
**Brief No. 11**

**Alternative care: Models of support for younger children with challenging behaviours and/or in Juvenile Justice**

**The problem defined**

Clarke (1998) reports that in a sample of just over one-third of the children in substitute care in ACT, 26% had a disability, and 38% were recorded as having behavioural difficulties. While not as yet documented in the literature, there is an impression that problem behaviour associated with children known to protective services, is occurring at a younger age than in the past. Children between seven and 12 years of age may develop challenging behaviour.

Concomitantly, with little recognition in the literature of this issue, no records could be found on models of support for younger children with challenging behaviours in alternative care or in Juvenile Justice.

**Tentative steps to understand the problem**

The Department of Human Services in Victoria undertook a review (1997) of the management of high-risk adolescents, identification of service gaps and made recommendations about how to improve service delivery. The children involved in this project ranged from 11 to 17 years of age, the majority being 14, 15 and 16, older than the group of interest for this Brief. The report (1997 p.6) notes that 18% of the adolescent child protection population in Victoria, presented with ‘serious personal or community risk’ and ‘pose particularly difficult management problems’. Most of these children were living in residential care and had been placed as a single child, rather than part of a sibling group. In brief:

- 56% of the metropolitan high risk adolescents had a substance abuse problem;
- 27% of the metropolitan high risk adolescents were both under the care of child protection and Juvenile Justice services;
- 23% from the whole state were judged to be suicidal or were diagnosed with a mental illness; and,
- 7% of the whole group were exhibiting inappropriate sexual behaviour which placed others at risk.
A sample of 20 children were studied in greater detail. Of the following problem behaviours: offending, running away, vulnerability to sexual exploitation, violence, self harm, severe depression, withdrawn behaviour, and inappropriate sexual behaviour, 60% presented with six or more of these behaviours (Department of Human Services, 1997).

Butler (1999) writes an interesting article about child care and adolescents displaying problem behaviour. She believes that there is an argument to support the contention that children in residential care are displaying acting-out behaviour more commonly and showing more serious behaviour problems. However, she does not mention a trend for these problems to occur at an earlier age. (The author, Marlene Butler, was the Coordinator of Family Support Services at Southern Family Life, Victoria, and may be a good contact with whom to pursue this topic). Butler (1999) also makes reference to research from the US which suggests that young people in placement today are ‘significantly more disturbed’ than in the past (Bates et al. 1997). Butler (1999) says she knows of no Australian research on this. Butler outlines reasons why she believes these trends are occurring in Australia.

Kupsinel and Dubsky (1999) examined children who entered a care placement who were known to be behavioural disturbed, defined as having a mental health issue, behavioural and conduct disorder. It was found that this group of children entered the care system older than children without these behavioural problems. They also stayed longer, were more likely to be male, more likely to be placed further away from home and were more likely to stay longer in care (Kupsinel & Dubsky 1999). This research highlights the need to examine the behavioural issues of children prior to them entering alternative care and whether it is the more disturbed group of children who are being retained.

**Standards/benchmarks**

A number of Australian studies give benchmarks for child and adolescent issues and behaviour. The Australian Temperament Project is an on-going longitudinal study which follows a large group of children (now aged 18 years) seeking understanding between temperament and development (Prior et al. 2001). Researchers reported on a section of data on pre-adolescent children, in relation to identify predictors of psychological disorder at 11 to 12 years of age (Prior et al. 2001). It was found that the strongest indicators of adjustment at 12 years of age were previous behaviour problems and the child’s capacity at self-regulation, with a weaker association with the mother’s reporting of child difficulty. The authors report that 15 to 20% of school age children suffer from:

...relatively serious behavioural and emotional problems which significantly compromise their everyday functioning in multiple domains (Prior et al. 2001: 297).

**Service Models**
The model of service provision, known as ‘wraparound services’ has been used with children in care with severe behavioural problems. A small study undertaken by Brown and Hill (1996) found that this service model was beneficial for children aged two to 15 years and was a cost effective response.

Clark and colleagues (1996) also report a controlled evaluation of the use of wraparound services for behaviourally disturbed children in foster care. The children being offered wraparound services were offered a broad range of services tailored to their needs. It was found that these children changed placements less frequently than the group of children not offered this wraparound service and they were more likely to achieve a permanent placement.

The report by the Victorian Department of Human Services (1997) made a number of general recommendations in relation to strategies to modify problematic behaviour and assist in the building of self-esteem for high-risk adolescents. The suggestions include:

• Providing greater continuity of care and consistency of relationships through the availability of one-to-one care packages;
• Systematically building in opportunities for meaningful, on-going relationships;
• Ensuring access to education or day programs for all high risk young people; and
• Involvement in activities which give young people life skills and a sense of achievement (Department of Human Services 1997 p.32).

The report noted that the complex nature of the problems necessitates a high level of collaboration and expertise and immediate access to expert support services. Services need to be intensive, innovative and individualised. The study found that there were service gaps in relation to drug and alcohol and mental health services. The report details a range of recommendations in relation to the above summary.

Butler (1999) makes some recommendations about the type of assistance needed for ‘at risk’ adolescents in out-of-home care. She believes that the adolescents have to be assisted to develop adaptive strategies. That staff need to help these adolescents to develop trust and mutual respect, and age-appropriate interests and skills. She points out that to do this work, staff also need to be supported and have access to fundamental work conditions, such as training, supervision and prompt de-briefing where required, as well as time-off and adequate rates of pay, etc. She notes a discrepancy between the skill levels needed to do this work and the status and rates of pay. Finally, Butler also refers to the (now) well-recognised protective of having access to at least one person who provides unconditional regard and support, a caring and competent adult who provides a nurturing relationship.

Conclusions
There appears to be an urgent need for research on this issue, with a number of Australian states beginning to identify and focus on young troubled children living
in alternative care. However, the problem of younger children with challenging behaviours is largely not addressed in the available literature, while very little was able to be found on models of support for these children in care. The few studies which have been undertaken suggest that the ‘wraparound’ program may have beneficial effects on younger children in care with challenging behaviours.

It is not known whether this model has advantages over any program which offers intensive services and attention to a child with multiple needs. Until further research has been undertaken, some direction in relation to defining the problem and the provision of services for these children, may be gleaned from the (also small) body of work done in relation to working with adolescents in alternative care. A review of child psychiatric and mental health literature on this age group may also provide useful information for the development of therapeutic programs.

**Literature**

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**Behavioural standards**

Finlayson et al. (1987)
A comprehensive questionnaire was administered to 1270 students attending seven State high schools in the largely middle class Hornsby and Ku-ring-gai areas of Sydney. Students were asked about their opinions, feelings and behaviours with regard to current issues, school, religion, employment and the future, peer and family relationships, alcohol, tobacco and drugs, and (older students only) sexual experiences. The students’ responses were analysed and comparisons made between girls and boys, between students in Years 7, 10 and 11 (aged about 12, 15 and 16 respectively), between and between students attending co-educational and single-sex schools. On the whole, students were disenchanted with governments, which they felt did not understand the needs of youth. Over a third felt religion was not very important to them. However, despite the current high youth unemployment rate, they were optimistic about future employment and wanted to work, marry and have children. The proportions of students found to be drinking alcohol regularly, smoking cigarettes and marijuana and indulging in sexual activity were disturbingly high. The prevalence of such behaviours were similar for boys and girls, but increased sharply between Year 7 and Year 10. Also, the prevalence were much high among Co-educational schools seemed to have a moderating effect on these behaviours, and not, as is often believed, an exacerbating effect. Regression analysis revealed the quality of family relationships to be very important. Where there was a perceived lack of love and closeness, the
prevalence of students’ problems and acting-out behaviours were considerably higher than where there were close, loving relationships. The prevalence of depression among students was also of concern and this again was related to the quality of the family relationships. The students’ greatest perceived needs were of interpersonal and emotional, rather than a material, nature. (Author abstract)

Prior et al. (2001)
Longitudinal predictors of behavioural adjustment in pre-adolescent children.

Sawyer et al. (2000) (see Brief no. 10)

Understanding the challenging behaviour and measurement

Boulton (1985)
Acting-out means that the person does something instead of experiencing painful feelings, and the main purpose of acting-out is to keep these feelings and conflicts from conscious awareness. The essence of the concept of acting-out is the replacement of thought by action. Author describes categories of acting-out adolescents, with suggestions for assessment and treatment: 1) neurotic acting-out (occasional acting-out); 2) the impulse-ridden adolescent (habitual acting-out); 3) adolescents who need to establish ‘a temporal continuity within the ego’; 4) adolescents who act out on behalf of their parents. Concludes that persistent acting-out in adolescence is a symptom of underlying problems. The meaning of the behaviour can only be understood in the context of the individual adolescent’s early life history and current family relationships. Effective treatment rests upon a careful assessment of the adolescent and his family.

Brown & Hill (1996)
This article explores the use of wraparound services as an alternative to residential treatment for children with moderate to severe emotional disturbances. Key concepts from the literature pertaining to a system of care are discussed, focusing on case management, individualised services, and parent involvement. The development and evaluation of the Halton Wraparound Program, a community-based program that provides wraparound services to emotionally disturbed children, are described. A limited amount of funding provided services to 28 children, ages 2 to 15, who otherwise would have needed residential care. Clients were able to request the services they wanted. Issues and challenges encountered during the planning and implementation phases of the program are addressed, and the results of the evaluation of the program are presented. Results indicate that parents identified in-home help, stress reduction, and individual one-to-one services as major contributors to success. Results also reveal that the program cost one-sixth of the mean cost of all community out-of-home placements combined. Recommendations about wraparound services are also presented. (Abstract from NISC and BiblioLine)

Brody & Ge (2001)
A longitudinal transactional model was tested linking parenting and youth self-regulation to youths’ psychological functioning and alcohol-use behavior. Participants included one hundred twenty 12-year-olds, their mothers, and their fathers from whom three waves of data were collected at 1-year intervals. Teachers provided assessments of self-regulation, and parenting was assessed from multiple perspectives, including youth reports, parent reports, and observer ratings. Youths reported their psychological functioning and alcohol-use behavior. The data supported the model. Parenting and youth self-regulation were stable across time, and self-regulation was linked with changes in harsh conflicted parenting from Wave 1 to Wave 2. Parenting at Wave 2 was associated with youth self-regulation. Youth self-regulation at Wave 2 mediated the paths from parenting practices at Wave 2 to youth psychological functioning and alcohol use at Wave 3. (Abstract from NISC and BiblioLine)

Clark et al. (1996)
This article describes a study that examined the feasibility of applying a wraparound strategy to meeting the needs of emotionally or behaviorally disturbed children and their families. Participants were 132 children between the ages of 7 and 15 years who were randomly assigned to either a standard practice (SP) foster care group or to a Fostering Individualized Assistance Program (FIAP) group. The FIAP wraparound strategy paralleled the foster care system and involved the clinical case management of a broad range of individually tailored services, driven by a wraparound team of adult key players in each child’s life. The strength-based assessment, life domain planning, clinical case management, and follow along supports and services components of FIAP were implemented by the FIAP family specialists. Results indicate that children in the FIAP group changed placements less frequently than children in the SP group. For the subset of children who had any history of running away, children in the FIAP run away for fewer days than children in the SP group. In addition, there was a greater likelihood that a FIAP versus a SP child would achieve placement in a permanent home. Findings suggest that the FIAP wraparound process has promise for improving placement outcomes for children with emotional or behavioral disturbances who are lost within the foster care system. (Abstract from NISC and BiblioLine)

Cote et al. (2001)
Objective: To examine girls’ developmental trajectories of disruptive behaviors during the elementary school years and to predict conduct disorder symptoms and diagnosis in adolescence with trajectories of these behaviors. Method: The sample was 820 girls from the province of Quebec followed over 10 years (1986-1996). A semi-parametric mixture model was used to describe girls’ developmental trajectories of teacher-rated disruptive behaviors between the ages of 6 and 12 years. The trajectories were used to predict conduct disorder symptoms and diagnosis when the girls were on average 15.7 years. Results: Four groups of girls following trajectories with distinct levels of disruptive behaviors were identified: a low, medium, medium-high, and high trajectory. Prediction with the trajectories indicated that girls on the medium, medium-high, and high trajectories reported a significantly higher number of conduct disorder symptoms in adolescence. However, only the girls on the medium-high and high trajectories were at significantly higher risk to meet DSM-III-R criteria for conduct disorder, compared
with girls in the low group (odds ratio: 4.46). More than two thirds of the girls with conduct disorder were in the medium or higher-level trajectories. Conclusion: The results suggest that there is an early-onset type of conduct disorder in girls. (Abstract from NISC and BiblioLine)

Cotterell (1996)
How are young people influenced by their peers? Can professionals offer appropriate guidance? This book charts the interactions of young people both in and out of school and the role of peers and friends in strengthening social attachments and in establishing social identities. It describes how social identities are worked out in the different settings which comprise the adolescent’s world and how these experiences differ for those who are shy, popular, aggressive or antisocial.

Discussion includes the implications of social acceptance or rejection for academic motivation, aggression and health risk behaviour; the influence of the school on social relations; antisocial behaviour in groups and crowds; and how professionals can support adolescents in building social attachments, giving practical examples of how this is being done in various communities.

Harper & Kelly (1985)
Reports on a study which aimed to determine whether year 5 and 6 boys exhibiting anti-social behaviour were actually masking an underlying depression. Using the Rutter Scale, 181 boys from three primary schools were screened and of these 46 were found to be manifesting anti-social behaviour. These subjects were then asked to complete the Children’s Depression Scale and a total of 39 were identified as reporting depressive symptomatology. This group had lower self esteem, higher levels of guilt, a greater instance of family breakdown and familial psychiatric history, as well as experiencing more cognitive problems than those who were anti-social but not identified as depressed. (Journal abstract)

Howard (1995)
A crucial means by which adolescents learn about themselves and the world is via risk taking, much of which focuses on issues of sexuality and identity formation. The presence of the human immunodeficiency virus (HIV) can make some behaviour particularly hazardous. This chapter presents the findings of two surveys designed to assess changes in risk behaviours of inner city homeless youth in Sydney. The impact of these changes on the spread of HIV is also considered. Questionnaires were completed by 192 youths over two periods: 1989/1990 and 1990/1991. The questionnaire covered the following areas: family life; abuse; leaving home; self-perceptions and emotional life; suicide; help-seeking behaviour; health; drug taking; sexual behaviour; and knowledge of HIV / AIDS. Results indicate that while some change in risk behaviours involving intravenous drug use and sex with paying partners has occurred, homeless youths engage in higher sexual risk taking with regular and casual partners. The findings support research suggesting that despite perceiving risks quite accurately, adolescents tend not to
weigh up risk factors when making a decision. The author suggests strategies for reducing adolescent risk taking. These include: intensive, focused interventions; peer educators; and material assistance in the form of condoms, water-based lubricants, clean syringes, needles and bleach. Ethnographic research is recommended as a means of viewing the safe and unsafe behaviours and strategies of youth out of home.

Lennings (1996)
This project identifies a number of published and unpublished reports on drug use and associated risks for adolescents, with a particular focus on Queensland youth. Compared to school attending adolescents, out of school adolescents have significant rates of drug use. In addition, significant associations between ‘street kids’, unwise drug use and unsafe sex practices exist. Involvement in crime, prostitution and a culture of suicide attempts is apparent. Such involvement has important implications in terms of public health campaigns and the targeting of scarce resources, particularly in a state that has concentrated on providing only the most basic of primary health care services. The author find that, in general, data on such practices exists only for small samples, is of questionable reliability and represents a real research gap in current Australian practice. (Journal abstract)

Miner (1991a)
Thirty adolescents who had lived away from home for at least six months were compared on self-concept with 120 adolescents living at home. The latter group was divided into equal numbers of adolescents who were employed, unemployed, school students, and college students. The Offer Self-Image Questionnaire for Adolescents was used to measure self-concept. Other measures used were the Beck Depression Inventory, the Hopelessness Scale of Beck et al., and the Rutter Internal External Locus of Control Scale. These were used to examine the relationship between deficits in self-concept and psychopathology. Environmental factors such as family relationships, employment, school achievement and friendships were also examined. It was found that homeless adolescents demonstrated significant deficits in five areas of self-concept and a specific patterns of deficits was related to hopelessness. Results were discussed with reference to the theory that acting-out behaviour mitigates the impact of affective disturbance on self concept. (Journal abstract)

Miner (1991b)
This study investigated self image, depression, hopelessness and locus of control in 30 adolescents who had lived away from home for at least six months, together with relationships between maladjustment and poor experiences at home and at school prior to leaving home. Comparisons were made with 120 adolescents living at home who were employed, unemployed, at school or at tertiary institutions. It was found that the homeless youth were more depressed and hopeless, with poorer self image than all groups excepting unemployed adolescents.

Reynolds & Rob (1988)
A comprehensive self-report questionnaire that covered many aspects of adolescents’ lives was administered to 1270 students in years 7, 10 and 11 who attended seven State high schools in Sydney. The prevalence of unhealthy and
acting-out behaviour increased significantly between the ages of 12 and 15 years (years 7 and 10) and then levelled out. By the age of 15 years, 15% of adolescents were drinking alcohol at least three times a week; 30% of adolescents smoked cigarettes; 15% of adolescents had used marijuana in the past week; and 18% of adolescents had had previous sexual experience. Nine per cent of all adolescents often felt ‘so down or low that life has lost its meaning’.

The quality of the family relationship was found to be associated closely with the presence or absence of adolescent depression and unhealthy or acting-out behaviours. Where the family relationship was not close or loving, the prevalence of depression was three times as high and the prevalence of alcohol, cigarette and marijuana use and early sexual activity were about twice as high as among adolescents who perceived that their families were close and loving. The majority of adolescents with poor family relationships felt that their parents could do more to help them. Help in the form of more understanding, support, trust, time, interest and freedom was wanted much more frequently than was help in the form of material items such as pocket money. Parental divorce or separation and having a mother who was working full-time were also associated with a perceived lack of family closeness and love. The implications of these findings for the prevention of the establishment of health-threatening behavioural patterns and suicide among adolescents are discussed. (Journal abstract)

Seifer et.al. (1992)
Abstract. Protective processes in at-risk children between 4 and 13 years of age were examined in a longitudinal study. A multiple risk index was used at 4 years to identify 50 high-risk children and 102 who were at low risk. Cognitive and social-emotional status were measured at each time point. The following indicators of protective processes were related to positive change in cognitive and/or social-emotional function in the high-risk children between 4 and 13 years: mother-child interaction; child perceived competence, locus of control, life events, and - social support; and maternal parenting values, social support, depression, and expressed emotion. Many of these factors were also related to improvement in the low-risk children. Some variables showed an interaction effect, where impact was substantially higher in the high-risk group compared with the low-risk group. The utility of multiple risk constructs and process oriented approaches to protective factors are discussed. (Abstract from NISC and BiblioLine)

Younger children with challenging behaviours and protective services

Butler (1999)
In this issue of ‘Practice notes’, the author shares some thoughts about the out of home care system which tries to carry the burden left when family functioning fails. Her view is that the significant issues facing young people in care are more difficult than ever for residential programs to address in the light of current social, political, and economic trends. Discussion includes whether acting out and quietly disturbed behaviours have become more common, more serious, or more difficult to manage in residential care settings; deinstitutionalisation; trends in the Department of Human Services; funding issues; and, staffing issues.
Kupsinel & Dubsky (1999)
This study was undertaken to determine the nature of the out-of-home care placement experience for 131 behaviorally impaired children entering care over the course of a year in Nebraska. Variables analyzed included behavioral impairment, age at entry, age at termination gender, race/ethnicity, family violence, geographical area before and at termination, closeness to home of most recent placement, and length of time in care. Multiple regression analysis showed that behavioral impairment was the strongest predictor of length of time in care, accounting for 2.4% of the variability. (Abstract from NISC and BibliolLine)

Models of support/intervention

Department of Human Services, Victoria (1997)
In 1996, the Victorian Minister for Youth and Community Services requested that a review of high risk clients be undertaken. A working group from regional Child Protection and Accommodation and Support management, and central Protection and Care program staff undertook the review. It involved an examination of the existing documentation relating to the management of high risk adolescents, identification of service gaps, and formulation of recommendations to improve service delivery and client outcomes for young people who present with high risk behaviour. This report represents the findings of the working group in relation to proposed strategies to strengthen practice and improve response to high risk adolescents. Appendices include an interim practice instruction on identification and management of high risk protection and care clients, and a listing of risk factors characterising high risk adolescents.

Farmer & Farmer (2001)
Developmental science, a meta-theoretical framework investigation individual development across the lifecourse, is discussed in terms to prevention and treatment of emotional and behavioral problems. The multifaceted, dynamic, and bi-directional contribution of factors, both internal and external to the individual, is thus emphasized. Key aspects of developmental science, systems of care, and prevention are described, and the implications for delivery of mental health services to children and youth are discussed.

Howard (1995) (see above)

Chapman (1994)
Family therapy’s response to adolescents has evolved since the early days of functional explanations for ‘acting out’ behaviour, now attending more to the social and familial contexts that affect adolescents’ behaviour. Correspondents
from around Australia outline a complex range of responses and programs which are attempting to respond to adolescents at risk, in the process highlighting how difficult a life stage this is, especially in the present economic climate. At even the best of times, uncertainty plagues adolescents; the added dimension of insecurity and fear for their future highlights how ‘risky’ adolescence is for all. Resnick, Harris & Blum (1996)

The study of over 36,000 7th-12th grade students focused on protective factors against the quietly disturbed and acting out behaviours, which together represent the major social morbidities of adolescence. Models developed separately for girls and boys repeatedly demonstrated the protective function of caring and connectedness to family and to school. A sense of spirituality, as well as low family stress (referring to poverty, unemployment, substance use and domestic violence) also functioned as protective factors. Measures of caring and connectedness surpassed demographic variables such as two parent vs single parent family structure as protective factors against high risk behaviours. Interventions for youth at-risk must critically examine the ways in which opportunities for a sense of belonging may be fostered, particularly among young people who do not report any significant caring relationships in their lives with adults. (Journal Abstract)

Friedman, Kutash & Duchnowski (1996)

This chapter provides definitions for ‘serious emotional disturbance’ developed within the mental health and other systems. Research findings on the prevalence of serious emotional disturbance in children and adolescents are reviewed. Findings suggest that the prevalence of serious emotional disturbance is probably between 9 percent and 19 percent. The characteristics of children with emotional or mental disorders are described on the basis of clinical, epidemiological, and services research. Overall, studies suggest that these youngsters have serious problems in many domains, including emotional and behavioral functioning, educational performance, social behavior, and overall functioning. In addition, many of these children and adolescents exhibit a high prevalence of mood disorders and disruptive behavior disorders, and a high percentage of them are from low-income families and single-parent households. A framework for considering the severity of the problem of serious emotional disturbance in children and adolescents is presented, focusing on the issues of prevalence, persistence, co-morbidity, and financial cost. The chapter concludes by considering the implications of definitional issues, prevalence data, and descriptive information for service system development. (Abstract from NISC and BiblioLine)

Lee, Clark & Boyd (1993)

The FIAP study (Fostering Individualized Assistance Program) involves a comparison of two methods of providing mental health and related services to foster children, at highest risk, randomly assigned to two groups: Standard Practice (SP) versus Individualized Support Team (IST). The IST intervention model is family-focused, child-centered, collaborative, and uses an empowered (with a checkbook) case management strategy to implement an intensive program of individualized wraparound services. Although the FIAP study is examining the impact of this intervention model on all aspects of the children’s lives, such as emotional and behavioral adjustment and placement permanency, this paper
reports only the preliminary findings regarding delinquency. (Author abstract)  
(Abstract from NISC and BiblioLine)

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