

PRACTICE GUIDE

Placement considerations and
planning Support Tool: For children
and young people who have
displayed Harmful Sexual
Behaviours

April 2026

Australian Centre for Child Protection
Adelaide University



Australian
Centre for
Child Protection

Acknowledgement

We respectfully acknowledge the Kaurna 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 Kaurna 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.

Suggested Citation

Paton, A. & Burgess, S. (2026). *Placement considerations and planning Support Tool: For children and young people who have displayed Harmful Sexual Behaviours*. Adelaide University, Australian Centre for Child Protection.

**These materials were developed as part of a larger piece of work funded by the Western Australia Department of Communities, related to the enhancement of understanding and responses for children and young people who have displayed harmful sexual behaviours, with a focus on those living in out-of-home care.

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Tool to support reflective decision-making and planning

The **Placement considerations and planning Support Tool** 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. This support tool can be used to review care arrangement decisions and reflect on what may need to occur to enhance safety and wellbeing for all children and young people involved. This tool has been designed as a compliment to the **Care arrangement considerations for children and young people who have displayed Harmful Sexual Behaviours** ([access Here](#)) and the **Response Mapping Tools** ([access Here](#)).

This is particularly important when there is:

- A significant incident of harmful sexual behaviour (assessed as being concerning or above on the **Layered Continuum for harmful sexual behaviours** ([access Here](#)) – see the Response Mapping Tools for more information);
- A pattern of harmful sexual behaviours;
- A change of care arrangement, or pending change of care arrangement for a child or young person who has a recent history of having displayed harmful sexual behaviours (within the past 2 months) – noting a ‘change’ includes a change in caregiver, physical location change, and change to the other children and young people residing in the care arrangement; or
- A child or young person coming into care and protection and there have been reports or concerns noted within their intake assessment that harmful sexual behaviours may be/have been an issue.

This tool should be used as a guide in addition to other care arrangement processes and policies within your organisation, rather than instead of. It includes:

- Key areas/domains to consider
- Prompting questions to support critical reflection
- Space to note any concerns, missing information or care arrangement needs

- Space to record what actions you/the care team need to take to enhance safety and wellbeing for all children and young people involved.

This last section recognises the significant challenges in finding the ‘ideal’ care arrangement for all children and young people. Sometimes care arrangements are temporary – short term or emergency, other times care arrangements are a ‘best fit’ for right now or designed to contain and provide wraparound therapeutic supports for a child or young person for a short period of time before a more suitable care arrangement match can be found.

There are four key domains in the tool (as shown in Figure 1) and prompts for critical reflection are presented in the order in which you should consider care arrangement decisions:

1. Considering the care arrangement type - structure of the care arrangement (with kin, foster care, residential care, family group etc), legal requirements, and Aboriginal Placement Principles.
2. Exploring the caregiver capability – what are the unique care needs and skills required for placement of this child or young person; is it available in this care arrangement, if not can it be and what would it require?
3. Reviewing the physical environment – is it fit for purpose for the care and safety requirements for this child or young person? Are community, cultural connection and opportunities for positive experiences enhanced within this environment, if not can they be?
4. Exploring peer relationships and dynamics with other children and young people in the care arrangement – can safety and wellbeing be enhanced within this dynamic, or would co-placement increase risk and potential harm?

Peer dynamic

Explore peer relationships and dynamics with other children and young people in the care arrangement – can safety and wellbeing be enhanced within this dynamic, or would co-placement increase risk and potential harm?

Physical environment

Is it fit for purpose for the care and safety requirements for this child or young person; are community, cultural connection and opportunities for positive experiences enhanced within this environment, if not can they be?

Caregiver capability

What are the unique care needs and skills required for placement of this child or young person, are they available in this care arrangement, if not can they be and what would it require?

Care arrangement

Consider the structure of the care arrangement (with kin, foster care, residential care, family group etc), legal requirements, and Aboriginal Placement Principles.

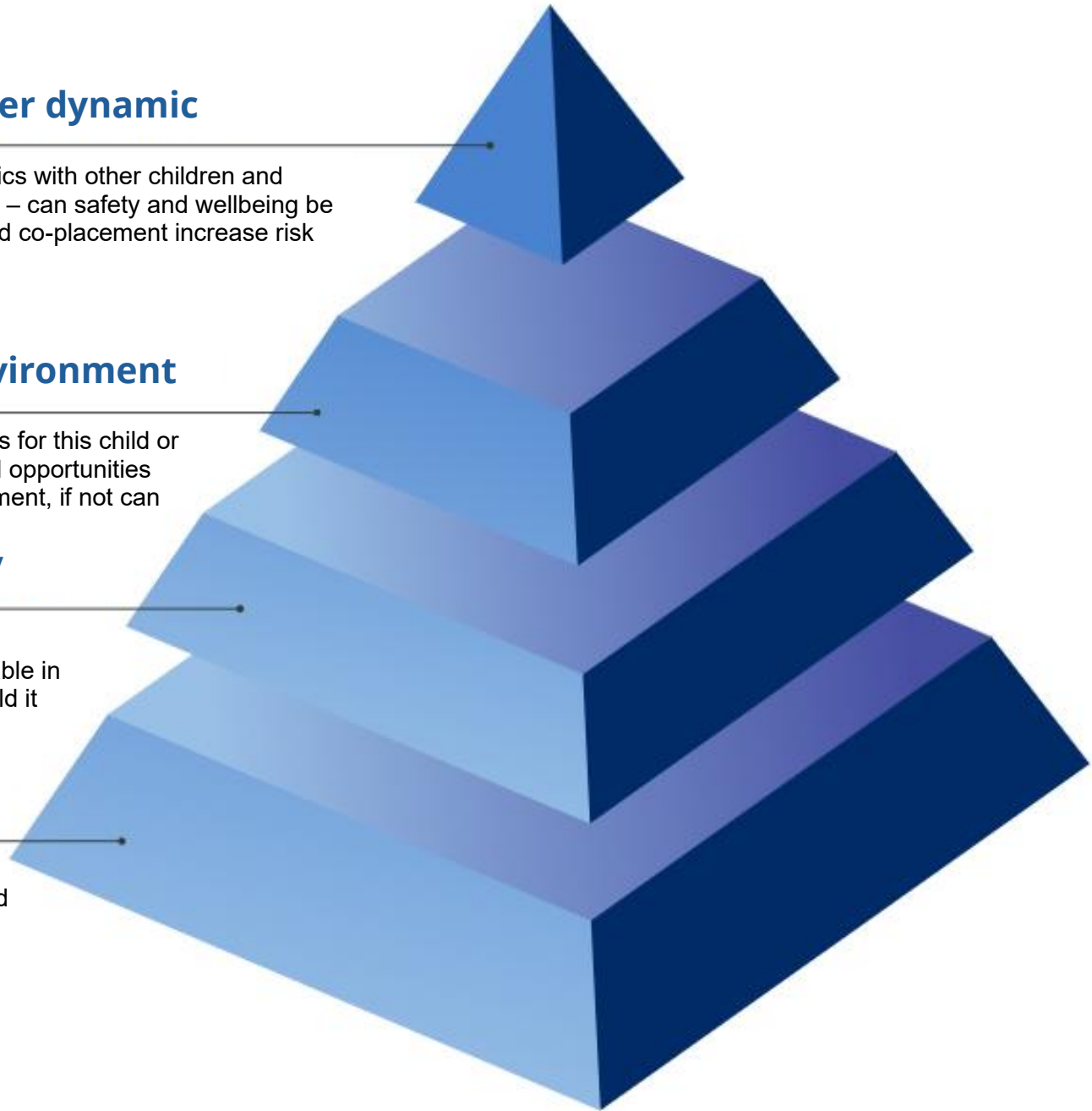


Figure 1: Key domains to consider

Placement considerations and planning - Support tool

Purpose: This Support Tool aims to provide Case Managers, Support Officers, Team Leaders etc with reflective prompts across a range of key domains that should be considered when exploring Care Arrangements for a child or young person who has displayed harmful sexual behaviours. Designed to be used prior to Care Arrangement placement decisions or following an incident to consider what enhancements or supports are required to enhance safety and wellbeing, this Tool should be used alongside other standard Placement frameworks and the Response Mapping Tools for Understanding, Identifying and Enhancing Safety for Children and Young People Living in Out of Home Care (OOHC) who have Displayed Harmful Sexual Behaviours.

Child / young person's information			
Child's name:	Click or tap here.	Carer/s name:	Click or tap here.
Child's DOB:	Click or tap here to select DOB (if known).	Child's current placement:	Click or tap here.
Child's age:	Click or tap here.	Current placement type:	Click or tap here.

Does the child / young person have a current Plan?			
Acute Safety Plan:	Click or tap here.	Date of Plan:	Click or tap here to select date.
Enhancing Safety and Wellbeing Plan:	Click or tap here.	Date of Plan:	Click or tap here to select date.

1. Safety and Wellbeing Statement – what are we worried about? – this can be taken from a recent safety plan, and include specifics of harmful sexual behaviours you may be worried about occurring, or re-occurring

Click or tap here.

2. Why are you reviewing the child / young person's care arrangement now? What options are you considering?

Click or tap here.

3. Consultation information – list all those who have informed this review

Click or tap here.

Key domains to consider	Prompts for critical reflection	Concerns, missing information, care arrangement needs	Actions required to enhance safety and wellbeing within care arrangement
<p>Care arrangement type</p> <p>For children and young people who have displayed harmful sexual behaviours, care arrangement type plays a critical role in promoting safety, supporting behaviour change, and facilitating recovery. Care arrangement planning must be highly individualised and multidimensional. It should account for legal obligations such as bail conditions or protection orders, and align with the child or young person’s developmental, cognitive, emotional, and therapeutic needs. The care arrangement must be trauma-informed, culturally safe, and capable of fostering stability, trust, and identity, particularly for Aboriginal children and young people. Strong supervision structures are essential, alongside thoughtful compatibility with other children and young people to ensure relational safety. Stability of care, access to therapeutic services, and structured, predictable routines support behaviour change and healing. Importantly, the child or young person’s voice, strengths, and aspirations must guide decision-making. Effective placement within care arrangements also depends on clear communication and collaboration between caregivers and professionals, ensuring consistency, accountability, and progress toward positive developmental outcomes.</p>			
<p>Legal conditions and justice involvement</p> <p>Some young people may be subject to bail conditions, protection orders or criminal proceedings. Care arrangement planning must ensure legal compliance and avoid additional risk to others or to the child or young person.</p>	<ul style="list-style-type: none"> • Are court orders, bail conditions or protection requirements understood by caregivers? • How is information about legal restrictions shared and monitored? • Is the care arrangement able to safely meet these requirements? 	<p>Click or tap here.</p>	<p>Click or tap here.</p>

<p><i>Child-specific needs and therapeutic considerations</i></p> <p>Care arrangement decisions must be tailored to the individual developmental, cognitive, emotional, and behavioural profile of the child or young person. This includes understanding their communication style, trauma history, and mental health needs, and ensuring the environment is trauma-informed and psychologically safe. Aligning with therapeutic goals and behaviour support plans is essential for promoting positive change. Care arrangements should also foster the child or young person’s strengths, interests, and aspirations to support confidence, engagement, and healing. Critically, children and young people should be meaningfully involved in decisions that affect them, with their voice, preferences, and autonomy respected in age-appropriate ways.</p>	<ul style="list-style-type: none"> • Does the care arrangement match the child or young person’s functional level, developmental stage, and cognitive abilities? • How does the care arrangement support emotional regulation and psychological safety? • Are trauma-informed strategies embedded in care routines? • Are communication approaches adapted to suit the young person’s developmental and cognitive needs? • What are the child or young person’s key strengths, interests, or talents, and how are these supported within the care arrangement? • Has the child or young person been meaningfully involved in care arrangement discussions and decisions and are their views, preferences, and 	<p>Click or tap here.</p>	<p>Click or tap here.</p>
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	concerns reflected in their care plan and any documents relating to the care arrangement?		
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<p>Cultural safety and identity</p> <p>For children and young people in OOHHC who have displayed harmful sexual behaviours, cultural safety is essential to healing, accountability, and identity restoration. Many of these children and young people have experienced trauma, stigma, and disconnection that can be deepened by care arrangements that overlook their cultural, spiritual, or community identity. Culturally safe care, particularly for Aboriginal children and young people, helps restore a sense of belonging, strengthens resilience, and affirms their value as a person beyond their behaviour. Integrating cultural practices, beliefs, and connections into daily care supports therapeutic engagement, reduces shame, and fosters trust, making cultural safety a vital component of recovery and development for children and young people.</p>	<ul style="list-style-type: none"> • Are caregivers informed about the child or young person's spiritual background and needs? • Does the care arrangement support cultural expression and connection? • Have cultural advisors been involved in planning? • Are cultural mentors, Elders, or Aboriginal organisations involved with the child or young person? If not, should they be? • How are language, traditions, or ceremonies incorporated into daily life? • Is the care arrangement on or near Country? • Does the care arrangement support healing from historical trauma in culturally safe ways? • Is participation in community faith activities facilitated safely? 	<p>Click or tap here.</p>	<p>Click or tap here.</p>
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<p>Supervision needs</p> <p>Consider the level of supervision the child or young person needs, particularly during higher-risk times such as after school. It is important the care arrangement can offer consistent oversight to ensure safety while also respecting the child or young person's need for independence and autonomy.</p>	<ul style="list-style-type: none">• Can this care arrangement meet the required level of supervision (day/night)?• Is supervision embedded in routines or reliant on one person?• How is supervision adjusted as risks change?• Are spaces arranged to support both privacy and appropriate supervision?	<p>Click or tap here.</p>	<p>Click or tap here.</p>
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<p>Stability and consistency of care</p> <p>Determine whether the care arrangement offers stable and consistent caregiving to help the child or young person form secure attachments and a sense of trust. A setting with frequent changes in caregivers or care arrangement disruptions may negatively impact the child or young person’s emotional and psychological safety. Care arrangement disruptions often escalate harmful sexual behaviours or trauma responses. Support, not movement, should be the first response to challenges.</p>	<ul style="list-style-type: none"> • Are there factors present that may threaten care arrangement stability? • What supports are in place for the caregiver? • Has a contingency plan been developed (e.g., for respite)? • If there are transitions – • Is there clear communication and consistency in place to support these? • Has the young person been prepared for this change? • Are all relevant professionals and caregivers informed? 	<p>Click or tap here.</p>	<p>Click or tap here.</p>
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<p>Access to therapeutic support</p> <p>Consider whether the care arrangement has access to therapeutic care programs or can facilitate connections to external services to address the child or young person’s needs. This includes therapy focused on trauma, behavioural regulation, and healthy relationship skills. Proximity and access to therapeutic supports, including harmful sexual behaviour informed treatment, are essential for ongoing behaviour change and wellbeing.</p>	<ul style="list-style-type: none"> • Is the child or young person currently engaged in therapy related to their harmful sexual behaviours? • Can they still easily access this support? (Is it included in the care arrangement costs?) • Are there care staff who can readily take them to these appointments? • Is there continuity of care and support if transitioning between care arrangements? 	<p>Click or tap here.</p>	<p>Click or tap here.</p>
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<p>Structured and predictable routines</p> <p>Children and young people who have displayed harmful sexual behaviours often come from backgrounds marked by trauma, instability, and disrupted caregiving. In this context, structured and predictable routines offer more than just organisation, they provide a critical sense of safety, stability, and emotional containment. Clear, consistent daily rhythms reduce anxiety, support self-regulation, and help children and young people make sense of their environment. When routines are nurturing rather than punitive, they reinforce relational safety and trust. Positive experiences, such as shared meals or evening check-ins, also help build connection and reinforce healthy relational patterns. For caregivers, aligning household routines with therapeutic goals enables a cohesive and supportive approach to</p>	<ul style="list-style-type: none"> • Are there clear daily routines that provide consistency and reduce anxiety? If not, can these be implemented within this care arrangement type? • Do routines promote regulation (e.g., mealtimes, sleep schedules, school attendance)? • Do routines and rules avoid punitive approaches and support relational safety? • Are positive experiences or routines in place (e.g., shared meals, evening check-ins)? • Is there alignment between the child or young person’s therapeutic needs and the structure of the care arrangement? 	<p>Click or tap here.</p>	<p>Click or tap here.</p>
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<p>healing and behaviour change. Ultimately, predictable structure forms the foundation from which children and young people can rebuild a sense of control, security, and hope.</p>			
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<p>Collaboration and communication</p> <p>Consider whether the care arrangement facilitates collaborative engagement between caregivers, caseworkers, therapists, and other professionals to ensure consistent and well-coordinated care. Open communication is essential to monitor progress and adjust supports as needed.</p>	<ul style="list-style-type: none"> • Are all relevant professionals (e.g., therapists, caseworkers, educators) actively involved in care arrangement planning and review? • Is there a shared understanding of the child or young person’s needs, risks, and goals across the case management team and any Community Sector Organisation involved in the care arrangement? • How frequently are care team meetings held, and who participates? • Are there clear and timely systems for sharing information across the care team (particularly when the care arrangement is not within the Department of Communities)? If not, can this be put in place easily? • How are critical incidents, concerns, or changes in behaviour communicated? 	<p>Click or tap here.</p>	<p>Click or tap here.</p>
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Key domains to consider	Prompts for critical reflection	Concerns, missing information, care arrangement needs	Actions required to enhance safety and wellbeing within care arrangement
<p>Caregiver capability</p> <p>The qualities and capacities of caregivers are foundational to the safety, recovery, and long-term wellbeing of children and young people who have displayed harmful sexual behaviours. Effective caregiving goes beyond supervision; it requires a deep understanding of trauma, child development, and the dynamics of harmful sexual behaviour. Caregivers must be able to build trusting relationships, implement therapeutic strategies, and respond to behaviours with consistency, empathy, and clarity. Their ability to foster healing environments—through emotional attunement, patience, and recognition of each child and young person’s strengths, can significantly influence outcomes. Cultural awareness is equally critical, particularly for children and young people whose identity and belonging are shaped by their connections to community, Country, or cultural practices. When caregivers are informed, reflective, and culturally safe, they become key agents in supporting behaviour change, building protective factors, and restoring the child or young person’s sense of self and connection.</p>			

<p>Communication and relationship skills</p> <p>Effective engagement requires empathy, consistent boundaries, and the ability to foster trust while managing difficult conversations, interactions and behaviours. Strong listening skills help caregivers understand the child or young person's needs and create a safe space for open communication.</p>	<ul style="list-style-type: none">• Is the caregiver able to discuss sensitive topics such as sexual behaviour, boundaries, and relationships in a calm, non-shaming manner?• Does the caregiver have the capacity to engage in active listening?• Do caregivers create a space for safe, open communication?• How do they respond to disclosures or distress?• Are they able to separate the behaviour from the young person's identity?	<p>Click or tap here.</p>	<p>Click or tap here.</p>
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<p>Knowledge and understanding</p> <p>Caring for a child or young person who has displayed harmful sexual behaviours requires more than good intentions, it demands informed, reflective, and trauma-aware practice. Caregivers must understand how early adversity and trauma can shape behaviour, as well as hold foundational knowledge of child development and sexual behaviour development. A strong grasp of what constitutes harmful sexual behaviour and how to respond appropriately and non-punitively is essential for supporting safety, healing, and behaviour change. Confidence in implementing safety plans and engaging with professional supports is equally important. Where knowledge gaps exist, a caregiver’s willingness to learn, seek support, and engage in reflective practice</p>	<ul style="list-style-type: none"> • Does the caregiver hold knowledge on the impact of trauma, how it may influence behaviour, and trauma-informed care approaches? • Does the caregiver hold adequate knowledge of child development? • Does the caregiver hold an adequate understanding of harmful sexual behaviours? (What it is, how to identify it, and respond.) • Do caregivers demonstrate a non-punitive, informed understanding of behaviour? • Are caregivers confident in implementing safety plans? • If you think caregivers may need additional support: • Do they have a willingness to learn and display a reflective capacity that would allow for growth in understanding and practice. • Are they engaged in 	<p>Click or tap here.</p>	<p>Click or tap here.</p>
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<p>becomes a key protective factor. Ongoing learning, supervision, and collaboration with the broader care team ensure that responses are consistent, aligned, and effective. Informed caregivers are not only better equipped to manage risk, but they are also better positioned to foster recovery, growth, and connection.</p>	<p>ongoing learning or supervision?</p> <ul style="list-style-type: none">• Do they use reflective practice to adjust their responses?• Are supports (e.g., EAP, peer networks) being accessed when needed?• Is the caregiver able to work effectively with the care team, therapists, and other professionals to ensure a coordinated approach?		
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<p>Capacity to foster healing and growth</p> <p>Caregivers play a central role in the healing journeys of children and young people, particularly for those who have displayed harmful sexual behaviours and may carry histories of trauma, loss, or disrupted attachments. Beyond managing risk, effective caregiving requires the ability to see the whole child or young person, their strengths, potential, and capacity for change. Caregivers must demonstrate patience, resilience, and emotional attunement, especially during times of crisis or behavioural regression. Their ability to create a stable, supportive, and developmentally appropriate environment fosters a sense of safety and belonging. Importantly, caregivers must strike a balance between supervision and autonomy and provide opportunities for positive</p>	<ul style="list-style-type: none"> • Is the caregiver able to focus on the child or young person’s strengths, achievements, and potential rather than solely on their behaviour? • Does the caregiver have the capacity for patience and resilience, particularly during times of challenge and crisis? • Is the caregiver able to support the development of appropriate peer and family relationships? • Can the caregiver provide appropriate levels of supervision while respecting the child or young person’s need for autonomy? • Is the caregiver able to identify and manage risk factors without over-restricting or unnecessarily limiting the child or young person’s development? • Can the caregiver provide a stable and predictable 	<p>Click or tap here.</p>	<p>Click or tap here.</p>
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<p>relational development. When caregivers are equipped to nurture growth, not just contain risk, they become powerful agents of change and recovery in the lives of these young people.</p>	<p>environment that helps the child or young person feel secure?</p>		
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<p>Cultural awareness and sensitivity</p> <p>For children and young people who have displayed harmful sexual behaviours, cultural identity can be a vital source of strength, stability, and healing. Many of these, particularly Aboriginal and Torres Strait Islander children and young people, may have experienced systemic disconnection from culture, kin, and Country, compounding feelings of shame, isolation, and dislocation. Caregivers who demonstrate cultural awareness and sensitivity are better able to create environments that honour the child or young person's heritage, foster a sense of identity and belonging, and build trust. This includes a willingness to learn about the child or young person's cultural background, incorporate cultural practices into daily life, and maintain meaningful connections with</p>	<ul style="list-style-type: none">• What is the caregiver's capacity to understand and respect the child or young person's cultural background and provide an environment that fosters identity and belonging?• Is the caregiver willing and able to support the child or young person's connections to their cultural community or Country?	<p>Click or tap here.</p>	<p>Click or tap here.</p>
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<p>community and cultural supports. A culturally safe care arrangement not only affirms who the child or young person is, it also plays a protective role, supporting emotional wellbeing and promoting long-term recovery and resilience.</p>			
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Key domains to consider	Prompts for critical reflection	Concerns, missing information, care arrangement needs	Actions required to enhance safety and wellbeing within care arrangement
<p>Environment</p> <p>The physical and social environment of a care arrangement plays a vital role in promoting safety, stability, and developmental growth for children and young people who have displayed harmful sexual behaviours. A well-considered environment supports appropriate supervision while balancing the young person’s right to privacy and autonomy. Factors such as home layout, access to safe recreational activities, and proximity to essential services directly influence a child or young person’s capacity to engage, regulate, and thrive. Digital safety is also paramount, technology must be treated as an extension of the home environment, with clear strategies in place to mitigate online risks. The care arrangement’s location should allow for cultural and community connection, access to therapeutic support, and discretion to protect the child or young person’s privacy and dignity. When the environment is thoughtfully designed and responsive to risk and need, it becomes a crucial part of the child or young person’s therapeutic foundation.</p>			

<p>Safe layout and privacy</p> <p>Consider the layout of the home to reduce opportunities for unsupervised interactions that may pose risks (e.g., double story, large backyard). Open-plan common areas can support easier supervision during shared activities. The home should allow for appropriate supervision while respecting the child or young person’s need for privacy.</p>	<ul style="list-style-type: none"> • Does the home allow for private spaces (bedrooms, bathrooms) that can be supervised as appropriate? (E.g., can a caregiver see if multiple children or young people are entering rooms and bathrooms at once.) • Are bedrooms shared? If so, is this suitable? • Are environmental risks identified and mitigated? (E.g., if behaviour occurs in the loungeroom, or outside in the backyard, are these areas of the home easily visible from a non-intrusive space in the home that the caregiver can use to monitor play if needed.) 	<p>Click or tap here.</p>	<p>Click or tap here.</p>
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<p>Access to digital technology/ devices and online safety</p> <p>Digital spaces must be considered part of the environment. Technology-related risk (e.g., pornography, contact with others) must be addressed. Digital environments are an extension of the physical space in which children and young people live. Care arrangement planning must include active strategies to mitigate online risks such as access to pornography, inappropriate contact with others, or unsafe social media use. Technology use should be supervised and guided to support safety and responsible development.</p>	<ul style="list-style-type: none"> • Are there clear rules for internet and device use within the home? • Are online behaviours monitored appropriately by caregivers or staff? • Are risks of online grooming or exploitation considered and mitigated? 	<p>Click or tap here.</p>	<p>Click or tap here.</p>
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<p>Location, accessibility and community safety</p> <p>The care arrangement’s location should support both safety and positive engagement, offering access to essential services such as education, therapy, and recreation while minimising environmental risks. Proximity to family, cultural community, and familiar networks can help maintain the identity and sense of belonging for all children and young people. At the same time, privacy and discretion must be preserved to protect the child or young person from stigma. The physical environment, including access to safe outdoor areas and age-appropriate resources should promote healthy development, social inclusion, and opportunities for healing.</p>	<ul style="list-style-type: none"> • Can the child or young person safely integrate into community activities? • Are there any environments nearby (e.g., parks, schools, shopping areas) that may pose a risk or require specific supervision strategies? • How will the child or young person safely participate in everyday activities within the local area? • Are there safe and supportive opportunities for social and recreational engagement? • Is the child or young person able to access essential services, such as therapy, education, and medical care, without disruption? • Does the location support the child or young person’s connection to important relationships, kin, or cultural community? • Does the care 	<p>Click or tap here.</p>	<p>Click or tap here.</p>
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	<p>arrangement location protect the child or young person’s privacy and minimise the risk of stigma or identification within the local community due to past behaviours or system involvement?</p> <ul style="list-style-type: none">• Are caregivers or staff equipped and supported to manage transportation needs safely and regularly?		
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Key domains to consider	Prompts for critical reflection	Concerns, missing information, care arrangement needs	Actions required to enhance safety and wellbeing within care arrangement
<p>Other children in the care arrangement – peer dynamics and relational safety</p> <p>When placing a child or young person who has displayed harmful sexual behaviours in a setting with other children or young people, thoughtful consideration of relational dynamics is essential to ensure the safety, wellbeing, and development of everyone involved. This includes assessing supervision needs, the caregiving capacity to manage peer interactions, and the compatibility of children and young people based on age, developmental stage, and emotional maturity. Trauma histories and behavioural vulnerabilities of all children and young people must be understood to prevent re-traumatisation or harmful relational patterns. At the same time, opportunities for safe and supported peer interaction should not be overlooked—when well-managed, these experiences can foster empathy, social growth, and a sense of belonging. Achieving the right balance between protection and inclusion requires intentional planning, clear boundaries, and skilled, attuned caregiving.</p>			

<p>Supervision requirements and caregiver capacity</p> <p>Supervision is not only about being there and observing, but also about active, attuned oversight that considers the developmental needs, trauma history, and behavioural patterns of all children and young people in the care arrangement. The level of supervision required may vary across contexts (e.g., shared bedrooms, bathroom routines, after-school time) and must be responsive to both risk and opportunity for positive relational learning. Caregivers must also be able to balance safety with dignity, avoiding over-restrictive practices that could hinder the young person’s growth or create shame. Without appropriate supervision and skilled caregiving, the risk of harm to the child or young person who has displayed harmful sexual behaviour or to other children or young people in the care</p>	<ul style="list-style-type: none"> • What level of supervision is needed to support safe interactions between the child or young person who has displayed harmful sexual behaviours and other children or young people in the care arrangement? • Are different levels of supervision required for different times of day or contexts (e.g., shared play, transport, overnight routines)? • Can the care arrangement provide consistent oversight, particularly during unstructured times, such as after school or at night? • Does the caregiving structure/ roster allow for appropriate supervision and care for all children and young people in the care arrangement if an additional child or young person who has displayed 	<p>Click or tap here.</p>	<p>Click or tap here.</p>
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arrangement can increase significantly.	harmful sexual behaviours were to be added? <ul style="list-style-type: none">• If not, what additional support may be needed to support the success of the care arrangement?		
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<p>Interactions - Ages, developmental stages and group dynamics</p> <p>When considering a care arrangement involving a child or young person who has displayed harmful sexual behaviours, it is essential to look beyond chronological age and assess the emotional, social, and cognitive developmental stages of all children and young people in the home. Age similarity does not guarantee developmental compatibility. Differences in maturity, vulnerability, or behavioural patterns can create power imbalances, increase the risk of coercion or modelling, and compromise safety and wellbeing. Likewise, younger or more vulnerable children and young people may be at risk of being influenced or harmed, while the child or young person who has displayed harmful sexual behaviour may also be susceptible to negative peer dynamics. A nuanced</p>	<ul style="list-style-type: none"> • What are the developmental, emotional, and social stages of all children and young people in the care arrangement— not just their chronological age? • Are there power imbalances or significant differences in maturity that may create safety concerns? • Are any co-residents particularly vulnerable (e.g., due to disability, trauma history, or developmental delay)? • Could differences in maturity or functioning increase the risk of coercion, intimidation, or relational misunderstanding? • Could the child or young person who has displayed harmful sexual behaviours negatively influence, or cause harm to other children or young people in 	<p>Click or tap here.</p>	<p>Click or tap here.</p>
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<p>understanding of each child or young person’s developmental profile is crucial to ensuring the care arrangement supports safe, respectful, and positive peer relationships.</p>	<p>the home?</p> <ul style="list-style-type: none"> • Conversely is the child or young person at risk of being negatively influenced or harmed by other children or young people in the care arrangement? • Are there concerns about unsafe or boundary-pushing peer interactions, even if subtle or relational rather than physical? • Is this a care arrangement type with siblings, unrelated children or young people, individual care arrangement, group setting, frequently changing residents etc.? • What are the potential group dynamics and shifts that will/ may occur with the inclusion of another child or young person into the care arrangement, and specifically a child or young person who has displayed harmful sexual behaviours? 		
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<p>Risk of re-traumatisation</p> <p>When planning the co-placement of a child or young person who has displayed harmful sexual behaviours, it is essential to consider the trauma histories and emotional vulnerabilities of other children and young people in the home. Many children and young people in OOHC have experienced significant adversity including abuse, neglect, or prior exposure to harmful sexual behaviours, that can heighten their sensitivity to perceived threats or unsafe dynamics. The presence of a child or young person who has displayed harmful sexual behaviours, even in a safe and supervised environment, may unintentionally trigger trauma responses, mimic past relational harm, or lead to confusion around boundaries and trust. Co-placement must therefore be guided by a thorough understanding of each child or young person’s</p>	<ul style="list-style-type: none"> • Do any of the children or young people in the care arrangement have trauma histories (e.g., prior abuse, exposure to harmful sexual behaviours) that could be reactivated by co-placement? • Are any children or young people particularly vulnerable due to developmental disabilities, emotional challenges, or behavioural needs? • Do other children or young people in the care arrangement have their own safety or support needs, or difficulties with boundaries? • How are their needs managed in shared environments? • Are appropriate boundaries and safety plans in place for all children and young people? 	<p>Click or tap here.</p>	<p>Click or tap here.</p>
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support needs, trauma profile, and capacity to feel safe in shared spaces.			
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<p>Opportunities for positive peer interaction</p> <p>Positive social engagement is a critical developmental task and can be a powerful protective factor, especially for children and young people who have experienced trauma or disrupted attachments. With careful planning, supervision, and support, peer relationships can promote emotional growth, social learning, and a sense of belonging. Structured opportunities to practice safe, respectful interaction, guided by caregivers who model healthy relationships, can reinforce new skills and build the child or young person’s confidence. It is equally important to ensure that peer conflict, discomfort, or relational challenges are recognised and responded to in a timely, trauma-informed way. The goal is to integrate children and young people safely in ways that foster</p>	<ul style="list-style-type: none"> • Are there predictable social expectations that promote respectful interaction? • How are peer interactions structured to support safety and skill-building? • Are there supervised opportunities for healthy peer interaction? • Do/can caregivers’ model and facilitate positive peer relationships? • How is peer conflict or discomfort managed? • Are there group routines or activities that promote shared responsibility and cooperative behaviour? (E.g., meal preparation, game nights.) 	<p>Click or tap here.</p>	<p>Click or tap here.</p>
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connection, empathy, and mutual respect.			
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