

PRACTICE GUIDE

Care arrangement considerations
for children and young people who
have displayed Harmful Sexual
Behaviours

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Australian Centre for Child Protection
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Acknowledgement

We respectfully acknowledge the Kurna and Whadjuk Noongar Aboriginal and Torres Strait Islander Peoples and their Elders past and present, who are the Traditional Owners of the lands that are now home to the Australian Centre for Child Protection's offices in Adelaide and Perth.

We are honoured to recognise our connection to the Kurna and Whadjuk Noongar lands, and their history, culture, and spirituality through these locations, and we strive to ensure that we operate in a manner which respects their Elders and ancestors. We also acknowledge the other Aboriginal and Torres Strait Islander People of lands across Australia where we conduct business.

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Care arrangement considerations for children and young people who have displayed Harmful Sexual Behaviours

When considering care arrangements for children and young people who have displayed harmful sexual behaviour, many factors must be carefully considered and evaluated. Holding an awareness that safety exists on a continuum and is not a fixed state is also essential. There is always something that can be done to enhance safety within a care arrangement, but whether those improvements are feasible depends on the resources, capability, and capacity available in the care arrangement setting. Wherever possible, all options to strengthen safety should be explored before considering removal from a care arrangement. Disrupting a care arrangement can have significant consequences, not only for the child or young person who has displayed harmful sexual behaviour, but also for other children, young people, and adults in the home, as it can fracture relationships, stability, and support networks.

This guide provides useful practice insights and applications for practice mapped to the six guiding principles from the ***Western Australian Framework for Understanding and Guiding Responses to Harmful Sexual Behaviours***.

To support reflective decision-making and planning, the **Placement considerations and planning - Support tool**, ([accessed Here](#)), has been developed, which provides an overview of critical considerations to ensure safe and stable care arrangements for all children and young people related to incidents of harmful sexual behaviours.

Guiding principles and practice insights to support care arrangements

The Western Australian Framework for Understanding and Guiding Responses to Harmful Sexual Behaviours outlines six guiding principles of practice. These principles integrate research, theory, and practice wisdom, offering a structured approach to understanding harmful sexual behaviours and informing effective responses. They provide a valuable foundation for making care arrangement decisions that are both thoughtful and well-informed.

It is essential to consider safety from the perspective of everyone in the care arrangement, both the child or young person who has displayed the behaviours and others in the home. Balancing safety, healing, and stability requires deliberate planning, collaboration, and a commitment to maintaining relationships and routines wherever safe and possible. The following section explores how the six guiding principles can be applied to support care arrangement decisions for children and young people who have displayed harmful sexual behaviours.

Western Australia Statewide Framework Principles of Practice



Principle 1. Establish safety within a child-centred approach

Practice insight

Safety is foundational for all children and young people, including those who have displayed harmful sexual behaviours, and any children or young people affected by these. This includes physical, psychological, and emotional safety, all of which must be upheld through an ongoing, dynamic process. A child-centred safety approach avoids stigmatisation and distinguishes behaviour from identity. It fosters trust, autonomy, and empowerment by engaging children and young people meaningfully in decisions affecting their lives. Actively involving the child or young person in processes that impact them, through hearing and valuing their voice, helps to centre their needs, goals, and preferences in decision-making, ultimately supporting a more holistic and responsive care approach.

Application in practice

- Use **Level A Checklists**, **Level B Assessments**, and **Acute Safety Plans** from the **Response Mapping Tools** to match supervision, structure, and support to each child or young person's specific needs (to access the full suite of Response Mapping Tools [click Here](#)). The outcomes of these tools should guide decisions on appropriate care arrangement types, such as foster care, kinship care, or specialised residential care, depending on the level of structure, supervision, and support the young person requires. This promotes care arrangements that strike a balance between providing adequate supervision and supporting the young person's need for autonomy, growth, and development.
- Information from these tools, as well as the **Enhancing Safety and Wellbeing Plan**, may also be used to ensure that care arrangement choices align with the child or young person's voice, their psychological and physical safety needs, goals, strengths, and social support preferences.
- Involve the child or young person in discussions about their care arrangement, support needs, and safety planning, using age-appropriate language. This

promotes their understanding, supports a sense of ownership, and encourages engagement with strategies that promote safety and wellbeing.

- Similarly, when making care arrangement decisions, consider the age, developmental level, and behavioural profiles of all children and young people in the care arrangement to minimise risks associated with peer dynamics and conflicting needs. For instance, young people with histories of harmful sexual behaviour may benefit from care arrangements with peers of similar or older developmental stages to reduce risks linked to power imbalances, peer influence, or vulnerability to coercion.
- Manage care arrangement changes or transitions (including respite and shared care arrangements) carefully to ensure stability and safety. Provide clear, age-appropriate communication to prepare the child or young person, explaining the reasons for the change, what to expect, and how they will be supported. Share relevant information with the new care arrangement, including safety plans, identified triggers, and effective support strategies. Collaborate with caregivers, caseworkers, and other stakeholders to align expectations, minimise disruption by maintaining routines where possible, and provide ongoing post-transition support to monitor adjustment and address emerging needs.
- Challenge any practices or routines that may increase risk or reduce dignity under the guise of safety.

Principle 2. Support healthy sexual development

Practice insight

Appropriate sexual behaviours vary across developmental stages in childhood and adolescence, and it is important to recognise that not all sexual behaviours displayed by children or young people are harmful. Caregivers and professionals supporting children and young people must be equipped to distinguish between developmentally appropriate, developmentally inappropriate, and harmful sexual behaviours. This understanding enables them to support children and young people in developing and engaging in healthy and age-appropriate sexual behaviours. The Response Mapping Tools are designed to guide an informed understanding of whether observed sexual behaviours align with the developmental stage and circumstances of the child or young person.

Application in practice

- Caregivers be provided regular, evidence-based training and supervision on child and adolescent sexual development to support their understanding of developmentally appropriate sexual behaviours versus those that may indicate a cause for concern and further investigation.
- Caregivers encourage safe, open communication with young people on topics like consent, sexual identity, intimacy, and relationships. Language used in these discussions should be age-appropriate, inclusive, and non-judgemental, fostering trust and reducing stigma around these topics. Training and development should include guidance on navigating sensitive conversations about sexual health, identity, and relationships, tailored to the child or young person's developmental stage.
- Care arrangements, especially residential settings, require policies that support developmentally appropriate exploration of relationships, intimacy, and partnership while ensuring safety and consideration of the unique needs of each child and young person. Caregivers and the wider care team should

support the child or young person to develop safe ways for them to explore relationships, balancing supervision with respect for their autonomy.

- Consideration of the stages of sexual development of all children and young people within the care arrangement should occur within the matching process to avoid challenges.

Principle 3. Family and community connected

Practice insight

When making care arrangement decisions and planning supports, it is essential to involve caregivers, the broader care team and, where safe and appropriate, the child or young person's family and community. A collaborative, transparent, and inclusive approach ensures that all perspectives are considered, fostering shared accountability and coordinated efforts to promote safety, enhance wellbeing, and support healing. Recognising that a child or young person does not exist in isolation, their relationships with family, significant others, and community networks play a vital role in their development and recovery. Prioritising these connections can offer valuable insights into the child or young person's behaviours, strengths, and experiences.

Application in practice

- Care arrangement decisions and support planning should include multidisciplinary input from the care team, drawing on tools such as the Response Mapping Forms. This ensures a well-rounded understanding of the young person's circumstances and helps tailor supports to their individual needs.
- Where safe and appropriate, support the young person to maintain relationships with family, community, and previous caregivers. These connections contribute to their identity, stability, and emotional wellbeing, and should be built into care routines through regular contact and meaningful involvement.
- When it is safe to do so, inform and involve families in planning and support if the young person has displayed harmful sexual behaviours. Providing families with clear information, guidance, and resources helps promote consistent safety strategies and positions them as allies in safety and healing, strengthening their capacity to support the young person's development.

Principle 4. Culturally responsive and accessible

Practice insight

Developing cultural safety is essential for fostering wellbeing and achieving positive outcomes for all children and young people. Care arrangement decisions and support planning must actively incorporate culturally responsive practices, recognising and respecting the child or young person's cultural identity, traditions, and values to enable them to be respected and understood in the context of their cultural identity. Where necessary, guidance should be sought from cultural advisors, Elders, or community representatives to ensure that supports are tailored to the unique cultural needs of the child or young person.

Application in practice

- Involve cultural advisors, family, and/or community representatives in care arrangement and support planning for Aboriginal and culturally diverse children and young people who have displayed harmful sexual behaviours. Their guidance helps ensure cultural values, beliefs, and practices are meaningfully integrated into care, and supports communication that is respectful, culturally safe, and responsive to the child or young person's lived experience.
- Where safe and possible, prioritise care arrangements on or near Country for Aboriginal children and young people. Connection to land, culture, and community can support identity, belonging, and healing. These are key protective factors in recovery and behaviour change.
- Prioritise caregivers who demonstrate cultural awareness and, ideally, share the young person's cultural background. Where this isn't possible, ensure caregivers are supported to develop skills in culturally responsive care, particularly in relation to understanding and responding to harmful sexual behaviours within cultural context.
- Provide all caregivers, caseworkers, and staff involved in care arrangement planning with training on cultural safety and harmful sexual behaviours. This

should include understanding how trauma, cultural identity, and community context shape behaviour, and the importance of avoiding stigmatisation or culturally biased interpretations of harmful sexual behaviours.

- Actively support ongoing cultural connections for children and young people who have displayed harmful sexual behaviours. Participation in cultural events, ceremonies, and community groups can reinforce identity and belonging, and contribute to protective, prosocial pathways.
- Ensure care arrangements include access to culturally relevant resources, such as books, music, language materials, and community programs, that support cultural identity and healing. Encouraging cultural expression can strengthen the child or young person's sense of self and resilience as they engage in recovery and behaviour change.

Principle 5. Trauma-informed

Practice insight

Caregivers and care team members require comprehensive training in trauma-informed care to equip them with a deep understanding of the impacts of trauma and how these can manifest in a child or young person's emotions, behaviours, and relationships. This understanding enables caregivers to respond with empathy, sensitivity, and appropriate support, fostering a sense of trust and connection.

Care arrangement routines and supports that are effective in preventing re-traumatisation prioritise environments that promote psychological and physical safety, stability, and predictability. Trauma-informed care is not only about mitigating risks but also about offering reparative experiences that help the child or young person build resilience, form positive relationships, and regain a sense of control over their lives.

Application in practice

- Caregiver responses and the care environment should reflect a trauma-informed approach, acknowledging how past experiences can shape behaviour and emotional responses. Psychological safety must be prioritised to reduce the likelihood of further harmful sexual behaviours. For example:
 - Establishing house rules that promote respect, safety, and clear boundaries for all children and young people.
 - Creating routines that are consistent, predictable, and provide a sense of security for the young person. Enhancing this reliability and minimising uncertainty helps to reduce anxiety and build a sense of safety and stability for the young person.
 - Supporting the young person with age-appropriate tools to build self-regulation skills, aligned with their **Acute Safety Plan** and **Enhancing Safety and Wellbeing Plan**.
- Caregivers must be well-informed about the child or young person's background, including their journey into care and the factors contributing to

harmful sexual behaviours they have displayed. This ensures that care is responsive, safe, and appropriately tailored.

- Therapeutic and psychological support should be embedded alongside day-to-day care. Ongoing therapeutic relationships should be maintained wherever possible, as consistent therapeutic engagement strengthens trust and supports long-term healing and behaviour change. This is particularly the case in moments of change or relational instability, such as during care arrangement transitions.
- Caregivers should be encouraged to access supervision, Employee Assistance Programs, or other wellbeing supports. Caring for children and young people with trauma and harmful sexual behaviours needs is challenging work and maintaining caregiver wellbeing is essential to sustaining high-quality care.

Principle 6. Self-evaluating

Practice insight

Best practice is not fixed; it is an iterative process that is dynamic across time. Staff and caregivers require support to engage in reflective practices and learning that keep them up to date with contemporary research, practice wisdom, and evidence-informed approaches that reflect the lived realities of the children and young people they care for. This knowledge and skillset must be applied when considering a child or young person's care arrangement needs and supports, ensuring responses are informed by the latest understanding of what works to promote safety, wellbeing, and healing. This includes adopting a reflective practice approach, participating in regular workforce capability-building activities, and engaging in therapeutic and clinical supervision.

By embedding contemporary thinking and evidence-informed practices into day-to-day care, staff and caregivers are empowered to make decisions grounded in research, while maintaining flexibility to respond to the unique circumstances and strengths of each child or young person. This approach fosters a culture of continuous learning, enhancing the quality and consistency of care provided.

Application in practice

- Utilise the outcomes of the Response Mapping Tools during care arrangement planning and decision making to ensure an evidence-informed approach to these processes.
- Support caregivers and care team members to complete professional development and access educational resources related to evidence-based and contemporary theory and practices about trauma-informed care, child development, and harmful sexual behaviours. This includes mandatory training relevant to your organisation, as well as other supports and resources.
- Create regular communities of practice or reflective practice groups where caregivers and staff can discuss case challenges, share insights, and reflect on how contemporary theories and evidence-based practices can be applied

in specific situations. These groups can also serve as forums for collaborative problem-solving and continuous improvement.

- Regularly review care arrangement decisions and outcomes against the child or young person's stated goals, preferences, and feedback. This ensures that planning remains responsive to their lived experience and wellbeing, rather than relying solely on compliance or procedural indicators.
- Establish meaningful mechanisms for children, young people, families, and caregivers to provide feedback on the safety, stability, and effectiveness of care arrangements. This feedback should inform ongoing planning and highlight areas for improvement or additional support.