

Development differences and support for children in out of home care



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Artwork by Gabriel Stengle (Kurna, Ngarrindjeri, Narungga)

We would like to acknowledge this land that we meet on today as the traditional lands for the Kurna people and we respect their spiritual relationship with their country.

When we undertake work within the Department for Child Protection we understand the collective responsibility we have to respect, support and acknowledge the lived and shared experiences of Aboriginal children and Young People, families and communities and their right to self-determination.



Why focus on disability?

Approximately
33.1% of
children and
young people
in care have a
NDIS plan



63%
male



37%
female



37%
Aboriginal

Most
common
diagnoses

**Autism Spectrum Disorder
(ASD)**

Intellectual disability

**Developmental Delay
(0-6years)**



Disability and Development Program

Regional Disability Team (RDT)

13.1 fte allied health clinicians covering DCP offices across the state

Therapeutic Carer Support Team (TSCT)

17.5 fte allied health clinicians
Referral based
Short-medium term interventions

Specialist Services Team (SST)

9.4 fte allied health clinicians
Referral based
Short-medium term interventions



Regional Disability Team (RDT)

The Regional Disability Team comprises of a range of allied health professionals with skills and experience in supporting children with disability and developmental delay and navigating the National Disability Insurance Scheme (NDIS).

- ❖ Identifying young people for NDIS eligibility
- ❖ Prepare for NDIS planning meetings
- ❖ Assist with NDIS plan implementation and selection of NDIS supports
- ❖ Ensure the supports in place meet the needs of children and young people and funding is adequate
- ❖ Support case management to transition a young person with disability from care
- ❖ Provide training, build capacity and knowledge of DCP staff
- ❖ Escalation pathway to the NDIA when children or young people require an urgent NDIS response



Therapeutic Carer Support Team (TCST)

TCST provide short term in-home support to family-based carers to assist children and young people's development, strengthening relationships and build capacity for continued care.

- ❖ Utilising a family-centred approach
- ❖ Grounded in trauma-informed and neurodevelopmental understanding
- ❖ Support for carers to respond effectively to the child's developmental needs and behaviours
- ❖ Explore and highlight the carer parenting strengths
- ❖ Liaise with stakeholders and share developmental information
- ❖ Undertake developmental and functional assessment



Specialist Services Team (SST)

- ❖ SST support residential care staff using a range of evidence-based approaches to understand and respond to the developmental and trauma related needs of children and young people in care
- ❖ Interdisciplinary team of allied health professionals who work collaboratively with key DCP and external stakeholders to achieve more consistent and integrated support for young people in residential care settings
- ❖ Focus is on building capacity of residential care teams by increasing the understanding of the young person's development, impact of trauma, sensory issues, behaviour and other relevant factors
- ❖ Any young person in residential care can be referred for SST support, they do not have to have a disability or developmental delay

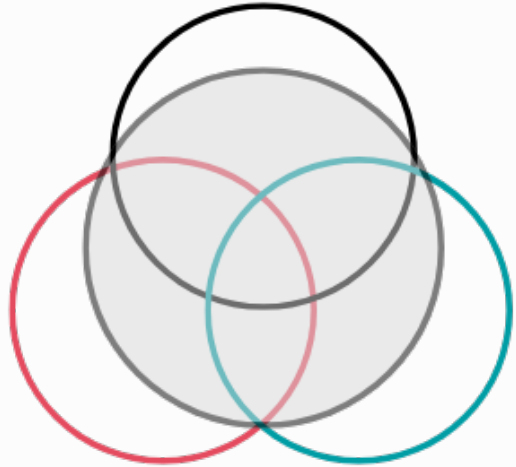


Specialist Services Team (SST)

- ❖ SST support may involve:
 - ❖ Developmental/adaptive behaviour assessments and formulating developmental profiles for young people
 - ❖ Supporting care teams to understand and implement recommendations from external professionals/providers
 - ❖ Supporting the understanding of and response to developmental and/or trauma related reasons for behaviours
 - ❖ Supporting care teams to increase young people's engagement and skill development
 - ❖ Placement matching profiles

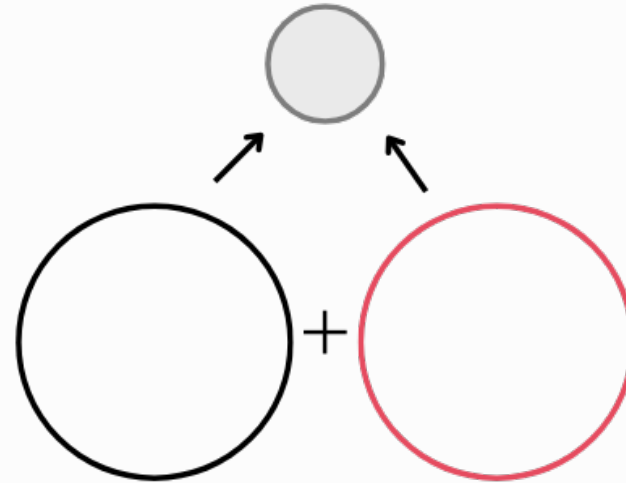


Collaborative allied health approaches



Interdisciplinary

Integrated use and synthesis of knowledge, methods and approaches from different disciplines



Multidisciplinary

Disciplines collaborating from their separate disciplinary perspectives to contribute towards a common goal

Developmental profiling

Developmental profiling is a tool used by the SST to build youth worker understanding. It uses information from the child's history, an Adaptive Behaviour Assessment and other assessments that inform the child's development and care needs.

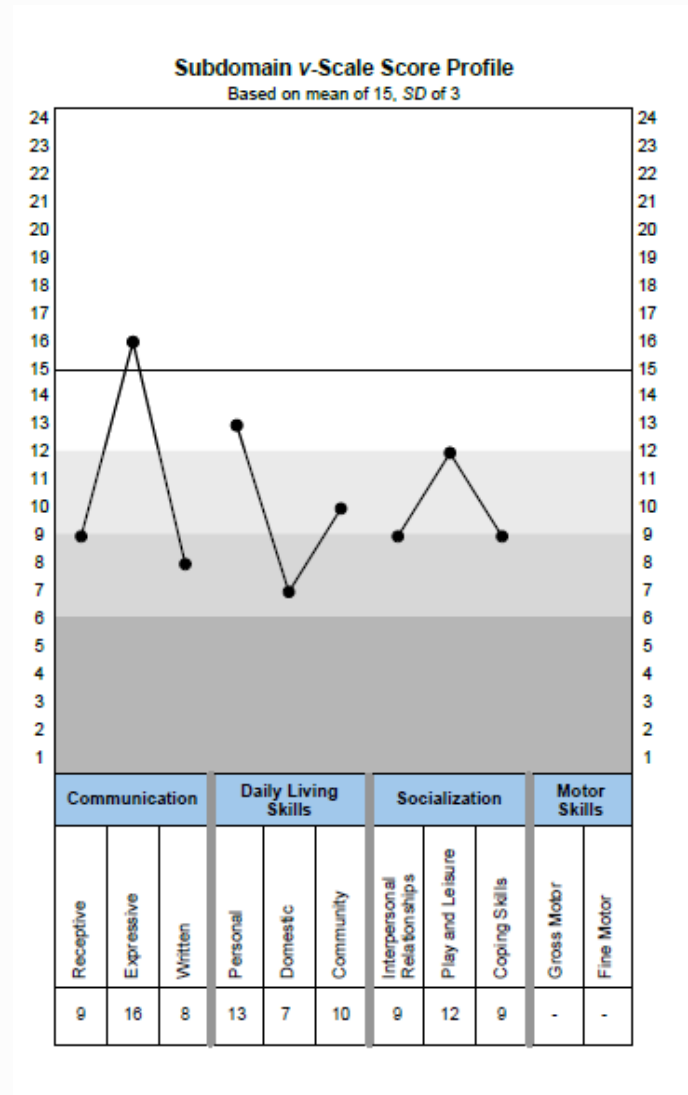
The Developmental Profile provides detailed information on -

- the child or young person's development across domains
- factors that are likely to have contributed to child's developmental delays
- the child or young person's strengths
- areas of development that require additional support
- how to support the child taking into account the reasons for their delayed development



Behaviour and Development

- Survival behaviours can mask real difficulties and risks (e.g. seeming “street smart” vs social vulnerability).
- Delays may be uneven across development as a child’s skills for survival become most developed (alertness for threats, fight and flight responses) while other areas (language, thinking, social and emotional skills) are often under-developed compared to same aged peers.

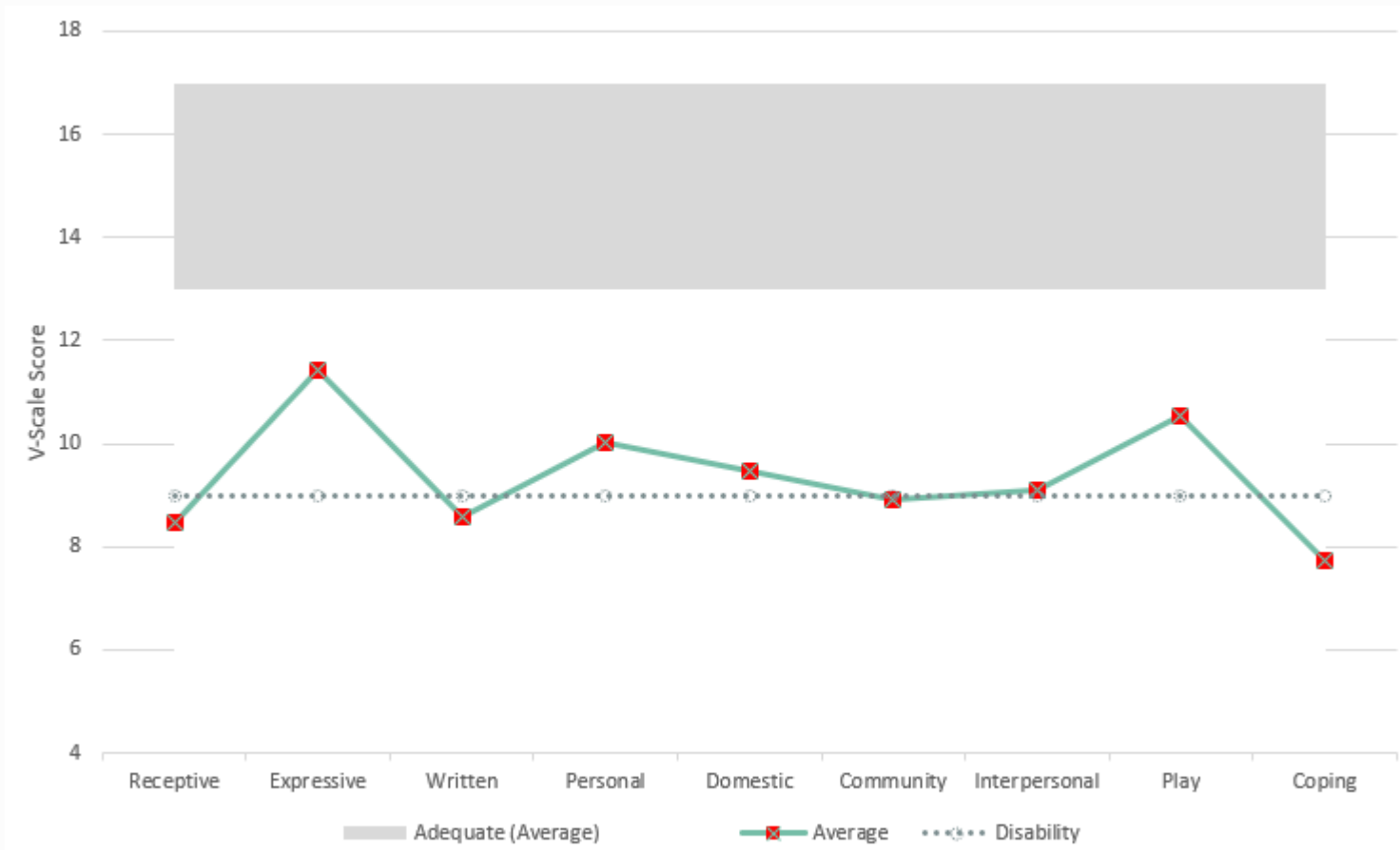


Vineland-3 Adaptive Behaviour Assessment

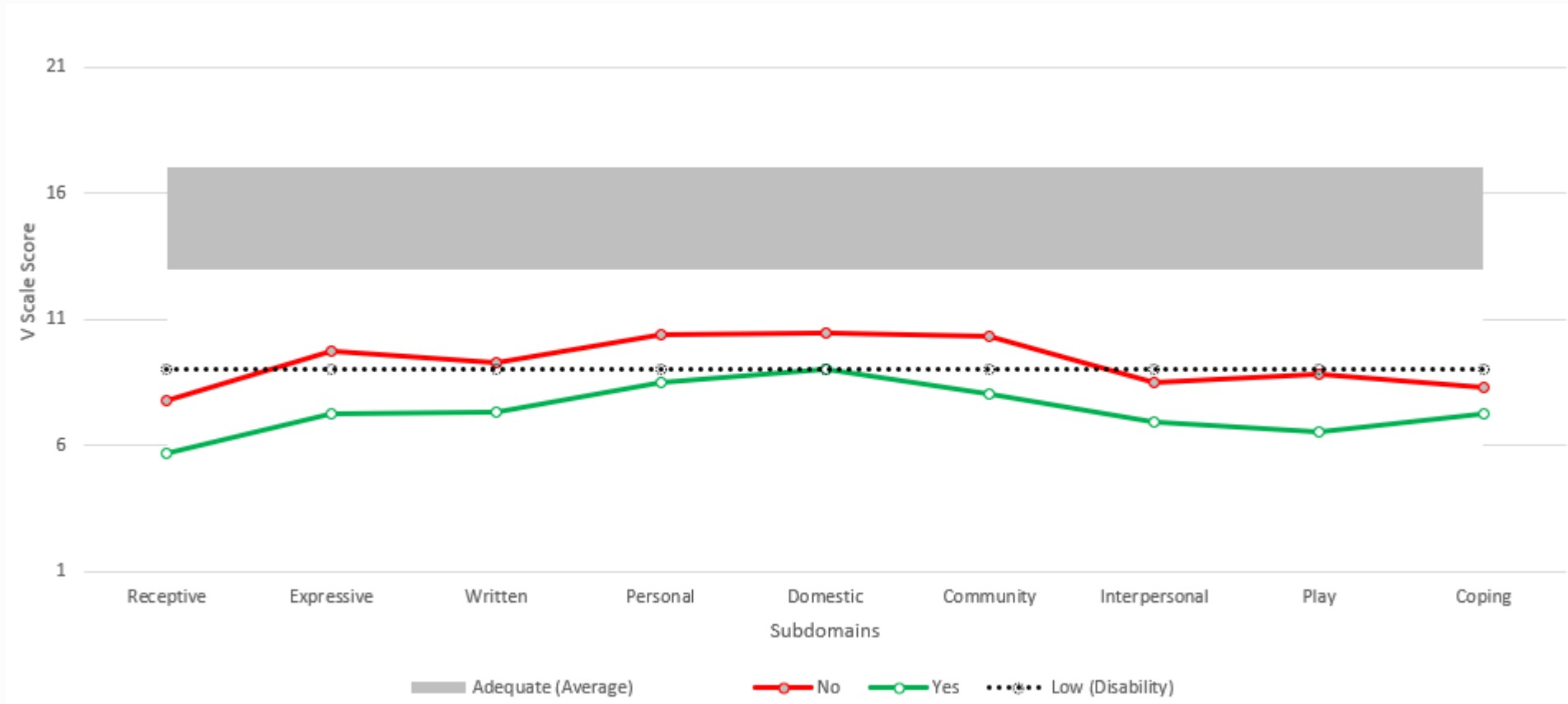
- The DDP are collecting data related to Vineland-3 assessments for children in care
- Common patterns of performance seem to present and we are interested in what that means for children and young people in care
- Using this information better informs our approach and makes it more targeted to the needs of this population
- We are in a unique position to review adaptive behaviour in a specific population of children



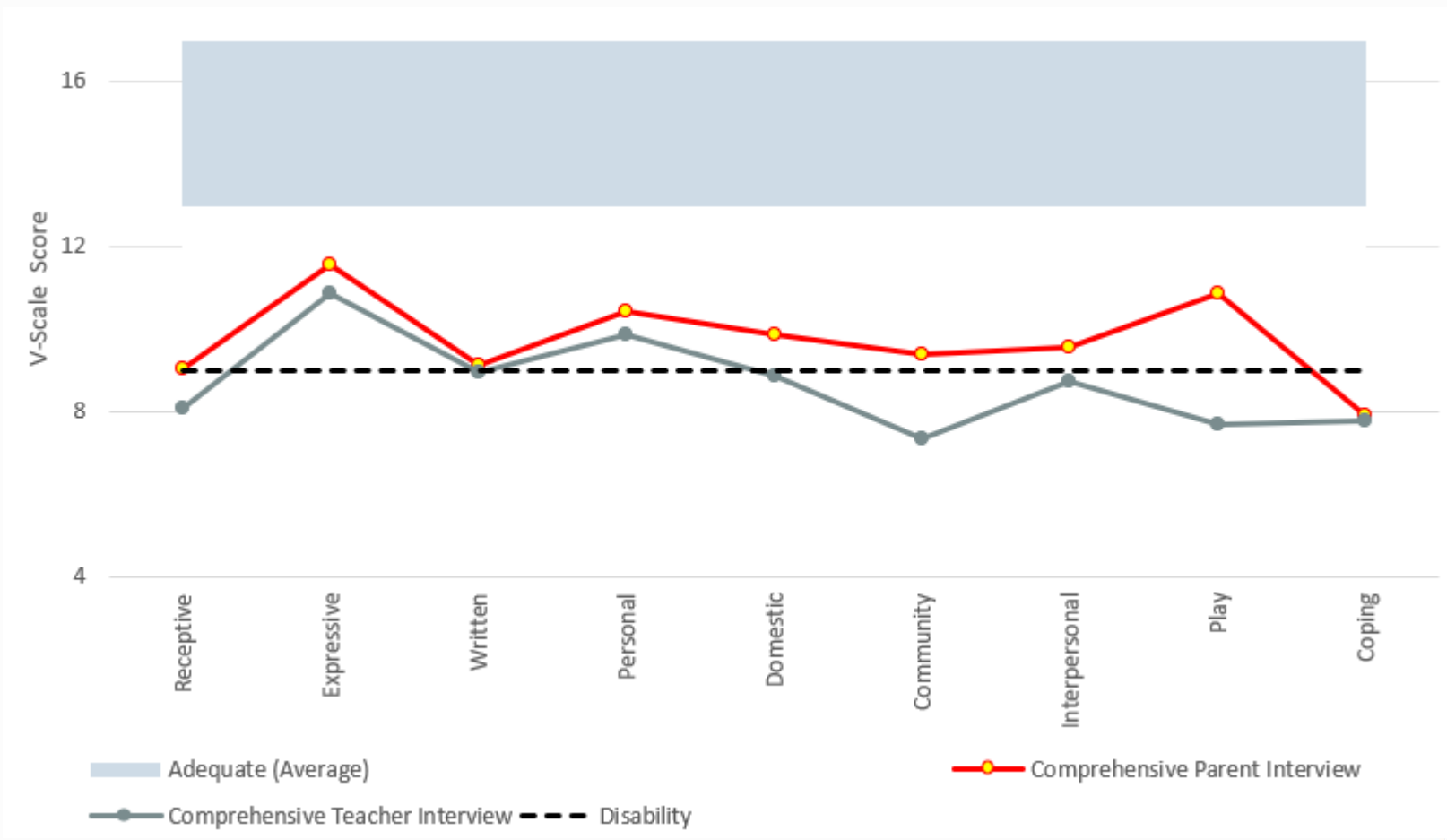
Parent/Caregiver average subdomain scores



V-Scale scores with and without disability



Parent/Caregiver and Teacher Vineland-3 subdomain V-scale scores



DDP Vineland-3 Data

The data is telling us that on average:

- Adaptive behaviour for children in care are significantly below average, with some subdomains falling in the disability range
- Functional receptive language skills are significantly lower than expressive language skills
- Interpersonal skills are often low
- Coping skills are often low
- The difference in reported skills in play demonstrated marked difference when comparing the school and home settings



Case Study- Rose

Age: 15 years

- Rose has been under the Guardianship of the Chief Executive since she was four years old.
- She has had previous kinship and foster placements, and has been living in residential care since 2020
- Her baseline presentation is observed to be as highly anxious, paranoid thoughts about others and quick to escalate if she believes wrongdoing towards her.

Specialist Services team members involved:

- Developmental Educator
- Social Worker

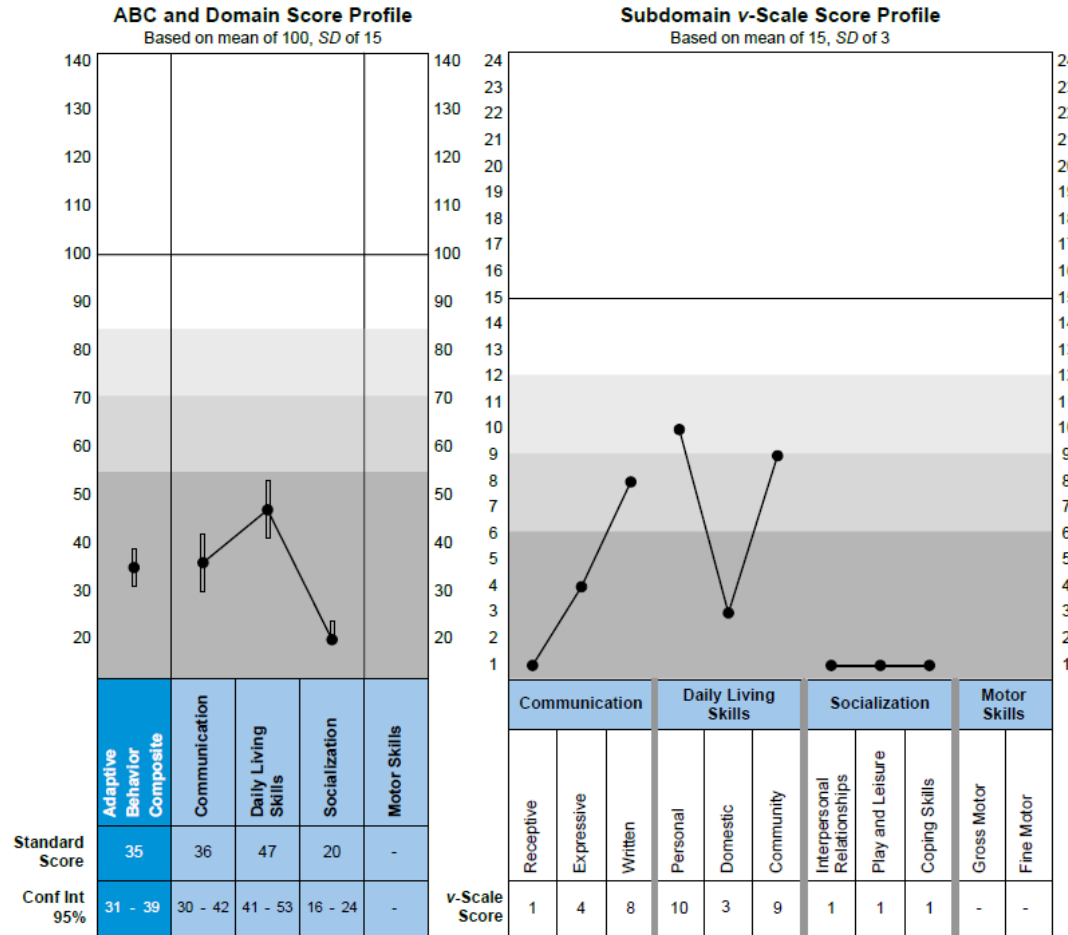
Assessments undertaken:

- Vineland Adaptive Behaviour Scales 3rd Edition
- Adolescent Self-Report Sensory Profile 2
- Functional behaviour analysis



Case Study- Rose

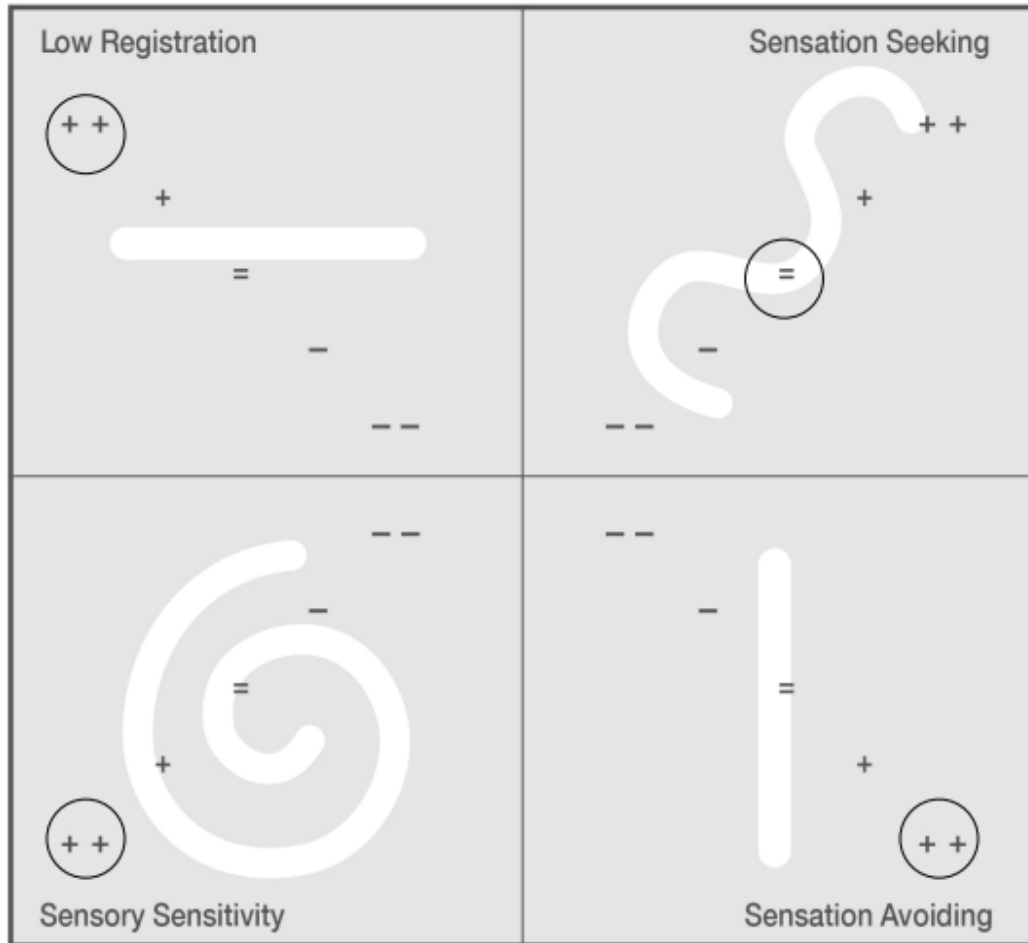
SCORE SUMMARY PROFILE



The optional Motor Skills domain was not administered.



Case Study- Rose

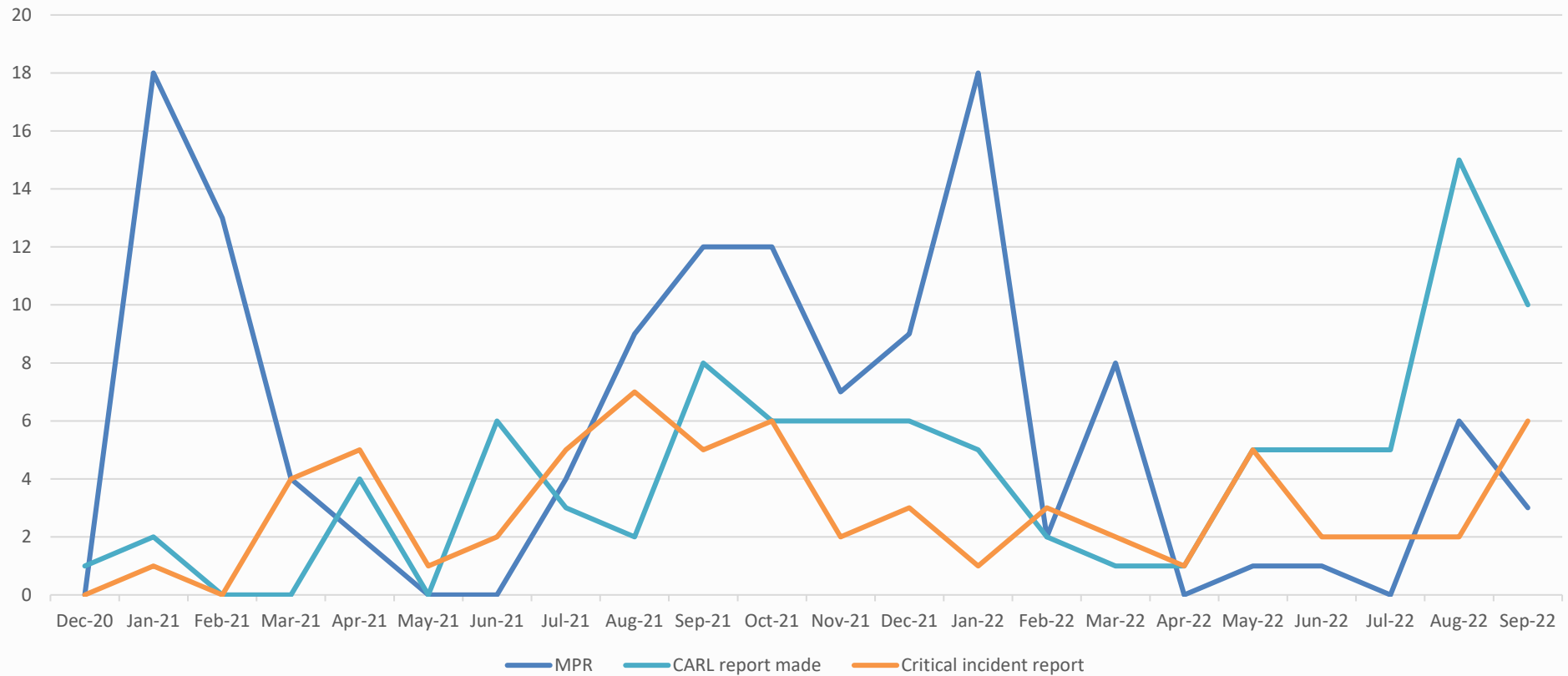


The following symbols are used to represent the classifications on the Quadrant Profile:

- Much Less Than Most People
- Less Than Most People
- = Similar to Most People
- + More Than Most People
- ++ Much More Than Most People

Case Study- Rose

Rose FBA Data



Case Study- Rose

- Care team training re adaptive functioning results and implications for care needs
- Discussions Youth Justice, SAPOL, Education and Yarrow Place regarding Rose's adaptive functioning results
- Development of scripting for the youth workers to support Rose's understanding of upcoming changes, moves and responding to Rose disclosing previous experiences
- Attendance at care team meetings to provide staff with information on Rose's care needs
- Presentation by the SST Clinicians on how the young person's sensory needs could be met
- Placement visits to review environment and make recommendations on how the environment can be modified to support engagement



Case Study- Rose

Resources developed and training provided to care team:

- Routines and visual scheduling that fit with Rose's adaptive functioning levels
- Putting bail conditions into an easy read visual format to support Rose in further understanding the information
- Development of developmentally and trauma informed easy read information on topics including contraception and sexually transmitted infections due to risk of sexual exploitation
- PACE approach for youth workers to utilise when engaging with Rose
- Updated wellbeing plan that outlined the signs of Rose's dysregulation levels, and responsive approaches her care team could utilise



Case Study- Rose

Outcomes at the end of SST engagement:

- Increase in engagement with Yarrow Place
- Higher level of staff retention and consistency
- Improved participation in daily activities (personal hygiene, meal preparation, cleaning and attendance at appointments)
- Reduction in Missing Person Reports
- Increased level of connection between Rose and her care team





Questions

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