

## THE DUTY OF CARE IN CHILD AND YOUTH CARE PRACTICE

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*ABSTRACT: The duty of care is a principle established in common law. It dates from the Middle Ages and underpins the history of US and Commonwealth laws concerning contracts and negligence. The duty of care principle has been upheld in the courts highlighting contractual obligations for the standard of services provided to children and young people. When agents of the State intervene in family life, a duty of care mandate replaces parental authority. Such a mandate holds child and youth care workers potentially liable for their actions. Vicarious liability has also been assigned to employers for negligence or battery in the actions of their employees when the duty of care standard has not been met.*

Important practice considerations as well as legal issues are called into question each time a child or young person is removed from their family and placed under court order in a child or youth care service. Many of these practice considerations focus on the circumstances that contributed to State intervention in the first place, and the assumption of legal guardianship by the State. In the busy whirl of here-and-now activity with children or young people at the front line of caring, it is easy to become preoccupied with direct practice issues and ignore important practice questions of a so-called, indirect nature, such as the issues of guardianship and the duty of care assigned to child and youth care professionals for the health and well being of children. Child welfare workers all too commonly relinquish concerns about their duty of care mandate, leaving such matters to managers, policy makers and the legal profession. All too often this happens because front line workers have little idea of what such a duty of care mandate actually means and how it impacts on their daily contributions to service production at the front line of care work with children.

This paper introduces child and youth care workers to what the duty of care actually means, what the duty of care mandate means when parental authority is removed by a Court and then explores some of the practice implications that arise from the duty of care standards highlighted by recent Commonwealth law decisions. Commonwealth law applies to a large extent in all the countries that immediately surround the USA, excluding Mexico and Cuba. Commonwealth Law rulings are also commonly referenced in American legal opinions, just as American legal opinions are commonly referenced in Commonwealth law decisions. Both

American and Commonwealth legal practices and decisions will trace their origins to the emergence of the Common Law.

### THE DUTY OF CARE

In legal terms, the duty of care means that in particular circumstances, a person is required to fulfil a particular standard of conduct. For child and youth care workers this means a duty to take reasonable care not to cause harm to others. Whether a duty of care exists in a particular situation is a question of law. In order to establish a Duty of Care there must be (i) reasonable foreseeability of the damage to an individual or individuals where there is a likelihood of harm occurring, and (ii) proximity or closeness of relationship between the parties, either physical or causal. There are also policy considerations that influence how the duty of care is defined. For child and youth care workers this means having some awareness of, or forethought about how their own actions may impact on the lives of children with whom they work. This is especially important given the intensity and close interpersonal relationships they develop with children or young people over the course of any working day, week, month or year.

The duty of care has its origins in the Common Law where it has been associated with torts concerning negligence or wrongs carried out against another (Hocking & Smith, 1996; O'Keefe & Farrands, 1980). The duty of care concept has evolved from the old 'action on the case' developments in common law between the 14th and 19th Centuries, where it was established that one person owes a duty of care to another based on the relationship of the parties. For example, blacksmiths had a duty of care in the way horses were shod so that they could be liable if a horse was injured. Persons who looked after the goods of others had a duty of care for any items under their supervision. From the 18th Century, highway users had a duty of care towards other users if it placed them in potential harm. In the early 20th century, the American courts held that the manufacturers of motorcars had a duty of care to ensure these were in safe working order. New categories have been slowly added to the list of relationships that the common law recognises as being actionable for a breach of duty. The general principle of 'duty of care' was formally established in 1883 and that principle – still applicable today – means that "...whenever one person is by circumstances placed in such a position with regard to another that every one of ordinary sense who did think would at once recognise that if he did not use ordinary care and skill in his own conduct with regard to those circumstances he would cause danger of injury to the person or property of the other, a duty arises to use ordinary care and skill to avoid such a danger" (*Heaven v. Pender* [1883] 11 QBD 503).

It was not until some years later in the case of *Donoghue v. Stevenson* [1932] AC 562 that the above principle was applied. In that case, the judgement held that not every moral wrong can have a practical effect in law so one must take reasonable care to avoid acts or omissions that one

can reasonably foresee may injure another. The modern requirements for a duty of care in Australia were established in 1984 (*Jaensch v. Coffey* [1984] 155 CLR 549 & *Sutherland Shire Council v. Heyman* [1985] 60 ALR.) where it was found that a duty situation would arise from the following combination of factors:

1. A reasonable foreseeability of real risk of injury to an individual or group of individuals;
2. The existence of proximity between the parties with respect to the act or omission; and
3. Absence of any rule that precludes such a duty.

In short, one must be aware that something could happen by following a particular course of action and the relationship that exists between the parties is critical to any determination of a duty of care. One further distinction was made in Australian jurisprudence in a case (*Gala v. Preston* [1991] 100 ALR 29) involving a group of youths who spent the afternoon playing pool and drinking alcohol. The youths stole a car to visit friends after which two of them planned to commit some burglaries. One of the young men was asleep in the back seat of the car when the car left the road and collided with a tree. While the driver might have foreseen that there could be a problem and that there was a proximity relationship between the driver and his passengers, the court found that because they were engaged in a criminal activity, there was no duty of care owed to the injured party.

While American child and youth care workers might rightly ask what these seemingly unrelated cases have to do with their child and youth care work, the answer becomes clearer when considering a landmark decision taken by the British Law Lords in the case of *Lister and others v. Hesley Hall Ltd* [2001] 2 All ER 769. That decision reached in London has provided legal precedent for the duty of care contract and any claims of negligence in health, education or welfare services provided by residential schools. Lister and his associates were residents of Axeholme House at Hesley Hall School near Doncaster, England between 1979 and 1982. The person in charge of the boarding complex and his wife were employed to be responsible for the day-to-day operations of this residential facility run by Hesley Hall School Ltd. Unbeknown to the employers, the officer in charge sexually abused residents during the course of his employment, was later found guilty and imprisoned for seven years.

*Lister and associates v. Hesley Hall Ltd* went to trial in January 1999 for consideration on two separate grounds. It was alleged, first, that the employers were negligent in their care, selection and supervision of the person in charge. Second, it was alleged that the employers were vicariously liable for the wrongs or torts committed by that person. The claim of negligence against the employers was dismissed but the claim of vicarious liability remained open for consideration, even though it appeared to be ruled out by the 1936 Salmond test as interpreted and applied by the Court of Appeal in *Trotman v. North Yorkshire County Council*. In this latter

case, a teacher had sexually abused a pupil during a school trip. Because the school trip to Continental Europe fell outside the jurisdiction of North Yorkshire County Council and its employer-employee obligations, vicarious liability against that County Council was not upheld. American child and youth care workers might again ask how this British legal talk has anything to do with practices in their agency or workplace. Claims made about child and youth care work as a profession require a clear working knowledge of the legal and social policy mandate that assigns authority for specific carers to act. When child and youth care workers leave child and family law to lawyers, then practice implications arising from legal decisions are commonly ignored or predetermined by the settlement.

The principle of vicarious liability imposes legal responsibility for the actions of someone else which have caused injury. Vicarious liability commonly occurs when there is a "superior" who is legally responsible for the acts of his/her subordinate. This doctrine is commonly applied in the employer-employee relationship. When an employee is negligent on the job, the employer is legally responsible for any damage or injury the employee causes. In the case of *Lister and associates*, the British Law Lords were invited to consider whether the employers of the person in charge of the Hesley Hall residential facility – depending on the particular circumstances – were vicariously liable for breaches in the duty of care committed by their employee. While the employee's duty of care had been delegated, it was argued that an abnegation of duty does not sever the connection with his employment. In a unanimous judgment handed down in May 2001, the British Law Lords agreed that appeals for vicarious liability should proceed. As a result, employers and governing councils are now open to claims of vicarious liability for the actions of staff employed to manage residential facilities and provide child and youth care services. American child and youth care workers may like to consider how judicial arguments are developed and argued in their own Courts, at both State and Federal levels. Legal precedent in Commonwealth law – based on the Common Law – will be used, along with legal precedents in the American courts when arguing cases of negligence and breach of contract with children and young people in care, or those formerly in care.

The courts have since extended the duty of care principle to include obligations on employers to monitor and supervise this mandate by employees or agents of the State, including social workers, child and youth care workers or foster parents. In the recent case in the High Court of New Zealand concerning *S v. Attorney General* [2002] CP 253 96, the State was held to be vicariously liable for its employees' failing to adequately supervise the care of children in foster homes. When the State intervenes in family life and assigns the duty of care mandate to child and youth care workers, such a duty of care contract is conditional and time limited. Agents of the State have "a duty to take care" and to provide "a standard of good enough care" for which liability against employees and vicarious or delegated liability against employers is now established in common law.

Implications arising from all this are that the State is legally required to employ agents (child and youth care workers or other child welfare professionals) who are suitably qualified and experienced in order to execute the duty of care mandate with any child removed from families and placed in State mandated care. If breaches in the duty of care contract are foreseeable through inadequate supervision or insufficient monitoring of staff performance, then both employers and the State can be held to be vicariously liable for its employees' failing to guarantee good enough practices and duty of care obligations for children. Both child and youth care workers and their employers are required to address issues of personal, professional and agency liability for the standard of care provided to children who are removed from parental care and authority.

### **PARENTAL AUTHORITY AND THE DUTY OF CARE MANDATE**

The duty of care mandate that is transferred to child and youth care workers is steeped in the social and cultural traditions of parenting and parental authority. Such authority is commonly transferred – both formally and informally – to enable children or young people to attend school camps, youth group outings or attend boarding schools. The transfer of parental authority also is common in relation to placements within extended families. It is only when parents abrogate their duty of care through neglect or abuse that State intervention normally occurs. The duty of care mandate is assigned – for the most part – through the acts of conception and birth and is willingly accepted by most parents. Parental authority is reinforced through ascribed roles and expectations transmitted through extended family and cultural kinship networks. These social and cultural expectations confirm roles on older siblings, grandparents, aunts, uncles or cousins that reinforce parental authority for the care of children. If parental authority for the care of children is first achieved through childbirth, such authority is then reinforced through the registration of births or adoptions. In most Western countries, this assigns a duty of care mandate identified as legal guardianship.

Parental authority is normally reinforced through cultural and kinship rituals associated with selecting a prospective husband or wife, engagement, entering into marriage, birth of the first child, rituals of confirmation, etc. In many parts of the world, cultural practices are closely interwoven with the legal authority given to parents, families and extended family networks. In Malaysia, for example, there is a dual legal system with laws for Malays framed by Islamic law, and parallel laws for the non-Muslim peoples of Malaysia (Fulcher & Mas'ud, 2000).<sup>1</sup>

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1 Under Islamic Law in Malaysia, the title of Wan is passed on to the illegitimate children of a Muslim man, regardless of his having committed fornication, and even where the child is a ward of the State.

Authority ascribed to parent(s) and the authority of eldership ascribed to paternal and maternal grandparents also shape the duty of care mandate for children of indigenous ancestries (Fulcher, 1998). All three types of parental authority – achieved, assigned and ascribed authority – are enmeshed in the duty of care mandate. The duty of care that resides with parents must be superseded if the State is to intervene in family life or assume decision-making powers for children. This indirect practice issue is always present for child and youth care workers, whether employed in specialist clinical programs, residential schools or working with foster homes.

Cultural conventions and legislation justify intervention in family life by the State in a restricted number of circumstances (Fox-Harding 1991, pp. 20-21):

1. Where the parent has asked the State to terminate their rights or determine custody for their child.
2. Where psychological bonds existed between a long-term parental caretaker and a child, and the caretaker seeks to retain the child or to become the legal parent.
3. As a consequence of the death, disappearance, hospitalisation or imprisonment of parents, coupled with their failure to make provision for the child's care.
4. Where the parent is convicted of a sexual offence against the child and demonstrated gross failure to care, thereby producing emotional harm.
5. Where serious bodily injury, narrowly interpreted, has been inflicted on a child by the parent so as to constitute a breach of the duty of care.
6. Failure to authorize medical care when denial of such care would result in death and supplying care would give the child a life worth living.
7. Where the child needs legal assistance and the parents request it or there are grounds for modifying or terminating parental relationships.

There are many instances where parental authority is transferred voluntarily to child and youth care workers operating *in loco parentis* for children to attend or participate in community activities. For generations, children and young people have been sent to boarding schools and parental authority has been transferred through a duty of care mandate assigned to other caregivers. Parental authority and a duty of care mandate is also transferred in the case of extended family placements of children or young people for brief periods, or when a child is sent to live with relatives long-term (Cairns 1991). Legal authority to intervene in family life, where parents relinquish the duty of care mandate for their child(ren), is highlighted when a child is placed for adoption or foster care. Surrogacy and the purchase of children for adoption offer two other

examples where parental authority and the duty of care mandate are transferred, regardless of whether such processes are regulated by the State.

Formal care orders transferring authority and the duty of care mandate for children and young people to the State have traditionally been granted only in cases where a child has suffered:

1. Injury causing disfigurement, impairment of bodily functioning or severe bodily harm; or the substantial likelihood of this;
2. Serious emotional damage where the parents are unwilling or unable to provide or permit the necessary treatment;
3. Sexual abuse by a member of the household; or
4. Need for medical treatment to prevent serious physical harm where the parents are unwilling or unable to provide or permit this (Fox-Harding 1991, p. 25).

Any Care or Supervision Order that formalizes placement in a program of community supervision, foster home or residential group living represents a formal incursion by the State into the traditionally private domain of family life. Such intervention involves a substantial alteration in the way parental authority is exercised and the duty of care mandate is assigned to agents of the State. Group home care, residential schools and secure care facilities reinforce such a duty of care mandate through transferring authority to child welfare workers to supervise the daily activities of children or young people within the terms of a duty of care contract. Commonwealth Courts have ruled that the State holds vicarious liability for the actions of its agents who are assigned a duty of care mandate for children or young people and who breach that mandate through negligence, dereliction of duty or criminal acts.

### THE DUTY OF CARE MANDATE AND SYSTEMS OF CARING

Elsewhere we have shown (Fulcher & Ainsworth 1985) how child welfare services feature prominently in each of society's major resource systems, including housing and welfare, education, health care and justice. The duty of care mandate for housing and welfare is to *shelter, protect and nurture*. The education mandate is to *teach knowledge and skills for living*. The health care mandate is to *treat ill health and promote wellness*. The justice system is assigned a mandate to *supervise and control*. In some parts of the world, the mandated authority to exterminate or administer capital punishment is also assigned to agents of the State through its Justice System.

However, in seeking to produce developmentally enhancing services for children or young people, there is always the challenge that all four service mandates require blending to provide nurturing care, socialization experiences, and specific therapeutic interventions that address the holistic needs of children (Maier 1979; 1981).

Child welfare legislation delineates the legal boundaries that govern State interventions into family life. The 21st Century began in most parts of the Western World with legislation formulated – at local, regional and national levels – to address the health, education and welfare needs of children and young people. Legislation also covers the supervision and control of juvenile offending. In some countries like Malaysia, the 21st Century began with child welfare legislation developed under 1940s colonial administration (Fulcher & Mas'ud 2000), although most contemporary legislation dates from the late 20th Century. Child welfare legislation normally includes regulations that assign a duty of care mandate with delegated decision-making powers, expectations and authority to act in respect of a child or young person removed from parental care and placed with designated agents of the State. The introduction of Family Group Conferences into formal decision-making processes about New Zealand children or young people before appearing in the Courts has gone a long way towards promoting family participation in decision-making and involving family members in the on-going care and supervision of their children (Fulcher 1999).

In translating the legislated duty of care mandate and the regulations governing daily and weekly practices under such a mandate, it is worth noting guidelines used over the past quarter century to frame laws concerning out-of-home placements. Fox-Harding (1991, pp. 17-18) noted five such guidelines.

1. Placement decisions should safeguard the child's need for continuity of environment and relationships.
2. Placement decisions should reflect the child's, not the adult's, sense of time since the child's sense of time is different at different stages of development. The younger the child, the shorter the interval before absence is experienced as a permanent loss, highlighting the need for speedy decisions with younger children.
3. Placement decisions need to take into account the law's incapacity to supervise interpersonal relationships and the limits of knowledge in predicting long-term outcomes.
4. Placements should provide the least detrimental alternative for safeguarding the child's growth and development in a placement that offers maximum opportunity for being wanted and for maintaining a continuous relationship with a psychological parent.
5. The child in any contested placement should have full party status and the right to be represented by counsel.

In the matter of transferring parental authority to the State and awarding a duty of care mandate to child welfare workers, Goldstein et al (1979) asked "*Why Should the Child's Interests be Paramount?*" Firstly these interests should be paramount once the child's placement becomes the subject of official controversy, but not before. Before this, the law must safeguard the rights of parents to raise their children as they see fit, free



of state intervention and of harassment by other adults...When the best interests of the child is not the criterion, family autonomy and minimum state intervention should be supported. So long as a child is a member of a functioning family, his/her paramount interests lie in the preservation of his/her family (cited in Fox-Harding 1991, p. 19).

Goldstein and colleagues argued that "parents are legally presumed to do what is good for their children" (cited in Fox-Harding 1991, p. 19). Childhood dependency requires day-to-day care that forms the building blocks for attachment, an essential element of socialization. The complex developmental tasks of childhood and adolescence require "the privacy of family life under guardianship by parents who are autonomous" (Goldstein, Freud, & Solnit, cited in Fox-Harding 1991, p. 19).

Fox-Harding argued that the State does not always act in the best interests of children, highlighting six interrelated principles that assist child and youth care workers to manage their discretionary powers in decision-making (1991, pp. 23-24). These include:

1. The principle of respect for family autonomy;
2. The principle of voluntary services;
3. The principle of limited intervention in the lives of children and families;
4. The principle of least restrictive alternative where intervention should minimize disruption and promote the child-family relationship;
5. The principle of the parties' right to legal representation, where the child is a full independent party to the proceedings, as with the parents; and
6. The principle of visibility and accountability for decision-making.

When State intervention in family life is finally deemed necessary, the duty of care mandate is handed over to child welfare agents by the State. Such a transfer of mandated authority normally accompanies a child or young person's arrival at a foster home, group home or residential school operated by – or under purchase of service agreement with – the State. The State's duty of care mandate is now commonly transferred through Purchase of Service Contracting (POSC) arrangements (Culpitt 1992) identified in the Care or Supervision Order stipulating where the child or young person must reside. Such contracts for service are legally binding and provide the administrative device through which the duty of care mandate for State obligated caring is transferred to local service providers. However, as indicated earlier, the State retains vicarious liability for the actions of designated agents (child and youth care workers) whose caring authority is quite different from parental authority. When faced with questions about whether employers or the State provide "*Good Enough Care*", all too often the response has been one of denial or obfuscation in pursuit of limited liability.

## CONCLUSION

To conclude, child and youth workers and their employers cannot hide behind good intentions as a defence against breaches in their duty of care for children. As argued earlier, each of the Dolls in the Doll's House of Caring<sup>2</sup> (Fulcher, 2001) requires careful consideration, not simply those Dolls or systems of influence closest to where the action is at the front-line of caring. Inherent strains are imposed through organisational dilemmas that impact on the primary care task as well as placing front-line workers at risk of liability for under-resourced programs (Maier, 1985). Similarly, policy decisions promoting economic rationalism or purchase of service contracting can no longer expect to avoid liability or vicarious liability assigned to employers and the State. Parental authority – whether achieved, ascribed or assigned authority – is clearly protected within common law practice.

Legal precedent holds employers of child welfare workers to be vicariously liable when failing to provide adequate supervision and oversight of staff employed in the care and treatment of children. While very few child and youth care workers would contemplate breaches in their duty of care with children, the sad fact remains that some – arguably too many – have already done so, and on too many occasions. Actions carried out in the past are no longer excused simply because they reflected interpretations of best practice at the time. The standard of "good enough care" remains open to on-going scrutiny by the courts in civil actions taken for negligence and breach of contract. The actions of child and youth care workers – as well as the actions of their employers – require ongoing vigilance and attention if the duty of care is to be exercised to a good enough standard on a continuing basis for all children.

### References

- Ainsworth, F. (1997). *Family-centred group care: Model building*. Aldershot, Hants: Ashgate.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge: Harvard University Press.
- Burford, G. & Hudson, J. (Eds.). (2000). *Family group conferences: New directions in community-centered child & family practice*. New York: Aldine de Gruyter.
- Cairns, T. (1991). Whangai - Caring for a child. In G. Maxwell, I. Hassall, & J. Robertson (Eds.), *Toward a child and family policy for New Zealand*. Wellington: Office of the Commissioner for Children, pp 100-102.

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<sup>2</sup> This refers to the Matruska Dolls metaphor used by Bronfenbrenner (1979) to articulate four systems of influence - micro, meso, exo and macro-systems - that frame the Ecology of Human Development.

- Culpitt, I. (1992). *Welfare and citizenship: Beyond the crisis of the welfare state?* London: SagePublications.
- Donoghue v. Stevenson (1932) AC 562.
- Fox-Harding, L. (1991). *Perspectives on child care policy*. London: Longman.
- Fulcher, L. C. (1998). Acknowledging culture in child and youth care practice, *Social Work Education*, 17(3), 321-338.
- Fulcher, L. C. (1999). Cultural origins of the contemporary family group conference. *Child Care in Practice*, 5 (4), 328-339.
- Fulcher, L. C., & Ainsworth, F. (Eds.). (1985). *Group care practice with children*. London: Tavistock Publications.
- Fulcher, L. C., & Mas'ud, F (2000) Residential Child & Youth Care in Malaysia, *Journal of Child and Youth Care*, 14(2), Vol 14, 9-22.
- Gala v. Preston (1991) 100 ALR 29.
- Goldstein, J., Freud, A., & Solnit, A. (1979). *Beyond the best interests of the child*. New York: The Free Press.
- Heaven v. Pender (1883) 11 QBD 503.
- Hocking, B. A., & Smith, A. (1996). The Potential of the law of torts to assist in the protection of children. *Murdoch University Electronic Journal of Law*, 3(1),  
<http://www.murdoch.edu.au/elaw/issues/v3n1/hockingb.html>.
- Jaensch v. Coffey (1984) 155 CLR 549.
- Leigh, J. W. (1998). *Communication for cultural competence*. Sydney: Allyn & Bacon.
- Lister and others v. Hesley Hall Ltd (2001) 2 All ER 769.
- Maier, H. W. (1979). The core of care: Essential ingredients for the development of children at home and away From home, *Child Care Quarterly*, 8(3), 161-173.

- Maier, H. W. (1981). Essential components in care and treatment environments for children. In F. Ainsworth & L. C. Fulcher (Eds.). *Group care for children: Concept and issues*, pp.19-70. London: Tavistock.
- Maier, H. W. (1985). Primary care in secondary settings: Inherent strains. In L. C. Fulcher & F. Ainsworth (Eds.). *Group care practice with children*, pp. 21-47. London: Tavistock Publications.
- O'Keefe, J. A. B., & Farrands, W. L. (1980). *Introduction to New Zealand law, fourth edition*. Wellington: Butterworths.
- S v. Attorney General [2002] CP 253 96.
- Sutherland Shire Council v. Heyman (1985) 60 ALR.

## "THROUGH THE LENS OF DOMESTIC VIOLENCE: WORKING WITH ADOLESCENT MALES IN RESIDENTIAL TREATMENT"

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*ABSTRACT: The following article describes a treatment approach for working with adolescent males who have witnessed domestic violence and who are demonstrating significant conduct disorders. Direct intervention targeted at domestic violence trauma and child maltreatment issues is outlined as a method of treatment for these youth and their families. The Habitat Program's experience with the first 24 male adolescent clients is reviewed and ideas for clinical intervention are outlined. The article explores the work of the treatment team in managing their own perceptions and experiences regarding violence while working with this group of boys.*

*Mark was a fifteen-year-old male who was referred to the Habitat program by Children's Services due to six placement breakdowns over the past three years. Reports from his parents and social worker described presenting concerns such as drug and alcohol abuse, placement breakdown due to aggression, non-compliance, and violence directed at staff, his father, mother's new partner, and his younger sibling. Also, concerns about Attention Deficit Disorder and Conduct Disorder were identified. Mark's difficulties coping with his parents' separation six years ago as well as his struggle with his mother's new partner were raised. The focus of intervention during the past year had been on anger management, creating a stable placement for Mark, and addressing the volatile relationship between Mark and his parents.*

Wood's Homes is a comprehensive treatment service offering a broad range of residential, clinical, educational, and community services to adolescents and young adults, age 12 – 24 years. It is located in Calgary, Alberta. The Habitat Program is an 8-bed intensive residential program for adolescent male youth.

The Habitat Program at Wood's Homes was inspired by youth like Mark and the hypothesis that direct intervention targeting domestic violence trauma experienced by young people could be effective in treating adolescent males with conduct difficulties who have also witnessed domestic violence. Male youth, who demonstrated significant conduct difficulties, often give clues to their histories in the forms of aggression