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:practice

Creating a balance between **empowerment** and **limit setting** in therapeutic care.

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Australian Childhood Foundation

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Purpose of this guide

This guide has been developed to support Therapeutic Care carers and staff to navigate the critical balance between empowering children and young people and setting limits.

One of the most challenging tasks for Care Teams, Case Managers, Therapeutic Specialists, Managers and Therapeutic Residential Workers to agree on and implement are limit setting with 'appropriate consequences or discipline.'

This Practice Guide explores these concepts and considers how to establish the right balance between empowerment and limit setting for children and young people with trauma-based behaviours (Morton Clark and Pead 2000).

Key Messages

- Empowerment and limit setting are developmental needs that are significantly disrupted or unmet in the lives of traumatised children and young people with complex needs.

- An inability to understand trauma-based behaviours often sees the child or young person 'labelled' and known by reported negative, 'high risk', 'challenging' and sometimes unsubstantiated behaviours until over time the child or young person feels they must live up to this 'created identity'.

- A trauma-informed or therapeutic approach orients us to be curious about what is going on for the child or young person rather than seeing the behaviour as separate from what has happened to them.

- Setting limits and boundaries is an act of nurturing and care when done in the context of respectful attuned relationships.

- Be strong enough to help 'hold/carry' the agreed line and the child or young person's pain. Endure/travel their journey with patience, advocacy, nurture and caring.

- There needs to be clearly articulated behavioural and social expectations that are understood by children and young people.

- Consistent routines support children and young people to be clear about expectations of themselves as well as understand what to expect from staff.

- Setting limits with children and young people is a constant process of letting go and reeling in, within a safe environment. Limits and boundaries should be reviewed by staff and the Therapeutic Specialist, in conjunction with the child or young person, in recognition of their maturing capacities to exercise sound judgement and decision making.

- Understand and support the capacity of child or young people to make good life decisions and avoid risk-taking and unsafe behaviour. Provide them with opportunities to practice having a voice and making decisions within their developmental abilities.

- Use a combination of pre-planned consequences developed in consultation with the Therapeutic Specialist and the child or young person. These need to be developmentally appropriate and link to behaviour as soon as possible or when it is considered safe for the child or young person

- Consequences should be about discipline (i.e. seeking to teach) rather than punishment and must relate closely to the change required to address the problem.

- Challenge children and the young people to be the best they can be. Have high expectations of them and what they can achieve.

How do we conceptualise young people in Intensive Therapeutic Care?

Almost all of the young people referred to Intensive Therapeutic Care (ITC) have experienced multiple notifications to child protection, either substantiated or unsubstantiated; referrals to community agencies/family support agencies; multiple returns to families, entries and exits to kinship and/or foster care before finally being referred to ITC. Many of them have also been excluded from all other major systems including family, community, health and education for some years, having been described as too 'challenging' or 'difficult'.

In NSW, young people in Out of Home Care (OOHC) are assessed using the Child Assessment Tool ('CAT'). The purpose of the CAT is to determine the level of complexity of a young person's behaviours. Young people placed within Intensive Therapeutic Care (ITC) have a CAT score of 5 or 6 and have a range of highly complex care needs and may have behaviours that include cruelty to animals, fire setting, harm to self and others, alcohol use, illicit drug use and smoking, risk-taking behaviour, sexually harmful behaviours and violence.

A high number of young people in ITC have been diagnosed with various disorders, but not necessarily by mental health specialists with the particular expertise to make these assessments (NSW Government, 2018).
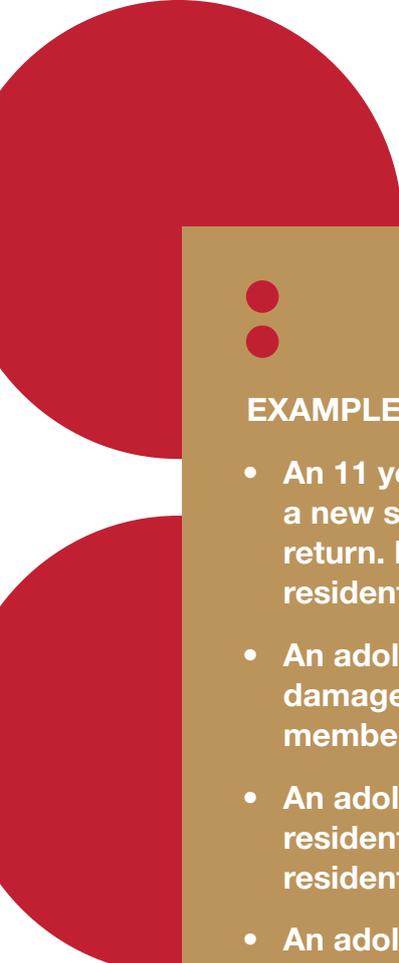
EXAMPLES OF TRAUMA-BASED BEHAVIOURS IN RESIDENTIAL CARE

- An 11 year old has exhibited violent behaviour. He is currently attending a new school because his original school would not allow him to return. He has bullied and been violent towards other children in the residential unit

- An adolescent girl has on multiple occasions assaulted staff, caused damage to property, self-harmed and verbally abused community members. Numerous staff have left the unit because of her behaviour

- An adolescent girl who exhibits sexualised behaviour towards male residents is at risk of sexual exploitation by associating with others in residential care who are engaging in this behaviour

- An adolescent girl is currently enrolled in an education program, but there is ongoing concern about regular substance abuse, and at times she has presented as significantly intoxicated. She engages in risk-taking behaviours when she is substance-affected. She has been involved in criminal activity and has outstanding charges to be heard in court

- An adolescent boy has an acquired brain injury that significantly affects his ability to control his behaviour. He exhibits impulsive, aggressive and threatening behaviours, absconds from care, engages in criminal behaviour and substance use—primarily cannabis, chrome and alcohol. He has limited insight into the level of risk he exposes himself to when engaging in these behaviours

Source: based on unpublished documents from the Department of Human Services.

The majority of children and young people in therapeutic care have experienced placement instability before entry into therapeutic care. Most have experienced between 5 and 10 planned and unplanned placement changes, and many have experienced more than 10 placement changes prior to their current placement in therapeutic care. Some may have experienced 20 or more placements (NSW Government, 2018).

The inability of systems of protection, care and support to understand trauma-based behaviours often sees the child or young person 'labelled' and become known by reported negative and sometimes unsubstantiated behaviours until over time, they feels they must live up to this 'created identity'. Even the terminology of 'high risk' or 'challenging' provides a labelling blueprint for behaviour the child or young person must live up to. Baumeister (1997) believes the term 'identity' refers to the *definitions that are created for and superimposed on the self*" (1997, p.681). Identity becomes our overall idea of who we are.

Practice Reflections

How important are language and 'labelling' in shaping how we understand a child or young person?

What are the common words used to describe children or young people in your care? To what extent do these words support or work against the development of responses or plans that are helpful to them?

How do you apply an understanding of trauma to make meaning of the behaviours of children and young people? How do you use this understanding to develop responses to children and young people?
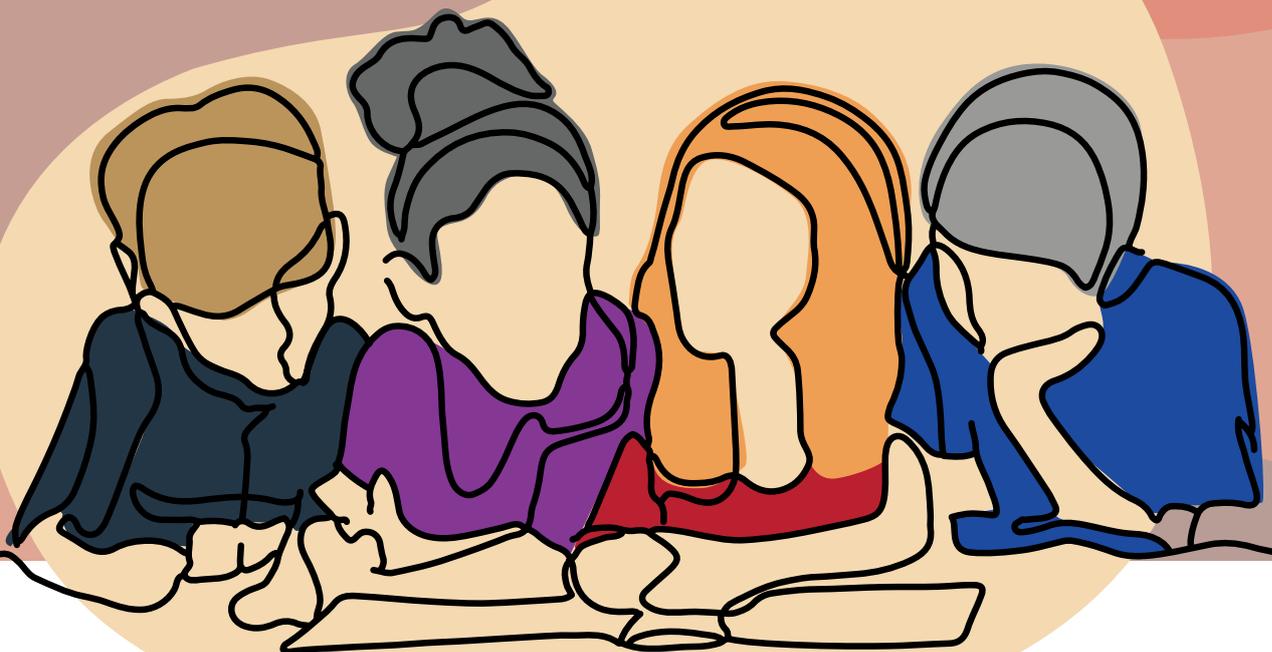
Empowerment and limit setting

The impact of trauma on a developmental understanding of empowerment and limit setting

From an early age, parents are navigating the balance between empowerment and limit setting aligned to their child's changing developmental abilities and needs. As children's capacities grow and develop within the context of attuned and responsive relationships (secure base), they are supported to assume greater responsibility, experiment with their newfound abilities and skills and have more input into decisions about their lives (empowerment). This is achieved within an environment and set of relationships that are predictable, where rules and expectations are clear (limit setting) and where processes for addressing breaches of rules and expectations (consequences) are clear. Over time, children and young people are able to become more self-determined, able to make good decisions for themselves and understand the impacts of their behaviour and decisions on others (empathy).

The critical challenge in caring for traumatised children and young people is they have likely missed out on many of these foundational relationships, experiences and developmental building blocks. They have lacked consistent, attuned and responsive relationships. For many, these relationships have been unsafe and dangerous, neglectful and unavailable. They have lived within chaotic environments where rules and expectations are ambiguous, changing or unpredictable. Their experiences of empowerment may have been modelled by others as control and power over others, or they may have lived feeling largely disempowered and subject to the will of others. Attempts at being more empowered may have resulted in further abuse and harm as abusive adults sought to gain their submission and compliance.

We can further overlay this understanding with what we know about children and young people in therapeutic care. They have complex needs that few adults that have gone before you have been able to fully appreciate and respond to. Many have long histories of instability and disruption in care with repeated experiences of relationships with adults who have sought to care for them ultimately ending – often because their behaviour was 'too challenging'.

Many children and young people in therapeutic care are simply in the business of surviving. They don't know if their current placement will be any different from the last, whether their 'reputation' will see them treated fairly, whether the people who care for them will see beyond the behaviours that have helped them survive to date, whether anyone really cares enough to take the time to get to know them. They are often guarded, mistrusting, and hypervigilant to the care environment and the people in it. They have their own rules about how the world and relationships work that is the cumulative impact of lived experience. They see the world differently – its unsafe, unpredictable, temporary and needs to be survived. They are often alone with few positive relational resources that can be relied on to offer support, guidance, reassurance and comfort. They fear becoming reliant on and vulnerable with others, never knowing when that relationship will end. But they crave connection and belonging.
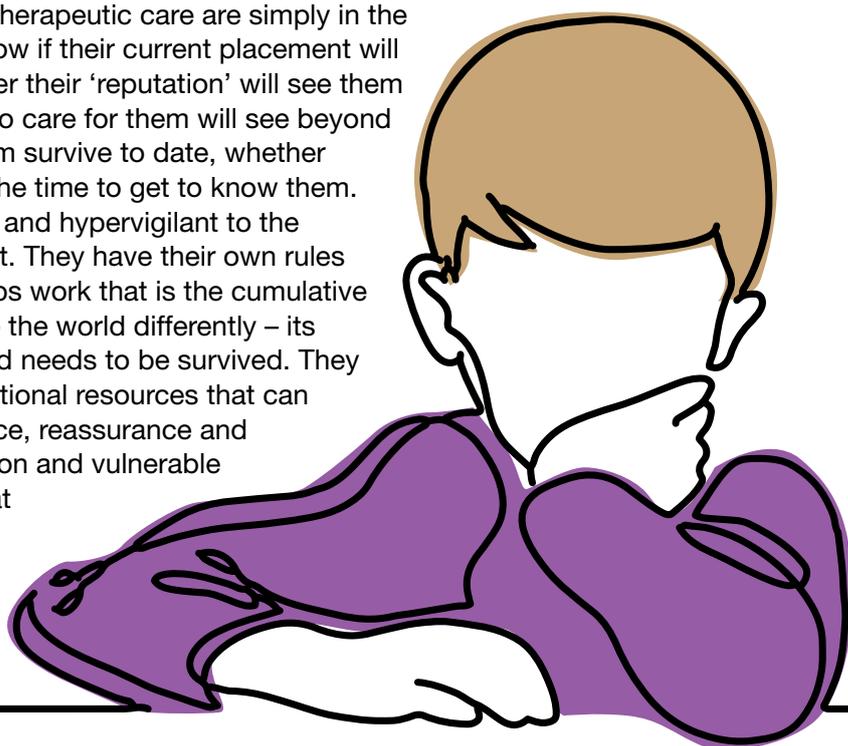
Practice Reflections

Stand in the shoes of a child or young person in care that you know – what are the rules they have in their minds about how the world and relationships work?

How can you help children and young people feel safe enough, that they can move beyond survival modes of interacting and behaving?

How was empowerment and limit setting negotiated in your own life whilst growing up? How important was the quality of the relationship with your parent/carer/teacher in successfully navigating this balance? What lessons can you draw from those experiences?

How does an understanding of trauma assist your understanding of the unmet developmental needs of children and young people in therapeutic care? How does this influence your approach to empowerment and limit setting?

Using a trauma-informed approach to empowerment and limit setting

We may have different views and understandings of 'empowerment' 'limit setting' and 'consequences' depending on our own upbringing, cultural background and training. Many sceptical carers new to trauma-informed practice, criticise a trauma-informed approach as allowing children and young people to 'get away' with any behaviour and absence of limit-setting and consequences. Some see it as failing to make children and young people accountable. At other times the empowerment of children and young people is experienced as a loss of control by staff and compromising the safety of others living and working in the home or residential unit.

There is no doubt that a trauma-informed approach requires staff and carers to work differently. For many who have relied on a strong behaviour management approach with children and young people, a trauma-informed approach can feel unfamiliar and unsettling for them. They will need support, guidance and reassurance throughout the change process.

A trauma-informed approach relies on the same principles that all children and young people need – warm, attuned, responsive and safe relationships, an understanding of the child or young person's developmental abilities and needs, clear and consistent boundaries, routines and limits, consequences and a commitment to the safety of everyone. Key to a trauma-informed approach is an understanding of the developmental impacts of past experiences of abuse, violence and neglect on the child or young person.

Working together, the Therapeutic Specialist, case managers, staff and carers should develop individual and group plans based on the trauma history, relational/developmental needs and skills, and strengths of each child or young person, including responding to their needs and behaviours. A trauma-informed or therapeutic approach orients us to be curious about what is going on for the child or young person rather than seeing the behaviour as separate from what has happened to them. A trauma-informed approach requires us to ask:

- Why is the child or young person engaging in this behaviour?

- What is the meaning of the behaviour?

- What are the triggers for the behaviour?

- What is the behaviour telling me about what the child or young person needs?

Through reflective practice, staff and carers are able to answer these questions, addressing the critical needs through the development and implementation of plans with clear expectations and strategies for responding to trauma-based behaviours.

The empowerment of children and young people must be considered and planned for within the context of their developmental abilities and vulnerabilities. Staff and carers relationships and interactions with children and young people should be focused on discipline - from the Latin word disciplina meaning 'instruction and training'. Through discipline, staff can seek to shape the behaviour of children and young people through a balance of empowerment and limit setting that is sensitive to their needs and capacities.

Standing the test of time, Morton, Clark and Pead in their 1999 research When Care is Not Enough provided the framework for the development of Therapeutic Residential Care in Australia highlighting

> *. . . there are a number of children and adolescents in care, who have suffered traumatic early environments, for whom care is not enough to effectively address the aftermath. It is argued that these young people need consistent and high-quality care, which offers continuity of positive relationships. However, they also need systemic therapeutic interventions, to assist them to rebuild their lives and address post traumatic states and developmental disturbance associated with the severe abuse and neglect they have suffered.*

Within therapeutic care, setting limits and boundaries is an act of nurture and care when done in the context of respectful, attuned relationships. Young people are clear that relationships are the key as noted by Downey (2013 p.16) when

> *young people interviewed about their time in residential care almost unanimously point to the relationships they developed with staff as the major way they found the stability and security to move on with their lives.*

Relationships thus serve as the vehicles through which we both empower children and young people and meet their need for clear expectations and limits.

Practice Reflections

What qualities do you think are important in your relationship with traumatised children and young people? What would children and young people say about you?

How do the concepts 'being with', 'doing to', 'caring for' and 'caring about' fit within a therapeutic approach to care?

What messages are you communicating to children and young people about how important they are in the things that you say and do?

What does 'balance' between empowerment and limit setting mean?

Morton, Clark and Pead (1999) outlined the importance of achieving a balance between empowerment and limit setting with children and young people as a means of addressing both their developmental needs and behavioural challenges. Their model (adapted in Figure 1 below) looks at the balance between empowerment and limit setting as underpinned by developmental considerations within secure relationships and mediated by responsibility taking on the part of both children, young people and staff.

EMPOWERMENT

- Engagement and respect
- Validation
- Voice and choice
- Support

LIMIT SETTING

- Expectations and routine
- Consequences
- Challenge
- Restrictive practices

TAKING RESPONSIBILITY FOR ONE'S OWN CHOICES AND BEHAVIOURS

In developmentally appropriate balance in context of a secure base
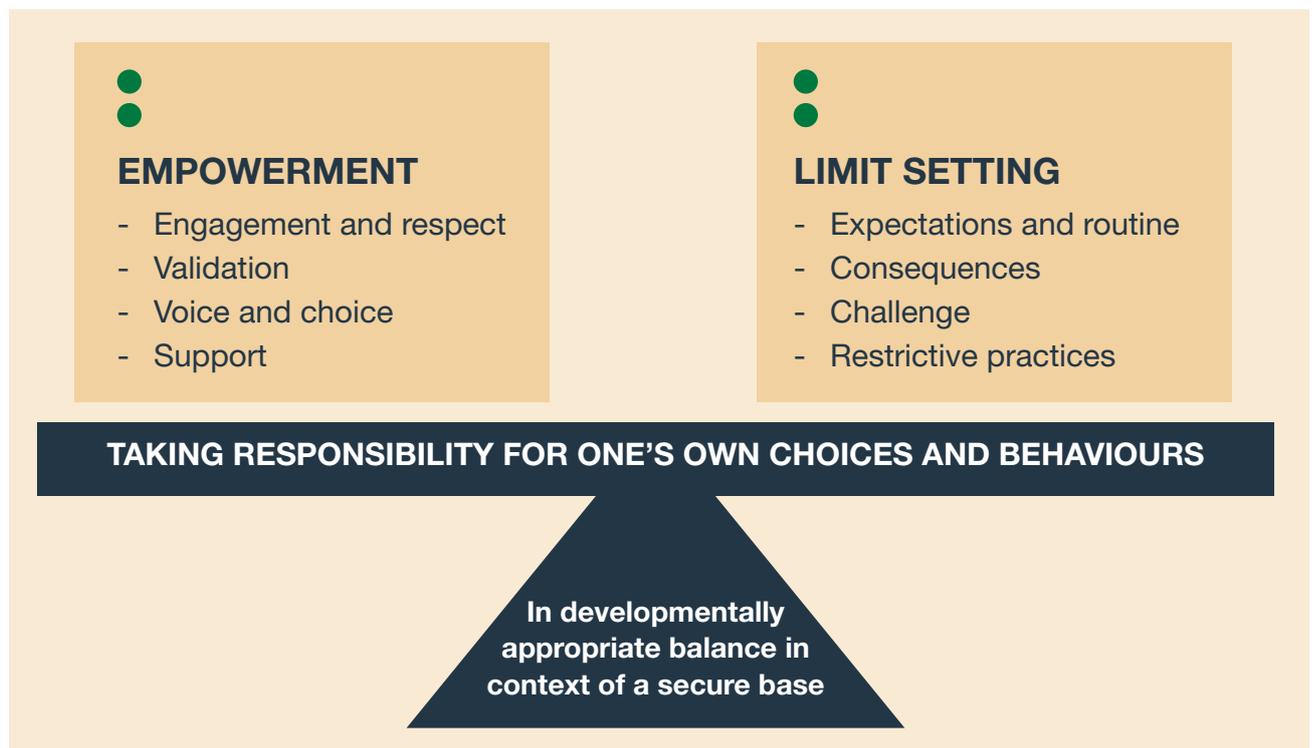
Let's look at the model in more detail.

Building the foundations of 'balance' – developmentally appropriate balance within a secure base

A secure base derives from attachment theory and is the experience of safety, comfort and support offered through relationships with children and young people that are sensitive, attuned and responsive. A secure base is found in relationships that are emotionally and physically available to children and young people through which they can experience fun, reassurance, understanding and compassion and to whom they can turn when feeling anxious, distressed, fearful or angry.

The idea of achieving a balance between empowerment and limit setting must be viewed from a developmental perspective. However, 'developmentally appropriate' is not the same as 'age appropriate'. The trauma caused to children and young people as a result of early abuse and neglect disrupts healthy development, causing impacts across emotional, behavioural, social and cognitive functioning. These are often seen in children and young people as poor impulse control, difficulties calming their minds and bodies, regulating strong feelings, and problems with conflict resolution. As such, it is critical to assess the child or young person's needs, strengths and vulnerabilities in developing an understanding of what 'developmentally appropriate' means for individual children and young people.

Taking responsibility for one's own choices and behaviours

The model suggests that responsibility taking is the mediating factor in achieving the 'balance' and that this is significantly influenced by a culture within the home and emphasises that

> *Both staff and young people have responsibility for their own choices and behaviour, with adults holding reserve powers to intervene if the young person is not mature enough to make an important life decision responsible; or in a state of mind that interferes with judgement. This notion of responsibility includes an emphasis on the need to make restitution for harm done to others, and a willingness on the part of staff to acknowledge their mistakes, and to honour their commitments to the young person.*
>
> (Morton, Clark and Pead, 1999, p80)

Empowerment

Empowerment is made up of the following elements:

Relational Engagement:

Therapeutic carers and need to build caring, safe, warm, empathic, trusting relationships, using their ability to be self-regulated, brave, firm and in charge – being the interested 'adult', able to listen and really hear, engage quickly and talk with and enjoy being with children and young people. Courage, personal authority, mindfulness, and reflective practice are integral ingredients in supporting and nurturing children and young people. For more information on relationship-based practice, refer to Practice Guide – Relationship-based practice in therapeutic care.

Respect:

Respect is fundamental to the relationships required between therapeutic carers, staff, children and young people. Whilst it may not be possible for children and young people to display consistent respect towards staff, it is incumbent on staff and carers to consistently model respect in their interactions with children and young people. Further staff need to also demonstrate that they respect the child or young person's views, culture, strengths and personal qualities. Through modelling, children and young people will come to trust and show respect in return. Think about the culture and 'tone' of the home. How is respect experienced by children and young people? The culture or social climate of the home is key to finding a 'balance' between empowerment and limit setting. The care environment must create relationships of care and support in an

> *…an atmosphere that is one of mutual enjoyment and respect, diverse interests and opportunities to develop and clear, calm firm expectations for the child's behaviour…*
>
> (Hughes 1997, p.194)"

Research highlights the central role of a positive social climate (Refer Table 1) in contributing to improved behaviour among children and young people and the creation of an atmosphere that allows higher levels of safety, improved relational dynamics and lower levels of aggression and violence between children and young people.

POSITIVE SOCIAL CLIMATE	NEGATIVE SOCIAL CLIMATE
Staff and carers are empathic, friendly, warm and supportive	Staff and carers are emotionally distant and unfriendly
Children and young people are encouraged to seek help from staff and carers who are viewed as resources and supports	Staff and carers show disinterest in children and young people
Children and young people feel safe to share their thoughts and feelings with staff who are viewed as responsive	Staff and carers are not seen as approachable or understanding
Staff and carers have the capacity to tolerate and safely contain psychological distress	Staff and carers are intolerant and rejecting
Open and supportive of growth, personal autonomy and change	Repressive and focussed on power and control
Children and young people experience fewer behaviour difficulties	Children and young people display higher levels of emotional and behavioural disturbance with staff and carers using punitive rather than relational approaches to them to regulate emotions and manage behaviour
Strong relational connections between staff carers, children and young people	Absence of relationships between staff, carers, children and young people
Children and young people feel that they belong or can come to belong	Higher rates of absconding and absence of children and young people
Children and young people and staff, carers share activities, mutual enjoyment and fun	Staff and carers are disengaged from children and young people
Staff and carers morale is high	Staff and carers morale is low
Staff and carers feel well supported and trained	Staff and carers feel unsupported and are poorly trained
Limits, boundaries and expectations are negotiated, understood, accepted and calmly applied	Rule based approach that is not negotiated and often not well understood. Application of punitive consequences, often arbitrarily or haphazardly applied.
Routines and daily rituals are able to be flexible to meet the changing needs of children and young people	Strong emphasis on rigidity and adherence to institutionalised process to structure the daily care experience
Mutual respect is shown between staff, carers, children and young people	There is a lack of respect shown in interactions between staff, carers children and young people
High levels of engagement and hopefulness	High levels of boredom, disengagement and hopelessness
High levels of motivation shown by children, young people, carers and staff	Low levels of motivation are shown by children, young people, carers and staff
Children and young people have a right to physical and psychological privacy	Children and young people feel exposed in a climate of surveillance and monitoring
Staff and carers are reflective and use a problem-solving approach to responding to the difficulties and needs of children and young people	Staff and carers are reactive and crisis oriented
Staff and carers are able to consistently and effectively use authority	Staff and carers are focused on control and authoritarian approaches to responding to children and young people
Consistent and stable workforce	High levels of staff absenteeism and turnover

(Eltink et al., 2015; Pinchover et al., 2014; Cantora et al., 2014; Attar-Schwartz, 2013; Bailey, 2002, Hughes 1997, Colton, 1989)

For more information on creating a positive social climate refer to Practice Guide - Creating positive social climates and home-like environments in therapeutic care.

Validation:

Be effective in giving approval, confirming a child or young person's worth and validating their strengths. Recognise the smallest of positive change or success with the child or young person as a signpost of what they are capable of, using these repeated small successes to scaffold towards larger success. Be oriented to "it's not what you have done – but what has happened to you" in appreciating the change that children and young people are achieving and the qualities that it represents about them. Reflect these qualities back to them. It is also important to understand that some children and young people try to endlessly create abusive relationships as a way of re-enacting the trauma they have experienced in the past. This will take time, understanding, consistency and role modelling to change. Be patient.

Voice and Choice:

Voices and choices can be an extremely difficult concept in Therapeutic Care to get right. Children and young people's readiness and willingness to contribute should be part of their Behaviour Support Plan, informed by the Therapeutic Specialist, Care Team and those who care for them. It should walk hand in hand with the required rules, limits and consequences also in place within the house.

Voice and Choice in Therapeutic Care from a child or young person's perspective could mean

Self Determination

- I understand there are times adults who care for me will need to make decisions to keep me safe; I also understand we will work together to understand these decisions and the reasons for them.
- I can make choices and have my own ideas and dreams
- I can be responsible for myself and my family (where safe & appropriate) based on my individual circumstances.
- I am not an adult, but I have my own ideas and dreams.
- I have a right to have fun and create positive memories
- I have a right to the same opportunities as others

Trauma Informed

- I need you to see my strengths and understand my pain & struggles
- I need to feel safe
- I need to know what trust is
- I need to feel you care
- I need you to keep your word
- I need you to help me
- I need you to love me unconditionally and never give up on me
- I need you to help me understand - It's not what I've done but what has happened to me

Self-regulation

- I need to believe in myself (and I don't know how)
- Understand that past trauma, isolation, and poverty make it hard for me to manage my feelings and actions
- I need you to walk this journey with me. When I can't carry it myself, I need your help to share the load to manage it. I learn from you

Personal and Environmental Change

- I have the capacity to change
- The things that have happened in my life make it hard for me to understand how to make those things better
- I deserve to live in a nice home and have a voice and choice in the design of my room and the house generally
- You need to help me discover who I really am and could be

### Intentional and honest communication

- I am clear about why I need to live in care
- You and I understand the courage it takes to accept help, talk about hard things, and consider change
- You can see my strengths
- You need to help me understand and name my emotions
- I am the expert of my lived experience – walk with me through this journey

Adapted from Voices and Choices in a Nutshell https://www.facs.nsw.gov.au/download?file=650252

Understand and support the capacity of children and young people to make good life decisions and avoid risk taking and unsafe behaviour. Provide them with opportunities to practice having a voice and making decisions within their developmental abilities. Look for meaningful ways in which children and young people can participate in the planning and running of the home. Support children and young people to develop plans and set goals for themselves in areas that they are interested in and motivated about.

Support

Be strong enough to help 'hold/carry' the agreed line and a child or young person's pain and trauma. Endure and travel their journey with patience, advocacy, nurture, caring and sharing in every interaction with them. Support children and young people to take responsibility for their behaviour and choices.
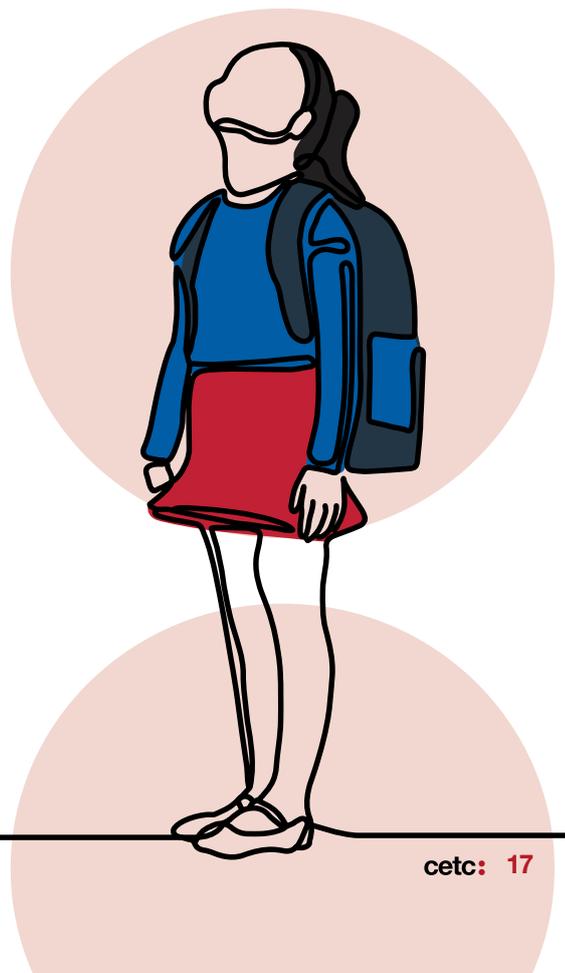
Practice Reflections

Why do you think relationships are so central to helping children and young people take responsibility for their own choices and behaviours?

How can you create opportunities for children and young people to have a voice and make choices that you can tolerate/within safe boundaries?

How do you use your relationship with children and young people to model respect?

What do you do in your care and support of children and young people that provides them with validation about their strengths and capacities?

Limit Setting

Expectations and routines

There need to be clear expectations about behaviour and routines talked about with children and young people from the beginning of a placement and over time. For example, welcome books should outline expectations of children, young people, carers and staff, demonstrating transparency and accountability in how each will relate with the other, their obligations and responsibilities and what will happen if these expectations aren't adhered to. The clearer and more consistently expectations and routine are implemented and negotiated, the safer children, young people, staff and carers feel. Each house should have a procedure for discussing and reviewing expectations and routines with children, young people and staff - when transitioning into the house, in house meetings and individual planning processes and after any incidents. Throughout these processes, children and young people should be involved in setting expectations and making the rules. Consistency in how these issues are discussed with children and young people is important. Consistent routines support children and young people to be clear about expectations of themselves as well as understand what to expect from staff.

Expectations and routines must be consistent and shared across the staff team - which means teams need to discuss and be clear about their roles and responsibilities in regard to limit setting. You do not want to fall into the 'wait until the other worker/supervisor/manager gets in' syndrome.

Although this section on limit setting has been written for working with children and young people in residential care, the principles on expectations on behaviour and routine can apply for other settings such as foster care. They include clarity on expectations and obligations, processes for review and children and young people's role in developing rules and expectations.

Consequences

Being held responsible for their actions is an important part of children and young people learning about the impact of their behaviour on others and exercising good judgment and choices.

What are natural consequences?

Natural consequences are the inevitable result of a child or young person's own actions (for example if you don't wear sunscreen you will get sunburnt, or if you shoplift clothes from a shop you get free clothes, but you may be also be caught and arrested) however, they don't always work to deter behaviour or effect change. Natural consequences that may work with your own child or young person may not work with children or young people in care. It is important to see what the child or young person accepts as a natural consequence. There is usually a great deal of difference in the way we see the world. Something you see as a consequence could be seen quite differently by children or young people (for example, they could think it's a bit of a joke).

For children and young people with complex trauma, natural consequences may also be too dangerous. Everyone's safety and wellbeing must be carefully considered.

What are logical consequences?

Logical consequences differ from natural consequences in that they result from the child or young person's behaviour but are developed and imposed by the carers or staff, as a result of planned intervention by the Therapeutic Specialist in collaboration with the staff team. Remember, it is important to decide wherever possible what consequence would create a helpful learning experience for the child or young person and staff member. The following four descriptors provide a useful framework for thinking about consequences:

RELATED	The consequence must be related to the behaviour.
RESPECTFUL	The consequence must not involve blame, shame or pain and should be kindly and firmly enforced. It also needs to be respectful to everyone involved. Individual responses are discussed and evaluated by Care and staff teams.
REASONABLE	The consequence is reasonable from the child or young person's point of view as well as the adults (as much as is practicable).
HELPFUL	It helps rather than hurts or inflicts further shame.

Adapted from https://www.positivediscipline.com/articles/logical-consequences

If any of these elements are missing, it can no longer be called a logical consequence.

How do you decide and give consequences to maximise learning and change?

Staff and carers should use a combination of natural and logical consequences that are developed in consultation with the Therapeutic Specialist and the child or young person and built into planned approaches. These need to be developmentally appropriate and link to behaviour as soon as possible or when it is considered safe for them.

It is paramount that the Therapeutic Specialist or case manager has input into any planned consequences otherwise workers and children and young people can be set up to fail. Each child or young person has their own trauma history impacting in various ways on their physical, psychological, and spiritual development. You may be encouraging the unacceptable behaviour by a poorly thought through consequence.

When planning responses in a therapeutic environment consider the following:

Safety

The safety of all is paramount.

Children and young people need to understand the 'givens' or bottom lines, especially in relation to safety. For example, violence in any form will not be tolerated; weapons or drug paraphernalia in the house is not only against house rules; it is against the law. Staff need to be clear and consistent with the steps they take regarding applying any consequences to these issues.

The nature of the consequence should take account of the severity of the behaviour and risk to the child or young person and others in the home .

Developmentally appropriate

Ensure the consequence is developmentally appropriate and takes into account the child or young person's trauma history, developmental vulnerabilities and capacities.

Ensure you understand the drivers for the behaviour – does the child or young person feel unsafe, is it a survival driven behaviour, shame based, 'trauma triggered' or something else - there is always a reason for a behaviour.

Based on the child or young person's history and current assessment, what is likely to be effective in helping to de-escalate them.

Is the consequence consistent with the overarching therapeutic plan/approach?

Culturally appropriate

Ensure, at all times, that consequences are culturally safe and appropriate.

Where necessary access cultural advice before developing consequences.

Relationship-based

The effectiveness of consequences is more likely when imposed within the context of relationships with the child or young person that are positive, supportive, reasonable and fair.

Children and young people feel safe and that you are the adults. Relationships born of inconsistent responses are what they have always known. Children and young people learn more when adults are consistent, firm, yet calm.

Empty consequences delivered in anger, or those are impossible to carry out, can cause considerable harm to the relationships with children and young people that staff work so hard to build.

Negotiated in advance

Consequences should be negotiated in advance with the child or young person and known as much as possible before they need to be applied.

Related to the desired change

Consequences must relate closely to the change required of the child or young person and address the problem.

Consequences should be about discipline (i.e. seeking to teach) rather than punishment.

Consistency and predictability

Depending on the developmental needs of the child or young person, you may have to carry out a consequence repeatedly before you see any change in them. Remember it may take many attempts, before a child or young person is able to understand and choose a different way.

Change is hard work - don't be discouraged if providing consequences doesn't appear to be working right away - the key is consistency over time.

Don't ignore the child or young person's behaviour one time and give a consequence another time - the child or young person will do best when you are consistent and predictable.

It is also important that you are not tempted to 'try and be the good person' because you want to be liked.

Impact on other children and young people

Ensure that consequences are implementable and don't negatively impact others in the house.

Support needs of staff

Consequences must be imposed by staff who are calm, balanced and reasonable.

Ensure you have processes established to support staff to implement consequences - consider training needs, supervision needs and debriefing after critical incidents.

Reflective practice

Ongoing processes of reflection, review and debriefing are critical to understanding the effectiveness and appropriateness of consequences.

The effectiveness of the consequence is more about what you do and how you are managing than the consequence itself!

Be calm:

Make sure you are in the right state of mind to be calm and listen effectively. Yelling, criticising, lecturing, and losing your cool does not provide a positive role model of coping and communication. It sends the message that your child or young person is in control of your emotional reactions and you are not. If you are not able to stay calm request someone else takes over until you feel okay about working back through the situation with them. If this is not going to happen on shift, get a colleague to pick up the situation and explain you will be back to work it through. If required contact colleagues, Supervisor or a Therapeutic Specialist for help.

Be aware of your nonverbal communication:

Children and young people with trauma are extremely experienced at reading body language. Whilst they may misinterpret it, they will pick up any changes and respond to it to keep themselves safe. e.g. what is your body language – your stance, facial expressions and tautness of facial muscles send powerful messages. Gently touch the child or young person's arm or shoulder, have a firm, yet empathic, tone and look. Don't stand over them or block out the light, follow them down a passage to their room, or stand in front of doors or windows. Your goal is to teach and connect, not intimidate or control.

Be aware of your verbal communication:

Be aware of your tone of voice and how the child or young person may interpret this. This is a key to gaining their attention, giving and receiving clear messages, and creating an emotional connection. Convey the message - we are talking about your behaviour, not you the person. You want them to learn from the experience rather than feel criticised, rejected, or ashamed – all feelings that confirm his/her already low self-esteem and shame.

Listen:

Show you are willing to listen by being open and patient with them.

Repair after an incident:

Imposing a consequence may cause a disruption in your relationship with a child or young person – you may not have handled the situation well as you might have hoped or the child or young person may have behaved in a way that caused a rupture in your connection with each other.

° If you believe you behaved unfairly start by apologising to them and explain why you responded in that way. If you are comfortable to discuss what you should have or could have done but remember this is just another building block – to repair and take responsibility for the situation.

° Many children and young people find it difficult to repair relationship disruptions as a result of shame, distrust or humiliation. At these times, it is important for staff to reach out and re-connect with them. Having repaired the relationship, it is then possible to have a conversation with them reflecting on what happened, taking responsibility and thinking about how they can try to " respond differently next time.

Consequences that are given too often lose their effectiveness.

Your goal is not to give consequences 24/7 but begin to communicate to the child or young person that they are accountable for their choices and actions, initially without any expectation you will see any change in the short term. Also, the consequences should not be too severe. Give the smallest consequence that is effective. Consequences that are too big can make a child or young person feel continually punished, shamed, become hopeless, and not be motivated to change. It may be that the consequence is trying to make you understand what is happening for them or they may need 'time in'.

Challenge:

Unacceptable, unsafe or abusive behaviours must be actively challenged by staff and carers. The Therapeutic Specialist, in conjunction with staff and Care Team should review the strategies for addressing these behaviours within the Behaviour Support Plan to ensure that the staff team understand the triggers for the behaviours and can apply responses in a consistent and predictable manner. A lack of a consistent approach risks further escalating the child or young person's behaviours rather than de-escalating them. The Care Team and staff should regularly review the patterns of these behaviours and develop a developmentally appropriate plan for addressing the triggers for the behaviours before they emerge (planned responding) as well as review the effectiveness of strategies to address the behaviours once they have emerged (planned reacting), and strategies for debriefing and relational repair after the incident. It is important to have ongoing conversations to reinforce the mutual expectations of safe behaviour that all children, young people and staff have of each other in the house, identifying the barriers and/or challenges to safe behaviour. In some instances, unsafe behaviour may emerge as a result of dynamics between children and young people in the house or between residents and the staff. It may be necessary to consider environmental, staff interactions and other changes to ensure the safe behaviour of all concerned.

Restrictive practices:

Restrictive practices refers to any practice or intervention that has the effect of restricting the rights or freedom of movement of a child or young person, with the primary purpose of protecting them or others from harm. Restrictive practices must be used as a last resort and implemented in accordance with relevant organisational or government guidelines such as the following NSW Government Behaviour Support in Out-of-Home Care Guidelines.

Carers and staff have a duty of care to ensure the safety of children and young people in their care. Restrictive practices may be required to keep a child or young person safe by decreasing a particular behaviour. Restrictive practices should only be used on a temporary basis along with a broader positive strategy to support behaviour. The principle of using the least intrusive approach possible applies to any behaviour support strategy.

A Behaviour Support Plan must determine the nature of the restrictive practice, the circumstances in which it can be used, how it should be used and by whom, for example, what physical restraint is required to keep the child or young person safe. This plan should be endorsed by the Therapeutic Specialist. The strategies are more likely to be effective if they are developed with the child or young person, and they consent and understand the reasons behind it (for example safety not punishment) and the situations in which they would be used and how this would occur. Where consent is not possible and the plan still needs to be implemented, record the child or young person's views and the reason why the plan was implemented despite disagreement.

> ## Hang in there! Remember, it takes time to change.

Practice Reflections

How much input do children and young people have in setting expectations, rules, boundaries and consequences in their house? What are the key advantages of this approach? What are the challenges to their involvement, and how can these be managed?

To what extent are limits, boundaries or consequences for individual children and young people based on their assessed needs and capacities?

In your staff team are consequences viewed as a punishment or as part of a process of learning and change? What are the implications of this for children and young people and how staff use consequences?

To what extent are processes of staff support and reflective practice used in your team? What difference does this/would this make to the effectiveness of limit setting, boundaries and consequences in your house?

Getting the 'balance' right

The successful integration of empowerment and limit setting with children and young people relies on open and honest communication between staff, the child or young person, families/communities, Therapeutic Specialist, Care Team, the organisation and other key players and is contingent upon:

- understanding the intent of the plan for each child or young person

- having a consistent approach

- maintaining standards of care and support

- a positive social climate or culture in the house with a focus on relationships between staff and children and young people

- maintaining structures, routines and boundaries

- the ability of staff to self-regulate and co-regulate children and young people as they work towards self-regulation

What does it look like when the balance is missing?

Over emphasis on empowerment and choice, with little or no emphasis on limit setting or consequences.

EMPOWERMENT
- Engagement and respect
- Validation
- Voice and choice
- Support

LIMIT SETTING
- Expectations and routine
- Consequences
- Challenge
- Restrictive practices

TAKING RESPONSIBILITY FOR ONE'S OWN CHOICES AND BEHAVIOURS

In developmentally appropriate balance in context of a secure base
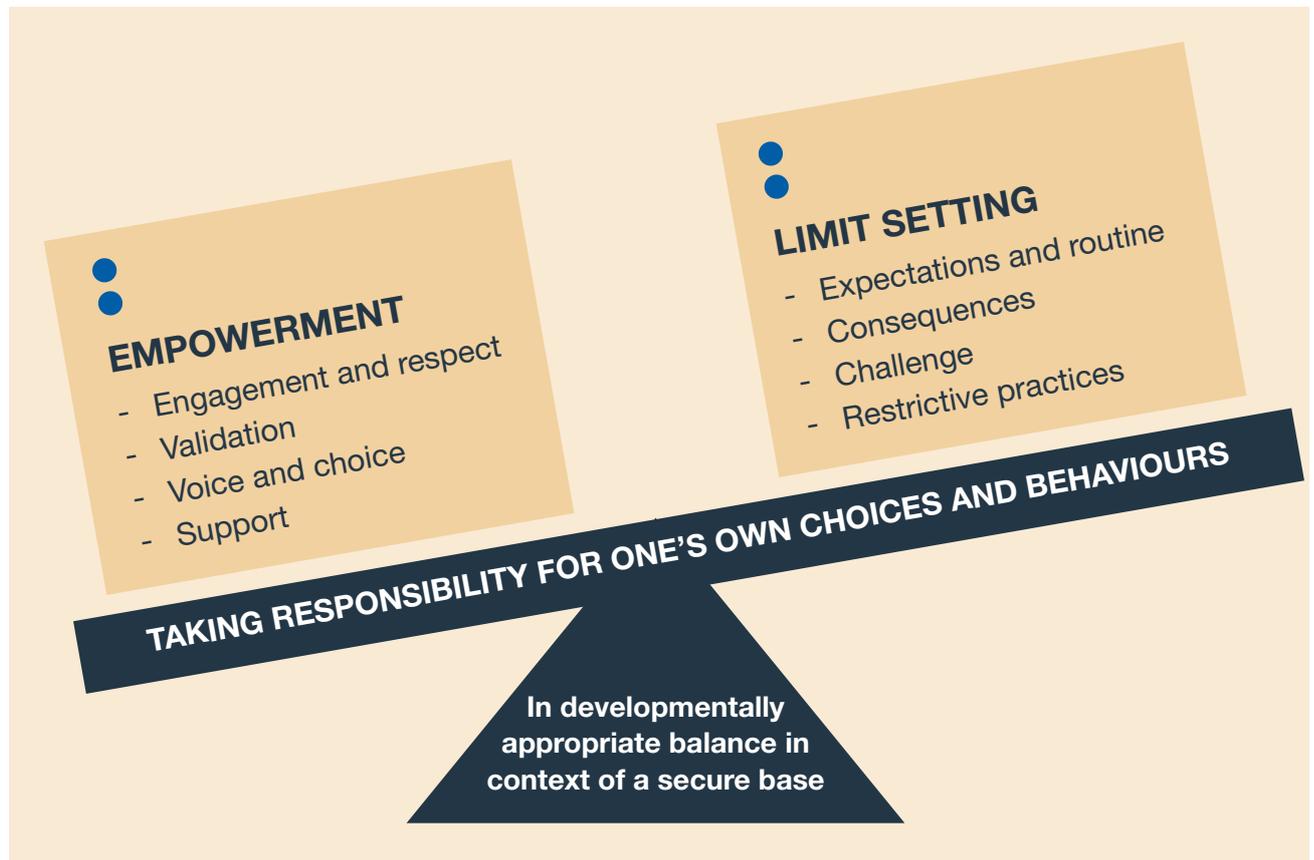
- Children and young people can have and do whatever they want and whenever they want

- No routines - children and young people can sleep until midday – go out and return late – don't have to attend day programs

- Everyone is a bit laid back, with a focus on being liked

- House feels chaotic and out of control

- Staff feel powerless, unsafe and feel that no-one is in charge

- Difficult to address risk issues resulting in children and young people not feeling safe and falling back into acting out to cope including often going missing or running to other places that feel safe – streets, drug scene, exploitative relationships

- Staff and Therapeutic Specialist are unable to work together resulting in little planning or review for children and young people and a lack of emphasis on development and change

- Tensions arise between staff as a result of the over-emphasis on empowerment resulting in instability in the team as shown through increased absenteeism, turnover, OHS claims, WorkCover claims

- Agency concerned about house functioning with funding body, giving many directives and sanctions

- Funding body concerned about agency, increases reporting and recording requirements

Overemphasis on the use of power, limit setting and consequences, with little or no emphasis on empowerment

EMPOWERMENT
- Engagement and respect
- Validation
- Voice and choice
- Support

LIMIT SETTING
- Expectations and routine
- Consequences
- Challenge
- Restrictive practices

TAKING RESPONSIBILITY FOR ONE'S OWN CHOICES AND BEHAVIOURS

In developmentally appropriate balance in context of a secure base

- Balance has totally tipped to an overemphasis on limit setting, control, and power

- Staff become punitive, trying to impose increasingly strict sanctions and consequences because child or young people's behaviour is deteriorating

- Threats to end placement if the child or young person does not become more compliant

- Culture of the house declines with no focus on the importance of relationships

- Children and young people don't feel safe, listened to or understood and falling back into acting out to cope including often going missing or running to other places that feel safe – streets, drug scene, exploitative relationships

- Therapeutic Specialist tries hard to balance responses, however feels disempowered

- Tensions arise between staff as a result of the over-emphasis on control and power resulting in instability in the team as shown through increased absenteeism, turnover, OHS claims, WorkCover claims

- Agency concerned about house functioning with funding body giving many directives and sanctions

- Funding body concerned about agency, increases reporting and recording requirements

A lack of balance impacts all of us

A lack of balance between empowerment and limit setting impacts everyone, not just children and young people. Simply put – children, young people, staff and organisations experience parallel processes which are a 'set of complex interactions' between traumatised children, young people, stressed staff, pressured organisations, and the equally stressed social and funding environment. Our systems then frequently replicate the very experiences that have proven to be so toxic for the children and young people we are supposed to treat that originally brought them into care (Farragher, date unknown).

An example of a parallel process in the absence of a balance between empowerment and limit setting could look like . . .

YOUNG PEOPLE	STAFF	ORGANISATION
Feel unsafe	Feel unsafe	Is unsafe
Angry/aggressive	Angry/aggressive	Punitive
Helpless	Helpless	Stuck
Hopeless	Hopeless	Missionless
Hyperaroused	Hyperaroused	Crisis driven
Fragmented	Fragmented	Fragmented
Overwhelmed	Overwhelmed	Overwhelmed
Confused	Confused	Valueless
Depressed	Demoralised	Directionless

Farragher (Date unknown)

Finding a balance

EMPOWERMENT
- Engagement and respect
- Validation
- Voice and choice
- Support

LIMIT SETTING
- Expectations and routine
- Consequences
- Challenge
- Restrictive practices

TAKING RESPONSIBILITY FOR ONE'S OWN CHOICES AND BEHAVIOURS

In developmentally appropriate balance in context of a secure base
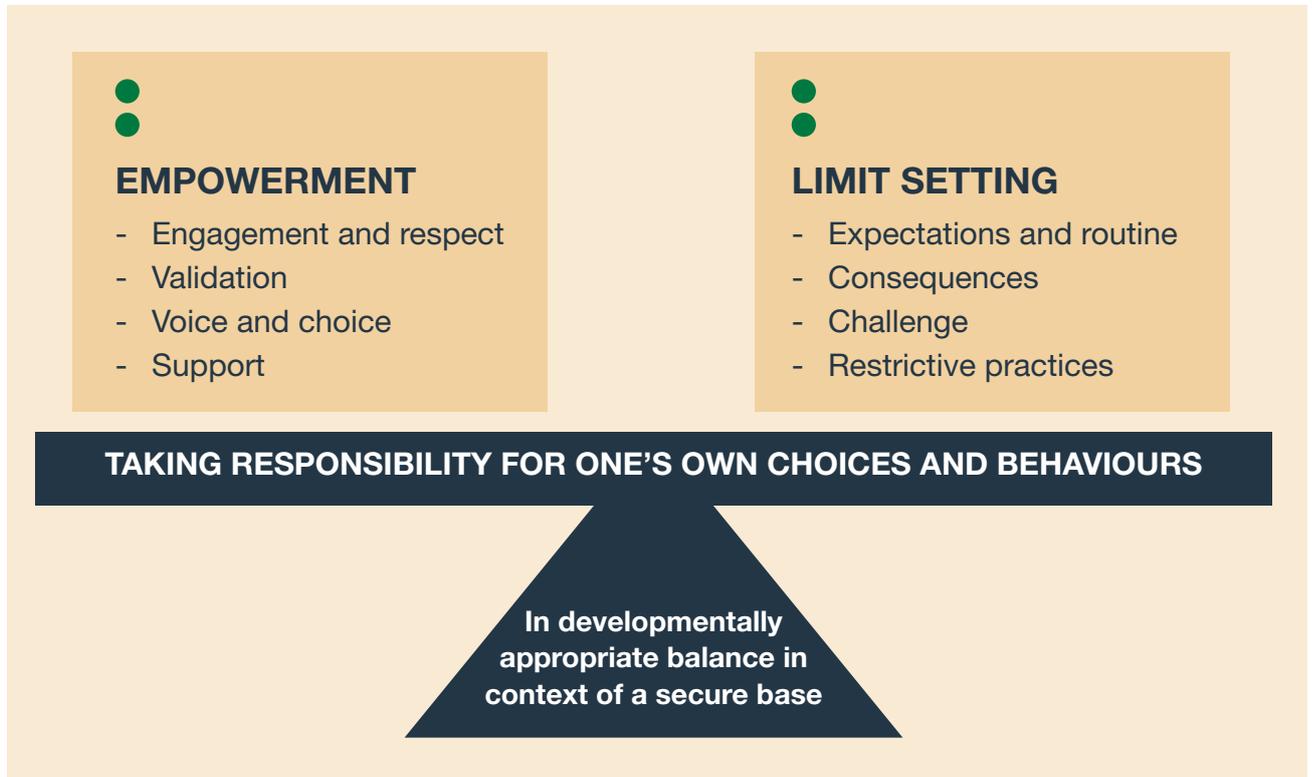
There are a number of critical principles that will assist in achieving a balance between empowerment and limit setting that has been adapted from the work of Lorraine Fox (2019) including:

Principles for achieving a balance between empowerment and limit setting

- Ensure that boundaries set in the house reflect those relevant to the child or young person's family, community, and culture

- Help children and young people understand the different roles and responsibilities of staff and carers in supporting them and keeping them safe

- Boundaries and limits are for safety and protection. Be really clear about 'bottom lines' and basic rules that everyone has to live by. Children and young people need to know that adults are strong enough to 'hold' them and keep them safe by holding the 'agreed line'

- As children and young people develop, they begin 'rubber banding' with adults responsible for their care. They stretch limits, move away, and test their range. When we perceive they are becoming overwhelmed, confused, or unsafe, they need to be 'snapped back' closer to safe and caring relationships with adults. Encourage this behaviour

- Setting limits with children and young people is a constant process of letting go and reeling in, within a safe environment. Limits and boundaries should be reviewed by staff, carers and the Therapeutic Specialist, in conjunction with the child or young person, in recognition of their changing capacities to exercise good judgement and decision making.

- Having more freedom does not mean having no limits. Teach children and young people that having freedom does not mean doing whatever you want, whenever and wherever you want. What freedom really means is, that we are free to exercise our judgement and make choices, and then live with the consequences of those choices.

- Children and young people should be empowered to take responsibility for their own behaviour within developmentally appropriate limits but be well supported and assisted in making positive choices.

- Lay the seeds of long-term change. Just because a child or young person is not making the required changes now doesn't mean that your efforts are in vain. As children and young people get older, they will put pieces of information together. Have you ever had a young person visit after leaving who returns for a visit and tells you the one thing that eventually helped them was something you said five years ago?

- Consistency does not mean a lack of flexibility. Consistency does not mean 'identical to' but rather 'not in contradiction with'. Flexibility is critical to being responsive to the child or young person's changing needs and capacities.

- Boundaries, limits, and predictability are the ingredients in structure. Staff are responsible for keeping children and young people safe and helping them grow. They are also mentors, tutors, guides, and coaches. They 'keep order' when they provide the necessary relationships rhythm, consistency, nurture and structure operating within boundaries and limits using self and co-regulation.

- No-one is perfect. We all make mistakes. We all need to own our mistakes and take responsibility for our own behaviour. Staff need to model this for children and young people and take steps to apologise to them and/or to each other when required.

Practice Reflections

Thinks of a child or young person that you have worked with that you would say have been able to develop the capacity to take responsibility for their choices and behaviour. What has contributed to this change? How does the idea of a balance between empowerment and limit setting assist in this understanding?

Why do you think relationships are so central to helping children and young people take responsibility for their own choices and behaviours?

How can your staff team use the idea of a balance between empowerment and limit setting to consider:

- the social climate/culture in the house

- the centrality of relationships as platforms for empowerment and limit setting

- the involvement of children and young people in the establishment of rules, boundaries and consequences

- the link between the environment being predictable and consistent and children and young people feeling more regulated and contained.

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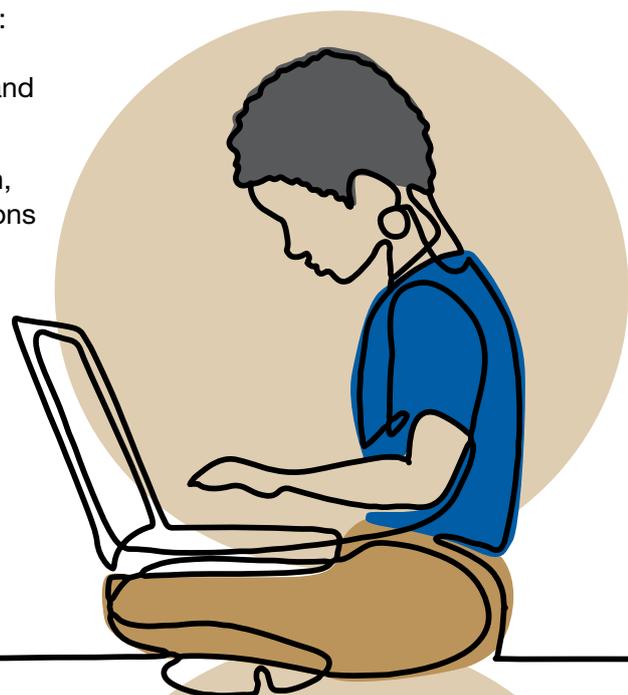
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