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:practice

Client Mix and Client Matching in Therapeutic Care

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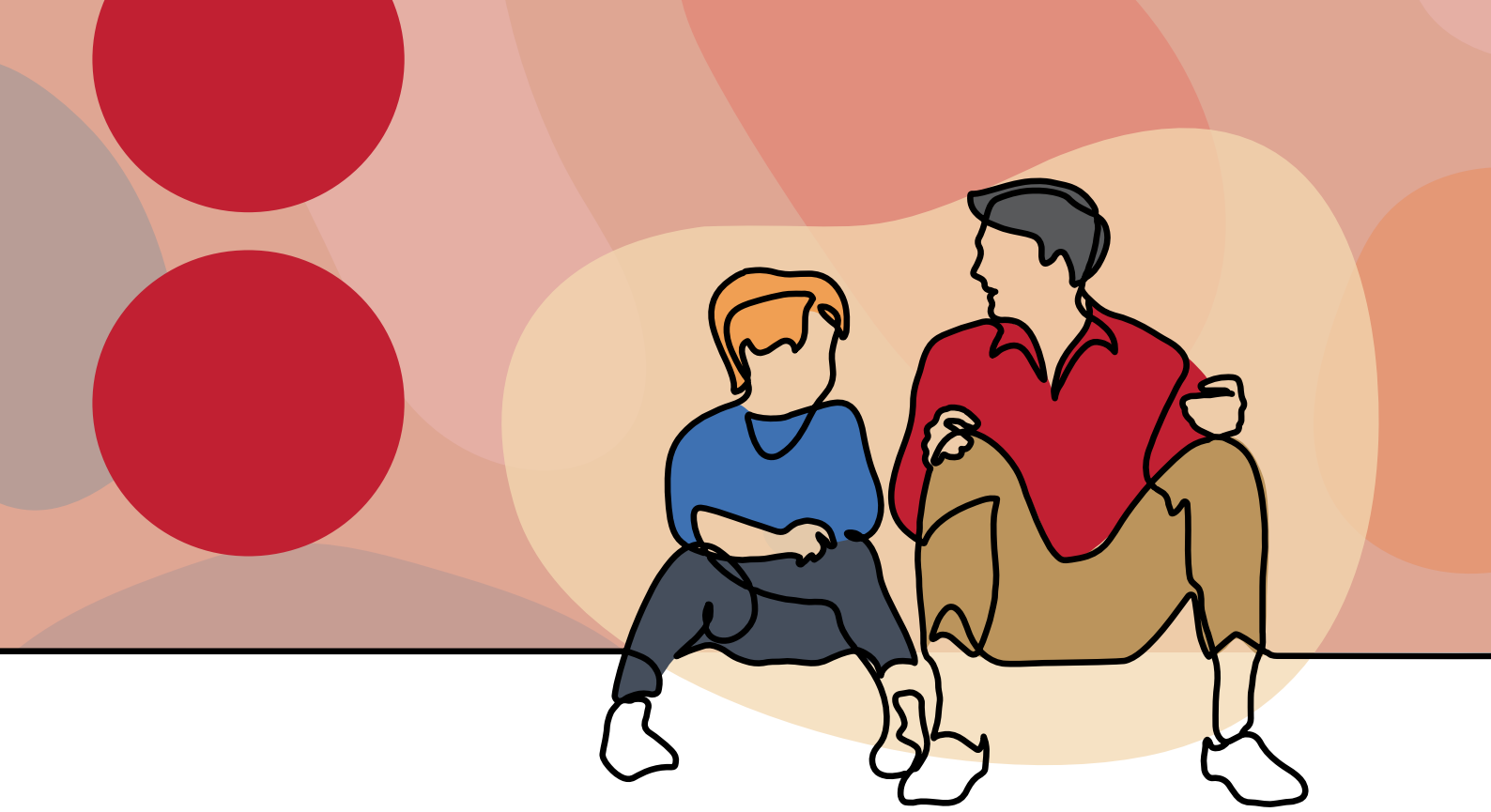


Purpose of this guide

Client mix and the process of client matching is an important part of therapeutic care. This guide has been developed to support effective decision-making processes around client mix and client matching. The guide identifies and explores seven domains of effective decision making with a focus on therapeutic group or residential care settings including Therapeutic Intent, Participation, Individual Needs, Group Living Context, Staffing, Organisational Capability and System Issues.

Key Messages

- Effective decision making regarding client mix and client matching provides the foundation for safety, therapeutic care and improved outcomes for children and young people.
- Client matching is the practice of identifying the individual needs of children and young people and matching them to an environment that best supports them to recover and heal.
- Client mix is the practice of understanding the needs of a child or young person and how they could live safely with, benefit from, and positively contribute to the lives of others.
- The national and international literature is sparse regarding effective client mix and client matching practice.
- Effective practice regarding client mix and client matching must take into consideration a range of domains including the individual needs of children and young people, the group living context, participation of children and young people, the therapeutic intent of the program, the capacity of the staff team, organisational and systems capability and issues.

- The interplay of the seven domains will impact the achievement of positive outcomes for children and young people. Careful assessment of the risks, needs, strengths, and vulnerabilities across each domain, and the consequences of these is critical. Strengths in one or more domains will mitigate the vulnerabilities in another domains.
- A positive group climate is reliant on the staff to set the relational context within which children and young people feel safe to share their thoughts and feelings with staff, who are able to set limits, boundaries and expectations that are balanced, negotiated, understood, accepted and calmly applied.
- Group norms and the expectations children and young people place on each other and the group itself can play an important role in setting standards for behaviour and maintaining safety.
- Group dynamics should be carefully monitored and supported in consideration of their 'readiness' to accept/ positively tolerate a new child or young person, supported by a comprehensive understanding of their unique strengths, vulnerability and triggers.

- Positive staff culture and attitudes towards the behaviour of children and young people are critical to the staff's ability to interpret their behaviour and needs through a trauma informed lens. Trusting and safe relationships between staff, children and young people are essential for them to be supported to de-escalate, co-regulate and learn pro-social behaviours.
- There is a strong relationship between organisational and system cultures and living group climate in the houses, with staff performing better when there is confidence the organisation shares their vision and commitment to the work.

Introduction

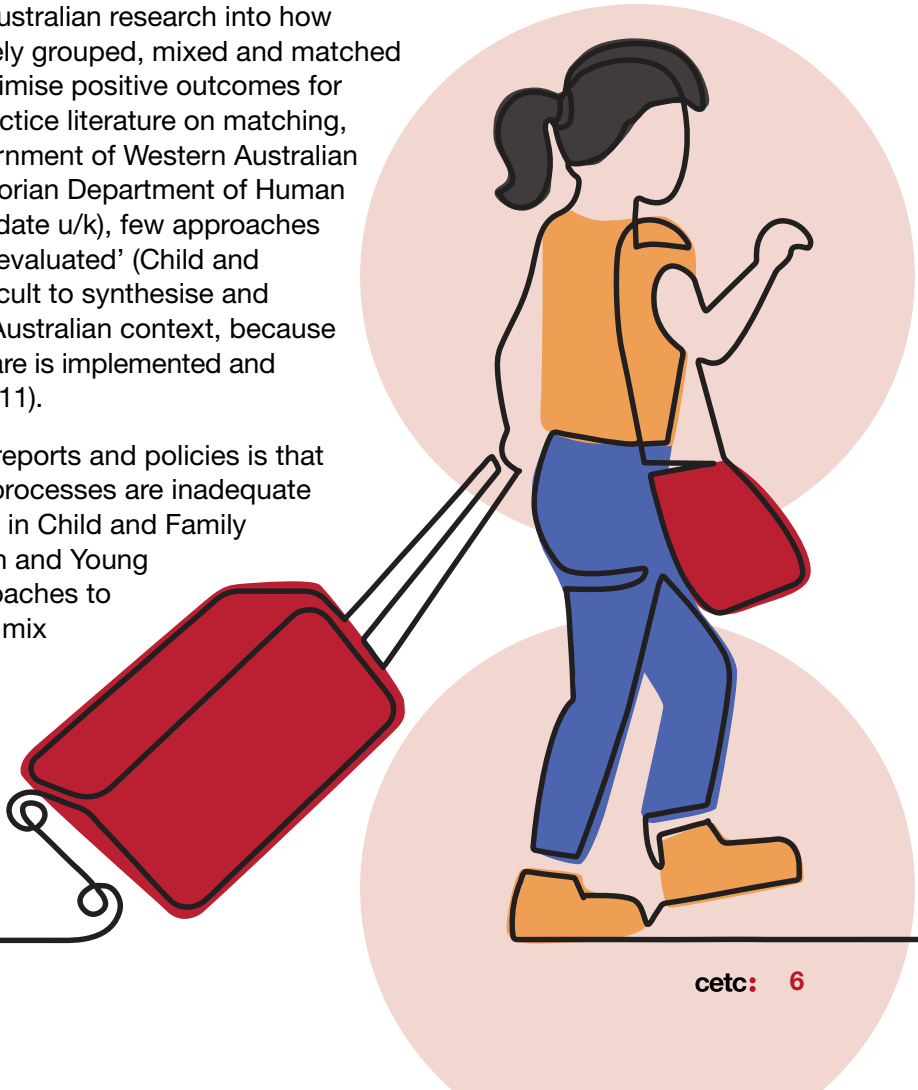
> ***The objective of client group matching is to create a mix that maximises the opportunities for all young people (current residents and the new young person) to benefit from the therapeutic approach, informed by the needs of the young people***
>
> **(10 Essential Elements)**

Therapeutic models of care are most often designed to support children and young people with complex needs arising from experiences of abuse, significant disadvantage and instability in care. By definition then, navigating a course towards most effectively meeting those needs is also complex. At the same time, it has long been understood that effective decision-making at each stage of a child or young person's journey through care is vital for the achievement of good outcomes. The capacity to understand, make sense of and address the needs of children and young people in the context of client mix and client matching is integral to this success.

The practice of client mix and client matching is an area of practice that remains poorly conceptualised and lacking in a robust evidence base. When done well, effective decision making regarding client mix and client matching provides the foundation for safety, therapeutic care and improved outcomes for children and young people. However, the consequences of poor client matching, and consideration of client mix for children and young people are clear – lack of stability, compromised safety, enduring vulnerabilities and compounding disadvantage.

Out of home care is a complex system with a range of stakeholders seeking to make decisions in the best interests of children and young people. The Intensive Therapeutic Care (ITC) system in NSW is one example of this. It comprises of a range of forms of care – intensive short term residential assessment units for up to six young people, residential care for up to four young people, supported independent living, sibling care, home based care and significant disability options – all utilising a trauma-informed, therapeutic approach. ITC placements are provided by non-government agencies funded by the NSW Government. Access to placements within the ITC system is through a centralised referral process within the NSW Government which seeks to determine eligibility and undertake initial placement matching. The ITC system is underpinned by 10 Essential Elements of which attention to client mix is one. The practice of client matching and client mix has been an area of significant focus for the ITC system as it has sought to come to a shared understanding of the best way to approach meeting the needs of young people in its care.

There is a dearth of international and Australian research into how children and young people are effectively grouped, mixed and matched into therapeutic residential care to maximise positive outcomes for young people. Whilst there is some practice literature on matching, referral and transition processes (Government of Western Australian Department of Communities 2017, Victorian Department of Human Services Placement Coordination Unit date u/k), few approaches or frameworks are 'evidence-based or evaluated' (Child and Family Practice 2015). Further, it is difficult to synthesise and compare international literature to the Australian context, because of vast differences in how residential care is implemented and studied internationally (McLean et al, 2011).



Evident across Australian government reports and policies is that current client mix and client matching processes are inadequate and inconsistent (Centre for Excellence in Child and Family Welfare, 2014, Commission for Children and Young People, 2015). There are multiple approaches to tools and frameworks to support client mix and client matching, both at a national level, and specific to various state jurisdictions. While guidance can be extrapolated from the literature into what works in therapeutic

residential care, there is no shared language or evidence-base for these. Poor planning or a lack of capacity to plan (as is the case in emergency placements) has been identified as likely to reduce or significantly disrupt the therapeutic effect experienced by existing residents and damages the benefit that the child or young person being placed could otherwise experience (Verso, 2016). Notwithstanding, the reality of needing to place children and young people who require care and protection at short notice will forever remain a feature of any out of home care system.

This guide has been developed to support the practice of client matching and client mix within out of home care. It has been distilled from both the key messages arising from research and practice literature and a series of interviews and focus groups with Therapeutic Specialists, Managers and relevant government stakeholders across the service system in New South Wales.

What does 'Client Mix' and 'Client Matching' mean in the context of Therapeutic Care?

In Your Words

Client mix and matching is a vital component of holistic healing and therapeutic care. So, really we have to start with safety. Safety is paramount. It is about the safety of the individual, and of the group.

(ITC Practitioner)

Client Mix is an essential element of therapeutic care.

Client Mix has two distinct characteristics:

a) The importance of considering the overall mix of residents is a critical element of success when considering the suitability of a potential child or young person entering a therapeutic program.

b) The objective of client group matching is to create a mix that **maximises the opportunities** for all children and young people to experience **on-going safety and benefit from the therapeutic approach**

Inherent in the above description are two discreet but interrelated concepts:

- Client Matching
- Client Mix

SO, WHAT IS THE DIFFERENCE?

CLIENT MATCHING is the practice of identifying the individual needs of children and young people and matching them to an environment that best supports them in their journey of recovery and healing

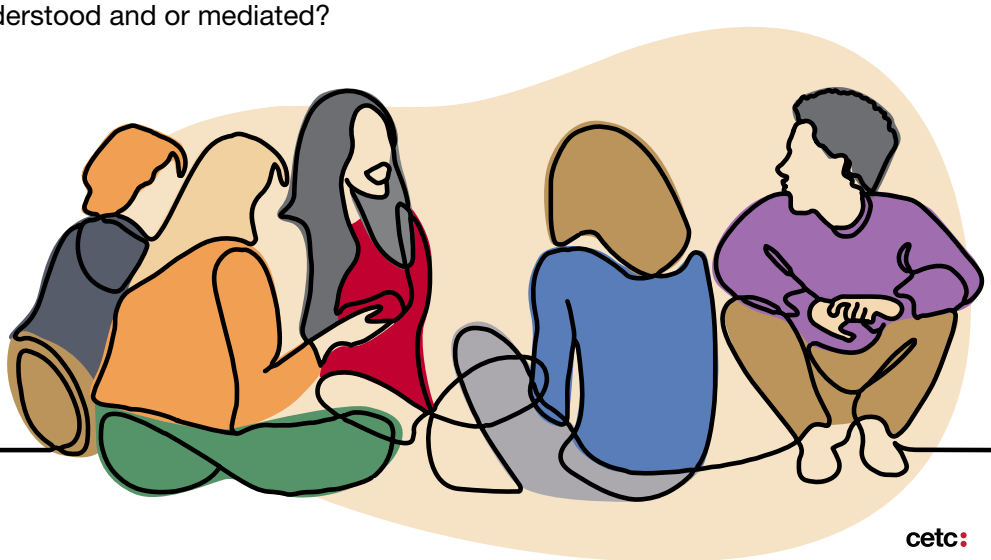
CLIENT MIX is the practice of understanding the needs of a child or young person and how they could live safely with, benefit from and positively contribute to the lives of others

Whilst 'client mix' and 'client matching' both consider the needs of the individual child or young person and their capacity to live well with others, the 'client matching' process considers the environment more broadly as well as the change process. Client mix may not be as significant a consideration in placements that are not congregate in nature, however client matching is always a consideration when placing a child or young person in any form of care.

Importantly, both concepts focus on the needs of the child or young person.

Within the client matching process, client mix is one aspect of the environment. Other critical environmental considerations include:

- What intensity of staff/carer support does the child or young person need to be successful?
- Are there considerations regarding the gender of the staff for the child or young person?
- What relational environment does the child or young person need?
- Who are the other key relationships/ people in the life of the child or young person and how can they access their care and support?
- What needs does the child or young person need in relation to the physical environment within which they live?
- Are there any people or places within the local environment that need to be understood and or mediated?



- How can the therapeutic milieu meet the needs of the child or young person?
- How able is the staff team to meet the needs of the children and young people in the house?
- How effective are the support structures, systems and processes offered by the organisation to support the program?
- In what way does the broader system align to the needs of the child or young person?

Therapeutic approaches use the living environment, or milieu, to promote and support healing and change. As such, an understanding of the change process, or the therapeutic intent of the program is a critical element of client mix and client matching.

This guide proposes that effective practice regarding client matching and client mix within therapeutic care must take into consideration a range of variables, the needs and risks posed by children and young people being but one of these. Effective client mix and client matching outcomes are also contingent on the therapeutic intent of the program, the staff team, organisational capability and systems capability and issues.

Practice Reflections

Is the process of client matching different depending on the placement type being considered?

How do the definitions of client mix and client matching align to your organisation's practice? What is the same or different? How have these practices evolved?

A framework for client mix and client matching

Drawn from literature and practice the following Client Mix and Match Framework, as represented in Figure 1, has been developed to provide guidance across seven essential domains of effective client mix and client matching decision-making.

The interplay of these domains, or variables, will impact the achievement of positive outcomes for children and young people. Careful assessment of the risks, needs, strengths, and vulnerabilities across each domain, and the consequences of these is critical. Strengths in one or more domains will mitigate the vulnerabilities in another domains. Each domain is further described below.

Figure 1: A framework for client mix and client matching

Mitchell, Royds, Macnamara & Bristow 2020

1. Therapeutic Intent

> ***…traumatised young people benefit from experiencing relationships around them that embrace therapeutic intent and hold therapeutic capacity.***
>
> **(Tucci, Mitchell &Tronick, 2020, p. 29)**

Effective decision making around client mix and client matching requires careful attention to the therapeutic intent of their care. The placement of young people in therapeutic residential care is not random. These children and young people have generally been exposed to multiple traumas in the form of family violence, exposure to alcohol and drug abuse, or sexual, physical and emotional abuse. They may have other siblings in care, and/or one of their parents may also have been in care as a child. They are usually known to child protection at an early age (AIHW, 2020). They most often have histories of placement instability with less intensive forms of care having been unable to meet their needs.

Therapeutic approaches to care recognise that experiences of disruption, violence, abuse and neglect have the potential to result in “developmental injuries” often referred to as developmental trauma (Abramovitz & Bloom, 2003). These adverse childhood experiences have been demonstrated to impact upon social, emotional, cognitive, behavioural and spiritual functioning in such a way that requires a specialised and informed response.

Therapeutic care is an intentional approach to the care and support of children and young people who have experienced developmental trauma and is concerned with their

> ***… needs, their entitlements and their voice. It is informed by the consilience of knowledge (Siegel, 2015) distilled from a range of disciplines and practice areas encompassing interpersonal neurobiology, trauma, therapeutic intervention, child protection and children's rights.***
>
> **(Mitchell et al, 2020, p. 55)**

The therapeutic intent unifies expectations about the placement and how it works to provide the basis for growth and transformation to occur. Relationships are the primary vehicle for change and recovery and hold the therapeutic intent. Therapeutic care integrates therapeutic intent into the daily practices of care. It is an active intervention seeking to deliver foundational experiences to children and young people that apply the healing properties of safety, attunement, trust, predictability and stability. An assumption underlying therapeutic care is that all relationships and interactions in a home have the therapeutic potential to be reparative and corrective – this is referred to as the therapeutic milieu. In a therapeutic environment, the physical structure also plays an important role in helping children and young people to feel safe, contained and supported to develop control of their behaviour, emotions, and lives rather than be controlled (Bailey, 2002).

Thus, the therapeutic intent is to create a living and learning environment in which children and young people are able to:

- Develop a strong sense of safety
- Develop and maintain effective interpersonal relationships
- Develop and/or practice empathy
- Regulate their emotions
- Process traumatic memories
- Change or manage their behaviour consistent with the context
- Perceive congruence between their thoughts, emotions and behaviours
- Experience a sense of acceptance, comfort or positivity about themselves 'in their own skin'
- Develop a strong sense of identity
- Model more positive and helpful interpersonal relationships
- Master new skills that they may not have had an opportunity to engage with prior
- Develop resilience to difficult experiences
- Develop a sense of calmness
- Develop memories and have fun

(Abramovitz & Bloom, 2003; Cook, Spinazzola, Ford, Lanktree, Blaustein, Cloitre & van der Kolk, 2005, Perry & Pollard, 1998; Perry, 2006; Teicher, Anderson, Polcari, Anderson, Navalta, Kim, 2003; van der Kolk, 1994; Verso, 2011)

In Your Words

It is about making sure we don't put someone into an environment that causes them more harm. If the service is supposed to be therapeutic and healing, and prepare them for a different environment, it can't exacerbate the trauma.

(ITC Practitioner)

Key Practice Considerations

- The therapeutic intent of your approach is your theory of change. Staff, managers and the broader organisation need to feel confident and competent in their capacity to understand and apply the therapeutic intent in their work.
- The realisation of therapeutic intent within the program is reliant on trauma-informed culturally strong ways of making sense of children and young people's needs and ways of responding to them.
- The organisation and broader system around the therapeutic care program need to align around expectations about the placement and how it works to provide the basis for growth and transformation to occur.

Practice Reflections

How well do you understand the therapeutic approach in use in your organisation?

How would you describe the therapeutic intent of this approach?

How well do relationships between staff and children and young people hold this therapeutic intent?

2. Participation

> ***The child should be consulted, and they should have the opportunity to express their views.***
>
> **(Commission for Children and Young People, 2015, p. 12)**

Children and young people clearly want some say in where and with whom they live (Moore et al, 2016). For them, these decisions are not about 'finding a placement', but rather, where their next home will be. It is a decision that also impacts many other aspects of their life – contact with family and friends, schooling, connection to culture and neighbourhoods or communities that feel familiar. However, while there is broad theoretical support for children and young people participating in these decisions, what this means for practice is rarely considered (Commission for Children and Young People, 2015; McLean, 2019).

Children and young people's participation in decision-making includes:

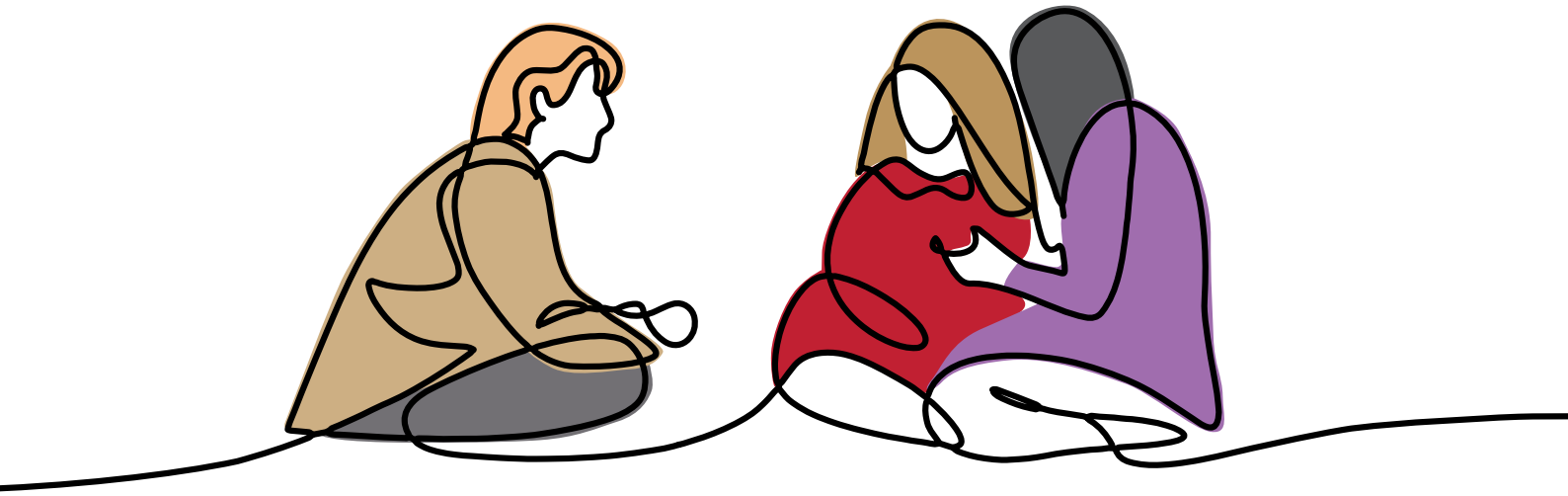
- being able to access information to take part in decisions that matter
- knowing their rights and entitlements
- having opportunities and capabilities to express their views freely
- having an impact on the outcome of the decision-making process, and
- understanding the possible consequences of decisions

(Bessell, 2011, 2015; Lansdown, 2018; Sinclair, Vieira, & Zufelt, 2019)

NSW Child Safe Standards for Permanent Care reflect children and young people's rights to:

- access information about care decisions in a manner which they can understand, and
- to be provided with information about how to raise and use complaints systems, information about proposed carers or residence, and that supports participation in decision-making processes

(Office of the Children's Guardian, 2015).



Children and young people should be involved in decision-making about where and with whom they live, at every stage of their care journey and to the fullest extent possible.

Involving children and young people in decision-making about where they will live can be challenging in practice. The reasons for this are varied – often driven by constrained placement options, beliefs and attitudes that minimise the contribution or capacity of children and young people to make decisions about their own lives, and adult-centric processes and practices that exclude them. The meaningful involvement of children and young people in decision-making about where they live is more likely to increase the success of the placement and as such should be a key element of client mix and client matching.

In Your Words

Voice and choice is one of the foundations of therapeutic care. The opposite of course, is that the children and young people coming into care have had no voice and no choice. And we can see that translation right across the care system.

(ITC Practitioner)

Key Practice Considerations

- One of the greatest barriers to the effective participation of children and young people are preconceived attitudes towards them
- For children and young people's participation to be effective, it needs to be part of the belief system of the organisation and reflected in its processes and ways of working
- For children and young people's participation to be meaningful, adults need to be willing to share their power with them, balancing the need for staff to retain the role of the adult
- Participation can be positively associated with wellbeing benefits for children and young people such as strengthening their commitment to the placement
- Children and young people feel a sense of social inclusion when they are recognised by others as individuals with rights and the capacity for responsibilities. It also gives them a sense of social responsibility towards others
- Staff training in the specific set of skills required to support children and young people is critical to meaningful participation

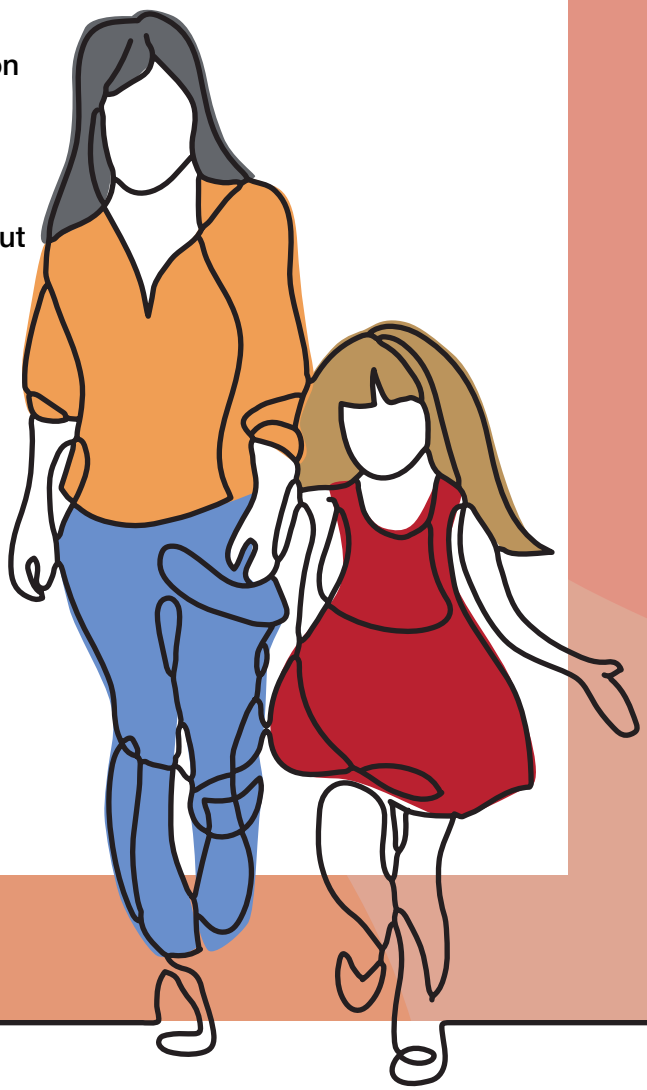
Practice Reflections

How do your existing processes for placement planning support the participation of children and young people? Would you describe them as meaningful or tokenistic?

What weight are the views of children and young people given in decision-making about placement planning?

Does a child or young person's complex or challenging behaviour minimise their right to participate in decisions about where they live?

How would you involve the child or young person in decision making and what difference do you think this would have on the potential outcomes of the placement?



Useful Resources

For more information about the participation of young people read Enabling young people's participation in residential care decision-making.

For more participation resources, see the Advocate for Children and Young People's Participation Guide (2019).

3. Individual Needs

> ***Therapeutic Care views children from a developmental perspective, noting their challenges and appreciating their strengths. Children are more than a cluster of symptoms which need treatment.***
>
> (Tucci, 2016).

Children and young people who have experienced trauma frequently experience developmental impacts across a broad spectrum, including cognitive, language, motor and social skills. As a result, they often show a combination of appropriate developmental behaviours as well as patterns of trauma-based behaviours that emerge from their efforts to survive the past abuse and protect themselves from its ongoing impact. Children and young people can present with developmental vulnerabilities across a range of areas that can impact behaviour including speech and language, ability to self soothe and regulate strong emotions, the ability to plan and organise, and the ability to accept attempts to provide care and nurture.

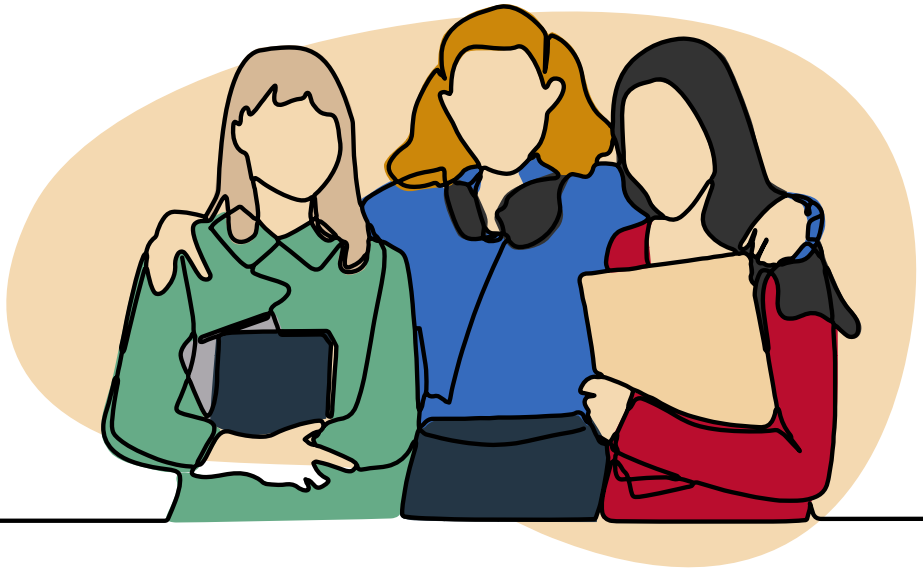
Children and young people are often unable to let go of the fight and/or flight behaviours that have helped keep them safe. These behaviours are often described as challenging, disruptive, dangerous and threatening. In many instances, and in the name of safety, it is these behaviours that direct decision-making and organise how care and support is offered to the child or young person.

Therapeutic approaches to care seek to recognise and respond to the needs of children and young people viewed through a trauma lens. Building a picture of the needs of a young person requires an understanding of their developmental and cultural needs and risks, their strengths and vulnerabilities, their wishes and interests, as well as safety and risk mitigation considerations.

At the core of understanding the needs of children and young people are ongoing processes of assessment, planning and review that hold a focus on their needs, risks, strengths, vulnerabilities and wishes.

In Your Words

> ***It is about putting a child's need in the middle. Where can we help with their education? Family connectedness? How do we keep identity and culture together?***
>
> (ITC Practitioner)



Understanding the needs of children and young people

Our understanding of the needs and capacities of young people most often emerges and changes over time as they grow and change. A sound understanding of the needs of children and young people is required at every critical decision making point with regard to their placement journey.

Key Practice Considerations

- What are the child or young person's developmental, behavioural, cognitive and socio-emotional needs, skills and strengths?
- Does the child or young person have additional specialist needs that need to be taken in to account?
- What strengths does the child or young person have that act as resources to them in their lives?
- How can these strengths be harnessed to support the areas of vulnerability experienced by a child or young person?
- How able is the child or young person to tolerate intimacy or closeness within a relational environment?
- Does the young person actively seek out support from others?
- What does the child or young person need to feel safe and be safe?
- What is the child or young person losing from their current care arrangement (e.g. friends, significant relationships, sport), what is the impact of this and what are the child or young person's support needs in regard to this?
- What level, or intensity, of support is required to enable the child or young person to live safely and well?
- Who and where are the child or young person's significant relationships or connections and how can these be preserved or strengthened?
- Does the child or young person require additional cultural support (e.g. smoking ceremonies, cultural mentoring)?
- What are the important cultural considerations to enable the child or young person to maintain or develop a strong connection to family, Country and community?
- What are the child or young person's wishes, expectations and hopes for the placement?
- What are the child or young person's educational needs and how can these be met?
- What are the child or young person's interests or hobbies and how can these be supported and maintained?
- Is there a shared and agreed understanding of the child or young person's needs amongst key stakeholders?

- What are the immediate and longer term goals of the placement for the child or young person and how does the placement meet these?
- Is the information being used to make decisions accurate, up to date and complete?
- How does the therapeutic intent of the placement align to the needs of the child or young person?
- Will the placement require additional support or resourcing to enable it to fully meet the needs of the child or young person?
- What safety planning is required to mitigate any risks that the child or young person may pose to themselves or others?

Practice Reflections

How do you identify and make sense of, or assess, a child or young person's needs, risks, strengths and vulnerabilities?

How much relative weight is given to each of the needs, risks, strengths and vulnerabilities in the decision-making process about client matching and client mix?

To what extent do a child or young person's trauma-based, or challenging behaviours influence the decision-making? What are the implications of this approach for the child or young person?

Useful Resources

Practice Guide - Behaviours that Challenge

Practice Guide - Empowerment and Limit-setting

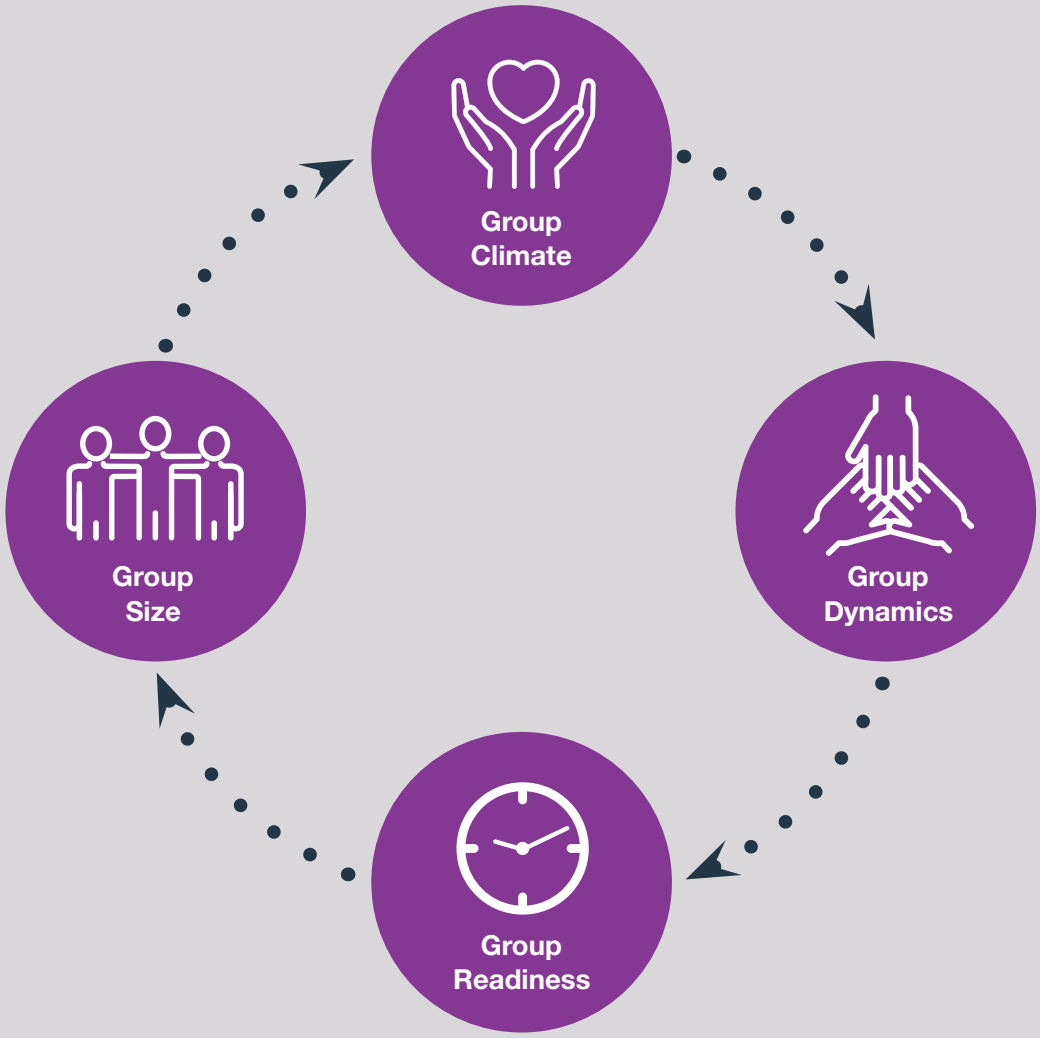
Practice Tool - Exploring the Meaning behind Behaviour

4. Group Living Context

The challenges of caring for children and young people with complex behaviours in residential group settings is widely recognised in literature and practice. The evolution of therapeutic residential care has sought to strengthen models of care with the intentional use of planned, purposeful therapeutic environments. The group living and learning context is a critical part of therapeutic models of residential care. Questions relating to optimal group size and how to best assess what mix of children and young people can live well together thus become key areas of concern or areas for growth and development.

The knowledge base to answer these questions is far from conclusive. However, it points to the group living context requiring consideration of four interdependent dimensions: group climate, group dynamics, group readiness and group size, as represented in the diagram below.

Figure 2: Group Living Context



Mitchell, Royds, Macnamara & Bristow 2020

Group Climate

> ***Safe residential units were those that were home-like, and where children and young people had multiple trusted relationships within and outside of the unit. They were places in which they got along with their peers who were not aggressive or abusive, there was a sense of stability and predictability, rules were in place for residents, there were minimal physical risks, and children and young people felt that they had a say in how things operated.***
>
> (Moore et al, 2016, p. 7)

The tone of the group climate is set, first and foremost by the staff and aligned to the therapeutic intent of the program. A positive group living, learning or social climate is often considered to be the main therapeutic factor in supporting positive behaviour and is characterised by:

- a homelike environment
- respectful, safe and empowering relationships between staff and children and young people
- high levels of support from staff
- staff are responsive to the needs of children and young people
- staff are trusted to do what they say they will do
- staff exercise a balance between flexibility and control
- children and young people have opportunities for growth

A positive group living environment is associated with less aggression, better coping, less aversive reactions to social problem situations, greater motivation and engagement, higher client satisfaction, less anti-social activity and less running away. (Levruow et al., 2020; van Wijk-Herbrink et al., 2018; Attar-Schwartz, 2013)

Conversely, a negative group living climate is characterised by:

- mistrust between staff and children and young people
- staff impose inconsistent limits and rules
- lack of mutual respect between staff and children and young people
- lack of flexibility from staff
- coercive behaviour from staff
- hopelessness on the part of children and young people and staff
- fear on the part of children and young people and staff

A negative group living and learning environment is associated with a lack of safety, hostility, increased aggressive behaviour, anti-social behaviour and low levels of engagement and motivation, and negative leadership (van Dink et al., 2018; van der Helm et al., 2011; van Wijk-Herbring et al., 2019)

Children and young people need to be safe and feel safe

The first principle underpinning therapeutic care must be 'primum non nocere': to first, do no harm. A culture of and commitment to safety is the basis of therapeutic care and foundation of change for children and young people with trauma. However, the experience of safety is much more than the absence of physical danger and threat. Safety is also a relational experience.

> ***Relational safety is both the goal of intervention and a major resource in the healing process. Relationships which heal are trustworthy and enduring. They offer predictability. They stabilise. They regulate. They interpret and re-interpret identity. They allow new meanings to emerge which are based in the grounded visceral experience of comfort.***
>
> (Tucci et al, 2018)

The dynamic nature of therapeutic residential care requires regular assessment of the group climate. It is expected children and young people living in a group will from time to time experience challenges just as they do living in a family or with peers at school. Changes to the composition of children and young people or the staff team have the potential to disrupt the group climate and therapeutic intent of the program (Strijbosch et al., 2018). As such, the group climate should be monitored, especially after serious incidents to ensure maintenance of a balance between flexibility and control and to avoid punitive and inflexible approaches (van der Helm et al., 2011).

For more information on the positive group living environment refer to Creating positive social climate and home like environments.

Key Practice Considerations

- A positive group climate is reliant on staff to set a relational context within which children and young people feel safe to share their thoughts and feelings with staff who are viewed as responsive
- Routines and daily rituals need to be flexible to meet the changing needs of children and young people
- Limits, boundaries and expectations are most effective when they are balanced, negotiated, understood, accepted and calmly applied
- The group climate/culture is dependent on staff training, support, stability and consistency
- Staff need to be supported to accept and safely contain psychological distress
- A positive group climate is one in which children and young people and staff share activities, mutual enjoyment and fun
- Staff must be reflective and use a problem-solving approach to respond to difficulties and needs of children and young people and be able to consistently and effectively use authority where required

Practice Reflections

How is safety conceptualised in your practice, and within your organisation?

How would you describe the group climate in your program?

How do you currently monitor the group climate in your program?

What support/training needs do staff need to be able to provide a positive group climate?

How can these be met?

Group Dynamics

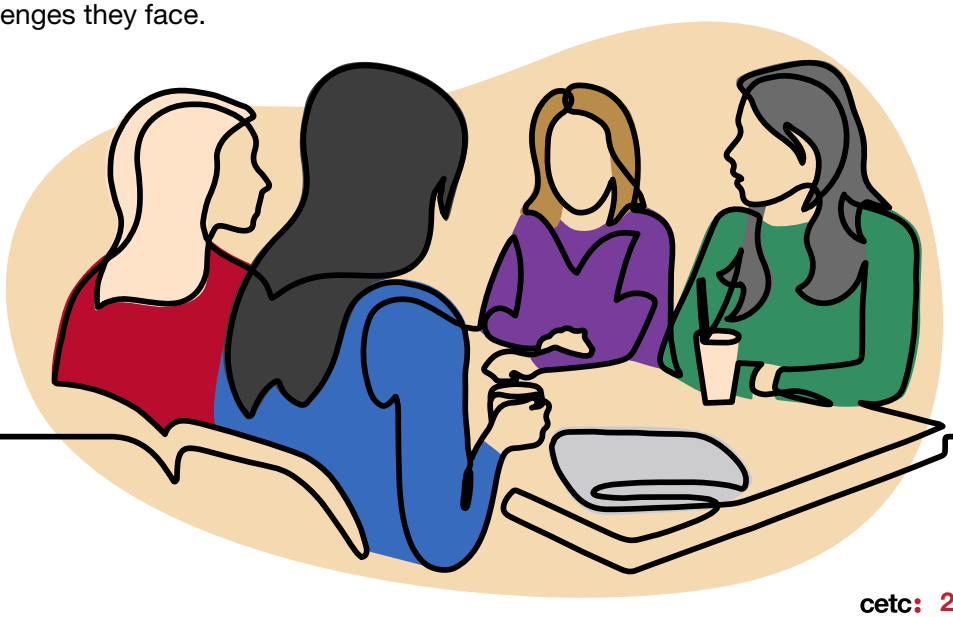
> ***Youths in group homes are influenced by their peers, influence that can be either positive or negative.***
>
> (Osei & Gorey, 2019 p. 107)

The potential benefits of group living can sometime be lost when too much emphasis is placed on risk. Group dynamics are often considered in relation to the house; however, it is also important to consider how external dynamics in which a child or young person is involved with (e.g, their associates/peer groups) might impact the placement.

Therapeutic residential care provides a milieu-based approach within which learning opportunities exist in the context of daily interactions. Thus, there is a need to consider positive and negative peer influences in group dynamics with a strong focus on safeguarding children and young people whilst also leveraging interactions between them as opportunities for growth and change. Children and young people themselves recognise that peers can be either a threat or a support in residential care and want staff to support positive peer cultures to "help young people help each other" (Moore et al., 2016, p. 9).

Emerging research indicates negative peer influences increase the risk of problematic, antisocial and conduct behaviours. Positive peer relationships are supportive of pro-social behaviours and provide protection against negative peer influences. (Huefner et al., 2018; Osei et al., 2019). There is a lack of consensus about what causes children and young people's behaviour to escalate in a group setting (Osei et al., 2019). This suggests the answer is far more complex than the mix of children and young people alone. For many children and young people, their perceptions of safety are bound to the capacities of staff to prevent and respond to difficult situations (Moore et al., 2016; Verson, 2016; Attar-Schwartz, 2014). Safety often requires staff to tolerate and withstand challenging behaviours-demonstrating to children and young people staff are committed to keeping them safe.

Several studies have referred to the power of positive peer influence and group norms in residential environments (Edmonds, 2002; Kelly et al., 2019). Positive peer influences can serve as a powerful source of community and belonging for children and young people in which they find support, in part due to a shared understanding of what they have been through, dealing with the welfare system, living in care and the challenges they face.



> ***One of my friends here at the group home, she's been through the system and everything, so she knows. It's good to be around other girls who have been through the same thing. We have conversations about what I'm going through and what it's like. It makes me feel like I'm not alone.***
>
> (Quote from young person cited by Kelly et al., 2019, p. 258)

Group norms, and the expectations children and young people placed on each other and the group itself can play an important role in setting standards for behaviour and maintaining safety (Edmond, 2002). Processes which support young people to participate in the setting of rules and expectations about how people live safely together and what should happen when situations arise where these standards are not upheld is an important aspect of the engagement of young people in a positive peer culture and group dynamic.

Consideration of group dynamics requires a focus on the combined needs of children and young people and include consideration of areas of challenge or risk that need to be understood and managed including the gender, age, aggression, sexual behaviour and risk taking (Moore et al., 2016; Verson, 2016; Attar-Schwartz, 2014). However, complex needs are more than simply an additive effect of multiple risk factors, it is the interaction of risk factors that produces the most harmful effects (McLaughlin, Green, Gruber, Sampson, Zaslavsky & Kessler, 2010). This multitude of factors must be fully understood in order to make placement decisions in the child or young person's best interests.

Key Practice Considerations

Gender

What are the gender-based needs and/or risks children and young people present with?
How are the needs of LGBTIQ+ children and young people understood and met?
What are the views of young people regarding the gender mix of the house?
Are children and young people subject to harassment/violence in the group as a result of gender?
How is this understood and responded to by staff/other children and young people?
What opportunities do negative peer interactions bring in teaching children and young people how to manage differently?
How inclusive is the group climate?
Are there any staffing considerations with regard to gender-based needs/risks?

Developmental Age

Often children and young people in residential care have a lower developmental age than chronological age as a result of trauma and disruption. Their developmental age is the age at which they function emotionally, physically, cognitively and socially.
What is the development age span of young people in the house? How are the developmental needs of these children and young people understood and met within the group context?
Are there opportunities for some children and young people to provide peer leadership and support others in the house in addressing the range of developmental needs?

Peer Violence and Aggression

How frequent and severe are episodes of violence and aggression? How able are staff to respond effectively in these situations?
Is bullying and harassment a feature of the group dynamic?
How effective is the physical environment in supporting safety?
How engaged, motivated and open is the group dynamic to staff influence?
What are children and young people's views about the behaviour of others and its impact on them?
How do we support them to understand the circumstances of others?

Harmful Sexual Behaviours

Have any children or young people engaging in harmful sexual behaviour had a specialist assessment/review of the risk they present to others as a result of these behaviours?

What are children or young people's views about the behaviour and its impact on them?

How well do staff understand heightened risk factors (times/places/people) with regard to a child or young person's harmful sexual behaviours?

Do staff understand the need for and use supervision to effectively plan for and respond to these issues?

Can a safety plan be developed that mitigates any risks and builds protective factors?

Risk Taking Behaviours

Risk taking behaviours can include suicidal ideation or self-harming behaviour, offending, sexual exploitation, substance abuse and repeated running away.
What is the composition of risk taking behaviours in the group and how do they interact with each other?
How resilient to the behaviour of others are the children and young people?
Are there Court Orders prohibiting contact between a child/ young person and others in the house that are important to consider?

Positive Peer Influences

How able are young people to respect boundaries, repair relationships after disruption, and make amends?
How able is the group to tolerate tension/differences of opinion/conflict without violence, bullying or harassment?
What are the expectations around privacy and confidentiality and broader belief systems held collectively by the group that supports a positive group dynamic?
How able is the group to be inclusive of racial, gender, cultural, religious and ability differences?
Do children and young people engage in a set of on-going negotiations to shift group norms and expectations about behaviour and how they live safely together?

Risk Mitigation

What level of support do staff require for risk to be managed and/or mitigated?
What relational environment is a child or young person able to tolerate?
How can the therapeutic intent and group climate offset and address negative group dynamics?
How able is the staff team to meet the needs of the children and young people in t he house?
How effective are the support structures, systems and processes offered by the organisation to support the program?

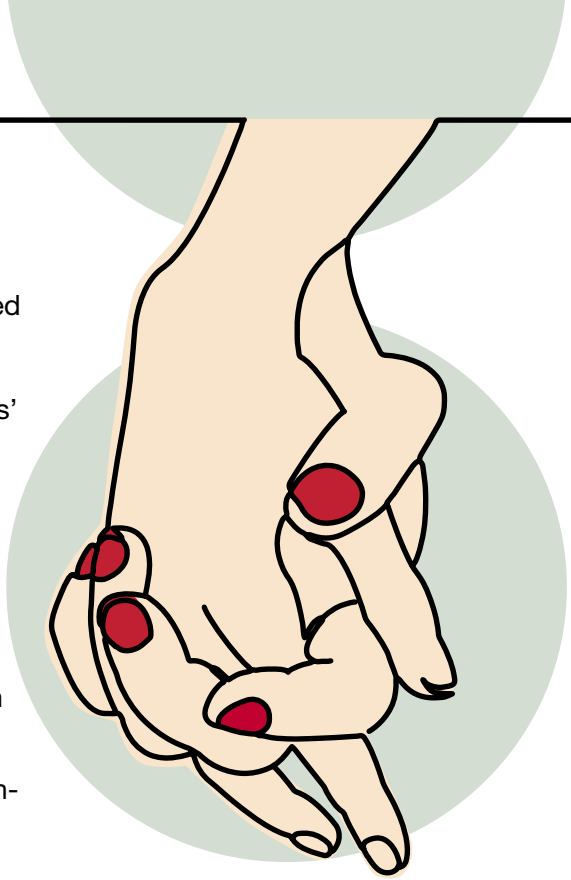
Practice Reflections

How do you assess and promote positive peer influence and group norms with children and young people?

What processes do you have in place to support this? What else could you do?

To what extent are children and young people involved in setting expectations about and sanctioning behaviour?

Group Readiness



Group dynamics should be carefully monitored and supported in consideration of their 'readiness' to accept/positively tolerate a new child or young person. This is supported by a comprehensive understanding of children and young peoples' unique strengths, vulnerability and triggers.

Whilst not robust, research suggests good practice should include:

- Timing new entrants into group houses allow for a new child or young person to settle and be integrated into the existing group of children and young people before another new person is introduced into a house (Ainsworth et al., 2020)
- Children and young people should be included in decision-making and planning about the composition of people with whom they live (Edmonds, 2002)

In Your Words

The biggest gap is group readiness. Which, really is the most fundamental element to consider in a client mix.

(ITC Practitioner)

We have to think of peer interaction - we make sure all birthdays and Christmas are together. Even if they are living on their own. We do role play work with our support workers, and I am a child protection worker, we've split you into 4 different places, how do you feel?

(ITC Practitioner)

Key Practice Considerations

- Change in group composition can cause instability and disruption. Changes in group composition should be considered both in regard to how and when children and young people transition into the house as well as how and when young people transition out
- Consider ways in which you can include existing children and young people into the welcoming of new people to the home
- Children and young people need to be prepared for changes in group composition and where possible these changes should be planned to set up the entry of new people for success
- How are unexpected entries and exits talked about with children and young people?

Practice Reflections

What processes for introducing a child or young person into the house do you currently use?

Are existing children and young people pro-actively involved in these processes?

Group Size

Whilst the optimal group size of children and young people with complex needs is often a source of much debate, in Australia residential group sizes are generally no more than 4 young people. This is a small group size by international standards.

The international literature, drawing from reviews of larger campus-based settings common in many other western countries does suggest that group sizes of no more than 6-8 is preferable. However, a recent overview of systematic reviews examining group sizes in residential care suggested that the level of resourcing to residential group home resources may be more relevant and protective than consideration of the size of the group alone (Osei et al., 2016). Resourcing considerations found to be relevant included staffing ratios and the quantity and quality of time spent with children and young people by staff (Osei et al., 2016).

These findings speak to funding models which are able to deliver the level of staffing required and the training and resourcing of staff to undertake their roles to a high level.

Key Practice Considerations

- Small groups of children and young people can successfully be accommodated together if the conditions and context around them is well resourced and supported in timely and dynamic ways
- Questions of optimal group size cannot be viewed in isolation of the broader context within which the program sits

Useful Resources

Creating positive social climate and home like environments

Research Briefing: The Needs of LGBTIQ Young People in Out of Home Care

Empowerment and limit setting practice guide

Practice Guide: Responding to Behaviours that Challenge

Practice Guide: Harmful Sexual Behaviours

5. Staffing

> ***Difficulties for residential care workers to establish good relationships with children and young people can, on the one hand, be due to the serious behavioural problems that the children and young people often show and, on the other hand, to the care worker's inability or lack of skills to build good, genuine relationships with these people.***
>
> (Harder, 2018)

Client mix and client matching decisions should not be made in the absence of a clear and intentional assessment of staff teams/carer capacity. Attuned and responsive relationships between staff and children and young people are a primary vehicle for change, growth and healing. The quality of relationships between children and young people and staff is strongly associated with safety (Sellers et al., 2020). Children and young people in residential care have identified that appropriate and trustworthy staff as vital to their safety with many feeling that *"workers were often ill-equipped, inaccessible or unable to respond"* (Moore et al, 2016, p. 9). Thus, the capacity, stability and quality of staff is a critical determinant in the success of a placement.

Caring for young people with complex needs requires staff to engage in relationships with traumatised children and young people that can in itself be traumatising. They are regularly confronted with aggression and other stressors. Importantly, allegations from children and young people towards staff can also immediately change staff team and dynamics within both staff groups and children and young people. Thus, the wellbeing of staff has a substantial impact on the therapeutic milieu. Recognising the critical role of consistent and well trained staff is one of the key aspects of therapeutic care. Without the necessary training and support this can lead to a negative climate and culture in the house, low levels of job satisfaction, burn-out and high staff turnover.

There are a range of qualities (intuition and artistry) and capacities (skills and knowledge acquired through training) that combine to make an effective therapeutic residential care worker (https://cetc.org.au/app/uploads/2021/02/CETC-Practice-Guide-What-makes-a-good-therapeutic-residential-worker-Dec-2020.pdf) capable of working with, being with, caring for and caring about children and young people with complex needs (Bristow, 2019).

Staff who feel recognised, respected, resourced and supported: are less likely to experience burnout or compassion fatigue, more able to work effectively as a team and feel safe (van der Helm et al., 2011). Positive staff culture and attitudes towards the behaviour of young people are critical to the staff's ability to interpret the behaviour and needs of young people through a trauma informed lens. Trusting and safe relationships between staff and young people are essential for children and young people to be supported to de-escalate, co-regulate and learn pro-social behaviours. Staff who are able to

> ***…. think about their interaction patterns and invest in high quality relationships with clients have a better chance to de-escalate an emotionally charged, crisis situation.***
>
> (van Loan, 2015 p. 116)

Staff turnover, reliance on casual, and hiring often poorly trained staff has been a persistent challenge for residential care agencies. In the absence of a stable workforce the implementation of therapeutic care is likely to be unsuccessful (James, 2017).

Research has noted that feeling responsible for coping with and controlling aggressive and/or non-compliant behaviour is one of the main reasons for staff burn-out and compassion fatigue which can in turn lead to negative culture an increase in aggression in the house (van Gink et al., 2018). A huge stressor for staff can also be the responsiveness of other systems to children and young people's needs which often leads to frustration, powerlessness and burnout thus impacting the care they provide.

We know children and young people often respond to situations using fight and/or flight behaviours and can escalate quickly. Inexperienced and poorly trained and supported staff have limited capacity, resources and tools for managing these situations often resulting in ongoing incidents that impact safety and stability in the houses for both children, young people and staff. In response to fight or flight behaviours in young people, and as a result of feeling unsafe themselves, staff may respond with their own fight or flight behaviours - including aggression, increasingly punitive approaches or retreating from interactions with children and young people and ultimately absenteeism (van der Helm et al., 2011).

In Your Words

What are we doing as an employer to protect our staff at work? We seem to have a higher proportion of very complex cases.

(ITC Practitioner)

There are specific challenges in providing therapeutic care when our workers are either new or casual.

(ITC Practitioner)

Assessing the capacity of the staff team

Key Practice Considerations

- What are the current strengths and vulnerabilities in the staff team at present?
- Does the house have a settled and stable staff group with a good sense of teamwork?
- How would you assess the motivation and culture amongst the team?
- What level of support do the staff need and can this be provided to them?
- Is the leadership in the house effective and providing the required support and guidance?
- What training needs do the staff have to provide them with the skills and knowledge to undertake their role effectively?
- How confident do staff feel in their understanding of the therapeutic approach and their ability to apply it in practice?
- Is there a positive climate in the house that feels able to rise to meet the needs of children and young people?
- How are children and young people experiencing the staff?

Practice Reflections

To what extent are staffing issues currently part of the client matching and client mix decision-making processes in your organisation?

To what extent to do you think staff feel understood and supported in addressing the challenges of their role?

6. Organisational Capability

> ***Therapeutic programs need to create the conditions for all staff, at all levels, to respond effectively to needs and complexity and ensure organisation and system cultures (policies, practices and procedures at all levels) are congruent with the children's best interests and sensitively applied in practice.***
>
> 10 Essential Elements

An organisational culture must be congruent with the intent of the therapeutic approach and characterised by a sense of mutuality, reciprocity and support in which staff feel valued and respected and free of coercion (American Association of Children's Residential Centers, 2014). Studies suggest there is a strong relationship between organisational culture or climate and culture or living group climate in the houses with staff performing better when there is confidence the organisation shares their vision and commitment to the work (van Gink et al., 2018).

Organisational commitment and congruence is one of the 10 Essential Elements. The challenge for all therapeutic programs is to translate their values and principles into daily organisational practice in a manner that is accountable, professionally responsible, and in the best interests of those served. Organisational congruence and commitment to a therapeutic approach - from care worker through to board member is critical to stable and consistent service delivery.

> ***Leaders can positively or negatively influence the capacity to foster change and innovation, and therefore, are essential in facilitating a positive climate …***
>
> (Vaskinn et al., 2020, p. 3)

Clear and consistent leadership, management and supervision has a critical influence on the health and well-being of the staff group and on their performance. When leadership is viewed as active, inspirational and innovative staff feel less fearful, safe, more motivated, flexible, hopeful and in control. When leadership is passive and disengaged the opposite is true (van der Helm et al., 2011). The responsiveness and accessibility of clinical and organisational leadership to the emotional and practical support needs of staff is thus critical in maintaining positive staff attitudes and their capacity to 'hang in there' with children and young people.

Implementation of therapeutic care requires sustained organisational effort and investment

The shift from traditional delivery approaches of care to the implementation of therapeutic care requires effort, investment, motivation and perseverance. This is particularly true in the context of residential care which is a dynamic environment that requires moment to moment judgements about how to respond to the needs of children and young people. The added requirements to change practice can increase staff and organisational stress and instability in an already stressful environment (Vaskinn et al., 2020). This process of change takes time. It is imperative that leaders demonstrate both a sound understanding of the change required and a sustained commitment to the new way of working. Leaders must have the knowledge and skills to be able to implement and communicate a clear plan about the change and how it will be supported to ensure that staff are meaningfully engaged in, trained and supported through the process.

In Your Words

There is a cultural piece to the process [of Client Mix and Match]. The industry we work in is driven by fear and reactive and let's get it done. I know why it is there, but that culture does make people solely focused on protection and risk.

(ITC Worker)

You battle the competition from the administrative time frames and the actual workable process for a young person.

(ITC Worker)

Key Practice Considerations

- Implementation research points to the journey for therapeutic care being 3-5 years before it is fully embedded as a business as usual, sustainable approach. This requires a clear implementation plan, acknowledged and supported by an implementation team that is resourcing, monitoring and measuring fidelity to your approach and the performance and impact of the program using a continuous improvement framework.
- The delivery of therapeutic care is more than a change to service delivery requiring alignment of a range of broader organisational policies and procedures to ensure that service delivery is well supported by the broader systems and processes of the organisation.
- The capacity of the senior and operational leadership team to understand and fully operationalise the therapeutic approach is often overlooked during implementation. Efforts to train and support staff often have focus on direct care staff and overlook the development needs of leadership teams. This can result in poor commitment to the therapeutic model and an inconsistent approach from leaders to the support needs of staff, children, young people and the program more broadly.
- How flexible and responsive are the organisation's systems and processes in the context of a dynamic operating environment?
- High level of job satisfaction and workforce stability among therapeutic care staff is achieved through:
  - Effective selection and recruitment processes that understand the capability required to perform therapeutic care roles
  - Create an open and supportive culture of reflection and learning
  - Management, supervision and reflective practice is trauma-informed and able to address vicarious trauma and compassion fatigue
  - Organisational processes of induction, training and support that empower staff confidence and capacity
  - On-call, after hours and incident management responses are aligned to the intent of the therapeutic care approach and the therapeutic care plans

Practice Reflections

How would you describe your organisation's working climate? What impact does this have on your work and the lives of children and young people?

In what ways do leaders in your organisation demonstrate an understanding of and commitment to your therapeutic model?

How does your organisation monitor, assess and address the well-being/ support needs of staff?

How would you assess your organisation's approach to implementation of your therapeutic model and its impact on the quality of care to children and young people? Is it well understood by all critical parts of the organisation?

6. Organisational Capability

A trauma-informed child and family service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive.

(National Child Traumatic Stress Network, 2016)

Therapeutic care programs perform optimally when embedded within trauma-informed organisations and systems. The needs of children and young people are rarely met by one agency alone, rather requiring the coordinated and collaborative efforts of many. The capacity to develop a 'shared lens' within the system about the child or young person's needs and how to best meet them is a key challenge. Having the processes for active and constructive engagement with interfacing agencies and organisations in relation to creating a consistently therapeutic environment for children and young people is fundamental to the achievement of good outcomes for them.

Holding and practicing a shared language across the system around the goals and intent of therapeutic care is critical to effective decision making around client mix and client matching. Balancing system constraints, organisational constraints and the needs of children and young people is often vexed and can influence and shape the aspects of children and young people's needs that are given priority.

Evident across Australian Government reports and policy papers is a sense that the "system issues" compound the challenges of effective client mix and client matching processes (McLean, 2019; Farmer & Pollock, 1999; Government of WA, 2017; Centre for Excellence in Child and Family Welfare Inc., 2014). Very often demand issues in out of home care systems challenge the capacity of systems to provide the best possible placement option for children and young people, raising questions about balancing optimum levels of placement occupancy versus vacancy to allow for effective matching processes to occur.

Research has demonstrated the need to consider both the organisational and system context when attempting to embed innovative practices such as therapeutic care and employ strategies as part of the implementation plan to align these contexts (Winters et al., 2020; Quadara, 2015).

The success of the introduction of therapeutic care programs is interdependent upon the extent to which the systems around the program align with the underlying structures and supporting mechanisms that operate within a system, such as the policies, routines, relationships, resources, power structures, and values (Allen, Foster-Fishman & Salem, 2002 as cited in Quadara, 2015).

The challenge for implementation of therapeutic care is the complex networks of systems which alignment is required to realise positive outcomes for children and young people with complex needs – including child protection, education, policing, health and justice. Poor alignment and the responsiveness of these systems to the needs of children and young people can serve to add additional strain on placements broadly and specifically in relation to client matching and client mix. For example, exclusion of children and young people from school can add additional demands on care staff to provide day programs for children and young people, increasing stress on the group dynamics.

In Your Words

I think the focus on permancy and transitioning out of more intensive care arrangements can get a bit lost. The challenges in the current system and the dominant risk model make it difficult to move towards a more outcome orientation.

(ITC Worker)

Key Practice Considerations

- Is the understanding of trauma-informed practice and therapeutic care reflected across key areas of the system such as child protection, education, policing and justice with the necessary policies and processes to support collaboration and congruence service provision?
- Have staff in these key areas had access to trauma-informed training to support practice on the ground?
- Is trauma-informed practice integrated into co-ordinated cross system understanding and decision making in relation to referral and intake processes in the best interests of children and young people?
- How does the system currently navigate system constraints, organisational constraints and the needs of young people to reach consensus decision-making about the placement of children and young people?
- Do funding models and access to flexible funding support in meeting the needs of children and young people with complex needs and the resourcing of organisations to meet these?
- Are there in-built processes of monitoring and review in place across the system to support a continuous learning and improvement culture?

Practice Reflections

What do you think are some of the strengths in the system's approach to client placement and mix?

What do you think are some of the critical challenges? Using the *Client Mix and Match Framework* which elements are well understood within the system and which are less well understood?

How might the *Client Mix and Match Framework* assist the system to navigate the challenge of decision-making for children and young people with complex needs?

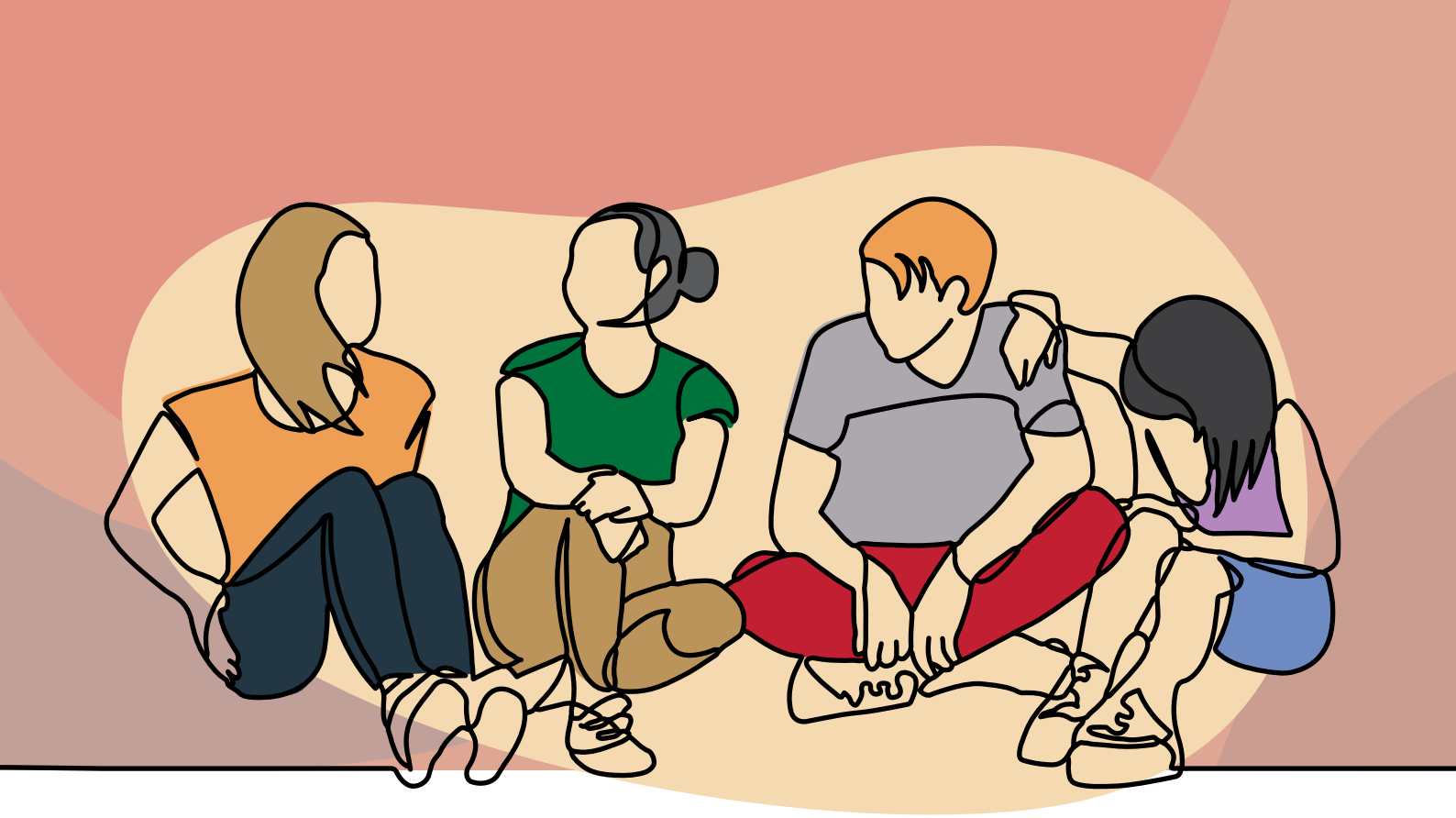
How is the system alignment reflected through structures such as Care Teams, who are charges with planning and decision making for children and young people in care?

Bringing it All Together: The framework in practice

Figure 1: A framework for client mix and client matching

Mitchell, Royds, Macnamara & Bristow 2020

Having described each domain in the *Client Mix and Match Framework* it is now time to pull it all together. Careful assessment of the risks, needs, strengths, and vulnerabilities across each domain, and the consequences of these is critical to effective client matching and determining client mix. Strengths in one or more domains will mitigate the vulnerabilities in another domains. Thus, professional judgement is required.



Professional Judgement

When ITC referral panels use and combine information to make decisions, they are applying a professional judgement approach. Professional judgement is clearly important in referral assessment as referral panels are often in situations where a decision must be made based on complex, multifaceted and sometimes limited or contradictory information.

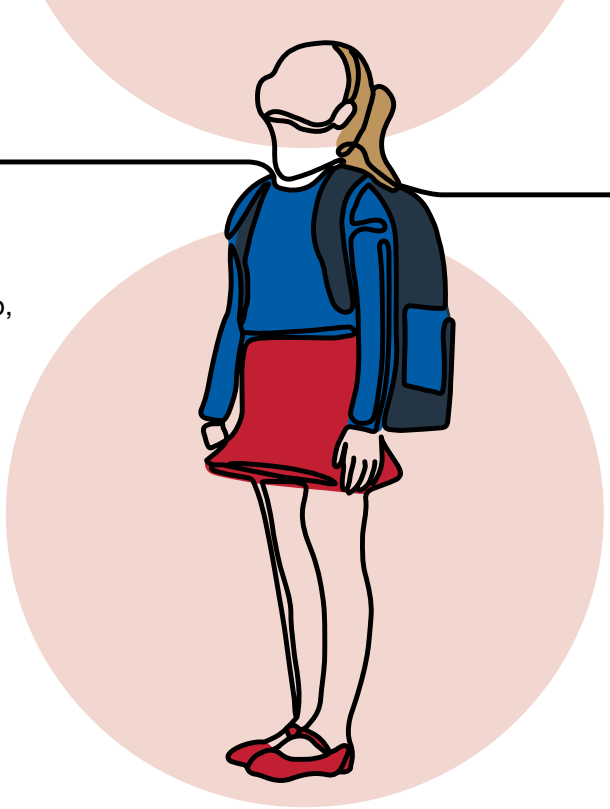
While tools can help to support good decision-making, they also run the risk of being used in ways that reduce rather than promote effective critical and analytical thinking. The ability to think well is essential, when the high level of uncertainty characterising many referrals of children and young people means there is no perfect algorithm to ensure 'the right answer' is reached in any given situation.

With all professional judgement assessment models, the whole is greater than the sum of its parts. This means that one cannot simply understand the individual parts of something to understand the thing as whole. A holistic approach is required when making a decision about the acceptance or rejection of a child or young person into a service.

Psychosocial needs and strengths

Therapeutic decisions and interventions should be tailored to the individual child or young person's assessed needs. Understanding the child or young person's needs and strengths informs a holistic view of them in their social and cultural context to help guide what's needed to support them. These needs and strengths should then be contrasted with the assessed needs and strengths of the current people in the house. The assessment is expected to highlight both the elements that are challenging as well as positive elements of the person, as they are equally crucial when deciding an appropriate and safe placement.

The child or young person's strengths and difficulties should be taken into consideration. If the referral documents do not provide this information further referral information should be sought. A good assessment is both holistic and thoroughly contextualised - the child or young person is never free from the context of their situation, nor are they completely determined by their situation. This is important because it offers a reasonable chance of understanding the complexity of human lives, before decisions are made about acceptance to the residential program, interventions and appropriate support.



Program needs and strengths

Assessment of the needs and strengths of the staff group, therapeutic model, organisational and systems context must be considered in relation to how equipped and resourced the placement is to meet the matrix of needs presented by the group of children and young people. This is more than as assessment of risk but an orientation to:

- Identifying the ingredients required for success
- Developing a strategy for building and/or leveraging strengths across these domains
- Addressing and/or offsetting vulnerabilities, and
- setting performance measures to monitor success

Risk and Protective Factors

Risk management is a systematic process of identifying risk (static and dynamic) and protective factors, especially those that are amenable to change. A singular risk approach by its very nature, focuses on the negative. A risk focus concentrates on vulnerabilities rather than strengths.

> ***…risk is a complex phenomenon; judgements must consider the who, what, where, when, and how.***
>
> (Kropp, 2008)

The process of client matching and determining client mix requires us to gain an understanding of why prior behaviour, problems, and challenges happened as they did, what had 'worked' previously to address these issues and what has been tried and found unhelpful. This allows for the development of further understanding about the circumstances in which they could happen again or be prevented from happening again.

Risk is not a static phenomenon, it is a social construction. The measurement of risk is strongly influenced by the perspective from which risk is being measured. Risk factors may be found in the individual, the environment, the program, staff group, organisation and/or system.

Risk is the potential for an adverse event to lead to a negative outcome. By assessing risk, we seek to estimate how likely the event is to occur and the nature and seriousness of its impact. In this context, the 'adverse event' is aberrant behaviour and the negative outcome is the degree and nature of 'harm that it causes'.

The aim of risk management is to reduce the likelihood of that behaviour and the harm it causes, to put in place the necessary controls to mitigate risk and to regularly assess the effectiveness of the controls. In the context of therapeutic residential care this must start with organisational and system capability – engaging in continuous improvement and monitoring of system fidelity, staff training and support, leadership capability, the adequacy of processes and procedures within and between organisations and the feedback from children and young people about their experiences of living in your care. Having addressed these dimensions, you can then consider client level risk management issues with enhanced capacity to understand and respond effectively to these. This requires consideration of both static and dynamic risk factors.

Static Factors

Static factors are historical factors that have been demonstrated to relate to harm potential. They are non-changeable aspects of the individual (history of abuse, historical offences, past environment). They are long-term markers, and do not, in and of themselves, give a good understanding of current risk or intervention needs. These exist both for the children and young person being referred and for the children and young people currently living in the house.

Dynamic Factors

Dynamic factors are associated with harm producing behaviour that are amenable to change or can fluctuate over time (age and development, current offences, aggression, absconding, quality of environment, peers, etc). These factors can be intervened upon, thereby reducing risk, with appropriate support, strategies and environmental conditions.

Protective Factors

Protective factors are factors that mediate or moderate the effect of exposure to risk factors, resulting in reduced incidence of problem behaviour. Protective factors exist at the client level (eg. the young person is open and engaged, able to resist negative peer influence, accesses support from staff, has a range of pro-social skills), at the group level (eg. group culture will be supportive of and or/complement the needs and strengths of the young person) and at program, organisational level (eg. stable, well trained staff, quality trauma informed assessment, strong fidelity to therapeutic model) and system levels (eg. Care teams are working well, resourcing needs are met, community resources are available to meet the young person's needs and interests). In other words, dynamic risk factors are significantly open to change from programs, organisations and systems with high levels of capability that act as protective factors that mitigate risk and address needs and strengths.

> ***It's a matter of judgement and balancing a range of variables***

Effective practice regarding client matching and client mix must take into consideration a range of variables, the needs of and risks posed by children and young people being but one of these. Effective matching and mix outcomes are also contingent on the therapeutic intent of the program, the staff team, organisational capability and systems capability and issues.

When making a decision regarding a potential placement, information about risk of harm we must always take into account 'static' (relatively unchangeable) and 'dynamic' (changeable over time and circumstances) and protective factors (contribute to young people's resilience in the face of adversity and moderate the impact of stress on social and emotional wellbeing). Understanding the distinction between types of risk factors and the influence of protective factors helps to appreciate their role in referral assessment and in their relative contribution to how, why, when and if the harm may occur.

As we have described in this guide the process of assessing a new referral includes the identification; analysis and evaluation of the best available information, which is then balanced to inform effective decision making. A truly holistic model.

References

Abramovitz, R. and Bloom, S. (2003) "Creating Sanctuary in Residential Treatment for Youth: From the 'Well-Ordered Asylum' to a 'Living-Learning Environment.' The Psychiatric Quarterly 74.

Ainsworth, F. and Mastronardi, P. (2020) A House Burden Score: Measuring the Workload in Therapeutic Residential Care for Young People, Residential Treatment for Children & Youth, DOI: 10.1080/0886571X.2020.1754996

American Association of Children's Residential Centers (2014) Creating Non-Coercive Environments, Residential Treatment for Children & Youth, 31:2, 114-119.

Attar-Schwartz, S. (2014). Experiences of Sexual Victimisation by Peers among Adolescents in Residential Care Settings. Social Service Review, 88(4), 594–629.

Attar-Schwartz, S. (2013). Runaway behaviour among adolescents in residential care: The role of personal characteristics, victimization experiences while in care, social climate, and institutional factors. Children and Youth Services Review, 35, 258–267.

Barter, C. (2004). Peer violence in children's residential care. Gordonsville, VA, USA: Palgrave Macmillan.

Bessell, S. (2011). Participation in decision-making in out-of-home care in Australia: What do young people say? Children and Youth Services Review, 33(4), 496–501. https://doi.org/10.1016/j.childyouth.2010.05.006

Bessell, S. (2015). Inclusive and Respectful Relationships as the Basis for Child Inclusive Policies and Practice: The Experience of Children in Out-of-Home Care in Australia. In T. Gal & B. Faedi Duramy (Eds.), International Perspectives and Empirical Findings on Child Participation (pp. 183–206). New York: Oxford University Press.

Bristow, G. (2019). What are the characteristics (types of knowledge) residential youth workers with high-risk young people bring to the field of residential work? "Identifying artistry in youth residential workers: Fact or fiction?" Submitted thesis Doctor of Education, College of Arts & Education Victoria University.

Cameron, K (2014). To explore international approaches to residential and alternative care for young people with developmental and intellectual disability and significant challenging behaviours. Winston Churchill Fellowship Report.

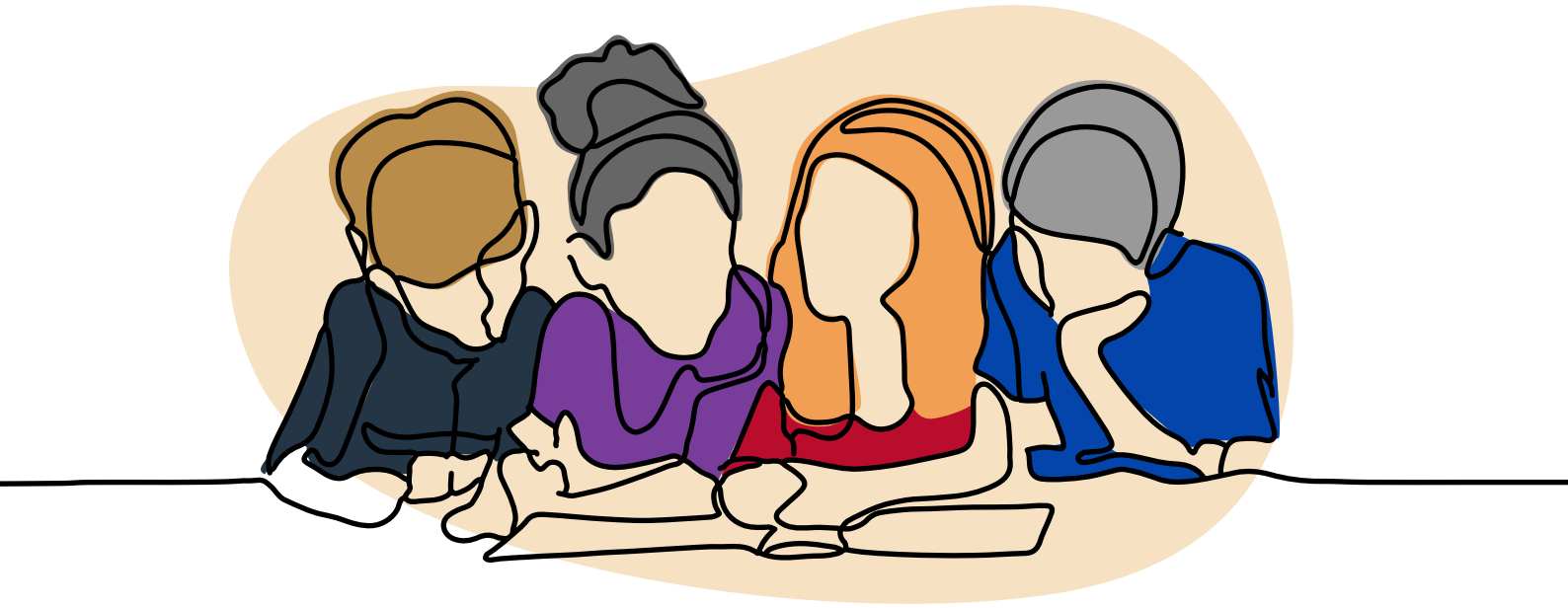
Centre for Excellence in Child and Family Welfare Inc. (2014). Submission to the Commission for Children and Young People.

Charles, G. and Matheson, J. (2008). The use of involved neutrality with self-mutilative behaviour among young people in residential settings. Residential Treatment for Children and Youth, 24(4), 299–313. https://doi.org/10.1080/08865710802174335

Child and Family Practice. (2015). Support needs and placement matching in out-of-home care. Support Needs and Placement Matching in Out-of-Home Care - A Literature Review, 1–32. Retrieved from https://www.communities.qld.gov.au/resources/childsafety/practice-manual/support-placement-match-ohc.pdf

Child Welfare League of America (2007). Facilitator's guide: Supervising the care of youth with complex needs. Retrieved from: http://www.uiowa.edu/~nrcfcp/training/documents/Youth%20with%20Complex%20Needs%20Fa cilitators'%20Guide.pdf

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., and van der Kolk, B. (2005). Complex trauma. Psychiatric Annals, 35(5), 390–398.



Delaney, C. M. (2009). Youth in Residential Treatment: Deviant Behaviour and Iatrogenic Effects in Peer Groups.

De Swart, J. J. W., Van den Broek, H., Stams, G. J. J. M., Asscher, J. J., Van der Laan, P. H., Holsbrink-Engels, G. A., et al. (2012). The effectiveness of institutional youth care over the past three decades: A meta-analysis. Children and Youth Services Review, 34, 1818–1824.

Edmond, R. (2002). Understanding the resident group. Scottish Journal of Residential Child Care, Vol 1, Aug/Sept.

Euser, S., Alink, L. R., Tharner, A., van IJzendoorn, M. H., and Bakermans-Kranenburg, M. J. (2013). The prevalence of child sexual abuse in out-of-home care: A comparison between abuse in residential and in foster care. Child maltreatment, 1077559513489848.

Farmer, E. and Pollock, S. (1999). Mix and match: Planning to keep looked after children safe. Child Abuse Review, 8(6), 377–391.

Gharabaghi, K., Trocmé, N. and Newman, D. (2016). Because young people matter: Report of the residential services review panel presented to deputy minister Alexander Bezzina. Retrieved from http://www.children.gov.on.ca/htdocs/English/documents/childrensaid/residential-services-review-panel-report-feb2016.pdf

Government of Western Australian Department of Communities. (2017). Care Arrangement Matching: Acceptance, Belong and Connection.

Harder, A. (2018). Residential Care and Cure: Achieving Enduring Behaviour Change with Youth by Using a Self-determination, Common Factors and Motivational Interviewing Approach, Residential Treatment for Children & Youth. Vol. 35, No. 4, 317–335. https://doi.org/10.1080/0886571X.2018.1460006

Huefner, J. C., Smith, G. L., and Stevens, A. L. (2018). Positive and Negative Peer Influence in Residential Care. Journal of Abnormal Child Psychology, 46(6), 1161–1169. https://doi.org/10.1007/s10802-017-0353-y

James, S. (2017) Implementing Evidence-Based Practice in Residential Care: How Far Have We Come? Residential Treatment for Children & Youth, 34:2.

James, C., Stams, G. J. J.M., Asscher, J. J., Van der Laan, P. H., and De Roo, A.C. (2013). After care programs for reducing recidivism among juvenile and young adult offenders: A meta analytic review. Clinical Psychology Review, 32, 263–274.

Kelly, C., Anthony, E. and Krysik, J. (2019). “How am I doing?” narratives of youth living in congregate care on their social-emotional well-being. Children and Youth Services Review, 103, 255–263.

Lakind, D., Eddy, J. M., and Zell, A. (2014). Mentoring Youth at High Risk: The Perspectives of Professional Mentors. Child and Youth Care Forum, 43(6), 705–727.

Lansdown, G. (2018). Conceptual framework for measuring outcomes of adolescent participation (pp. 1–23). Retrieved from https://www.unicef.org/media/59006/file

Leichtman, M. (2008). The essence of residential treatment: III. Change and adaptation. Residential Treatment for Children and Youth, 25(3), 189–208. https://doi.org/10.1080/08865710802429663

McLaughlin, K. A., Green, J. G., Gruber, M. J., Sampson, N. A., Zaslavsky, A. M. & Kessler, R. C. (2010). Childhood adversities and adult psychiatric disorders in the National Comorbidity Survey Replication II: Associations with persistence of DSM-IV disorders. Archives of General Psychiatry, 67(2), 124-132.

McLean, S., Price-Robertson, R. and Robinson E. (2011) Therapeutic residential care in Australia: Taking stock and looking forward, Australian Institute of Family Studies, Australian Government. Accessed 10th of March 2020 at https://aifs.gov.au/cfca/publications/therapeutic-residential-care-australia-taking-stock-and-looking-forward/export

McLean, S. (2019). Therapeutic residential care services in Australia: A description of current service characteristics.

Melkman, E. (2015). Risk and protective factors for problem behaviours among youth in residential care. Children and Youth Services Review, 51, 117–124.

Mitchell, J. Tucci, J. and Nacnamara, N. (2020). What are the key elements of Therapeutic Care? in Mitchell, J., Tucci, J. and Tronick, E. (Eds), The Handbook of Therapeutic Care for Children: Evidence-Informed Approaches to Working with Traumatized Children and Adolescents in Foster, Kinship and Adoptive Care. London: Jessica Kingsley Publishers.

Moore, T., McArthur, M., Roche, S., Death, J., and Tilbury, C. (2016). Safe and sound: Exploring the safety of young people in residential care. Melbourne: Institute of Child Protection Studies, Australian Catholic University. Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney.

Moses, T. (2000). Attachment theory and residential treatment: A study of staff-client relationships. American Journal of Orthopsychiatry, 70(4), 474-490.

National Therapeutic Residential Care Alliance, 2016 cited in McLean S (2018) Therapeutic residential care: An update on current issues in Australia CFCA paper no. 49, Australian Institute for Family Studies.

National Child Traumatic Stress Network. (2016). What is a Trauma-Informed Child and Family Service System? Retrieved from https://www.nctsn.org/sites/default/files/ resources//what_is_a_trauma_informed_child_family_service_system.pdf

NSW Government. (2003). Children and Young Persons (Care and Protection) Amendment (Out-of-Home Care) Regulation 2003.

Office of the Children's Guardian. (2015). NSW Child Safe Standards for Permanent Care (pp. 1–40). Retrieved from Office of Children's Guardian.

Office of the Advocate for Children and Young People. (2019). Engaging children and young people in your organisation. Retrieved from Office of Advocate for Children and Young People https://www.acyp.nsw.gov.au/participation-guide

Pecora, P. J., & English, D. J. (2016). Elements of effective practice for children and youth served by therapeutic residential care (Research Brief). Casey Family Programs. https://www.casey.org/media/Group-Care-complete.pdf

Perry, Bruce D. (2006) "Applying Principles of Neurodevelopment to Clinical Work with Maltreated and Traumatized Children: The Neurosequential Model of Therapeutics." In Working with Traumatized Youth in Child Developing a Framework for Therapeutic OOHC in NSW | 49 Welfare: Social Work Practice with Children and Families, edited by Nancy Boyd Webb, 27–52. New York: Guilford Press.

Perry, B.D., and R. Pollard. (1998) "Homeostasis, Stress, Trauma, and Adaptation: A Neurodevelopmental View of Childhood Trauma." Child and Adolescent Psychiatric Clinics of North America 7, no. 1: 33–51.

Quadara., A. (2015). Implementing trauma-informed systems of care in health settings: The WITH study. State of knowledge paper. Sydney: ANROWS. Retrieved from https://d2rn9gno7zhxqg.cloudfront.net/wp-content/uploads/2019/02/19024836/WITH-Landscapes-final-150925-1.pdf

Robertson, C., Laing, K., Butler, M., and Soliman, R. (2017). The views of NSW children and young people in out-of-home care. Sydney: NSW Department of Family and Community Services.

Schmied, V., Brownhill, S. & Walsh, P. (2006). Models of service delivery and interventions for children and young people with high needs. Ashfield, New South Wales: Centre for Parenting & Research.

Sellers, D., Smith, E., Izzo, C., McCabe, L. and Nunno, M. (2020). Child Feelings of Safety in Residential Care: The Supporting Role of Adult-Child Relationships, Residential Treatment for Children & Youth, 37:2, 136-155, DOI:10.1080/0886571X.2020.1712576.

Sinclair, L., Vieira, M., & Zufelt, V. (2019). Youth engagement and participation in a child and youth care context. Scottish Journal of Residential Child Care, 18, 1–20.

Souverin, F.A., Van der Helm, G.H.P., & Stams, G J. (2013). 'Nothing works' in secure residential youth care? Children and Youth Services Review, 35, 1941-1945.

Strijbosch, E., Stams, G., Wissink, I., van der Helm, P. and Roest, J. (2018). The Relation Between Children's Perceived Group Climate and Therapeutic Alliance with Their Mentor in Residential Care: A Prospective Study, Residential Treatment for Children & Youth, 35:4, 297-316.

Teicher, M.H., Andersen, S.L., Polcari, A., Anderson, C.M., Navalta, C.P., and Kim, D.M. (2003). The neurobiological consequences of early stress and childhood maltreatment. Neuroscience and Biobehavioural Reviews, 27(1), 33–44.

Tucci, J., Mitchell, J. and Tronick, E. (2020). The Need for a New Paradigm in the Care and Support of Children in Foster, Kinship and Adoptive Care. In Mitchell, J., Tucci, J. and Tronick, E. (Eds), The Handbook of Therapeutic Care for Children: Evidence-Informed Approaches to Working with Traumatized Children and Adolescents in Foster, Kinship and Adoptive Care. London: Jessica Kingsley Publishers.

Tucci, J., Weller, A., and Mitchell, J. (2018). Realizing "deep" safety for children who have experienced abuse: Application of Polyvagal Theory in therapeutic work with traumatized children and young people. In S.W. Porges SW and D. Dana (Eds.), Clinical Applications of the Polyvagal Theory: The Emergence of Polyvagal-Informed Therapies. (pp.89-105). New York: WW Norton.

van der Helm, P., Boekee, I., Stams, G. J., and van der Laan, P. (2011). Fear is the key: Keeping the

balance between flexibility and control in a Dutch youth prison. Journal of Children's Services, 6(4), 248–263. doi:10.1108/17466661111190947

van der Helm, P., Klapwijk, M., Stams, G. J., and van der Laan, P. (2009). 'What works' for juvenile prisoners: The role of group climate in a youth prison. Journal of Children's Services, 4(2), 36–48. doi:10.1108/17466660200900011

van Gink, K., Vermeiren, R., Goddard, N., van Domburgh, L., van der Stegen, B., Twiskh, J., Popma, A., and Jansen, L.(2018). The influence of Non-violent Resistance on work climate, living group climate and aggression in child and adolescent residential care. Children and Youth Services Review, Volume 94, November 2018, Pages 456-465.

van der Kolk, B.A. (1994). The body keeps the score: Memory and the evolving psychobiology of post-traumatic stress—Harvard Review of Psychiatry, 1(5), 253–265.

van Loan, L., Gage, N. and Cullen, J. (2015). Reducing Use of Physical Restraint: A Pilot Study Investigating a Relationship-Based Crisis Prevention Curriculum, Residential Treatment for Children & Youth, 32:2, 113-133

van Wijk-Herbrink,M., Arntz,A., Broers, N., Roelofs, J. and Bernstein, D. (2019). A Schema Therapy Based Milieu in Secure Residential Youth Care: Effects on Aggression, Group Climate, Repressive Staff Interventions, and Team Functioning, Residential Treatment for Children & Youth, DOI: 10.1080/0886571X.2019.1692758

van Ryzin, M. J., and Leve, L. D. (2012). Affiliation with delinquent peers as a mediator of the effects of multidimensional treatment foster care for delinquent girls. Journal of Consulting and Clinical Psychology, 80(4), 588–596. https://doi.org/10.1037/a0027336

Vaskinn, L., Mellblom, A., Waaler, P., Skagseth,O., Bjørkli, C. and Kjøbli, J. (2020). Implementation in Residential Youth Care: Providers Perspectives on Effective Leadership Behaviour, Residential Treatment for Children & Youth, DOI:10.1080/0886571X.2020.1774464.

Verso (2016). Therapeutic Residential Care System Development: System Design.

VERSO Consulting. (2011). "Evaluation of the Therapeutic Residential Care Pilot Programs: Final Summary and Technical Report." Melbourne: Department of Human Services.

Victoria Health and Human Services. (2016). Program requirements for the delivery of therapeutic residential care in Victoria. State of Victoria, Department of Health and Human Services.

Whittaker, J. K. (2004). The re-invention of residential treatment: an agenda for research and practice. Child and Adolescent Psychiatric Clinics of North America, 13(2), 267- 278.

Winters, A., Collins-Camargo, C., Antle, B. and Verbist, N. (2020). Implementation of system-wide change in child welfare and behavioural health: The role of capacity, collaboration, and readiness for change. Children and Youth Services Review, 108, 104580.

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