

RESIDENTIAL CARE MATTERS

A resource for residential care workers,
supervisors and managers caring for young people



Commission for Children
and Young People

improving young lives





About the cover picture

From Kids at MacKillop Art Exhibition
Fadi's House by Fadi, Age 5

This picture is my brother's house. He lives in heaven.
I think he is happy up there. He has an orange dog just like me.
My dog Candy is important to me and so is football. I love kicking the footy.
I want to play footy for Geelong Cats when I'm older.

This picture was drawn by a child whose older brother had lived in out-of-home care.

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Commission for Children and Young People

Level 20, 570 Bourke Street

Melbourne Victoria 3000

T (+61 3) 8601 5884

E childsaf@ccp.vic.gov.au



As a child or young person in care I need:



- to be safe and feel safe
- to stay healthy and well and go to a doctor, dentist or other professional for help when I need to
- to be allowed to be a child and be treated with respect
- if I am an Aboriginal child, to feel proud and strong in my own culture
- to have a say and be heard
- to be provided with information
- to tell someone if I am unhappy
- to know information about me will only be shared in order to help people look after me
- to have a worker who is there for me
- to keep in contact with my family, friends and people and places that matter to me
- careful thought being given to where I will live so I will have a home that feels like a home
- to have fun and do activities that I enjoy
- to be able to take part in family traditions and be able to learn about and be involved with cultural and religious groups that are important to me
- to be provided with the best possible education and training
- to be able to develop life skills and grow up to become the best person I can
- help in preparing myself to leave care and support after I leave care.

Charter for Children in Out-of-home Care

A charter lists the rights and privileges people have. We all have rights, and as members of the community, we need to respect each other's rights.

This charter has been especially prepared for children who can't live with their parents and are in out-of-home care. It lists what you can expect from all those people who look after you and work with you when you are in care. All these people

need to make sure that the things they do for you and the things they allow you to do, keep you safe and well. Being safe and well are the most important rights, so they have been put first. It means that if there is a clash between you being safe and well and another right, your safety and wellbeing always comes first.

These are your rights.



Endorsed by the Secretary of the
Department of Human Services
Victoria, Australia



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What do these rights mean?

Right	Explanation
To be safe and feel safe	'Safe' means no one can abuse or hurt me. Where I live must be safe and not dangerous. I also need to feel safe, so there shouldn't be people or things around me that scare me.
To stay healthy and well and go to a doctor, dentist or other professional for help when I need to	I need to be given the things that will help my body and mind stay healthy and well, like being able to go to a doctor, dentist or other professional when I need to and having healthy food.
To be allowed to be a child and be treated with respect	This means I need to be treated according to my age and not be expected to act older or understand things that are too hard for me. Being treated with respect means accepting me for who I am, treating me fairly and not discriminating against me for any reason (this includes not treating me badly because I am in care).
If I am an Aboriginal child, to feel proud and strong in my own culture	This means that my carers and workers will: <ul style="list-style-type: none"> • Understand, respect and value my own Aboriginal culture • Help me feel good about my own Aboriginal culture • Help me stay connected to my culture in all parts of my life.
To have a say and be heard	This means having a say and being listened to about all things that affect me, like where I will live and where I will go to school. If I need help to have a say, someone will represent me wherever decisions are being made about me, like in court or in a meeting.
To be provided with information	Information is very important because without it I won't know who I am and won't be able to have a proper say about things that affect me. Examples of information I need are my life story, my history and my family's history, the choices I have and where I can go if I have a problem.
To tell someone if I am unhappy	If my rights aren't met, or if I am unhappy about something that has happened to me in care, I can make a complaint to someone who will sort it out.
To know information about me will only be shared in order to help people look after me	Information about me can't be given to just anyone—it can only be given to people who need to have that information - so they can look after me and care for me.
To have a worker who is there for me	This means having a worker whose job it is to make sure I get the things I need, plan things for me, do things for me, and make sure things that are important to me are not forgotten, like my family and culture.
To keep in contact with my family, friends and people and places that matter to me	This means all members of my family, like brothers and sisters and grandparents, and friends from before I came into care and friends that I made when in care. People who matter are people who may not be related but are still very important, like a carer I used to live with or a teacher that I really liked. Places that matter might be places that are special, like an old school I used to go to or somewhere that is special to my family, community or culture.
Careful thought being given to where I will live so I will have a home that feels like a home	My home will only feel like a home if: <ul style="list-style-type: none"> • carers and workers think about my needs and things like my family, culture and community when making decisions about where I will live • it is a place where I feel I belong, where I am cared for, where I have my own space and my things are safe • I am not moved around too much without good reason.
To have fun and do activities that I enjoy	There are lots of things I have to do but I also have to be able to do things that I enjoy like play a sport or learn an instrument. What it is depends on what I like doing and what I am interested in.
To be able to take part in family traditions and learn about and be involved with cultural and religious groups that are important to me	This can include things like learning the language my family and community speak, going to special events, being able to follow the rules of my religion, and wherever possible visiting traditional lands and places that are sacred and special to my culture or religion.
To be provided with the best possible education and training	The best possible education means going to a school that meets my needs and getting help so I can do the best I can at school. The best possible training is training that will help me achieve what I want and will help me to get a job or to do other training or learning.
To be able to develop life skills and grow up to be the best person I can	Life skills means being able to learn from my mistakes, how to get along with people, how to live as an adult, and how to make good decisions about my future and be responsible for my actions.
Help in preparing myself to leave care and support after I leave care	I have the right to a 'leaving care plan', which is a plan that makes sure I get support to prepare myself for leaving care and support once I have left care. The sort of support I might need is being taught how to cook and budget and being given some money to help me move out of care; the sort of help kids not in care get from their parents when they move out of home.

Acknowledgements

This resource was written by Laurel Downey (laurel.downey@catalystcfs.org.au). Laurel is currently the CEO of Catalyst Child and Family Services, providing clinical and out of home care services in Far North Queensland. The development of the resource was managed by Yildiz Araz.

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A message from the Principal Commissioner for Children and Young People

To be safe. To feel safe. To stay healthy and well. These are some of the simple yet powerful messages children who experience out-of-home care have been giving to me over many years. Children have a right to be safe and nurtured as they grow and to be given the opportunity to develop to their full potential, whether or not they are living with parents and family. For those children whose journeys are painful or sad or traumatic or unhealthy, the adult world must rise to the challenge, no matter how complex it may be. Those who work within the residential care system in Victoria rise to this challenge every day as they strive to provide a safe, nurturing and secure home for the young people entrusted to their care.

My office, with generous support and assistance from residential care workers and other professionals, has produced this resource to assist those who work in residential care services to achieve excellent outcomes for the young people who live in residential homes. This resource includes information about trauma theory and research on the characteristics of excellent residential care. It then applies the theory and learnings, in a series of practical frameworks, designed to be used by frontline workers as well as team leaders and managers – in fact, all levels of the organisation.

Recent years have seen many improvements to residential care, particularly in the training provided to staff and the increase in therapeutic models of care. This resource is designed to build on these reforms and support the transition to a greater emphasis on a therapeutic approach to care in the future. The work currently underway to improve residential care is important and not without its challenges. However, the young people who are in care now cannot continue to wait – their voices need to be heard and needs met. The frameworks in this document provide guidance on how this can be done.

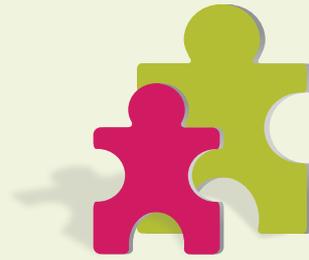
Our vision is of a residential care system that more fully enables young people in care to realise the rights described in the Charter for Children in Out-of-Home Care. The frameworks and practical strategies described in this resource bring us closer to realising that vision.

This resource has been designed to enable easy identification of those frameworks and tools that will be most useful in various situations. Services may wish to use the guide as a training resource or as a tool that individual workers, teams and leaders can use to improve their own practice.

Residential care workers can and do achieve great things for very vulnerable young people. I am confident that this resource will be a valuable tool for those who undertake this vital, challenging and rewarding work.

Bernie Geary OAM
Principal Commissioner

A message from the Commissioner for Aboriginal Children and Young People



The great majority of Aboriginal children and young people live in very loving, nurturing families, where culture is strong. However, there are far too many Aboriginal children in out-of-home care, child protection and the youth justice system. We know that vulnerable Aboriginal children have poor education outcomes, have poorer health, and have poorer life opportunities.

The figures for the 2012 out-of-home care statistics show that in Victoria 1,028 Aboriginal children were in out-of-home care. As of 30 June 2012, out of 478 young people in residential care, 87 were Aboriginal young people and most of these young people were placed in non-Aboriginal residential care placements.

The history of colonisation in Victoria has directly impacted and continues to impact on Aboriginal children and families today. Service outcomes for vulnerable Aboriginal young people in residential care are generally poor and significant improvement is required in the performance of systems and care providers.

My vision for all Aboriginal children and young people is that they thrive, learn and grow, are valued, respected and have an opportunity to become a valued adult member of society. More importantly, that Aboriginal young people are well connected to their community and culture. My job as the Commissioner for Aboriginal Children and Young People is to make sure that government and the community service sector fulfil their commitments and promise to make a difference. My job is to hold accountable everybody who comes into contact with vulnerable Aboriginal children and young people.

This resource outlines what good care looks like for all children and young people, irrespective of family circumstances or background. It also provides information on caring for Aboriginal young people. It is not a comprehensive resource and does not cover all areas of caring for Aboriginal young people. However, it is intended to sit alongside all other current resources and training materials in the sector for residential care, such as Aboriginal cultural competency training.

It is important that workers, supervisors and managers undertake further learning, training and skill-building in caring for Aboriginal young people. This is already available in the sector. It is also important that residential care workers who provide daily care realise that they have the opportunity to do things differently. The care they provide today will determine the trajectory of that young person.

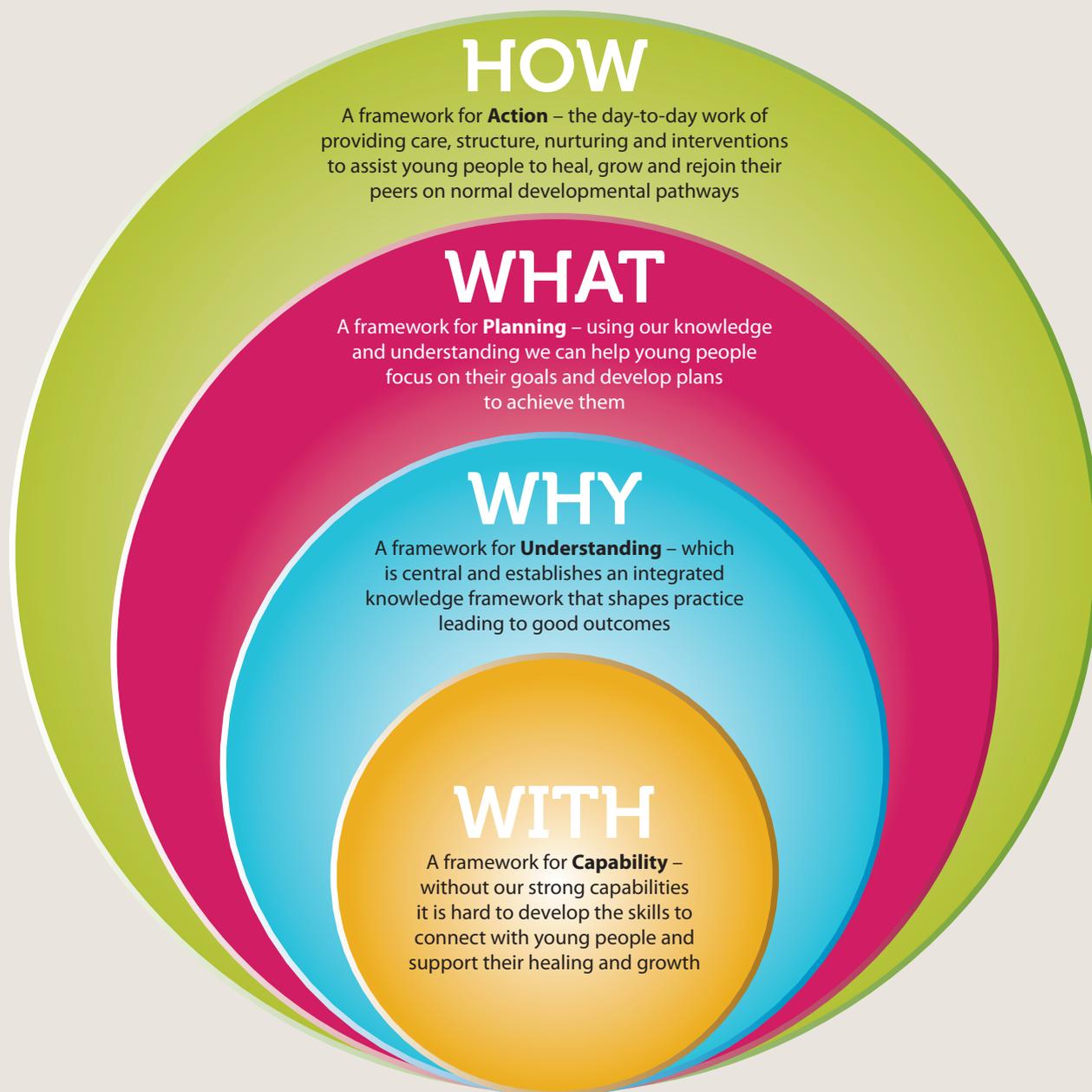
Andrew Jackomos

Commissioner for Aboriginal Children and Young People

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Figure 1 – Frameworks





Introduction

It has to be more than a job!

It has to be more than a job. What you do with kids and families you do with workers – you support, value, build a culture that respects individuals and encourages people to be different; and you encourage them never to give up. You teach them to never accept 'no' if they think a kid really needs something. And not to accept that a service will not be provided for a kid. 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]

In Victoria, the vast majority of children and young people¹ are able to live with their families in safe, loving and nurturing homes. However, there are about 5,600 children and young people living in out-of-home care placements and about nine percent of these young people live in residential care, a staffed facility with paid carers. Aboriginal young people are over-represented in these numbers, being almost 16 times more likely than non-Aboriginal children to be in out-of-home care.²

The state government and the community services sector have been entrusted with the responsibility of protecting and caring for vulnerable children and young people. Many of the children and young people who come into out-of-home care may have experienced trauma and attachment disruptions as a result of abuse and neglect.

Government bureaucracies make cumbersome 'guardians' but they must nonetheless ensure that these very vulnerable children and young people receive the care and support they require to be safe, to heal, to grow, to learn and to develop. While many professionals and agencies share the responsibility of providing this care and support, residential care workers have the unique responsibility of creating a home and providing the best of day-to-day parenting for young people who come into residential care.

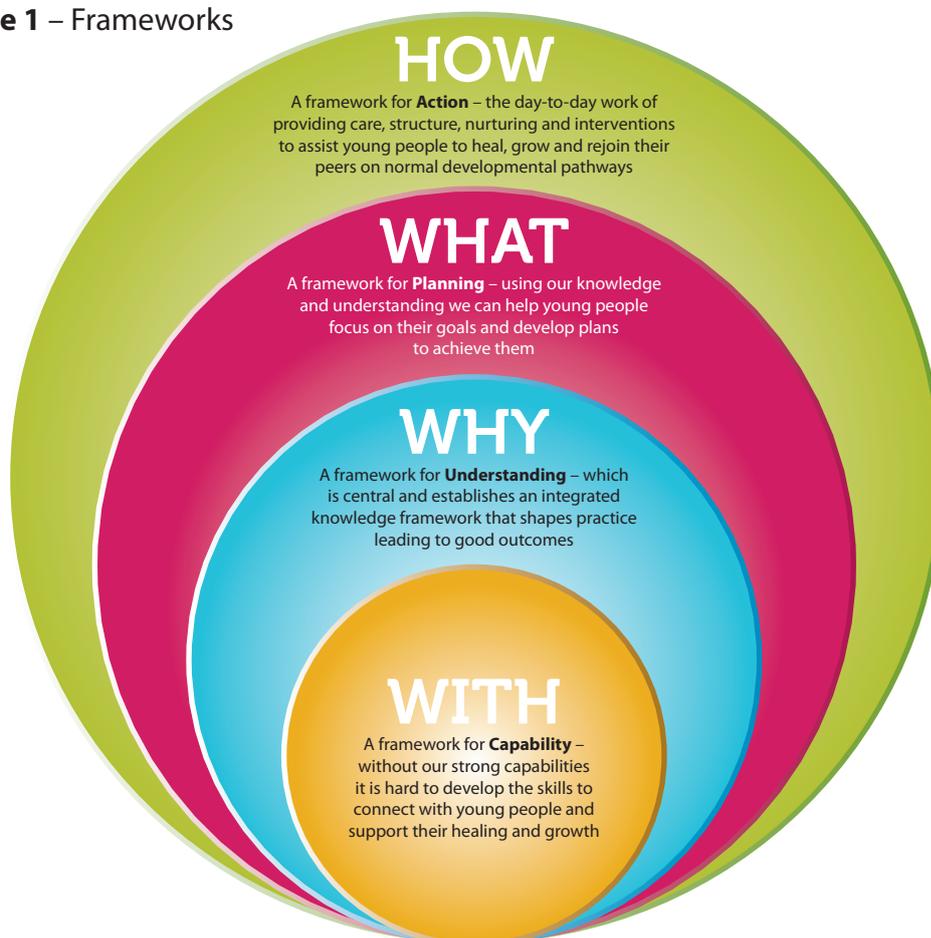
Providing high quality residential care is enormously challenging. Many young people who come into care have had significant traumatic experiences that adversely affect their growth and development, concentration and learning, emotional and mental health and their ability to form healthy relationships. For Aboriginal children and young people there are usually additional intergenerational trauma and vulnerabilities that require a culturally competent service response. Providing the care and support all young people need, and to which they are entitled, is both an incredibly rewarding and challenging task. It requires time, effort and sometimes therapeutic support for residential care workers, as well as young people, to develop strong connections and emotional attachments.

This resource was developed at the request of residential care workers to support them in caring for all Victorian children and young people placed in residential care. It relies on local and international research as well as practice knowledge and wisdom to describe the essential elements of good residential care. At the core of this resource are four interlocking frameworks (see Figure 1) that help to make sense of all the theories that are useful in working with young people who have experienced trauma. The frameworks create a pathway between theory and practice that will assist management and workers to approach their work systematically. The four frameworks are:

At the core of this resource are four interlocking frameworks that help to make sense of all the theories that are useful in working with young people who have experienced trauma.

- The framework for capability shows us the **WITH** – how we bring our own strengths and resources, our capacities and capabilities to the work.
- The framework for understanding provides the **WHY** – contains the theoretical knowledge that is needed to understand the young people in care. It also helps explain why we might do things in particular ways.
- The framework for planning gives the **WHAT** – what needs to be done to achieve good outcomes. It provides broad-based planning for what we might be doing and what we are trying to achieve.
- The framework for action describes the **HOW** – the structures and strategies we need to provide the care the young person needs.

Figure 1 – Frameworks



Using this resource

In designing this resource we have been conscious of the diversity of models of residential care that currently operate in Victoria, as well as the current training provided to residential care workers. We believe this resource can be used to build on and strengthen the practice already in place.

We are confident there is something in this resource for everyone working within the residential care system. In the first instance, we envisage that managers will use this resource to identify those aspects of theory and practice that will be of most benefit to their service. We encourage organisations to develop their own toolboxes of training, mentoring and coaching frameworks to support this resource and assist workforce development.

This resource has been written as a series of frameworks, because frameworks help us organise our thinking so that when we learn we can order concepts and strategies and use them when needed. Frameworks also help us to build practice step by step, so that knowledge and skills build on each other in a developmental way. However, these frameworks do not replace the Best Interests Case Practice model: specialist practice resources 2012 (BICPM) and the Looking After Children framework 2012 that is currently used in Victoria. The framework in this resource complements those that are already used in the sector. This is the way we put in the groundwork so that we can apply theory to practice and have a deeper understanding of what to do and when to do it. It is hoped that, in breaking down theory and practice in this way, the workforce can continue to develop professional standards to equip it for the future as the field moves to a greater emphasis on therapeutic care for traumatised young people.

The frameworks are based on local and international research and the wisdom of experienced residential care workers on the characteristics of excellent residential care for traumatised young people. To provide some context for the frameworks, the following is provided:

- a brief overview of residential care in Victoria
- a summary of the research on the characteristics of excellence in residential care
- a description of the resource base upon which the frameworks need to be implemented.

This resource has used direct quotes from residential care workers, and quotes from young people from the As Eye See It³ project. The pictures in this resource are also from the As Eye See It project. They are taken by young people in care.

Residential care in Victoria

The unit I live at have great staff and kids and although it hurts very much that I am not able to live at home with my family, at least I live in a unit that cares for me so much and guides me in the right direction.

[Kristie, As Eye See It]

Seeing a smile on a young person's face and being there to support and guide the young person through difficult times makes me feel great for a job that I love doing.

[Residential care worker]

Residential care services provide young people with a place to live, in which they receive care from paid residential staff, generally working in shifts. There are about 160 residential care homes located throughout Victoria, run by 20 organisations. Residential care services are regulated under the Children, Youth and Families Act 2005 and are subject to various quality assurance measures undertaken by the Department of Human Services. There are over 500 young people living in residential care at any one time, most of whom are between the ages of 12 and 18. However, there may be young children and sibling groups also living in residential placements.

Given the over-representation of Aboriginal young people in the out-of-home care system (currently 1,028 Aboriginal young people are in out-of-home care), it is important for agencies to ensure that their managers and staff have access to cultural awareness and cultural competency training.⁴ It is critical to an Aboriginal child and young person's healing and wellbeing to live in a culturally safe environment in which their identity is recognised and they are encouraged to feel proud about being Aboriginal.

The Children, Youth and Families Act has a strong focus on children's best interests and the need to preserve a child's cultural identity. The legislation contains specific legislative requirements in relation to the government's responsibilities for Aboriginal and Torres Strait Islander children. These include accessing consultation from the Aboriginal Child Specialist Advice and Support Service (ACSASS) and adhering to the Aboriginal Child Placement Principle, the decision-making principles for Aboriginal children and cultural support plans. 'Best Interests Principles' in the Children, Youth and Families Act also states that the cultural identity and religious faith of any child should be considered in making decisions about their care. This highlights the importance of a culturally informed approach to caring for young people from culturally and linguistically diverse (CALD) backgrounds. The Children, Youth and Families Act states that when a child is placed in care with a caregiver who is not from their cultural community, there should be attempts to retain that child's connection with their culture.

Young people live in residential care in Victoria for many reasons, but generally they have experienced ongoing, repeated and severe abuse and neglect. Many will have been in foster care or kinship care placements that may not have been able to meet their needs or keep them safe. As a result of these past traumatic experiences, many of the young people will at times exhibit very complex, risky and challenging behaviours. Providing the level of support and care they require can be very demanding, stressful and distressing for residential care workers.

It is essential for residential care workers caring for Aboriginal young people to understand the impact of past policies, discrimination, disempowerment and the intergenerational trauma experienced by

Aboriginal people and the impacts of that trauma today. Connection to culture, family, community and land is critical to the development of cultural identity and to promote healing from past experiences.

Training is available for residential care workers to build their cultural competence, and support is available from local Aboriginal services through the provision of programs that include Aboriginal Family Decision Making, Koorie Cultural Placement and Support and Cultural Support Plan workers. Aboriginal services are also able to provide information to workers about Aboriginal programs, cultural activities and events available for young people, as well as providing cultural advice and information to workers to assist with engagement and working with Aboriginal young people, their families and community.

Children and young people from a CALD background are another group that requires specific focus and intervention. When working with CALD young people, it is important to consider a number of 'layers':

- For some CALD young people there have been developmental challenges associated with growing up in a country either they or their parents were not born in.
- Young people in residential care will have experienced abuse or neglect, as outlined in other parts of this document, and the abuse and neglect for CALD young people may have been compounded by other trauma such as war or refugee experiences.
- Culture also needs to be considered, as they and their parents and guardians will often have different values, beliefs, child rearing practices and expectations of government to those of the dominant culture in Australia.
- In addition to this, CALD young people who are newly arrived in Australia will be going through the complexities of the settlement processes.

Since 2002, the Victorian Government has focused strongly on the professionalism of the residential care workforce. This includes the formation of the Residential Care Learning and Development Strategy (RCLDS), which is now managed by the Centre for Excellence in Child and Family Welfare Inc. The RCLDS project has been involved in the national review of the Community Services Training Package to ensure the relevance and introduction of a diploma qualification and the Certificate IV in Child, Youth and Family Intervention (residential and out-of-home care).

Currently, in Victoria, a large section of the residential care workforce is trained to at least Certificate IV level. Many residential care workers have multiple Certificate IV qualifications; for example, in youth work, disability, drug and alcohol and mental health. There has also been a considerable uptake for the Diploma of Child, Youth and Family Intervention.

Currently, in Victoria, a large section of the residential care workforce is trained to at least Certificate IV level.

The RCLDS has also been involved in a comprehensive sector-wide training strategy and runs a yearly 'Resi Rocks' day to celebrate residential care work, promote cross-agency communication and acknowledge the work undertaken across the sector.

Victoria has also led the way in the establishment of therapeutic residential care for young people, with Hurstbridge Farm and 11 other therapeutic residential programs across the state. In total there will be 140 therapeutic placements funded by the government by 2016. There are also training programs that include the With Care training strategy run by Take Two (Berry Street) and Westcare (Salvation Army).

This strategy provides a series of training workshops, including the initial two-day 'Foundations' workshop which introduces the concepts of trauma and attachment, followed by a three-day 'Building our Practice' workshop. For newly funded therapeutic services, a tailored four-day workshop is designed and delivered to each agency. A further two-day advanced, reflective workshop is offered for more experienced workers.



In 2012, 10 new therapeutic placements were funded, to be implemented over four years. There are three funded Aboriginal residential care programs at Mallee District Aboriginal Service (MDAS), Victorian Aboriginal Child Care Agency (VACCA) and Gippsland and East Gippsland Aboriginal Co-operative (GEGAC). It is hoped that all residential care in Victoria will have a therapeutic orientation in the future.

The therapeutic residential pilot projects were evaluated in 2011, and this evaluation found that therapeutic residential care leads to better outcomes than standard residential care, as long as certain essential principles are in place. These include: therapeutic specialists (clinicians) embedded in the program; extensive training for staff; additional staff and consistent rostering; and a trauma and attachment-informed program model tailored to the particular target group.

These elements lead to:

- significant improvements in placement stability
- significant improvements in the quality of relationships and contact with family
- sustained and significant improvements to the quality of contact with their residential care workers over time in the Therapeutic Residential Care pilots
- increased community connection
- significant improvements in sense of self
- increased healthy lifestyles and reduced risk taking
- enhanced mental and emotional health
- improved optimal physical health
- improvements in relationships with school.⁵

The evaluation found that while therapeutic residential care is more expensive than standard residential care, it is cost-effective due to the reduction of costs in the long term in relation to the justice and mental health systems.

Many residential care workers go above and beyond what one might expect in order to give traumatised young people the nurturing, structure and care they need and deserve. Workers do this through the relationships they build with young people to show them that adults can be consistent, caring, available, sensitive and trustworthy. Above all, residential care workers aim to provide safety (including cultural safety), because without safety, healing and normal development cannot occur.

The characteristics of excellent residential care

In my small town, a lot of people had this perception that 'resi' is a bad place. Fifty per cent of that is true, but who from the outside saw it for what it really was? Other than us kids and staff, no one really knew what went on behind those walls. Sure plates were thrown and fights were more than a common thing, but some of the best times I've had were while I was living there. In a twisted sense we were all a huge family. In that house I had a brother, a sister, at least three mums and a father. The bond that has grown between us is something that can never be broken. The staff always went out of their way to make sure that we were happy and safe. There were moments we laughed and cried, fought and made up. It was no different to the outside, and no different from another child's family. Maybe a little, but that's made it unique. It's a chapter in my life that I won't forget. I won't forget the people, or all the great times we had. Here's to the past.

[Ashton, As Eye See It]

When people ask me what I like about my job, I say, I get to see young people at their worst, but I also get to see them at their best.

[Residential care worker]

Research from around the world indicates that certain characteristics of great residential care contribute to young people feeling safe and free to continue their growth and development, even though those children have experienced abuse and neglect in the past.⁶ These elements include:

- a strong **focus on creating and maintaining safety**, including physical, emotional, social and cultural safety
- **leaders who are hands-on**, who unite their staff behind a shared purpose, and who are transparent and open in their expectations and pursuit of excellence
- **clarity of vision**, which is firmly focused on the experience of young people, and is uncompromising in its ambition to achieve better outcomes for these young people
- **a commitment to continual quality improvement**, a willingness to learn and ask 'What can we do better?'
- **listening** to young people, their families and workers
- **engaging the families** to participate in the day-to-day life and decision-making about the young person in residential care

- **enabling the young person** to engage with their extended family, community and Elders to actively participate and connect with their community
- **passionate and energetic staff** who are deeply committed to their work
- **recruitment, training, supervision and management systems** that identify these staff and support them to grow and develop and sustain their enthusiasm
- an **understanding** of which young people will benefit from living in each specific residential home and creating the conditions, from their first contact with the young person, that are most likely to make the placement a success
- a focus on **moving young people** who come into residential care due to lack of adequate home-based care placements **into home-based care as soon as possible**
- **meticulous planning** that engages young people and responds in detail to their individual needs, so that their experience of care is highly personalised, combined with a commitment never to give up on a child or young person, and to do everything possible to maintain the placement
- **collaborative practice and information sharing** with all those involved in meeting the needs of the young person including their school, health services and specialist services
- **a genuine commitment to a consistent approach** with the young person, which is reflected by everyone in that young person's service system (and family system, if possible)
- **time spent with the young people** individually and in groups, so that they can develop meaningful, secure relationships with the adults in the home and with one another
- **responsiveness to the young person's health, educational, emotional and other needs** including understanding what problems or strengths may result from their past and current experiences that may provide a barrier or a resource to meeting these needs. This may in turn provide clues about how best to respond to the young person
- **consistency in responding to behaviours of concern**, including the need for appropriate boundaries, limits, routines and natural consequences, and rewarding positive behaviours; responses should be clear and meaningful to challenging behaviours, with an emphasis on everyone being safe
- **commitment to non-violence**
- encouraging **social learning** in the group context
- **emotional intelligence and social responsibility** including management and staff being able to manage their own emotions and read and respond effectively to the emotions of the young people
- **an unwavering commitment to support young people to succeed**, and a belief in their ability to do so, translated into active support for their education – **both in the homes and in their partnerships with schools and other professionals** working with each child or young person to build their emotional resilience and self-confidence to prepare them for independence and enable them to withstand difficulties and setbacks in the future
- **promoting an Aboriginal child's identity and cultural connections** to enable young people to feel culturally safe, proud to be an Aboriginal and that their identity is valued
- a commitment to **providing culturally competent practice** when caring for Aboriginal young people or young people from CALD backgrounds
- **good record-keeping** including gathering accurate information about the young person's health, education, daily experiences and critical incidents data.

These elements show the importance of a coherent vision, and a purpose and system of beliefs that bind together those working in the residential home and inform the detailed and complex decisions that need to be made every day. They also provide a set of goals and standards for the residential team to work towards.

Resource base – congruence within the organisation

I feel supported as a therapeutic worker. In our house we have created a culturally sensitive, culturally understanding safe environment for all staff and all clients. Knowing staff care about my general wellbeing plays an important role in feeling supported.

[Aboriginal therapeutic care worker]

Within our Therapeutic Residential Team I feel very supported by the staff team around me, through reflections and supervision. Everyone has an interest in each other's wellbeing, as we work so closely and really look out for each other in this line of work.

[Non-Aboriginal therapeutic care worker working with Aboriginal children]

Residential care should always be run by professional organisations that have resource bases strong enough to support the work. Good outcomes rely on agreed ways of working, or congruence⁷ throughout the organisation. In other words, there needs to be a consistency of approach and attitude across every level within the agency and other organisations they interact with. For example, if we want the young people to treat others with respect, they need to be treated respectfully. Similarly, if we want residential care staff to treat people respectfully, they need to be treated respectfully by management and others. Likewise, just as we want community service organisations to treat their staff and client group respectfully, this should be mirrored in the respect shown to these organisations by the Department of Human Services, and vice versa.

Residential care should always be run by professional organisations that have resource bases strong enough to support the work.

Specific organisational structures are necessary to support workers undertaking the often demanding and exhausting work of caring for vulnerable young people. In particular, organisations should aim to provide a level of safety and support that includes:

- employment and Human Resource practices that contribute to the feeling of safety in the workforce
- predictability of shifts, so that workers know in advance when and how often they will be working
- stability of staff in each residential home, so that a consistent and stable team is formed
- length of shifts that concur with industry best practice standards
- staffing arrangements that allow for relationships to develop between staff and young people that contribute to healing, growth and development
- regular supervision, combined with on-the-job coaching and mentoring
- regular weekly or fortnightly team meetings, with a business agenda and time for reflective practice
- ability for residential care staff or representatives to attend care team meetings in relation to each young person
- a defined model of care, or practice framework, that is evidence-based and updated regularly
- an understanding of how cultural safety frameworks and cultural competence fit within the stated practice framework
- a training program that follows the practice framework, and builds knowledge and skills over time.

The organisation should also:

- ensure genuine care, safety, cultural safety and protection for the young people in its care
- be committed to working collaboratively and actively organise regular care team or stakeholder meetings (if the organisation holds case management responsibility)
- follow up with the agency to ensure that care team meetings are held (if the organisation does not hold case management responsibility)
- be willing to share information that assists the quality of care of the young person and helps to meet their other needs
- plan, implement and monitor goals for young people and their families
- listen to the voices of young people and their families
- provide workplace safety and cultural safety for workers; for example, Aboriginal workers should have access to Aboriginal mentors
- have a commitment to congruence across all levels of management and with other organisations
- ensure that knowledge of the practice framework in use flows all the way from direct care staff through managers and senior managers, to CEOs and members of the board
- fully support the United Nations Convention on the Rights of the Child, and the Victorian Charter for Children in Out-of-Home Care, and be able to articulate this in promoting the best interests of the young people in their care
- for Aboriginal young people, fully support Dardee Boorai: the Victorian Charter of Safety and Wellbeing for Aboriginal Children and Young People (Department of Education and Early Childhood Development)
- fulfil quality assurance and quality improvement expectations to ensure that appropriate standards are met or exceeded.

Organisations need to invest in their workforce with strong management and supervisory structures, mentoring and coaching, training and the provision of debriefing and other supports. Training only goes so far in workforce development – it must be followed up with other forms of knowledge and skills development, with supervision and team meetings, and with reflective practice sessions to help develop consistent good practice.

Mentoring is a particularly useful aspect of staff support. While sometimes even the best practitioners cannot point to the theory underpinning their practice, they can usually describe mentoring relationships earlier in their career, where they learned by watching, listening and doing in the company of excellent practitioners. Classroom-based training is only one part of the learning that a practitioner needs to operate effectively. Organisations should also consider apprenticeship-style courses of study and other forms of combined classroom and on-the-job training.

Classroom-based training is only one part of the learning that a practitioner needs to operate effectively.

A lot of external forces can affect residential care. Rather than be discouraged by the systemic and outside issues that prevent them from achieving good outcomes for young people, carers should focus on what can be influenced and how to grow that influence. All workers can influence their own practice, their emotions and reactions, their attitudes, values and beliefs, and all workers can continue to develop new skills.

Practice frameworks or models of care have a limited impact if organisational styles do not complement the practice outlined in the framework. A framework that promotes a relational approach, for example, is easily undermined by organisational practices that push for controlling leadership and workforce compliance, or distracted, highly anxious or disorganised leadership with little direction.

Organisations where senior managers, directors and chief executive officers work to maintain a thoughtful, collaborative approach with their direct workforce (who listen to and respect them) and remain connected to the frontline practice, have a greater adherence to any practice framework, and a deeper and more sustained embedding of the framework into practice.

Managers who have not been residential care workers need to understand the nature of residential care and listen to their staff to understand the pressures of the work and to assist staff to feel supported and safe.

The role of the manager, supervisor or team leader

I just love working in this team I am in and the children. I feel so supported by my managers and this gives me the opportunity to do good things for the children I'm caring for.

[Residential care worker]

An ideal situation consists of a manager (or a team leader or coordinator) who:

- displays strong leadership skills
- is able to communicate effectively, including listening to young people
- is regularly present in the residential home and works with the team of residential care staff
- provides practice consultation, mentoring and coaching
- deals with higher order administrative, organisational and systemic issues.

Managers should have a clear vision for the residential home and for the way they want the model of care to look and feel for the young people, staff and others who visit the unit. Whatever governance structure is in place, those in a position of leadership need to believe in, model and inspire others in the model of care. This is a major part of the congruence that is vital for residential care to achieve good outcomes for young people.

Leadership

Effective leadership is the essential element in successful residential care.

Successful leaders:

- are open with their staff
- are visible and active in the home
- communicate a clear and compelling vision.

When the leader believes in the model of care and can communicate this through living the model, staff members are energised to put in the effort necessary to provide excellent care. Managers, coordinators or team leaders must function as leaders, not only as administrators.

For effective leadership, a manager needs to have a presence in the residential home – this means that they should work in the home or visit regularly. Being present creates a sense of attention being paid to everyone in the residential environment, which creates security and reduces anxiety. The leader then holds everyone in mind and stands firm regarding limits and boundaries. Young people who do not feel 'held in mind' can quickly revert to undesirable behaviours.

For effective leadership, a manager needs to have a presence in the residential home – this means that they should work in the home or visit regularly.

Delegated leadership through team leaders or shift leaders can be helpful. Each person who has some leadership responsibility can then be trained and coached to apply a consistent approach to managing both staff and young people.

Those in leadership positions may find that they function better when they have a direct relationship with the young people in the residential home. A good way to form such a relationship is if they make a point of being the first person to meet a new resident. This provides the opportunity to forge a relationship that helps the young people to feel welcome, cared for, listened to and treated as human beings capable of having strong feelings and of hearing, talking and thinking about important and difficult things.

A leader must cope with uncertainty, so that the staff and young people can too. They must also be clear about the limits of what even a leader can do. If too much uncertainty exists, high anxiety could occur, along with the potential for acting out and violence. When the leader works on care, communication and containment, potential exists for safety and healing. When the leader creates a sense of calm, the staff can think, and this can create a calmer environment for the young people.

When the leader creates a sense of calm, the staff can think and this can create a calmer environment for the young people.

To provide effective leadership in residential homes, organisations need to think through the distribution of authority and power. The leader should be assigned appropriate authority (the day-to-day responsibility for the wellbeing of the young people and the smooth running of the home) and appropriate power (the ability to make decisions), depending on their position in the hierarchy. To be given authority without power can be demoralising. On the other hand, a leader (manager) may have power but no authority. For example, if a senior manager has all the decision-making power but no day-to-day responsibility, this can lead to a merging of the person with the service, an over-investment in the work and a tyrannical leadership style characterised by arbitrary decisions and actions, because they do not have to live with the consequences of their decisions.

When a leader has both appropriate authority and appropriate power, they can create sense and order through attention to communication and structure. This can lead to both the young people and the staff feeling safe and emotionally contained.

Effective managers are extremely clear about what they expect from staff and themselves, and can establish a culture in which staff can expect frequent and honest feedback about their performance. Thus, effective residential care managers recognise the need to support staff in what is often an emotionally and physically demanding job, while not compromising on the standards of care for young people.

Effective managers are extremely clear about what they expect from staff and themselves.

Effective managers also demonstrate commitment to supporting staff to learn from their mistakes and try to develop a strong 'no blame' culture in which staff feel safe to reflect on their practice and that of others, solve problems and develop joint strategies to overcome challenges. They also convey a very clear expectation that issues will be dealt with quickly, professionally and effectively, rather than be left to fester or be swept under the carpet.

Service systems

As with organisations, a residential care practice framework requires consistency with all the other organisations, services and departments involved in the lives of the young people, their families and caregivers. A collaborative, information-sharing and open service system facilitates healing in a way that residential care cannot achieve alone. In other words, workers across all roles (including child protection, placement and support workers, schools, clinicians, alcohol and other drug workers, youth justice and disability workers) can form part of the broader team around a particular young person, thereby avoiding miscommunication, distrust and blaming of others, which is never helpful.

Organisational structures

A good residential care practice framework also needs organisational systems and other structures to support recommended practice. These supporting structures include:

- care teams for collaborative practice and sharing of information
- organisational structures for management, leadership, training, mentoring and supervision, as well as access to debriefing and employee assistance programs
- internal structures for teamwork
- structures that show a commitment to cultural competence and ensure the organisation and workers provide culturally competent practice. This will be evidenced by culturally appropriate policies, practice guidelines, training and partnerships with local Aboriginal or CALD services
- external structures for accountability, review and monitoring of standards.

In order to bring safety (including cultural safety) and stability into the young person's life, structure and collaboration is needed across all aspects of the working system. This includes the work with the young person, the family, the organisation, the team of residential care workers and the wider system.

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Defined processes for decision-making are also very helpful, including decisions about:

- referrals
- matching of young people to placements – mixtures of ages, genders, cultures, people with disabilities, levels of complexity and opportunities for supporting connections with the broader community – all with a focus on the safety and wellbeing of each young person
- transitions in and out of the residential home
- transition into adulthood
- family contact and family reunification
- connection to culture, community and the promotion of a strong cultural identity for all young people.

For Aboriginal children in care, consultation needs to occur with ACSASS at all key decision-making points during the time of Child Protection involvement.

Good systems that have clarity about decision-making enhance the work done with young people.

Figure 2 – A framework for capability



Section 1

The WITH: A framework for capability

The carers who work in my residential unit they mean a lot to us kids when we're not living at home. They're like our second parents. They live with us, look after us and take us out on activities and make us feel good about ourselves. They also show us the way of life when we are having a bad day. They sit there with us and talk to us and help us as much as they can.

[Omar, As Eye See It]

As a residential care worker I get a lot out of helping young people during the troubled times in life. It is not always while you are looking after the young people that you see the difference you make for them, but when they leave care and they come back and talk about all the good times and the things you have done with them. We become part of these young people's history and upbringing and memories for the rest of their lives.

[Residential care worker]

Professional capabilities

This framework of capabilities describes the professionalism needed to achieve good outcomes in residential care, and the personal qualities caregivers need to establish and maintain purposeful, caring and growth-promoting relationships with young people. Capabilities are the WITH of our general framework – the magic that workers bring that breathes life into their skills and strategies.

Capabilities are made up of three aspects:

1. a relational approach
2. resilience in residential care teams
3. cultural competence.

Many residential caregivers have these qualities naturally, and all staff can be encouraged to expand and be enhanced through the personal development aspects of workforce training and development, supervision and reflective practice. As therapeutic care continues to develop in Victoria and other states, the need will grow for staff who have essential capabilities to provide care that not only meets the material needs of young people, but also provides the necessary relationships and environment for healing.

This framework of capabilities describes the professionalism needed to achieve good outcomes in residential care, and the personal qualities caregivers need to establish and maintain purposeful, caring and growth-promoting relationships with young people.

The professional task in residential care is to work in the actual living space of the young people, and attempt to shape that living space to provide a healing environment that assists young people to grow and develop in appropriate ways. When we achieve this kind of working well–living well balance, emotional attachments and bonds will generally form between staff and young people. Rather than see these attachments as problematic or avoid them altogether, excellent residential care should see them as fundamental for the establishment of safety and the provision of healing. Accepting, understanding and working with the nature and complexity of these attachments and bonds makes this work relational.

It is important to pay attention to the relationships between residential care workers and young people and shape them so that young people get the maximum benefit even if many residential care facilities are not yet operating from a therapeutic framework.

Meaningful and purposeful relationships

The framework of capabilities promotes a relational approach to the work, which encourages workers to form meaningful and purposeful relationships with young people. These, in turn, become the foundation within which growth and healing become possible. These relationships are two-way, and many experienced workers talk about what they have learned about themselves, the world and relationships, and how the relationships they have with young people have affected them.

Research consistently demonstrates that the relationships between young people and staff are the main criteria by which young people judge the success or failure of their time in residential care. Young people are more likely to establish trust in adults when the adults show a genuine willingness to understand the young person's perspective, to convey empathy, be reliable (keep promises, be available and punctual), take action when needed and respect confidentiality.

Many young people who have done well after leaving care say that there was at least one person in the residential home who made time to talk with and listen to them. Young people interviewed about their time in residential care almost unanimously point to the relationships they developed with staff as the major way they found the stability and security to move on with their lives.

The central tasks of residential care are less about addressing past traumas and rejections through counselling-type interactions and more about staff being involved in the young person's daily life joys and struggles. This can occur through activities and shared experiences that help the young person see themselves more positively as they come to rely on an adult, in whose eyes they find themselves mirrored in a way that brings to light a new and healthy sense of self.

Young people interviewed about their time in residential care almost unanimously point to the relationships they developed with staff as the major way they found the stability and security to move on with their lives.

Relational dynamics include:

- listening and responding with respect
- communicating an understanding of each young person
- building rapport and relationships
- establishing structure, routine and expectations
- inspiring commitment
- providing team consistency
- offering emotional and developmental support

- challenging thinking and actions
- sharing power and decision-making in an age and developmentally appropriate way
- respecting personal space and time
- respecting the young person's culture, gender, sexual orientation and other aspects of identity
- discovering and uncovering potential
- providing resources.

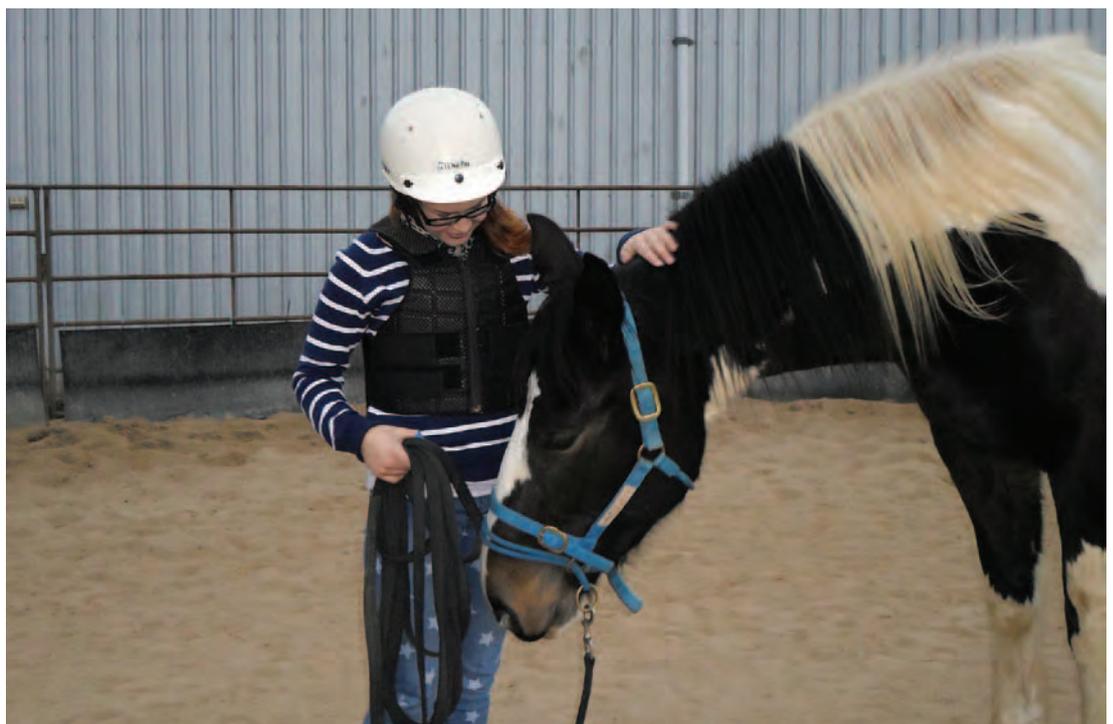
Attentive, competent supervision for staff is a critical element in providing excellent residential care with a relational approach. Effective supervision of staff allows for an intensity of interaction between staff and young people and provides protection for both in the 'pressure cooker' environment of a residential home. Supervision usually consists of regular one-on-one meetings of a worker and their coordinator, supervisor or manager, where the work is discussed to address work tasks, learning, stress, the personal impact of the work, the specific relationship with each young person, difficulties and achievements.

Occasionally, staff may themselves act inappropriately, such as when they lose their objectivity and their patience, or become too involved or too sympathetic and loosen limits and boundaries or tighten them too rigidly. These are common aspects of relational work, and should be dealt with through reflective practice, advice and attentive supervision.

It is critical that young people are not harmed during their time in care. When a carer feels angry, despondent, stuck or frustrated, this is an ideal time for support, coaching and mentoring to assist the worker to understand the young person and their own reactions. This adds richness to the relationships that promote healing and growth for our young people, and brings satisfaction to workers.

The major challenge in relational work is to remain present, self-aware and visible, so that we can mirror our experience of the young person back to them, so that they begin to see themselves as valuable, lovable and worthwhile.

The major challenge in relational work is to remain present, self-aware and visible.



Resilience

People ask me why I am a youth worker/residential care worker. It is not something you can put into words. It is not always fun and games, but we keep going back with a smile on our faces, every day is a new day.

[Residential care worker]

A resilient workforce is one of the essential components of excellent residential care. Focusing on the qualities or capabilities of workers helps us think about training, supervision, coaching and mentoring. To assist workers to remain resilient in the face of the complex, stressful and distressing work of returning young people to hopeful and productive lives is a complex task, but a vital one if residential care is to provide safety and healing for those young people.

Resilient people feel competent, but can also ask for help without feeling shame. This way of being in the world can be seen as 'stress resistant'. Residential care workers with a stress-resistant personal style are likely to withstand burnout and remain healthy in stressful times.

There are many ways to think about resilience. We can identify aspects of personality and attitude that lead to ongoing strengths. Two aspects of personality that encourage resilience are 'hardiness' and a 'sense of coherence'.

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Hardiness

Hardiness can be seen as 'courage in action', because it comprises three closely related tendencies: commitment, control and challenge.

- Commitment refers to a sense of determination or resolve – to keep going in the face of difficulty.
- Control refers to a sense of being in charge of one's life – not being overwhelmed by adversity.
- Challenge is like a zest for life that leads us to see change as an exciting opportunity for growth.

A sense of coherence

A sense of coherence leads a person to see their life as understandable, manageable and meaningful. Coherence brings a feeling that one's life is structured, ordered, generally predictable and mostly under rational control (even if it is not, entirely). People with a sense of coherence tend to believe they have the internal (personal strengths) and external resources to meet the demands placed on them.

Parallel processes

Residential care workers are not immune to the anxiety, fear and rage acted out by some young people in care and as a consequence workers can take on similar thoughts, feelings and behaviours. Excellent residential care teams acknowledge and respond to such parallel processes, which are common in any work with traumatised clients.

A parallel process is the transfer of thoughts, emotions and actions from the client group to the organisation, and can occur when the client group is traumatised. Parallel processes can also work in the other direction, where a stressed and distressed residential care team who are struggling to work consistently may pass this stress on to the group of young people.

The behaviours described below, when developed within strong organisational frameworks, build trust within residential teams and, together with containing management and good leadership, create a buffer to stop parallel processes taking hold of a team. When teams do not have a strong buffer, team members are vulnerable to taking on some of the thoughts, emotions and actions of the young people.

Teams can take action to increase their cohesion and teamwork through the following behaviours.

Support

Giving support involves:

- backing up one another
- resolving any staff disagreements away from the young people
- recognising when a team member needs a break
- being committed to consistent responses, particularly to inappropriate behaviours
- standing up to gossip.

Valuing

Valuing others involves:

- respecting young people's attachment to the whole team, rather than taking too much pleasure in 'special' relationships
- encouraging young people to confide in other team members or invite colleagues into relationships and conversations
- sharing the good times and the deep conversations
- recognising that it can be undermining to other staff if one staff member considers themselves too special to a young person, being the one they tell secrets to, and so on. When this happens, it can be detrimental to the young person because it can be reminiscent of the 'special relationship' within which abuse occurred. It can be detrimental to the team as it creates divisions and conflict.

Working together

Working together involves:

- avoiding gossip and scapegoating (sometimes known as lateral violence)
- maintaining a commitment to integrity and honesty with teammates
- sharing information so that everyone in the team knows what's going on.

Asking for help

Staff need to feel that they can ask for help when they:

- are out of ideas
- feel overwhelmed or disillusioned.

Maintaining cheerfulness

Residential care workers need:

- a sense of humour
- the ability to remain hopeful
- the skill to lighten the mood
- the ability to laugh at themselves
- the ability to look at themselves and others honestly.

Support for staff

Organisations that provide residential care must offer safety, stability and support for staff working with traumatised young people. All levels of management (not just residential care staff) should have a good understanding of the impact of abuse, neglect and other traumas in young people's lives. Managers, team leaders and supervisors need to know the pulse of their services and respond appropriately to times of stress. They need to create a culture that brings trust at all levels of the organisation.

Organisations and services should:

- work from practice frameworks that are based on theory and research, with clear, evidence-informed models of intervention
- use well-documented and resourced structures for supervision
- have enough staff to manage crises
- follow existing practice guidelines and available written material for establishing Aboriginal and CALD cultural competency within residential settings
- follow practice guidelines appropriate for young people with a physical, intellectual or sensory disability
- have appropriate and accessible systems for after-hours and on-call support
- provide appropriate training to do the job
- provide access to regular supervision and debriefing
- provide support to workers who experience vicarious trauma, and specific support for Aboriginal workers and others who may have intergenerational or personal trauma
- allow time for regular team meetings
- provide opportunities for ongoing learning and in-service development
- focus on reflective practice.

Cultural competence

Aboriginal cultural competence

As well as the trauma caused by abuse and neglect, Aboriginal young people in residential care have experienced, and many continue to experience:

- cultural isolation
- racism
- identity issues
- cultural abuse
- lack of cultural connection.

Understanding and implementing best practice in cultural competence must be a high priority for residential care services, given the impact of past policies on Aboriginal peoples, current issues experienced and the current over-representation of Aboriginal children in out-of-home care.

It is important for residential care workers to understand and appreciate the importance of culture to the wellbeing of Aboriginal people. As Muriel Bamblett says:

Organisations must rise to the challenge of protecting their cultural identities. If we neglect this aspect of our children's best interests we deny them the cultural and spiritual life that is their birthright. We also risk fundamentally damaging their wellbeing, growth, education and life prospects. Our children need to know their culture and for Aboriginal and Torres Strait Islander children, culture and family are inextricably linked. Culture and spirituality are part of the meaningful ways in which Aboriginal and Torres Strait Islander people interact with their families and communities and their land. There are no short cuts to keeping our children culturally and spiritually strong: maintaining connections to family and community is the only way.⁸

Children are not born automatically knowing their culture. They rely on others, including their family and residential care workers, to develop cultural understandings through their experiences. Residential carers can have a critical role in ensuring Aboriginal children in their care are connected to family, community and culture to form their developing identity.

An important part of culturally competent practice is for workers to have an understanding of the impact of history and past policies on Aboriginal peoples and how the past has shaped their lives today. This will assist workers to engage with Aboriginal young people and their families and provide culturally competent services.

Aboriginal cultural competence is a key facet of the Victorian *Best Interests Framework for Vulnerable Children and Youth* (the Best Interests Framework). The lens of culture as part of the Best Interests Framework is critical for Aboriginal children, to ensure that workers assess and provide services in the best interests of safety, stability and development as it pertains to the identity of the child, which must always be respected if best outcomes are to be achieved.

Residential care workers can provide excellent care for Aboriginal young people as they build relationships, appreciate strengths and work towards the healing of past traumas. Reconnection with family, peers, community and life opportunities is possible by holding a central view of the young person's Aboriginality as this will further their ability to feel safe, relaxed and build resilience.

Aboriginal young people will feel seen and understood in much greater depth if the organisation providing their care takes on an active role in educating and supporting its workforce in cultural competence.

Cultural competence is about much more than the observance of a cultural support plan or adherence to legislative requirements as needed in relation to a specific child. Cultural competence in a care environment should be evident throughout the young person's experience and needs to be enshrined in the way that residential care workers undertake their role, not just the service experienced by a specific Aboriginal child at the point of placement.

Cultural competence in a care environment should be evident throughout the young person's experience and needs to be enshrined in the way that residential carers undertake their role.

Fundamental to culturally competent practice is:

- cultural awareness – understanding of the role cultural difference and diversity play
- commitment to Aboriginal self-determination and building of respectful partnerships
- cultural respect – valuing Aboriginal peoples and their culture
- cultural responsiveness – the ability and skills to assist people of a different culture
- cultural safety – creating a service environment that is safe and welcoming for Aboriginal peoples
- cross-cultural practice and care – being able to relate and provide services to Aboriginal peoples
- self-reflection – being able to see how your own culture and the dominant culture generally impact on Aboriginal peoples.⁹

In providing culturally competent practice, workers need to ask:

- What is my cultural background? How does this influence my work?
- What are the cultural differences between my background and the young person in regard to values, beliefs and communication?
- How will I communicate to ensure that I am culturally sensitive and respectful?
- What is my understanding of Aboriginal culture and how can I increase my knowledge?
- How can I create a culturally safe environment for the young person?

In providing culturally competent care to Aboriginal young people, residential care workers need to attend relevant training and seek assistance from their Aboriginal Child Specialist Advice Service (ACSASS) workers as well as local Aboriginal services. There are also a number of resources that are available to support workers to build their cultural competence.

There are also a number of resources that are available to support workers to build their cultural competence.

The Victorian Aboriginal Child Care Agencies' *Elements of Therapeutic Residential Care Discussion Paper 2009* document provides information about cultural elements that workers need to consider in providing care to Aboriginal young people.



For example, in thinking about the young person, workers need to ask:

- What is their history and understanding of their culture and cultural identity?
- What connections does the young person have with Aboriginal family, community and culture?
- What impacts has the past had on the young person and their family?
- What is the young person's view of our service? For example, do they have a distrust or fear of the organisation?
- What are the young person's interests and how can they celebrate Aboriginal culture and learning?

A list of resources is provided in the back of this document. It is recommended that residential care workers read these documents to build their cultural competence. The resources include:

- Aboriginal Cultural Competence Framework 2008 (DHS, 2008)
- Caring For Aboriginal and Torres Strait Islander children in out of home care (VACCA)
- Working with Aboriginal children and families: a guide for child protection and child and family welfare workers (VACCA, 2006)
- Building respectful partnerships: the commitment to Aboriginal cultural competence in child and family services. (VACCA, 2010).

Culturally and Linguistically Diverse (CALD) background cultural competence

When we work with people from cultural backgrounds different from our own, whether they are refugees or migrants, it is like playing a game where every player is playing by a different set of rules. Working effectively cross-culturally means finding out more about the rulebook that informs the way your client is playing the game.

[SSI Senior Case Manager, 2012]

Culture is a subjective and fluid concept. Many countries have a number of different ethnic groups, religions and languages. Individuals from the same ethnic group might perceive their culture differently, and so it is important to ask the child or young person how they experience their own culture. This might be difficult for them to articulate and might even change over time, however, an ongoing conversation with a young person shows interest, curiosity and acceptance, and can help build a strong relationship.

Culture can include:

- language
- religion
- celebrations
- preferences for foods
- music
- ways of doing things
- other 'visible' characteristics, such as wearing specific items of clothing.

People enact their culture through:

- body language
- greetings and eye contact
- gestures
- facial expressions.

There are also many 'invisible' characteristics of culture that need to be taken into consideration, such as:

- beliefs
- values
- attitudes.

These are much harder for care workers to understand without spending time with and listening to and observing a child or young person.

When carers spend time learning about a child or young person's beliefs, values and ways of doing things, this helps them to see the world from the young person's point of view, which will have multiple benefits, from improved communication to a shared understanding which ultimately leads to greater trust. Listening and learning about another culture can also extend carers' skills in the areas of empathy, compassion and curiosity and lead to personal growth.

Having a sense of cultural identity can provide safety and resilience for young people particularly when they are experiencing difficult or stressful periods in their lives.

Having a sense of cultural identity can provide safety and resilience for young people particularly when they are experiencing difficult or stressful periods in their lives.

Settlement

For those young people who are newly arrived in Australia, the settling process can be a significant challenge. It can be overwhelming to take in so many changes at once; such as language, foods, smells, laws, transport, shops, schools and freedom. Racism and stereotyping are also common experiences for new arrivals, and the current extreme prejudice against asylum seekers can have a negative effect on all new arrivals.

It is important to:

- allow a child or young person enough time to process and understand systems and processes in Australia, and explain often and simply how things work
- if needed, use an interpreter to ensure that you use the child or young person's preferred language. There is training available to learn how to use interpreters effectively
- avoid making assumptions about what a child or young person might know about how things work in Australia
- provide a child or young person with relevant and simple information at appropriate times
- advocate against racism and stereotyping, and make sure all residential care workers are trained and supported to challenge racism at all times.

Refugee trauma

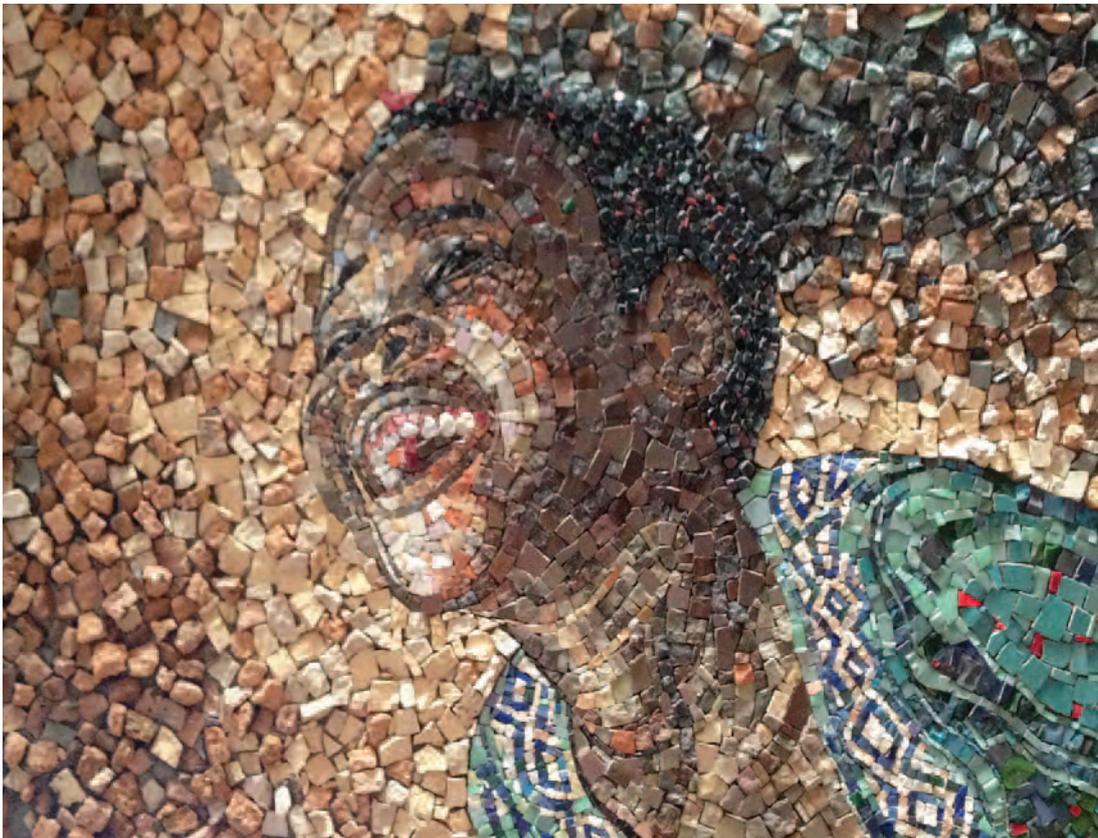
A refugee is someone who has been forced to flee their country of origin because of war or persecution. Although each refugee has a different experience, many have experienced frightening events that cause significant trauma. The majority of young people who come to Australia as refugees will be members of communities that have experienced ongoing fear and dislocation, through war and persecution, as well as exploitation on their journeys to freedom.

The effects of such trauma can include:

- anxiety
- feelings of helplessness
- grief
- depression
- changed relationships
- loss of trust
- loss of hope
- guilt
- shame.¹⁰

However, the refugee experience can also result in resilience and resourcefulness, adaptability, strong commitment to the family and the value of community, and a strong desire to achieve educationally.¹¹

In Victoria, specialised assistance to recover from refugee trauma is provided by Foundation House. Contact Foundation House to get more information if you think a child or young person in residential care needs this kind of assistance.



Artist: Miranda Vinjwe

Mindfulness

Mindfulness involves having a calm awareness or paying attention to body functions, sensations (physical feelings), emotions, thoughts and perceptions. People's thoughts and perceptions are the content of their conscious awareness, and mindfulness is the awareness of them and of the consciousness itself (being aware of being aware). When people are mindful they pay particular attention to themselves and to what is around them. Mindfulness has to be developed through practice, support and discipline.

Mindfulness comes from Eastern philosophy, but is present in any form of meditation, prayer or worship and has more recently been described as a key aspect in trauma interventions through Western science. Mindfulness practices are now seen to be at the forefront of interventions that can assist in healing from trauma.

In residential care work, mindfulness can help workers to develop self-awareness and an understanding of others, and improve their ability to concentrate, be creative and have empathy. Mindfulness is also a part of emotional intelligence, and is a basic foundation for forming purposeful relationships with young people in care.

Mindfulness encourages a 'stop and think' approach to working with complex and traumatised young people. It is a continuous process of trying to stay in the present, and manage our own emotions, thoughts and reactions – all the while being open to the emotions, thoughts and reactions of others. When people are mindful, they can put their own negative life experiences aside and assist young people with theirs. Relationships can form that are meaningful for the young person, because genuine care is offered, and trust is built.

When people are mindful, they can put their own negative life experiences aside and assist young people with theirs.

The young people who live in residential homes mostly come from backgrounds of abuse and neglect, and have often experienced multiple placement breakdowns in their journey through the care and protection system. These experiences have usually undermined the trust they have in the adult world.

To build trust, carers need to be persistent in their attention to the interactions they have with young people. Mindfulness is a useful way to maintain this attention. It brings the capacity to truly listen, to put aside personal thoughts and focus on what a young person is saying, both verbally and non-verbally.

Mindfulness is a useful way to maintain attention. It brings the capacity to truly listen, to put aside personal thoughts and focus on what a young person is saying, both verbally and non-verbally.

When a caregiver is preoccupied with the past or worried about the future, they might be physically present when interacting with a group of young people in their care, but mentally absent. Young people need caregivers to be fully available during connecting interactions.

When caregivers are purposeful and intentional in their connection with young people, the young people will be more aware of the relationship, and healing from traumas and rejections of the past can begin within these emotional connections. Through their relationships with staff, young people can develop a deeper sense of their own value. A carer who is mindful can become aware of when their mind is drifting and not focusing on the young person and can refocus on what is happening in the moment.

Reflection

We all express ourselves – some with anger, self-harm, quietness, body language, or in the photo, graffiti, which is common these days. Pay attention to our expressions and you will always know how we feel.

[Adam, As Eye See It]

Mindfulness brings reflection, which is the ability to take note of one's thoughts, feelings and actions and wonder about them. Being reflective prompts such questions as:

- Why did I react that way?
- Why did that behaviour make me angry?
- What are the triggers for me?
- What can I do differently next time?
- Am I dealing with this young person's behaviour differently because I want them to like me?

Good support and supervision and time for reflection enables staff to establish the habit of asking themselves and one another essential questions.

When caring for or working with traumatised young people, staff need to know themselves well, know their own triggers and thresholds, and know how and when to ask for help. No one should feel shame for asking for help or needing time to calm down and re-regulate.

No one should feel shame for asking for help or needing time to calm and re-regulate.

Reflection may involve the carer taking time to think about the young person they are working with or caring for, and their relationship with them. This may prompt questions such as:

- What was the young person doing?
- Why might they have been doing it?

Thinking about the abuse and neglect a young person has suffered may help to make sense of and explain that person's behaviour. There are always reasons and motivations behind behaviour, and these may help to reveal that young person's needs. The carer may consider:

- What is their behaviour telling me?
- What hurt or need are they expressing because they cannot put into words what they really want?

Thinking about the specific history of a young person may help link their current behaviour to their past experience.

Carers may also use reflection to focus their attention on understanding themselves:

- What are my thoughts and feelings about this young person?
- How can I stay better regulated (in control of myself) when I am with them?
- What were my responses to the young person's behaviour?
- Was I reactive? Why?
- Where is our relationship right now and what is going on?

- Can this young person connect with me and listen, to take strength from the containment and structure I offer?
- Was my approach sensitive to culture, gender or disability?
- What assistance do I need to do this work?
- Who can I talk to about how I feel?

Personal authority

Personal authority refers to the strength and confidence residential care workers develop when they are clear about their own personal boundaries, the expectations their organisation has of their role and the expectations they have of the young people in their care.

Confident workers are not pushovers, but neither are they punitive. They know what the limits and rules are and can hold to them with both firmness and kindness. Workers who have developed personal authority base their actions, decisions and responses on best practice, and back that up with their own internal sense of authority, or knowing.

Personal authority moves residential care work away from a friendship model of care towards a parental model, and brings with it a greater capacity to create safety through structure, routine, nurture, consistency, limits and boundaries.

Every carer needs to develop their own sense of authority with the young people with whom they work. Personal authority requires maturity, self-development and self-regulation (mindfulness). Personal authority is a vital ingredient in supporting and nurturing young people. Having a sense of personal authority reduces the amount of fear residential care workers experience when interacting with a young person whose traumatic background propels them into aggression, threatening behaviour, verbal and sometimes physical violence.

When mistrustful, dysregulated young people face a caregiver who is frightened of them, this can perpetuate the lack of trust they feel in adults, increasing their own fear and dysregulation, leading to cycles of aggression and ongoing violence.

Personal authority moves residential care work away from a friendship model of care towards a parental model.

Personal authority is a vital ingredient in supporting and nurturing young people.

Objectivity

One of the hardest parts of residential care work is being objective. When staff have developed a mindful, reflective stance and can hold the young people in a relationship based on their own personal authority, they must also separate themselves from the young person's behaviour.

Residential care work involves not taking the young person's behaviour personally – including anger, aggression and rejection. A sense of objectivity makes it easier for staff to maintain an attitude of empathy, warmth and connection while setting firm limits and boundaries, dispensing consequences for unacceptable behaviour and co-regulating extremes of emotion.

Residential care work involves not taking the young person's behaviour personally.

As relationships develop between workers and young people, objectivity can become more difficult. Facing rejection from a young person they have known and worked with for a year is very different to being rejected by a new resident. When rejection happens, staff need space and support to look at what is going on for the young person, and ask themselves questions such as:

- Is the closeness and intimacy in this relationship overwhelming for the young person?
- Is it rejection or are they testing me to see if I really will go away, like others they have trusted in the past?
- Can this young person tolerate having a good time – do they need to destroy the fun to regain a feeling of control?

Young people in residential care are often experts at finding sensitivities and vulnerabilities workers did not even know they had. Some young people have learned to do this as a survival mechanism, as a way of distancing people in order to remain in control, or testing them to see if they can be trusted. Some young people endlessly try to recreate abusive relationships as a way of re-enacting the trauma they have experienced in the past.

Whatever the motivation of the young person, if staff take their behaviour personally, hold grudges or distance themselves from the relationship, they are in danger of maintaining the young person's belief that adults are untrustworthy and unsafe.

Objectivity, however, is not something to hide behind. All workers must take responsibility for their own actions and reactions. Care workers cannot just say, 'Oh well, that's his problem, I'm not taking it personally', when they have contributed to an escalation through inconsistency, insensitivity or a lack of attunement.

Some young people endlessly try to recreate abusive relationships as a way of re-enacting the trauma they have experienced in the past.

Team cohesion

Team cohesion refers to the whole team involved with young people in residential care:

- the workers on the ground
- the team leaders/coordinators
- managers
- senior managers.

When good communication is not present at all levels of the service, this creates opportunities for young people to split away and play people off against one another. For example, if one worker allows a young person to sleep late and not participate in their program, it will be twice as difficult for the next worker to get them out of bed. Or if a worker shirks responsibility by saying 'it's not my decision, I'd let you sleep in', this creates divisions and resentment between young people and staff, and between staff themselves.

Establishing and maintaining safety at all levels (physical, emotional, social, moral and ethical safety) in residential care is impossible without good team cohesion.

Establishing and maintaining safety at all levels in residential care is impossible without good team cohesion.

Within the residential home itself, team cohesion relies on good leadership, and many of the capabilities described here. The leader sets the tone for the team and encourages honesty, mutual support and good communication and respect. A leader picks up and deals with staff conflicts and minimises destructive gossip. Team members are individually responsible for maintaining good boundaries, being reflective and working on their own regulation so that they are able to support their colleagues and form a cohesive team.

Excellence in residential care relies on exceptional communication between staff, the organisation and other key players, and consists of:

- communication
- being 'on the same page', having a consistency of approach, particularly to limits and boundaries
- all members understanding the intent and plan for each young person
- maintaining standards of care – not giving in to demands to make life easier
- not letting young people get away with inappropriate behaviour or not maintaining the structures, routines and boundaries.

Avoiding these standards may make for an easy shift, as the young people may be allowed privileges that keep them calm in the short term, but makes it much harder for the colleague who next comes on duty who wants to keep to the plan for the young people, and it can mean that the young people are not learning what they need to.

Regulation

To be effective in residential care work, staff must manage strong emotions and avoid being reactive. Care workers need to respond in a thoughtful (mindful) way to be most helpful to young people. They need to acknowledge and regulate emotions that arise when caring for a young person with experiences of trauma and attachment disruption.

Caring for young people who are aggressive, fearful, anxious or dissociative can be very stressful, and it is easy to slip into reactions that mirror the young person's behaviour. Using self-regulation means staff have strategies to calm themselves, and to remain focused and present with the young person, no matter how difficult their own emotions and reactions are.

If the aim is for young people to learn to regulate their own intense emotions and reactions, staff have to model this for them by remaining calm when they are displaying extremes of emotion. Carers can't do this if they are poorly regulated or overly reactive themselves.

Caring for traumatised young people can sometimes trigger the carer's own unresolved issues from the past. Regulation and mindfulness strategies, reflection and objectivity are necessary to recognise and manage these triggers.

If the aim is for young people to learn to regulate their own intense emotions and reactions, staff have to model this for them by remaining calm when they are displaying extremes of emotion.

Staff can learn to manage their own emotions and responses by:

- anticipating that young people may anger or upset their carers on purpose, in order to recreate familiar relationship patterns
- knowing that strong emotions are contagious
- knowing their own trigger points and those of their team/co-workers and what upsets them the most
- taking time to calm themselves when they do get angry or hurt
- calling for assistance – not trying to do it all alone
- having clear plans and practices/strategies worked out in advance
- debriefing after challenging incidents so that they are resolved about what happened and have left the emotions behind
- finding out as much as they can about affect regulation
- doing their own therapeutic work when necessary.

Self-regulation does not mean always appearing calm and bland.

Occasionally carers will need to raise their voice – to get a young person's attention or make a point. Sometimes they will need to show that they are angry, but this should be done carefully and deliberately, showing the emotion, but remaining calm enough on the inside to keep thinking and not act on the anger.

Self-regulation does not mean always appearing calm and bland.

Similarly, co-regulation of emotion requires a 'matching' of the emotional tone to connect with the young person, followed by a deliberate calming, through voice and body language, to bring the young person back to a regulated state. It is impossible to manage these kinds of interactions if the carer cannot stay regulated and able to think while involved in them.

When staff work on regulating their own emotions and reactions it is enormously beneficial to the young people they work with and care for.

Boundaries

Maintaining boundaries is a vital part of the development of relationships with young people.

Traumatised young people often do not have strong personal boundaries themselves, and are left vulnerable to influences from others. Residential care workers should maintain personal boundaries, such as not giving young people a lot of personal information, because this encourages the young person to think about the worker, and possibly to fantasise about them, their family, and the possibility of going to live with them. It may set up a situation where the young person feels jealous of the worker's own children.

Organisations must have rules about not sharing addresses or personal phone numbers. However, it is acceptable to tell young people something about yourself as a worker, so that the relationship is not too cold and distant. Everyone has their own boundaries for this. Some workers tell young people their family situation, but do not share what activities they did on the weekend with their own children, to avoid envy.

Facebook and other social media need particular thoughtfulness. Workers need to follow their organisations' general policy and procedural guidelines in regard to use of Facebook. However, it is never advisable for staff to be a 'friend' of young people they are caring for, or for young people in care to be 'friends' of staff members on their personal Facebook page.

Facebook and other social media need particular thoughtfulness.

In general, staff inviting young people home to mix with their own families, or forming relationships outside of work while a young person is in a residential home, should be discouraged or prohibited. However, sometimes a worker might decide to continue a connection with a young person after they have left the residence, as they continue on their life journey, to provide a point of reference and contact for support.

Some residential programs provide an organised way for young people to stay in touch after they leave, through phone calls, emails or even organised functions such as a monthly barbecue. This should only occur if organised, sanctioned and supported by the organisation through ongoing supervision, open discussions and strong frameworks.

For Aboriginal workers the boundaries may be different, as they may work and live in their own community. For example, workers might be a relative of the young person in care or know the family. In these situations workers will often see the children in residential care, their parents and extended family through social networks or community events. These personal connections can be positive and give young people a sense of belonging to their extended family, community and land.

However, this can also create challenges for workers who have cultural responsibilities as part of kinship networks – in such cases boundaries can be blurred. They are expected to be more than a worker to the young person, and will need support to manage this effectively.

The personal connections may not always be a positive experience for the worker and can put them in a conflicting situation where they have to manage personal and professional boundaries. For example, the community may ask the worker to talk about the young person in care, which breaches confidentiality. However, the Aboriginal community knowledge of children, young people and families and their ongoing connections are healing and protective factors.

Maintaining boundaries also includes not accepting disrespectful talk or actions. However, even when limits are set on unacceptable behaviour, this behaviour does not automatically stop. Nevertheless, having stated boundaries and expectations can be helpful, and indicates to a young person that the staff member has self-respect.

Confidentiality is also an important part of maintaining boundaries. It is vital that each young person in the residential home knows that their personal information will not be shared with other residents, and that only those who need to know have access to it. Agency rules and policies around confidentiality must be kept.

Confidentiality is also an important part of maintaining boundaries.

Confidentiality is also important for staff, in the sense that one staff member should not share personal information about others. Some young people are intensely curious about staff, and try to get information from others. This needs to be understood as yet another adaptation to their situation, which has to be worked with for the young person's benefit and for staff safety.

Integrity

Showing a strong sense of values, honesty and reliability can be described as working from a position of integrity. Integrity means being consistent in actions, values, methods, measures, principles, expectations and outcomes. It means acting from a values base and being ethical in providing care to young people.

Workers who are ethical:

- stay true to their own principles
- offer young people a level of honesty in doing what they say they will do
- abide by rules regarding confidentiality and boundaries
- if they don't agree with something they are told to do by their organisation, deal with it openly and proactively
- are fair, kind and firm in all interactions
- are committed to Aboriginal cultural competence and safety.

Integrity is the opposite of hypocrisy, where a person's actions are different from their stated beliefs. Young people in care are very good at detecting when staff are not genuine with them, and respond much more constructively to adults who show them the respect that comes with real integrity.

Showing a strong sense of values, honesty and reliability can be described as working from a position of integrity.

Self-care

For me it has always been about the kids – to never, ever give up. It sometimes hurts your heart; sometimes you have doubts but always you keep the end goal in mind; to build trust, put pieces of life's jigsaw back together, walk together to heal the pain; be a strong adult and continue to care no matter what.

[Residential care worker]

Staff working in residential homes need to be offered care by their organisations, so that they can care for themselves and remain strong and present for the young people they care for. Self-care needs to be emphasised, to prevent disillusionment and burnout. When residential care workers do not take care of themselves and do not work on their own problems, they cannot be effective in a residential care setting.

When residential care workers do not take care of themselves and do not work on their own problems, they cannot be effective in a residential care setting.



Vicarious and direct trauma

People working with abused and neglected young people can become worn out by the demands of such work, and can also suffer vicarious trauma through contact with traumatised young people. Sometimes the painful stories of the experiences of the young person can hurt the adult working with them. Sometimes residential care workers are also directly traumatised by the young person's behaviour, such as aggression by the young person or some other event that makes them feel threatened and unsafe.

Working day after day with aggressive or withdrawn young people who do not respond to the usual care and consideration shown by a worker can be very wearying. We can become less effective individually and collectively when this happens.

Aboriginal workers working with traumatised children and their families experience not only vicarious trauma, but may be constantly re-traumatised and have their own intergenerational or personal trauma triggered by hearing about or witnessing the experiences of their clients. This requires careful and sensitive management and support to maintain the wellbeing of the Aboriginal workforce in residential care.

Vicarious trauma may occur when a staff member, whether they are a carer, a clinician, a manager or someone from another organisation in the young person's wider system:

- is exposed to the stories (or images) of traumatic events and begins to show some trauma symptoms themselves
- is not protected by their agency, through good leadership, containment and supervision, from the organisational stresses that often play out in residential care
- has emotional issues themselves that are triggered by the trauma of the person they are working with or caring for
- over-identify with the young person's suffering.

Sometimes workers may experience some of the same symptoms as someone who is traumatised or has Post Traumatic Stress Disorder (PTSD). For example:

- being impulsive and not thinking things through
- reacting as if a situation is dangerous when it is not
- coming down hard on young people when it is not warranted
- being increasingly emotional
- feeling tired and drained all the time
- having trouble getting to or staying asleep
- resorting to increased use of alcohol, drugs or food
- experiencing a loss of sense of humour, motivation or energy
- being withdrawn, shut down, lacking in empathy
- taking increased time off
- experiencing disagreements and conflicts with others and troubled social relationships
- offloading emotions or stress by projecting them onto others
- losing perspective and not being able to put things into context
- avoiding clients or certain situations or places that may remind them of traumatic events
- going easy on young people, not sticking to the rules, structures and boundaries, in order to avoid any confrontations.

Caring for abused and neglected young people can be very stressful. Stress affects different people in different ways. Everyone has a responsibility to develop self-awareness about stress levels. Stress can be a healthy reaction to a distressing or anxiety-provoking situation. It can be an early sign that we need support and an opportunity to reflect on what has happened. It is when stress causes ongoing problems or is so overwhelming that it is closer to trauma that we need to take additional care.

Stress affects different people in different ways.

Some suggestions are for staff to:

- develop the self-awareness to know when they need time out
- find the best ways to relax and unwind when the going gets tough
- try not to overuse alcohol and other drugs as a way of unwinding or relaxing
- make time for their family and friends
- ensure that they make time for themselves and the things they are interested in (for example, hobbies, time with friends)
- be patient and realistic.

A sense of humour and a realistic approach are valuable attributes. Humour can help people keep perspective and not take things personally.

Humour can help people keep perspective and not take things personally.

Traumatised young people with disrupted attachments often require time to change. Through repetition, interventions often eventually work. The true heroes in this work are those who look after themselves, know themselves well and ask for help when they need it.

Residential workers are people with big hearts. Residential workers don't do the job for praise; they do it because they want to make a difference in a young person's life. It is about being a constant stable adult regardless of the way I am treated. It is about helping young people see the world can be a good place. It is celebrating little victories and encouraging young people to reach their full potential and to realise they are worthy and entitled to a better life.

[Residential care worker]

Figure 3 – Key areas of knowledge



Section 2

The WHY: A framework for understanding

I am a sixteen year old boy living in 'resi' care. It's not the life a kid should have to live, but it's all we have got. It's not the greatest feeling to have your parents turn their back on you, but at least we have carers to try and guide us in the right direction.

[Jarred, As Eye See It]

The last 20 years have seen a huge shift in people's understanding of abuse and neglect, and neurobiology and neuroscience have illuminated the way the brain develops and functions. Consequently, young people who have experienced abuse and neglect and who display complex and difficult thoughts, emotions and behaviours are recognised as being hurt and in pain – rather than as mad or bad. Their defiance, aggression and rejection of adults and adult authority can now be seen as adaptations to their experiences, which have allowed them to survive the chaos, unpredictability and uncertainty that has been in their lives.

Many researchers suggest that young people who have experienced significant abuse and neglect are at risk of delayed or impaired emotional, relational and cognitive functioning. Research suggests that the young people likely to come to residential care have not only experienced abuse at home, but also disrupted attachment in their life in care. In light of these experiences, it is likely that they will have impairments in many areas of developmental health and wellbeing. This in turn affects their ability to process relational and cognitive information, which then affects how they can express and receive non-verbal, verbal and written communication. Ultimately, it disturbs their ability to build and maintain social relationships, achieve at school, and regulate their emotions and behaviour.

I want people to see the suffering and sadness, the darkness and the hurt I went through in my life and how it has changed my life and giving me a better life without sadness or suffering and pain.

[Linh, As Eye See It]

When a young person enters a residential care placement, they should be thought of as having healing to do, not just as needing somewhere to live. These young people have invariably come from backgrounds of abuse and neglect, and are rarely like their non-abused peers. While they are all different, and have different strengths, young people in care have common difficulties, and are likely to present problems with:

- abiding by rules
- taking care of themselves

- keeping themselves safe
- having empathy for others
- engaging in appropriate relationships with adult attachment figures; that is, being able to rely on adults for security, safety and comfort
- engaging in broader community-based interests and activities
- entertaining themselves – engaging in appropriate play and recreation
- learning, concentration and attention
- shame-based responses to criticism and adult authority, resulting in defiance and aggression, especially for Aboriginal young people
- progressing along appropriate developmental pathways, in particular in relation to education or work.

The experiences that these young people have suffered affect the way they view relationships with others and make them deeply suspicious and wary of people. For these reasons, they are not easy to help.

They are, however, survivors, and often have strengths and elements of maturity beyond their years. In order to survive emotionally and physically, they have often become very self-protective, because they perceive the world to be a hostile place. Their real experience has led them to see the world as chaotic, cruel and uncaring, and they often respond as if that were true. They have learnt to adapt in an unsafe world and will not easily let go of those behaviours that have kept them safe in the past just because they are now promised a new form of safety.

When abuse and neglect occur at a young age, every aspect of development is affected. One significant part of this is the ability to put into words what they feel. This leads to a tendency to act out – rather than talk – when trying to express difficult emotions. Young people in residential care are easily overwhelmed by painful outbursts of fear, anger, violence and distress when they perceive a threat in their environment.

When abuse and neglect occur at a young age, every aspect of development is affected.

Many young people in residential care also struggle with a deep sense of rejection and undigested feelings of traumatic loss: the loss of parents, family, and the loss of hope that they will be loved and cared for as other children are. For Aboriginal young people this is in addition to feelings of loss and grief already experienced as a result of past government policies and the impacts of the Stolen Generations that are still being felt today by Aboriginal families. For CALD young people there can be an additional layer of grief and loss through the migration experiences and the loss of loved ones through war or displacement.

The experience of a healing residential environment can assist young people to try again to form new relationships with adults who are keen to connect with and care for them – somewhere they can be safe, be known and protected (from themselves, from others and from hurting others).

As the impact of trauma becomes better understood through advances in science, so too does the understanding of how the trauma of abuse intertwines with the impact of deprivation, neglect, separation and loss on the developing child. For most young people who live in a residential home, the important adults in their lives have failed to meet their developmental needs for material and emotional nurture and support. In trying to cope with the impact of these failed relationships, young people develop strategies to defend themselves and to push away the pain of their experiences, the actual traumas and the perceived failures.

In trying to cope with the impact of these failed relationships, young people develop strategies to defend themselves and to push away the pain of their experiences.

The coping strategies that young people develop to survive while the abuse and neglect occur often leave them with thoughts, perceptions, emotions and behaviours that interfere with their ability to learn or to be taught, to be cared for, to join in normal social activities, to make friends or to be hopeful about the future.

Such adaptations to early environments can leave young people without the skills to make consistent sense of their lives. This confusion is often expressed in what they do, how they make others feel, how they feel about themselves and what they do to themselves and others. They often engage in inappropriate behaviours and are vulnerable to recreating the type of abusive relationships that hurt them in the first place. These relationships may feel familiar and less stressful than safe, unfamiliar relationships.

The areas of knowledge outlined in 'The WHY – A framework for understanding' are based on theories that help to explain the experience of each traumatised young person, and the impact of abuse and neglect on their cognitive, emotional, behavioural and spiritual development.

This section very briefly presents the knowledge areas, and focuses on issues affecting young people, rather than theory. The Commission for Children and Young People's publication *From isolation to connection: a guide to understanding and working with traumatised young people*¹² provides much greater detail about the impact of abuse and neglect on child development.

The knowledge framework revolves around seven dimensions that include identity, relationships, socialisation, stress, health, development and learning. These dimensions may overlap to some extent, as the theoretical fields offer different views of similar issues. For example, in considering a young person with difficult behaviours who is angry and aggressive, their behaviour may be related to dysregulation, which may be due to trauma or attachment difficulties, but it may also be due to:

- learning and developmental issues
- anxiety and an inability to handle stress
- poor socialisation
- not knowing right from wrong
- not having respect for rules.

There is no one theory that explains everything about a child.

The seven knowledge dimensions are interrelated and have been chosen because they are the main areas of human development that, when well integrated and operating at their best, provide a child or an adult with the foundations to live a healthy, fulfilling life and cope as well as possible with any adversity that may arise. The dimensions are also areas where children who have suffered harm through abuse, neglect or other trauma are likely to experience difficulties.

An example of the interrelationship of the dimensions is that the ability to manage stress is built through secure attachment relationships in early childhood, where the parent or caregiver provides the child with consistent, sensitive care and meets their needs for food, shelter, warmth and emotional connection in an ongoing and consistent way. This meeting of needs that leads to security also helps the child regulate their emotions and reactions, which leads to a greater ability to manage stress later in life.

Being able to manage stress leads to a stronger set of relationship skills, and so the child develops their ability to regulate and manage emotions as they are developing the capacity to relate well to others. Children whose caregivers provide an environment of care, nurture, sensitivity and age-appropriate discipline and challenge, whose needs are met most of the time and who feel loved and valued, will develop both secure attachment relationships and the resilience to cope with stress in later life.

Children who are exposed to some stress in childhood, but are assisted by their caregivers to 'get over' the experiences, will develop greater resilience than children who are 'kept in cotton wool'. However, children who are exposed to extreme stress, through fear, chaos, pain or abandonment, where there is no supportive parent figure to help the child recover, are more likely to be harmed by that stress. Faith in the security of future relationships can also be undermined by the lack of support and sense of abandonment the child felt when bad things happened and no one was there to help.

Socialisation is also essential to understanding human development, and is deeply integrated with security of attachments and the ability to manage stress. Early socialisation, where caregivers assist young children to learn right from wrong, avoid danger and develop social skills, also has the advantage of assisting children to develop better regulation of emotions and reactions, accept discipline and develop empathy for others and a 'moral compass'.

Families struggling with chaos, violence, criminality, poverty and other stresses are less likely to assist their children socialise in optimal ways, which can lead to:

- a lower capacity to regulate and manage emotions and mood
- less secure relationships
- reduced ability to cope with rules, discipline and boundaries
- more problems with values, morality, empathy and other social skills.

Health is also an important factor in human development, including mental and physical health, dental health, eyesight and hearing, nutrition, growth and skin health. These can be areas of difficulty for young people in residential care, particularly where there has been significant neglect. Poor health affects other areas of development, as it is difficult for a child to feel safe, manage stress, develop relationships, learn, play and grow when they are ill, anxious, depressed or in pain, or suffering from other health issues.

Development itself has to be considered, which includes physical development, cognitive development, speech and language development, and other areas. Delays or problems in any of these areas can then be taken into account in relation to the other dimensions.

Finally, learning is a dimension of its own, even though it is integrally linked to the other dimensions, particularly development. It is useful to assess learning for young people in residential care in terms of school-based and academic learning, but this dimension is also about the young person's behaviour and attitude at school or towards learning, their social skills and peer relationships, and their attendance, all of which will affect their ongoing education.

Learning is integrated with the other areas, in that:

- the ability to manage stress results in better concentration and attention
- having security in primary relationships makes it easier for young people to form relationships with teachers and other students
- good socialisation means that they will accept rules and discipline, resolve conflicts and manage peer relationships
- freedom from health issues reduces all the other stresses and leaves a young person free to play and learn.

Learning and development are linked in that when we understand where a young person is at developmentally and what they are capable of achieving, we can assist their learning to maximise their potential.

These knowledge areas are congruent with the seven 'Looking After Children' (LAC) areas, although they take a developmental perspective and emphasise different aspects of young people's lives. The seven LAC areas are mapped below.

Health	Health, development
Education	Learning, development
Identity	Identity
Family and social relationships	Relationships attachment and connections, socialisation and behaviour
Social presentation	Health, development, identity, socialisation and behaviour
Emotional and behavioural development	Stress and trauma, relationship attachment and connections, socialisation and behaviour
Self-care skills	Learning, stress and trauma, relationship attachment and connections, development

Each element of the framework for understanding includes a brief look through a lens of culture at the theories described.

Identity

Area of knowledge

Identity is a complex issue for many young people in care. The pain of being in care itself, the shame of not living with family, or having a dysfunctional family, and the stigma involved with being in care have a huge impact on young people.

Identity is a complex issue for many young people in care.

Identity issues are also very important for young people from different cultural backgrounds and they may feel further dislocation from their culture when they enter care.

Many young people who have experienced abuse and neglect have developed a negative view of themselves, and of their place in the world, due to the trauma and disruption to their important relationships, and they may carry a burden of shame because of this. A young person can find it very difficult to have a strong sense of self if they do not know their own history, what has happened in their family and why they are in care.

Every person needs a coherent story about themselves in order to make sense of their experiences. To develop a strong and healthy identity, young people need to take pride in themselves, for who they are, as well as what they achieve. For young people in care, this can be a very delicate area, dependent on the development of a strong sense of self. Resilience is strongly associated with identity: a strong sense of who you are, where you belong and what you are good at is fundamental to bouncing back from adversity.

Every person needs a coherent story about themselves in order to make sense of their experiences.

A cultural lens is very important when considering identity, because cultural identity is a large part of any person's sense of self. Each young person in care needs to know about their culture of origin, and be assisted in learning about themselves and their culture. Being strong and taking pride in culture enriches identity for any young person, and no child should experience their culture being denied or denigrated.

In caring for Aboriginal young people it is vital that residential care workers promote the child's cultural identity.¹³ An Aboriginal child's identity, culture and language come from their family and their relationship to the land.¹⁴ For Aboriginal people it is essential to their health and wellbeing to know who they are, who they belong to (who their mob is) and where they are from.

Aboriginal children who are strong in their culture and see that others value their culture are more likely to develop confidence, resilience and a positive identity.¹⁵ However, there are additional challenges for Aboriginal young people who may know little about their mob, who they belong to and where they are from. This will need to be promoted through cultural support plans that have real meaning and assist young people to find and connect with their land, their families and communities.

Cultural support plans for Aboriginal young people should be living documents (as LAC plans are), that are reviewed regularly against the child's age and gender, and updated with any information that is gathered in working with that young person. If residential care workers keep this in mind, the conversations they have with young people and their families may assist in the healing work of reconnecting. The cultural support plan will support the young person's connections to family, community, culture and land through:

- documenting their Aboriginal identity and background
- identification of family members and completion of a genogram
- contact and connection to family, community members and Aboriginal services
- participation in community events and activities
- feeling comfortable and confident in Aboriginal community events
- trips to return to the country and learn about where they are from.

Culture can be a significant source of support and identity for a child or young person from a CALD background who is in care. Most CALD communities living in Australia have a collective mentality that can help a young person feel secure and know who they are in relation to others.

Collective cultures take the responsibility of caring for others very seriously, which promotes safety and wellbeing, and it is essential that a CALD child or young person in care is offered opportunities to remain connected with their culture. Maintaining these connections can also provide vital support and resilience for when a child or young person leaves care.



The following are some ideas for residential care workers to help a child or young person remain connected with their culture:

- assist the young person to connect with local community associations from their ethnic group (these can usually be found by talking to local multicultural services)
- assist the young person to know about and access relevant cultural celebrations and events (these can usually be found by talking to local multicultural services)
- ensure that care arrangements, such as food, adhere to the child or young person's expressed religious beliefs
- help the young person to attend religious ceremonies to express their preferences and beliefs
- demonstrate appreciation for and promote the use of the young person's first language(s) in their home
- assist the young person to maintain their first language by attending a language class or mix with others using that language
- demonstrate appreciation for and promote any music, food, art or stories from the young person's culture (keep in mind that culture is not static, so there may be modern or adapted versions of these)
- promote relationships with others from the young person's ethnic group through relatives, peer groups, community groups, volunteer mentors or bicultural staff
- facilitate family contact in a way that assists in maintaining cultural bonds
- use an interpreter when talking about particularly important issues if English is not the young person's first language (for example, in planning meetings).

As with all care arrangements, these suggestions should be implemented in close consultation with the young person.

Thinking about the young person

Discover what the identity issues are for each young person by finding out:

- how the young person views themselves, what their sense of self is
- whether the young person feels connected to their community and culture of origin
- whether the young person has a clear and coherent life narrative – a life chronology that makes sense to them, and helps them know who they are, where they come from, who they belong to, what has happened to them, why they are in care, who and where their family and extended family are
- whether the young person experiences a shame-based identity, where they feel unworthy of love and consideration
- whether the young person experiences any difficulty regarding their sexual orientation
- whether the young person has issues with gender or body image
- whether the young person has areas of strength and achievement that contribute to a strong identity; for example, sport, art, music or other talents.

Relationships, attachments and connections

I can feel confused and scared at times, but I have the safety of the carer/worker to help me out.

[Dean, As Eye See It]

Area of knowledge

The major relationship issues for young people in care are the fractured and disrupted attachments they have experienced. Often their primary attachments with parents or other caregivers have not been secure, setting them up to fail with subsequent parent figures, such as relatives or foster carers. Early insecure attachments are often accompanied by neglect and deprivation in infancy, and contribute to a reduced capacity for self-soothing and regulation of intense emotions.

Many young people with complex, disrupted attachment histories develop a resistance to new relationships because they do not trust that adults genuinely care for them. This is compounded by a sense of unworthiness, or not being good enough to receive the love and care every child deserves. These young people look around them and see the love their peers receive and judge themselves to be unlovable.

Relationships with siblings can be a major source of support for children in care, but are often also fractured, either through separation, or through intense conflict and competition. Recovering and repairing sibling relationships can add to the security of attachment of a young person in care.

Attachment problems present in different ways, depending on the kind of parenting they have received, and the pattern the young person has developed to cope with the insecurity in that parenting. Some young people's resistance to new relationships is demonstrated through clingy, needy, intrusive behaviour; while others are distant, cold and hard to connect with. A more complex response involves displays of disorganisation upon the possibility of any intimacy forming in a relationship. All these young people show signs of attachment disturbance when their needs for comfort, attention or safety are triggered.

Some young people's resistance to new relationships is demonstrated through clingy, needy, intrusive behaviour; while others are distant, cold and hard to connect with.

Applying a cultural lens to attachment and relationships reveals that caution is necessary in understanding the different ways attachment is developed in different cultures. For example, in cultures where child rearing is shared between a group (for instance Aboriginal kinship systems, including a mother, grandmother and aunts), the child has a strong bond with each of these people.

Some cultures instil values in children that emphasise dependence on the family or social group, while others instil values of independence and separation from the group. These are cultural values, not insecurities of attachment.

For Aboriginal people they also have a relationship with the land that is very different from that of other Australians. Aboriginal people have a deep spiritual connection with the land. For an Aboriginal child, relationships are not only with people but with all aspects of the environment, the land and the spirits.¹⁶

Thinking about the young person

When we think about the relationship style and capacity of the young person, we need to know:

- the nature of their early experiences, quality of attachments and severity of neglect and abuse
- their placement history – how many caregivers they have had, who was or is important to the young person and why these placements ended
- the nature of current family relationships, including the bonds the young person has with their parents, siblings, extended family and significant others (for Aboriginal children this includes their community and the land)
- the current state of the family contact with parents, siblings and extended family – whether they are involved in the work with the young person – and the nature of the contact
- the current relationships with the residential care workers – whether the young person is starting to rely on adults
- whether the young person is involved in friendships – and if so, whether they are with other young people in difficulty, involve conflicts and so on
- whether the young person relies on their friends for support – if they use them, are used by them, or their friendships are a strength
- whether the young person has formed any sexual relationships, and if these are healthy relationships or marked by violence or exploitation
- whether the young person can give and take in relationships, and solve problems and conflicts
- their understandings of and connectedness with their culture.



Socialisation and behaviour

Area of knowledge

In early childhood a person learns right from wrong and adapts away from inappropriate, dangerous or unwelcome behaviour in response to a calm, well-regulated parent, who takes them through an ongoing cycle of discipline, shame and repair many times a day.

A competent parent notices inappropriate behaviour and disciplines the child, who then feels some shame. Then the parent repairs the relationship by distracting or comforting the child. When this process does not go well, perhaps because the parent is overly harsh or lax in their discipline, the result is a young person who experiences:

- too much shame about themselves
- too little shame about their actions
- reduced empathy for others
- confusion about right and wrong
- problems with regulation of emotions and reactions
- difficulty taking responsibility for their actions
- difficulty understanding social rules, such as taking turns and sharing.

Applying a cultural lens to socialisation is very important, because we need to know what the behavioural expectations are for a young person in their culture of origin. What one person sees as inappropriate might in fact be appropriate behaviour for that culture. For example, an Aboriginal young person who is the oldest child in a family may be quite parental with their younger siblings. This will reflect an expectation held by the family, who expect older children to take care of their siblings.

A cultural lens on socialisation is very important, because we need to know what the behavioural expectations are for a young person in their culture of origin.

Another young person might not respond to the verbal limits and boundaries used in residential care, because in their culture, inappropriate behaviour was met with physical punishment, not just words. It is important to highlight that having an understanding of a young person's expectations of physical discipline is not the same as endorsing this form of behaviour; young people in residential care in Australia should always be disciplined in a manner that complies with Australian law.

It is also useful to know what behaviours are valued in the culture of origin. For example, strength and independence may be valued more highly than displays of, or discussions about, feelings. For example, in Aboriginal child-rearing practices it is an expectation on adults to respond to all the needs and wants of the child as determined by the child and rarely to deny the child; this generosity is highly desired in Aboriginal society.¹⁷

Thinking about the young person

How a young person responds to discipline determines how limits are set by carers and how boundaries are maintained. Carers need to know:

- the nature of the young person's early parenting and socialisation processes, and whether this included healthy, harsh or lax discipline
- how the young person responds to limits and boundaries – both in the residential care setting and when set by different people, such as teachers
- whether the young person responds differently to males or females

- whether the young person has sound moral development – whether they have an age-appropriate conscience, empathy for self and others, and can take responsibility for their actions
- whether the young person experiences discipline as a threat that brings a fear-based, traumatised rage response, or if they tantrum when limits are set, displaying behaviours more like those of a young child (not a fear response)
- which areas of strength the young person shows in their behaviour, and whether they can respond to limits and boundaries in a normal adolescent way (which may include some complaint!).

Stress and trauma

Area of knowledge

Neurobiology and other aspects of neuroscience have added a huge amount to our knowledge of trauma as a fear-based response to overwhelming threat, which has a chemical and biological impact on brain development and brain function. It also explains the connection between mind and body in relation to threat and the arousal of a fear response. Young people who have experienced extensive trauma usually have unpredictable and dysfunctional responses to stress and threat, which cause them and others around them considerable pain and distress.

The stress responses of Aboriginal young people in residential care also need to be considered in light of the history of the trauma Aboriginal and Torres Strait Islander people have suffered. Intergenerational trauma accumulates over time if there has not been an opportunity for healing, and this affects young people because the problems in one generation get passed on to the next.

The significant inequalities Aboriginal people experience in relation to poverty, health, education and social outcomes then get turned inwards to affect family life and the safety and wellbeing of children. This causes the over-representation of Aboriginal young people in the Victorian Protection and youth justice systems.

Residential care organisations and their workers have an obligation to take on board the stories of pain that result from these past injustices, particularly the Stolen Generations, to actively work with Aboriginal children and young people and their families to assist in healing and growth.

When applying a cultural lens to trauma theory, consider the way the culture of the young person views abuse and neglect, the meaning given to trauma symptoms, and the impact of historical and intergenerational trauma. Each community and person within that community has their own experiences. For example, Aboriginal people have experienced trauma from colonisation, dispossession of their land, loss of culture, loss of language, and government policies of institutionalisation and forced removal. Aboriginal people are now faced with living as the non-dominant cultural group even though they are the sovereign owners of the land.

When applying a cultural lens to trauma theory, consider the way the culture of the young person views abuse and neglect.

For young people who may have come from war or refugee experiences, or who have parents with those experiences, carers should consider the trauma of war, the impact of forced removal from their place of origin and the refugee experience (both for themselves and their families). Carers should also consider the meaning the young person, their culture and their family derives from those traumatic experiences.

Thinking about the young person

When we care for a young person with a history of abuse, neglect and other trauma, we should have information about:

- traumatic experiences they have suffered (for example, abuse, neglect, medical trauma, accidents, witnessing of community violence, and intergenerational trauma for Aboriginal children)
- other stressors they have in their lives
- the impact of these experiences, keeping in mind that each young person will have an individual response to traumatic experiences
- how they have adapted to the trauma – both positive and negative
- the unconscious aspects of their responses and adaptations to the trauma they have experienced
- whether the young person feels safe in any environment, and if they have strategies to calm and soothe themselves when under stress.

Specific trauma symptoms include:

- dissociation – being spaced out and distant, hard to reach or connect with
- hyperarousal – being wired for danger, overly reactive to stimulation, responding with aggression, over-excitability
- hypervigilance – hostile watchfulness, always looking for danger and interpreting non-dangerous situations as threatening
- highly anxious – affecting mood and sleep
- nightmares
- flashbacks
- trauma re-enactment – unconsciously trying to recreate abusive relationship dynamics with staff, other residents or family
- disorganisation – signs of erratic or bizarre behaviour that do not make sense, when under pressure or due to sensory triggers (sights, sounds, smells, tastes or tactile sensations) of original traumas.

Health

Area of knowledge

Physical and mental health are essential issues for any child or adolescent, and in residential care situations carers need knowledge about optimal health for the young people in their care. Many young people in care have issues related to poor nutrition, obesity, lack of exercise, hygiene, dental care, poor sight or hearing, and need regular health checks and specialist assessments for particular problems. Sexual health, contraception and body image are also issues that may need to be addressed, as are soiling and wetting.

Alongside physical health issues, many young people in care have complex mental health difficulties, and these need ongoing assessment, treatment and monitoring by qualified professionals. Typical mental health difficulties facing young people in residential care include:

- depression
- anxiety
- self-harm and suicide
- drug and alcohol misuse
- eating disorders
- serious mental illness, which may be indicated by:
 - hallucinations
 - extreme mood swings
 - bizarre behaviours
 - obsessive thoughts and compulsive behaviours.

All members of the care team need to ensure that any recommended assessments, interventions and treatments are pursued as a priority.

Thinking about the young person

To provide excellent care of a young person, carers need information about:

- whether the young person is as healthy as they could be – their nutrition, hygiene, exercise and participation in recreational activities that get them outside in the fresh air



- whether the young person uses tobacco, alcohol or other drugs
- whether the young person needs medical check-ups – for example, dental, sight or hearing related
- the state of the young person’s mental health – whether they need psychiatric review, therapeutic support or medication
- the availability of health and other services that are culturally sensitive and culturally competent, for Aboriginal young people
- specific policies designed to facilitate access to health and mental health services for young people in out-of-home care (such as the *Chief psychiatrist’s guideline: Priority access for out-of-home care* and *statewide health and education assessments for young people in residential care*).

Development

Many children come into care with developmental delays and difficulties. These may be situational and improve with good care, stimulation, nutrition and nurture, or may be genetic or due to other conditions or injuries which may not change very much over time. Understanding the common developmental delays, conditions or syndromes can be helpful in thinking about the young person as they come into residential care. It is useful for residential care workers to educate themselves in this area and to access specialist services for consultation, assessment or direct intervention.

Some of the common developmental difficulties seen in young people in care include:

- intellectual impairment
- learning difficulties
- speech and language delays or difficulties, or other disorders of communication
- autism spectrum disorders
- sensory-motor disturbances.

If a young person has missed out on important developmental experiences as a younger child, the most valuable thing carers may be able to achieve is to think of age-respective activities to help the child to catch up on these experiences. The importance of such activities cannot be underestimated. They may address physical development (such as involving young people in dance or sport), cognitive development (such as helping them with reading), sensory development (such as checking their hearing or seeking occupational therapy advice on sensory processing strategies) or emotional development. More often than not, it is a combination of these.

Thinking about the young person

In considering a young person’s development, carers need to think about:

- whether the young person’s development is on track in relation to other young people their age, and whether they are meeting developmental milestones – for example, if they have age-appropriate play and recreation, and relationships with same-age peers
- what their communication ability is like – whether they can express themselves and understand what is said, and whether they can hold a long sentence or a series of requests in mind
- whether the young person has any signs of physical or intellectual disability, or other learning difficulties
- whether the young person has any signs of foetal alcohol syndrome.

It is not always easy to tell if a young person has hearing problems, so it is important to routinely organise a hearing test (especially, but not only, for Aboriginal or Torres Strait Islander young people).

Learning

Area of knowledge

Understanding learning covers the broad spectrum of learning opportunities, from life skills to formal education and vocational training, and what this means for young people in residential care. Many young people in residential care have experienced disruptions in their education from a young age, due to the chaotic nature of their early home life.

Many young people in residential care have experienced disruptions in their education from a young age.

A young person is less likely to do well in a classroom situation if they:

- have difficulty with the regulation of their emotional state
- experience trauma triggers
- have trouble forming trusting relationships
- respond to discipline with defiance and aggression
- have a negative sense of self.

Many such young people miss out on large amounts of their schooling because of poor attendance at school and their own behavioural and attention difficulties. When they have missed a lot of learning, their literacy and numeracy are often poor, and they usually experience shame about this, leading to further disrupted behaviours. The difficulties they experience can also include an inability to make and keep friends, which is intensely painful for them, and leads to even further behavioural difficulties, such as conflict and fighting, bullying or being bullied. These early education problems are often compounded by cognitive delays and mental health problems.

A young person with this sort of history has often also been excluded from school, and so may have taken a dysfunctional pathway through adolescence. Not being at school affects the young person's sense of who they are, provides far too much free time and can lead to involvement with groups of other young people engaged in negative lifestyles.

Not being at school affects the young person's sense of who they are.

These issues with learning also affect the young person's ability to learn from experience and to be taught life skills, because there is often a block to accepting instruction from adults. Learning environments should be carefully constructed for these young people, so as to engage them in activities they can feel some competence in, reduce the amount of shame they feel and promote a joy in learning and engaging in curiosity and exploration of the world of knowledge.

Viewing learning through a cultural lens is also useful in helping carers to understand the value placed on formal and informal learning in the culture of origin of the young person, and the ways people in that culture approach learning. For example, in Aboriginal cultures, oral traditions of storytelling inform us that a young Aboriginal person may respond better to being told stories that inform them about the world and their place in it. Another young person, perhaps from a migrant family where academic success is highly valued, may experience intense shame in not having achieved academically, or be blamed and rejected by family members, and will need assistance in making sense of this.

For Aboriginal young people in Victoria there is a Koorie Engagement Support Officer (KESO) in most schools with a large number of Aboriginal students. This person should be contacted for support and advice about the educational needs of the young person. There are also systems within the Department of Education and Early Childhood Development (DEECD) to support Aboriginal young people in schools. If issues arise, workers can contact their regional DEECD office for details.

Thinking about the young person

In designing new and flexible educational and learning opportunities for young people, carers need information about:

- the young person's educational history – if they are not at school, when they were last enrolled, the level of academic achievement, what learning or attention difficulties they may have, and what behavioural problems they have exhibited in educational settings, if any
- how this young person learns best – what environments foster learning, what their learning style, their attention span and their interests are
- what the young person wants in relation to learning.

Unfortunately, in the care system, carers often have low expectations of what can be achieved and assume that no one can help the young person achieve in a learning environment. These low expectations need to be challenged, as with the right support, many young people in residential care can rejoin their peers in gaining an education, even if it is focused on better literacy and numeracy. Therefore having high expectations of young people in their care in the area of education and learning is very important. Preparation for job training is also vital for young people in residential care.

Having high expectations of young people in their care in the area of education and learning is very important.

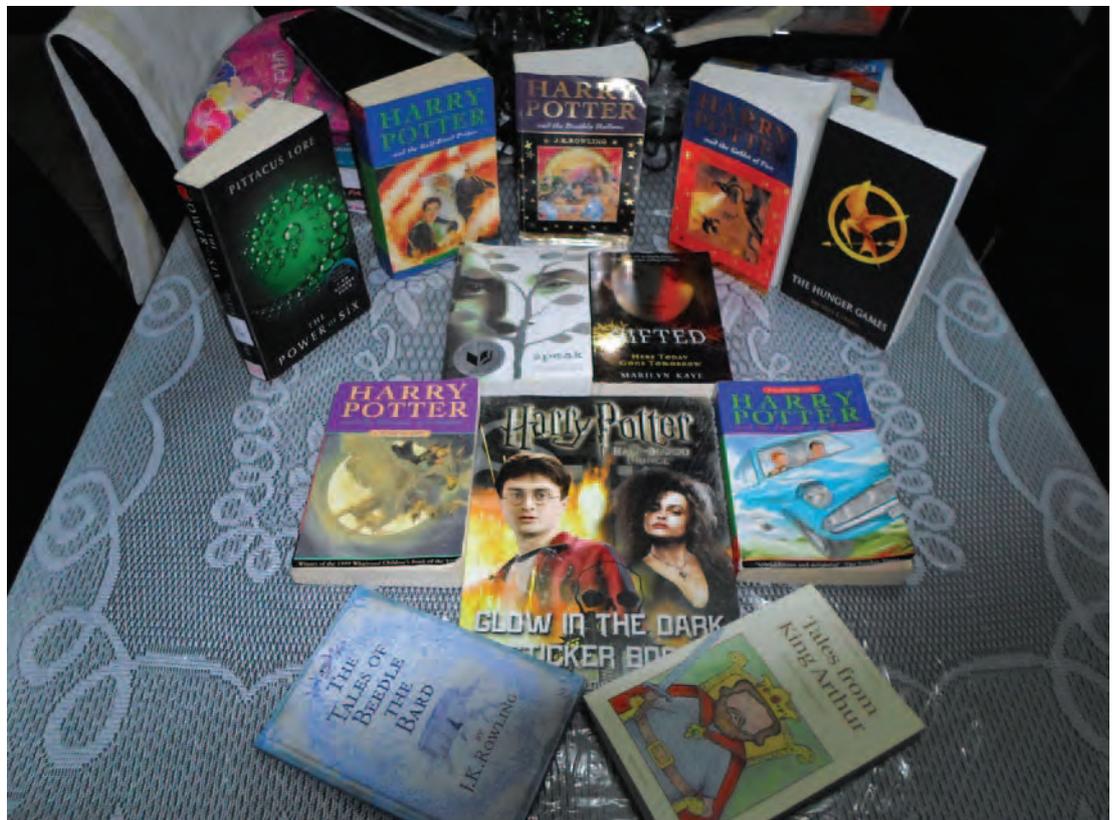


Figure 4 – A framework for planning



Section 3

The WHAT: A framework for planning

This section refers to seven planning components which relate good residential care to the seven areas of knowledge outlined in the framework for understanding (Section 2). This framework focuses on planning that assists young people, their families and communities within each area of knowledge (through practice skills, good teamwork and management, safe organisations and collaborative practice). This framework is complemented by the Looking After Children (LAC) and *Best interests case practice model – specialist practice resource* that form part of Residential Care training as cited in the references in this resource.

Growing a strong sense of self (Identity)

Throughout my time living in 'resi', I have become a better young person and being respected by staff made me feel strong, loved, proud and important. I have become a lot more positive person and it is an experience I will never forget.

[Omar, As Eye See It]

The opportunity to have a positive influence in a young person's life. The hope that if a young person is faced with making a choice, they make a good decision because at some point I made an impact. Being a part of creating positive memories and experiences and having fun with young people.

[Residential care worker]

Confidence and self-esteem

The process of building a young person's self-confidence and sense of self-worth is a journey staff take with young people, and is never an instant transformation. Identity issues are very complex for young people in care, and it is very important to maintain high expectations for them and actively build their own desire to achieve in life.

Because young people come into residential care having experienced a wide range of disappointments and setbacks in their lives, their self-esteem, confidence and hopes for the future are often very low. It can be helpful in the transition of a young person into the residential home to emphasise that their time there is a fresh start and a chance to put behind them the negative ideas others may have of them, and that they may have of themselves.

Their time in residential care is a fresh start and a chance to put behind them the negative ideas others may have of them, and that they may have of themselves.

Some of the most important strategies for improving self-esteem, and consequently the young person's sense of self and identity, are quite simple. These include:

- spending time talking to them about their goals and hopes for the future
- convincing them that they have potential and can succeed
- listening to what they want to do with their lives
- exposing them to opportunities and options they might not have considered.

Aboriginal young people need to feel that their Aboriginality is acknowledged and celebrated by their residential care workers – this should be evident in their care environments. Workers have an important role in creating culturally safe environments to make young people feel proud and strong in their cultural identity.

Developing resilience and independent living skills is another key to providing self-esteem and a strong identity. Being able to look after yourself is an essential aspect of growing up. This can be achieved through engaging in activities with young people that help them learn specific skills, or through interactions with staff and other young people to practise living and relationship skills.

Tasks around the home can often be used to help young people develop the life skills they will need when they leave care. For example, in addition to the emphasis on cooking and healthy eating, young people should be asked to help with laundry, cleaning and simple maintenance tasks which give them the opportunity to develop their skills and earn additional pocket money, something many young people welcome and feel good about.



Keeping a connection with young people after they leave the residential home can increase a young person's sense that there are people in the world they are connected to, and this can assist in maintaining a sense of who they are. Remaining connected may be informal, where young people are welcome to come back and visit or ring, or may be more deliberate, through organised arrangements or functions.

Young people's skills and talents should also be promoted, at a time when they are settled enough and safe enough to engage in them. Achievements in sport, music, art or other activities can bring a positive sense of self and a stronger identity.

While a residential home very often does not feel like a family to a young person, it can become a source of support and strength as young people make their way through life, and can help young people feel a sense of connection that helps build their sense of self and identity.

A strong and positive identity is necessary for wellbeing, and this can be overlooked for young people in care. Just being in care can create a negative identity, of foster child or 'resi kid', which can lead to a feeling of not being good enough.

A strong and positive identity is necessary for wellbeing.

Culture and identity

Being a young Aboriginal man working in an Aboriginal therapeutic residential house makes me feel proud. Working with clients who are just learning about their culture gives me a big sense of responsibility, not only through sharing my knowledge, but also showing the clients that there is more to being Aboriginal than just being black.

[Aboriginal therapeutic care worker]

Identity is very important for all young people, but even more so for Aboriginal young people who are the sovereign traditional owners of the land, with deep, spiritual connections to their land and their ancestors. Being part of the First Nations peoples of Australia, the young person has grown up living with the legacy of past negative government policies and practices that led to the Stolen Generations and the socio-economic disadvantage in Aboriginal communities today.

In addition, many young people from backgrounds other than Anglo-Australian have been subjected to racism, which is a major attack on positive identity. Racism can undermine the formation of a positive sense of identity, because the young person takes into themselves the negative views of racist people.

All residential homes should have mechanisms to create a feeling of cultural safety and to ban racism – either from staff or from other young people. Racist comments or actions must be dealt with immediately, including when they are directed toward staff. Residential care staff need to model and promote a tolerant, non-racist attitude. Racism that occurs at school or in other settings should also be addressed – not ignored – and the young person should be helped to debrief and make sense of these behaviours.

Staff need to model and promote a tolerant, non-racist attitude.

Staff should be able to discuss openly, in team meetings or supervision, their own struggles with racism, and be open to be challenged about racism. Contact with community Elders or other positive role models should be encouraged to provide young people with examples of people from their cultural background who are succeeding in life.

Exposure to knowledge about culture is also vital, and if the young person has the opportunity to visit the land their ancestors came from, or to learn cultural practices, this is also to be encouraged. Currently, young people from refugee experiences may be exposed to the complex debates and arguments surrounding the asylum seeker issues in Australia. These can verge on racism, and young people will need to be protected and assisted to understand these divisive political issues.

Adolescence is a critical time for Aboriginal young people regarding their cultural identity. It is important that they are given opportunities to identify as a strong member of the Aboriginal community and take pride in being Aboriginal. Every Aboriginal child or young person in care should have a cultural support plan outlining their family tree and how they are being connected to their family, community and land.

Aboriginal young people should be taken to Aboriginal community events. Cultural expression through dance, music and artwork can be therapeutic for young people, both as a way to express themselves and as a connection to community and culture. 'Return to country' trips should be set up for them in consultation with Aboriginal people, particularly Elders from the same community. Culture is critical to healing in that it builds resilience, which is a protective factor.

Young people from CALD communities should be given access to Elders, mentors or other community members to assist in the formation of a strong sense of cultural identity, and can also be taken to ethnic community events and gatherings that may assist in this process and expose them to the music, dance, art and language of their community of origin. Religious practices may also be important to the young people. If so, avenues to participate in worship should be arranged for them.

Building and repairing relationships, including family relationships (Relationships)

There are lots of things frustrating about being in care like feeling restricted and being told what to do all the time but I always feel like I can get help when I need and know that there are people that care about me.

[Darren, As Eye See It]

I love a challenge. Being present during a young person's crisis, supporting and comforting them, then watching them get back on their feet and get on with life. There's nothing more rewarding than watching resilience in action.

[Residential care worker]

The relational approach to the care of young people means that the relationships developed within a residential home are the essential elements of change for young people. In a relational approach, we use every opportunity to connect with them, so that their strengths can be built on.

In residential care, the provision of caring, attentive relationships does not mean that staff are nice all the time or give in to all demands. Competent residential care workers understand that for traumatised young people, setting limits and boundaries is an act of care when it is done in the context of a kind, respectful, attuned relationship. This approach requires an effort not to take the easy way to connection, through friendship and loose boundaries, such as inappropriate self-disclosure, not following through on limits and consequences, using rewards and privileges to gain compliance or joining with young people in a 'youth against the world' attitude.

Competent carers understand that for traumatised young people, setting limits and boundaries is an act of care when it is done in the context of a kind, respectful, attuned relationship.

Residential care workers must take the long way, to develop safety and trust in relationships with young people through respect, consistency and commitment. Strong relationships are built by being there through tough times, by accepting the young person as they are, and being willing to help.

A secure base

Residential care workers establish a secure base through:

- an awareness of how hard it is for traumatised young people to make new relationships, and how complex it is for the adults who are making themselves available for these new relationships
- recognising that the care task is to provide young people with opportunities to form relationships that are positive, within which they can learn relationship skills to equip them for the future
- forming relationships that challenge the young person's pessimistic and wrong assumptions about themselves and others, and letting them know that they are lovable, creative and worthwhile
- providing an opportunity for young people to reflect on and make sense of current experience and history
- making time to think and understand, not just do

- creating a network of relationships for the young person, internal and external to the residential setting
- containing their own personal agendas through rules, codes of conduct, incentives and deterrents that define professional and personal boundaries.

In residential care, particularly as it moves toward therapeutic care, the personal and the professional begin to merge. Boundaries are challenged when staff are asked to engage with the hurt young person's internal emotional world. Staff and management need to manage this transition between the personal and the professional, and ensure staff have the skills, training and ongoing professional support they require.

Being able to listen deeply

Listening deeply involves:

- making yourself available – doing daily activities, such as cooking, undertaking mutual interests, taking the time to be with the young person
- being able to engage in complex conversations with young people – knowing where the boundary between therapist and care worker is
- being able to guide them to less intense topics of conversation without giving them the idea that their story is too awful to hear, by responding with empathy without encouraging too much detail but listening to the emotion
- engaging in conversations with the young person – about their history, memories of family and events, or about daily events, conflicts, achievements, anxieties, home visits, and so on (in the manner of a parent rather than a therapist)
- checking in with the young person at important moments, such as for an appointment, meeting, event that has special meaning, a birthday or anniversary, even when on leave.

A relational approach to residential care must involve staff avoiding behaving in ways the young people find anxiety-provoking with other staff, as well as with the young people. This might include any behaviour that reminds the young people of conflicts within their family, such as arguing, refusing to talk, rejecting them, not agreeing on limits, not setting limits at all, or holding on to unresolved grudges and tensions. Young people may pick up on this and act out the anxiety by doing dangerous or provocative things to heighten the adult's anxiety until they are forced to contain both the behaviour and the anxiety.

Building relationships with family

I currently live in a residential unit. I lived at my unit for the last two-and-a-bit years. Soon I will be going home. I feel really positive about this and have worked really hard to get home.

My time at the unit has been very good and tough but I feel that I have really grown up there. I have enjoyed living at the unit and living with my workers but now I just want to go home.

[Victor, As Eye See It]

I still have hope that one day I will be with my family and that might not be in the next couple of weeks, even years, but I will never give up.

[Jordon, As Eye See It]

Traditionally, residential care has not had a strong focus on engaging or working with families. However, research indicates that successful residential programs include a focus on engaging with family. Depending on the resources available to the program, or available externally, a greater emphasis on family involvement is recommended. In addition, working with families may also mean working more closely with other professionals who are working with the family.

Active work with young people and their families, both to resolve conflicts and bring about more harmonious relationships so that family contact can be experienced as a positive, or to work towards young people returning home to family members, can be planned and implemented by the care team. Collaboration with the whole care team is essential in approaching this task.

Relationships with family can be strengthened by keeping family in mind and finding ways to include families and work with them. For Aboriginal young people their family includes extended family, kinship network and community members. Caregivers need to understand the complexity of contact visits and support young people to manage issues regarding their families. Remaining non-judgmental about the families of young people can be very difficult, but can also make a real difference in the work of residential care.

Relationships with family can be strengthened by keeping family in mind and finding ways to include families and work with them.

Up to 80 per cent of young people in out-of-home care attempt to return to family on leaving care, regardless of their history or their safety.¹⁸ Many of those who do go home are then at risk of homelessness if the placement does not last. The more we can do to strengthen these relationships whilst the young person is in our care the more we can buffer future relationships. Residential care can have a significant role in helping young people to make sense of their families and resolve issues so that returns are experienced in a positive way, and the young person can take what is positive about their families and avoid the negatives.

Aboriginal young people should also be connected with the Aboriginal community to enhance the building of relationships. This can be through meeting with their Elders or finding an Aboriginal person to act as a mentor.

The role of the carer is also to support the parent–young person contact. It’s important to encourage parent visits to the unit and offer opportunities of a positive environment for the parent–young person relationship to grow. For example, residential care workers could involve parents in cooking with the young person and having a meal together.

Teaching relationship skills

To me to be a residential worker is to be able to make a difference to a young person's life; it is about being a constant stable adult, no matter what the abuse is I may be enduring. Then the kids will understand I am here for them. It is celebrating the little victories and helping young people reach their full potential and believing in them.

[Residential care worker]

The abuse and neglect experienced by young people who are in care, and their experiences of dislocation within the care system, can often affect their ability to relate well to others. A residential care service can include programs and mechanisms to teach young people relationship and social skills, including how to recognise their own and others’ emotions. This might be done through formal psycho-education or on a day-to-day basis as issues arise.

Ritual and ceremony

There are times when you are sad because it might be a family member's birthday and you can't see them. Every day I hope and wish that I will go home and one day I will.

[Caitlin, As Eye See It]

Celebrations of milestones and rituals are great ways to build relationships, and can help young people to feel connected to staff and to the organisation. They can be used in many ways in a residential home; for example, to mark transitions into the service, and to symbolise commitment and accomplishment.

Ceremonies and celebrations can be about joyful events, birthdays, anniversaries and so on, but can also be useful to mark significant losses in a meaningful way. Ceremonies and rituals can help develop a sense of connectedness and belonging for young people to the residential service. It is also important to remember that these rites of passage can be a painful time for young people in care, a time in which their feelings of grief and loss may be more acute.

Rituals can also be used during the separation or transition phase of their placement. Preparing for transition is often difficult for all involved, including the young person, the other residents, the staff and whoever the young person will live with next. This process must involve the perception and reality of moving on positively. Grief and loss issues come up and can be processed in positive ways, through farewell letters and sessions and ‘letting-go’ ceremonies, which can be effective in assisting the young person to view the change of placement in a positive manner. These activities acknowledge the importance of the relationships the young person has developed, and assist them to make healthy new relationships in the future.

Addressing inappropriate behaviours (Socialisation)

I first came into care about six months ago when I came to this unit. I like it because I have friends and people who make me happy. It's pretty full on with the rules but they are ok. I like the Residential Care Workers because they feed us.

[Naomi, As Eye See It]

Young people who are in difficulty in their lives often remain so because there are no adults prepared or willing to care for them enough to set limits and boundaries.

Increasing young people's appropriate behaviour can be accomplished through all the elements described in this resource, not just through behaviour management strategies. When caregivers increase structure and nurture to establish safety, young people often go through a stage of resistance, until they realise that the caregivers are genuine and they actually can be safe. Maintaining clear boundaries and strategies throughout this difficult period can be hard, and carers often wish for a strategy or consequence or action that breaks the cycle. However, maintaining a focus on structure, nurture, participation and general care builds the relationships young people need to help them manage their difficult behaviours.

By taking a relational approach and focusing on safety, caregivers increase the chances that young people will begin to develop prosocial behaviour, decrease shame, and increase conscience, empathy and the taking of responsibility.

A parental-type approach

A relational approach involves adopting a parental-type attitude that is neither permissive nor authoritarian, but works in the middle ground of assertiveness. Residential care workers are never parents to the young people in their care, but they can still practise from a parental stance. Just like normal parenting, reward and punishment styles are common, but research tells that they are less effective than the alternatives.

Reward and punishment styles offer either positive control or negative control. For example, positive control uses 'If you do this [behave well], then I will give you that [material or emotional attention or reward]'. Negative control uses 'If you do this [bad behaviour], then I will take away that [material or emotional attention; that is, I will apply a punishment]'. Neither positive nor negative control teaches internal moral control, because the young person complies to avoid punishment or to be rewarded.

Many of the young people in residential homes struggle with moral development. They often have poor understandings of right and wrong, an under-developed conscience, too much shame about themselves but little shame about their actions, find it hard to take responsibility and have little empathy for others. If caregivers want real change for the young people in their care, they must find ways to assist them with their socialisation.

Young people who are in difficulty in their lives often remain so because there are no adults prepared or willing to care for them enough to set limits and boundaries.

Neither positive nor negative control teaches internal moral control.

If carers develop structure, build relationships and practise their core capabilities, then when young people behave in undesirable ways, strategies for dealing with this behaviour are more likely to work. Building structure is hard, and can give the impression that carers are not being tough enough (not delivering enough punishment), but if prosocial behaviour is promoted through an assertive parenting style, this helps to work towards young people's autonomy and resilience.

Promoting prosocial behaviour can be achieved through:

- structure
- expectations and rules
- restorative approaches, including consequences
- co-regulation of emotion, including time when it can be practised safely for staff and other young people
- communication, reminders and warnings
- de-escalation techniques.

Expectations, rules and consequences should be clearly spelled out at the beginning of a placement, so that staff can refer back to them when inappropriate behaviour emerges or rules are broken.

A 'welcome book' that outlines requests, rules and expectations about group living and standards can help young people understand the structure of the home from the beginning. For example, the book could communicate that if you damage property you will be expected to help fix the damage and pay for materials from your pocket money. The book might also cover other matters; for example, that residents will meet each week, and that your opinion matters, because it will be used to inform service planning and so on.

The very fact that expectations, limits and boundaries have been laid down can provoke a reaction by a young person whose lack of trust and inability to self-regulate leads to extremes of inappropriate behaviour. This cycle of rules and reactions is almost inevitable as the young person reacts against the structure that has been set in place to establish safety and a secure base.

In the early days of a placement, and before relationships are established, limits, boundaries and consequences have to be even more strongly in place, because workers cannot rely on their relationships with the young people to encourage good choices. The processes of setting limits, standing your ground and seeing through escalations hastens the development of relationships, as young people come to understand that the adults in the residential home are consistent, persistent, fair and dedicated to keeping them safe.

If prosocial behaviour is promoted through an assertive parenting style, this helps to work towards young people's autonomy and resilience.

Expectations, rules and consequences should be clearly spelled out at the beginning of a placement.

When a challenging incident occurs, there is inevitably a rupture in the relationship between the young person and the residential care workers, with heightened emotions and strong reactions. After the incident there is an opportunity for repair, so that the young person can begin to feel that they are cared for, no matter how difficult their behaviour, and that relationships can survive difficulties. Repair also helps everyone accept that the incident is truly over and they can move on.

Repair also helps everyone accept that the incident is truly over and they can move on.

This cycle of discipline, rupture and repair occurs all day every day for toddlers, who are learning appropriate and inappropriate behaviour. Many young people in care did not have an adequate socialisation period when they were toddlers, and they need to go through this cycle over and over again, to learn the things they did not have the opportunity to learn in early childhood. This will aid in the development of empathy for others, and better relationship skills.

Aggression in a residential care setting

Young people who demonstrate violence and aggression characteristically tend to:

- view themselves as weak, ineffectual, inadequate, and not in control of their environment
- view others as powerful and controlling
- feel vulnerable to loss of self-control in the presence of others
- view most stressors as causes for panic
- perceive themselves to have low levels of family or other external support.

Feeling threatened by a real or imagined loss of control to their environment, young people with these cognitive characteristics may be more likely to act aggressively in their environment in an effort to re-establish a sense of self-control and personal competence.

Aggression can be expressed in many ways. It is useful to assess which type of aggression a young person has a history of when deciding whether to accept a referral, so that the team can plan ways to respond to the aggression when it appears. Aggression can include:

- **over-aroused aggression:** aggression that is essentially unintentional, undirected and results from high energy and excessive arousal
- **impulsive aggression:** trauma-based (fight or flight) response to an often misperceived precipitating event, something that has been interpreted as a threat, even when no real threat is present
- **affective aggression:** rageful aggression often rooted in a past history of abuse, and occurring as an exaggerated response to small offences or incidents that are misperceived as menacing or hostile, where the young person has little control over their aggressive response
- **predatory aggression:** over-interpretation of potential danger or insult, which leads to carefully planned efforts to reassert power or achieve rewards they have perceived as being denied to them, an over-entitled sense of power and control
- **instrumental aggression:** aggression which has, over time, become an internalised and primary means of maintaining personal control, and less directly represents the defensive response to perceived threat that is evident in the other patterns; these young people use aggression to get something they want or to have power over others.

Interventions for aggressive behaviour

A careful assessment that includes a great deal of history-taking in relation to previous violent incidents is the best approach by which to identify the type of aggression the young person habitually uses.

If anger, aggression and violence are rewarding for them, it is important first to remove the rewards for the violence.

Carers need to help young people resolve the problems that lead to the aggression, such as anger with another resident or staff member over an incident. It is better to resolve the issue with that person than to have a general discussion about angry feelings.

Carers also need to bring in strategies to help young people regulate and self-soothe, such as co-regulation, time in or time out, iced water to chill out, a walk or time on a pilates ball or swing to help with regulation.

Workers also need to look at what is happening in the staff team. Sometimes conflicts in the team are reflected in the behaviour of the young people (parallel process).

Understanding the usual cycles of violence can also be very helpful, because different strategies are used throughout an aggressive episode. Residential care workers need to develop sensitivity to this cycle and determine when to intervene and what to do.

Most violent episodes are not a single disruptive event, but involve a predictable chain of events through which the young person attempts to maintain and subsequently to regain a sense of personal control in the face of rising anxiety and internal crisis. This cycle consists of a sequence of at least five interrelated events that include triggering, escalation, crisis, recovery and post-crisis depression.

Within the cycle of violence, the quality of the interaction between staff and the young person at each stage determines whether a violent episode accelerates or reduces. The most important things for staff to remember are to stay calm and alert, manage their own regulation and remain objective. Don't take it personally.

Myths about aggression

There is no evidence to suggest that catharsis (replacing an aggressive impulse with an aggressive action) is effective, and substantial evidence exists to suggest the opposite. For example, a young person who punches a bag or pillow while imagining the person they are angry with can become more likely to assault that person or another person.

The cycle of aggression

Stages of the cycle	What happens	What to do
Trigger	The young person experiences a rising sense of panic due to internal or external triggers.	Help the young person identify and manage or 'package the problem' by talking about it. Use co-regulation and other interventions to assist with regulation and self-soothing.
Escalation	<p>Inner anxiety is externalised through over-reaction to a stressor.</p> <p>The young person compensates for an increasing loss of self-control by trying to exert greater control over the immediate environment, through means such as threats, refusals and verbal intimidation.</p>	<p>Continue 'packaging' efforts and redirect the young person toward activities that more appropriately afford them a greater sense of self-control (for example, assist the staff in a household task, write down a list of concerns).</p> <p>Depending on the young person, attend to the potential for violence, while continuing to assist them to calm down, using strategies outlined in Section 4 A framework for action.</p> <p>Manage own regulation; alert others if the escalation continues; clear the room of people and objects that might become weapons; move the young person to a safer area.</p>
Crisis	<p>Verbally or physically aggressive behaviours, threats and intimidation are used to try to manipulate the environment.</p> <p>The deliberate violation of behavioural limits seen at this stage may represent a primitive plea for external intervention as well as a desperate effort to hold on to a sense of personal competence.</p>	At the crisis stage, attempts to understand and find solutions to the problem are replaced with actions to ensure safety, and firm, clear directives about what is expected and needed to end the crisis.
Recovery	<p>Through intervention and/or physical fatigue, the young person ceases the aggressive behaviour and begins a gradual return to personal composure and control.</p> <p>They may continue to be angry, oppositional and resistant to efforts to process the incident or to solve problems.</p>	<p>Continue crisis stage responses as well as encouragement for any progress made toward bringing an end to the crisis.</p> <p>Do not attempt resolution and discussion too early.</p>
Post-crisis depression	Anger and opposition give way to remorse and self-reproach. Exhausted and often ashamed, the individual at this stage may be receptive to intervention efforts in an attempt to make reparations to victims, relieve guilt and return to normal activity.	<p>Encourage activities to make reparations to victims, so as to relieve guilt, and identify alternatives to violence in future stressful situations.</p> <p>If consequences are needed, impose them at this stage; when completed, return to normal activities.</p>

Adapted from McAdams & Foster, 1999.¹⁹

Feeling safe and being safe (Stress and trauma)

Once you have been within the same care placement for a while your room shows signs that you are in a stable environment and are free to show who you are. This could be through how you set your clothes out each day or how much make-up sits around your mirror. I think this is good as it is important for a child to feel they are able to show who they are and live in a space that is just theirs.

[Ebony, As Eye See It]

For me it's showing the young people that we are there for them to support and assist them in their time of need, to respect and trust them as in time they will learn to trust and respect you as we can be in their lives for either a short period of time or long term. Treating the young people as I treat my own ensuring they live in a place where it is homely for them and us to work in.

[Residential care worker]

The research literature suggests that there is a tendency to gloss over the deep-seated and often longstanding pain carried by these young people. The term 'pain-based behaviour' has been coined to remind us that 'so-called acting-out behaviour, and internalising processes such as depression, are very frequently the result of a triggering of this internalised pain'.²⁰

The ongoing task of residential care, then, is to create enough safety for young people by understanding, containing and working with their expressions of pain, without resorting to punitive or controlling reactions.

Establishing safety is the most important part of the process in the early stages of a residential placement. Young people usually come into the placement with a profound lack of confidence in their safety and lack of trust in adults. Each young person needs to be and feel safe, and to have established relationships with staff that act as a secure base, before they move on to other areas of growth and development.

Safety for Aboriginal and CALD young people also includes cultural safety. To feel culturally safe, young people in care need to feel their sense of self and sense of identity are valued in some way by the people and environments that surround them.²¹

To feel culturally safe, Aboriginal young people need to feel their sense of self and sense of identity are valued in some way by the people and environments that surround them.

The honeymoon, resistance and acceptance phases

One way of looking at a young person's progress through a placement is an old idea that is still useful in our work today: that of the honeymoon phase, followed by the resistance and acceptance phases. Young people often begin with a honeymoon period, in which they are generally compliant, followed by a phase of extreme resistance, where they reject, abuse, defy and show hostility.

The **honeymoon phase** represents the attempt on the part of the young person to 'be' the idealised 'self in location' and the imagined person that they perceive that residential care workers would wish them to be. Since this has no stable basis in the child's functional capacity they are unable to sustain it and before long their internal working model or 'template for living' takes over, driving the child to

compulsively recreate the abusive circumstances of their earlier formative relationships. These behaviours comprise a resistance to forming new relationships, and can be understood as a logical reaction to previous disappointments and rejections.

During this resistance phase, structure, routine and other safety strategies are required, as the young person pushes against the limits and boundaries and attempts to engage by residential care workers.

A focus on establishing safety promotes a growth model of care, rather than a behaviour management model. Instead of attempting to eliminate inappropriate and unsafe behaviours through reward and punishment, carers can focus on developing a practice that works at the roots of the behaviour, and use every opportunity to connect with the young person to form relationships that provide a secure base to use as a platform for growth and development.

A focus on establishing safety promotes a growth model of care, rather than a behaviour management model.

Focusing on safety through structure, routine, nurture and boundaries helps form an external structure around the young person they can begin to rely on. This structure is formed by providing:

- structure and nurture in equal proportions
- clear expectations, limits and boundaries – with consequences – which are introduced to the young person as they enter the residential home
- a program of structured routines and activities that fill the day
- containment (with physical restraint if necessary and sanctioned according to relevant law, agency policy procedure, guidelines and training)
- protocols and policies that support the work of the team, such as protocols to deal with running away, aggression and risk management, supervision and team meetings.

These structures then have to be supported by the organisation by focusing on personal and professional development, team communication, reflective practice opportunities, leadership and management and human resource practices that encourage self-care. Managing structure in a residential setting is difficult, particularly in the early stages of each placement, when young people may be running on fear and have not yet established relationships they can rely on. Managers and other leaders are ultimately responsible for holding the structure together.

Because these structures are held by the residential care staff, and supported by the organisation through excellent management practices, the young person will often bounce against them. The sense of structure will often be unfamiliar to them, and they may have a strong desire to reject and resist forming relationships of trust. Each bounce usually consists of a challenging incident, where the young person becomes angry and oppositional and refuses to comply with requests to participate in the program (such as doing chores). They may also resist other direction, run away from the placement, become threatening, or attempt to harm property, other people or themselves. During these challenging incidents, relationships are ruptured, which offers a rich opportunity for repair.

During these challenging incidents, relationships are ruptured.

This process of rupture and repair eventually establishes a sense of safety as the young person comes to realise the adults:

- are genuinely interested in them and their welfare
- are genuinely committed to creating safety and keeping them safe
- can be relied on not to take the challenging behaviour personally, or respond reactively or punitively
- can be relied on to work together with a consistent approach
- can be relied on for nurture, no matter what has happened previously.

Consistency of approach within the team

During this crucial stage every team member and every person involved in the young person's wider system must be 'on the same page' about the absolute need for a consistent approach. Particular strategies may work better than others, or work better for one young person than another, but *any* strategy will only work if the team holds tight together to enact it, and staff focus on the strengths and skills they bring to their work.

Once limits and boundaries are set, it is important that all members of the residential care team abide by them to provide the young person with the consistency of approach they require. For example, teamwork comes into play when trying to help a young person who is not motivated to participate in their program. If one worker allows that young person to sleep in, stay up late or not participate in an activity, it will be all the more difficult for other workers to hold these expectations the next day.

Every team member and every person involved in the young person's wider system must be on the same page about the absolute need for a consistent approach.

Personal authority

Increasing structure also challenges staff to use their personal authority. Young people often try to resist the structure and rules, and the nurture. Residential care workers need to stand firm and maintain both personal and professional boundaries while they keep to the task of creating and maintaining safety.

Young people often try to resist the structure and rules.

Specific skills can assist residential care workers in building and maintaining structure. Using directions gets better results than offering invitations. It is better to use an instruction or direction than a question. For example, use 'It's time to go shopping now. Please put your shoes on and meet me downstairs,' rather than, 'Are you ready to go shopping now?' The invitation or question shows a tentativeness that can easily be misinterpreted as weakness by a young person who has had to develop resistant, oppositional and aggressive behaviours to survive abusive and neglectful experiences. Once a young person sees a worker in this light they are more likely to push them to give in to their demands.

Be aware when using your personal authority that you understand the trauma each young person has experienced, identify the trauma triggers and assist them to self-soothe and regulate when they experience intrusive traumatic memories. Many young people do not recognise their own triggers, and need a lot of assistance in this area.

Being healthy and staying healthy (Health)

Physical and mental health are essential for healing and growth, and young people need staff to focus on these needs as well as needs regarding containment, de-escalation and behaviour management. It is essential to maintain good standards of general health care for all young people in care.

General recommendations for improving health include:

Medical

- Any medical problem, including dental, eyesight and hearing, should be assessed and treated.
- A comprehensive assessment should be undertaken if the young person is entering into care for the first time (note national out-of-home care standards).

Mental health

- Psychiatric or mental health difficulties should be assessed and treated (this may include medication and therapy).

Diet

- Attention should be given to diet, which is often a huge issue in residential care, where conflict around food, mealtimes, table manners, junk food, snacks and treats is common. These conflicts should be seen as providing an opportunity for education around all food issues, and a place to practise limit-setting and boundaries.

Exercise

- Attention should be given to exercise and healthy recreation. Even though engagement in a sporting team may be beyond a young person with complex behaviours and reactions early in a placement, it may be something to be worked towards, once safety is established and the young person develops peer relationship skills and can tolerate boundaries and limits. Other forms of recreation and exercise are more appropriate early on, such as walking or jogging, adventure experiences, swimming, free-play ballgames or camping. Engagement in horse riding and equestrian programs has proven very healing for traumatised young people, because they involve both a challenge and the opportunity to nurture and care for an animal. Other pet therapies can also be useful, but care must be taken to protect animals from young people who may be prone to hurting them.

Education

- Proactive education around the health hazards of smoking or the use of drugs and alcohol can be helpful, and a harm-minimisation attitude is encouraged.

Sexual health

- Proactive sexual health also needs to be attended to, including education and resources for contraception and safe sex. Any sexual health problems should be attended to promptly.

Achieving the best development you can (Development)

Young people in care often have significant developmental issues, some of which may need attention and intervention, and some they will have been born with. Residential care workers can assist young people by using interventions that may help them to reach their potential in terms of development. This will also help them deal with the bullying and stigma they may be exposed to because of their development delay or disability.

Working with and caring for young people with severe disabilities is a specialist area of care, and is not addressed in this resource. However, there are many young people in care who have experienced abuse, neglect, family breakdown and other disruptions who have a combination of developmental delays and the impact of abuse, neglect and other trauma. These young people often respond very well to the interventions outlined in this resource, particularly the structure and nurture elements. Care has to be taken to fully understand the young person's ability to comprehend requests and other verbal and non-verbal communications, so that they are able to respond and are not discriminated against due to a lack of understanding.



Education, learning and life skills (Learning)

Successful residential care requires a commitment to enhancing the education and life skills of all young people. High aspirations are needed for young people who have missed out on essential developmental opportunities because of neglect, chaos and trauma in their early life, and often through their own emotional and behavioural problems that lead to exclusion from such opportunities.

Staff in residential homes play the role of a committed parent in supporting learning through programs and activities, as well as advocating for young people in relation to schooling, training for work or engaging in work opportunities.

Receiving an education in a country like Australia is a key determinant of success in life. While this does not necessarily mean going to university, it does mean achieving competency in literacy and numeracy and the ability to attend work training, and achieve at least certificate course levels, depending on the person's capacity.

Residential care can support a young person to gain skills in affect regulation, stress reduction, conflict resolution and general peer relationship skills, so that they can return to schooling, or manage themselves in other training or educational settings. Advocating within the education system for a fair go for young people with complex emotional, behavioural and cognitive difficulties is a major part of good collaborative or care team work. Some agencies (such as Berry Street) have set up their own schools to provide an education for disengaged young people.

Residential care can support a young person to gain skills in affect regulation, stress reduction, conflict resolution and general peer relationship skills.

In a residential care setting, learning can be promoted through a focused approach to encouraging language and literacy. This requires printed text being available that is interesting to the young people, and the role-modelling of reading as a pastime. Having books, magazines and newspapers around the home can encourage the use of more complex language, and can introduce discussion about current events, nature, fashion or other topics of interest.

Many young people enjoy being read to, either at bedtime or as part of an education program, and it can be surprising how even the toughest young person will relax when listening to stories. It can also be helpful to reduce computer, TV, video games and other screen time in order to increase the use of text-based recreation.

Structuring learning activities into the weekly schedules to assist with literacy and numeracy, in the context of active learning rather than classroom learning, will suit the learning styles of young people in residential care. If young people are attending school or other courses, structuring homework time with help and support will assist in maintaining a positive attitude.

As well as literacy and numeracy, young people in residential care also need to learn:

- to function in society
- relationship skills
- self-care skills
- living skills (such as budgeting and cooking)
- conflict resolution
- problem solving.

Such skills are essential in providing resilience and buffers to the normal ups and downs of life. The systems work done by case managers in a residential home should help in the planning of education and learning needs, but learning can also occur in the home.

One way to increase learning for young people in residential care is to include some aspects of community engagement, such as mentoring or 'befriending' – linking young people to adults or other young people in the community who can commit to meeting with them regularly and engage them in activities away from the residential home. These mentors must, of course, be well trained and supported to be able to maintain this role. Resilience can be built through the involvement of dedicated people who are non-professionals, who take a real interest in young people.

In residential care the best way to make sure these learning needs are catered for is the development and implementation of programs and schedules of activities.

Programs and activities

I am 13 years old and have been in care for two years. I have had some really tough times during these years where I've felt alone, got into a bit of trouble and been locked up by police. I have also had some of the best times of my life and been given the opportunity to do some really cool stuff. One of the best things I've done was rock climbing with the 'resi' team.

[Darren, As Eye See It]

Young people in residential care have needs that are different to those of other young people their age because of the trauma they have suffered and the disruption to their lives upon entering the care system. While carers want them to eventually rejoin their peers on a normal developmental pathway, when they arrive in residential care they are often not able to do this, and carers should not expect young people to reach those goals without extensive support.

For young people in care it is also important to mark their progress against their own benchmarks, not necessarily that of their peers. Some young people may never attain the academic achievements of their age group, but the shift from being five years behind, to only two years behind is a major achievement that should be rewarded and celebrated.

Even when young people attend school, it is important to provide other positive activities. Carers should devise programs and activities that do much more than entertain and fill up their time. Young people need programs that enhance their ability to self-regulate, relax, enjoy themselves, share with others, develop empathy, form friendships and learn about the world. They need to have these experiences with the adults who care for them, within relationships that are built on consistency, trust, kindness, nurture and strong limits and boundaries.

While carers want young people to eventually rejoin their peers on a normal developmental pathway, when they arrive in residential care they are often not able to do this, and carers should not expect young people to reach those goals without extensive support.

A typical 15-year-old in a typical family home might spend their school holidays watching television and hanging out with their friends with little supervision from their parents, but young people in residential care are not mature enough or self-regulated enough to manage their day in this manner. They need thoughtful, planned support so that they can achieve the level of independence enjoyed by their peers. As young people mature, more unstructured time can be built into their programs. When activities are viewed in this light, they can be matched to the goals that are set for each young person as they progress through a residential placement.

Activities should be designed to benefit both the individual young person and the group. This allows the young person to acquire a sense of competency and mastery over their environment, by giving them an experience of group participation (essential if they are returning to school or preparing for work), by trying out new roles in small group situations (essential for developing friendships and belonging to a friendship group), and by experimenting with new peer-relating skills (essential for sharing, conflict resolution and solving problems). Having fun in a group is a normal part of adolescence. Unfortunately, many young people in residential care cannot manage this, because they do not have the emotional regulation and relationship skills to manage the teasing, conflict, disappointment and competition that comes with adolescent group behaviour.

Having fun in a group is a normal part of adolescence.

When young people are referred to a new residential placement, their carers should receive information about their individual functioning, their family dynamics and their educational strengths and weaknesses. However, it is less common for carers to receive information about how they function in a group. For many young people in residential care this information is essential, because their inability to function in a group has often been the cause of their exclusion from schooling and their rejection by their family or foster family.

Planning activities

Many young people who have experienced abuse and neglect and suffered the aftermath of trauma need a great deal of external structure, because they do not have much internal structure. A program of activities has two essential purposes:

1. to provide tight structure for the young person in order to enhance a feeling of safety and reduce anxiety
2. to meet their learning needs.

Providing tight structure can be difficult for young people who are highly anxious, defiant and lack trust in adults, and working through the limits and boundaries of the structure is an essential aspect of creating safety. However, young people generally respond very well to an increase in structure in their lives.

Staff need to use all their strategies, skills and capabilities to encourage participation in programs and manage the defiance and aggression that may arise in reaction to such encouragement.

Activity planning needs to take into account many variables, which can form a framework for such planning. These variables include:

- the degree of complexity and structure needed and tolerated
- the skills and interests of the young people
- the mood of the group
- the skills to be taught
- the motivation to participate.

Structured and planned activities can also provide young people with an opportunity to engage with the broader community and develop their confidence and skills. For Aboriginal young people, workers should ensure their participation in cultural activities and community events.

The degree of complexity and structure

This refers to the degree and range of rules and structure needed to play a game or participate in an activity. For example, a young person who struggles with complex instructions or games with many steps may respond better to a game of basketball than a game of chess. 'Monopoly', which is highly ordered, can be very structuring for young people who struggle with taking turns, and can help them learn to pay attention for longer and longer periods of time. In comparison, 'Snakes and Ladders' has more immediate gratification and may hold another young person's attention for longer. Arts and crafts have a requirement of concentration, and demand a higher degree of structure than, for instance, swimming.

The skills and interests of the young people

When thinking about the capacity of each young person in the group, carers can be guided by the minimum level of ability required to participate in the activity, but not necessarily the competence required to excel or win. Some activities require a low level of skill to participate, such as singing or hiking, whereas horse riding requires a higher level of skill. Because shame is such a powerful emotion for young people in residential care, workers need to take care in planning activities that challenge and extend young people, while not exposing them to failure. The real interests of the young people can be drawn out to assist in planning for activities that they will enjoy.

Workers need to take care in planning activities that challenge and extend young people, while not exposing them to failure.



The mood of the group

The degree of dysregulation or hyperactivity among individuals in the group can be contagious, and careful thought needs to be given to the level of physical activity needed at any given time. Running, soccer or swimming have much more capacity to burn off energy and release tensions than board games or crafts. Planning the day around these factors is useful to avoid unsettled behaviour when there is an attempt to teach other skills. Activities that are exciting and energising should be used earlier in the day, and activities that are quiet and calming are best kept for the evenings.

The skills to be taught

Here the activity or its setting is designed to promote or provoke interaction between young people. Activities can be planned in a creative way, determined by the skills and deficits of the young people. The degree of interaction needed to conduct the activity gives a clue about which activities best suit the group. For a group of young people who struggle to share, activities can be designed that require cooperation and group achievement, or reliance on others. When conflicts inevitably arise, they can be used as examples to teach cooperation, conflict resolution and relational problem solving. Team sports or challenging outdoor activities such as rope courses and abseiling can be chosen to extend the skills of each young person.

Another aspect of skills development is a focus on motor coordination and physical dexterity, or specific skills, such as meal preparation. Goals for each young person should determine the range of activities needed.

The motivation to participate

This refers to the young person's willingness to participate in activities, and often has a lot to do with their relationships with staff. For example, the more complex and difficult the activity, the higher the young person's motivation has to be to ensure success. On the other hand, young people with relatively low levels of motivation to participate need activities that have a degree of excitement with rewards that are immediate and abundant, where they can feel some success without shame.

Weekly schedules

To promote structure and participation in residential settings, having a daily or weekly program of activities set up as a timetable for all to see is useful. This program can include a young person's appointments, school or other external programs, internal recreational and learning activities, group time and individual time. Free time may also be scheduled, but is best kept to a minimum, because many young people with abuse and neglect histories do not make good use of free time. For example, 'listening to music in your room' can be a scheduled activity, rather than being left to the young person to determine.

As young people achieve their goals and begin to self-regulate, the program can be less structured and more flexible to allow them to become more like their peers in choosing time to spend with friends or engaging in solitary activities.

Team roles

This section outlines the roles and responsibilities of each part of the system working with young people in residential care.

Residential care workers

Residential care workers will have to work towards:

- regulating their own emotions and reactions, and staying calm and mindful during challenging incidents
- using the core capabilities to maintain boundaries and work as a member of a team
- reflecting on their work and their relationships with the young people they care for
- using personal authority, and being confident in their direction of young people
- using supervision constructively
- not using a friendship model of engagement with young people.

Team

The team will need to work together to:

- create team safety, and outlaw gossip and other lateral violence
- bend, but not break
- be proactive, not reactive
- support one another
- maintain team consistency, so that the team members are all 'on the same page'
- communicate clearly and respectfully
- have a strong bond between team members.

Manager/team leader/coordinator

Managers are most effective when they:

- provide clear leadership and good supervision and hold regular team meetings
- provide vision and energy
- hold the line for staff and young people
- hold the young people and staff in mind
- are present and work with the young people
- respect, value, coach, mentor and encourage staff.

Organisations

The organisation will have to:

- provide supportive structures for workers and managers
- devote attention to matters such as rosters, time off and debriefing
- provide ongoing personal and professional development
- provide supervision
- allow paid time for handovers, team meetings, supervision and training.

Wider system

It is vital for the wider system to:

- work together, share information and collaborate
- hold the anxieties and complexity of the young people without blaming or splitting
- establish and agree on clear goals
- hold regular meetings
- communicate clearly and respectfully
- allocate child protection case managers.

Victorian education resources

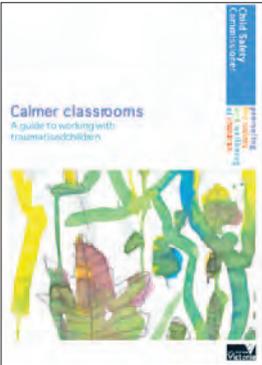
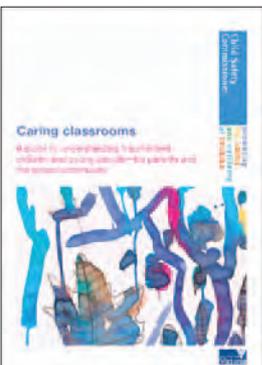
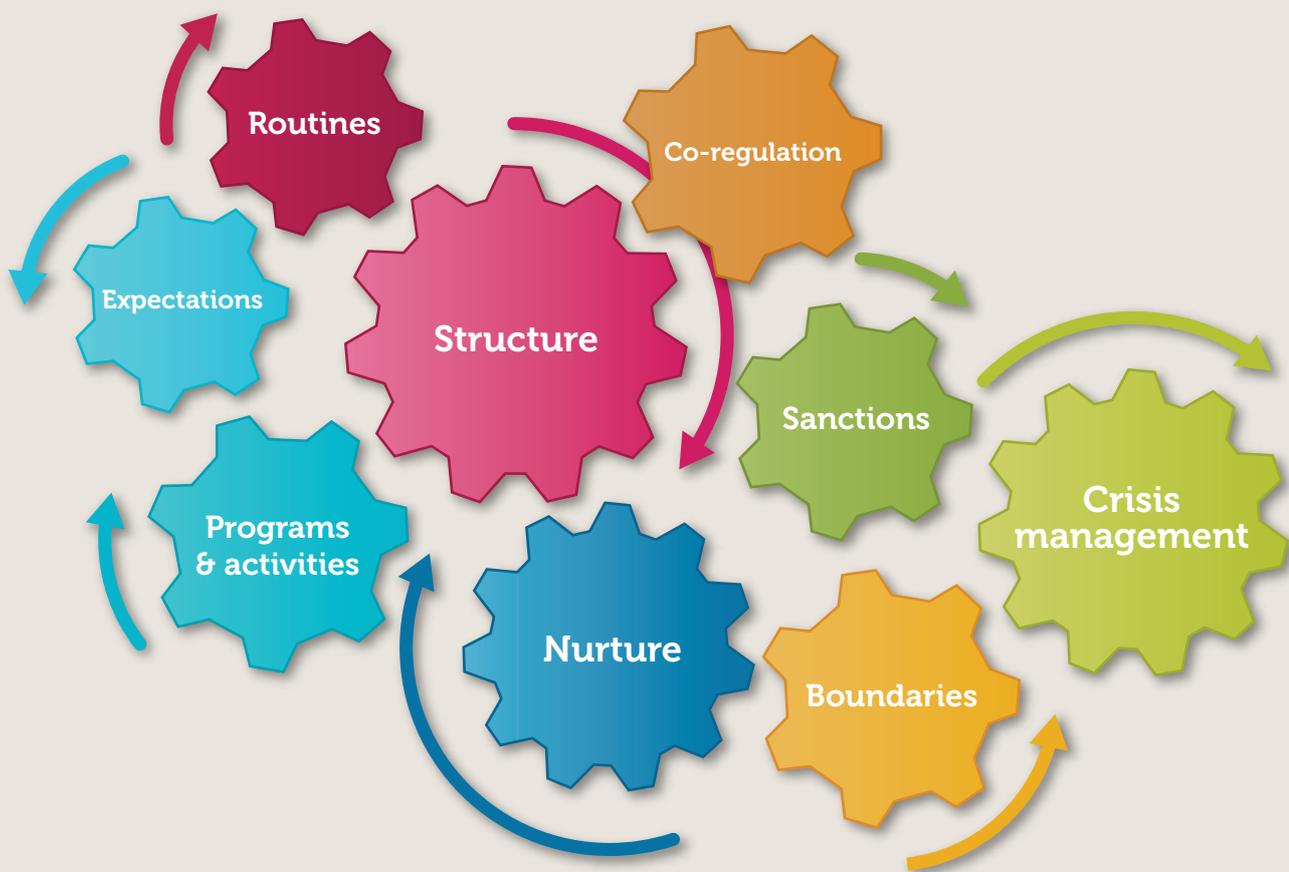
	<p><i>The Out-of-Home Care Education Commitment: A Partnering Agreement between the Department of Human Services, Department of Education and Early Childhood Development, the Catholic Education Commission of Victoria and Independent Schools Victoria (the Partnering Agreement)</i> acknowledges that providing the best start in life for young people in out-of-home cas is a shared responsibility. It provides a strong platform for staff in Victorian schools and case managers within Child Protection and community service organisations to work closely together to achieve this objective.</p>
	<p><i>Calmer Classrooms</i> was written for teachers and administrative school staff to help them have a better understanding of young people who have been harmed by abuse and neglect. <i>Calmer Classrooms</i> gives an overview of the impact of abuse and neglect, and a series of practical skills that may assist with the behaviour and learning of these students in the classroom and the school environment. Many teachers have found it very helpful in working with traumatised children.</p>
	<p><i>Caring Classrooms</i> was written for parents and the school community, to help bring communities together around distressed young people who may act in ways that often result in suspensions and expulsion. This resource has a series of stories of children of different ages with different experiences of abuse, neglect and other trauma, and ways that schools and school communities can work to support and nourish them.</p>

Figure 5 – A framework for action



Section 4

The HOW: A framework for action

Structures and interventions

This section of the resource describes the structures and interventions that residential care workers can draw on in their day-to-day actions with young people. These actions are the core of many models of residential care, and are based in the theory and planning we have talked about in the preceding sections. Most of them will seem obvious to competent residential care workers, and they are here for reference and for the education of those new to the field. These 'actions' can also be used for team discussion and planning to assist workers to be 'on the same page', so that young people can feel safe in the knowledge that all those caring for them will work in a consistent manner.

Routines

*It is ten minutes past one, still in my PJs and still how I have been since this morning.
This is some of the habits you can form in care (staying in my PJs).*

[Kershianna, As Eye See It]

Young people who have had complex experiences of abuse and neglect, coupled with placement breakdowns and family rejections, often respond well to daily structures within a residential setting, even if they resist these initially. This does not mean regimentation, because all routines must contain elements of nurture.

An example of a daily routine might include:

- weekday and weekend get-up time
- breakfast time, with a limit on food choices
- chores and getting ready for the day
- morning programs and activities if the young person is not engaged in school or work
- lunchtime
- afternoon programs and activities
- after-school or program time – may be free choice or group outing or activity
- preparing the evening meal
- mealtime and chores
- evening programs, residents' meetings and other activities, such as preparation for care team meetings
- wind-down time in the evening, such as watching TV or DVDs, reading, listening to music
- set bedtimes for weekdays and weekends (may be different for different ages and needs).
Bedtime routines might include being read stories and given special attention for getting to sleep.

Programs and activities for young people should meet their developmental, learning and therapeutic needs, and should be prepared wherever possible with clinical input.

The level of structure and supervision should suit each young person (based on assessment), but should also fit the routine and structure of the residential home. The home provides consistent routines, particularly in the morning and at bedtime. Safety and protection are provided through these supportive, predictable routines.

Limits to behaviour need to be set, with fair, logical and restorative consequences, and household chores should be undertaken (with help, as necessary). Chores should never become a battleground, but should be seen as opportunities for young people to ask for help and receive it, to have fun doing things with staff, and to take pride in a well-maintained environment. Structure can be very difficult, but very important, for young people who have been seriously neglected, who often have little idea of how to look after their own possessions and surroundings.

Nurture

Residential care represents happiness and friendship for me with the workers and makes me feel secure. I feel that the door is always open for me in residential care with workers but sometimes it can feel like a prison with all the rules and stuff we can't do. I have learnt a lot about myself growing up and life skills in my time in residential care.

[Summar, As Eye See It]

*Resi care has provided me with comfort by giving me a bed to sleep in.
The unit always makes sure I never go hungry (like my dad did to me and starved me).*

[Name not disclosed, As Eye See It]

When carers increase structure, they should also increase nurture. One of the strengths of a relational approach is the knowledge that in increasing the nurturance given to a young person, staff offer an experience that is inconsistent with the young person's negative feelings about themselves. This can often lead to an increase in the young person's use of defences and distancing behaviour. However, once this is known and understood, it becomes easier for staff to tolerate difficult, rejecting, oppositional and aggressive behaviour because the young person becomes transparent, and the sad, lonely, frightened young child inside is seen.

Many traumatised young people in residential homes have a very negative view of themselves. This is known in attachment theory as a 'negative internal working model'. These young people often carry a heavy burden of shame about:

- the abuse they suffered
- being in care
- their families
- their own behaviour or lack of success compared to their peers.

Shame is very prevalent in the Aboriginal community. Aboriginal people can be easily shamed by being singled out, humiliated and disempowered.

Young people who are burdened in this way often resist the best efforts of staff to nurture them. They may feel like they don't deserve it, and this can precipitate mistrust of staff, because when nurture was offered to them in the past, it was followed by abuse, exploitation or rejection. It can take a long time for a young person to trust enough to gain sustenance from the nurture offered.

Young people tend to fall into two different groups in their response to nurture: they either resist it and put up walls to reject the person offering it, or they soak it up and demand more and more and more. Caregivers often find the first group make them feel rejected, while the second group bring out feelings of irritation and exhaustion, as if they were a bottomless pit of need. These two different groups need to be nurtured in different ways.

Young people who have a tendency to reject others need persistence, consistency and staff who do not take their behaviour personally. Residential care workers need to draw on the capabilities of objectivity and reflection so that they do not get caught in the trap of giving the rejection back and reinforcing the young person's view that they are not worth the effort. Young people who feel like a bottomless pit of need require their nurture to come in a structured way, where limits and boundaries are also reinforced as part of the nurturing interaction.

Some examples of nurture are:

- the provision of healthy food, with the table set and routine, predictable meal times
- physical care – for example, making sure the young person has toiletries and clean clothes
- taking the time to listen carefully
- physical affection
- kindness
- reading to them, and other activities where attention is paid in a directed way.

Ideas for the development of programs and activities are outlined in the section Education, learning and life skills. Once programs and daily routine schedules are developed, the task is to ensure that young people participate. Young people often resist staff attempts to engage them in activities in the early stages of a placement, and they may react to the unfamiliar structure in a defiant way until safety is established. In the early stages of a placement, the content of the activities is less important than participation, and once participation is assured, the activities might have more and more targeted elements of learning and skill development.

Expectations and rules

As they enter a placement, traumatised and disorganised young people need to know what is expected of them. Residential care teams (including managers, team leaders and supervisors) need to work on the expectations, rules, boundaries and limits that form the major part of the structure of the home. Setting aside time to develop a set of expectations and rules can give the team an opportunity to refine these expectations to fit their client group.

Examples of some expectations:

- everyone is safe here
- staff need to know where you are at all times
- we all participate in chores, programs and the activities of the home.

A simple set of rules might include:

- we all eat at the table
- we plan meals
- we don't go into others' bedrooms.

Rules are best kept to a minimum, to reduce the temptation to control young people's behaviour through regimentation. They are best kept broad and general, to give lots of room for flexibility and to reduce opportunities for being oppositional. It is important that all young people are introduced to this set of expectations during transition to, or on entering, the placement.

Expectations that all young people should participate in the set routines, programs and activities are very useful. While this expectation often increases a young person's resistance and oppositional stance at first, it also presents an opportunity to engage the young person in the process of relationship building through working with difficult behaviours.

Rules should also be set for staff. These will form part of the general boundaries that the team (and the agency) has in place to increase young people's health and wellbeing.

Expectations that all young people should participate in the set routines, programs and activities are very useful.

Closeness

Physical presence, with or without direct touch, can give a young person a sense of safety, and relays the message that the caregiver is capable of being present, even during difficult times. This builds relationships and helps to provide a sense of safety and security. Closeness may be unfamiliar and uncomfortable to young people who have suffered abuse and neglect, and they may reject this at first, just as they reject other forms of nurture. At times of stress or distress, a young person may need you to bring them in closer.

The message that residential caregivers should give to young people in their care is that when they are unable to self-regulate, the residential care workers will help. If employing the use of 'time out', carers should be aware that isolation can sometimes be a risk as it asks the dysregulated young person to self-regulate. While there are times when being alone is calming for some young people, it can often be too difficult, in which case 'time in' may be more useful. This can seem strange to caregivers who are more used to the 'give them space' approach.

Touch is a complex issue in residential care, and needs agency-directed guidelines to ensure the safety of both young people and staff. Nevertheless, healthy touch is a necessary part of good care and, when used wisely, can be an essential building block of relationships.

Time in

'Time in' is a key alternative to the more usual 'time out', where a young person might be sent to their room when behaving inappropriately, to calm down or think about their behaviour. 'Time in' keeps the young person close to a worker when they are dysregulated, hyperactive or stressed, and increases their feelings of security and trust, as well as promoting attachment.

'Time in' provides much-needed supervision during challenging times that is developmentally appropriate. For the traumatised young person, time out can often replicate their earlier experiences of rejection and abandonment. Young people with trauma and attachment difficulties have limited capacity for self-regulation and need others to help them manage their emotions (co-regulate). 'Time in' can only be done when the service has the resources for one worker to spend the necessary time with one young person.

'Time in' can only be done when the service has the resources for one worker to spend the necessary time with one young person.

Co-regulation

Most people pick up and understand the emotions of other people from their facial expressions, body language, tone of voice and posture. Not only can people see and understand immediately the emotions and reactions of others, they can also feel them (in a modified way). For example, when someone is highly anxious, the people with them can start to feel slightly anxious themselves.

Because people can feel some of the emotions of others, this mechanism can work both to heighten or intensify emotions, and to manage and calm them. This is called co-regulation. Carers can use this process to assist young people to calm and self-soothe when they are agitated or angry, or to help them be more active or excited when they are feeling down or unmotivated. Carers can do this through their action and moods – raising their tone to help motivate a withdrawn young person, or ‘matching’ then calming their tone when dealing with escalated and angry behaviour.

This can be coupled with helping young people put their emotions into words, making it easier for them to think about and make sense of their emotional experience.

Co-regulation in residential care is a practice that uses the relationship between a residential care worker and a young person to help that young person regulate their own emotions. This practice is particularly critical at challenging moments, when a young person is most dysregulated and most in need of assistance. Providing co-regulation to assist a young person to calm themselves is deeply satisfying for residential care workers, as they can see how their own self-control and self-regulation can be passed on to the young person. Co-regulation relies on relationships, but also helps to build and sustain them.

When a young person is dysregulated and struggling to manage intense emotions (either positive or negative), residential care workers can use the skills of co-regulation through matching the intensity of the young person’s emotion. The young person’s emotion, noise and energy level are matched by the adult who uses a raised (not yelling) voice and more vigorous gestures.

After holding this intensity briefly, the adult reduces their energy and volume as they talk and soothe, bringing the young person with them until they are calm again. This does not work very well if the adult becomes angry or frightened, starts yelling or loses control in some other way. The adult using this technique must remain in control of themselves at all times.

The adult using this technique must remain in control at all times.

This can also work in reverse, as a carer can bring lightness and excitement to a situation of heaviness or lack of motivation, by starting off with low energy and volume and turning up the tone until the young person begins to show a lighter mood of their own.

Co-regulating hyperarousal

Young people who are revved up and hyperactive need different things at different times. They may need activities to burn off excess energy, or they may need reduced stimulation, soothing activities and environments, and a limit on the number of people and events they have to deal with. They may need moments of co-regulation – within the limits of available staff and the safety of the whole group.

Co-regulating dissociation

Young people who are numb, passive and dissociative also need stimulation and challenges, as well as support to connect with others. Increased stimulation, touch, opportunities for safe connections, engagement games (for example, eye contact, follow the leader games) can be helpful. Young people who are dissociative or spaced out often miss out on attention because they are quiet and don't cause trouble, but they really are in trouble inside, and are often hurting very badly. They need just as much attention as their aggressive peers. Co-regulation works to engage the young person and bring them up out of their dissociated state.

Young people who are numb, passive and dissociative also need stimulation and challenges, as well as support to connect with others.

Counter-intuitive care

Counter-intuitive care involves interactions that are contrary to what intuition may indicate. This may be different to what 'general parenting' approaches suggest. It involves continually looking below the surface of a young person's difficulties and trying to figure out the difference between what their behaviour seems to tell us and what they might really need.

Knowledge about attachment is important here, and it can be very helpful to understand the difference between a young person with:

- an insecure avoidant attachment pattern (where the attachment pattern is one of getting needs met through avoiding closeness – an overly distant relationship style)
- an insecure ambivalent pattern (where the attachment pattern is one of getting needs met through being clingy and demanding – an overly close relationship style)
- a disorganised attachment style (no fixed pattern for getting their needs met).

A counterintuitive response involves caregivers recognising and responding to the young person's underlying attachment need – rather than their presenting behaviour or the need they are stating. For example, the young person who does not acknowledge pain when hurt still needs comfort and care, even if they cannot ask for it. This young person may feel disconnected from the experience of physical pain, or be unable to ask for help. The counterintuitive response could be one of over-exaggeration of care, to give the message that when a young person is hurt, their pain will be acknowledged and soothed, and they will be cared for.

Another example is where a young person appears to be independent beyond their years (an avoidant attachment style), and not needing help with anything, but who may really require comfort, security and close proximity to staff, even though their behaviour implies they don't need it. Rather than praise the young person for their independence, residential care workers can supply care, nurture, help and support without being asked, and challenge the young person if they object.

This does not mean that care workers should never work towards independence for young people, but that they should recognise what is genuine independence and what is a pattern of over-reliance on self that a young person may have developed through years of early neglect. Young people who are too reliant on themselves may go on to have trouble forming mature, interdependent adult relationships because they are used to meeting all their own needs and have an 'I don't need anyone' stance in the world.

Young people with avoidant attachment need persistent efforts to engage them, to show that they are cared for and nurtured.

Young people with ambivalent attachment styles need structured nurture, as well as ordinary day-to-day nurture. Caregivers need support to withstand the intrusive, demanding, 'never enough' feeling these young people often evoke. Some strategies that provide structured nurture include:

- intensive one-on-one or two-on-one attention (allows for over-talking)
- focus on security and safety
- nurture with a lot of structure – consider time of the day and keep it regular and provide patterned activities
- walking and talking
- allowing the ambivalent over-involvement, but with firm boundaries around appropriate body space, touch and talk
- talking about relationships, closeness and distance, appropriateness – modelling and teaching simultaneously
- lots of comfort nurture at appropriate times; for example, doing a young woman's hair, taking care of the young person's physical needs and so on.

Caregivers need support to withstand the intrusive, demanding, 'never enough' feeling these young people often evoke.

Young people with disorganised attachment primarily need safety. It can be difficult and take some time to establish safety for these young people, but once safety has been established, a clearer picture can emerge about their attachment style and interventions that suit that attachment style can then be implemented.

Working in this way involves substantial change and moves residential care towards therapeutic care. This work can be very exhausting, because to work against your own intuition requires a great deal of patience, reflection and mindfulness. This can be a huge source of stress for residential care workers, and they need support and supervision to manage. Managers and team leaders need strong relationships with staff, so that they can ask for help when they need it.

Managers and team leaders need strong relationships with staff, so that they can ask for help when they need it.

Restorative sanctions

In residential care there must be consequences for inappropriate behaviour. However, figuring out what the right consequences are requires a thoughtful approach. In general, logical and restorative consequences, or sanctions, work best because they attempt to teach the young person something, as well as demonstrate that they cannot get away with inappropriate behaviour.

In residential care there must be consequences for inappropriate behaviour.

Consequences must be logical and fit the unacceptable behaviour. They should also be time limited, and life should return to normal as soon as the consequence has been completed. When young people transgress society's laws, natural consequences occur which are not under the control of residential care staff, so it is much better for young people to experience consequences within a framework of relational practice, where the consequences can be designed to meet their needs.

Consequences must be logical and fit the unacceptable behaviour.

A restorative approach to managing difficult behaviour builds on natural and logical consequences, but adds another dimension. This approach helps young people to reduce the shame they carry because of their behaviour, and teaches them respect and empathy for others. Restorative approaches help young people learn that there are consequences for unacceptable behaviour, and that the consequences involve making restoration, making things better, thereby enhancing relationships and building relationship skills.

Restorative approaches help young people learn that there are consequences for unacceptable behaviour.

Restorative consequences are not punishments. Rather, they are actions that the young person needs to do to restore their relationships with those they have hurt or inconvenienced. For example:

- making apologies
- doing a chore that helps the person they hurt
- cleaning up a mess they made
- helping to fix something that was broken
- giving up some pocket money to repair something.

Focusing on restoration can be meaningful to young people and to their residential care workers (and others who have been hurt or inconvenienced) because there is a sense that the young person is learning about social relationships in a way that will encourage them to take more responsibility, learn prosocial skills and have empathy for others.

Conclusion

This resource has covered a lot of ground, and yet there is so much more to say about residential care. With more space it would have been fantastic to include stories and case examples, particularly about what worked well with specific young people and specific difficulties. However, we hope that in setting out a structured approach to residential care practice we are offering something to the residential care sector that can be used, reflected on and built upon in the future. We hope that you are able to use this resource as individual workers, with your teams, in training and in formal education, so that together we are building on the vital, energetic and proactive work that is already being done in residential care.

We want to help you make a difference!

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Victorian education resources

The Out-of-Home Care Education Commitment: A Partnering Agreement between the Department of Human Services, Department of Education and Early Childhood Development, the Catholic Education Commission of Victoria and Independent Schools Victoria (the Partnering Agreement) acknowledges that providing the best start in life for young people in out-of-home care is a shared responsibility. It provides a strong platform for staff in Victorian schools and case managers within Child Protection and community service organisations to work closely together to achieve this objective.

The Partnering Agreement supports the creation of a society where every child thrives, learns and grows, is respected and valued, and becomes an effective adult member of the community – a community in which the safety, stability, health, development and learning of every child is protected and promoted throughout childhood.”

Calmer Classrooms was written for teachers and administrative school staff to help them have a better understanding of young people who have been harmed by abuse and neglect. Calmer Classrooms gives an overview of the impact of abuse and neglect, and a series of practical skills that may assist with the behaviour and learning of these students in the classroom and the school environment. Many teachers have found it very helpful in working with traumatised children.

Caring Classrooms was written for parents and the school community, to help bring communities together around distressed young people who may act in ways that often result in suspensions and expulsion. This resource has a series of stories of children of different ages with different experiences of abuse, neglect and other trauma, and ways that schools and school communities can work to support and nourish them.

Other resources

Andrus Children's Centre.

<http://andruschildren.org/>

Berry Street Take Two Statewide.

<http://www.berrystreet.org.au/TakeTwoStatewide>

Best interests case practice model (BICPM) – summary guide.

<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers/best-interests-case-practice-model-summary-guide>

Centre for Excellence for Looked After Children in Scotland (CELCIS) – was Scottish Institute for Residential Child Care (SIRCC).

<http://www.celcis.org/>

Centre for Excellence in Child and Family Welfare Inc.

<http://www.cfecfw.asn.au/>

Certificate IV in Child Youth and Family Intervention (Residential and out-of-home care).

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Chief psychiatrist's guideline: Priority access for out-of-home care.

<http://www.health.vic.gov.au/mentalhealth/cpg/index.htm>

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FICE International.

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Good Enough Caring.

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Jasper Mountain.

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Looking After Children in Victoria (LAC).

<http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/children,youth-and-family-services/looking-after-children-in-victoria-lac>

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<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/charter-for-children-in-out-of-home-care>

Centre for Excellence in Child and Family Welfare.

<http://www.cfecfw.asn.au/>

Residential Child Care Project.

<http://rccp.cornell.edu>

SACCS.

<http://www.saccs.co.uk/>

Salvation Army Westcare.

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Therapeutic Crisis Intervention System.

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Endnotes

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