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Best Practice Interventions for Youth at Severe Risk in Residential Care Literature Review

Ben Alfasi Maayan Sarver Tal Arazi

Editor (Hebrew): Anat Feldman
English editor (Abstract): Suzanne Brown
Graphic design: Anat Perko Toledano

The review was commissioned by the Senior Division for Out-of-Home Services and Frameworks (Families, Children & Youth) and Special Placements at the Ministry of Welfare and Social Affairs and funded with its assistance

Myers JDC Brookdale Institute

P.O.B. 3886, Jerusalem 9103702, Israel

Tel: 02-6557400

brookdale.jdc.org.il/en | brook@jdc.org

Jerusalem | November 2023

Abstract

Background

The term “Youth at Severe Risk”¹ (formerly known as “hard-to-place youth”) refers to children and youth aged 6-18 who are at high risk of harming themselves or others. In many cases, these children and youth are diagnosed with disruptive behavior disorders, communication disorders, and mental disorders. The high-risk of children and youth for doing harm to themselves or others, along with the inability of their families and community to meet their needs, form the basis for decisions to remove them from their homes and to place them in residential therapeutic settings. The Senior Division for Out-of-Home Services and Frameworks (Families, Children & Youth) and Special Placements (hereinafter: the Out-of-Home Special Placements Division) at the Ministry of Welfare and Social Affairs (hereinafter: the Welfare Ministry) operates and supervises specially designated care settings for Youth at Severe Risk (the MAOZ model residential frameworks).

Goal

The goal of this review was to explore the knowledge from other countries on best practices in interventions in residential care for Youth at Severe Risk, with the view of assisting the Welfare Ministry in promoting the reform in the Out-of-Home Special Placements Division, as part of the improvement of services and policy in residential care in general, and in the MAOZ model, in particular.

Method

This literature review surveys academic research and professional literature on best practice interventions with Youth at Severe Risk implemented in English-speaking countries, including the United States, Australia, and the UK. Relevant literature sources were located through searches of online databases and the internet.

¹ There is currently no equivalent term in English for “Noar Katze” (the Hebrew term for these youth) and Youth at Severe Risk is the term we are using in English.

Findings

Various therapeutic intervention practices for Youth at Severe Risk are implemented around the world and are classified in two categories – generic therapeutic practices and specific therapeutic practices. The generic therapeutic practices are: Therapeutic Residential Care (TRC); Trauma-Informed Care (TIC); engaging the child, the family and the community in the intervention process; learning Life Skills as preparation for adult life; and integration into the community. The specific therapeutic practices are: care for youth suffering from substance abuse; care and treatment of victims of sexual abuse; treatment of sexual offenders: restraint and isolation; psychiatric drug therapy; and Dialectical Behavior Therapy (DBT).

Recommendations

Based on the information collected in the review, the following recommendations are proposed:

- Updating the definition of Youth at Severe Risk
- Promoting the engagement of the children and youth in the therapeutic intervention process while implementing the strengths perspective
- Strengthening the engagement of the families in the therapeutic intervention process
- Promoting physical and environmental development of the residential care facilities
- Strengthening the connections and interaction between the residential services, the welfare services in the community, and the interfacing education and health systems, and establishing mechanisms for maintaining contact and the continuity of care
- Developing intervention programs for youth leaving residential placement, as an integral part of the therapeutic intervention' and promoting supportive and flexible residential programs for youth who have reached adulthood and return to the community
- Developing and expanding professional preparation and ongoing training for professional staff in order to provide an adequate response suited to the characteristics of youth at severe risk
- Continuing the institutionalization of internal and external mechanisms for complaints and claims of youth and their families concerning the policy of the care facilities, the conduct of the instructors and the environment in the residential care facilities