibility and again that is not throwing your weight around, the onus is on us around certain things that we have to make sure are addressed, or are covered in a way that protects the young people or the children that we are dealing with and that's I think an area that's difficult for new workers to grasp.

Acknowledging that protective services are people with legislative clout beyond that of anyone else in the care system and the level of responsibility the role carries is substantial..

It is the responsibility and it's like well, if this goes wrong, then I am going to be in the Coroners Court, you know and you have a responsibility, and it's a huge responsibility, because people can be seriously harmed and even die so at times, as you know, you make the best of a range, picked from the best of, well, bad alternatives you know, and you just hope you have picked the right one.... sometimes you feel like you get the optimum situation, but not very often. And that's not me grumbling, it's just the way of the world. That's how it is. (Participant 11)

This discussion went on to acknowledge the significance of a degree of idealism, passion and commitment contributing to the ability of the worker to stay in the job.

Another participant suggested that one of the things underpinning good practice is a shared philosophy but one which allows for differing levels of experience and difference. A peer supervision model has been adopted in their program and attention is given to creating time and opportunities to reflect on practice and examine what it is that leads to the choice to do [and keep going in] this work (Participant 7).

#### Achieving a Positive Workplace

It was apparent that good leadership, supervision and support, good teamwork and access to specialist consultation when necessary were valued by both first wave and the wave two participants as contributors to the achievement of the positive workplace. The literature points to the significance of structure and culture as contributors to positive outcomes for young people (Brown et al. 1998) and for more recent generations of staff, there is likely to be a contractual attitude to work which needs to suit what they want, an emphasis on relationships and value placed on time for work/life balance (Owen 2005). The observations of the second wave participants served to give emphasis to the findings of James Anglin (2002) about the significance of recognizing pain and pain-based behaviour, the importance of normalising structures and processes and the high need for congruence among the teams working with these young people and the levels of organisational support and influence which surround them.

Some observations were made about locations and whether the work was centre-based or outreach or a mix of the two. The alienating effects of secured office environments referred to in the first wave were reinforced in the second wave. One participant saw this, however, as an appropriate response to the risk presented by the nature of the clientele." We had people jumping out of the windows and everything". Responses by participants to this issue included the observation that much of the work is done off-site with outreach, home visits etc. In some

instances appointments are arranged at the premises of other agencies. In some programs, such as the integrated community-based intake processes, child protection workers are out-posted to a another agency. However, semi-secured or secured reception areas now appear to be the norm in non-government welfare agencies also and workers and agency policies generally display an expectation of risk posed by the clientele. I suspect that the culture this represents has an influence on the attitudes and emotional states of both workers and their clients but I have not found or pursued any literature relating to this issue.

It also appeared to be the norm for the work to be done by teams. There is considerable variation, however, in the way functions are assigned to those teams. It was apparent from the observations of participants and my own experience within agencies that reorganisation of functions such as first response, short-term work and long term work and intake occur from time to time.

Another issue relating to teams which was raised by participants in both the first wave and second wave was the question of their integrated or multidisciplinary nature as opposed to being composed of workers with similar credentials but having access to external consultation when necessary. Both models have been in evidence and the example was given of the intensive case management teams in two of the regions involved where the alcohol and drug worker and mental health worker were included in the team. In another instance reference was made to particular team members having a portfolio for one of these specialty areas. Two of the participants in the second wave made reference to their experience where embedded drug and alcohol workers had been particularly useful in the higher pressure of environments dealing with more challenging situations. Common understanding and access were helpful. The issue is one which merits further consideration.

A final observation about the workplace concerns the question of congruence and a sense of compatibility, confidence and trust which might underlie the capacity of those working in it to deal with ongoing challenge, complexities and uncertainties (Participant 7). One participant was critical of quality assurance processes which sought to peg standards to the lowest common denominator and achieve outcomes by regulation and demands for compliance (Participant 12). Another raised concern about the development of cultures which foster complaints and are then consumed by managing them in an adversarial way failing to recognize that a level of risk is both inherent in the work and probably necessary to achieve better outcomes for some young people (Participant 9).

#### Propositions Concerning the Optimal Service System

##### First Wave Proposition 3: The Optimal Service System will be one Capable of Timely, Congruent, Seamless and Purposeful Intervention.

Resources, policy and priority constantly influence the capacity to respond in a timely way to requests for help, referrals and contingencies. Programs dealing with challenging young people and their families and others affected are often dealing with considerable levels of risk and emotional pain. Sometimes these things ease or pass quite quickly without attention, but it is also very likely that problems increase or compound without attention. There are a range of standards and requirements attached to particular programs about timeliness in responding. One participant spoke of an agency requirement to respond to family requests for help within 24 hours. Within my

experience similar expectations are built into child protection and innovation program requirements after referral. Triage and priority setting of various kinds is frequently in evidence and policies often direct attention to clients or areas with the greatest need. There is room for debate, however, about what drives viewpoints about need and risk. One participant had resigned from a position over a clash of priorities believing a commitment to respond to a client need should take precedence over a direction to deal with an overdue report for another region. Recent attempts to make timely responses to acute concerns available include the introduction of the Parentline telephone service which is added to the longer standing Lifeline and Kids Help Line services, and the single number 24 hour child protection access. As well, each region is establishing a community-based intake system to operate in addition to the child protection reporting processes and the expected emergency sources of support through General Hospital emergency departments with connection to mental health triage systems and the police.

Nonetheless, for the more challenging group of adolescents and their families, limited responses, delays and referral on, still seem to be fairly common occurrences. One participant pointed to the challenge of congruence between services referring again to silos and the absence of a one-stop shop approach. "I sometimes think about all the agencies that work like silos rather than having some connection or a one-stop shop approach to... It's who's got more power in the decision-making quite often" (Participant 12). Another participant ventured into a more radical idea predicated on an approach which appears to be the opposite to the prevailing trend of tight mandates and limited eligibility and the ongoing call for agencies to collaborate and work together to construct a response. The following would still entail collaboration but the difference appears to be the lead responsibility for case coordination or case management to sit with the agency receiving the presenting problem.

I think a seamless service delivery system where it doesn't matter where you make contact, or at what point you are assessed as needing to be on the continuum of service delivery, or just even just some of the silos around, whether you happen to hit mental health or you happen to hit child protection or you happen to hit JJ or SAAP first, it shouldn't really matter, you should stay with that place, wherever it is and people should be able to wrap around the things that you need, rather than have to bounce around between them to get the services. .... They don't care, they have a crisis, they don't care if it's a mental health crisis or placement crisis or a crisis of safety for child protection, they just want somebody to respond and to help them. And as a service system, if you are a professional, then you know what they need. They don't need you to say, Oh well I know that you need this, but you've got to go there, to get it. But if you convince yourself that that's a good system, you know, the Emperor has got no clothes on I think. ... the examples of where it works best [are] the intensive case management services, where they have got those multidisciplinary teams, .... a mental health worker, you've got a drug and alcohol worker, you've got case managers and they just do the whole lot. That works, families and kids breathe a sigh of relief when they get that service and they stay with that service until the order ends. (Participant 9)

The frequently encountered difficulty of achieving and maintaining collaboration and cooperation has been noted in the literature review (Scott 1993; Hornby 1993; CWAV/SuccessWorks 2001). The challenge of achieving collaboration was neatly put by another participant.

What you try and do is not be critical and look at the constraints on their practices and when you need to, you work hard to gain collaboration, to have people work with you and not against you. So you will kick the cat in the team, but you will educate, challenge,

encourage, take a one down, and do anything and demand respect too if you can, to get people to work with you. (Participant 7)

All the participants in the second wave indicated their agreement with the importance of the goal of purposeful intervention. They acknowledge, however, that the objectives would differ significantly according to a range of factors relating to mandate and the readiness and capacity of the young people and their families to change, become unstuck, garner support, deal with the problem and expand their horizons. In all cases, however, it does demand the application of skill in assessment and planning and, when plans are made, the means for implementation becomes a concern which still, at times, it seems, fall short. Participants did point to instances where plans did work, where sustained effort had made the difference, where resources had permitted the purchase of useful parts of the plan and where the discovery of a new parent figure, a mentor, some constructive peers, a partner or a new activity had succeeded in turning things around.

First Wave Proposition 4: The Optimal Service System will Contain a Variety of Service Forms, Flexibility in Operation and Community Connectedness.

Across the Victorian service systems there does appear to be substantial variety in the forms of service available. When it comes to them being available for the more challenging young people options are narrower and access is often difficult and costly to achieve. Participants did refer to programs and strategies which did work with some of the more challenging situations they encounter and some of my more recent encounters with the field lend support to their observations and leave me with questions about the availability of some much-needed strategies.

The options for family work will be discussed further below under the heading of pressing necessities. It is a vital concern given some indications that in most parts of the system there still appears to be a tendency to blame parents and undermine their authority when adolescents get beyond their control. Outreach work has been mentioned by all of the second wave participants but it is evident that it lacks broader system support as a strategy. Competition for time and resources, risk management strategies and occupational health and safety concerns are encroaching on program capacities to engage in outreach. Young people placed into out of home care are currently distributed between kith and kin care programs, one of the models of adolescent foster care (foster care, permanent care, adolescent community placement, high risk one-to-one care), residential care according to three grades of unit based on per capita price which agencies may mix and match to achieve the placement and some purpose-built units for challenging cases and the short-term option of secure welfare. Added to these are the options available for youth facing homelessness, crisis accommodation (refuges), lead tenant houses and supported transitional houses. The juvenile justice system adds to these for its clients a stronger variety of transitional housing, some halfway houses and custodial centres for remanded or adjudicated youth. In addition to these a number options are available in the mental health and alcohol and drug service systems and disability services which are called on from time to time to accommodate young people. It would appear that the most likely destinations for the most challenging young people are the one-to-one or residential unit options connected to the high risk adolescent program, the streets (including "couch surfing" with friends or extended family) or custodial care in a Juvenile Justice Centre. There are long-awaited trials of therapeutic foster care and a residential treatment community in the relatively early stages of development. In spite of

this variety and various mechanisms for managing demand and supply and many hopeful stories of success within the system, it is difficult to gain an assurance of broad success and smooth operation and stable sustained support for young people (especially the more challenging). The juvenile justice system perhaps provides the clearest example of an orderly system with substantial capacity relative to its population and some advantages not generally available in other systems. These include close to optimal caseloads, well-developed assessment and planning processes, access to some therapeutic options, priority access to some accommodation options, some legal mandates to support limit setting, brokerage for special needs and custodial care with longer term (governed by the Court and Parole Board) potential.

In spite of these options participants pointed to some problems associated with managing the high risk group in community settings. The role of VONIY was discussed with one participant noting its more concise focus on criminogenic factors and other needs. This improved capacity to set priorities and determine what specialist help or specific programs might be needed. It was noted, however, that high risk young people can be screened out of some of the specialist programs, sometimes they don't get to an assessment or, if they do, they don't stay. Their participation in a group may be difficult to sustain and another difficulty is matching the length of the order and the timing of the program to enable their participation. There is little flexibility in present arrangements. One solution currently proposed is to have a shorter more intensive program (twice a week over eight weeks) but this presents a challenge of getting the young people there (from the region to Melbourne Juvenile Justice Centre) and maintaining their involvement. It may mean workers actively supporting, transporting them to and fro etc which becomes another resource issue. (Participant 10)

The significant role of brokerage in improving flexibility was noted by all participants. Gaining access to these funds was problematic for all programs other than juvenile justice. One participant spoke of the constant process of mixing and matching resources from different areas to meet particular needs (Participant 11). Another pointed to this capacity being substantially enhanced by the fact that they had funds saved through staff recruitment shortfalls. Their recruitment problems, however, had led to substantial numbers of unallocated cases and concern was expressed that, if their capacity to fill positions improved, much creativity in meeting the needs of young people who were allocated would be curtailed. The juvenile justice program had the benefit of brokerage funds being established to facilitate diversion after a decision to not go ahead with the building of a new institution. This valuable resource had been supplemented also by Turning the Tide drug and alcohol strategy resources and some brokerage funds earmarked for the Adult Court Advisory Services. One participant said that at the time of the interview the level of these resources was probably close to the optimum for that sub-region and it was being fruitfully used to meet individual needs for therapy, for developmental purposes such as gymnasium memberships and to employ additional staff to provide monitoring and support out of hours and during weekends and holidays. This had proven to be particularly important for the group who were their greatest concern, viz., young people with a combination of mental health and drug and alcohol issues.

The issue of connectedness with family, school and community, a two-way process with a sense of acceptance and belonging, was emphasised as a resilience factor in discussion with

Participant 7. This discussion led to thinking about “place-based” services on a local government, patch or neighbourhood model of service distribution. If particular communities and the service systems within them have a sense of responsibility toward their young people it seems likely that those young people may have a greater chance of finding belonging and support within the community. The examples cited included a new Neighbourhood Justice Centre being established in Collingwood, Koori Courts and police diversion initiatives now relating to local government areas. Some participants pointed also to the ongoing commitment which some agencies continue informally where young people need ongoing support. A major role envisaged for leaving care programs is to facilitate ongoing network support. Participants bemoaned the lack of progress with the leaving care initiative and the limited level of ongoing support at a time when more advantaged young people enjoy extended support from their family.

#### Pressing Necessities for Inclusion In Practice and The Service System

At the end of the first wave also, two very obvious areas warranting further exploration had become evident. All participants had acknowledged the pressing necessity to deal with family issues and school or education issues more extensively and thoroughly than is occurring at present. These were given some priority in discussion with second wave participants.

#### Family Work

As indicated previously all of the second wave participants acknowledged that work with families is important but attention to it is inconsistent in many parts of the systems. Three of the participants had undertaken additional studies in family therapy after they had been working in the field. Two of these clearly indicated that it was to overcome deficits they had encountered in the field. It was also apparent that there were differences amongst service systems represented in their past and present perceptions of the role with family. Only in recent times has the SAAP system firmly acknowledged the role of working with family more extensively. The tendency had been to assume the problem was to aid emancipation from parents who were too restrictive or presume parental abuse and neglect and to advocate for the young person's independence. Similarly, there appeared to be a tendency in the child protection system for parents to be viewed with suspicion and blame. In the juvenile justice system the client's offending behaviour is the focus. Work with families is not assumed as necessary unless it has been assessed as needed to mitigate the offending in that particular case. It was apparent from responses of the participants that workers are variously equipped to undertake family work and that more development in this area would be desirable. I notice that the homelessness assistance and community housing training calendar for 2007 includes a unit on “youth-centred, family-focused interventions” which aims to provide a more substantial capacity for family focused interventions when working with young people who are newly or longer term homeless.

Two participants referred in particular to distinctions between families with chronic, transgenerational problems and families whose problems were more amenable to change. The family therapy program in which one participant was involved had substantial engagement with both the SAAP system and child protection. This program privileges referrals from the youth crisis accommodation service, recognizing the research on pathways into homelessness which strongly advocates earlier intervention to avoid patterns of homelessness becoming established. This participant said,



[We] put a lot of effort in and maybe it's the first time that kid's been out of home and even though we see some very sick families, chronically ill families, we can try and get in there because if that's the first time they hit the system at all, and probably the first time they have ever had any intervention because it has got that bad, maybe you can actually make a huge difference compared to some of the chronicity, multigenerational chronicity, where you don't expect to make that much of a difference but just hold them together. Or out of home, but maintain the centrality of ongoing relationships, which means, how do you help people leave, but honour the relationship the ongoing. (Participant 7)

And further, noting a distinction drawn in family therapy between second order change, where the family restructures itself for better effect, and first order change which manages the immediate problem but without the changes likely to prevent its recurrence (Goldenberg and Goldenberg 1985: 274),

some families have the strength ..... the competence to utilise and find second-order change. Second order change is so rare. There are others you need to keep coming back into, but episodically, and you might just only get first order change, but you might hold the system together to keep functioning well enough, good enough parenting, so you can do good enough holding. Then you've got other families who you really need to be involved with fairly regularly over a period of time and they needed to have sustained assistance because they haven't got the capacity to look at first order self sufficiency. So for each, you need different models, for some short term brief is fine and for others you still keep trying with needed longer interventions, with an aim to getting second order change, so that you never have to go back again. For others episodic first order is fine and then you have very clear-cut goals and they will manage till the next crisis. For others you need additional resources, you need housing and a strong welfare emphasis. (participant 7)

Another participant drew attention to the very successful family decision-making meeting process which had been established in that region and had positive results in enabling families to function but also, by involving the extended family, it generated where necessary kinship care options and their care team approach. This led me to recall a similar model operating locally, more widespread mediation programs and the juvenile justice group conferencing programs now being rolled out across the state. The decision-making model appears to have a number of advantages and it was argued that it needs to be part of the worker's repertoire and generally accessible. It was also argued that the family care team model was consistent with the intentions and the requirements of the new legislation.

If we are heading down that road, if we were to adopt this family care team model we would be in a reasonable place in a few years which really says that anyone who comes in to child protection has meaning within the context of family setting somehow somewhere. So we need to get all these people together and it's a kith and kin approach to families so we need to understand from the kids or from others who know them the people who need to be in this meeting and it doesn't matter where they are, whether they are in New Zealand or Queensland or wherever we get them to a meeting somehow or successive meetings, we do work before the meetings so we say these are the concerns we've got if nothing happens this kid could come into care and if the kid comes into care the trajectory is poor and actually talking through what would happen if things don't go right for the child. And so putting it to the family that the best chance that they've got is for the family to get a plan together and we are happy to support that, as long as it meets the threshold of risk (Participant 9)

Reference was made to the applicability of this for transgenerationally troubled families who now consume vast quantities of time and effort.

But yes it's huge, huge resource drain. Those families now, we get to know more about them now, and earlier, you sit at meetings and add up the hourly rates of the people

sitting around the table and you think I'll tell people we're on \$2000 an hour here, let's get going, you know (participant 9).

It had been separately argued that some special resource concentrations should be placed in those areas where there are concentrations of these families. Some research has been done to identify these disadvantaged areas (Vinson 1999; Vinson and Baldry, 1999, Bond et al., 2000). The decision-making and care team model was seen as widely applicable.

Even for some of our trans-generational families, the grandmother who has been hopeless all her life will want to do something. You know you can support her and to have positive impact. ... it may be heavily supported by an agency or other people but it can happen. We are not then in a 14 day contest at court over it because people have agreed themselves. We can't, you know we can't solve the problems of our nephew or neice or who ever it happens to be, or alternatively, yes will take it on and we're not going to court, or we might go to court for a different type of order. I think that from child protection's point of view is good family work, I think that's where we need to get to with families, it's like I was saying before, getting the plan in place so that the kids are safe wherever that is and stable and then able to make a referral to someone who can actually see them in their own context, do the work that is required to repair the damage and help the next generation get the benefit of having been involved with a State service as opposed to it being a sentence for transgenerationally, that you will now have a black stamp on your forehead and you'll have wards after wards after wards. (Participant 9)

The potential for these family decision-making models to link to young people returning to families, to kith and kin placements or any other option appears to be very fruitful and a case of careful and extensive preparation delivering timely results. It was also observed that the decision-making process can be reconvened, if necessary, for further planning or new arrangements. The potential for family ownership of decisions is very positive. Given that kinship care has become a major growth area among an overall increase in the care population widespread adoption appears desirable. I was also told that the model of kinship care that is evolving has three different levels of support and that there no longer appears to be a major problem with providing caregiver payments to carers where it is necessary.

The underpinning theory of both the family therapy approach and the family decision-making model are reminiscent of one of the parenting skill enhancement approaches mentioned in the literature review (parenting with love and limits). This can be delivered as a self-help "Survival Kit", a group work program or in a conference mode similar to the family decision-making approach referred to above. The point is that a seriously underdeveloped component in the system is the delivery of parenting skill enhancement opportunities for more challenging cases. There are regional parenting programs but to date they appear to be reaching the less troubled population and, from my experience, there is a desperate need for such an option to be linked to assertive outreach, wraparound responses and some forms of ongoing support groups for parents. A problem with increasing visibility is that of families where there is adolescent violence towards parents. A particular intervention strategy had been developed in the family therapy program mentioned here. This problem is also becoming visible through the Parentline telephone support service (Greig 2006) and this led me to canvass the three family workers in my local SAAP agency. Preliminary indication is that it is a prominent component in their caseloads and there is a need for better strategies to be available to respond to it.

The question of family work was canvassed with the juvenile justice participants but it does not appear to have emphasis or priority although there is an expectation that parents will be

involved in the planning process and there are strategies to keep them informed including material for culturally and linguistically diverse (CALD) families.

I think in reality you look at some cases and say why haven't we brought the parents into this earlier on. I've had that discussion with a number of workers when I go back to breach a young person, 'have we tried everything we can to re-engage this young person before we go back to court?', is it purely just because they have not been coming in or something like that?, does their family know?, does their family understand?, does the family speak English?, have we bothered to use an interpreter?' so it's all of those kind of things that come up. (Participant 10)

In discussion of juvenile justice group conferencing with its lengthy pilot program, and now statewide roll out, it would appear that there is now considerable competition between approaches for the same target group. In particular the Children's Court deferral of sentence approach (two or three months involvement with the unit without an order followed by recommendation to the court, often a good behaviour bond) and the vigorous activity now being seen with the police liaison officers who have been taken away from schools and are now attached to local government areas generating adventure courses etc. The option of group conferencing is about to go into legislation so that may make a difference to numbers.

It was also noted that the Adolescent Forensic Health Service has out-posted workers in the Juvenile Justice Units of the Department of Human services as well as some located in the Juvenile Justice Centres. They may come from a variety of allied health disciplines but their function is to concentrate on therapeutic work, commonly anger management and family conflict. The resource is limited and there is little flexibility for after hours work. Given earlier observations about access to brokerage in juvenile justice programs it may be possible for this to be utilised if a stronger family orientation was developed.

One participant drew attention to the integrated family service model ( the Innovations Program) which actually goes into the home with assertive outreach.

As you know with a lot of these families, they are not going to do the middle-class model and come in and have a chat and teach them to do whatever. It has to be really practical hands-on with a lot of it and I think that is what works. What has mostly happened in the past is that if we are going to close a case and not take it to court, you know we have had the 90 days, we set up all the services around the family, but inevitably they all drop off and we are re-notified because there is nothing assertive about it. But I think with the integrated family services model, and also some changes in the legislation, we can withdraw because we need someone to take the lead, it doesn't need statutory involvement but it needs someone to take the lead, some sort of assertive responsibility and up until now that's what's been lacking in the system. ... from our point of view we wouldn't pull out of the situation if we are thinking it is too risky, we would see that this is the best intervention for now and we would move back, if we thought that the family was not going to be responsive, we wouldn't do it, we would stay in, and that is a judgement call at any given time. (Participant 11)

It was also reported that the integrated services have child protection workers at team leader level out-posted to the community intake centres. They are able to spend some time in the field and sometime in the child protection office. They are therefore available for consultation in both directions to advise on risk in the field and to advise the statutory worker teams about the system.

The remaining second wave participant speculated on the ideal form of service system for our challenging young people. Family work was strongly represented in it.

I would be designing the whole continuum of a service response which would be everything from, incarceration when necessary through to individual counselling, individual case planning, meaning case planning in its pure terms. I would be following what the young person's capabilities and interests were whether it's education, recreation. .. I would have to have an absolutely dynamic multidisciplinary team, that could address all of the issues and I would be working with the family. Even if the kid never lived with a family because we know the kid will always end back with the family even if it is in their 20s or 30s. .. We all belong to a family none of us are totally and completely independent we are interdependent and I think we have to have the support system around those individual young people. That keeps them feeling loved, and cared about and helping them develop a healthy self esteem, a healthy self confidence so that they don't have to take drugs or alcohol to kill their emotional pain. ... the major cause of young people going off the rails is, they don't feel they fit so they then seek somewhere where they do feel they fit. Often it is the streets because everybody else is on the streets and it is the bright lights but to remain on the streets you have got to be into drugs. Our young women who were prostituting, they would talk about anything to you except the prostitution. That was such an intimate part of their lives. They could talk about the beatings, the drugs, the burglaries, you know, but they would never talk about the prostitution. But what they would say is, I can't do it straight. So it was a complete chicken and egg, you know you have got to prostitute to get the drugs and you've got to have the drugs to be able to do prostitution. And those kids were forced into that because of their ..... so of course when they were off the drugs, they hated themselves and what they were doing. I think we could have intervened in a very different way with that sort of lifestyle.... But I don't know the answer, I would be lying if I thought I did, and what I do know is that we have to have the service system that is individually responsive to the young person. We don't have to have a one size fits all because we know that does not work. We have to work with the young person in the context of their family and we have to work with the family the young person identifies their family to be [and it may include the group of street kids they feel connected to]. (Participant 12)

In conclusion it is clear that family work figures largely in the thinking of the second wave participant's as an essential component of practice and the optimum service system. They have pointed to a number of very positive developments but a degree of patchy application for some aspects of the apparent need. This exploration has led to the formulation of a further proposition concerning working with families.

A New Proposition Concerning Family Work: Family work is an essential component of good practice and the optimal service system. Sound approaches to this work have been developed and should be implemented and promoted without delay.

#### School and Education Issues

The second pressing necessity for inclusion in practice and the optimal service system to emerge from the first wave of the study concerned school and education issues. The second wave participants were unanimous in their agreement with the importance of the issue and with the fact that the system still falls short of the optimum response. The observations of one participant reflected the tone of the general viewpoint.

I think also if we could have an ideal world, I think the education system does not cater at all to the needs of these kids. It's that very strong example of you fit the system or you are out. We have all of these marginalised uneducated kids, I don't understand why in the 21st century with all of these troubled adolescents or even younger because they are starting younger with nine and ten year olds why someone hasn't said, these kids don't fit the system, we have to make an enormous investment in these children's future and our future by setting something up that will assist them to get an education. And for some reason the school principals are like they have always been, and three strikes and you are out, I mean, obviously there's the odd Community School, but again they are few and far between, they do their best but they are limited. I am talking about something much more specialist than that. And people who are not just teachers but are trained to understand these are the sort of kids we are dealing with. [with passion] It's the same

thing around commitment and empathy and absolute commitment. And it's like with adolescents you know 'do your terrible best but I'm still here and I'm still standing' and that's the thing they need to understand. Because everyone else goes, it all becomes a self-fulfilling prophecy for them. (Participant 10)

Another participant observed that educational failure is commonplace in the population and the difficulty young people are experiencing is particularly evident in the primary school to secondary school transition. Reference was made to one alternative program which was developed in a juvenile justice unit and is now operated by two non-government agencies with a good staff ratio and exceptional staff (Participant 8).

Another suggested that we should be thinking about a preventative approach,

For many of these high risk adolescents we know them and we know them early, most of them, so if we can do some of the work early in their communities, where they come from, then I think we would get the benefit in terms of, even if they go out of home, if the service was a bit more local then the outcome wouldn't be as severe. If you come into care you live [in one suburb] and we place you out the back of [another far away] somewhere, ... and everything changes, the whole, school, friends teachers, particular teachers are so significant to kids and you know, bang, we just change their school. (Participant 8).

Another participant reported on a useful pilot program for early school leavers conducted over the last five years by the Salvation Army with funding from Crime Prevention Victoria. It uses assertive outreach with the young people and the schools where necessary to seek alternative education avenues. Concerns in this area are likely to be exacerbated with the raising of the school leaving age to 16 noting that schools do engage, at times, in getting young people to leave voluntarily to avoid the obligation of finding another place. Concerns with destructive pupils are understandable but constructive responses and alternative school settings are limited. One participant said,

I think they [the alternative education programs] need to be attached to schools, mainstream schools, because there needs to be the possibility of going back to mainstream, but the alternative system needs to recognize that many of our kids won't ever go to mainstream school, they are too damaged, they are too disruptive and they need too much work, and the mainstream system can't cope with them. Now I've stopped banging my head against the wall getting kids directed. You know, getting poor old principals I used to yell at, getting them directed from the region to take kids. I stopped doing that, eight years ago as being just a waste of everyone's energy, just set the kid up, set the principal up and everyone gets hurt" (Participant 9).

There are also concerns for the slightly older group. Experiences with TAFE, and the Roundabout program at Nillumbik and the Banyule Local Learning and Employment Network (LLEN) were noted. A suggestion had come from the LLENs that it would be helpful if the funding allocated for each student could follow the student for alternative education efforts if they disengage from the school. It was noted that there is a lot of work that could be done in that part of the system (Participant10).

A description was given of another centre set up by one of the community service organisations about four years ago after discussions with the Education Department resulted in advice that they would not be able to provide an alternative system. The landscape in this respect may be changing but at that time the remaining alternative was to set up a program and register it as an independent school because,

... there needed to be an alternative setting like [this] centre where you get kids who come in and you focus on literacy and numeracy, you focus on the things that they need

to help them relate in the world, to start to relate to other kids, to relate to adults in pretty structured settings and that's a good outcome to achieve some of that, in the same way wrapping literacy and numeracy around particular things. (Participant 8)

Variety, alternatives and some creativity with experiential learning are needed in the approach to the problem. Positive examples I have encountered include motor mechanics and body work, carpentry and building work, circus arts, sound recording, film making and planning and implementing adventures. Programs should keep open ability for them to get back into mainstream if they can, but really to have an alternative curriculum and alternative settings. I should note a personal experience with one alternative program and trying to sustain a challenging young person's involvement. He was excluded with advice that the program's targets and resources did not permit the degree of individual work that would be necessary to keep him there. He needed to show more commitment himself.

It was noted that in the United States teachers can be seconded to social work programs as the right to education is mandated by Federal Law. One participant had visited the United States and observed the process. Policies around these issues in Victoria have varied greatly over the last two or three decades. Another participant noted that with,

... younger kids who are in school, it's much easier because you either go through local council's youth services who will pick up that mainstream group of kids, but the high risk group, it's hard. You are looking at maybe trying to fund a worker to do some one on one, to do some nice activities with the kid or something like that. And it's about social skill development as well because, because it's the high risk kids who don't have that level of social skills and who can't cope with a link into a sporting group or a cultural or arts group or a theatre company or something like that. They just don't cope on their own like that. (Participant 10)

From the Juvenile Justice area where education is provided in the custody centres in programs operated by a TAFE College it was observed:

I think the Custody Centres do that a lot better than they used to and they are pretty good at it, but it's about how do you continue that stuff or what are the options for kids that never hit [custody], because most of them never go into custody because, we hope, most of them are on community-based orders in the first place. Risky business is one [program in the custody centre] of them which I am amazed actually at how well they have connected some young women and engaged and maintained that engagement once they have come out as well. But it seems it's that whole issue where you have got a captive audience for a period of time and that has helped to maintain them in it for a while (Participant 10)

These observations from participants in the second wave reinforced the significance of this issue given by first wave participants, drawing attention to the fact that high risk youth are visible in their communities and, especially at an early stage, in their schools. It is imperative that adequate attention be directed to these young people where possible in primary school and, again, special attempts are needed to address their vulnerabilities in the transition to secondary education. The participants suggest that local options connected to schools which utilise experiential learning drawn from individual interests where possible. I have experienced first-hand in recent years many of the difficulties attached to these young people and their relationships with schools and that experience is consistent with the situation reported by the participants. I would echo the sentiments that there is a need for thoroughly trained multi-talented teachers who can operate within a caring/teaching team. It would also be pertinent to take account of new understandings about individual learning style variations and the brain

development/ function issues now emerging. The following proposition arises from the affirmation given by second wave participants of the significance of the need for alternative approaches to education raised in the first wave interviews. It attempts to encapsulate the strength of the above insights and the relevance of school issues and education for good practice and the optimal service system.

A New Proposition Concerning Education: Exclusion or dropping out of school early constitutes a developmental emergency and a community risk. Suitable local alternatives should be developed alongside the provision of brokerage funds to enable a one to one teacher/student option as an interim emergency measure.

### Three Outstanding First Wave Questions Explored in Second Wave

#### Question 1: Considering Complexity:

Does the complexity we are now experiencing in dealing with young people, relate more to differences in the young people in themselves, or in the societal conditions now prevailing or is it in the responses and systemic arrangements which have now been established? The need to reflect on this question arises from reactions when the draft first wave findings were discussed with a number of professionals involved in the field. One responded to the reported observation that there had been little change in young people over recent decades with comment to the effect that it is not the prevailing viewpoint in the field. It is implied that problems and needs are more complex, behaviour is riskier and more extreme. It is not possible within the scope of the study to explore the question extensively. It does, however, appear necessary to note any qualifications apparent from the data, my experience or the literature to maintain the credibility and trustworthiness of this study.

Question 1a: Do young people today present with more complex needs and more challenging behaviours than was the case in the past? One of the second wave participants did suggest that today's risky behaviour is more extreme. This contrasted with a first wave participant who suggested that there was little difference between young people today from those he met 20 to 30 years ago. I have had some experience of working with young people at both ends of that time span and, with reflection in the process of data analysis, suspect that the greater differences lie in society and the system. There are some differences manifested by young people themselves which is explored more fully with the next question on understanding adolescents. Some of these differences appear to be driven by social environment factors such as media influence, early exposure to alcohol or other drugs, family instability, multiple pathways through education, employment or welfare dependency in an unsettled global economy with high entry-level thresholds, limited guidance from rites of passage, high consumer driven expectations which are sometimes difficult to attain with ordinary resources. Closely connected to the young people themselves are their family environments and, probably the most frequently reported additions to complexity at this level, the increases in single-parent and step parent families, and the frequency with which substance abuse, mental illness, disability and family violence show up singly and in combinations in the populations under consideration. Some recent work has also taken place on out-of-home care populations measuring strengths and difficulties and other well-being measures. At this stage however there is insufficient data for cohort comparison with this level of detail. Participants in the third wave asserted that more young people were experimenting at a younger

age with substance use, sexual activity and other risky behaviours or that at least the concentration of them in the care system has increased.

Question 1b: In what ways have societal conditions changed to add to the complexities the care system now has to deal with? The response to this question rests more with consideration of the literature than with the interview data collected in the course of the study. Participants did, however, make reference to the growth of a more risk averse culture, perceived changes in the role of government and non-government sector, the shift towards a more business oriented culture with its accompanying discourse and a greater tendency toward regulation, proceduralism and pressure for accountability and compliance. One participant made reference to our individualistic western culture. Some reference was made to the reformist zeal of both sides of politics and Victoria's pronounced push into neo-liberal and economic rationalist ideas. These had a substantial impact on structural arrangements and processes with competitive tendering and the outsourcing of services associated with tight resource management. Some Federal legislation including family law, human rights, social security, industrial relations has had a resounding impact on the child, youth and family welfare system. National enquiries and national strategies concerning indigenous affairs, homelessness, drug and alcohol, mental health, housing, crime prevention etc have had varying effects including a number of Commonwealth State agreements. Similarly, and to some extent more so, State policy and legislation has dictated principles of operation and the way in which power and money is distributed through the various involved service systems. Notable overarching provisions include Department of Finance and Treasury regulations, public sector and non-government sector composition and operating regulations, occupational health and safety legislation and regulation, privacy legislation and regulation etc. A number of specific Acts apply most notably the 1989 Children and Young Persons Act and the new 2005 legislation referred to elsewhere.

Prominent concerns expressed by the participants in the second wave included excessive risk aversion, cultures of blame and shame, attempts to regulate according to the worst-case scenario or ill-informed community or media concerns.

On the positive side of public sector activity considerable effort has gone into thinking about principles of operation and trying to develop more appropriate responses to the perceived problems of the time. These are detailed in chapters 2 and 4, the literature review and the contextual chapter. Similarly a great deal of change has occurred in the non-government sector which is also detailed there.

Perhaps the most resounding changes impacting on youth is the advance of the consumer society with major impact on time use, lifestyle and identity and the information and technology revolution. Again the latter has impacted on lifestyle and relationships but also on the labour market, education, aspirations and opportunities for development. One of the third wave participants added that perspective that many of these issues were reflections of the broader context in the national and global society. This led me to recall a paper I had written about some of these wider influences. A number of revolutionary movements have impacted globally on governments, markets and community sectors (Owen 2005).

Question 1c: Has the service system and its means of responding changed in a way which complicate the problems they are meant to be dealing with? Some of the factors mentioned



above to appear to have had a substantial impact on the way the service system is composed and the way in which it operates. The successive waves of reform and reactions to contingencies and moral panics of the time have changed the nature of public sector and non-government sector services. Both government departments, including regional offices and local government administrations, and the community sector non-government organisations in many cases have become larger entities. The way they do business speaks often of collaboration but retains many elements of competition. The second wave participants pointed frequently to positive developments alongside an ongoing struggle to maintain, obtain or make the case for resources. Also prominent as a concern was the growing demand for administrative, accountability and reporting mechanisms to be added to workloads at the expense of time with clients.

Another point made relating to the data collection and form filling required of workers was raised by one participant who suggested that the failure to include categories into the SAAP statistics relating to work with the families of young people resulted in a distorted picture of needs and responses.

The forms don't even allow us to fill in a full description of what we actually do, because they are child focused so there is nowhere to look at doing really effective work with families to try and hold kids in the home and to prevent youth homelessness which is our task under SAAP. But the forms don't reflect it. (participant 7)

As the National common data collection guides policy-making and funding this is a concern.

A final point concerning change in the system's responsivity concerns the question of applying containing or restraining responses to behaviour. A number of participants suggested that the system may have gone too far in abandoning some of the residential options, including placement in institutions, for young people at times when their behaviour is out of control. They were generally quick to say that that is not a popular view and most had wrestled with how such options should work. This issue is considered further below. Another participant suggested also that the culture of the courts in Victoria displayed a similar reluctance to contain or restrain and this factor, in part at least, accounts for Victoria's low incarceration rate (Participant 8). Some alarm was expressed by another participant that the low incarceration rate may be masking the problem of young people in trouble on the streets (Participant 12). It has been generally held that the decarceration of non-offenders, closure of campuses, the retreat from residential care, the leniency of the courts and the avoidance of restraint have been progressive policies and practices. The responses of the participants in this study, extrapolation from some of the literature about behaviour management and a recent report of an overseas study tour by Lisa Hillen of Save the Children, Queensland suggest the need for some careful rethinking of this issue (Hillen, 2006a; 2006 b). Some further consideration is given to this below.

A New Proposition About Responding to Change: The nature and pace of social change and systems change have had a substantial impact on young people, those working with them and the social, economic and political context of the work. Measures which unify and simplify the work would be useful.

#### Question 2: Understanding Adolescence:

In the first wave it was clearly proposed that workers in the field need a very thorough grounding in their knowledge of adolescent development. The question is whether the prevailing

conceptions of adolescent development are sufficiently up-to-date given advances in neuroscience and the dynamics of social, political and economic change?

The general conceptions of adolescence as a life stage are marked by the physical changes associated with puberty at one end as well as a lack of legal autonomy below the age of 14 and the legal attainment of adult status at the age of 18 at the other. There is great variation at either end of that span and, with the so-called secular trend, it was observed that the age of menarche for young women fell steadily over the last one and a half centuries before levelling around the sixties and seventies (Peterson 2004: 329). However, one in six girls reach puberty by the age of eight now compared to one in one hundred twenty five years ago Carr-Gregg and Shale 2002). The United Nations has a long-standing definition of youth spanning the years between 12 and 25 years of age and interestingly, some of the neuro-scientific research is suggesting that brain physiology is still maturing and undergoing dynamic change well into the twenties. Andrew Fuller (1998: 7-14) draws attention to the significance of thinking in terms of early, middle and late adolescence as the predominant concerns and appropriate responses vary with the groups. He equates these stages with the school years seven and eight, nine and ten and eleven and twelve.\* Carr-Gregg and Shale (2002) referred to a major question posed in adolescent's mind for each stage. Earlier adolescence is when puberty arrives for most and a major question is, 'Am I normal?' as major changes occurring physically and emotionally parents and carers need to be aware that young people are not usually able to predict or easily control their own feelings and emotions. For the middle adolescent the single most important thing is their friends and the major question they are working out is, 'who am I?' it is also a time when separation from parental control is being negotiated and risk-taking is an important task. Late adolescence is a time when some of the life course decisions are pressing about further study, career choices and new horizons in the world outside. The earlier question of 'who am I?' is pressing for a further degree of resolution and there may be anxiety about any or many of these things. The major question for the late adolescent is, 'what is my place in the world?' and for the individual young person these issues are affected by temperament and their own particular timing for the journey, matters largely beyond our control. Just as puberty may arrive at one end at any time between the age of eight and sixteen various aspects of the complicated process of growing through adolescence may still be being worked out in young adulthood. One reason for the development of the dual track justice system in Victoria for young adults under the age of 21 is a fairly long-standing acknowledgement that maturity for some can be slower in coming. Having said all that, I think it is important to acknowledge that children and young people at all ages are often capable of seeing things, presenting sensible viewpoints and contributing capably to situations and events. Underestimating those capacities can lead to missed opportunities for them and ourselves to know them better and grow. There is ample literature on puberty as a bio-psycho-socio-cultural event and a substantial array of research on the adolescent life stage. Some other pertinent aspects of this have been covered in the literature review.

It is of some interest to note that some consultation and research conducted in 2005 as part of government policy initiatives about youth (Office for Youth 2006) drew some conclusions concerning the situation of young people in Victoria. There are indications that young people are facing some psychosocial challenges earlier and confronting choices about sexual expression,

drug and alcohol use, study and recreational choices at a relatively younger age than previous generations but, at the same time, can look forward to delayed experience of some milestones, like entering a career, moving out of home, getting married, buying a house or having children. They live with greater diversity around ethnicity, social and sexual identity and aspirations and they live among revolutions in technology, information and communication. The consultation indicated that young Victorians have high participation rates in education, recreation and that they live longer in the parental home relative to other states. According to Michael Carr-Gregg and Erin Shale (2002:4) the average young person leaves home between 25 and 28 years of age. According to the Office for Youth consultation, eighty per cent of young people say that they are satisfied with their lives but more than eighty per cent of parents believe their children are growing up too fast. The research suggested that young people are becoming sexually active at a younger age and that relative to other age groups rates of Chlamydia infection are quite high. The report raised some level of concern about the risks attached to substance misuse, school refusal, violence and unprotected sexual activity. Concern was also expressed about the exposure of young people to strong market pressures, high expectations and higher costs for education and the demands of technology which is exposing some to personal debt. Mental health is a concern for about fourteen per cent of young people.

It is well recognized that establishing an identity and learning to manage risk are significant parts of this life stage. As maturation is occurring young people generally are driven to a degree of novelty seeking and experimentation. The process of re-formulating relationships with parents often carries a measure of challenge and bouts of antagonism.

All the participants in the first and second wave of the study were well acquainted with adolescents, all had positive views about them and carried a measure of confidence and hope about outcomes while acknowledging the challenges and the many obstacles in the way of success. They were well aware of the particular vulnerabilities of the hurt young people who are the subject of this thesis and were also acutely aware of the amount of harm that can come to them, including death, and the amount of damage and hurt they can inflict on those around them both in the moment and over longer periods of time.

[Based on] the comments I get from people who are doing beginning practice or with a new program or with new workers doing the seven-week course and the focus is still less on adolescents than I actually think it should be, because it is a very specialist area and it's a very, ... most of the deaths, if we have any, are with adolescents and there is different training apart from the VRF training. (participant 11)

Two of the participants drew attention to more recently reported research about brain development and brain function and the likely relationships between the level of maturation of a young person's feelings and behaviour. In the course of discussing theoretical guidance one said:

I lean a lot on the trauma and attachment theories and probably some of the more pragmatic approaches too like Daniel Hughes on attachment. I like his stuff. And I think that that makes sense to me, Bruce Perry and the neuro-scientists - I understand that. I can understand when I look at the kids being hyper-vigilant and in that hyper-aroused state, I just understand that's how these kids are and where they are at, so I would lean heavily on those sorts of things, intensely pragmatic and very much convinced that the relationship is the key. (participant 9)

Bruce Perry is a professor of child psychiatry whose neuro-scientific research has thrown considerable light on the impact of abuse and trauma on brain development and function. His approach is built around six core strengths that he suggests children need to be humane.

A child who can form and maintain healthy emotional relationships, self regulate, join and contribute to a group, and be aware, tolerant, and respectful of himself and others will be more resourceful, more successful in social situations and more resilient (Perry 2006).

Exposure to or perpetrating violence interferes with the normal development of these core strengths which in turn exposes the young person to a higher probability of becoming a victim or perpetrator of violence later in life (Perry, 2006). Another participant drew attention to another strand of neuro-scientific research which has also attracted much attention. Dr Jay Giedd and others using magnetic resonance imaging techniques have built up a longitudinal picture of brain development showing that the adolescent brain is a work in progress, particularly in relation to the prefrontal cortex functioning (NIMH 2001).

Some possible implications of the work of these researchers and others has been summarised by Winter (2004) to the effect that adolescent behaviour is more often under the influence of the nucleus accumbens and the amygdala than the prefrontal cortex which takes longer to mature. The nucleus accumbens directs motivated behaviour, how much effort we will expend to seek rewards. While immature, a likely result is a preference for activities requiring low effort yet producing high excitement. Examples of such activities could be video games, skateboards and substance use. The amygdala integrates emotional reactions to pleasurable and aversive experiences. Immaturity is likely to contribute to explosive rather than controlled responses and misreading the neutral or inquisitive facial expressions of others as a sign of anger. (It was of some interest for me to note the reference to facial expression in the light of the advice contained in Cornell University's Therapeutic Crisis Intervention training course, that in a crisis, 55% of the communication is conveyed by facial expression, 38% by tone of voice and 7% by words (Holden 2001)). The prefrontal cortex is late to mature and has been termed the 'seat of sober second thought'. It is responsible for complex information processing which forms an important part of making judgments, controlling impulses, foreseeing consequences and setting goals and plans (Winter 2004).

Another observation coming out of the brain research relates to the way in which it is now observed that there are two periods of overproduction of grey matter each followed by a pruning process which eliminates what appear to be unused connections. The first period of build up is in the womb and during the first 18 months of life. This led to some of the theorising around the impact of abuse and neglect in early childhood. Concern is that the absence of appropriate stimulation or the presence of problematic forms of stimulation will have long-standing consequences. It may hardwire in dysfunctional coping strategies in or eliminate the hard wiring of important functions which have been underdeveloped. According to Giedd a second build up of grey matter occurs through childhood peaking at puberty before another round of pruning occurs. He suggests that the leading hypothesis is akin to a 'use it or lose it' principle. If this is the case questions of protection and opportunity for young people in adolescence gain an extra dimension. For those who are particularly at risk timely intervention may be even more important than has previously been imagined. The notion of finding and developing talents is not new but it is a concern if important building blocks of a coping adulthood are being eliminated.

One participant suggested that the present day behaviours and risks exhibited by high risk young people have grown in magnitude.

Obviously over my career I have dealt with high-risk adolescents, in the various phases over those years that they go through, and whatever the current favourite drug use or whatever, but the 10 years here, I think what has changed over the years is the order of the risk and the behaviours, I think, have increased dramatically. (Participant 11)

Another consideration in respect to understanding adolescents was not raised directly by any of the participants, but the process of analysis brought to mind the issue of generational thinking and intergenerational understanding. There are some variations in the approaches different authors take to defining and labelling different generations and the variations within and between them, it does introduce however some interesting ideas and possible useful applications. Michael Grose is one of the local authors who has developed these themes. In the contemporary world he refers to the silent generation born between 1931 and 1946, the baby boomers born between 1946 and 1961, generation X born between 1961 and 1976, generation Y, born between 1976 and 1991 and generation Z born after 1991. Today's teenagers include some in generation Y and some in generation Z their parents are predominantly generation X or older. Grose (2005) points to a number of contrasting viewpoints between the generations about child-rearing, discipline etc which goes some way toward identifying the form some social change has taken and its consequences. The following table reflects the predominant views which might be held up to and including many of the baby boomer generation, many of whom are still in teaching and managerial professions, in contrast to those of succeeding generations who are now parenting and being parented (Grose 2005: 63).

Table 1 Intergenerational contrasts of views about discipline (Grose 2005: 63)

Old Discipline	New Discipline
Respect your elders	Respect each other
Based on the principle of severity	Based on principle of consistency
Limits and boundaries to control behaviours	Limits and boundaries to teach appropriate behaviours
Punishment to prevent children from behaving inappropriately	Consequences teach children responsibility
Rewards to reinforce appropriate behaviour	Recognition to reinforce appropriate behaviour
Language of coercion	Language of cooperation
Rules	Routines

He outlines the following characteristics of generation Y teens. They are an influential market segment that is heavily marketed to; they were born with a computer mouse in one hand and a mobile phone in the other; they live in a time when excess is good; they live in an interactive world so they want a say; they are post-literate so don't get your knickers in a knot if they don't read; they have few rites of passage; they keep their options open, so accept that impermanence is a normal state of affairs; they have a strong second family; they like their parents; and they are a global, 24/7 generation.

He makes the point that it has always been challenging to raise and teach young people who have adult-like bodies which are driven by [in part at least] by child-like brains. But the task today is complicated by the media driven world which saturates them with images of sex, alcohol and violence. The healthy economy generally provides the means to access much of what they

want. He proffers the following advice for parents. "Mess with their minds" by not letting their views go unchallenged. Because they spend so much time in company with peers who reflect each other's views, those viewpoints are often narrow and lacking historical perspective. Be authoritative and not authoritarian, the evidence is clear that the most positive outcomes come from home, workplace and schools which provide a mixture of warmth, firm boundaries and acceptance of the young person's psychological need for autonomy.

This influence-based approach provides the nurturance and guidance young people need so they move safely and confidently into adulthood, combined with a willingness to listen to young people's views and ideas and also to allow them to learn from their own mistakes (Grose 2005: 107).

Take an interest in their interests and that includes television, the Internet and music. Use technology to stay in touch but don't crowd them. Choose your battles wisely. It is worth fighting over - being home on time at night, letting you know where they are, keeping to agreements about the fair treatment of others, responsible use of alcohol and spending time together or with the family. It is not worth fighting for - bedroom tidiness, leaving clothes around the house, homework done on time, turning their music down and their personal appearance. It is important to acknowledge their second family -- the peer group, it helps to have an open house policy where young people are welcome to visit at any reasonable time, having a space for them to go to and "food". Parents need to talk to each other and the other parents especially when you are unsure of a party or group activity details, when you want to check that your child has a proper grasp of some details, when you are having a difficult time as a parent and when you need some hints if your teenager is beginning a new phase of his or her life. Family rituals and traditions give significance to stages and events in the young person's journey so they are worth having. Don't overestimate the young person's capability to manage and assess risks. Take their relationships seriously. Let them know that what they do and say matters and be honest. Explain your situation taking account of their point of view and obtain access to mentors and the wider family, they can help share the load for both young person and parent. (Grose 2005:91-102).

Grose suggests that the social conditions surrounding generation Z are also different. They tend to be raised in small families by busy parents who are anxious about their parenting and concerned about their offsprings' safety. Technology has transformed the ways in which they learn and communicate with each other. They can study, play and be with friends without leaving home and the Internet provides them with all the information they might need. They have access to technology based games and can choose to speak to friends by phone, text messages or online. Childhood is less free and independent and resilience has replaced self-esteem as the buzzword. Older generations worry that today's bubble wrapped kids won't have the experience or the skills to deal with difficult situations when they arise (Grose 2005:57).

Among his advice to parents for raising this generation he includes emphasis on mutual respect being an expectation. Emphasising its two way nature, giving it and expecting it in return. Consistency is the key to discipline and this means saying what they mean and meaning what they say, keeping threats and warnings realistic and achievable, not caving in when boundaries are pushed, keeping a united parental front. Setting limits and boundaries is part of teaching appropriate behaviour. Use of recognition to reinforce appropriate behaviour rather than rewards and bribery as a matter of course. ( Five guidelines for recognition (1) Give feedback which is

labeled and specific. (2) Give feedback without qualifiers or sarcasm. (3) [Where it is safe and appropriate to do so] give young people pats and hugs as well as verbal feedback. Genuine warm physical touch magnifies verbal feedback. (4) Give feedback immediately especially for younger children. (5) Don't save positive feedback for perfect behaviour, give feedback when the desired behaviour begins. Use consequences to teach young people to take responsibility. There are two types of consequences logical and natural. A logical consequence which involves adult intervention must be reasonable and respectful of the young person's dignity and logically related to the misdemeanour. Natural consequences involve allowing matters to take their course allowing the young person to learn from experience. Use of time out – [may be removal from the scene or removal of the audience]. Use of behaviour rehearsal involves trying a new behaviour enough times for mastery and [where desirable] to eventually become a habit. Build an expectation to make up for misbehaviour ("you muck up you make up"). Use controlled anger in appropriate circumstances to make the message clear.

This advice paraphrased from Michael Grose was designed with ordinary families in mind and is similar in its nature and theoretical underpinning to much of what one finds in other parenting skill enhancement approaches. He draws quite heavily on the cognitive behavioural approach which has been made popular in the positive parenting program designed by Professor Matt Sanders in Queensland and some of the other parenting programs noted in the literature review. It is necessary to add a qualification when considering the use of these ideas with hurt young people outside a loving family context. Some additional safeguards and skills are necessary for workers and carers such as achieving engagement and a working relationship and taking account of abuse in the young person's past to temper things like physical contact, constructing consequences and displaying controlled anger. In my experience though, it is more a question of tempering and adapting rather than eliminating these things. They can have a significant role to play in achieving change and to eliminate them, rather than modify or manage them, risks again, throwing out the baby with the bath water.

The final category to emerge in considering the question of understanding adolescence concerns the issue of participation and youth and children's rights. There was no direct reference to this among the responses of the participants to questions about good practice and about the optimal service system and it was not a topic which I raised in the interviews at the time. It was observable in the responses however, particularly in anecdotes of their practice, that there was an attitude of respect for young people and a concern that they be listened to and involved in decisions about them. As parties to the United Nations Convention on the Rights of the Child, Australian jurisdictions generally adhere to the principles of the convention in law and practice. In Victoria the new legislation enshrines the principle of best interests and charters of rights have been developed in relation to the children in care and the homeless. Beyond the rhetoric however there are questions of interpretation and questions concerning the resources required and the organisational cultures to truly enable participation. There have been significant consultations with young people and young people in care connected to policy development and various projects associated with service development such as leaving care. In Victoria staff and young people from the State component of the National organization the CREATE Foundation which represents young people in care, are active in these processes. Youth worker training and

youth policy development also have a strong tradition of focusing on rights. Questions arise however from time to time about clashes of rights and questions of responsibility between parents, young people and others. Those working with challenging young people are frequently faced with the problem of balancing those rights. As one participant said:

... certainly in terms of child protection, not everyone can or wants to work with adolescents, there is a certain group of people or type of people, and I can't tell you what type it is who enjoy the work with adolescents. For a lot of people it is too challenging, in that they know the buttons to push, and some people don't deal with that, so you wouldn't say to someone if they came into this program well the only option is adolescents, if they didn't think they could deal with it, because it wouldn't work, you have to have a certain heart for it and a certain sympathy and understanding for the very challenging, I mean it's all challenging but it's a particular challenge working with people who are telling you to F... off and all sorts of things. (Participant 11)

Proposition 8: Parents, practitioners and policy makers need training and skill development opportunities to respond to new understanding about development through adolescence and early adulthood, intergenerational differences and approaches to enhancing the participation and rights of young people. An additional service need for parents and carers of challenging young people is urgently required.

#### Question 3: Normalising Developmental and Therapeutic Intervention

In the first wave there was an emerging conception that a normalising perspective should prevail over a pathologising perspective. When first wave findings were shared peer reaction to this idea prompted this reconsideration. The point was made about the relatively recent discovery of the significant need for a therapeutic response to the attachment problems and trauma underlying the behaviour of many of these young people. But it is also the case that the work of authors with backgrounds as clients in the care or justice system, who have now joined the ranks of professional workers in this field or have become parents challenge us to refine out thinking about this issue (Kipnis 1999; Barnacle 2000; Ungar 2004; Seita and Brendtro 2005; Szablicki 2007).

There is no doubt that questions to do with identity, self-image, body image and self-worth or self-esteem govern much of what we do or avoid doing. It is also clear that there is stigma associated with the various systems involved with the young people in this study and the conditions the systems are set up to manage. Sometimes young people wear their involvement as an heroic badge of office. More often than not, in my experience, the tough exteriors are covering a soft, shaky or sad interior. I recall being concerned when the phrase "high-risk adolescent" was adopted to guide the service initiative thinking that the label ran the risk of promoting an image in the eyes of young people themselves and the community. Try as I might, a substitute phrase to meet all the problems has not yet emerged. In the space of my career we have had, "likely to lapse into a life of vice and crime"; "exposed to moral danger"; "found wandering"; "uncontrollable"; "uncontrolled"; "irreconcilable differences"; "hard to reach"; "difficult to place"; "high need"; "high support need"; "at risk"; "acute risk"; "high maintenance"; "neglected"; "maltreated"; "abused, physically, sexually or emotionally" and various facets of "in jeopardy".

I recall a previous era when some promising approaches to therapeutic intervention and systemic psychosocial treatment were swept away on the tide of deinstitutionalization, destigmatisation, civil rights and normalisation which took hold through the 70s and 80s in Victoria. Many positive developments particularly for people with disabilities flowed from these



movements. Wolfensberger (1972) and local adherents prosecuted the normalisation case with a great deal of zeal and participation and social valorisation exercises almost became a matter of course. Within all of that it was still necessary to deal as constructively as possible with the real problems of risky and destructive behaviour when it occurred. I recall as part of evaluation work on the closure of institutions for people with intellectual disability, some of which had housed people with particular challenging problems, and examining the situation of the risk posed by some clients in regard to the sexual molestation of children. Concern with such risks has led to the establishment of responses like Behaviour Intervention Support Teams, the Signposts program - a developmentally preventive program for problematic sexual behaviour - and some forms of secure and semi-secure accommodation.

A few months ago I was associated with a small group of young people who were trying to raise funds for an adventure experience. The program was occurring in the context of the local agency dealing with homeless youth. As part of the appeal they were being represented as at risk or homeless. Both labels were vocally rejected by the young people themselves. They did not want those kinds of labels attached to them.

Anglin (2002) has gone some way in exploring this problem in relation to his research subjects who were in residential care in Canada. He speaks of developing a sense of normality as a basic psychosocial process. This is influenced by the way in which routines are established, the appearance and location of the home, the way in which workers responded to behaviour and developmental issues, the ethos of living together as a family and the fostering of socially acceptable behaviour. He suggests that based on his research,

one of the strengths of staffed group homes is that they are well suited to providing a sense of intimacy without much of the usual emotional baggage associated with living in a family. (Anglin 2002: 125-131)

It is not possible to avoid the necessity to deal with some developmental problems and behavioural issues. The process of dealing with them is likely to be improved if the dignity and self-respect of the young person is maintained. Sensitivity to their perception and their feelings is again accentuated. I recall dealing with the situation many years ago when a young absconder from a young offenders facility turned himself in to me at my home on the outskirts of the Centre. After explaining what happened he asked me to return him to the unit to which he belonged but to make it look as though he had been caught and to not let on that he had turned himself in.

One of the benefits of community health services or a specialist youth friendly clinic, like Clockwork in Geelong, is the possibility of getting access to a variety of treatment options without its particular nature being seen as other than a routine medical attendance, provided that waiting areas, staff responses etc also respect the need.

It is necessary, however, to construct appropriate interventions for behaviour and developmental problems and the conditions and symptoms which lead to young people being included in this group. As one of the second wave participants said,

There is a reality yes, someone is hit, that's a reality and we have to deal with that and we have to have a common set of values that we agree will operate by. But it's not there, that level of care is not there, so big problem. (Participant 7)

In some instances it may be important for a constructive outcome that the person owns the problem in order to take responsibility for it, rather than deny it. Such can be the case with

addictions, sex offending and family violence. Shame, stigma and community reaction can make this very difficult. It builds the case, therefore, for fostering the means to listen carefully to the client and to have available an array of options for meeting the particular therapeutic need in an appropriate way. On the basis of the inputs from the second wave participants it is fairly clear that more skill and more widespread skill for appraising and dealing with the variety of issues these young people present is necessary as is a greater range of flexibly available accommodation and supervision.

One of the second wave participants spoke in the following way about the workforce skills required,

There is a little more emphasis now on high-risk adolescents but not as much as I think is necessary. However, there are courses that come up internally and externally throughout the year that focus on high-risk behaviours, attachment disorders in adolescents, drug and alcohol abuse, so there is a range of things so we've got real commitment to workers getting through that or whatever training is going to be relevant, I think it's really important. So they do it as part of that [commitment]. Interestingly enough, there is a four or five-day training for sexual abuse and that focuses very largely on younger age children and yet there is enormous number of adolescents who are sexually abused and it only tends to come out as part of those behaviours. Often as you would be aware, you have a suspicion that with some of these acting out behaviours, there is something more to it than "I don't get along with my parents" (participant 11)

Another barrier to obtaining sensitive and appropriate therapeutic intervention follows from conceptions of who can provide it and how it can be delivered coupled with limited organisational mandates and the kind of resource deficits would lead those with the skills to prioritise cases or have long waiting lists. I have attended a number of meetings involving social workers, psychiatric nurses, psychologists, psychiatrists, alcohol and drug workers, residential workers and others which had no apparent solution to a specified need for counselling for a client. Either it was outside their organisational remit or it was beyond their capacity to allocate the time.

In my view it strengthens the case for a skilled team of workers able to operate in a flexible way across the range of accommodation and supervision possibilities. They should be skilled enough to operate therapeutically in a general way. The team should include some specialists or at least specialist portfolios in which workers supplement their general skills with additional knowledge about alcohol and drugs, mental health, family therapy etc. In addition the team should have standing arrangements for appropriate additional professional consultation which can be provided when needed, without delay. The title and role of the team and its workers might be described using normalising terms such as youth support, youth action or youth and family options. Drawing on other inputs from second wave participants there would be benefit in such a team being accessible around the clock on an appropriate rostered basis, it would be able to practice assertive outreach and it would have ready access to substantial brokerage funds. The model could be built on the existing intensive case management services, child protection adolescent teams, innovations and finding solutions teams, drug and alcohol outreach teams, mental health mobile support teams.

A New Proposition About a Flexible Service System Building Block – A Multi-skilled Intervention Team: The development of normatively described, locally based, well led, trained and supported multiskilled intervention teams able to operate flexibly with individually tailored responses should

be explored or adapted from existing similar entities. They should contain and have rapid access to specialist help, a range of available accommodation options and brokerage funds.

### The Optimal Service System

The analysis of the first wave data generated a significant number of descriptive categories concerning the optimal service system. These categories were grouped into a number of sets of categories related to each other. Together these provided a framework covering many elements which need to be taken into consideration to build and maintain an optimally functioning service system undertaking purposeful intervention. There has been some elaboration on these in the discussion above and in the formulation of propositions. As the second wave data collection proceeded I concluded that that level of detail could not be explored and elaborated satisfactorily within the ambit of this study. The framework itself, however, formed by the sets of categories, does provide a useful checklist for planning and evaluation purposes and did influence some of the exploration of particular issues with the second wave participants. The first set listed a number of aspects of the purposeful intervention process, the second identified a number of categories which were targets for contributors to intervention, the third listed a number of categories representing important features to take into account when creating the living environment for young people away from home, the fourth detailed options for thinking about service distribution and catchment areas, the fifth listed the array of organisational arrangements which might be utilised or constructed. The sixth set of categories involved essential contributors to organisational structure and culture, this included the identification of a subset of categories bearing on the finance and budget aspects of organisation as this permeated the responses of every participant as a fundamental issue. This framework for considering the breadth and depth of service system concerns is included in the thesis as Appendix C.

in the course of the second wave analysis it became apparent that the service system was struggling to manage the two contrasting elements of nurturing responses to young people's needs and containing responses to young people's behaviour. The major contemporary concern was with abuse in care points to excesses of both. On one hand familiarity, intimacy and relationships can lead to the distortions of exploitation and sexual abuse. On the other hand, reaction to threats or attempts to restrain can result in actual or perceived physical abuse. I decided therefore to selectively code for these issues and to explore them further.

### Nurture, Healing, Socialisation and the Restoration of Respect

Many observations of the participants reflected the role of workers and the system to connect with, care for, keep safe and promote change in young people. They make it clear that a primary task is to ensure that a parenting process is taking place in the young person's life. It is some time since the system in Victoria rejected the use of the term substitute parenting to honour the policy shift of including natural families in the care process rather than excluding them. It is clear, however, for the young people in this target group, that part of the system's role is to generate opportunities for authoritative parenting to take place. If new understandings from attachment and trauma theory are to be included, the task in some cases, will be one of re-parenting young people whose emotional development is stuck in early childhood. When trauma is added healing measures are an imperative.

One participant said:

Blaming and shaming is an indicator of insufficient understanding or process. It's a matter of trying to work with them, and I think these workers put a lot of time into that. We have got a very very difficult young man who I suspect is probably heading down the path, if not there already of being truly a sociopath but his worker keeps trying to understand where things are from his point of view, and I think she has done that well enough with this boy that, although he is still very difficult, at least I think there is some measure of respect for her or some measure, however small, some measure of trust with her. And I think that's one of the strategies with these kids if they see people are hanging in there, it's like do your terrible best but we're not going anywhere. It's almost like how do you re-parent a child when it's too late. (Participant 11)

Overall my impression is that the magnitude and complexity of the task is not well or widely understood throughout the various systems trying to deal with it. For those who do have an appreciation, which includes all of the participants in this study, a significant amount of frustration has accrued. This does not mean that any had a simple answer to the challenge, but their perspectives did point to many positive experiences and strategies in addition to the shortfalls. I could not conclude that, in general, many parts of the system are operating at an optimal level. One said "in the ideal world the one worker might be attached to the young person regardless of place or program. Such an option is unlikely to be funded" (Participant 7). Considering further the practicality of such an option it was suggested that it might be possible within DHS as they have the mandate and court backing. What was being envisaged was more than the intensive case management approach; it would require high levels of skill and competence.

Theoretically, the spread of arrangements amongst the models currently operating and envisaged look promising but, in my experience and the experience of the participants, limitations and shortfalls are common. It may be that there is a bias away from reporting the success stories and it may simply be a question of more of them being told. It was also a matter of concern that each of these very experienced practitioners, when proposing what needed to be done, felt that they are expressing an unpopular view. The following comments I think speak for themselves. In this instance for reasons of confidentiality I have chosen not to identify the participants within the text but I have identified the component of service system to which the statement relates.

Two second wave participants made observations which typify systemic impediments to outreach work and the sustained effort required.

It's not a 50-50 responsibility as it is with an adult you have to chase them, and you have to prove yourself that you are going to be reliable and that you are not going to let them down, this requires time, effort, and energy and money, and no one allows it, and that's crazy given the population we are dealing with." (SAAP and child protection clients)

.. the ones you are trying to catch hold of are the skittish ones. They have been hurt by adults whose families have let them down for whatever reason, or sometimes the over responsible ones who are just compliant and you want to encourage them not to be. Holding on and developing trust with these kids is just such hard work and it's not going to happen quickly and no one allows for that." (Outreach clients)

The issue of satisfactorily matching clients and carers and home-based care is a key concern typified by these comments.

I am not a great fan of a lot of home-based care, and I would be very unpopular for saying that, but I am just being honest with you, I think that although people are accredited, they bring, and that's not to say it is always true, to some extent people do it for the wrong reason. I think young people going into that environment can at times feel very isolated, feel very much that "I am not the kid in the family" and are treated very differently. And I

think that the kids who have come through and had all the rejection that they have had, I think that is just a terrible reminder. Now while I say that there are certain carers we have who have become totally committed, and it is quite frightening for me to see, when we get a good match and the right carer for young person, the kids just thrive, it's quite frightening, it is frightening in the sense that we are not doing that.

Look and the difficulty around those sort of things is people don't want to put their hand up to do that, I don't know that I would, but in the times when you see the right person with the right kid, it is just amazing, and you think every kid deserves that opportunity and we don't give it to them (Statutory Care)

But there is some other stuff around belonging for kids too, I have had kids who, it's mainly the kids that I've spoken to, post care, who have contacted me and I have asked and we have talked about stuff. And I say how come you never made a go of that place, that family was lovely and really wanted you to live with them. He said 'I could never feel comfortable in that house, no one said fuck' .... I would have thought that was a good thing. You know, no one was saying pass the fuckin peas or anything like this. Whereas in some of the places that we've got, people say fuck and it is actually 'Whew I can live here.' This place is actually, a bit more like home. I think there is a whole deal of denial, and that's why I say it [some home based care] is classist. (Statutory care)

Cultures in residential care make a difference and are at times an issue typified by this participants comment.

I've got some real issues with residential care. I think that there are some good people and there are some people who are committed, but there are also a lot of people who are from the old school, you know, adolescents are brats and they are vile because they can be vile and they don't really necessarily try and engage, they might try once, then say 'Oh, that kid is not worth dealing with,' I think those attitudes are still there. I think when you try and talk about that and talk about tolerance, they think you're just being soft, you know letting kids get away with it (Statutory care).

In terms of not a secure system if I could have what I wanted, I would have residential units set up for young people that were staffed by people who really have empathy for, are qualified to understand the needs of young people, that have an absolute commitment to making that environment a homely environment. One that promotes young people taking responsibility, as part of a group there and using those sort of dynamics to improve how that is, and for them to feel supported and that it is somewhere they could go back to as a haven, rather than another place that is causing them anxiety or stress (Statutory care).

For some it was proposed that containment to enable nurture may be necessary.

Okay what I would create is a secure environment, it would only be in this region so presumably that would be enough, although we have a large number of kids on the high risk register, it would be for four or five who fit that category, because it's just beyond, and you sit back almost helplessly and know where they are headed, but there is nothing to contain that. So for that small group I would like to see a contained setting, and maybe for 12 months I don't know, that provided them with all the input that they needed to assist them to recover and to have an education. And in the absence of that, I think that for that small group of young people, they are hugely disadvantaged and will be for the rest of their lives, most likely. And I think that is a shame (HRA register clients)

The juvenile justice workers tended to speak in terms of their authoritarian roles being translated by the skill of the worker into relationship-based activities and planned purposeful intervention directed at reducing reoffending. There was, however, a clear nurturing component and a genuine intent, by playing the role of honest broker, to achieve as many long-term benefits as possible within the space of the time-limited court order.

There is a sense in which calls for greater control, might be seen as a failure of more nurturing approaches, and there are some indications that the system can do much better in terms of enhancing staff skills and the program structures and cultures to do better with

relationships and therapeutic intervention. There have been times during my encounters with the various systems in recent years when I have wondered whether the most apt description would be intervention by crisis and calamity care and wishful thinking that someone else ought to be able to fix it. Service is more likely to be given if there is a crisis and it is likely to be reduced and withdrawn when the crisis has passed, much activity is directed to avoiding death or injury and using legal and quasi-legal processes to reduce ongoing risk and settle the aftermath. If such a system was to be used to best advantage, the opportunity within the danger or the calamity would be better recognized. Greater advantage would be taken of techniques like the Life Space Interview or other approaches which enable clients to process the history of events, the stressors, the thoughts and feelings which contributed to the event as triggers, and to plan, to rehearse and to over-learn alternative coping mechanisms for the future. On a more positive note I have observed the operation of the Take Two program through both casework involvement and by participating in the program's research advisory committee. It has been the subject of an evaluation of its start up year (Frederico et al. 2005). This describes the approach which entails one of the regionally-based clinicians joining a care team and bringing a thorough approach to assessment and, where indicated, therapeutic intervention. As noted previously, its development was one of the outcomes of the report on the need for intensive therapeutic intervention, "When Care Is Not Enough" (Morton et al. 1999). It is also informed by attachment and trauma theory but it is tightly targeted and in my view its reach is likely to be significantly short in terms of the actual need. Another statewide innovation I have observed in operation is MACN Initiative also previously described. Both of these programs were applauded by the four participants who had encountered them. The only criticisms were the tightness of the targeting, the complexity of the referral process, the length of time taken to get from referral to service and frustration when cases get knocked back. The process however, did result in agencies and regions looking anew at their options and coming up with responses which addressed both care and control concerns.

\*workers have found that it is a really detailed, it is a huge referral process, you know it is the 30 page referral, you have got to compile a lot of information, so you wouldn't enter into it lightly. So you do want to make sure that you check out everything first and, I think there are some that we have thought about MACNI for, that we've got to the point of saying, okay let's have a case plan meeting and have then decided that there are a number of steps that we can go through first. It's a good way of getting that going, and just making sure that other things happen. But some of the more general ones that have come up, you are just amazed at some of the cases, long-term, people that have been in the system for, you know, some of them 20 years or longer and you are still grappling with, what are we going to do with them?

.... the other thing the time it takes to get a referral from putting it in the getting an outcome is sometimes very lengthy ..... we checked in our region on the number of care plans that have taken more than six months to get started it's still pretty lengthy, it's not an answer for everything. .... the other part, when you have a case knocked back as well, you know, workers have got to a point where, I have tried everything, I can't do anything else with this young person. We have certainly had the experience of one of those as well. So it's okay well, now what will we do? We have tried everything, that's it, that was our last hope. They [the panel] have come back with, I think it's better to come back with some suggestions try this, but they go, 'don't you think we would have thought about that already, come on, give us something new.' ... That's about, particularly, you've got dedicated staff who want to put these cases up who have really thought we have just exhausted everything, the client has just been a hard grind for a couple of years now and now we don't know what to do. We are at a loss. (Participant 10)

Respect emerged as a category strongly put forward by Participant 7. It has been promoted as a desirable goal in youth policy in Victoria (Office for Youth 2006), it is seen as a component to be mutually given, sought and preserved in relationships between adults and adolescents (Carr-Gregg 2002: 179). Respect is a conscious component of some therapeutic approaches including parenting with love and limits (Sells 2001: 122) and therapeutic crisis intervention (Holden 2001) and, along with empathy and specificity, it has long been recognized as one of the responsive elements in effective helping relationships (Carkhuff 1984). This revisit of Carkhuff's work also draws attention to what he called the initiative (change producing) dimensions of genuineness, self-disclosure, confrontation, immediacy and concreteness. When respect is felt and behaviour affirms its presence, I suspect that most would argue that socialisation processes are succeeding. Respectful nurturing, healing, socializing opportunities and actions are integral to the current interest in rebuilding attachment. For middle and older adolescents some of these issues are played out with peers, partners and mentors.

Proposition: 10 The nurturing elements of practice and the service system need recognition and encouragement.

#### Restraining, Containing and Better Forms of Behaviour Management

All of the second wave participants were unequivocal in expressing the view that establishing relationships was the most important key to behaviour management. Within a relationship it is possible to work with the young person around predicting natural consequences. This carries considerable potential for learning and in some instances for setting up logical consequences around the negotiation of contracts etc. Two participants suggested, however, that the setting of consequences for conduct disordered young people is often not an appropriate strategy.

But I think the consequences aren't very great because we don't have that many [options for] consequences. For example, if they are in placement, they can have their pocket money docked or some thing. Some young people you can set a consequence for and they will accept it, but the more high risk, more out there, conduct disorder type adolescents, of course, aren't going to respond to consequences, so it's always a balance of, what consequences ... everyone has consequences and that's how we were all socialized, but with kids who are so damaged, some of these kids, it's, "how far am I going to get with that" am I just going to set this kid up even further to act out in a particular way. So it's balancing and judging those things you know, and yes, we don't agree that you can do this or we don't agree that you can do that but at the end of the day the worst thing you can do with the kid with a conduct disorder, unless you can totally contain them, in an environment that says now you are here and now you are there, which often they respond well to but we don't have [access to that at present]. (Participant 11)

All participants agreed, however, that it is necessary to set limits and to honestly follow undertakings through in spite of the fact that it may increase reluctance to continue in the relationship or engage in therapy etc. Two participants (8 and 11) reported on the role of senior supervisor being called on by staff to take up matters with a young person and an instance was raised where the young person themselves subsequently made direct contact with the senior person and negotiations occurred about consequences for extreme behaviour. When this occurs, it was emphasised that care to avoid undermining staff authority is an important consideration. Instances were given where it was possible to encourage the young person to collaborate to get over the line together and in another case to strike a deal. Both instances involved extreme

behavioural concerns. These events mirror many of my experiences with young people while managing institutions. I was reminded of a grievance hearing approach developed as a response to incidents involving an independent chair and nominees of the parties carefully worked through the event to arrive at a fair and agreed outcome. One second wave participant pointed out that, "each individual is different and what will work for one won't work for another so it's very much trying to get to understand that particular adolescent and look at what works for them" (Participant 11).

In that context and as part of some academic work I developed a list of methods of interaction based on stances I saw being adopted by young people and staff in their day-to-day interactions in institution. The styles or stances were coercion, manipulation, exchange, autonomous cooperation, avoidance/withdrawal and rejection. The stance adopted by one party is followed by a response from the other party but each can choose one of the styles to act to respond. Each style carries a range of positive and negative implications. An instance of a coercive stance means conflict if the other party responds coercively also. There has to be a winner and a loser unless one switches to another mode of interaction. More constructive outcomes are likely if exchange or cooperative modes are used (Owen 1982; 2000). Striking a bargain and encouragement to get over the line together are examples of these stances given by second wave participants.

In the juvenile justice system in Victoria some emphasis has been given to the use of motivational interviewing to achieve cooperation rather than coercion (Harris 2006). It would be of some interest to research the extent to which the techniques developed by Miller and Rollnick (2002) have been taken up in the system overall. This discussion also brings to mind the intervention approaches promoted within Therapeutic Crisis Intervention which are based on structuring the environment; active listening; directing with rewards and consequences; relating, and teaching. TCI strategies give emphasis to the development of individual crisis management plans for young people prone to acting out, but they also include a number of behaviour management techniques based on these approaches and utilised to avoid a potentially violent situation escalating. The first draws attention to ways in which we can manage the environment. They include, choosing a location for the interaction and managing its atmosphere, e.g. inviting the young person person to sit down and talk rather than stand. The second involves prompting by signaling to the young person that desired behaviour should begin or that inappropriate activity should cease. Prompts may be verbal or non-verbal and given pleasantly, as privately as possible, calmly and non-critically. The third technique involves giving a caring gesture which seeks to draw on the relationship by displaying affection and approval which is genuine and sincere. The fourth technique has been dubbed hurdle help and deals with the likelihood of some young people becoming stressed when faced with an overwhelming task. The timely provision of assistance to get started increases the likelihood of a positive learning outcome rather than distress, failure and acting out. The fifth technique involves redirection and aims to divert or change the energy of the group or the young person away from trouble to a more desirable and/or more manageable activity. The sixth technique is utilising proximity or nearness to provide a buffer or a reassuring presence by moving between or closer. Gentle touch or a helping hand might be used subject to an appreciation of the likely effect on the young person. Physical or



sexual abuse in a young person's history will influence their interpretation of gestures. The seventh technique combines planned ignoring and positive attention which might be used to eliminate unhelpful attention seeking behaviour and shape it toward more productive styles of interaction. It can be a slow but effective way of helping young person to improve coping strategies. Where a team is involved all members need to be operating consistently. The eighth technique involves issuing a directive statement in a calm, assertive and respectful way. It involves asserting authority in a measured way. It may be delivered in the form of a request but it is beyond a prompt and it is a clear expectation reinforced by tone of voice and an assertive but not aggressive stance. The ninth technique aims to give the young person an opportunity to regain control by using time away to reduce unwanted stimulation. It may be to their room or another suitable and quiet space, brief in duration with an expectation to return to desirable activities when settled. These techniques are not seen as problem-solving in themselves. In the context of an escalating crisis they are devices to restore a positive climate in which problem-solving can occur (Holden 2001:19-31). A strategy has also been developed to use where escalation has continued. It is described as a non-confrontational limit setting strategy and utilises the mnemonic I ASSIST. It entails isolating the person from the environment which may be contributing to the problem, actively listening, speaking calmly, assertively and respectfully, making statements of understanding before making requests, inviting the young person to consider positive outcomes and behaviours and where appropriate, providing additional space or time for the young person to act on those requests (Holden 2001:39-42).

The primary purpose behind the development of therapeutic crisis intervention was to reduce the risk of death and injury which had been occurring in the course of physical intervention. In addition to developing approaches to minimise the escalation of situations which might lead to physical restraint, attention has been given to developing and teaching safer methods of restraint and self defence in violent situations. The hope always is that physical or other forms of restraint can be avoided. Staff are taught to ask themselves four questions when facing a crisis situation. These are: how am I feeling now? (This alerts them to the need to exercise appropriate self-control.); what does this young person feel, need, or want?; how is the environment affecting the young person?; how do I best respond? Together, these questions serve to channel the staff response toward productive ways of restoring a safe situation in which learning takes place. The malleability generated by a crisis can be utilised to facilitate learning and the life space interview has been adopted by the system for that purpose (Holden 2001). TCI teaches that physical intervention should only ever been used to establish safety and it is not an end in itself. A number of situations have also been identified where although the risk indicates its use, other factors indicate avoidance. These are, where the care worker or team cannot exercise control safely because of insufficient strength or other hazards in the environment; where the worker is unable to remain calm and in control of rational thinking, feelings and behaviour; where the worker is the target of the aggression and the young person is capable of inflicting harm; when sexual stimulation appears to be the motivation of the young person; where the acting out is in public and open to misinterpretation by others; when the young person has a weapon able to cause serious injury; where a medical condition could be aggravated by it e.g. asthma, heart

problems. Where emotional problems may lead to serious emotional trauma; and where medications in use may effect the heart or respiratory systems.

In general in Victoria the use of physical restraint is precluded by agency policies. Although duty of care instructions acknowledge that it may be necessary to deal with immanent danger to young people staff and others, for most programs it would appear that the expected response to violent behaviour is to call the police. This contrasts substantially with conclusions I had reached many years ago in institutions, noting the unpredictable and at times negative outcomes of relying on the police and Courts to manage instances of threatening and violent behaviour. I was interested therefore to listen to a conference presentation in August 2006 by Lisa Hillen from the Salvation Army in Queensland. She was reporting on a recent Churchill Fellowship study tour which included parts of Canada, the USA and Scotland. She was talking about the necessity for a therapeutic environment, for some secure environments and appropriately used restraint to counter the adverse outcomes now being seen as a consequence of such measures not being available (Hillen 2006). It was interesting to note the second wave participants in varying degrees and ways supporting the need for limits and restraining/containing options. Again for reasons of confidentiality I have attributed the following statements to principal program perspectives.

We need to develop, I think we do need something that does those things [safely contain and restrain]. And I think that the small group of young people that I'm talking about, I think would respond to that, because part of it is they do respond to containment, whichever sort of containment that is. (Child Protection HRA Program)

it is a 'both and' not an 'either or' [accountability and nurture]. (Family Therapy)

You know the consequences, it's a day by day thing and it's an individual thing, for example if you've got a high-risk adolescent who is at significant risk and they are self harming, doing drugs and whatever, they will finish up at times in secure welfare. Unfortunately a lot of the community thinks we should keep kids in secure welfare until they are better, they don't understand that secure welfare isn't a punishment. We want the kids to understand it is not a punishment, and sometimes that is a blurry area for them and we are at great pains to let them know that it is not a punishment. But however you present that they still see it, not always, sometimes they understand that they need it, and sometimes they actually want that containment, sometimes they even ask for it... So secure welfare, a very unpopular view and which I will express because I've held it for a very long time is, I would not like to go back to the old days of institutions, however having come from that era, I think we threw everything out, and I think it is to the detriment of a lot of these young people that we're working with, because I think at times they need a longer containment. The problem we have is that, and I think some sort of therapeutic environment where their educational and emotional needs are met. Because what happens, by the time they have hopefully come through the worst turbulent part of this adolescence with all the added factors they've got to deal with, they have no education, they're marginalised for the rest of their lives in society, and I think that's appalling... So secure welfare is not a therapeutic environment, it's not a punishing environment, it is simply a place if we think we need to contain this because the risk is so high and some timeout or to re-engage them because they have been missing for such a long time. Ideally I would like to see that sort of therapeutic contained environment, ... actually working with properly qualified staff, who are committed to working with young people, who have a tolerance and an empathy for the issues for these young people and sadly I think that is often not the case, and I think that doesn't assist young people to feel cooperative, at certain times. (Child Protection Adolescent Program)

One of the problems is, economy of scale becomes a question. I'll use the example, when you moved out of congregate care into units out in the community working with a cohort of very difficult clients you are more highly vulnerable when you go into small units because you might have inexperienced staff or you haven't got that or someone gets ill or

something like that it is very hard to hold it together. Where it is on a congregate [campus] site ... you had more stability and robustness. There are disadvantages. [It would be] a transitional process to deal with the kid who was in the more difficult behaviour phase before they then move out into your small unit and more stabilised behaviour and therefore everyone can cope as well as the community. You are not abusing the neighbours and all that. So in some ways we probably threw the baby out with the bath water with that, because we felt that was the way to go. But I think we lost something in terms of our resilience to be able to handle these very difficult kids.(Juvenile Justice)

[An] opportunity was missed when we had a significant review of secure welfare,... to move secure welfare to more of a therapeutic placement. I am all for some kids needing a bricks and mortar containment, if it is in the type of setting that I describe as a semi-secure therapeutic residential facility. And therefore, you may have some kids who need to stay there for much longer than three weeks. ... the ones that seem to be best were the ones that had an ability like some of the mental health facilities, like stepping stones for kids to have categories. So you are either a one or two or three. And if you are a one, you are in the lockdown part of the facility, if you are a two the door is open a lot of the time, if you are a three you are in the community and out. .. I know there is an argument about, whether you are containing kids for punishment or whether you are containing them because they need to be contained for safety. I think that is just a waste of an argument, for these kids. That's really, some kids are out of control at 14, prostituting themselves, good parents would do everything they could to shut the door and keep them at home. That would be a good protective response from a good parent ... we have done that at times [using secure welfare] but it hasn't been good because of the way secure is set up. Because you have kids for three weeks and then three weeks and three weeks and that's no good, because for these kids that we are talking about they need to be there for six months probably on this idea of, you know, when you start to be okay and we think you are safe for yourself, then we would move you to the next level. You know and then when you are not you will be back to where you were. Some ability to support the placements that the kids then go to, so that if they are starting to unravel, [there is an opportunity for] going back. And it's the same people, is the safe contained environment, it's all the stuff that we know about therapeutic work with these kids, it's that setting. But it's for kids, you know, who aren't going to meet the criteria for your stepping stones and other psychiatric facilities, you know the attachment, reactive attachment disorder kids, personality disorder kids, that hard to place population who need someone just to hold them, for a while for them to be angry and upset or distressed and to have to deal with it. I think that's the thing that's hard, the kids get an out and they desperately want someone to hold on to them and to say no you are not going to St Kilda. But they go and we don't have an ability easily to bring them back, we don't have a relationship with them that we can pull them back with, you know, the containment gives an opportunity for you to start to build the relationship with the one-to-one care or wherever they might go. It at least gives them a chance. Being in our current residential placements or in some of their home situations, where they don't stop long enough to give anyone a chance, to care about them, you know, and then we miss them so we put them in secure welfare for a week, because we need to respond to them in some way, but it's not adequate. You know, secure welfare has improved since that review, but it's just not, if you are going to have a secure facility, you may as well have it in the way you know that the practice knowledge of the people who work with the kids, and the known literature suggests, would be the best way to do it and I don't think that our current secure welfare placement as it stands is either of those two things, it's a compromise..... it's trying to be better and I think there are very good staff there, you know, and people are committed. Some of the people have been there for a very long time, who work in the places, I don't know what they would say, I think they would agree, you know they get frustrated by the in and out door of these kids coming back and back, then it sets up, oh, the region aren't doing things with these kids.

It was suggested that this set up conflict and the lack of congruence between the unit and the region. Given the opportunity to think in ideal terms this participant said:

I would create a facility that probably didn't look too much different to secure welfare, in the way that it looks but it would be run by a psychiatrist, probably a child psychiatrist I would think, not by placement person. So the child psychiatrist would support the

placement folks who are in there, and the staffing complement probably wouldn't be too much different but the things that they would be doing would be very purposeful, very much to a therapeutic plan for each kid, very much based on the outcome of assessments that you have done with the kid so you know them, and very much linked to a path way to a placement in the region. (Non Government Programs and Statutory Child Protection)

It was also noted that more time to work with the young person would be needed and that one of these units could be needed by a large metropolitan region.

Discussion of education and opportunity development led to the observation

"I suppose some of the ones it has worked well with are our kids who have been in custody and who have maintained it." The work of Risky Business and White Lion were examples of programs establishing relationships and ground work in a custodial setting and following them through in the community. (Juvenile Justice Unit)

[while in charge of a secure unit in an institution]... at one stage I implemented the self-help program for the kids, they elected their own committee and they worked together to decide what chores we did, what activities we did and how the section was to be run and that was fabulous because the control we had was to say if you muck up then we lock the door. It was a way of getting kids to take some responsibility in a controlled setting or a closed environment I think the benefit for those kids was they formed very very close relationships themselves and with the staff who looked after them ..... when you lived with kids in that setting and you are with them eight hours a day you had eight hours of developing a relationship. When these kids are allocated a worker from an office, like a social worker or youth worker or someone else, for them to develop that eight hours of relationship it takes eight weekly visits of one hour and they don't see the kids at every stage of their life, you know, it's like when you move in with somebody, when you see somebody wake up in the morning and you see them go to bed at night and you see them at meal times and activity times you are actually getting a picture of their entire life. And, unless you live with kids you don't get that and that's what formed the relationships, that's how kids got to know us and we got to know them, all of those nuances about their various behaviours their value systems and... you know, I think there are some very positive things about institutional life and it's not a very popular view but I've said it openly and I have said it publicly and I have said it in forums and to people

When the interviewer observed that relationships were an important component of this statement this participant replied,

absolutely, [it is] about relationships, but I'm also very supportive of an external controlling environment, when kids are out of control, and it helps them stabilise and often that is what we did with the kids, we stabilised them enough for them to settle and look at what was going on in their lives and then we could address the drug problems which, you know, drugs and alcohol and all those things are symptomatic of what happens for these kids (Institutional experience and community based therapy/counseling).

These observations by the second wave participants point to a need for some refinement of thinking within the system and possibly some adjustment to the range of services available in each region, their strength and the skills available within them. There are a number of strategies in train to improve the residential care system recognizing the ongoing problems of dealing with questions of stigma, contamination, negative synergy and having the right combination of services available to avoid diminishing the futures of the young people and to maximise the probability of them thriving. A considerable amount of thought has been going on within the Department of Human Services and the Community Sector about service approaches to meet the needs of the complex needs / high risk / challenging group and some of the other pressing priority areas. In evidence is much ambivalence about how to proceed with options like therapeutic home-based

care or residential treatment. Some steps have been taken with some purpose built residential units with a stronger staffing model and I have visited one of these in Ballarat and it seemed to have many positive features. Enthusiastic and committed staff and individualized attention to the 3 or 4 young people in residence was clearly evident. In general however, the default containment option for SAAP and child protection clients appears to be the juvenile justice system.

One participant reflected the concern of a number with these observations,

..the thing that I struggle with as well, is we have kids who come in to child protection, who leave with a criminal history because they are charged constantly, because they smash a wall.... I worry about that [interviewer reference to the view that there is some fast tracking of kids into the criminal justice system] I think you are right and that worries me enormously, because it's like well if they are in that system. There is a small percentage of young men in particular, who don't understand why they are in this system [child protection/ statutory care] and they do very quickly get into the juvenile justice system. It is something they can understand, and if they have to report in and do certain things they are able to respond to that better than if it is child protection, but that is a small percentage. But I think it is, more often than I would like to hear, people are pleased that someone was remanded because that takes care of the problem for now. There are huge implications as you know about that and about that young person's future, you know (HRA Child Protection).

As part of my involvement in a working group concerned with improving residential care I have very recently become acquainted with a new attempt to establish a therapeutic residential program on a farm at Hurstbridge to be used jointly by the Eastern and Northern Regions. Planning is under way to provide a therapeutic program based on trauma and attachment theory for eight young people aged 12 and 13. There is clear general support for the idea that a more therapeutic focus for the population now occupying statutory residential care is imperative and ways to do this are being explored. There is also strong support for approaches which incorporate the work of Anglin and, at the time of writing, he has been invited to Victoria to join some of the discussion. Also prominent are "attachment" and "trauma" perspectives and hopes that if these needs are addressed containment or restraint will not be necessary. In fact trauma theorists point to the likelihood that restraint will re-traumatize the hurt young person damaging further the capacity to relate (Bloom 2004; 2005).

Occupational health and safety considerations have driven a major effort to train staff how to avoid or reduce the likelihood of workplace assault. Much of this I fear falls short of the kind of insights embedded in therapeutic crisis intervention. I find it hard to escape the conclusion, in the light of the experiences of the second wave participants and what I know of the system, that some reasonably robust nurturing models which are also capable of containment need to be available at a local level with a substantial complement of very well trained staff. To enable it to deal with contamination issues but also to help provide the necessary developmental options for young people I believe that the experienced practitioner views, point to the need for it to be part of a larger flexible local system of accommodation, support, supervision and therapeutic options. I would like to believe that it is possible to create accommodation options which are so nurturing, relevant, attractive and accommodating to the needs of the individual young person that they can stay voluntarily and not seriously compromise their own safety or the safety of others either within or when away from the unit and there is a case for pursuing that option. Something of this nature was proposed by one of the first wave participants. I wonder also whether it would be sufficient to simply have the capacity to become secure temporarily when behavioural boundaries were

breached in a way similar to the institutional strategy described by one of the participants above. I would also like to believe that safe and productive outcomes could be achieved with robust and sustained assertive outreach. I have attempted some of this in the innovations program as have others with some success but have seen many where our efforts were insufficient or unsustainable and the ensuing pathway was child protection notification or re-notification and eventually juvenile justice containment. By the end of the second wave analysis I was still short of a definitive view on this issue.

A New Proposition About restraint and containment: Respectful options to contain and restrain harmful behavioural extremes at the local level warrant further consideration.

#### Concluding Summary for the Second Wave

At the end of the first wave analysis four categories had been put forward as propositions, and it was resolved to explore further the issues of family work and education and three dilemmas had been identified which appeared to warrant some further resolution in the bid to understand better the views of experienced practitioners about good practice and the optimal service system to support it. Six participants were selected to be interviewed in the second wave. Some emphasis was given to including a family work perspective and some stronger and more up-to-date perspectives from child protection adolescent specialisation and juvenile Justice. It was also possible to include some specific experience of institutional work, SAAP and community counseling.

The second wave participants were given the opportunity to contribute their views about good practice and the optimal service system and to engage in some discussion based on the four propositions. No negative cases were identified in relation to the four propositions and support for them was strong. Contributions from the second wave participants added some substance to the meaning and understanding of the four propositions but did not result in additions or changes to the wording. Further exploration of the data in relation to family work and school or education issues resulted in two more propositions being added which were seen to have applications to both good practice and the optimal service system. Likewise propositions emerged from exploration of the three additional questions that arose in the course of first wave analysis concerning complexity, contemporary understandings of adolescence and the issue of normalisation is being set against a stronger emphasis on therapeutic practice and services.

The scope of the thesis did not permit systematic exploration of the lists of elements that had been constructed in relation to the optimal service system as a framework in the course of the first wave analysis. However, the lists stand as useful guides to service system analysis and development and are included as appendix C. Some specific exploration was undertaken in relation to two categories which had become prominent in the field, but relatively unheralded at the policy level, one focusing on nurturing aspects of practice and the system and the other on questions of restraint and control. In all, the second wave analysis affirmed, refined and generated 15 propositions seen as well grounded in the data. These are as follows.

#### Good Practice Propositions:

Proposition 1: Good practice involves appropriate adults being there, with intentional relationships and purposeful intervention

Proposition 2: Good practice achieves being there with active unconditional care.

Proposition 3: Good practice accommodates developmental readiness, taps resilience and enhances coping and problem solving skills, accesses and follows through specialist therapeutic help when necessary and is delivered with a sense of normality.

Proposition 4: Good practice is enabled by investing in the workforce and achieving a positive workplace.

#### The Optimal Service System

Proposition 5: The optimal service system will be one capable of timely, congruent, seamless and purposeful intervention to preserve and enhance the best interests of the young person within a supportive community.

Proposition 6: The optimal service system will contain a variety of service forms, flexibility in operation and community connectedness.

Proposition 7: The quantity, quality and variety of service forms will be sufficient to act in the best interests of the young person and his or her chosen family and community.

Proposition 8: Family work is an essential component of good practice and the optimal service system. Family mediation, family decision making (conferencing) and family therapy (one family and group) (centre based and outreach) to accommodate differences in family capacity and readiness to change are indicated service forms. Access should be local or at least sub regional and provided within one week of being assessed as an appropriate response to the need.

Proposition 9: Exclusion or dropping out of school early constitutes a developmental emergency and a community risk. Suitable local alternatives should be developed alongside the provision of brokerage funds to enable a one to one teacher/student option as an interim emergency measure.

Proposition 10: The nature and pace of social change and systems change have had a substantial impact on young people, those working with them and the social, economic and political context of the work. Measures which unify and simplify the work would be useful.

Proposition 11: Parents, practitioners and policy makers need training and skill development opportunities to respond to new understanding about development through adolescence and early adulthood, intergenerational differences and approaches to enhancing the participation and rights of young people. An additional service need for enhancing skills of parents and carers of challenging young people in maintaining the balance of empowerment and limit setting is urgently required.

Proposition 12: The development of locally based and /or agency based but locally connected, well led, trained and supported multi-skilled intervention teams able to operate flexibly with individually tailored responses should be explored. They should contain and have access to specialist help, a range of available accommodation options and brokerage funds.

Proposition 13: The nurturing elements of practice and the service system needs additional recognition and encouragement.

Proposition 14: The optimal service system should refine and extend its options to provide active unconditional care, constructive time away and to respectfully contain and restrain harmful extremes of behaviour.

Proposition 15: Respectful options to contain and restrain harmful behavioural extremes at the local level warrant further consideration in both staff secure and physically secure forms through an integrated crisis management approach.

In addition, during second wave analysis I was drawn back to a reconsideration of Robin Clark's concept of unconditional care, adopting an active form of it as one of the good practice propositions. This was given the following definition.

Active unconditional care: Drawing on Clark's (2000) defining statement for the concept of unconditional care, "as bad as it gets, we will still care for you; you might run but we will still be here for you" the active component refers to a commitment to calm, assertive respectful following up of absence, significant risk taking, self sabotage and disrespect of self and others with non colluding and non colliding messages of value and concern for wellbeing. (neither colluding nor colliding is a concept introduced by Mark Furlong (1999:113).

Another important category which emerged in the second wave with some strength was the idea of a multi-skilled intervention being a basic building block of local service systems. It was also defined in the following terms.

Multi-skilled intervention team: a basic form of team should be seen as a significant building block which might operate at various points in the service system. As a work unit, capable of operating as an intervention team and capable of putting in place a care team, it would be normatively described, locally-based, well led, trained and supported and multi-skilled. It would be able to operate flexibly with individually tailored wraparound responses and it would have embedded or rapid access to specialist help, a range of available accommodation options and brokerage funds. This is one of the key categories applying to the optimal service system. Its functioning with purposeful intervention is a basic psychosocial process.

Some tentative additional conclusions were also emerging. These were, family decision making and its link to kith and kin care warrants strengthening; outreach needs positive adoption as a service form; home based care may need a paradigm shift to accommodate different streams of carers and clients; residential care models, roles and cultures need considered and considerable strengthening; additional therapeutic options individual, family, residential and home based are needed regionally; and, the leaving care focus and program growth appears urgent. I was also reaching a conclusion that in spite of much good work, and recognising the need for sound risk management, adherence to important human rights and sound resource management, there appears to be an overemphasis on (1) personal risk to staff and youth in a somewhat disparate way (2) rights at the expense of responsibility and (3) restriction of resources to the extent that in many instances, it is compromising the ability of the service system and the family, to deliver, through relationships with skilled supported people in a variety of roles, adequate nurture, healing, personal growth and development and opportunity to thrive, and appropriate, safe, humane control with or without physical security. There appeared to be questions about being case planned to homelessness and receiving accelerated entry to criminal justice careers through both Children's and Adult courts. Some questions about the role and processes of the Children's Court (lawyers, Magistrates and Clinic) which appears to work well for the Juvenile Justice system and questionably for some aspects of the protection system.

These products informed the smaller more focused third wave of data collection to affirm or challenge the propositions derived from the first two waves and to consolidate viewpoints around core categories and to articulate the grounded theory and matters which should be the subject of future research.

#### Findings From the Third Wave

As indicated in the methodology chapter, the three third wave participants were provided with a summary of findings up to the end of the second wave of data analysis and this formed the



basis of discussion in the interviews. Each had read the material and two of the three had highlighted particular aspects of it. Overall I found support for each of the 15 propositions and no significant reaction against any of them. There was very strong support for the significance of providing more time and resources for fostering relationships and finding a key person with whom the young person can connect. There was very strong support for having a variety of options, much more flexibility in the system than is at present available and having accommodation and supervision capacity in excess of demand. This would enable flexibility and decision making based on the needs of young people rather than on the basis of limited available options. Two of the three participants were predominantly engaged in a local service system and had some very cogent advice about relating to young people and families which was generally consistent with findings reported so far. Both gave strong support for the value of assertive outreach and constructive time away. One said "every agency should buy a Typo Station [a rural retreat] where kids can be away from pubs, drugs and cars to steal" (Participant 14). They pointed, however, to a substantial gap between expectations of the service and what could be done with the resources currently available. All complained of a lack of flexibility in the system at the local level, a sense of requirements being rigidly imposed on the one hand and a strong demand for consultation, participation and collaboration on the other which, which although often good in itself, imposed an additional burden in terms of time. There was strong support for working with families but expressed concern about workers being given appropriate skills and support to do this well. Empowering parents also generates a demand for much more skill development for them also as well as coaching and mediation during events to avoid the extreme responses which exacerbate problems and further damage their relationships with their children. They need similar training to that given to staff about overcoming our natural fight, flight, freeze responses to crises.

It was clear that dominant current concerns include the substantial impact of alcohol and drug use among family members and young people. Such concerns include early access and experimentation without emotional and physical readiness to handle the consequences and the co-occurrence of problems such as substance misuse with mental illness, disability and offending. There was concern as well about issues to do with violence directed toward or between young people, family members (parent to youth and youth to parent) and staff. Also very significant in the eyes of these participants is early risk taking and questions related to actual and alleged abuse in care. It was suggested that the study may have overlooked the significance of the abuse in care issues which have had a major impact on practice and the system. Abuse in care includes client to client, staff to client and client to staff. In respect to my reference to young people being case planned to homelessness or fast tracked to juvenile justice, the point was accepted as an issue but the language and simplistic construction of the issue was seen as too extreme. It points to a problem that often issues are seen and reacted to in terms of absolutes and extremes when more often there are shades of grey, conflicts of aspiration and tensions between rights of different kinds (Participant 15).

Mention was made of a broad lack of power to change things and a decline over recent decades of discretion, flexibility and the resources needed to find and maintain effective service models. An unintended consequence of a series of regulatory processes is the cumulative impact on what people can do, on what they feel able to say they are doing and how they feel about their

work and the work place. These include things which have positive intent on their own such as critical incident reporting, "Looking After Children", in service training, mandatory clearances and skill updates, participation in planning and consultation, occupational health and safety, privacy and record keeping requirements and standards/policy development/compliance and accreditation. A key concern which was often hard to attain is getting the right young person in the right place at the right time. Another is being able to commit to creativity, excellence and innovation in practice and service design. One participant felt that the proposition concerning the multi-skilled team was "Nirvana" but a good idea provided there was one basic person engaged to "be there" for each young person (Participant 14). It was observed "once young people turn 16-17, DHS don't want to know about them" (Participants 13 and 14) and that providing support to these young people until they are in their twenties does not yet have "public permission" (Participant 15). There is critical mix and match of service size and variety to adequately meet needs at the local level. There is, at times, dissonance between, local, regional and central views of what is needed. It was apparent at a number of points in the data collection across the three waves that information flows are at times distorted by information system structures not according with the reality of the work. In some instances a mismatch is apparent between service demands and capacity to the point where accuracy and veracity are likely to be lost.

With the help of the participants in the three waves of this study substantial progress has been made in answering the four broad research questions. Noting that the nature of the questions and the dynamic field to which they relate means they will remain matters of evolution or work in progress. I believe that theoretical redundancy was achieved in relation to the categories embedded in the first fourteen of the second wave propositions. I believe there is sufficient support for locally available homely staff secured therapeutically oriented residential environment as part of the service mix. Some more research would be required to resolve the nature of physically secure options beyond the present secure welfare, juvenile justice and mental health custodial options. Progress to date with the research questions is taken up in the following concluding chapter.

## **CHAPTER 7**

### **SUMMARY OF MAJOR FINDINGS, IMPLICATIONS, FUTURE RESEARCH**

This is the final chapter of my study about young people, in their adolescent years, whose stay at home, in crisis accommodation or in out of home care is threatened by their complex needs, high risk or challenging behaviour. I drew on the experience of practitioners who have a substantial history of dealing with these young people to gain a better understanding of what constitutes good practice and an optimal service system for this group. Using grounded theory methodology I explored four questions in in-depth interviews with them, seeking insights which could lead to practice and service improvement and which could advance theoretical understanding in the subject area. The findings were informed by insights from literature examined, firstly, prior to the commencement of the study and, secondly, in keeping with the grounded theory methodology, after the interviews and during analysis to expand and refine points made by the participants and categories emerging from the data. The findings are also informed by relevant aspects of my own practice experience which is outlined in chapter 4 and which has been ongoing throughout the period of the study.

In a nutshell the study findings are: Good practice involves appropriate adults being there with intentional relationships and purposeful intervention. Through active unconditional care it pursues short run and long term developmental and/or therapeutic goals with young people in their family and community context. It accommodates developmental readiness, taps resilience and enhances coping and problem solving skills. It accesses specialist developmental and therapeutic help when necessary and it is delivered with a sense of normality.

Good Practice is enabled by investing in a workforce with the necessary attributes and skills and a positive workplace committed to robust care for the wellbeing of clients and workers, positive outcomes, creativity, innovation and excellence. It overcomes impediments to good practice by working in supportive teams, owning uncertainty, accepting and sharing reasonable risk, overcoming knowledge and skill deficits, enabling positive accountability, building trust and collaboration and by being supported with reality based management of supply and demand.

The optimal service system will be one capable of timely, congruent, seamless and purposeful intervention to preserve and enhance the best interests of the young person within a supportive community. It will contain the necessary variety of service forms, flexibility in operation and community connectedness. It will address parenting, family and educational issues and through appropriately skilled, structured and resourced teams it will provide active unconditional care attending to the need of young people for appropriate nurture, empowerment and the management of behavioural boundaries through constructive time away or respectful containment. It will provide where necessary specific developmental and therapeutic help. Its purposeful intervention will be sustained to the point of readiness for independence or acceptable alternative forms of support. It will constructively disengage when the client and the team agree that intervention or active service system support is no longer necessary.

The management of meaning units in the course of the study included my use of four terms. Firstly, working hypotheses drawn from literature and my prior experience, were formulated for each of the broad research questions. They were largely put aside through the three waves of

data collection and analysis as I pursued an approach informed by grounded theory. This involved coding data into categories with the aim of finding some with the explanatory power of a core category as described in chapter 3. As categories which appeared to have core category potential emerged from work with the data, I adopted them as a form of hypothesis which I labeled as a proposition for the purpose of presenting them to participants in successive waves of data collection. I felt more comfortable using that term rather than hypothesis or category in discussion with participants. Those which gained major explanatory power and support from participants have been adopted as core categories in this final stage of the study. As they are also a form of hypothesis comparison with the pre-study working hypotheses forms part of the study conclusions.

The answers to each of the four research questions are summarised below and discussed in terms of what was known before and what I believe we know now as a result of the enquiry. I then discuss the implications of the findings for policy, practice and service design before concluding with some thoughts about future research concerning this problem. The research questions were as follows: For adolescent clients facing homelessness who present with complex care needs connected with high risk or challenging behaviours in a Victorian service system context: (1) How do experienced practitioners “construct” good practice? (2) What factors enable good practice ? (3) What factors impede good practice? (4) What do experienced practitioners believe an optimally effective service system would look like?

#### How Do Experienced Practitioners “Construct” Good Practice

The core category, the grounded theory device described in the methodology chapter, which emerged from the data gathered in relation to the first question in the first wave of the study is: Good practice involves appropriate adults being there, with intentional relationships and purposeful intervention. Its strength as a core category was affirmed in the second and third waves of data as were the set of subcategories which elaborated on its meaning. Good practice in relation to these young people is undertaken by skilled workers operating in a variety of roles. The way in which participants described good practice made it clear that good practice is reflected in the values, knowledge, skill and actions of the individual worker but also, and with more challenging cases necessarily so, it is represented by the aggregate effects of workers fulfilling their roles as part of a team with common values, goals and congruence. Roles identified in the data analysis were supervisors, caseworkers, case managers, case planners, unit managers, carers, residential care workers, key workers, mentors, crisis workers, therapists, lead tenants and kith and kin. Specialist knowledge is also imported through the use of consultants, specialists embedded in the team e.g. nurse, family therapist, psychologist (some being licensed to perform certain functions e.g. injections or psychological tests) or team members with portfolios, for example, alcohol and drugs, mental health, child protection, family violence etc.

The following points encapsulate the essence of good practice with the target group who were also seen as a very vulnerable group of young people relative to the general population of young Victorians and the broader service system clientele. Good practice means “being there” and entails being accessible and being in a position to take advantage of windows of opportunity. Some modern lifestyle forces are toxic (Garbarino 1995), entrapping and/or dangerous. Access to and support from a responsible adult who also respects the need for reasonable privacy and

autonomy is a 24/7 necessity for young people. An implication of both psychological and sociological understanding may be that it should be so for all young people under 18 years of age and, for some at least, until their mid twenties. It was also apparent that workers are often not there in current structural arrangements and young people are often not where they are expected to be as well.

Essential to good practice is the ability to engage the young person in a working relationship. This was seen as fundamental. Functional relationships either with the worker, or an appropriate other, provides the platform for both risk mitigation and change. Working relationships need to be supported enough for the worker to manage the strength of the hurt which affects young people and their parents, and it is important to recognize the impact of projection, transference and counter transference. The impact on workers and team functioning can be profound.

Good practice involves a continuous process of assessment and planning, adequate crisis management and attainment of short-term goals which enhance long-term objectives and possibilities. Achieving a unique and culturally relevant understanding of the individual young person in context is an important component of assessment and planning.

Demonstrated close connections between thinking, feeling and acting, places emotions, emotional intelligence and managing or regulating emotion in position as significant elements of practice applied to both workers and clients. Training of workers in crisis management includes enabling them to surmount the natural reactions of fight, flight and freeze (Holden 2001; Bloom 2004;2006).

An ongoing adult responsibility involves validating the young person's efforts and facilitating opportunities for her/him to be loved and to feel loved. This means respecting and working with connections to peers and enabling exposure to adult connections which increase the probability of "striking a caring match," the remarkable turnaround one sees when we meet "the right" person. As well, understanding and articulating behavioural boundaries and limit setting (including negotiating limits in everyday care, alternative responses to secure care, and, with some qualifications, using secure care when necessary) also emerged as key components. This entails communicating with respectful empathic clarity about bottom lines.

Generating or finding developmental opportunities and motivating the young person to participate in them was seen as an essential endeavour, albeit challenging. It is, in the words of participants, "finding the difference that makes the difference", "looking for win win solutions" and "working together to get over the line". There was unanimity among the participants about being there for the long haul when necessary and aiming to finish well or to constructively disengage when the young person was ready to move on. This contrasts with the strong system emphasis on episodic and time-limited interventions.

Participants also gave strong emphasis to the importance of working with families in an inclusive and respectful way. The need to exercise authority constructively can take time to learn for some workers who are still close to their own emancipation issues. Also noted was a need to respond differentially to different levels of family need and capacity to change. Some elements of parent skill enhancement and family therapy need to be an accessible part of team resources. Similarly emphasis was given to the need to generate alternative responses to deal effectively

with young people who are unable to remain at mainstream school. A common strategy of trying to force schools to retain some of the students can be counter-productive. Participants pointed to some positive approaches operating in both mainstream and alternative schools.

Participants drew attention to the importance of incorporating into practice new understandings about processes for rebuilding attachment, trauma sensitive practice, the implications of brain function and maturation and inter-generational differences. Enhanced practice strategies for providing nurture, reparenting, socialisation and a climate of safety and respect were identified as important needs as well as behaviour management with a client centred focus and a learning goal (about better coping strategies for future events) and a capacity for safe containment and restraint or alternative forms of being there with unconditional care such as assertive outreach or constructive time away.

When these findings are examined beside the working hypotheses for the first question and a rereading of the detail of the “When Care is Not Enough” report (Morton et al. 1999) and Robin Clark’s “Search For Exceptional Practice” (2000) they do not seem to be saying very much that was not considered in those reports except for reinforcement of the importance of relationships and an additional emphasis on assertive outreach or constructive time away. Since the reports were written the proposed statewide therapeutic program has been established in the form of Take Two and there has been some enhancement of services at the regional level. Any shortfalls appear to relate more to the quantum of services, the tightness of targeting or eligibility and to some extent the way services are configured and available relative to demand. There is also the ongoing challenge of developing and maintaining the level of skill required in the workforce to carry through these complex tasks. The following description drawn from the “When Care is Not Enough” report provides the basis for comparison (a benchmark) of the graded options available in Victoria for balancing empowerment and limit setting for young people.

Within the program there are:

Relationships with treatment and care staff: staff are expert, warm, firm, authoritative, fair and admit mistakes. Limits are relationship based and consistently maintained. Skills are taught to assist the young person in staying within limits. Practice instructions, practice precedents, staff supervision, consultation and training: Staff are supported in setting and maintaining reasonable limits. Staff are supported in considering the developmental stage of the young person and both short-term and long-term risk when deciding if compulsion is appropriate. Creating a shared culture of safety: The development of positive peer culture in services and norms about harm to self and others, which are jointly endorsed by staff and the young people. Using rewards not punishments: Avoiding playing the role of punitive, retaliatory or unfair authority figures.

External to the program:

Developing cooperative relationships with police to ensure an appropriate police response when needed. Developing a cooperative relationship with mental health in patient and crisis services to ensure an appropriate response when needed. Juvenile Justice community-based orders to undergo a high-quality, well resourced intensive therapeutic interventions. Treatment or therapeutic home-based care as an alternative to a custodial sentence. Secure crisis care for up to 21 days, in exceptional circumstances for a further 21 days. Mental health in patient unit stay. Juvenile Justice sentence with incentives to participate in offence specific treatment. (Morton et al, 1999: 98)

It is apparent therefore that there is considerable agreement between the views of the experienced practitioners and the approaches to practice that have been intended and recommended for the small group who access services through statutory child protection pathways. At this stage however access to therapeutic services in particular is limited but

developing with demonstration projects in therapeutic foster care and residential treatment beginning to operate.

As discussed in the second wave findings one nuance in the data merits some further attention in practice. It was raised by one participant as a tendency for workers to pathologise rather than normalise. Given the strong emphasis on therapeutic responses to complex needs it provides an alert to the need for adolescents to retain a sense of normality. Anglin (2002) makes this point in relation to residential care environments Carr-Gregg (2002) points to the significance of the question for the early adolescent (am I normal?) and the literature review refers to a number of writers who point to the need to acknowledge that many of the behaviours seen as abnormal are logical adaptations to life histories of these young people who at the least might be seen as survivors. It is apparent that some current attachment oriented therapeutic approaches emphasise the importance of focusing on what has happened to young people rather than what problems they have. Nonetheless the point has face validity when considering the identity issues bearing on young people at this age stage. Based on the data and supported by the literature a concluding statement concerning the construction of good practice is that it will accommodate developmental readiness, tap resilience and enhance coping and problem solving skills and be delivered with a sense of normality.

In terms of good practice, some theoretical advance comes from reflection on the practitioners call for an additional safe containment option, revisiting of Robin Clark's concept of unconditional care and recognition that assertive outreach is something that a good authoritative parent might do. In the latter respect it draws on strategies put forward by Scott Sells (2001) in his "parenting with love and limits approach". This is reinforced by the observation of Michael Grose (2005) that some battles in intergenerational warfare are worth fighting and the observations of some other parent skill researchers and observers (Carr-Gregg 2003; Fuller 1998; 2002) about the parental task of monitoring. These ideas have been reinforced by recent pathways research into youth homelessness (Mallet et al 2006) and affirmed by third wave participants. The category which emerged is "being there with active unconditional care".

This does entail revisiting Robin Clark's concept of unconditional care (Clark 2000). I had reservations about this concept early in the study having encountered situations where adolescents have been extremely abusive to parents and carers. The care that continues in such instances needs to come with some conditions attached. Violence towards a mother or siblings is not acceptable, trashing the carers house requires some form of logical or natural consequence. Unconditional care would mean that these events are dealt with in a way that ensures that the care continues but that strategies have been implemented to minimise a repeat of the same behaviour. This means a rapid, respectful, fair but firm, and thorough follow through of incidents. This requires some system strength, time and within system flexibility e.g. adjunct placement or respite to respond without rejection. A colleague described a situation where a parent had successfully used an intervention order with her abusive adolescent to manage the nature of their ongoing interaction. Contact and communication was acceptable without abusive behaviour but if it occurred the order was invoked. One participant pointed to the clash of aspirations which occurs when we say "we care for you but you are in the wrong place and can't stay" Participant 15). So if I was to attempt a definition of unconditional care, it is more to do with sustained

positive regard and the honest communication of the boundaries of acceptable behaviour. It would include the way in which breaches of those boundaries are followed through with ongoing engagement and support through the processes of logical and natural consequences. Rejection is not an option but caring restraint or constructive time away for either party may need to be.

Another aspect of unconditional care is its connection to the future. Through adolescence and probably early adulthood the actual presence of a caring someone at a reliable place appears to be important. The participant who had been in care as a teenager said there were many who had been there for her over the years but recalled, “there was always someone there at Winlaton, and there was always someone there at the hostel”. Having someone there is beneficial throughout the life span noting that the care of parents is eventually replaced by the care of partners and friends and our earlier caring connections and locations take their place as memories in our identity and sense of self, in our internal working model of the world and relationships. Over the years I have encountered many young people returning to touch base with an earlier connection that was important to them, a particular staff member or carer or an organization or a place. At times systems have acted in ways which prevent these connections being forged and maintained. For the future we would hope that that sense of belonging can be encouraged and preserved.

#### What factors facilitate good practice ?

The findings from both waves provided ample endorsement of the initial working hypotheses for this question, viz., What is possible is greatly affected by the attitudes, beliefs and values of the host community at local, regional, state and federal levels of government and politics. Chapter 2 and chapter 4 provide details of the substantial ongoing planning processes and strategies, particularly at state and federal level, which in recent times have delivered new legislation and substantial planning documents and processors for the family and placement support sector, youth homelessness and juvenile justice. These have been underpinned by a substantial amount of consultation and some research as well as numerous consultants reports on particular issues and enquiries sparked by perceived problems and community reactions. The on going challenging nature of the field is typified by recent articles in the Sunday Age newspaper. The first on 11 February 2007 was headlined “Crisis Kids Exposed To Low Lives.” It attacked state intervention and the state of residential care. The second, on 18 February 2007, was headlined “Handing son over his mother's big regret” and again attacked the poor outcome for her son who was now homeless as a 19-year-old after being placed in care as a Year Eight student. By the end of the first week, said the article by Carmel Egan, he had smoked his first bong and been initiated into the skip school culture of other “resi kids”. His care had commenced when his mother could no longer cope with his uncontrollable outbursts.

Evidence and ongoing questions about public, private and “not for profit” sector resource levels arose in the data quite often, with a common observation that resources are always an issue but “if you have more you can do more things”. For the purposes of the study the standard was the optimum which in general does not appear to have been reached. Only the juvenile justice units claimed adequacy while noting, however, that there has been some reduction in functions (outreach etc.) as other kinds of loads (accountability and court requirements) have increased. Also resource constraints at the regional level have tended to limit operations for



community-based juvenile justice to being largely an office hours operation. At the local level, resource levels (including caseloads), leadership and supervision, ongoing professional education and skill development (including case by case specific training and access to consultation), good working relationships between services were all identified as enabling factors and frequently evident. A major effort has gone into induction and in service training with many beneficial results but, according to some participants, room for more around adolescents in general, and high risk in particular. There was evidence of a local and place based approach to some services and some growing interest in it. This, I think, is important as distribution frameworks based on the Department of Human Services regions, because of their size, tend to distort supply and demand issues. Many services are distributed sub-regionally but I wonder whether connectedness would be improved if the framework was based on local government areas, primary care partnership regions and in some instances school clusters or neighbourhoods.

There was also evidence of a dynamic and sound theoretical basis for many of the services being offered and some attention had been given to “what works” understanding and evaluation. Some of this now appears to be expected as part of the process of building a case for resources, which still seems to be a major hurdle for new approaches to practice and service types. It has meant very long lead times and successive pilot projects before some innovations are extended or rolled out programmatically. As a rule services are approved with conservative estimates which means that, at times, they fall short of the optimum mark.

The participants left no room for doubt about the importance of and the presence of much positive motivation, considerable understanding of specific features and optimistic views about work with adolescents. Also present was substantial frustration about insufficient supply of some resources and missing parts of the service system. The position was well established with the first interview and maintained throughout the study that the two vital enabling ingredients for good practice are a well chosen and well supported workforce and a well developed and positively functioning work place. Details were given of the magnitude of the personal impact of working with hurt young people can have and the outstanding qualities required to maintain a developmental approach. A very strong sense emerged that working in teams might be an imperative and that the models provided by adolescent protective teams, intensive case management services and juvenile justice units had considerable merit. Each had positive features but it was noted that functioning improved when caseloads were optimum, when there was access to ample brokerage and ready access to appropriate accommodation for young people. As a result of the converging ideas around this issue a proposition emerged from the findings that such a team should be a primary building block at various points in the service system. Such a team with a “can-do” culture is better placed to provide, in the words of one participant, “the answer is here”.

There was unanimity among the participants that the second major enabler of good practice was a positive and well functioning workplace. Agency values and culture and a collaborative style at work in teams, partnerships and consortia were important ingredients but at times a challenge to maintain. There was much agreement with Anglin's (2002) finding about the fundamental importance of congruence and how positive outcomes are enhanced when it is found within the workplace and the various structures it relies on, relates to and endeavours to work with. Caring,

sharing the load and difficult decisions and a supportive culture was frequently emphasised as necessary to work well with young people and to enable staff to survive.

Recruitment policies were noted with different objectives in mind amplifying some of the specifics of role. For example tertiary graduates were seen as contributing to a high acceptance rate for court reports. More rough and ready people were seen as more resilient carers for challenging young people, better prepared by their life experience and to some extent their ways of relating. These matters merit some further careful consideration. Although change and innovation was welcomed when the purpose was constructive, it was seen to need time and a sense of worker participation as well as a clear appreciation of its impact on the service and young people. Some questions were raised about the risk management and occupational health and safety concerns which on the one hand honour worker wellbeing, but on the other, impact on organisational culture, public impressions and practice. Examples included the now fortress like reception areas which clients and public encounter in buildings and constraints on home visit and outreach activity. These concerns touched on both social and emotional climate and resource questions but no solutions were evident other than increasing tendencies to outsource functions and outpost workers. Respectful, well grounded and supportive leadership was welcomed and positive workplace cultures were crucial.

#### What Factors Impede Good Practice?

What participants saw as impediments to good practice were grouped in four main categories. The first concerned ignorance and shortfalls in understanding at all levels in the service system and the failure to sufficiently recognize that in this field, one is often faced with uncertainty and making choices between limited or poor alternatives. The second included the downside of specialisation, the tendency for service subsystems to be insular (silos) and to be constrained by tight targets and limited mandates. Particular instances were given of absent, fragmented and competing responses to need. Two specific areas of concern were insufficient support for the now well identified problems of care leavers and the harmful events associated with the denigration and inadequately resourced devolution of residential care from government to community sector and the slow recognition that it is an important component of the service system. The third category concerned excessive accountability processes, overregulation, risk aversion and a culture of blame which at times appears to be based on the unreasonable premise that regulation, procedural and reporting responses can deal with all contingencies. Notes of alarm were sounded about cultures of shame and blame, the excessive encouragement of complaints and adversarial and legal process as a method of enquiry in response. The need for accountability was not disputed but its excess was at times impeding performance, affecting morale and inhibiting creativity, innovation, defensible risk taking and spontaneity which were valued aspects of work with adolescents. As one participant pointed out the decision to deal with a matter as a quality of care issue requiring a teaching/ learning response rather than an abuse in care issue which launches a forensic investigation has resounding implications for the individuals involved and the system. In my view transparent and fair grievance mechanisms and alternative dispute resolution processes have much better outcomes than drawn out investigations and a trip to Court. The fourth category to emerge was competition for resources and pricing problems. The system operates for the most part within drawn out and politically sensitive budget processes. The

cake has always been constrained and to some extent influenced by a demand to fund innovation from savings. Although the strong push into competitive tendering of the nineties has purportedly moderated, resource containments and throughput pressures still dominate much of the decision making. The answer that 'there is no more money no matter what', according to participants and some of my own experience within the last three years is alive and well. Although much is made of partnerships, collaboration and consultation, cost containment and competition are frequently encountered at the local level.

These findings were consistent with the factors Miriam Meade obtained in focus groups with ICMS managers seen to be inhibiting unconditional care. These were, workload and throughput pressure imposed by management and service contracts; expedient management practices that place finances or time management at the core of decision-making due to a lack of resourcing; no desire to work with young people; training that does not specialise in adolescent development; systemic conflicts and processes; personal reflective and experiential happenings; engagement difficulties and rejection of the young person; exhaustion and burnout due to lack of support and helpful supervision from management and supervisors; and, little or no access to current developments in local and international research outcomes (Meade 2001: 38).

There is also consistency with the working hypotheses which were largely derived from my own recent experience in the field. Impediments to good practice and effective outcomes include workload and throughput pressure driven by insufficient resources and misunderstandings about the resources, skills and time required to achieve change; insufficient access to the range of service forms needed to generate and sustain appropriate case-by-case and sub-group responses; insufficient understanding of the specifics of adolescent development and needs; pessimistic viewpoints, low motivation, burnout, unsuitable recruitment and subordination of client needs to other interests; inappropriate mixing of young people and insufficient peer group monitoring and management; conflict between carers and insufficient clarity of expectations between members of an intervention team and between members of the team and the young person.

With such a litany of complaints which had emerged by the end of the first wave analysis I became acutely aware that I was sinking into the negativity and sense of blame that needed to be directed somewhere. I was reminded of some of the subject matter of social work teaching in respect to attribution theory (Longres 1995: 24) which seems to be relevant to the tendency to look for blame, attributing cause to dispositions rather than situations (except when it applies to self), rather than to accept that most people probably do the best they can with what they know and the resources at their disposal. I therefore did not pursue the impediments question in the second wave of data collection although participants often gave information consistent with these findings. The list of impediments and the alternative aspirations did receive some support from participants in the third wave in particular as they had been presented to them in written summary form. What can be done about impediments to good practice?: The alternative aspirations were: owning uncertainty; accepting and sharing reasonable risk; overcoming knowledge and skill deficits; enabling positive accountability; building trust and collaboration; and, reality based management of supply and demand. I think these are important topics to keep under consideration. The question of accountability was discussed in terms of whether there could be

too much as it is a good and necessary thing. In general this is so but I was reminded of some management research which found that performance increased with accountability to a peak then fell as capacity to respond runs into political, technical, economic and social constraints (Weissman 1983: 329-331). I was also reminded of the Milgram experiments in which ordinary citizens were induced to be cruel to experimental subjects (giving imagined electric shocks) because they accepted the direction of a perceived legitimate authority that it was necessary (Longres 1995:347).

#### What Do Experienced Practitioners Believe an Optimally Effective Service System Would Look Like?

There was no dispute and much endorsement from all the participants in the study with the elements contained in the initial working hypotheses about the optimal service system. The hypotheses proposed that an effective service system provides developmentally appropriate universal, primary, secondary and tertiary services of sufficient quantity and quality to respond to demand in a timely way. It would address the needs arising in the context of the young person's selfhood (physical and psychological wellbeing), family and social network, school/ vocation, peer group, recreational opportunities and citizenship in the wider community. It will have a set of guiding principles, ability to assess thoroughly, a variety of service options and a sustained capacity to respond until individual coping capacity and natural support networks take over.

The first wave analysis produced an exhaustive framework for thinking about the service system and two propositions which were explored with the second wave participants. The 2 propositions received substantial endorsement and allowed some observations to be made about positive features of the system as well as concerns and shortfalls. The propositions stand as core categories applied to the optimal service system in the following form. "The optimal service system will be one capable of timely, congruent, seamless and purposeful intervention to preserve and enhance the best interests of the young person within a supportive community." "The optimal service system will contain the necessary variety of service forms, flexibility in operation and community connectedness."

Pursuit of two consistently-raised categories led to a conclusion about family work requiring greater emphasis. Examples of successful approaches included family decision making conferences which in some instances generated kith and kin placements, family therapy in a team including office based individual work, group work, co-therapy and outreach work. A clear need for parenting skill enhancement programs for parents or carers of young people with various forms of challenging behaviour (violence, substance abuse, sexual abuse, self harm and persistent running away) was also indicated. There was also a conclusion that exclusion or dropping out of school warranted emergency attention and readily accessible viable alternative forms of education that can adapt to the individuals needs and interests should be available locally. As indicated above there are a number of examples, but not enough in supply terms, of positive "in school" and "alternative" programs.

The nature and pace of social change and system complexity added two new understandings about adolescent brain development and intergenerational issues which need ongoing consideration. Also signaled was a needed search for measures to unify and simplify the service system where possible.

In addition to the newly developing therapeutic programs designed to address attachment and trauma issues more attention should be given to the empowering and limit setting capacity of the service system through robust local residential care, assertive outreach and constructive time away options noted in the conclusions on good practice.

A conclusion was that good teamwork at three levels is a vital resource for responding to the needs of hurt and challenging young people. Firstly, there is the work team or work unit, well supported and embedded in an appropriate organisational structure. Secondly, there is the intervention team which contains or has access to the necessary mandates and skills to address the young person's needs. Thirdly, there may be a care team capable of delivering a viable stable accommodation option. In some circumstances they will be one and the same, in others they may overlap or operate contractually as separate entities.

Emerging from the thinking about teams and noting the relative success of some adolescent protective teams, intensive case management services and juvenile justice units a proposition emerged that a basic form of team should be seen as a significant building block which might operate at various points in the service system. As a work unit, capable of operating as an intervention team and capable of putting in place a care team, it would be normatively described, locally-based, well led, trained and supported and multi-skilled. It would be able to operate flexibly with individually tailored wraparound responses and it would have embedded or rapid access to specialist help, a range of available accommodation options and brokerage funds. This is one of the "core" categories applying to the optimal service system. Its functioning with purposeful intervention can be seen as a basic psychosocial process in Glaser's (1978) terms. Following the suggestion of one of the participants, if such intervention teams were operating within service subsystems in a viable local area there might be some chance of families and young people getting a full-service where they seek it rather than being referred from pillar to post. The system overall already has in a somewhat scattered way the basis of such an approach. If we add to the teams mentioned above the drug and alcohol outreach teams, the mental health mobile support teams, support teams working in the youth homeless area and disability client service teams there is a sound platform for enhancement. Success will be much more likely if they are strong enough for round-the-clock operation and able to call on relief and extra support in a crisis. Ample and accessible brokerage funds are crucial in addition to access to immediately available accommodation. Some teams are limited by mandated functions e.g. juvenile justice although in my experience it is not unusual for young people to voluntarily keep in touch.

Accommodation emerges as a very important issue requiring substantial expansion in a variety of forms which can be flexibly used. In my opinion the system needs to shift from an expectation of an undersupply and competition for limited places to oversupply and the capacity for some to be held in reserve. No young person should be denied a safe bed for the night. A much more flexible approach to accommodation is necessary. It is anticipated that if optimal levels were reached in each type of accommodation, better long-term supports for young people are likely to be found among the people involved in providing the accommodation and their networks.

The practitioners in this study are not alone in believing that some system change is necessary. Among the material added to the literature in the process of analysis is a Family and Placement Services Sector Development Plan released by the Minister in the latter half of 2006. Among a number of key challenges the plan seeks to address are some germane to the findings of this study:

- (3) A reactive service system, driven by system, organisational and external pressures rather than by a focus on achieving improved outcomes for children, young people and families and acting in a way that is informed by research and best practice;
- (4) Service models that have not kept pace with the changing nature and rising complexity of the children, young people and families the services are for, and which need to ensure a stronger focus on earlier intervention;
- (5) A declining volunteer workforce within out of home care and a need to better harness and support the potential volunteer resource that exists in other parts of the service system; and,
- (8) Failure to regularly update and revise funding models to reflect increasing complexity. (DHS 2006c:11)

The view of the optimal service system encapsulated by the categories concerning system capability, the form of the system, the direction to work with family and school and the locally based, structured team (second wave propositions 5-9 & 12) differs substantially from existing approaches in general, but has a strong affinity with some segments and structures in the present system which appear to work well. Some components will cost more in the short term but by encroaching on extreme behaviours and supporting practice which leads to more productive pathways long term savings could be substantial.

It is argued that the above core categories identified in the study should inform a significant policy shift from truncated episodic service to a focus on relationships being made, transformed and transferred in ways consistent with the psychosocial needs of the young person. Emphasis would be given to being there with unconditional care. This would mean a much greater emphasis on locally based 24-hour service. There should be more, rather than less, assertive outreach and an oversupply (possibly in the order of 10-15%) rather than an undersupply of accommodation. There would be much more deliberate pursuit of work with families and parent skill enhancement opportunities and a substantial expansion of locally accessible flexible education opportunities for young people who drop out or who are excluded from school. Some exploration of the possible scope of outreach and assertive outreach should be undertaken and, given recent research results concerning homeless young people (Mallett et al. 2006), intensive consideration should be given to options for “constructive time away”. This should be undertaken with a high level of youth participation in decision making.

#### Directions for Further Research

Some work of likely value would be an impact study of the cumulative factors bearing on unit and worker time and energy which are contributing to the sense of frustration encountered at time in this study.

If I am able to take this study further at some future time I would want to expand the sample and seek to achieve a more penetrating coverage of assertive outreach, intensive

intervention, therapeutic programs and custodial care. I would also like to examine more closely the options for dealing with drug and alcohol issues and family violence which are pressing concerns in which approaches to limit setting across the systems is variable and hard for existing programs to manage.

The question of setting limits and boundaries requires substantial examination across the systems in conjunction with understandings of attachment, trauma and the role of nurturing behaviour. Some discomfort continues to exist with my original dilemma of how much we should rely on active efforts to engage and persuade the young person at large in the community, how much we should rely on containment options coupled with equal efforts to engage and persuade and how much we should adopt a passive stance and hope the young person will engage us in their own learning. The conclusions arrived at in this thesis involve strengthening our capacity to work between these approaches rather than be forced down one pathway or the other because of resource constraints or system limitation. The option proposed in this study centres on the multi-skilled team. It would be helpful to engage in some demonstration research through comparative work based on some of the existing teams with capacity supplemented where necessary with brokerage and more liberal access to accommodation. One could also be set up from scratch as an action research endeavour.

Another useful exercise would be a study addressing options for increasing the probability of finding a caring match for young people. Part of the problem is enabling exposure to possible kith and kin, mentors and carers and constructing activities which enable people with compatible interests and capacities to “find each other”.

It would also be useful to centre some evaluation research on the concept of constructive time away. Work would include the alternatives to secure care strategies covered in the first wave (taking young people on outings, fishing etc.) through the various adventure based and alternative education strategies, respite care and the rural retreat option e.g. Typo Station and secure care.

Another useful research endeavour could be built around the concept of respectful containment. This would include the degree to which staff numbers and skills with structured programs and routines can achieve the semi secure environments noted by some participants. There may be an element of physical security which may not need to be exercised unless there is a particular time limited need. This is reminiscent of some of the strategies that have been available in the past in campus settings.

Given the relatively small populations involved some cohort snap shots and longitudinal follow up would be a worthwhile endeavour and it would be useful to extend this work across program boundaries to include young people in SAAP, child protection, juvenile justice, mental health and alcohol and drug withdrawal and treatment services. It could begin with census work then some longitudinal tracking of a representative sample.

Some fresh guidance of a similar nature is apparent from the Moving Out Moving On study (Mallett et al. 2006) and some local research constructed around the four groups of young homeless they identified would be helpful. It would appear, however, that the two most at risk groups, the street-based group and the part time family home group, would benefit from the proposals contained in this thesis. The two other groups identified in the study, the service-based

group and the family home/private rental group are already benefiting from the good practice and the positive service that is happening in many parts of the field.



## APPENDICES

### Appendix A: Participant Information and Consent Form

**Version C Dated 28 February 2006**

**Site.....**

**Full Project Title:** Youth facing homelessness with complex care needs associated with high risk or challenging behaviour.

**Researcher:** Lloyd Owen (PhD Candidate)

**Supervisor :** Professor Allan Borowski

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This Participant Information and Consent Form is **5** pages long. Please make sure you have all the pages.

#### **1. Your Consent**

You are invited to take part in this research project. We wish to emphasise that your participation is voluntary and that you should not feel pressured or coerced to participate in any way.

This Participant Information contains detailed information about the research project. Its purpose is to explain to you as openly and clearly as possible all the procedures involved in this project before you decide whether or not to take part in it.

Please read this Participant Information carefully. Feel free to ask questions about any information in the document. You may also wish to discuss it with the researcher or others before deciding. Feel free to do this.

Once you understand what the project is about and if you agree to take part in it, you will be asked to sign the Consent Form. By signing the Consent Form, you indicate that you understand the information and that you give your consent to participate in the research project.

You will be given a copy of the Participant Information and Consent Form to keep as a record.

#### **2. Purpose and Background**

The purpose of this project is to draw on the views of experienced practitioners to explore good practice and the systemic elements which support or impede it with young people who present with complex needs related to high risk or challenging behaviour.

The primary vantage point is the interface of the Victorian service systems concerned with protection and care, supported accommodation and youth offending. The nature of the concerns raised by these young people will at times include practice issues associated with mental health and substance abuse.

In depth interviews are being sought with about ten to fifteen experienced practitioners. The research questions which will guide the interview are: What do you as an experienced practitioner regard as good practice with such young people? What factors enable good practice? What factors impede good practice? What do you believe an optimally effective service system would look like? You will also be asked to give a brief overview of your professional experience with these young people.

Previous experience and research has shown that the problems presented by such young people are often difficult and costly to resolve and that their life chances are often seriously diminished. The impact of acting out and attitude on wellbeing and development for themselves and others is often negative and profound.

You are invited to participate in this research project because you have been nominated in consultation with program managers as having substantial experience in responding positively to the needs of such young people and the issues they present. For some, your nomination arises from the researcher's prior knowledge of your work in the field.

It is understood that you will have been consulted by those putting your name forward and that you have agreed to this approach.

The researcher Lloyd Owen has had considerable experience in this field and a longstanding interest in practice and system improvement. The results of this research may be used to help him complete a PhD.

### **3. Procedures**

Participation in this project will involve an interview of approximately two hours in length at a time and place of your choosing. Your permission will be sought to audiotape the interview. A condensed form of the researcher's analysis of the interview will be shared with you to increase the trustworthiness of the research. As the study proceeds and ideas emerge, the researcher may seek further information from you by way of telephone discussion or with your agreement, further interview.

### **4. Possible Benefits**

Possible benefits include ideas for practice and system improvement, better opportunities for young people and safer more satisfying working arrangements for carers and workers. No direct personal benefits are envisaged for participants beyond the opportunity to share their ideas and experience.

### **5. Possible Risks**

Participants will not be asked to disclose personal or identifying information about clients. The nature of the work with these young people sometimes gives rise to traumatic events and controversial issues. There may sometimes be organisational concerns. It is emphasised that information of this kind should only be shared when you feel that it is safe, reasonable and comfortable to do so. Should you or the researcher become aware of discomfort or possible adverse consequences, all reasonable steps will be taken to mitigate and avoid the continuation of any concerns.

### **7. Privacy, Confidentiality and Disclosure of Information**

Identifiable data will be kept by the researcher in locked storage for hard copy and password protected electronic files for the duration of the project. Thereafter it will be archived in secure storage in accord with University requirements.

Any information obtained in connection with this project and that can identify you will remain confidential. It will only be disclosed with your permission, except as required by law. If you give us your permission by signing the Consent Form, the results will be shared with the research supervisor and examiners and on completion will be published in a thesis which will be publicly available in the University library. It is also intended to write some journal articles and conference papers.

In any publication, information will be provided in such a way that you cannot be identified unless written permission has been granted.

## **8. New Information Arising During the Project**

During the research project, new information about the risks and benefits of the project may become known to the researchers. If this occurs, you will be told about this new information if any potential impact on you is apparent. You may exercise your right to withdraw participation and/or information you have provided as outlined in point 12 below.

## **9. Results of Project**

Participants will be provided with a summary of the research results on completion of the project by mail or email.

## **10. Further Information or Any Problems**

If you require further information or if you have any problems concerning this project, you can contact the researcher Lloyd Owen (ph: (03) 5221 0923 or 0427 530 341) [lloydsowen@bigpond.com](mailto:lloydsowen@bigpond.com) or the Supervisor Prof. Allan Borowski (ph: (03) 9479 2293) [A.Borowski@latrobe.edu.au](mailto:A.Borowski@latrobe.edu.au).

## **11. Other Issues**

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about your rights as a research participant, then you may contact Ms. Natalie Humphries the Secretary of the La Trobe University Health Sciences Faculty Human Research Ethics Committee ([N.Humphries@latrobe.edu.au](mailto:N.Humphries@latrobe.edu.au)).

Telephone: 9479 3573

You will need to tell Ms. Humphries the name of one of the researchers given in section 10 above.

## **12. Participation is Voluntary**

Participation in any research project is voluntary. If you do not wish to take part you are not obliged to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage.

Your decision whether to take part or not to take part, or to take part and then withdraw, will not affect your employment or your relationship with those individuals or organisations involved in the research.

Before you make your decision, a member of the research team will be available to answer any questions you have about the research project. You can ask for any information you want. Sign the Consent Form only after you have had a chance to ask your questions and have received satisfactory answers.

You have the right to withdraw from active participation in this project at any time and, further, to demand that data arising from your participation are not used in the research project provided that this right is exercised within four weeks of the completion of your participation in the project. You are asked to complete the "withdrawal of consent form" or to notify the investigator by email or telephone that you wish to withdraw your consent for your data to be used in this research project.

## **13. Ethical Guidelines**

This project will be carried out according to the *National Statement on Ethical Conduct in Research Involving Humans* (June 1999) produced by the National Health and Medical Research Council of Australia. This statement has been developed to protect the interests of people who agree to participate in human research studies.

The ethical aspects of this research project have been approved by the Human Research Ethics Committee of the Department of Human Services. The Faculty of Health Sciences Human Ethics Committee, La Trobe University, Berry Street Victoria and appropriate officers of other Community Service Organisations as required to support the involvement of specific interviewees. If any further action is required to satisfy personal or organisational requirements or protocols prior to the conduct of the interview please notify the researcher to enable necessary steps to be taken.

**14. Reimbursement for your costs**

You will not be paid for your participation in this project.

**CONSENT FORM**

(ATTACHED TO PARTICIPANT INFORMATION)

**Version C Dated (to be specified for each interviewee)**

**Site .....**

**Full Project Title: Youth facing homelessness with complex care needs associated with high risk or challenging behaviour.**

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I have read and I understand the Participant Information version **C** dated **x**.

I freely agree to participate in this project according to the conditions in the Participant Information.

I agree to the interview being audio-taped and transcribed.

I will be given a copy of the Participant Information and Consent Form to keep.

The researcher has agreed not to reveal my identity without my written approval and personal details if information about this project is published or presented in any public form.

Participant's Name (printed) .....

Signature

Date

Name of Witness to Participant's Signature (printed) .....

Signature

Date

Researcher's Name (printed) .....

Signature

Date

*Note:* All parties signing the Consent Form must date their own signature.

## Appendix B: A Framework for Considering the Breadth and Depth of Service System Concerns

The following lists categories important for building an optimal service system capable of effective purposeful intervention.

### Aspects of the Process of Purposeful Intervention

Case planning, case management, case work, case review, case closure..

Legal Status, mandated roles and legally prescribed and court ordered processes.

Professional, worker and carer and mentor interpersonal roles and processes.

Referral intake, assessment, intervention, re-referral or termination.

Flexible access to a variety of support, supervision, accommodation and developmental opportunities.

Achieving motivation to change.

Therapeutic engagement, therapeutic approaches and action.

Constructive disengagement. Finishing intervention when the client and natural networks are able to take over.

Also arising in the context of the interviews was the category of who is the target of the intervention. At times this is considered in terms of the particular focus, for example, identified client or family focused intervention. Attention was drawn, however, to each of the following as either a focus or as part of a system to be involved in the intervention process.

Thus intervention might involve work with any of the following:

The Individual Young Person

Families, (Parents, Siblings, Step Parents, Step Siblings).

Kith and kin - extended family and other accommodating or supporting friends and households (including peers).

Personal Social Network

The Community (including neighbourhood and communities of interest e.g. school, work, recreational and personal development groups).

Another issue which was touched on briefly was the necessity for outreach work to be balanced with centre-based activity. This was further explored in the Wave Two interviews. Similarly, there was further exploration of the voluntary or involuntary nature of intervention process and the level of intensity of case support, supervision, casework or case management. Interviewees made frequent reference to the out-of-home care system, including home-based care and residential care as ways of describing the environment or destinations of young people.

Anglin (2002) chose to describe the residential care establishments he was studying as “extra familial environments”. That term has been adopted here to describe an overall category which incorporates the various forms of supervision and care which take place outside a young person's family environment. The following list includes a number of subcategories which were identified as facets needing to be considered as part of these environments. Most of course, apply also to what happens to young people in a family environment. I have given them emphasis, however, in the extra familial environment as they are often seen as lacking or absent in the eyes of the participants in this study. The overarching category which forms part of the framework for building the optimal service system is “creating the extra-familial environment’. It follows with its related subcategories.

#### Creating the Extra-familial Environment

Levels of Young Person Care, Supervision and/or Support

Forms and Roles of Accommodation

Levels of Cover – Staff Roles, Numbers and Time.

Social Climate and Culture of Household, Unit or Community

Life Skill Learning

Therapeutic Arrangements

Education, Voluntary Work, Paid Work and Recreation

Focus on Siblings and Peers

Heroes and Mentors

Making the Most of Music and Media

Also raised as a category as part of the optimal service system was a question of service distribution and the catchment areas for particular services. Discussion led to an attempt to order the possibilities implied by the specific subcategories raised. The following list of service distribution and catchment options and a further list of organisational forms attempts to catch the range of possibilities which bear on service distribution. Participants pointed out how difficult it was to achieve an adequate presence in some remote communities but sometimes it is a question of the way in which the service is constructed. The list poses some interesting possibilities when the combination of local networks, technology and broader organisational support with consultancy are considered.

Service distribution and catchments can be considered in geographical terms leading to the following possibilities –statewide, area, region, sub-region, e.g. primary care partnership

catchments or school networks, local government area, suburb, neighbourhood. When considered in organisational terms participants identified agencies which had a base ranging from international to local. A number such as the Salvation Army operates on all of these levels. The possibilities are international, national, state based, multi-regional, regional and local. Instances were also provided of organisations working as consortia, partnerships, cooperatives, communities of interest, and virtual communities as well as geographically-based communities such as the City Of Greater Geelong.

Technological advances have produced a considerable number of service enhancement possibilities as well as introducing a range of complications requiring adjustment. Reference was made by some of the participants to the amount of time workers now spend in front of computer screens rather than with clients. Reference was also made to the advantages of mobile telephone and internet communications and ways in which they can enhance practice and the service system operation. Again, this provides another subject for further exploration.

Congruence and the service mix emerge from the observations of participants as a major issue for organisations working in the various parts of the service system dealing with challenging young people. As well, the functioning of organisations bears on their capacity and effectiveness. The following items relate to the question of organisational structures and culture raised by participants as issues which will affect the ability of organisations to meet the needs of young people in a sustainable and constructive way.

#### Organisational Structures and Culture

- Values, Mission and Vision

- Governance, Boards, Leadership, Management

- Strategic Planning and Organisational Development

- Decision Making Styles and Processes

- Terms of Employment

- Out of Hours Cover, On Call and Back Up Arrangements

- Critical Incident Management- Debriefing and Learning for Staff and Youth

- Risk Management, Accountability and Reporting Processes

- Finance and Budgets

The question of finance and budgets was raised by all the participants in one way or another. There was a measure of resignation indicative of the fact that tight financial controls operate in this program area. Nonetheless, there were many aspects of finance and budgets that



appear to warrant further exploration if a sensible match between the demand, the necessary services and the resources to provide them is to be achieved and sustained. The following lists these subcategories.

#### Finance and Budgets

- Cost Considerations
- Service Income Sources and Streams
  - Cash Flow
  - Predictability and Security
  - Costs and Benefits of Competitive Tendering
- Productivity and Critical Mass
- In Kind and Voluntary Contributions
- Getting from High Cost to Low Cost to No Cost
- From Dependents to Valued Contributing Citizens (taxpayers).

#### Some potentially Useful Service and Therapeutic Options

This draws on a list of service and practice models and therapeutic approaches which enlarged as data collection continued. Use was being made of initiatives through

##### Phone services

- Parentline 13 22 89 8am-midnight weekdays 10am-10pm weekends
- Kidshelpline 1800 55 1800
- Mensline 1300 789 978
- Family Drug Help 1300 660 068
- Lifeline 13 11 14
- Women,s Domestic Violence Crisis Service 1800 015 188
- Men's referral Service 1800 065 973
- Parenting Ideas (Michael Grose) 1800 004 484

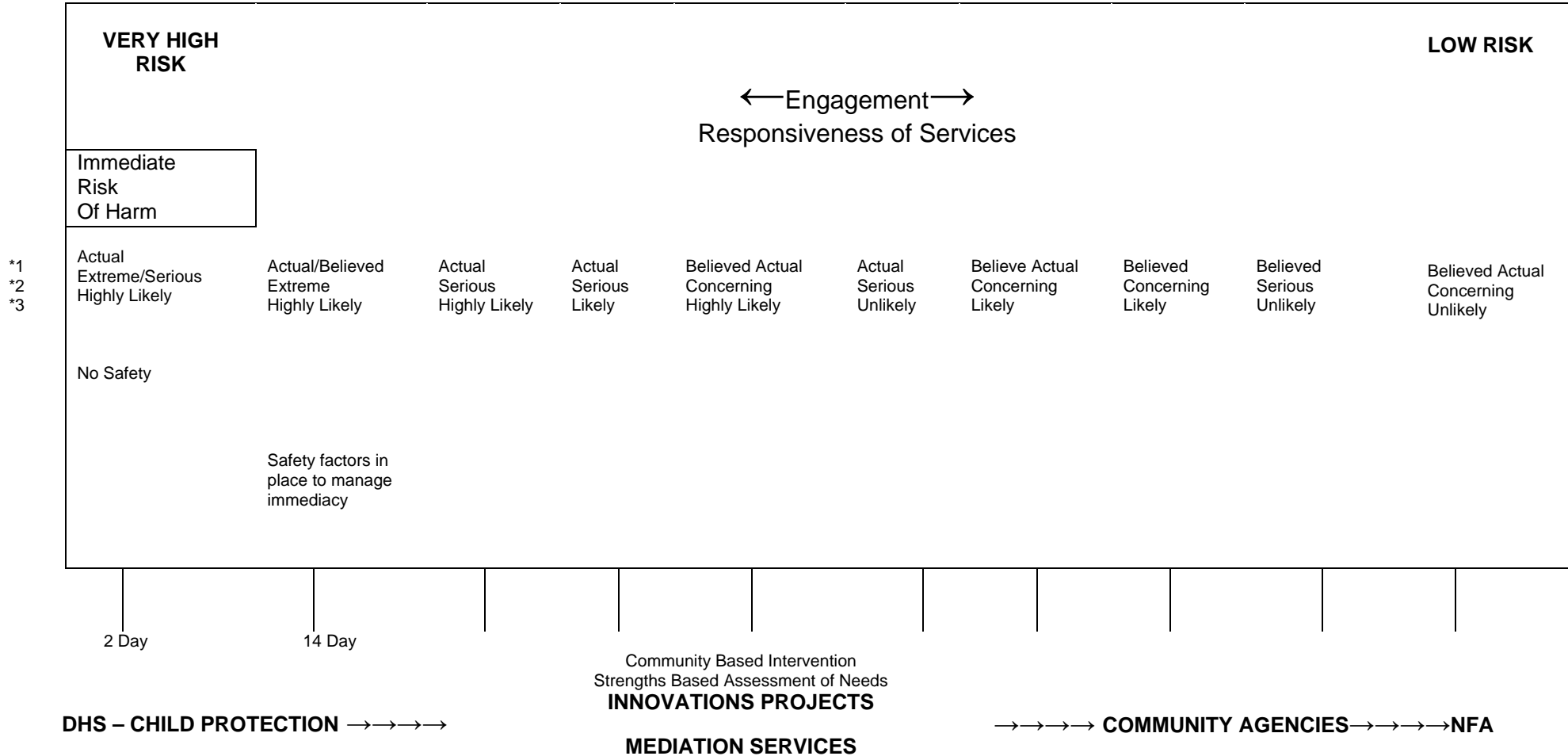
##### Web sites

- Parentline [www.parentline.vic.gov.au](http://www.parentline.vic.gov.au)
- Kidshelpline [www.kidshelp.com.au](http://www.kidshelp.com.au)
- Mensline [www.menslineaus.org.au](http://www.menslineaus.org.au)
- Family Drug Help [www.familydrughelp.sharc.org.au](http://www.familydrughelp.sharc.org.au)
- Men's Referral Service [www.ntv.net.au](http://www.ntv.net.au)
- Parenting ideas [www.parentingideas.com.au](http://www.parentingideas.com.au)
- Parenting Resource Centre [www.parentingrc.org.au](http://www.parentingrc.org.au)
- [www.abcdparenting.org](http://www.abcdparenting.org)
- Triple P [www.triplep.net](http://www.triplep.net)
- Parenting with love and limits SFI [www.gopll.com](http://www.gopll.com)
- ParentingWisely [www.familyworksinc.com](http://www.familyworksinc.com)

Victorian practice models include, Trotter's Pro Social approach to Practice, the Take Two emphasis on attachment issues and trauma sensitive practice, Westcare's Holistic Model, Southern Region's flexible operation of accommodation backed ICMS and one to one care, Anglicare's Meridian Program – Breaking the Cycle, Berry Street's Matters (Family Therapy and Mediation) Program, The Jesuit Social Services – Strong Bonds, MacKillop's – Circle of Courage (Brendtro et al. 2001), as well as Victoria's adoption of the Looking After Children system of assessment , case planning and review and other empirically supported approaches from overseas including, Parenting with Love and Limits, Therapeutic Crisis Intervention, Anglin's Basic Psychosocial Processes and Interactional Dynamics and Trauma-focused Cognitive Behavioural Therapy (T-F CBT).



## THE CONTINUUM OF RISK IN RELATION TO DECISION MAKING AND SERVICE RESPONSE



\*1 Incident  
\*2 Severity of Harm Consequence  
\*3 Harm Probability

REFERENCE GUIDE ATTACHED

## ADOLESCENT RISK TAKING BEHAVIOUR

Adolescent Normative Behaviour	High Risk Behaviour	Acute Risk Taking Behaviour
<ul style="list-style-type: none"> <li>• Exploring Sexuality/Sexual Activity</li> <li>• Pushing the boundaries</li> <li>• Questioning societal “norms”</li> <li>• Experimentation of drug and alcohol</li> <li>• Risk taking behaviour (within the “norms” of adolescent development, not ongoing or self harming)</li> <li>• Challenging authorities</li> <li>• Peer relationships that do not meet parental approval</li> <li>• Self image and peer relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Promiscuity</li> <li>• High level of anti social behaviour</li> <li>• Drug and alcohol abuse</li> <li>• Self harming behaviour/ risk of suicide</li> <li>• Criminal activity</li> <li>• Substantial parent/adolescent conflict</li> <li>• Substantial and ongoing homelessness</li> <li>• Mental and intellectual Disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Prostitution</li> <li>• Extreme unsafe sex practices</li> <li>• Sabotage of personal and professional relationships via violence or challenging behaviours</li> <li>• Drug and alcohol addiction</li> <li>• Attempted suicide</li> <li>• Violent behaviour towards self and community</li> <li>• Reliance on criminal behaviour for survival</li> <li>• Multiple placements/transience</li> <li>• No impulse control</li> </ul>

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