

Proactive responses to delinquent behaviours in out-of-home care

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The transition from childhood to young adulthood is often associated with a range of challenges that can be overwhelming for a young person. For young people in out-of-home care, complex histories that may include traumatic personal experiences can make this transition even more problematic, both for the young person and their carers. This is the final paper in a series of four which has focussed on a range of challenging behaviours in children and young people in out-of-home care. This paper examines delinquency and its associated effects on young people and carers and outlines specific considerations for carers and other health professionals in responding appropriately to delinquent behaviours in young people.

Children and young people entering out-of-home care are often raised in adverse circumstances and require significant support as they make the transition into the out-of-home care context (Barber & Delfabbro 2004). For adolescents in care, adjustment challenges within the placement context may be exacerbated given the potential developmental complexities associated with the transition into young adulthood (Burfeind & Bartusch 2006). For carers working with young adults with complex needs, the provision of appropriate care can be fraught with immense challenges, particularly if the young person presents with overt antisocial behaviours (Golding 2007; Herbert & Wookey 2007). Many young people enter care with histories of trauma, severe abuse and neglect (Osmond, Scott & Clark 2008) and may experience mental health issues (Tarren-Sweeney & Hazel 2006), social and emotional challenges (Dunne & Kettler 2006; Sawyer, Carbone, Searle & Robinson 2007) and/or behavioural difficulties (Nilsen 2007). Further, recent studies indicate that such individuals are often drawn from families affected by substance abuse (Ainsworth & Summers 2001), prone to domestic violence (Kohl, Edleson, English & Barth 2005), mental health issues (Phillips 2009), limited economic resources resulting in family poverty (Thomson 2003) and limited attachment (AIHW 2006) within their family of origin. Many young people in care may also have been placed in a number of out-of-home care contexts that have influenced their adjustment, given the instabilities associated with multiple placements (Newton, Litrownik & Landsverk 2000). With the significant increase in children and young people entering out-of-home care in Australia, and the many and varied complexities associated with this population (AIHW 2006), the need for ongoing support that is tailored to the specific needs of the young person is critical (Butcher 2004; Carter 2002) (for a further elaboration on out-of-home care within Australia, see Larmar & Clark 2009).

This is the final paper in a series of four which focuses on a range of challenging behaviours in young people in out-of-home care (Larmar & Clark 2009a, 2009b, 2010). The series has drawn on a model by Edelbrock (1985) that serves to explain the development of antisocial behaviours in children and adolescents. The model describes a developmental sequence or continuum of stages that begins with less overt responses in children and young people, such as oppositional behaviours, and moves to offensive behaviours, aggressive behaviours and, finally, more extreme delinquent

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behaviours. While previous papers have included a focus on children, this paper examines delinquency in adolescence. This focus aligns with Edelbrock's assertion that delinquent behaviours are most often identified in young people with a particular developmental pathway (Sanders, Gooley & Nicholson 2000). The paper explores the notion of delinquency as derived from the literature and offers suggestions to assist carers and other health professionals in effectively managing delinquent behaviours in young people in out-of-home care. It provides a starting point for carers and workers in responding to behaviour and acknowledges the complexity of circumstances that adolescents in out-of-home care may be negotiating. However, the authors acknowledge that the depth and breadth of issues that young people and their carers encounter cannot be fully explored within the confines of this paper.

Maintaining an empathic position is extremely important to the fostering of a meaningful relationship with a young person at risk of delinquent responses.

DELINQUENCY

Burfeind and Bartusch (2006) define juvenile delinquency as 'actions that violate the law, committed by a person who is under the legal age of majority' (p.5). Shoemaker (2009) asserts that delinquent responses can be either overt criminal acts (stealing, inflicting serious harm on another, etc.) or non-criminal behaviours (running away from home, truancy, defying the authority of parents or carers, etc.). Such behaviours are motivated by a range of influences including the young person's self-interest and decision-making processes (Shoemaker 2009). Further, in some circumstances, behaviours which may be labelled delinquent are, in fact, not wholly irrational choices in atypical or difficult situations. Such rational choices may include meeting needs for survival (e.g. food, clothing and/or other basic necessities), the legal penalties associated with the act (e.g. under-age drinking), the influences of significant relationships within the individual's world (e.g. peer versus adult influence), the young person's moral framework (e.g. beliefs and values) and the potential guilt or shame associated with the act (Burfeind & Bartusch 2006). Despite these choices having some rational merit, they may be destructive rather than constructive decisions.

UNDERSTANDING THE COMPLEXITY OF CONTEXTS

In understanding delinquent behaviour, it is important to explore the interactions of the person in their environment.

The work of Urie Bronfenbrenner (1917-2005) is well known and widely used in social work and human services practice to promote an understanding of interacting systems. Bronfenbrenner's ecological-systems theory sees individuals as negotiating and being reciprocally influenced by overlapping, nested systems (the microsystem, mesosystem, exosystem and macrosystem) which change across time and are influenced by timing (the chronosystem) (Berk 2002; Bronfenbrenner 1995). The microsystem includes an individual's biological characteristics, culture, gender and relationships with family and social peers. The mesosystem refers to the connections between two microsystems via an individual who exists in both systems, such as an adolescent living with carers and still connected with their family and/or other carers. The exosystem refers to environments that indirectly influence an individual's life and community, e.g. statutory and non-government organisations. The macrosystem consists of the laws, values, customs and culture of the broader society (Bee & Boyd 2002). Berk (2002) explains that turning points in development are often provoked by shifts in context. Some examples for adolescents in care may include transitions to out-of-home care and between carers, changes in school and other activities, or contexts where the young person has previously had continuity, as well as becoming a parent or partner. Bronfenbrenner's ecology of human development (ecological-systems theory) places emphasis on the influence of linked lives and the importance of contexts over time (Elder 1998). Taking a developmental perspective in understanding influences on behaviours that may be considered delinquent recognises that early transitions may have lasting consequences and influence later transitions (Berk 2002; Elder 1998). A developmental perspective that considers development across the lifespan recognises growth as lifelong, diverse, highly plastic, multidirectional and multidimensional and embedded in multiple contexts (Berk 2000).

In taking a developmental perspective, there is recognition that it is both the individuals and the contexts in which they interact that have a central role in contributing to an understanding of delinquent behaviour.

THE SIGNIFICANCE OF PERSONAL HISTORY IN THE ONSET OF DELINQUENCY

The developmental pathway of delinquent behaviours in an individual is complex and often multidimensional (personal, familial and systemic) (Stouthamer-Loeber, Loeber, Farrington, Zhang, van Kammen & Maguin 1993). The literature highlights a range of risk factors evident in an individual that may influence later delinquent behaviours. Familial factors including limited attachment to the primary caregiver, coercive parenting practices, mental health issues in the family, poor parental cognition, lack of social support and social disadvantage may increase an individual's susceptibility to future challenging behaviours, including

delinquency (Ruchkin et al. 2000; Sanders et al. 2000; Thornberry 2009). The individual's temperament (e.g. socially withdrawn or with limited social skills, impulsive, oppositional, etc.) (Martel et al. 2008; Trommsdorff & Lamm 1980), cognitive ability (e.g. poor comprehension and processing skills, etc.) (Koolhof et al. 2007), and gender (delinquent behaviours are more commonly expressed by young men) (Daigle, Cullen & Wright 2007) are also factors that may contribute to delinquent patterns of behaviour in adolescence. Research focussing on the influence of risk factors on later delinquency emphasises that specific factors rarely exist in isolation, but work in concert with other risk factors over time to promote ongoing and sometimes entrenched behavioural difficulties (Sanders et al. 2000).

It is well documented that there is a link between experiences of abuse and neglect, and loss and trauma (e.g. Fleming & Belanger 2001; Osmond et al. 2008). Many researchers have sought to explain variations in stress responses and to understand why some people struggle with abuse and losses while others seem resilient and even seem to experience personal growth from experiences of loss (Davis 2001). Davis suggests different approaches to research provide different ways of understanding. A personality approach suggests pre-existing individual traits have an important role in understanding why some people are more vulnerable to stress than others. A coping approach considers the coping behaviours of people who have experienced a loss or trauma, while the psychological issues approach seeks to explore the issues with which someone is coping (Davis 2001). Davis suggests the psychological issues approach is the more recent approach and has the potential to move the field from a focus on coping to a focus 'on the underlying and changing issues with which one is coping' (Davis 2001, p.139). This paper draws more heavily on the psychological approach and underlines the importance of communicating with young people and establishing the ways they have made meaning of the harm they have experienced.

Further, a person's ability to access social support of high quality is crucial in the resolution of trauma (Fleming & Belanger 2001). Arguably, for young people in care who may have had multiple placements and poor continuity of care, providing social support that they perceive as meeting their needs is particularly challenging. This heightens the need for sensitivity by carers and workers in responding to behaviours seen to be delinquent.

RESPONDING TO DELINQUENCY

The challenges associated with responding proactively to individuals displaying delinquent behaviours are significant. For carers working with young people with serious challenging behaviours, a developed understanding of some of the potential complexities associated with the individual's personality, family of origin and lived experiences will

contribute to ensuring that ways of responding align with the individual's needs. Workers, carers and young people are encouraged to access and share relevant information with each other; for instance, placement letters, active engagement in placement meetings, etc. Wade and Biehal (1998) caution that delinquent behaviours, such as running away or going missing, are often associated with a gradual detachment from adult authority. Therefore, the need for early intervention is paramount.

Maintaining an empathic position is extremely important to the fostering of a meaningful relationship with a young person at risk of delinquent responses. Further, keeping a close check on unhelpful underlying assumptions that may lead to responses by the carer that undermine the relationship with the young person is also important. For example, taking the fixed position that the individual is beyond help or that they will never change will do little to assist the young person in navigating complex ways of responding. The following considerations are outlined to assist carers and other health professionals in responding to delinquent behaviours in young people.

Consideration of appropriate logical consequences that match the severity of the observed behaviours may assist in deterring the individual from re-engaging in such behaviours.

Provide high quality social support

As mentioned earlier, taking into consideration factors motivating the young person to participate in delinquent activity is integral to thoughtful and informed decision-making. Whilst it is difficult to achieve, carers and workers need to manage their own responses in an effective and measured way in order to provide high quality support (for a further elaboration on managing your own reactions, see Larmar & Clark 2009a). If possible, it is important to reflect with the young person on the broader, motivating influences underlying particular behaviours (Glasser 2000; Smith, Lochman & Daunic 2005). For example, a young person may choose to engage in antisocial, risk-taking behaviours as a means of gaining acceptance with his/her peer group (belonging) or experiencing a sense of achievement or empowerment (power) given that more socially acceptable expressions of power and competence may seem unattainable to the individual (Glasser 2000).

It is also important to be reminded that many young people in out-of-home care arrive at the placement context with limited or unrecognised resources as a result of their having

experienced a range of adversities, such as limited acceptance from family members and peers (Dodge et al. 2003), familial conflicts and coercive parental practices (Thornberry 2009) and/or limited cognitive ability (Koolhof et al. 2007).

Be assertive

When responding to serious antisocial behaviours, it is important that carers maintain an assertive position that communicates clearly to the young person that their behaviour is not acceptable. Speaking clearly, using a strong, non-threatening tone of voice, maintaining a confident body position and avoiding criticising or blaming will assist in communicating to the young person that you are serious in your intent to see that the individual's behaviour changes (Larmar 2002). Usually an individual will begin to recognise when they are no longer communicating assertively when they fail to remain calm.

... it is imperative that carers actively seek support in collaboration with appropriate health professionals to explore the most appropriate options to assist young people with concerning behaviours.

As outlined by Temple-Plotz, Stricklett, Baker and Sterba (2002), when initially responding to challenging behaviours, it is important to make every effort to remain calm in order to generate the best outcome. It may be appropriate for the carer to consider some calming strategies to ensure their responses are constructive (see Larmar and Clark 2009a for further information about remaining calm). Further, *exercising care and control through the use of parental authority, including adequate supervision, appropriate discipline and establishing reasonable expectations, etc.*, is another strategy for being assertive (Wade & Biehal 1998). Of course, seeking to resolve underlying problems is fundamental to maintaining constructive relationships.

Apply logical consequences

Making threats or giving warnings are inadequate responses to serious behaviours. Consideration of appropriate logical consequences that match the severity of the observed behaviours may assist in deterring the individual from re-engaging in such behaviours. For example, coordinating with the appropriate authorities to have a young person clean a public wall on which he/she has painted graffiti demonstrates that corresponding responsibility needs to be taken for a chosen action. Another example may include

completing a certain number of hours of community service for an organisation where the individual may have destroyed property.

Consequences should be applied consistently and fairly, given that negotiating aspects of fairness is important in adolescence as young people's moral development is refined (Kohlberg, in Peterson 2004). However, it is important that young people have a realistic understanding of the consequences of their behaviour, especially the impact of their behaviour on other people. This needs to be discussed and explored in a non-threatening environment to promote understanding and help the young person face, realistically, the consequences of destructive behaviour (Glasser 2000). Finally, consequences need to be considered cautiously to ensure the safety of the individual as well as any other parties involved in the consequential action.

Seek help

When responding to serious behaviours, it is critical that carers make every effort to get the necessary support required to deal effectively with the young person's response. As mentioned earlier, taking a multi-systemic approach in addressing serious behavioural concerns is an important first step in the success of a chosen intervention (National Crime Prevention 1999).

Given the complexities associated with the trajectories that lead young people to behave in ways that may be considered delinquent, drawing on the assistance of caseworkers and other health professionals¹ involved in the young person's situation is very important, especially in situations indicating an escalation of a young person's inappropriate behaviours. Strategies to divert a young person from delinquent behaviours can be effective (Wade & Biehal 1998). Therefore any assessment of needs might usefully include identification of a young person's cultural, sports, educational and recreational interests to encourage participation in developmentally appropriate activities, social skills development and problem-specific focussed counselling. This may usefully include sexual abuse counselling and anger management programs such as 'The Youth Relationships Project' (YRP) (Macdonald 2001) as interventions.

Further, carers have a duty of care to the young person to ensure that they are receiving the most appropriate support required in such circumstances, and it is thus critical that carers avoid isolation and recognise the importance of getting assistance where necessary. It may also be beneficial for caseworkers or other support personnel to reassure the carer that it is appropriate to ask for help.

¹ For example, school guidance officers, community-based youth workers, child protective services, youth mental health services, professional practitioners (e.g. psychologists, social workers).

Avoid isolation by generating support

Determining the best ways of providing proactive support for the young person is also important. Many young people who have behaved inappropriately may feel isolated and misunderstood and lack skills to 'build bridges' and express their feelings. In such circumstances, it is critical to the emotional wellbeing of young people that they feel there are people they can rely on to help them through their difficulties (even if such difficulties have been self-induced). Wade and Biehal (1998), in working with missing young people, suggest that listening to young people and trying to understand their motivations may create opportunity for discussion about underlying issues. They also suggest discussing the risks a young person may have been exposed to, and acknowledge that although a young person may be reluctant to speak, careful listening and patient probing is important to encourage trust. Further, they suggest that negotiated approaches may be helpful in exploring boundaries of acceptable behaviour with the young person. Asking the individual to choose a support person for a family conference or community meeting to discuss the individual's behaviour will assist the young person to feel more assured that there are others who are advocating for them in spite of their antisocial behaviours. Some young people will be resistant to and/or reject such intervention. It is, nevertheless, important to demonstrate concern in a way that matters to the young person.

In talking with the young person, it is possible to identify a range of more appropriate ways of coping that the young person may choose to consider and act on in the future. For example, strategies to reduce harm such as discussion about safe sex practices and how and when to access medical attention may be relevant (Wade & Biehal 1998). Harm minimisation strategies may need to be accompanied by more proactive strategies such as tackling underlying difficulties, if they are going to have an impact on behaviour.

It may also be necessary to seek professional treatment from a trained support worker, counsellor or psychologist for more serious and persistent behaviours. In doing so, carers may need to question and negotiate their own potential reluctance, resistance or reliance on seeking help. Further, they need to assist the young person to know when and how to seek help, and to be aware of their own thinking about help-seeking and potential resistance, to acknowledge the issues with which they are dealing, and how the issues they are facing may exceed their current capacities to cope.

Shoemaker (2009) outlines a range of treatment approaches that may assist young people exhibiting delinquent behaviours, including transactional analysis, reality therapy, behaviour modification techniques, group therapy and adventure-based treatments. Burfeind and Bartusch (2006) list alternative approaches such as school-based

interventions and mentoring programs facilitated through the establishment of a relationship with a trusted older person. While such interventions may generate positive outcomes, they may not necessarily be available in all communities. For this reason, it is imperative that carers actively seek support in collaboration with appropriate health professionals to explore the most appropriate options to assist young people with concerning behaviours.

Applying a strengths-based approach: Maintaining an optimistic position

Given the potentially serious ramifications associated with delinquent behaviours, it may be difficult for the carer to maintain a supportive position. Circumstances in which young people have engaged in significant offences are often difficult to navigate in a proactive or optimistic way. A sense of hopelessness in the situation and/or about the young person's future may set in, resulting in increasing negative interactions that focus on the young person's deficits, rather than on their strengths and abilities. In such situations, drawing on a strengths-based perspective may assist in providing a more optimistic view that enables the young person to move beyond the presenting adverse circumstance (Healy 2005).

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A key tenet of the strengths-based approach is a focus on an individual's resources and opportunities as a means of finding solutions to difficult or challenging circumstances, as opposed to focussing on problems or a person's deficits (Weick, Rapp, Sullivan & Kisthardt 1989). Individuals working from a strengths-based perspective hold the view that children and families can overcome adversity by becoming conscious of, and utilising, the capacities and resources at their disposal (Saleebey 2002). Although the strengths-based perspective has had a significant influence in the areas of mental health and child and family welfare, many intervention approaches, particularly in the areas of child and adolescent psychology, maintain a framework that is based in pathology and diagnosing disorders (Healy 2005). However, the current literature in social work lends support to intervention approaches underpinned by a strengths-based approach (Healy 2005; Rapp 1998; Saleebey 2002).

In utilising a strengths-based perspective, the carer and associated support personnel can examine the individual's

strengths and utilise verbal encouragers to avoid labelling and projecting perspectives that render the young person's future hopeless and without meaning. For example, in talking through a specific event with the young person, the carer can highlight some of the strengths that helped them through the situation, despite some of the unhelpful choices that were ultimately made. However, such an approach should not deter the carer or support worker from directly addressing the inappropriateness of the behaviour in question.

Foster opportunities for connection

During situations in which a carer is called upon to confront a young person about a serious misdemeanour, it is important for the carer to make a concerted effort to maintain a positive connection with the individual. Looking out for opportunities to build connections during difficult circumstances is essential to developing and maintaining a cohesive, respectful and trusting relationship that assists in keeping the carer as a positive part of the young person's world. Such a suggestion is particularly challenging for carers who experience limited positive engagement with the young person in their care. Opportunities for positive connection may be as simple as offering to make the young person a cup of tea or organising a meal that they enjoy in the midst of a difficult situation. Focusing on the interests and areas of enjoyment of the young person is an effective first step that can be taken by carers in building the positive connections necessary for ongoing cooperation and goodwill.

LABELLING AND THE SIGNIFICANCE OF THE YOUNG PERSON'S TRANSITION INTO ADULTHOOD

A recurring concern in responding to delinquent behaviours is the issue of labelling and projecting diagnoses that may 'condemn' the individual to a 'life-course' that is counter-productive to positive identity formation and, ultimately, the young person's health and wellbeing. The authors of this paper have intentionally avoided using terms such as 'juvenile delinquent' or 'delinquent person' to emphasise the position that behaviours are separate from the person and need not become an entrenched part of the individual's identity. Given the significant influences of social interaction and the use of labelling language, it is recommended that carers and other support professionals endeavour to avoid the use of terms and labels that negatively influence a young person's capacity to live with a healthy sense of self.

Finally, it is important to be aware that many young people who engage in delinquent acts will develop into psychologically healthy, responsible citizens (Shoemaker 2009). An underlying assumption for many health professionals is that young people involved in delinquent behaviours will continue to engage in delinquent acts in

adulthood. For most young people there is hope for them to enter their futures as socially responsible people. Carers and support professionals greatly assist young people in attaining such an end by instilling hope and recognising that certain behaviours acted out in adolescence may not necessarily persist into adulthood. Further, certain risk-taking behaviours, regardless of their frequency, may reflect behaviours indicative of the young person's transition into adulthood. According to G. Stanley Hall (in Burfeind & Bartusch 2006, p. 604):

the turmoil of adolescence is caused by hormonal changes and the accompanying growth spurts and mood swings. These changes ... are at the root of adolescent misbehaviour, including delinquency.

In addition to this consideration, specific behaviours may be considered within particular adolescent groups to be a 'rite of passage', or normative and socially acceptable within the group's culture. Such considerations are essential to understanding some of the finer nuances of specific adolescent groups.

CONCLUSION

This paper has examined delinquent behaviours in young people in out-of-home care. Initial discussion provided a conceptualisation of the term 'delinquency' as drawn from the literature. Consideration was given to the often-complex histories of young people who engage in delinquent acts as a means of helping carers to better understand the myriad social issues that may influence challenging behavioural responses. An outline was presented as a means to assist carers and other health professionals in responding to young people in care whose behaviours are deemed 'delinquent'. Finally, a focus on strengths-based, multi-systemic approaches for responding to delinquent responses was emphasised as a means of proactively engaging with young people at-risk of ongoing delinquent behaviours. ■

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