“Being healthy”: Preventative strategies, health care services and health outcomes for children and young people in out-of-home care in Tasmania

Sexual Assault Support Service Inc. (SASS) Submission

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Sexual Assault Support Service

For further information please contact:
Jill Maxwell, CEO – Sexual Assault Support Service Inc. (SASS)
Phone: (03) 6231 0044
Email: jill.maxwell@sass.org.au
Postal: 31-33 Tower Road, New Town, Tasmania, 7008

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Introduction

Sexual Assault Support Service (SASS) is a free and confidential service for people of all ages who have been affected by any form of sexual violence, including intimate partner sexual violence. We also provide counselling to children and young people who are displaying problem sexual behaviour (PSB) or sexually abusive behaviour (SAB), along with support and information for their family members and/or carers.

The range of support options available at SASS includes counselling, case management and advocacy. We also provide information and support to professionals, and deliver training workshops and community education activities in a range of settings including schools and colleges.

SASS welcomes the opportunity to respond to the Interim Commissioner for Children and Young People's discussion paper on factors affecting or influencing the health status of children and young people in out-of-home care (OOHC) in Tasmania.

SASS' responses will focus on our areas of expertise - child sexual abuse, problem sexual behaviour and sexually abusive behaviours in children and young people, understanding that this is a small but important aspect of overall mental health and wellbeing. We have also chosen to focus on the questions most relevant to our work. Lastly, this submission isn't intended to provide an in-depth analysis of the issues but rather a brief overview of them. On this point we note the comprehensive analysis of many of these issues in the Royal Commission's Final Report, Volume 12 on contemporary out of home care.

In our submission we will use the term 'children' to refer to all young people aged under 18.

Question 1. What are the physical and mental health conditions that most impact children and young people in out-of-home care in Tasmania?

In our work we perceive that the following health and development issues impact detrimentally upon children in OOHC in Tasmania:

a) A lack of stable relationships between children and their caregivers.

Frequent placement changes, as well as rostered care arrangements where workers regularly change, are damaging for children with trauma and attachment issues. This does not represent a trauma-informed OOHC environment. It also hampers effective therapeutic work with children who have experienced sexual assault, as this requires that children are in a stable placement and are experiencing a healthy attachment to their caregiver/s.

b) A lack of support and information to guide children's sexual development and understanding of positive intimate relationships

Children in OOHC who are disengaged with and/or not fully participating in school are likely to miss out on school-facilitated programs on sexual health, ethics and intimate relationships. SASS perceives that this information is rarely offered by carers within OOHC placements. We understand that this is due to a variety of reasons, including: a lack of training, knowledge or confidence on the part of the carers, a lack of understanding by OOHC providers that this part of children's development falls within their role, and in some cases personal or organisational values that condone open discussion about sexuality and sexual development. It is particularly critical that children who are coping with trauma, including historic sexual abuse, receive this type of support and information in order to lower their vulnerability to further abuse, and to limit the risk that they themselves may display antisocial behaviour in the future.

The Royal Commission raised this as a concern, and specifically recommended in its final report that all Australian states and territories collaborate to develop a sexual abuse prevention education strategy for children in out-of-home care which would include "comprehensive, age-appropriate and culture-appropriate education about sexuality and healthy relationships that is tailored to the needs of children in out-of-home care."[1]

c) Being placed in care situations with other children who are exhibiting problem sexual behaviour or sexually abusive behaviour

Inappropriate sexual behaviour displayed by children, known as Problem Sexual Behaviour (PSB), or the perpetration of sexual assault on children by other children, known as Sexually Abusive Behaviour (SAB), are significant problems within the OOHC system. This poses a significant risk to any other child in the care environment - they may be the target of the behaviour, and/or this may then influence them to start exhibiting PSB/SAB themselves. This issue will be discussed further below.

Question 2. To what extent are children and young people in out-of-home care in Tasmania able to access health care services and preventative health strategies?

In SASS' experience this varies between OOHC providers. We do hold concerns that some religious based OOHC providers do not provide holistic care to children in relation to supporting them to understand sexual development. We also note with great concern the lack of funding for children displaying PSB/SAB to access therapeutic support. Currently there is no publicly accessible therapeutic service in Tasmania for children aged 12 and over who are displaying PSB/SAB. SASS receives a significant number of enquiries regarding adolescents presenting with these issues, but are currently only able to support these adolescents on a fee-paying basis. Again this issue is discussed in more detail below.

Question 7. Is there anything else you would like to tell the Interim Commissioner in relation to outcomes, services and preventative strategies for "being healthy" for children and young people in out-of-home care in Tasmania?

a) The lack of a consistent, comprehensive and informed approach to preventing, identifying and managing PSB/SAB in the OOHC environment

SASS consistently receives high number of referrals for children within the OOHC system who are displaying PSB/SAB. This has significant implications for the management and oversight of OOHC systems, given the risk these children pose to themselves and to other children. The Royal Commission identified one of the failures in assessing and managing risks in out-of-home care as the lack of appropriate identification, assessment and support for children with PSB/SAB, as well as the lack of information provided to carers regarding this issue.[2] Recommendations 12.12 and 12.13 of their final report reflect this.

We recommend that a comprehensive response by child protection systems encompasses the following elements:

i. *Formal acknowledgement of the problem and prevalence of children displaying PSB/SAB within the OOHC sector.*

ii. *Professional assessment of all children with PSB/SAB, including identification of needs and required supports.*

iii. Comprehensive case management that involves collaboration with the child's school, family and other service providers.

iv. Support – including therapeutic care.

Children displaying PSB/SAB must receive appropriate therapeutic care to afford them the best possible chance of recovery and to minimise the risk that they will continue the behaviour. Evidence indicates that within the Tasmania OOHC system children displaying these behaviours often do not receive the treatment they require, but are instead moved to different placements once their behaviour cannot be managed by their current carer. In some situations the next carer is not fully informed about the child's behaviour, let alone how to manage it for the wellbeing of the child and the safety of other children within the placement. This perpetuates a cycle where traumatised children who display PSB or SAB are moved to a different placement where carers are ill-equipped to manage them, the child then re-displays the behaviour, and is then transferred on again.

v. Careful placement decisions

Children displaying PSB/SAB must be placed with carers who possess the appropriate skills and temperaments to support them, and with households where other children will not be put at risk.

vi. Comprehensive information-sharing

Managing PSB/SAB within the OOHC environment, both for the safety of the child displaying the behaviour and for other children within the OOHC placement, requires carers to receive full information regarding the children in their care. This needs to include details of the child's past and current behaviour, and any past trauma that may be contributing to the behaviour. A common challenge with the current OOHC system is that carers are not notified when a child moving into their care has been displaying PSB/SAB. Children displaying PSB/SAB often experience frequent placement changes when it is determined that their behaviour has become a risk to the other children within the placement. This raises obvious risks for the child displaying the behaviour, other children in the placement, and any children the carer may have. The privacy of the child displaying the behaviour cannot be prioritised above disclosing vital information concerning their safety, and that of any other children within the placement.

vii. Training, advice and support for carers

The provision of care to children and young people with PSB/SAB is an area requiring specialist knowledge and skills. Carers looking after children who display PSB or SAB require skills and training to support children to manage and gain control over their behaviours. Specifically, carers must have the knowledge and skills to:

- Identify age-appropriate as well as problematic sexual behaviour;
- Appropriately respond to the problem sexual behaviour, including implementing safety planning for other children at risk, and supporting the child displaying the behaviour; and
- Support the longer-term healing and correction of the child's behaviour.

viii. Ongoing risk assessment to ensure that all children within the care environment are safe.

Finally, we provide the following case study to highlight the importance of some of the points we have raised in this section.

Case study: Toby (name has been changed)

Toby was a client at SASS for several years. It is highly likely that Toby experienced family violence and sexual assault as a child. He was put into care after displaying PSB towards a younger relative. When Toby stopped being a client at SASS he had lived in nine OOHC placements. Whilst in these placements Toby displayed PSB towards himself and other children (both other children in the placements, and a foster carer's child). Toby was also the target of sexually abusive behaviour from one of the foster carer's children. Toby was frequently moved between placements. Particular points to note regarding his experience of OOHC are that:

- Toby experienced severe disruption in his childhood, including frequent changes of child protection workers and placements – often abruptly and with little chance for a smooth transition;
- Several of Toby's foster carers expressed that they felt the lack of support by child protection services directly contributed to the breakdown of the placement. Visits by Toby's assigned child protection worker were highly irregular during Toby's placements, and became so inconsistent that at one stage his foster carer requested a new worker. In Toby's final foster care placement his carers were left waiting six months to receive a psychological assessment that had been completed for Toby, and still had not received this from child protection services before the placement broke down;
- Responses from child safety services were highly inconsistent when Toby displayed or was the target of PSB/SAB – at times he was left within the placement, at other times he was suddenly removed;
- Toby did not disclose until sometime later that he had experienced SAB from another child whilst in placement;
- Toby had several kinship placements with his grandparents. Despite the presence of other younger children within these placements it appears that Toby's grandparents were not appropriately briefed on managing Toby's problem sexual behaviour to reduce risks to Toby and to other children. It is highly likely that Toby did display PSB towards other children whilst in this placement;
- Toby was placed in a foster care placement despite SASS having contacted child protection services in relation to safety concerns about the care placement. SASS had advised child safety services that a previous notification against one of the carer's sons had been made to regarding sexual abuse allegations concerning another child. The Department were also advised that the carer's son would be considered a risk to a younger child and especially a child like Toby. Within this placement Toby did then suffer SAB by the child mentioned.

This case study provides a prime example of the mismanagement within the OOHC system of a child who was both a victim of sexual abuse, and displayed PSB himself. In particular it points to:

- A lack of safety planning to minimise risks for the child and other children within placements;
- Inappropriate placement of a child who was at risk both of displaying and being the target of PSB;
- Inconsistent responses by child protection services to a child displaying PSB; and
- A lack of carer briefing on the child's history, and training on managing the child's PSB.

b) The need for routine training for OOHC providers in trauma and trauma-informed service delivery

With regard to the need for trauma and trauma-informed service delivery training, we note the Royal Commission's Recommendation 12.11 that;

> State and territory governments and out-of-home care service providers should ensure that training for foster and relative/kinship carers, residential care staff and child protection workers includes an understanding of trauma and abuse, the impact on children and the principles of trauma-informed care to assist them to meet the needs of children in out-of-home care, including children with harmful sexual behaviours.[3]

c) Age appropriate education and awareness-raising workshops for children in OOHC placements on sexual development, ethics and intimate relationships.

Whilst the impact or extent of early sexual activity in the Tasmanian OOHC system is currently unknown, there is considerable anecdotal evidence that an 'abstinence' rather than 'harm minimisation' approach to sexual activity is used. SASS is concerned that this may be unrealistic and potentially damaging to children within care. It is a particularly inappropriate approach for children who have already been exposed to inappropriate or harmful sexual activity. SASS therefore recommends that children within OOHC are provided with opportunities to participate in programs on sexual health, ethical sexual behaviour and safe sex.

The purpose of such educational programs should be to:

- build children's awareness of their rights and develop their resilience and self-esteem;
- develop children's knowledge around sexuality, sexual health, body awareness and privacy;
- help children understand how to utilise self-protective skills, including recognising unwanted sexual behaviour.

It is important to note that these types of programs cannot be delivered in a stand-alone fashion. They must be delivered in conjunction with facilitating children's ongoing access to a trusted adult/s with whom they can talk through any issues that may arise. It is also important that foster, kinship and other carers are kept informed about the training content and process, and that a post-training support process is established for those children who may require it.

Evidence indicates that assertive behaviours and strategies can assist to deter or prevent sexual abuse, for example a child firmly telling an offender that contact is unwanted.[4] Findings on the effectiveness of child-education programs also show promising results. In general children comprehend the key concepts being taught, with younger children more likely to show learning than older children.[5] Programs can also lead to an increase in protective behaviours, with one international study finding that,

> …children of all ages who had participated in an education program were six to seven times more likely to demonstrate protective behavior in simulated situations than children who had not.[6]

Whilst further research is needed to understand the impact these programs have on preventing abuse, evidence does indicate that "when victimized later, youth with program exposure more often expressed beliefs that they had been able to protect themselves, kept the situation from being worse, and kept themselves from being injured."[7]

Teaching children such skills and knowledge can also reduce the stigma and shame surrounding sexual abuse, and can therefore encourage disclosure. Preventative education and awareness-raising is particularly important for children in OOHC due to their particular vulnerability, and the role the state has taken on as their guardian.

Recommendations

Recommendation 1
Placement determination and individual risk minimisation strategies include comprehensive consideration of how a child's PSB/SAB will be managed and treated, including requirements for carer training.

Recommendation 2
Comprehensive case plans detailing how the child's PSB/SAB will be addressed and managed are developed collaboratively by child protection services, the child's carer/s and the relevant support providers who will be providing the therapeutic programs.

Recommendation 3
Children in OOHC displaying PSB or SAB are to receive early intervention in the form of appropriate therapeutic care.

Recommendation 4
Children displaying PSB/SAB are matched with carers with the appropriate skills and temperaments, and with households where other children will not be put at risk.

Recommendation 5
Before a child with PSB/SAB commences a new placement, child protection services fully inform the carers of all details of the child's past and current behaviour, and any past trauma that may be contributing to the behaviour.

Recommendation 6
All carers, including kinship carers, receive comprehensive and targeted training in identifying and responding to children displaying PSB/SAB

Recommendation 7
All carers, including kinship carers, are provided with appropriate training to ensure that they:

- *understand trauma and its impact upon the developing brain;*
- *can manage the needs of vulnerable children with complex needs; and*
- *understand how to manage risk and family contact where previous intra-familial sexual abuse has occurred.*

Recommendation 8

As part of secondary prevention of sexual assault, Child Protection Services develop and incorporate policies and strategies that focus on the education of young people in OOCH in relation to leading safe, consensual, ethical sexual lives. Age appropriate education and awareness-raising strategies and training are to be accompanied by the provision of ongoing support to children.

[1] Royal Commission into Institutional Responses to Child Sexual Abuse (2017). *Final Report: Volume 12, Contemporary out-of-home care*. Commonwealth of Australia, ACT, p.26.
[2] Ibid, p.15.
[3] Ibid, p.27.
[4] Smallbone and Wortley (2000) cited by Irenyi, M., Bromfield, L., Beyer, L., & Higgins, D. (2006). 'Child maltreatment in organisations: Risk factors and strategies for prevention'. *Child Abuse Prevention Issues*. No. 25. Melbourne: Australian Institute of Family Studies. Retrieved from www.aifs.gov.au/nch/pubs/issues/issues25/issues25.html
[5] Finkelhor, D. (2009). 'The Prevention of Childhood Sexual Abuse. *Preventing Child Maltreatment*. Vol. 19, No. 2, Fall. p.180.
[6] Ibid.
[7] Ibid.