



Supporting children and young people in care with high risk and complex behaviours Practice Paper

1. Introduction

Children and young people who have experienced harm suffer significant impacts to their psychological and emotional development and wellbeing. Harm and neglect often:

- undermine children and young people's sense of physical and emotional safety
- compromise their ability to form stable and secure relationships
- contribute to high risk and complex behaviours during adolescence.

This practice paper supports Department for Child Protection (DCP) case management and residential care practitioners working with children and young people with high risk and complex behaviour.

This practice paper should be read in conjunction with the DCP Practice Principles: The six pillars of our practice and the [DCP Assessment framework](#) as these documents underpin assessment and decision making.

1.1 Definition of high risk and complex behaviours

High risk and complex behaviours are behaviours that place the child or young person at high risk of serious physical or emotional harm and/or compromised development. Such behaviours include:

- self-harm
- suicidal ideation
- frequent absences from placement
- criminal offending
- aggressive and violent behaviours towards others
- harmful substance use
- harmful sexual behaviour (such as engaging in harmful sexual behaviour with other children or young people or being at high risk of sexual exploitation by others. For further information, refer to the [Supporting children and young people who display harmful sexual behaviours Practice Paper](#)).

Supporting children and young people who display high risk and complex behaviours is often stressful and confronting for DCP staff and care teams. At times, people working with or attempting to work with the child or young person may feel as though their efforts are not leading to change or positive outcomes for the child or young person.

The nature of the work can often become crisis driven. The unpredictable behaviour of the child or young person can be mirrored by the system struggling to meet their needs, leaving those involved in supporting the child or young person feeling anxious, helpless and ineffective. It is crucial that practitioners work in





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partnership and collaboration with other care team members and engage in reflective supervision to ensure they are supported to undertake this complex work. Refer to the [Professional Supervision Procedure](#) for further information.

1.2 Children and young people who display high risk and complex behaviours

A degree of risk taking is common as adolescents explore and extend their sense of who they are and seek independence. Taking risks is not isolated to children and young people in care and does not always lead to adverse outcomes. In fact, taking risks, trying new things, and testing limits are important developmental tasks, particularly in adolescence.¹

Children and young people who present with high risk and complex behaviours are still developing and highly vulnerable. Adolescence is a time of great change and rapid development for young people, particularly in relation to:

- physical changes
- their identity (including sexual identity)
- relationships, decision making capacity
- increasing need for independence.

The emotional, social and cognitive development of a child or young person who has experienced trauma may be behind that of their same age peers. The changes that come with adolescence make young people in care vulnerable. Experiences of trauma and attachment disturbance further compound their vulnerability.

Despite displaying complex or challenging behaviour, all children and young people need care, protection, safety, love and connection. For more information about attachment and the impact of trauma, refer to the [Attachment Practice Paper](#) and [Trauma Practice Paper](#).

Children and young people should not be defined or characterised by their behaviour. Behaviour is often a means of communicating an underlying need. Children and young people in care are often operating from a place of feeling unsafe, fearful, disconnected and helpless. It is important for practitioners to consider what the child or young person is communicating with their behaviour. For more information, refer to Trauma informed guides using the [Iceberg Model](#) fact sheets.

It is critical for Aboriginal and Torres Strait Islander infants, children and young people's wellbeing and identity development to establish and maintain connections to their family, culture, community and Country. Disconnection from family, culture, community and Country can contribute to high risk and complex behaviours. For further guidance about the importance of connection to culture, refer to the [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#).

Infants, children, and young people from culturally and linguistically diverse (CALD) backgrounds need to understand their connections to family and kinship structures as these relationships play a crucial role in

¹ Jackson, A. (2014). Literature review: Young people at high risk of sexual exploitation, absconding, and other significant harms, Melbourne: Berry Street Childhood Institute p.10





shaping their identity, sense of belonging, and overall wellbeing. Kinship systems, particularly in Indigenous and multicultural communities, provide social, emotional, and cultural support, reinforcing values, traditions, and language.

Understanding these connections helps children develop a strong cultural identity, maintain intergenerational relationships, and access a support network that nurtures their emotional and social development. It also aids in their ability to navigate different cultural expectations while fostering resilience and pride in their heritage. For CALD communities, kinship is often more than just biological relationships—it includes extended family, community elders, and cultural custodians who guide young people in learning their language, traditions, and customs.

2. Approaches to supporting children and young people who display high-risk and complex behaviours

2.1 Trauma-informed and responsive practice

Trauma informed and responsive practice (TI-RP) supports practitioners to understand the significant and wide-ranging impact of trauma on children and young people who have experienced harm.

Children and young people in care who exhibit high risk and complex behaviours are exhibiting signs and symptoms of trauma. It is critical that practitioners integrate an awareness of this into their practice.

TI-RP:

- applies a trauma lens to children and young people who display high risk and complex behaviours
- provides therapeutic responses focused on building resilience and strengthening protective factors
- promotes physical, emotional and cultural safety.

At a minimum TI-RP aims to do no further harm or create further risk to children and young people who display high risk and complex behaviours. For further guidance, refer to the [Trauma lens Practice Paper](#).

The Sanctuary Model adopted in DCP Residential Care focuses on safety and promotes recovery from trauma through the creation of a trauma-informed community. The Sanctuary Model supports DCP Residential Care staff to deliver consistent care that is relationship-based, therapeutic and responsive to the high risk and complex needs of children and young people. For further information, refer to the [Sanctuary Model](#) on the Therapeutic residential care supports and services intranet page.

2.2 Engaging with the child or young person and identifying their underlying needs

Child centred practice involves understanding and responding to the unique needs of the child or young person.

Individual assessment is critical. Behaviour can have different underlying origins for each child or young person. Effective intervention is achieved by working with the child or young person to understand who and what is important to them and their needs, goals and aspirations.





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Understanding the child or young person’s underlying needs is not possible without regular direct engagement with them. It is important to hear directly from the child or young person about who and what matters to them.

Some key considerations when engaging with children and young people who display high risk and complex behaviours include:

- listening and validating the child or young person’s experience to ensure that they feel there is genuine interest in their experiences, views and feelings
- being curious - genuine curiosity will help a distressed child or young person feel more connected
- talking with the child or young person about risks, possible consequences and problem solving only after the child or young person feels understood and connected
- ensuring conversations are had when the child or young person is at their individual level of emotional baseline.

Refer to [Seek the views of the child or young person](#) in the Supporting children and young people in care chapter of the Manual of Practice for further guidance about engaging with the child or young person.

Considering the needs of children and young people can be broadly organised around the work of Maslow², who described a core set of human needs:

- physiological – including good health, food, water and shelter
- safety – being physically and emotionally safe from harm
- belonging and acceptance – love, connection to family, culture, community, country, friendships, and intimate relationships
- self-esteem – feeling a sense of confidence, competence, mastery and agency
- self-actualisation – identifying and pursuing goals, developing skills, abilities and talents.

For children and young people who have experienced trauma and who have been placed in care, there may be significant unmet needs in a number of these areas.

Considering the following questions may assist practitioners to gain a meaningful understanding of the child or young person and their needs:

- How can we connect with this child or young person?
- Who is in their family and who are their key relationships?
- How are we connecting Aboriginal and Torres Strait Islander infants, children and young people to kin, culture, community and Country?
- How are we connecting children and young people from a culturally and linguistically diverse background to culture and community?
- How do we support key people in the child and young person’s life to support them?
- How do we help this child or young person to feel safe?
- How can we support this child or young person to feel connected?
- Who might be best placed to engage with the child or young person? Is there someone who they engage well with and trust?

² Maslow, A.H. (1943). “A Theory of Human Motivation”. In *Psychological Review*, 50 (4), 430-437.





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Understanding the child or young person’s underlying needs and developing strategies or interventions to address them is an ongoing assessment and case planning process. This is best undertaken in partnership with the child or young person and their care team. For more information in relation to case planning, refer to the [Case planning, review and annual review](#) chapter of the Manual of Practice.

2.3 Forming and working together as a care team

Supporting children and young people who display high risk and complex behaviours is complicated and cannot be undertaken in isolation by practitioners. It requires a collaborative, well-coordinated, care team approach. A care team approach leads to positive, sustained change with children and young people at high risk.³

It is important to bring together those involved in the child or young person’s care to form a care team. This ensures a consistent, predictable, nurturing, responsive and safe approach to the child or young person’s care to mitigate the chaotic, negative experiences of their past.⁴

The care team supports the ongoing identification of underlying needs and strategies to meet those needs. Asking the child or young person who they believe should be involved in their care team is empowering and can help to identify important relationships.

Key components of an effective care team for children and young people who display high risk or complex behaviours are:

- keeping the child or young person in mind
- clarity of roles, responsibilities and communication processes between care team members, coordinated by the DCP case worker.⁵
- regular and scheduled care team meetings to ensure accountability for agreed actions
- frequent information sharing between care team members
- interagency collaborative partnership and planning
- use of a key worker to work alongside the child or young person with the support of the rest of the care team
- consultation when additional expertise is needed, such as:
 - practice leaders
 - Principal Aboriginal Consultants
 - DCP psychologists
 - DCP Multicultural Services or
 - DCP Disability and Development Services.

³ Jackson, A. (2014). Literature review: Young people at high risk of sexual exploitation, absconding, and other significant harms, Melbourne: Berry Street Childhood Institute p.66

⁴ *ibid*, p. 67

⁵ *ibid*, p.67





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It is crucial that the child or young person’s carers (both family-based or residential care) are actively involved in the care team. Carers hold vital information gathered from providing day-to-day care to the child or young person. Carers gain a unique and invaluable understanding of a child or young person’s needs, strengths, challenges and behaviours. Their perspective is fundamental to case planning and decision making for children and young people with high risk and complex behaviours. For further information, refer to [Supporting and collaborating with carers Practice Paper](#).

Children and young people are a crucial part of the care team. Children and young people should be given opportunities to participate in care team meetings, taking into account their developmental and emotional capacity and their willingness to be involved. Refer to [Supporting the participation of children and young people in decision making Practice Paper](#) for further information in relation to engaging children and young people in care teams.

Careful consideration should be given to the membership of the care team. Simply adding more services/professionals to a care team working with a child or young person may not be effective in improving outcomes or reducing risk. A well-coordinated care team providing high quality, trauma informed services that are focused on addressing the child or young person’s agreed underlying needs are more likely to contribute to resilience for children and young people with complex needs.⁶

Some care teams for children and young people displaying high risk and complex behaviours can become very large. Interagency partners, to be helpful, may attend care team meetings with a number of staff.

It is beneficial to work with interagency partners to identify their key contributors. An excessively large care team can:

- delay progress and decision making
- be overwhelming for the child or young person or carer attending the meetings
- create role confusion or duplication
- contribute to future harm.

Those involved in the child or young person’s care team should have clear and defined roles that contribute to supporting the child and young person’s safety and wellbeing.

Practitioners should consider the best way to structure care team meetings at different points in time. During an acute crisis (for example, after a suicide attempt or serious offending), it may be necessary to limit the number of care team members involved in managing the immediate crisis.

Case conferences involving additional services or professionals can be held if needed. It may also be appropriate to divide care team meetings where carers and the child or young person attend part of the care team meeting to ensure that they are not exposed to or affected by resource or systems issues.

Refer to the ‘Working in partnership with the care team’ section under [Support the Placement](#) in the Supporting children and young people in care chapter of the Manual of Practice for further guidance.

⁶ Sanders, J et al (2015) The role of positive youth development practice in building resilience and enhancing wellbeing for at – risk youth, Child Abuse and Neglect, 42 pp.40-53.





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2.4 Developing an effective working relationship with the child or young person

Building meaningful relationships is crucial to supporting children and young people with complex needs.

Attachment disturbance leaves children and young people lacking trust in relationships and highly sensitive to feelings of abandonment and disapproval. Availability, reliability, empathy, genuineness, and persistence are core attributes of practitioners who build strong relationships and effect change for children and young people. For further guidance about relationship based practice, refer to [Relationship Based Practice Paper](#).

It is essential that practitioners actively and positively engage with the child or young person, particularly when they are not in crisis. Practitioners must persistently attempt to form a relationship with the child or young person, even when the child or young person's behaviour is rejecting. Demonstrating predictability and consistency will assist in building relationships with children and young people over time.

Viewing the child or young person as separate from their behaviour is crucial. This separation can support practitioners to demonstrate positive regard for the child or young person, even when their behaviour is highly challenging.

Reflective supervision and working collaboratively with the care team is key to being able to continue to build relationships in the context of confronting, and at times, frightening behaviour. In some circumstances, a person other than the practitioner may be in a better position to form a strong relationship with the child or young person. This relationship can then enable therapeutic work to be undertaken. This decision should be made in partnership with the care team.

2.5 Therapeutic supports

Where a child or young person is displaying complex behaviours, practitioners should consider the child or young person's therapeutic support needs.

Some children or young people may be resistant to engaging directly in therapy. Professional therapeutic input should still be considered as it can be highly beneficial for carers and the care team. Where it is unclear which referral pathway is most appropriate, consultation with DCP Psychological Services may be helpful.

Therapy providers for children and young people in care include:

- Child Protection Services (NALHN), Child Safety & Wellbeing Health Service (SALHN) and the Paediatric Forensic Medical Service (WACH)
- Child and Adolescent Mental Health Services (CAMHS)
- Headspace (for young people aged 12 to 25 years)
- Yarrow Place (for young people 12 years and over who are often missing from their placement, have experienced sexual abuse or who are at risk or are being sexually exploited)
- DCP Psychological Services (and an associated panel of private psychologists).





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For further guidance in relation to therapeutic supports, refer to [Identify and respond to the psychological and emotional needs of the child or young person](#) in the Supporting children and young people in care chapter of the Manual of Practice.

2.6 Supporting consistency for the child or young person

High risk and complex behaviours can have the impact of creating almost constant uncertainty in the life of a child or young person. This may include placement changes, periods spent in custody, and disconnection from education.

Children and young people can be increasingly vulnerable at times of transition or change. It is essential to look for all opportunities to maintain continuity in care and routine wherever possible. Developing and maintaining connections to carers, community, education and other people important to the child or young person contributes to stabilising the child or young person's behaviour.

2.7 The importance of family, identity and connection

The children who fare best are those who have a "lasting and significant relationship with at least one parental figure" in their family of origin or the family they are living with.⁷ Connection to at least one attachment figure (either a family member or a carer) is an important precursor for the development of identity during adolescence.

For children and young people in care, an understanding of their relationship with their family can support wellbeing. Supporting the development of relationships with family, kin, carers and other safe adults is pivotal to reducing high risk and complex behaviours

It is common for children and young people in care who display high risk and complex behaviours to leave or go missing from placement. They may do this to spend time with a parent, other family members or to seek connection with other members of the community. This can include contact with individuals assessed as not having a positive impact on or relationship with the child or young person or who pose a risk to their safety.

Where children and young people are regularly running to parents, family or other community members, it is important to connect with the parent, family member or community member as a means of engaging the child or young person.

Practitioners should assess the child or young person's safety. This assessment should inform the development and implementation of plans to support the child or young person.

⁷ Cashmore, J. and Taylor, A. (2017). Children's Family Relationships in Out-of-Home Care. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Number 9. Sydney. NSW Department of Family and Community Services.





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This may include developing a plan to support regular and safe contact between the child or young person and their family or other community members. Other options that support the safety and wellbeing of the child or young person, such as a written direction may also be appropriate.

A written direction directs a specified person not to communicate or attempt to communicate with, be in the company of or otherwise associate with or to harbour or conceal a child or young person in care. For further information, refer to [Safeguarding Practice Paper](#). For information regarding written directions, refer to [Support the safety of a child or young person in care by issuing a written direction](#) in the Supporting children and young people in care chapter of the Manual of Practice.

For children and young people that are missing or absent from placement, practitioners should refer to, [Respond when a child or young person is missing or absent](#) in the Supporting children and young people in care chapter of the Manual of Practice.

For Aboriginal and Torres Strait Islander infants, children and young people, keeping connections to family and community is critical in developing and maintaining cultural identity. Therefore, it is important for Aboriginal and Torres Strait Islander infants, children and young people to remain connected to culture, family, communities, traditions and language.

For children and young people from culturally and linguistically diverse backgrounds, it is critically important that they are supported to have strong connections to their culture and identity. By ensuring this, it will positively support their development, wellbeing and identity.

2.8 Responding to high risk and complex behaviour and to underlying needs concurrently

The chaos resulting from high risk and complex behaviour can lead to a focus on managing and responding to the behaviour and detract attention from addressing the child or young person's underlying needs. Practitioners should continue to make proactive attempts to address underlying needs "...a focus on identifying and addressing needs cannot wait until behaviour has stabilised – work to understand and respond to need must occur simultaneously with acute responses to high-risk behaviour".⁸

2.9 Developing, documenting and implementing a plan to respond to high risk and complex behaviour that supports safety

It is important that care teams develop plans to support them to respond to high risk and complex behaviours at times of crisis. Some care team members or services may have already developed plans to respond to the child or young person's high risk and complex behaviours in a particular context, such as a school or a hospital. Care must be taken to ensure that any such plans are complementary and reflect consistent responses to the child or young person across different settings.

⁸ Joughuin, C and Morley, D (2007) Conduct disorder in older children and young people: research messages for practice problems, Research in Practice, UK cited in Practice Paper – A framework for practice with 'high risk' young people (12-17 years) December 2008 Queensland Government.





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Plans should clarify:

- what triggers high risk or complex behaviours and what a crisis looks like for the child or young person
- actions that will be taken during a crisis to respond to the high risk or complex behaviours
- roles and responsibilities of care team members
- expectations regarding communication between the care team and with the child or young person
- escalation processes to ensure effective risk management and that incidents are appropriately reported
- behavioural changes and recognise the signs that the child and young person displays leading up to dysregulations.

Plans may also need to specify requirements for increased frequency of communications between care team members during periods of acute crisis (for example, meetings or email).

Plans must be documented and shared with the care team including carers and family members (where appropriate). Consideration should be given to informing the child or young person of the crisis plan where developmentally appropriate.

If the child or young person is in DCP Residential Care, and the high risk and complex behaviour leads to an incident, refer to the [Residential Care: Incident management Procedure \(including significant incidents\)](#) for further guidance.

For all children and young people in care, if the high risk and complex behaviour leads to a significant incident, practitioners must report the incident to the Incident Management Unit (IMU). For further guidance about significant incidents and the IMU, refer to the [Incident Management Unit](#).

2.10 Building the child or young person's resilience

The aim of trauma informed, and responsive practice is to strengthen resilience in children and young people who exhibit high risk and complex behaviours. Building resilience better supports children and young people to:

- respond to adversity
- heal from trauma
- achieve improved outcomes.

Strategies for building resilience in children and young people include:

- adopting a strengths perspective – do not focus only on the problems. Work with the child or young person (and the care team) to recognise, affirm and develop their strengths and progress
- enhancing and reinforcing protective factors (such as family support, connection to carers, engagement with school, positive peer relationships, engagement with mentors and connection to community and culture)
- supporting a positive self-image and self-esteem through participation in activities, sports, education, hobbies, and creative pursuits
- engaging carers and therapists to support the development of the child or young person's skills including emotional regulation, social and life skills
- teaching protective behaviours (such as assertiveness, safe sex, and harm minimisation)





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- encouraging the child or young person to find a sense of meaning and purpose – exploring creativity, spirituality, relationships, engagement in schooling or education ⁹
- supporting connection to protective adults who have positive expectations ¹⁰
- encouraging appropriate and adaptive help-seeking behaviour.

2.11 Case conferencing

Where significant complexity exists, regular case conferences are strongly recommended to support communication and information exchange. Case conferences can be used to ensure that appropriate plans are in place to support safety for the child or young person. They may include care team members, DCP consultants and broader interagency partners.

In some circumstances, a Complex Case Review (see below) may be necessary to clarify case direction and responses to complex, high-risk behaviours.

2.12 DCP Complex Case Review Meetings (CCRM)

For children and young people who display high risk and complex behaviours where attempts to achieve improved outcomes through usual processes have been unsuccessful, practitioners should consider referring for a CCRM.

The CCRM process supports clinical review of the child and young person's circumstances. It supports an enhanced understanding of the circumstances contributing to poor outcomes or associated risks. The CCRM makes recommendations for practitioners and other care team members to support service delivery.

For further guidance about CCRMs, including the referral process, refer to the [Refer a child or young person with complex needs to a Complex Case Review Meeting](#) in the Supporting children and young people in care chapter of the Manual of Practice.

2.13 Practice considerations for Aboriginal and Torres Strait Islander children and young people

When working with Aboriginal and Torres Strait Islander children and young people with high risk and complex behaviours it is important to:

- make proactive and dedicated efforts to establish, build and maintain connections
- include Principal Aboriginal Consultants and Aboriginal practitioners in care teams to support culturally safe practice
- develop genograms
- develop and implement and review the child and young person's Aboriginal Cultural Identification Support Tool (ACIST) as part of case planning.

⁹ Wilkinson, A and Lantos, H (2018) How School, Family and Community Protective Factors Can Help Youth Who have Experienced Maltreatment, *Child Trends*, US. p.2

¹⁰ *ibid*, p.2





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For further guidance about developing the ACIST and supporting cultural identity development, refer to the [Case planning, review and annual review](#) chapter of the Manual of Practice and [Identify and respond to the cultural needs of Aboriginal and Torres Strait Islander infants, children and young people](#) in the Supporting children and young people in the care chapter of the Manual of Practice.

Consideration should be given to the extent to which the child or young person's placement is supporting their family and cultural connections and identity development.

For further guidance about the Aboriginal Child Placement Principle, see [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#).

2.14 Practice considerations for children and young people from culturally and linguistically diverse backgrounds

When working with children, and young people from culturally and linguistically diverse backgrounds in child protection, practitioners must consider cultural beliefs, language barriers, and the impact of migration or refugee experiences on family dynamics. Culturally responsive practice involves understanding diverse parenting styles, respecting traditional family structures, and recognising how cultural stigma may influence help-seeking behaviours. Language support, such as professional interpreters, should be used to ensure clear communication and informed decision-making. Additionally, practitioners must be aware of systemic barriers that CALD families face, including fear of authorities and limited access to services, and work collaboratively with culturally specific organisations to provide appropriate and sensitive support.

2.15 Supporting children and young people during youth justice involvement

Children and young people who have experienced harm and/or neglect are at an increased risk of involvement with the youth justice system. There are notable over-representation of children and young people from child protection backgrounds in youth justice systems, with offending behaviours often rooted in trauma and psychological distress. Additionally, Aboriginal and Torres Strait Islander children and young people are disproportionately represented within the youth justice and the child protection system.

Appearing before the Court for a criminal matter or entering a youth detention facility can be a daunting and traumatic experience for a child or young person. Children and young people may face isolation from family, significant adults, friends, community, culture, and Country.

When a child or young person under departmental care is appearing before the Court, placed in detention, or granted bail, a therapeutic approach and appropriate planning are essential to promote their wellbeing. This necessitates the coordination of services and supports from both the DCP and the Department of Human Services (DHS).

2.16 Practice considerations for children and young people in residential care

All children and young people in DCP residential care are required to have a Wellbeing Plan. The Wellbeing Plan is developed by the DCP Senior Youth Worker in conjunction with the practitioner and the care team.





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Wellbeing Plans can be used to identify behaviours, underlying needs and appropriate strategies and responses to support children and young people. The care team should review Wellbeing Plans regularly. For further guidance, refer to the Wellbeing Plan section in the [Support children and young people in residential care key step](#) in the DCP Residential Care chapter of the Manual of Practice.

Power to kids (P2K) is a trauma-informed program designed to support DCP Residential care workers working alongside children and young people in DCP Residential care to prevent, disrupt and respond to harmful sexual behaviour, child exploitation and dating violence. The program supports both children and young people and DCP Residential care workers to build their capacity to prevent, identify and intervene when a child or young person's sexual safety is at risk.

Children and young people placed in residential care may be at higher risk of self-harm and suicide due to their experiences of trauma and multiple and complex needs. The whole care team is responsible for managing risk of harm to the child or young person. Regular care team meetings should be organised to discuss and identify risk, needs and strengths. For further guidance about responding to and supporting children and young people in residential care at risk of self-harm and suicide, refer to the [Residential Care: Supporting children and young people who are at risk of self-harm and suicide Procedure](#) and the associated support tool [My Safety Action Plan](#).

The Specialist Services Team provides a range of developmental and therapeutic services to children and young people in residential care. This is a multidisciplinary team experienced in working with children and young people affected by trauma, developmental delays and disabilities. For further information, refer to the Specialist Services Team section under [DCP Disability and Development Services](#).





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