Government of South Australia
Office of the Guardian
for Children and Young People

Literature Review

Residential care for Aboriginal children and young people

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Preface

In South Australia there is a growing number and proportion of children who are accommodated in residential care when they are in need of care and protection. Five or six years ago there were few Aboriginal children in residential care but the number now is estimated to be around eighty. While the placement for many will be temporary the imperative is to provide high quality care which supports and deepens the children's identity and belonging to their Aboriginal community.

This background paper was commissioned by the Guardian for Children and Young People, to inform work being undertaken with Aboriginal communities regarding children in out of home care. The information was sourced from published papers and a small number of interviews. It concludes with common elements necessary for good residential care for Aboriginal children and young people.

Contents

Introduction

Australia, the United States of America, Canada, and New Zealand share some of the same issues in over-representation of Indigenous[1] children in the child protection system and consequently in out of home care (OOHC). In each country the damaging past practices of forced removal of Indigenous children from their parents on the basis of race, and the use of residential institutions and schools to separate them from family, has affected contemporary decision making in relation to OOHC for Indigenous children. Over the past few decades, there has been repeated recognition that the over-representation of Indigenous children in state care is an outcome of the loss of culture and heritage due to these past practices, and the concomitant intergenerational impact of poverty, access to education, employment, and mental and physical ill-health (Bath 2008; SNAICC 2014; Hodgkins et al, 2013; Higgins et al, 2005; Sinha and Kozlowski 2013).

Each country is looking for approaches that better address the needs of Indigenous children and young people in state care, reduce the over-representation, and provide pathways out of the intergenerational cycle of trauma, grief and socio-economic disadvantage.

[1] The terms Indigenous, Aboriginal, and Aboriginal and Torres Strait Islander (ATSI) are used interchangeably throughout the document to be inclusive of Aboriginal and Torres Strait Islander peoples.

Children in state care

Nationally and internationally, OOHC for a child or young person removed from their immediate family due to abuse and neglect is provided in an alternative family as a preferred option. Residential care has traditionally been regarded as an option of last resort for children whose behavioural responses make family based care untenable and is usually for children and young people over 12 years of age (Bath, 2008; Bromfield and Osborne 2007; Iannos et al 2013; Sinha and Kozlowski 2013).

In each of the countries mentioned above, the first preference for Aboriginal children is for kinship care with relatives, then extended family, other community members, and with non-Indigenous carers as a last resort (Higgins et al 2005; Ainsworth, Thorburn 2013). In Australia, the Aboriginal Child Placement Principle (ACPP), which documents this hierarchy of preferred placement, has been formally accepted for around three decades by each state and territory as guiding the placement preferences for Aboriginal children and young people (Bath 2008). However, in Australia and elsewhere, the number of Aboriginal children as a percentage of the population in the child protection system has for some time exceeded the capacity of the Indigenous population to provide relative and kinship care (Bromfield and Osborne (B) 2007).

In Australia in 2013 -14, Aboriginal and Torres Strait Islander children were seven times as likely as non-Indigenous children to be receiving child protection services - 136.6 per 1,000 children compared to 19 per 1,000 respectively (AIHW 2015). The response has been to seek strategies to better support families to care for their own children safely and for research into improved OOHC, which includes residential care (Bromfield and Osborne 2007 (A); Bath 2008; Price-Robertson and McDonald, 2011; Iannos et al 2013; Ainsworth and Thorburn 2013).

Residential care

In Canada, the UK, USA, Australia and NZ, residential care is rarely a first option for placement. It is generally only considered after multiple placement breakdowns, and is usually for children who are aged 12 years and over who have challenging behaviours and complex needs (Bath 2008; Iannos et al 2013). Residential care is usually provided in small units with small numbers of children with rostered staff. Residential care can provide children with consistency in discipline, and structured routine, autonomy, programs and free time. Models range from those with primarily a care and accommodation function, to those providing intensive care for children with challenging trauma related behaviours, and specialised care for young people with high and complex needs (Flynn et al, 2005; Bath 2008; Ainsworth and Thorburn, 2013).

An earlier paper of the SA Guardian's summarised the research and literature on what works best in residential care. The common elements were: a positive choice, clear purpose, high quality care, positive social environment where relationships are valued, the right services, an environment that values education and works with communities and families (GCYP, 2008).

There is growing willingness across Australia to appraise models of residential care and their positive role in a range of placement options. There is also a recognised need for specialised models of care for children and young people with high needs, and acknowledgement that these models need to be informed by research and evaluation of outcomes for the young people (Bath 2008; Higgins et al 2005; Bromfield et al 2005; SNAICC 2014). There are very few examples of residential care models specifically developed for Aboriginal children, despite the over-representation of Aboriginal children and young people in residential care (Flynn et al 2005; Bath 2008; Bamblett et al 2014; Families SA, correspondence).

Residential care in South Australia

In the past decade the growth in demand for OOHC in South Australia and the slower net growth in family based care has resulted in increased use of residential care and more use of residential placements for children younger than 12. Residential care is provided in government run facilities, under Families SA, and in government funded facilities, run by non-government organisations.

As at June 2014, there were 261 children and young people in residential care and another 73 in emergency accommodation with rotating carers. Most children in residential care in South Australia are accommodated in houses of three to four residents. The exception is the community residential care units (CRCs) operated by Families SA, Department for Education and Child Development, which can accommodate 8 to 12 residents in each unit, with a total capacity of 80 residents. In 2013-14, the Office of the Guardian was provided with a list of 61 individual houses and units that met the definition of 'residential care' for children under guardianship. Eight of those were large residential care units (CRCs).[2]

In South Australia, Aboriginal and Torres Strait Islander children make up 3.5 per cent of the population aged 0-17 years, but comprise 30 per cent of all children in OOHC. The Productivity Commission 2014 Report on Government Services noted that, in SA, placement for Aboriginal and Torres Strait Islander children has more than doubled in the decade to 2013, significantly more than for non-Aboriginal placements (SNAICC 2014). Most substantiated notifications of abuse of Aboriginal children (50.4 per cent) are due to emotional abuse and neglect, which is strongly associated with disadvantage and poverty (SNAICC 2014; Families SA 2015).

The Aboriginal Child Placement Principle (ACPP) and its objects are embedded in the *Children's Protection Act 1993,* requiring preferred placement of Aboriginal children with family or kin, and recognising the strength and importance of connection to culture and community. In South Australia in 2013, 48 per cent of Aboriginal children were placed with Aboriginal and Torres Strait Islander families, 19 per cent with their non- Aboriginal families, and 32 per cent with carers who were neither Aboriginal nor related (SNAICC 2014).

Aboriginal Family Support Services (AFSS) is funded by Families SA to provide residential care for Aboriginal children and young people, among other services. There are two houses in

[2] As at June 2015 there were six large residential facilities.

metropolitan Adelaide and two in country locations, each accommodating between three and five residents. The length of stay and purpose varies from short to long term, and includes respite stays. The care models were initially developed for emergency and short term care only but many young people now reside in the houses for the long term due to lack of more suitable options. Aboriginal children are accommodated in other residential services, and Families SA estimate that 30 per cent of the residential care group in their facilities are Aboriginal. (Families SA, correspondence, 2015)

Key findings

Family contact and culture

The Aboriginal Child Placement Principle (ACPP) has been adopted by all states and territories in an attempt to address the needs of Aboriginal children to remain connected to family, community and culture. However, the application varies across Australia. The ACPP endorses kinship care as the preferred option for children removed from their parents, and family conferencing has been incorporated into decision making procedures for the child's placement. There have been few adaptions or evaluations of the ACPP, and its intent, in residential care for Aboriginal children and young people (Bath 2008, Higgins et al 2005; SNAICC 2014).

The ACPP is enacted in a community context where the parents and family of the child are often struggling with the intergenerational effects of trauma and cultural disconnection, and despite willingness, may not have the capacity, resilience or resource necessary to provide sustained support to children who have high needs. Overcoming historical distrust associated with past child welfare practices (the Stolen Generation), is a significant obstacle for child protection agencies in engaging the community in enhancing culturally supportive placements for Aboriginal children (Higgins et al 2005).

However, one of the strengths of Aboriginal culture is that connection to the family occurs in a community context that is inclusive of a broad definition of family. Care of children is usually shared among several adults. In the context of residential care and placement stability this allows the essential concept of attachment between child and carer to include a wide range of family members and family connections (Bamblett et al 2014; Iannos et al 2013; Price-Robertson and McDonald 2011; SNAICC 2014; Brend et al 2013).

Bamblett et al (2014) in *Building an Aboriginal Cultural Model of Therapeutic Residential Care* describe an Aboriginal perspective of the child as incorporating:

- The child's relationship to their whole family not just the parents.
- The child's relationship to the community, not just their family.
- The child's relationship to the land and spirit which determine law and meaning.

In developing the model it was noted that there was a dearth of literature identifying therapeutic approaches for Aboriginal children in OOHC. Intensive consultation was undertaken, led by the Victorian Aboriginal Child Care Agency (VACCA), to develop the key

elements of the model, based on a cultural foundation, promoting healing through connection with culture.

These components were:

- Comprehensive and culturally informed assessments and planning
- Social networking map to ensure connection with key relationships
- Opportunities to ensure key milestones of "men's business" and "women's business" are addressed
- Return to Country to meet Elders and community members
- Cultural support plans, and
- Community and cultural participation.

Early indications after two years of using this approach in one facility were that combining knowledge of therapeutic responses to trauma and therapeutic residential care with Aboriginal understanding of culture and community is facilitating positive development and healing (Bamblett et al, 2014).

In the practice sheet, *Working with Indigenous Children, Families and Communities*, Price-Robertson and McDonald (2011) acknowledge that working with Indigenous families and communities is challenging due to the multiple historical and current complexities they face. They acknowledge that the Australian Aboriginal culture is not homogenous, and that characteristics vary across clans, urban, rural and remote communities. However, they draw on lessons from practice to identify the following approaches that have proved effective across boundaries in working with Aboriginal communities:

- Working with rather than on communities
- Ensuring the service is culturally competent
- Attracting and retaining the right staff
- Cultivating networks and relationships, and
- Adopting an action research approach to service planning and development.

These elements are common to other programs with positive outcomes. For example, these are found in the South Australian Department for Education and Child Development (DECD) Wiltja Residential Program. (See Appendix)

SNAICC, in the publication *Kids Safe in Culture not in Care* , argue that the inclusion of cultural connection contributes to the safety of Aboriginal children, is related to improved mental and

emotional wellbeing and socio-economic outcomes, and that isolation from cultural and community networks makes children more vulnerable to abuse and less able to seek help. This is supported by Iannos et al (2013), in *Maintaining Connectedness: Family Contact for Children in Statutory Residential Care in South Australia.*

Maintaining family, community and cultural connections are not without their significant challenges in the context of removal of children from those environments because of abuse and neglect, but there are various models for family and community connection which can be pursued, and should be considered in the context of the unique needs of the child (Iannos et al, 2013).

Models of residential care

Children and young people in residential care are generally acknowledged to be a highly vulnerable group, with high and complex needs, often exacerbated by multiple placement change. There are a range of models for residential care, depending on the age and needs of the child. While residential care may be seen as a "last resort" for children older than 12, it has a place in the continuum of OOHC. In SA, due to demand, younger children are now being placed in small residences accommodating two to four children. The larger residences with up to 12 children and young people are generally reserved for older children (Families SA, correspondence).[3]

In placing children in residential care there is need to pay attention to the "mix" of residents and their specific needs in selecting the model best suited to each child (Flynn et al 2005; Bath 2008; Higgins et al 2005). The model should be selected to meet the child's needs and not vice versa, with strong argument for the integration of therapeutic treatment and accommodation.

In 2005, Delfabbro and Osborne argued that residential care should be considered a viable option for placement for some children, where children could be assessed and receive appropriate treatment. Targeted residential care services have shown some success in linking young people to education and training, access to treatment services, and improved psychological and social functioning (Delfabbro and Osborne 2005, cited in Bromfield and

[3] Based on information available to the Office of the Guardian it is unfortunately common for younger children to be accommodated in the larger facilities, though the average age of children is older than that of children in the smaller facilities. There are recent plans to dedicate one wing of a larger facility for children aged between eight and ten years. This may not eventuate.

Osborn (A) 2007). The SA Guardian's written reports on conditions in residential care suggest that this potential is often not realised because assessment and treatment services are limited. While the relationships between residents and staff are mostly warm and respectful, the support for residents who have high needs is shallow (GCYP, 2014).

Higgins et al (2005), in *Enhancing OOHC for Aboriginal young people,* say that if the system is to better meet the needs of Aboriginal children there is need for a better fit between the structure of the OOHC system and Aboriginal culture. If this adaption were to occur it could assist in alleviating some of the pressure on the OOHC system.

Staffing

Purposeful recruitment, training and retention of staff is critical to the success of programs, in particular for Indigenous children (interview with Wiltja Manager; Price-Robertson and McDonald 2011). Some authors advocate the recruitment of Indigenous staff to work with Indigenous children and young people, with reference to local community members being employed (SNAICC 2014). Other authors suggest that the desired outcomes and environment for children can be achieved by culturally appropriate recruitment, assessment and training for staff, with Aboriginal and Torres Strait Islander peoples actively involved in practice and service development (Higgins et al 2005).

The demands on Indigenous community members to be carers for extended family, as well as being employed as carers were acknowledged as limiting their capacity for sustained involvement (Bromfield and Osborne (B) 2007). Many community members are willing, but may not be able, due to already being over-burdened by family responsibilities, physical and mental health issues, poor housing, or prohibitive distances between metropolitan, rural and remote areas.

Staff values and attitudes about cultural differences, competencies and commitment to cultural frameworks, were seen as essential to good care. Standard recruitment techniques are not necessarily culturally appropriate for Aboriginal people, and may inhibit recruitment. Higgins et al (2005) noted that once recruited, and with appropriate training and support, Aboriginal staff tended to remain within the system. The Manager of the Wiltja program said that when these essential criteria underpinned recruitment, the retention of both Aboriginal and non-Aboriginal staff was sustained. The average length of employment at Wiltja is eight years.

Richardson et al (2005) noted that there was limited research into recruitment, retention, training and support of carers in OOHC generally, and almost none into investigating the impact of these issues on outcomes for Indigenous children.

Aboriginal and Torres Strait Islander communities

Aboriginal and Torres Strait Islanders are not a homogenous group. In South Australia alone there are more than 42 language groups.

Long distance from their community impact on connection to culture, community and family for children and young people in OOHC and on involvement of Indigenous communities and Elders in governance of residential facilities.

Some international studies have suggested that the adverse impact for children who have no connections to family and community may be mitigated by a long term significant bond with an unrelated adult who maintains the relationship after exiting care. This may be a teacher, carer, or community member (Iannos et al 2013).

There is repeated reference to the over-representation of Indigenous children in OOHC, with the consequent high level of demand and under supply of sustainable cultural care options. With the best of intentions, the ACPP is difficult to apply consistently given the historical context of the loss of connection to family and culture, and the intergenerational issues of poverty, poor access to education and housing, and poor mental and physical health impacting disproportionally on Aboriginal communities.

Evidence-based and informed models

Authors consistently conclude with the need for a research and evidence base to inform development of models, evaluate their effectiveness in terms of staffing and retention, and measure the outcomes for children and young people. Any differential in outcomes for children placed in kinship care under the ACPP and those placed in non-Indigenous care is unknown. Given the increasing use of residential care for younger children, research on service models for different groups and different ages, or where the aim is to achieve particular outcomes, is a high priority.

Iannos et al (2013) say that further work should be done on residential care workers' role in facilitating safe connection to family and community.

Price-Robertson et al (2011) say that action research methodology is compatible with Aboriginal traditional cultural practices and ways of working. This cyclical method of planning,

acting, observing, reflecting, and re-commencing planning, taking account of what has been learned, would also enable participation of cultural reference groups, and the capacity for models and programs to promptly adapt to the needs of the children.

Conclusion

> *…far from being a last resort, residential care has the potential to provide leadership to the field of child welfare with high quality clinical, training and research activities undertaken in centres of excellence.* (Bath, 2008 p 35)

This statement, made seven years ago, has equal or greater resonance today, particularly with the development of residential facilities for Aboriginal children.

There are models of specialised and treatment-oriented residential care being developed across Australian jurisdictions, but there is little evidence of evaluation of the models and their outcomes for children and young people, and few examples of models developed specifically to meet the needs of Aboriginal children and young people.

There are multiple practice challenges in developing and implementing such models: the challenging behavioural and therapeutic needs of the child, the need for the placement "mix" to meet and not exacerbate those needs, maintenance of safe family connections, and all done within a cultural framework for Aboriginal children. There are also the systemic complexities such as the pressure for timely assessment and decision making for children and young people, the need for placement stability, and the increasing demand on the OOHC system. There are also considerable financial costs in developing and maintaining such models to the required standard across metropolitan and regional areas.

There are, however, many common elements necessary for success consistently identified in the literature.

These could form the basis for further development of residential care to achieve the best outcomes for Aboriginal children, and if implemented could improve outcomes for all children in care. The recommended elements are:

- Integrated connection with culture and extended family for the facility and the child.
- Qualified staff with demonstrated skills, knowledge and understanding of working across cultures, of historical practices and their adverse impact, and the significance of cultural knowledge to Aboriginal children.
- Staff who celebrate and integrate cultural practices into their daily interaction and build relationships with children that are steeped in deepening the connections to the children's community, language and customs.

- Structured cultural programs, outside of the residence, which promote connection and identity.
- Support for transition from residential care to the child's community and family, wherever possible.
- Assessment to ensure the service is meeting the child's cultural and therapeutic needs.
- A range of models and types of care to meet the differing levels of need.
- Use of action research in developing and evaluating new models.

There are significant ongoing costs to the community, and to health, education, correctional and judicial services of having children and young people leave state care without the life skills and family connections that can break the intergenerational cycle of disadvantage (Forbes et al 2006). The pathways for children taken into state care are fractured and fraught; the care experience and the pathways out to positive personal and social health can be nurturing, supporting and healing.

Appendix

Additional information about Wiltja Secondary Education and Residential Program

(Information provided at interview with the Manager, Wiltja Program, and from the website: www.wiltja.jasicdesign.com.au)

The Wiltja program is an initiative of the SA Department for Education and Child Development (DECD) which provides residential accommodation for secondary school aged students from the remote South Australian Anangu Pitjanjatjara Yantjatjara Lands (APY Lands). The purpose is to support these young people to engage in and complete secondary schooling, whilst remaining closely connected to and supported by culture.

In the 1970s, a group of Ernabella women attended an Indigenous Peoples' Conference in Adelaide and foresaw the advantages of offering mainstream secondary schooling to their children. The initial group of female students were enrolled at Ingle Farm High School in 1980. This initiative was entirely driven by Anangu who were of the view that their children's future interests and those of their communities could be best served by the educational opportunities offered in a mainstream environment. This decision resulted in the establishment of the Wiltja Program which is directly governed by Anangu communities and resourced by the South Australian Department for Education and Child Development. The Commonwealth supports students' boarding costs via the Abstudy program administered by Centrelink.

The objective of the program is to achieve the expressed desire of Anangu that their children are empowered by the educational experience at Wiltja to become self-determining in order to manage their communities, determine their own futures and actively participate in the wider world.

The Wiltja Program is a multi-campus secondary education initiative that operates across Woodville High School and Windsor Gardens Vocational College in Adelaide. It has two integrated elements: the School Program which provides quality teaching and learning programs to secondary students willing and able to engage in mainstream schooling; and the Residential Program which provides a holistic educational and living environment in which students are accommodated, connected to community and culture, and supported to build life skills. Students undertake their secondary education at Wiltja solely on the basis that they and their families actively wish for them to participate in the program.

In interview, the Manager of the Wiltja program identified some critical success factors which he suggests are relevant to the provision of residential care for children under the guardianship of the Minister. The Wiltja Program has several students under guardianship from the Northern Territory and South Australia.

The critical success factors include:

- Governance of the program by the community group from the APY Lands. This group of Elders reviews the program regularly through visits and discussion with children and staff, and makes recommendations, which are then implemented, monitored and reported on by program managers. This ensures that the program is embedded in culture and community, and that the children are strongly connected, maintaining the relationship with community and family across the metropolitan area and the APY Lands.
- The staff are youth workers and educators, selected for their commitment, skills, goals, and approach. The school campus and the residential campus work closely together, providing education, health and therapeutic programs, social programs, sports and life skills as a holistic package.
- There is a close working relationship, formalised by information sharing protocols, with key agencies, such as Child and Adolescent Mental Health Services, Women's and Children's Hospital, and Families SA, to ensure that the children's physical and psycho-social needs are comprehensively and consistently addressed.
- The key elements are close connection with culture and community, qualified staff with particular interpersonal qualities and skills, and a supportive "family oriented" environment.

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