PRACTICE GUIDE

Complex/extreme support needs and care arrangement matching

Unless these issues are responded to as soon as they are detected, through professional assessment and where recommended, treatment and other intervention options, children and young people are highly likely to progress along a negative trajectory while remaining in care.

This is because mental health status, conduct disorder levels, oppositional/defiant behaviours, attention problems and depression are predictors of either early, or ongoing, placement disruption for children and young people in out-of-home care.

Note: the existence of one behaviour or emotional presentation, in and of itself, will not always be indicative of a problem requiring intervention. Rather, the existence of one or more of the below behaviour or emotional presentations would prompt further assessment, including gathering information and evidence (for example, type, frequency, severity, duration of the behaviour/emotional presentation and effects on the child's functioning/needs etc.) and examining or evaluating all relevant information to determine the best course of action.

Conduct problems

Behaviours and/or emotional presentations indicative of potential conduct disorder or conduct problems include destroying or damaging property, defiance at school, lying and cheating, stealing from outside the home, school or elsewhere, temper tantrums, general disobedience, fighting with or bullying other children and physically assaulting others.

Hyperactivity problems

Behaviours and/or emotional presentations indicative of potential hyperactivity problems include unable to sit still or cannot sit still for long, restless or overactive, constantly fidgeting or squirming, cannot concentrate or pay attention for long, easily distracted, concentration wanders, trouble sticking to things (e.g. activities/tasks), acts without thinking and unable to complete tasks.

Emotionality problems

Behaviours and/or emotional presentations potentially indicative of emotionality problems, anxiety or affective disorders include not as happy as other children, unhappy, downhearted, sad, tearful or depressed, many fears or too fearful, easily scared or anxious, nervous, highly strung or tense, many worries, often seems worried, often complains of headaches, stomach or sickness, nervous or clingy in new situations and easily loses confidence.

Peer relationship problems

Behaviours and/or emotional presentations potentially indicative of peer relationship problems include shares too readily, or will not reasonably share, with other children (e.g. toys, books, other items), rather solitary, tends to play alone, has no good or close friend, not generally liked by other children and gets on better with adults than with other children.

Social adjustment problems

Behaviours and/or emotional presentations potentially indicative of social adjustment problems include does not get along well with people, resents people telling them what to do, feels persecuted or picked on, inconsiderate of other people's needs or feelings, blames others for their mistakes, does not look forward to mixing with others and is not willing to talk and express feelings.

Attachment problems

Behaviours and/or emotional presentations potentially indicative of attachment problems or attachment disorder include inability to trust others and to form a close bond with another person, unwilling to seek comfort from others when frightened or hurt, deliberately provokes anger in others, produces theatrical displays of emotion, inability to regulate appropriate emotional and social responses, being excessively demanding or bossy, showing little guilt or remorse for their actions, makes very little eye contact, is indiscriminately affectionate towards strangers, produces incessant nonsense speech, unable to give and receive affection, aggression towards peers, misreading environmental and interpersonal cues, and engaging in bullying and other hostile behaviours.

Placement matching

Effective placement matching is critical to children and young people in out-of-home achieving improved placement stability, psychological adjustment, social functioning and educational outcomes. Despite this, placement matching often occurs in limited or unsystematic ways.

Placement matching is particularly limited for adolescents (who are most at risk of placement disruption) and children and young people with histories of sexual abuse and/or sexualised behaviours. These two cohorts are at greater risk of placement disruption and poor psychosocial outcomes than other children and young people in care.

Children and young people who are at greatest risk of placement instability will require careful placement matching, contingency planning, supports and treatment/interventions from the commencement of their placements, or as soon as possible following the commencement of their placements, if early or ongoing placement disruption (and associated negative outcomes) are to be avoided, or minimised.

Factors contributing to placement instability and disruption

Factors that increase a child or young person's risk of experiencing placement instability and disruption include:

- older age, increasing timeframes in out-of-home care, and the presence and severity of behavioural and emotional problems;
- gender (males) and location (geographical dislocation was greater for children in country areas);
- placement breakdown during the first four months in care, two or more placement breakdowns in the previous two years due to behaviour or a history of previous multiple placement changes;
- age and level of conduct disorder at entry to care;
- poor levels of functioning in children and young people (conduct disorder, peer problems);
- significant emotional and behavioural problems demonstrated by children and young people (including property damage, aggressive behaviour, substance abuse, offending and truancy from school, and a range of other antisocial behaviours);
- externalising behaviours or disorders in adolescents, including ADHD, oppositional-defiant disorder and conduct disorder);
- social interaction factors such as poor parent-child relationship, child's inability to form positive attachments to caregivers and prior experience of living in chronically abusive and neglectful homes prior to entering care.

General placement matching considerations

General placement matching considerations include the following:

- kinship care affords greater levels of placement stability than foster care;
- standard foster care is usually more suited to younger, better functioning children;
- adolescents who present with conduct disorder and/or mental health issues are generally unsuitable for standard foster care – they usually require more intensive foster care options;
- the views of children and young people are often overlooked, despite the research indicating that placements can be more stable when children and young people in care have choice about a placement;
- carers see pre-placement information as central to the way they care for a child or young person and as crucial to understanding the child or young person's behaviour;
- the provision of full and accurate information to carers is linked to enhanced placement stability and improved outcomes for children and young people;
- placements are more likely to breakdown when:
    - they are made quickly, without adequate consultation with children or young people and without adequate consultation with, or the provision of full information to, carers;
    - carers' preferences about the characteristics of children to be placed (e.g. girls only) are ignored.

Considerations specific to care arrangement types – kinship care

Care arrangement matching considerations associated with kinship care include the following:

- these care arrangements last longer than ones with non-related carers;
- children and young people in kinship care do as well as those placed in non-kin placements;
- kinship care arrangements are more likely to have better outcomes where children are relatively young when placed and present with few difficulties, and carers are grandparents;
- having a sibling in placement and the presence of other children are protective factors;
- children and young people are more likely to feel close to carers' children, and there is less likelihood of tension in relationships with either carers or children;
- children and young people identify positive experiences and feelings about placement in kinship care – they feel wanted, part of the family, listened to and supported in their education and life plans;
- the proportion of children who experience substantiated harm by kinship carers is low and no greater than those in non-kinship placements, and the incidence of experiencing harm during parental contact is also low;
- social worker ambivalence about kinship care remains a key challenge, even although the research-evidence does not support some of the reported concerns about kinship care;
- problematic family contact is a key issue associated with kinship care – where there are seriously strained or conflicted adult relationships between kinship carers and at least one parent, contact planning and intervention needs to focus primarily on positively managing relationships and reducing conflict;
- there is some evidence supporting concerns about the quality of care however these concerns only apply in a minority of cases;
- factors predicting placement disruption for kinship placements include the child being ten years or older at placement, low carer commitment, the child being beyond control and family contact not being supervised.

Considerations specific to placement types – foster care
Placement matching considerations associated with foster care include the following:

- foster carers with certain characteristics and approaches to parenting are more successful than other carers;
- characteristics associated with **successful** out-of-home care placements include:
  - non-authoritarian child-rearing styles;
  - non-possessiveness towards the foster child;
  - rejection of the belief that child development is dependent on heredity;
  - tolerance of difficult behaviour and poor academic performance;
  - low demand on children for religious observance;
- successful carers are warm and encouraging, sensitive to their children's needs, willing to listen and clear about expectations – they are also more likely to take part in enjoyable activities with their foster children (e.g. bedtime reading, taking a child to a football match) and encourage young people to developing necessary adult life skills;
- children and young people report five main requirements for placement – normality, family care, respect for their origins, control over their lives and opportunities and enabling skills;
- well supported foster care is capable of containing some very difficult adolescents without losing foster carers;
- although many children and young people speak positively about their foster carers and many foster carers are committed to the children and young people in their care, the research confirms that foster care faces many challenges:
- it rarely provides very long stays in the same family;
- it may fail either to change the situations from which foster children come, to offer them a permanent home or bring about much change in their long-term well-being and behaviour.

Considerations specific to placement types – residential care
Placement matching considerations associated with residential care include the following:

- reported benefits (in the absence of supporting research) include creating a framework for emotionally secure relationships or attachments with adults, providing an environment for intensive therapeutic intervention, providing stability and a stimulating setting, and widening cultural and educational horizons;
- in recent years, research has provided some evidence that residential care may not be as bad as previously thought (e.g. international research shows that health and wellbeing outcomes for children and young people in foster and residential care are broadly comparable);
- multiple residential care studies show that residential care **can be helpful** in the following circumstances:
  - the young person has difficulties allowing any one adult to get close to them and they can benefit from multiple carers;
  - a young person has a history of abusing other children;
  - a young person feels threatened by the prospect of living in a family or needs respite from it;
  - multiple potential adult attachment figures might forestall a young person from emotionally abandoning their own parents;
  - when the emotional load of caring for a very disturbed or chaotic young person is best distributed among a number of carers;

  - when the young person prefers residential care to any form of family-based care, and would sabotage the latter if it were provided;
- residential care also seems to be helpful:
  - for adolescents whose challenging behaviour at home, school and in the community requires placement in a supporting but emotionally undemanding setting, staffed by experienced people;
  - when there is a need for specialised treatment, either within the residential setting or outside of a living situation;
- there are some concerns that residential care cannot provide the same quality of care as family-based care;
- other difficulties associated with residential care include providing unconditional love, constraints on children's emotional development, poor staff continuity, marginalisation of children's families and other welfare services, and imposing more restrictive and less normalised care environments on children and young people;
- residential care is often used as a last resort for children and young people whose family-based care placements breakdown, or who increasingly present with severe needs the longer they remain in care;
- although children with severe psychological and behavioural problems are commonly placed in residential care, these settings rarely lead to better outcomes for children – **benefits rarely carry over** or are much reduced, after leaving residential care;
- the long-term effects of residential care have proven difficult to identify;
- although there are no conclusive comparisons between residential care and foster care for adolescents, the research supports the following:
  - most children and young people in foster care seem to prefer this to residential care;
  - some children and young people in residential care prefer this placement type.

Considerations specific to children and young people with histories of sexual abuse and/or sexualised behaviours
Placement matching considerations associated with children and young people with histories of sexual abuse and/or sexualised behaviours are outlined below:

- the risks from and to these young people are considerable;
- when the full histories of sexually abused children and young people are examined, many of them have abused another child at some stage (often another child in care) – this information is not always easily accessible short of reading the child or young person's entire case file;
- if children's safety in care is to be maximised, placement planning will need to focus on the risks and vulnerability of both the child to be placed and others already in the placement setting;
- consideration is rarely given to how the child or young person will fit in with others in the placement setting, meaning that potential risks to the child/young person and other children in placement are often not addressed;
- carers are rarely given any information about children and young people's histories of sexual abuse or abusing behaviour, preventing them from taking necessary actions to avert incidents of further abuse;
- when information about sexual abuse or sexual behaviours is provided to carers, crucial details are often omitted;

- carers require full information, including the time of day and circumstances in which the abuse took place, the age, gender and identity of the abuser, the child's age when the abuse or behaviour started and stopped, how the abuser gained compliance and silenced the child, and the child's reaction to disclosure;
- although some children and young people do not demonstrate adverse sexual behaviours during one placement, this does not mean that their problems are resolved;
- placement mix is particularly important where:
  - young people present with weak interpersonal boundaries and considerable levels of emotional immaturity;
  - young people had sexually abused others in placement (as there are few clear predictors of which children who have been sexually abused or who have sexually abused other children will abuse a child in any particular placement);
- carers and social workers often lack an understanding of the reasons for young people's behaviours (i.e. the connections between young people's behaviours in placement and their sexualised backgrounds and past experiences of sexual abuse);
- it is not uncommon for carers and social workers to normalise or minimise very sexualised and risky behaviour, resulting in limited or ineffective interventions with, and/or poorer outcomes for, children and young people with adverse sexual histories;
- opportunities for some young people to do some direct work on their past abuse are often missed due to an absence of difficulties in the placement;
- carers often need to teach young people to separate physical touch and affection from sexual contact, and young people often require nurture appropriate to a much younger child (to prevent young people acting out their need for affection and nurture through sexual contact);
- young people require proactive assistance to develop school attendance, work experience and other activities which bring them rewards, alternative sources of self-esteem and involvement with positive peer groups;
- residential workers rarely see their responsibilities for the young people in their care as extending outside the residential home, even although active attempts to monitor the young people's behaviours when outside the placement are extremely important;
- monitoring and controlling the behaviours of children and young people is **only one aspect** of placement – additional placement supports and interventions are also required (as outlined above).

Considerations specific to the views and support needs of carers

Australian carers have identified the following distinct profiles of behaviours as being problematic in terms of children and young people with challenging behaviours:

- cognitive difficulties (e.g. language, memory, and attention and learning problems), which make conventional behaviour management techniques less effective – these issues can create problems for children and young people in relation to planning and organising themselves to sufficiently carry out daily tasks, understanding instructions and expressing themselves, and sustaining attention in a range of circumstances;
- sexual or other high-risk behaviours or activities (e.g. risk and self-harm thoughts or actions, walking off with strangers, absconding from placement, threatening to harm carers or members of their families), which are likely to require intensive and systemic interventions (e.g. stringent levels of supervision, specialised therapeutic services) that are not easily accommodated within home-based care;
- behaviours of an aggressive, controlling and violent nature (e.g. explosive and dramatic emotional outbursts, lack of social reciprocity, need to control and manipulate others), which are unresponsive to conventional behaviour management techniques. Non-compliance and

inability to accept social conventions present significant difficulties for foster carers and there is a need to assist carers to develop skills in effectively dealing with oppositional and manipulative behaviour while simultaneously building secure attachments;
- anxiety based behaviours (e.g. obsessive compulsive behaviour, over-reliance on carers for reassurance and sense of safety), which require carers to implement a range of anxiety management strategies.

In addition, carers are extremely unlikely to tolerate drug and alcohol use, playing with or lighting fires, self-harm, sexual behaviour towards others, threatening carers' family members, and stealing (particularly in the absence of specialised support).

Australian carers have also identified the following supports as being the most important with respect to children or young people with challenging behaviours:

- knowledge about children and young people's behaviours, prior to fostering (irrespective of the type of care – i.e. short-term, long-term and respite, or the length of the carers' experience) – this was the most important support identified by carers;
- information that prepares and equips carers to manage behaviours, including how to manage and respond to mental health difficulties and how/why particular behaviours originate;
- emotional support (i.e. someone to talk to about issues);
- counselling and therapy for the child;
- a good relationship with social workers;
- training in behaviour management.

Version history

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