

Module four: Quality care - Working together

Handouts for participants

Case Study 1

Part 3

Sam has been with the foster carers for three weeks. The carers have a 14 year old daughter who dotes on Sam, and the entire family have become very attached to him. Sam has been fretful most of the time and he has required ongoing follow up at the hospital.

Jenny, his mother has been to visit Sam very regularly. She came every day for the first week and accompanied the carers to the hospital with Sam. Steve, Sam's dad has been to visit but his reaction has been to avoid any physical contact with Sam, saying that he prefers his wife to look after him. Jenny has taken Sam out shopping and to the park. She is obviously anxious to have Sam return home.

Jenny and Steve have been going to counselling with a parent help service and Steve has been talking to a Pastor from the family church. Child Safety has also requested that the parenting service meet with Jenny separately to discuss protective behaviours when Sam returns home.

Questions:

1. What behaviour is the child displaying?
2. What feelings do you think the child and their family is having?
3. What are the child's needs?
4. Strategies you might use to assist the child and their family.

Case Study 2

Part 3

Tyrone has now been with the same foster carers for 3 months. He has contact most weeks with his mother, Mannie – supervised at the office or in a park. His father does not come to see him, and he is increasingly living apart from Mannie. Mannie had agreed to enter a de-tox unit but has not done so yet.

Attempts have been made to find other relatives who might be able to care for Tyrone. Mannie has provided some contacts and there is an uncle living in Townsville who may be a possibility.

Tyrone still seems sad and lost and he is often found absent from school, playing by himself in a local park. He has twice tried to return to his mother's place. After visits with his mother, the foster carer has reported incidences of soiling. He has also been observed hoarding food under his bed and the carer suspects that he may be taking money left in a jar in the kitchen. He is fearful when the foster carer talks to him about any of these things.

Questions:

1. What behaviour is the child displaying?
2. What feelings do you think the child and their family is having?
3. What are the child's needs?
4. Strategies you might use to assist the child and their family.

Case Study 3

Part 3

Jess has now been with the same foster carers for 6 months. She has been having regular phone contact with her mother in Melbourne and has seen her brother Tim once – this was arranged by her youth worker. Jess is now very anxious to see her brother more regularly, but Tim appears to be disinterested in contact.

Jess has been testing her carers from day one of the care arrangement. She fluctuates between being openly defiant and overly affectionate. She is overtly sexual in most of her behaviour but in other ways seems emotionally immature. She still sucks her thumb in public and frequently engages in “babytalk”. She is unable to tolerate anything that prevents her from doing what she wants.

Jess is indiscriminate with her affections and has engaged in highly inappropriate risk taking behaviours, for example, she went home with an older man whom she met on the train.

Jess is having lots of difficulties at school and is openly defiant. She cannot seem to cope with routine and rules, and constantly seeks excitement.

The same behaviour is evident at home – if she is agreeable to doing something she can be quite cooperative.

Questions:

1. What behaviour is the child displaying?
2. What feelings do you think the child and their family is having?
3. What are the child’s needs?
4. Strategies you might use to assist the child and their family.

Case Study 1

Part 4

The care arrangement with Sam's foster carers was extended by another month because Steve told Child Safety that he was not ready to have Sam return home. He seemed frightened to put himself in the situation again and seemed to be avoiding contact with Sam.

Jenny was confused in this situation – she wanted Sam home but did not want any harm to come to him and she also needed to care for her other child. She was tearful and anxious most of the time.

The foster family had grown increasingly attached to Sam, and their daughter was already anxious about him returning home.

Both Steve and Jenny and the two children were accepted into a live-in parenting service, where their parenting skills were enhanced and assessed. It was proposed that Sam might safely return home for part of each week for a period of a month. After this it would be assessed whether Sam could safely remain at home.

Case Study 2

Part 4

After another two months there has been some improvement in Tyrone's behaviour and he has started having speech therapy. He now plays with the foster carers own children and seems to be enjoying school more.

Tyrone's uncle has come down from Townsville with his family for a holiday and has spent some time with Tyrone at the foster carer's house. He has also spent time with Mannie and a family meeting has been held with all family members, including Tyrone. It has been agreed that Tyrone and his mother will travel to Townsville for a holiday at Christmas and that Tyrone could remain living with his uncle after that. Mannie has indicated that she might live in Townsville for a while herself and she will be able to continue to see Tyrone while she attends alcohol and drug counselling.

The foster carers are worried that Tyrone is going to have to deal with yet another move just as he seems to have been settling down a little. They have put a significant amount of effort into providing him with a consistent caring environment and have tried to develop interests for him and start treatment for his speech problems. They are concerned that Mannie will try to take him back from the Uncle before she is ready to care for him.

Case Study 3

Part 4

After a further 6 months there has been some improvement in Jess's behaviour. The foster carers have managed to involve her in horse riding, and she has been on several weekend camps. She loves horses and is good with them.

However, Jess continues to be involved with a small group of teenagers who increasingly come to the attention of the Police. After one incident, a stealing offence, she announces to her CSO that she is not going to return to the care arrangement again. She says that she will run away to be with her brother if she is forced to go back there.

Responding to challenging behaviours

The aim of positive behaviour management is to:

- prevent the child or young person from behaving in a way that is harmful to themselves or others, or in a way that is illegal
- support the development of the child or young person's self-esteem and ability to overcome problems
- reward the child or young person for their good behaviour
- set limits, thus providing a sense of safety by showing that someone cares enough to address their behaviour and
- teach the child or young person to make good decisions about appropriate behaviour and how to live co-operatively with others.

Some points about behaviour management to bear in mind:

- Rules for managing behaviour must be fair and consistent with the developmental stage of the particular child or young person. It is important to ensure that the child or young person understands the rules and is able to comply with them. The child or young person's developmental stage will depend on a number of factors, including, age, environment, experiences, biological factors and the presence of disabilities
- Rules and the consequences for breaking them must be clear. Children and young people must be aware of the rules before there is need to enforce them
- The consequences of inappropriate behaviour are about enforcing limits not simply exerting power. Ensure that consequences are reasonable, fair, quickly completed and related to the misbehaviour wherever possible
- The application of behaviour management strategies must be consistent and logical, directly related to the inappropriate behaviour
- When a care arrangement first begins, behaviour management strategies must be discussed with the CSO to determine whether the strategies are suitable for the particular child or young person
- Behaviour management strategies must be employed with consideration of the effect on other household members
- Behaviour management techniques must be applied positively with a view to creating a learning situation and enhancing the child or young person's self-image
- When the child or young person has misbehaved: -
 - remind them of what is acceptable
 - inform the child or young person that they are misbehaving or are outside of the limits
 - stay calm when discussing these issues with the child or young person
 - remind the child or young that there are consequences for misbehaviour and use the consequences
 - carers should not discipline or set consequences when they are feeling angry with the child or young person's behaviour.

In regard to the last point, children and young people who have had damaging experiences are often able to detect what makes you upset and target their behaviour to secure a response. It is important to know your "hot spots" – what makes you upset.

Why is it not ok to use physical punishment?

The *Child Protection Act* - Section 122(2) - prohibits the use of any corporal punishment, or any punishment that humiliates, frightens or threatens the child or young person, in a way that is likely to cause emotional harm. This is a non-negotiable part of delivering care to children and young people. If any such actions occur, Child Safety and foster and kinship care services share a responsibility to act on information, to ensure the safety and well-being of the child.

Responses include:

- To continue to monitor the standards of care
- Conduct a standards of care review
- Record a harm report and respond with an investigation and assessment.

The reasons for precluding the use of physical discipline for children and young people in care are that:

- Children and young people in care for protective reasons may have experienced physical or emotional abuse and been hurt in the past. Even mild smacking may trigger reactions based on those past hurtful experiences. It demonstrates to the child that you are no different to the adults who have hurt them in the past. This vulnerability is a significant reason for avoiding physical punishment
- Physical punishment may reinforce a child or young person's view of themselves as "deserving" cruelty and victimisation. Sometimes it is the only attention they have been able to get – so they feel that is all they are worth
- Physical punishment models aggressive behaviour and teaches a child that bigger people use physical force to get their own way. Violence is modelled as a way to overcome frustration
- It does not encourage a child or young person to learn to take responsibility for their own behaviour – it encourages them to devise ways to avoid being found out. It teaches children what not to do – not what to do
- Children and young people who come into care have the right to a high standard of care and should not be placed in any situation that might potentially place them at further risk.

The following responses to managing behaviour are also definitely not ok:

- derogatory remarks about the child, their family or cultural background
- references to the security of the placement
- denial of visits to family, even where this appears to be causing escalation of behaviours
- humiliation
- locking a child or young person in a room and/or
- threats that a child may not participate in social or educational activities.