



Children in Care
Collective

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Caring for children and young people with harmful sexual behaviours in out-of-home care

On 16 July, the Collective hosted a forum aimed at clarifying our current understanding of harmful sexual behaviour (HSB) by children and young people and how best to support their carers. Presentations by three speakers was followed by a panel discussion of audience questions. The PowerPoint presentations and a summary of the panel discussion can be found on the CCC website at <http://childrenincarecollective.com.au/speaker-forums/>





Professor Simon Hackett, visiting Australia from the UK, is Professor of Child Abuse and Neglect at Durham University and Chair of the National Organisation for the Treatment of Abuse (NOTA) in the UK and Republic of Ireland.

Professor Hackett has worked in the field of harmful sexual behaviours for over 25 years. His research includes a funded study of long-term outcomes for children and young people. Simon is the author of four books and a wide variety of other publications on this topic, a significant contributor to the 2016 UK National Institute for Health and Care Excellence (NICE) Guidelines on Harmful Sexual Behaviour and first author of the NSPCC's operational framework for responding to children who have displayed harmful sexual behaviours. He is also co-author of the 2019 AIM3 assessment model which is widely used across the UK and internationally.

In his introduction, Professor Hackett emphasised that HSB exists on a wide spectrum from inappropriate to unhealthy and abusive. He noted that most published literature focuses on children at the extreme end of this continuum and that once a child expresses some form of sexually inappropriate behaviour, professionals frequently assume the worst and view the child through the lens of potential sex offender. Many incidents of HSB are one-offs and most children and young people grow out of HSB in later adolescence.

While public attention often focusses on HSB in the community, it is important to remember and direct attention to the majority of reports of HSB which are occurring in the child's home. The evidence also appears to be telling us that as children grow older, the incidents of HSB increase both online as well as in neighbourhood and public places. In recognition of this, current thinking tends to a more contextual understanding of HSB rather than solely focusing on individual pathology, that is behaviour driven by maladaptive thinking, abuse, trauma, antisocial behaviour or sexual deviance. For some children, these experiences are the foundation for subsequent HSB. For others, it seems that it is much more about the environment they are in and the expectations of their peers in those environments. It may be that HSB is not the young person's preference but is a way of navigating the circumstances in which they find themselves,

particularly the underlying cultural norms of the group.

In this view, parents and carers have a role in providing safe spaces at home and in helping young people navigate the different contexts in which they live, including online. Professor Hackett said,

Engaging with and changing the environment which the child is in – treating the context rather than treating the individual child is a massive step forward. But there is little evidence that this is happening even when it's clear that children's behaviours are significantly driven by environments.

The second part of Professor Hackett's presentation drew on two pieces of qualitative research - on outcomes for young people with HSB and carers' views of long-term fostering and adoption of children with HSB.¹ While there was very little evidence of reoffending in adulthood, life outcomes for these young people were very mixed with only about 26 per cent having successful lives (see research for measures of success). To a large extent this was not directly attributable to their HSB, but was instead linked directly to the consequences they suffered as a result of that behaviour such as placement breakdown, different interactions with peers and family, disruption of education and community involvement.

Most of the positive outcomes were not due to therapeutic interventions. The most powerful and significant agent for change was someone investing time, holding and containing them and helping them get back in touch with different aspects of their worlds. People who might not necessarily be predicted as providing this quality of relationship were often identified as critical.

Professor Hackett said that the amazing and inspiring reflections from carers were invisible in case files and that this was too often reflected in the experience of carers. Carers' expertise and experience is too often overlooked. For example, they are frequently in a better position than professionals to know about the right level of surveillance and monitoring required to manage risk and safety

issues without becoming so restrictive as to be detrimental to the development of young people. His advice to professionals was to think more about real and meaningful collaboration with carers as being central to the chances of success rather than an aside to therapeutic work. Support for carers could include strengths-based practice as well as developing and acknowledging their competencies and usefulness.

¹Myles Balfe, Simon Hackett, Helen Masson & Josie Phillips (2019) 'Experiences of Young People with Harmful Sexual Behaviors in Services: A Qualitative Study', *Journal of Child Sexual Abuse*, DOI: 10.1080/10538712.2019.1573390; Helen Masson, Simon Hackett, Josie Phillips, and Myles Balfe (2013) 'Looking Back on the Long-Term Fostering and Adoption of Children with Harmful Sexual Behaviours: Carers' Reflections on Their Experiences' *British Journal of Social Work* 1–18.



Professor Rachel Skinner is Professor in Paediatrics & Child Health in the Discipline of Child and Adolescent Health, Sydney University, Adolescent Physician at the Children's Hospital Westmead, Deputy Director of Wellbeing, Health and Youth, NHMRC Centre for Research Excellence in Adolescent Health and Senior Clinical Advisor in Youth Health and Wellbeing at NSW Ministry of Health.

Professor Skinner brought a health lens to the question, pointing to the value of understanding what is normal in adolescent sexual health so that we can identify riskier behaviours and how to deal with them. Her presentation began with the World Health Organisation definition of sexual health, '... a state of physical, emotional, mental and social wellbeing related to sexuality...', noting that while we tend to focus on the physical aspects there is much more to take into account. Professor Skinner was clear that romantic relationships are very important for the healthy development of adolescents, increasing self-esteem and providing a context in which young people learn about sexuality and sexual behaviours – a foundation for healthy adult relationships.

Professor Skinner emphasised that exploring

boundaries and taking risks is normal for adolescents. Adolescence is marked both by immense developmental change, growth and vulnerability with risk taking having both a biological and social basis. She agreed with Professor Hackett that social context influences behaviour and emphasised that this is an important time for support and investment in health and wellbeing.

Having an early first experience of intercourse is the most reliable epidemiological indicator of risky behaviour (in Professor Skinner's recent work this is taken to be younger than 16 years old). Research indicates that problem behaviours – both externalising, including aggressive and delinquent behaviours linked to poor behavioural control and impulsivity, and internalising, including social avoidance and withdrawal – are strongly associat-

ed with early sex experiences.² As such, interventions targeting risky sexual behaviour should take into account early life behavioural problems.

In talking about undesirable sexual behaviour online, Professor Skinner discussed some of the difficulties highlighted by current research and, in particular, our understanding of whether this behaviour was causing harm or whether young people who are already vulnerable were adopting undesirable online sexual behaviour as a vehicle for HSB. This difference could change responses to the behaviours. She also noted that sexting behaviour is quite common in the general population of ado-

lescents and so is not, by itself, an indicator of HSB amongst those in out-of-home care.

Both speakers emphasised the importance of all young people being given opportunities to go through all the developmental stages and normal life experiences of adolescence in order to become functional adults.

² S. Rachel Skinner, Monique Robinson, Michael A. Smith, Spring Chenoa Cooper Robbins, Eugen Mattes, Jeffrey Cannon, Susan L. Rosenthal, Jennifer L. Marino, Martha Hickey, Dorota A. Doherty 'Childhood Behavior Problems and Age at First Sexual Intercourse: A Prospective Birth Cohort Study', *Pediatrics* February 2015, Vol 135 Issue 2.



Peter Goslett is a registered psychologist who has worked in the human services sector for almost 30 years. He has held both clinical and senior management positions in government and non-government sectors. As Head of Operations and Advocacy for My Forever Family NSW, Peter leads the team to provide guidance and coordination in the out-of-home sector to support, train and advocate for kinship and foster carers, guardians and adoptive parents, and to identify and engage with potential carers.

Peter Goslett gave a presentation on the work of My Forever Family (MFF) since its establishment in July 2018. This includes recruiting new carers, carer support and training, raising community awareness and advocating for sector improvement.

Peter agreed that MFF could provide training to assist carers to understand about sexual behaviour and children and young people in out-of-home care. Calls to the MFF Carer Support Team indicate a need to support carers to respond to normal sexual behaviour by children and young people and a very clear need for help when that behaviour is problem-

atic or harmful. Professor Hackett suggested this training should include information about how to support children in their sexual development as it is critical to equip carers not to lose a sense of balance about what's normal.

Other ways in which MFF might support carers of children with HSB included engaging specific trainers with relevant expertise, developing referral relationships with appropriate organisations, making online resources available and discussing the issue in publications such as the MFF newsletter.

Regulating child safe organisations in New South Wales

Report by the NSW Children's Guardian

The NSW Office of the Children's Guardian (OCG) has released its report, *Making organisations safer for children*, following extensive consultation on options for regulating child safe standards in NSW.

The Children in Care Collective made a submission to the discussion paper on regulating child safe organisations in March, one of 58 written submissions received by the NSW Children's Guardian, endorsing the proposed principle-based approach to regulating child safe organisations in New South Wales.

The recent report sets out the key elements of a child safe regulatory model in New South Wales proposed by the Children's Guardian. All these key elements are consistent with the Collective's submission and flow from a principle-based approach to regulating child safe standards.

In particular, the Collective notes the Children's Guardian's proposal that if organisations are implementing the National Principles for Child Safe Organisations, they will be considered to be simultaneously implementing the child safe standards, but that monitoring will be against the standards as they will be mandatory in New South Wales. The OCG will continue to work with other jurisdictions to promote a nationally consistent approach.

The OCG is clear that organisations will need to be specifically supported to build capability to implement the child safe standards, utilising existing sector experience and expertise.

'Similarly, the Children in Care Collective noted that enough funding to support capacity building activities will be essential for the effective implementation of the standards' *Making Organisations Safer For Children* p13

The Collective's submission also emphasised the Royal Commission's position that responsibility for child safety should be shared across all communities and is encouraged by the OCG's agreement that the community as well as parents and carers can affect culture change and increase the safety of children in all contexts.

The Children's Guardian advises that her office will continue to refine the model with a view to putting a proposal to government later in the year.

The report is available at <https://www.kidsguardian.nsw.gov.au/about-us/news/new-report-outlines-key-elements-of-a-child-safe-regulatory-model-in-nsw>



Discussion with the Office of the NSW Children's Guardian

The Collective was pleased to welcome Larissa Johnson, Director Accreditation and Monitoring, and Louise Coe, Director Child Safe Organisations to its meeting on 15 August to discuss the implementation of Child Safe Standards in New South Wales.

A lively discussion included the following points:

- While clearly a matter within the control of the NSW Government, the OCG is anticipating having the Child Safe Standards legislated to commence in July 2020. This long lead time enables capability building.
- All organisations that fall within the scope of the Working With Children Check definition of 'child-related work' will be required to implement the standards.
- All organisations will be required to complete an online self-assessment tool which will provide the OCG with a baseline for regulation and monitoring activities. The OCG will provide feedback to individual organisations on the results, including areas that need work.
- Self-assessment may become an annual requirement to enable tracking of improvements and cultural change.
- Compliance will be outcomes-focused rather than the OCG prescribing detailed models and practices.
- The new Child Safe Standards are being mapped against the NSW Child Safe Standards for Permanent Care to reduce duplication and existing indicators are being refined.
- The OCG is also reviewing the requirements included in designated agencies' funding contracts with a view to reducing duplicated compliance reporting.
- Work is being done to build in capacity for the OCG to recognise cultural competence and strengths, particularly in Aboriginal community controlled and CALD organisations.

The Collective is pleased that the proposed approach will encourage co-regulation, with the OCG partnering 'with sector regulators, peak bodies and other appropriate entities to reduce regulatory duplication and facilitate consistency with other child safe frameworks'.

Working with government to implement Royal Commission recommendations

In July, the Collective wrote to ministers and heads of department in all jurisdictions providing an update on the Collective's work and reiterating its willingness to support the implementation of the recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse.

The response from across Australia has been very positive. The Ministers in several jurisdictions have asked departmental heads to organise meetings with Collective members to discuss ways in which we can provide practical or strategic support. We look forward to these opportunities.

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