

*“Doing It for Themselves”  
An Innovation in Case Practice*

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**Presented by  
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Residential Services  
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The project team acknowledges the support of Rosalind Riley, Malcolm Muir and Nicole Clarke. "Children today love luxury too much. They have execrable manners, flaunt authority, have no respect for their elders. They no longer rise when their parents or teachers enter the room. What kind of awful creatures will they be when they grow up ?"

## **Socrates, 469-399 BC**

### **Context**

Adults worrying about the next generation has had a long history. There is a tendency among parents and workers to "do things" we hope will help our young people. We often under-rate or devalue their ability to "do for themselves". In trying to protect young people from harm, we can inadvertently limit or restrict opportunities for them to learn how to manage situations for themselves.

The Adolescent Residential Service is one component of a range of services offered by St. Joseph's – MacKillop Family Services and is based in Flemington. This service commenced operation in December 1998 and provides Case Management and Residential Care supports for young people considered to be at high risk. The young people are aged 12-18 years, reside in the Western region of Melbourne and are on statutory protective orders.

The service comprises a mix of models with varying levels of support and supervision. The models include both paid staff in a rostered residential unit, single carer houses and Lead Tenant houses supported by volunteers.

Young people are the consumers of the care system, yet all too often their perceptions and suggestions are not actively incorporated in decision-making and planning. While practitioners engage in developing policies, tools, strategies and interventions, young people rarely get the opportunity to contribute to these measures of risk or to rate themselves against the opinion of their workers.

This presentation is an attempt to ask young people to "do it for themselves".

### **PROFILE OF CLIENT GROUP**

The scenario of "Mary" described in the conference brief is an example of the young people in our service who invariably present with :

- a history of abuse or neglect resulting in removal from family,
- multiple placement changes,
- a range of complex personal and therapeutic or specialist needs.

It is important to remember that these young people are also experiencing adolescence and facing the same issues as their counterparts in the general community.

### **Risk Assessment**

Much attention has been given in recent years to the concept of Risk Assessment for young people in care systems who are considered to be at high risk. Both government and non-government sectors have embarked on a series of initiatives to develop risk frameworks based on

research done in Australia and overseas resulting in changes in case practice and service developments.

A recent example is the Victorian Risk Framework developed by the Department of Human Services which was developed from the research of Richard Catalano in his work titled "Communities That Care" and other sources. Andrew Fuller's research into Resilience among Victorian high school students and his book titled "From Surviving to Thriving" has provided an Australian context in the literature about high risk adolescents. As a result many risk frameworks have been incorporated into case practice in the child protection and mental health systems and has guided both assessment and service developments at this more interventionist end of the spectrum.

This paper uses his framework (with some adaptations) of Risk and Protective factors which have been incorporated into the case practice of our service.

Risk assessments are a professional tool used to guide case practice and plan future service interventions and to monitor or gauge progress. In this exercise we have asked young people to use the same tool to assess themselves both now and in the future and to also assess a fictitious young person called "Mary". Case Managers have also made observations of the young person's self-assessment and have also recorded their impressions of how the young people responded to the exercise.

### **Optimism and Resilience**

Simultaneously recent literature and trends at the preventative and generic end of the spectrum have concentrated on the concepts of Resilience and Optimism, in light of the increased incidence of depression and youth suicide. The emphasis for parents and practitioners during the 1970's and 80's focussed on the need for young people to have healthy "self-esteem" ie the need to feel good about themselves. The current trends towards building resilience and optimism acknowledges that young people need to be able to cope with adversity and that life will present them with set-backs or challenges.

- Martin Seligman's book titled "The Optimistic Child" based on his earlier work "Learned Optimism" provides a powerful argument that optimism is a life skill that can be learned and is essential if we are to address "the epidemic of depression":
- Daniel Goleman in his book titled "Emotional Intelligence" challenges the over-emphasis on IQ. He shows how emotional intelligence is a necessary counterpart to IQ, can be nurtured and strengthened, (or learnt), that it is not determined at birth and helps people succeed in life .
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### **Adolescent Development**

The spectrum of Adolescent Development has also been a feature of research and interest for generations. We all know that physical, sexual, emotional and cognitive changes occur during adolescence as a necessary transition from childhood to adulthood. For young people in care, these developmental milestones are invariably affected by trauma or loss as a result of abuse or neglect.

Our child protection system offers support to the age of eighteen years at which stage many of our young people are not ready or able to be independent. We cannot just wait and hope that this

development or maturation will occur to a sufficient degree to safeguard these vulnerable young people in their adult life. As practitioners, we are constantly looking for ways to help support young people through these difficult stages and to help prepare young people for leaving care or in their transition to adulthood.

## **PURPOSE**

The exercise we have undertaken is an attempt to:

- 1) Prompt young people in our service to be cognisant of the potential risks and strengths in their lives ie to try to "trigger" cognitive development or insight into their situation.
- 2) Prompt them to develop a concept of future.
- 3) Build on the young people's ability to resolve their own problems
- 4) Convey the concepts of Optimism and Resilience
- 5) Include young people more in their case management now and to seek regular feedback as part of the continuous improvement of the service.

## **METHOD**

1. Three staff known to the young people used the questionnaire to interview the young people and in some cases the young person chose to complete the form in the presence of the staff member. Staff interviewed young people who were not on their caseload to ensure they felt comfortable providing critical comments and to authenticate responses.
2. Young people were selected according to the following criteria:
  - i. Their capacity to provide informed consent and comprehend the information
  - ii. The exercise being of benefit to them.
  - iii. Their participation being voluntary
  - iv. The exercise not having any detrimental effect on the young person
  - v. The feedback being incorporated in case management directions.
3. A total sample of 6 young people aged 16-18 years and were asked to complete a 30-point questionnaire which included:
  - i. Self-assessment of Risk and Protective Factors now and for the future
  - ii. An assessment of "Mary" a fictitious case study.
  - iii. Open questions about the best/worst aspects of their life at the moment
  - iv. Comparison of risk over time period of 12 months including :
    - what factors affect this including
    - what they have done to make a positive difference.
  - v. Feedback about the pros and cons of Case Management and Residential Care.
  - vi. Identification of significant family or other adult in their lives
  - vii. Degree of identification to a particular community or area.
  - viii. Identification of what they do to ward off depression.
  - ix. Rating of their ability to solve their own problems
  - x. Rating of their level of optimism.
  - xi. Feedback about their satisfaction with our service and suggestions for improvement
  - xii. Comparison with other services
  - xiii. Satisfaction with their level of involvement in reports and case planning.
  - xiv. Summary Questions rating level of Risk/Protective about 3 Key areas including:

- School/Work/Study
  - Family Support
  - Peer Supports
  -
4. A variety of ratings scales, open questions and multiple choice boxes were used to ensure that the quality of responses was not affected by repetitious format and as a method of cross-checking authenticity ( or consistency) of responses.
  5. Each young person signed a consent form which verified that they understood their participation was voluntary, that their responses and identity would be confidential and provided options for the use of the responses in other projects.
  6. The exercise focussed on individual cases and is qualitative in nature rather than quantitative. The findings acknowledge anecdotal and impressionistic data rather than statistical however some common or consistent themes have also been recorded.
  7. A feature of the method was that the exercise was undertaken in the context of:
    - a) Staff having existing established relationships or "engagement" with the young people where staff had considerable knowledge of the young person's situation and personality
    - b) the young people feeling comfortable in discussing intimate and challenging themes with staff they knew and trusted
    - c) A familiar and friendly environment.
  7. The project team accept that the power base between staff and young people is not equal as these young people are subject to statutory orders however very positive relationships existed between hope we have achieved a more collaborative approach than the more traditional mode of Professional/Client relationships.

## **FINDINGS**

### **1. SELF RISK ASSESSMENT**

- current high risk factors: unemployment, drug use, being abused
- future high risk factors: depression, anger, offending, physical health
- young people able to identify risk & protective factors
- may not link factors to each other
- positive future orientation re: risk levels
- workers agree with young people's assessments

**See Tables 1 & 2**

### **2. WHAT MAKES A DIFFERENCE?**

#### **1. Case Management**

- Support, care, "not working just to get paid"
- Practical assistance (food, money, accommodation, employment, study)
- Feeling like you're being listened to; involvement in case planning, working together
- Stable placements, consistent workers
- "leave me alone"

#### **2. Residential Care**

- Friends
- Living skills; learning to look after yourself
- Fun
- Having support
- "Sometimes when things go wrong it's easier than if you were at home"

#### **3. What the Young Person Did to Help Themselves over the past 12 months**

- Tolerance

- Change in thinking; maturity
- Not using drugs; not being with the 'wrong crowd'
- Being happy
- People who care; friends & family
- Independence; money; employment, study
- Sport

## RESILIENCE

### 1. Single most important person

- Mother, Brother, Father, Friends
- *"I cant live without my family and I have to speak to them every day. My family are there for me and they're always going to be there for me"*

### 2. Other significant people

- Family (mother, sister, grandparent/s, aunty/uncle)
- friends
- 'Workers' (Case Manager, Youth Worker, Protective Worker, Counselor, Psychiatrists)

### 3. Things to 'pick yourself up'

- Talk to someone
- Music; tv
- Relaxation, walking, going out
- "Think of positive things"
- "get pissed", smoke, "have a bong"
- "work the situation out"

### 4. Best things in life at the moment are...

- People who care, friends, family
- "Getting on with life", "wanting to be independent", "making own decisions"
- "Being happy"
- "Mobile phone, smokes and money"
- Having "better accommodation at the moment"
- Sport
- Work

### 5. Ability to sort out problems

Need a lot of help				Can sort out own problems
2		2	2	1

### 6. Optimism

Very optimistic				Very pessimistic
1	1	3	1	1

### 7. The Trouble With Mary

#### Points of interest

- Some respondents only rating Mary as 'maybe' at risk for health (physical, mental sexual) despite heroin overdose, pregnancy and contact with mental health system.
- Young people able to clearly articulate Mary's greater risk level compared to their own

- Used Mary as a prompt to reflect on own situation ("things aren't all that bad" or "I guess I'm not alone")

See Table 3

## **OBSERVATIONS and FUTURE DIRECTIONS**

### **Key Learning**

The most significant learning for us was the degree to which the young people applied themselves to the task and their ability to provide quality responses to these complex themes. By asking questions, seeking clarification, checking and revising their responses throughout the interview, the young people demonstrated a genuine interest and a high level of understanding and ability to reflect on the themes covered.

The exercise provides useful feedback to case managers in involving young people in their case management and planning future directions. It gives practitioners a better idea of how the young person is functioning and improves case practice.

- Young people have the insight to reflect on their own level of risk.
- Young people want more input to case management/case planning.
- The Risk framework (scales or chart) used provides a useful visual prompt for young people in a format that is non-confrontational or judgemental.
- There are benefits for young people and Case Managers in using Self - Assessment. The exercise prompted young people to:
  - Think about their future
  - Recognise risk and protective factors
  - Self-manage or take charge
  - Solve their own problems
    - Increase their ownership and insight into their situation.
    - Recognise their own achievements
    - Empowers young people by valuing their opinion / critique of self and workers
    - Prompts cognitive change.
- Opportunity for workers to recognise and give credit to young people for what they do to make a difference in their own lives.
- Feedback from the young people was positive with all saying they found the exercise stimulating and interesting. Some respondents found it emotionally challenging and it is important to allow time to "de-brief" after the interview.
- Using the language associated with the Risk/Protective framework will reinforce the prompts for young people to reflect on their level of functioning at regular intervals and will allow young people to see progress/regression with a visual tool.
- The whole exercise was more valuable in the context of established relationships following long-term "engagement" of the group with the staff team.
- It is important to note that there are some young people for whom the tool may not be appropriate or may require adaption eg identified intellectual or psychiatric disability or where the exercise is considered to be burdensome or detrimental to the young person.

### **Where To Now ?**

- Integrate information into Young people's Case Planning and Reporting
- Explore additional ways to extend partnerships with young people
- Evaluate and integrate suggestions for service improvement

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**Table 1**

**FINDINGS- DATA  
CURRENT SELF RISK ASSESSMENT**

- *Table showing current risk factor ratings*

Factors	Not at all	Maybe	Definitely	Very Serious
Unemployment	2	2	3	
Drug use	4		3	
Alcohol use	3	4		
Depression		3	3	1
Being abused	3	1	1	2
Your own personality		5	1	1
Anger/Aggression		3	3	1
Offending	5	1	1	
Having friends	2	2	1	2
Problem solving by yourself	2	5		
Health physical	5		1	1
Health mental	5		1	1
Health sexual	6			1
Family conflict	2	2	2	1
Poverty	2	2	1	2
Running away	5	1		1
Getting into trouble	3	1	2	1
Accommodation	3	2	1	1

**Table 2**

**FUTURE SELF RISK ASSESSMENT**

- *Table showing assessment of risk factors in the future*

Factors	Not at all	Maybe	Definitely	Very Serious
Unemployment	4	1	2	
Drug use	3	3		1
Alcohol use	2	5		
Depression	2	3		2
Being abused	3	2		2
Your own personality	1	4	2	
Anger/Aggression	1	2	2	2

Offending	4	1		2
Having friends	3	4		
Problem solving by yourself	1	4	2	
Health physical	4	1		2
Health mental	4	2		1
Health sexual	6		1	
Family conflict	3	3		1
Poverty	3	3	1	
Running away	6	1		
Getting into trouble	2	5		
Accommodation	1	4	1	1

**Table 3**

**SELF ASSESSMENT; CURRENT & FUTURE**

- *Table showing summary of key factors by level of risk, both current and future*

Current low	Current high	Future low	Future high
Drug use 4	Unemployment 3	Unemployment 4	Depression 2
Offending 5	Drug use 3	Drug use 3	Being abused 2
Health physical 5	Being abused 2	Offending 4	Anger 2
Health mental 5	Having friends 2	Health physical 4	Offending 2
Health sexual 6	Poverty 2	Health mental 4	Health Physical 2
Running away 5		Health sexual 6	
		Running away 6	

Table 4

**ASSESSMENT OF 'MARY'**

Factors	Not at all	Maybe	Definitely	Very Serious
Unemployment	1	1	2	3
Drug use			2	5
Alcohol use	1	4		2
Depression		1	3	3
Being abused			3	4
Your own personality		2	1	1
Anger/Aggression		2	2	3
Offending		1	3	3
Having friends		3	1	3
Problem solving by yourself	1	1		4
Health physical	1	2		3
Health mental		3	1	3
Health sexual		3		4

Family conflict		1	3	3
Poverty		2	2	3
Running away		2	2	2
Getting into trouble		2	2	3
Accommodation	1	1		4