

FPQ Disability Submission to the Queensland Child Protection Commission of Inquiry 2012

Children and young people with a disability, sexual abuse and sexuality and relationships education

Summary of recommendations:

For children and young people with a disability to experience optimum sexual health and safe relationships, a comprehensive early intervention approach needs to be taken before tertiary child protection services are involved in a family's life.

Family Planning Queensland (FPQ) recommends:

- the Queensland Government expand the role of Evolve Therapeutic Services
- implementation of workforce development events in each region in QLD
- all frontline child protection staff be provided with specific training in the [Traffic Lights](#) framework
- child protection staff receive specialised training in how to support foster and kinship carers to respond to sexual behaviours of children and young people with a disability
- standard training for foster and kinship carers include how to talk about sexuality and relationships with a child or young person with a disability
- foster and kinship carers are provided with resources specific to children and young people with a disability and sexuality and relationships.

FPQ has been working with children and young people with a disability in Queensland in the area of sexual and reproductive health and education since 1972. FPQ works closely with numerous organisations across Queensland in the disability sector with the provision of professional development, creation of resources, policy and the facilitation of groups and other types of education. FPQ works closely with parents and carers to support them in their role as the primary sexuality and relationships educators of their children. Currently there are no specific services in Queensland, other than FPQ, that address the area of sexuality and relationships education for young people with a disability.

In March 2012 there were 8367 young people who were living away from their home, and under the custody or guardianship of the Director- General of Department of Communities Child Safety and Disability Services. ⁱ

1 in 3 of young people in residential care reports, or is reported as having a disability. With the most common types of disability reported as intellectual impairments, autism spectrum disorder, attention deficit hyperactivity disorder, physical disabilities and psychiatric disabilities. ⁱⁱ

1 in 5 young people residing in home based foster or kinship care are reported to have some type of disability, with a similar breakdown of types of disability to those in residential care. ⁱⁱⁱ Children and young people with a disability are more likely to be relinquished into care than their peers because families are often in position where they cannot care for them any longer with the level of support they receive.

Studies suggest that people with a disability are 3 to 7 times more likely to be a victim of sexual abuse and between 39% to 68% of female children and 16% to 30% of male children with developmental disabilities will be sexually abused before the age of 18. ^{iv} This group often misses out on education that supports the development of personal safety skills and safe and healthy decision making.

Due to the impact of disability, children and young people have fewer opportunities to engage in 'learning moments' and formal education about healthy sexuality and relationships. Some examples of this include:

- Less opportunity to engage spontaneously with peers and limited social opportunities
- Challenges in accessing and processing information independently
- Negative attitudes from the community about sexuality and disability
- Low self esteem, impacting on learning or willingness to learn
- Learned compliance resulting in reduced assertiveness and decision making opportunities

Supporting parents, carers and professionals to have ongoing conversations about sexuality and relationships with children and young people with a disability improves their safety and wellbeing for the life span.

In response to the Inquiry Terms of Reference FPQ is responding to 3 (3) (c) *Reviewing the effectiveness of Queensland's current child protection system*

- i) *Whether the current use of available resources across the child protection system is adequate and whether resources could be used more efficiently;*
- ii) *The current Queensland Government response to children and families in the child protection system including the appropriateness of the level of, and support for, front line staffing*

Current systemic responses to sexuality and relationships education for children and young people with a disability are failing the young people of Queensland. The development of Evolve Therapeutic Services (ETS) is an improvement, in that there is some targeted support for children and young people with a disability who have entered care and are displaying challenging or complex behaviours. Sexual behaviours are consistently identified as behaviours that workers and families would like support in addressing.

In 2009-10 the ETS team caseload was 238 children and young people at the one time.^v When reflecting on the number of children and young people in the care of the state this is a low level involvement with children and young people that have reached an absolute crisis point. What about the thousands of other children and young people with a disability in care who could benefit from early intervention and reduce their likelihood of experiencing sexual abuse (for many, not the first occurrence). We know that providing education and support about sexuality and relationships early, reduces the likelihood of sexual behaviours of concern emerging later.

Recommendation 1:

FPQ recommends that the Queensland Government expand the role of Evolve Therapeutic Services to include an early intervention response and stronger linkage with services currently providing *Referral for Active Intervention and Family Support Services* (RAI and FSS).

By acknowledging the care and protection system is part of the broader landscape of where children and young people with a disability and those that care for them live, work and play – it makes sense to conceptualise ways forward by taking a whole of community approach.

Supported communities and professionals can make a difference together. Below is an example:

We've got what it takes is a workforce development initiative that brings together a range of professionals and carers working with young people with a disability in a specific geographic location. Including professionals from government and non government organisations in the sectors of education; health; youth; disability; parent advocacy and child protection (including foster and kinship carers). This framework engages professionals and carers in acknowledging and responding to sexuality and relationships education needs of young people with a disability and aims to meet the needs of families and young people with a disability through training and resourcing service providers. A one off event in a community is a starting point in supporting ongoing conversations about sexuality and relationships with young people with a disability. The development of communities of practice takes time and requires either a key person/organisation to maintain momentum.

Recommendation 2:

FPQ recommends implementation of workforce development events in each region in QLD, as part of a universal approach to activating early intervention for children and young people with a disability in QLD.

Frontline child protection professionals require a framework to support them to understand how a young person's disability may impact on their experience, knowledge and understanding of sexuality and relationships and what strategies can be employed to best support a child or young person.

This is particularly relevant for professionals employed in the residential care sector, which is not only meant to provide accommodation but a therapeutic approach to young people with high levels of disability and accompanying high and complex needs.

"We don't know what to do, he is putting things up his anus and we can't let him go the toilet by himself as he will put his fingers up his anus and then smear faeces and blood all over the walls, he says he does it because it feels 'nice'. We are worried about what will happen to him once he leaves our service, he's nearly 18." A frontline worker from a residential service seeking strategies to support a young man.

Frontline child protection professionals need access to specific training that can support them to identify, understand and respond to sexual behaviours in children and young people with a disability. For early intervention to take place professionals need to have an understanding of healthy, concerning and problematic sexual behaviours and how to respond to meet the needs of the child or young person.

Recommendation 3:

As part of a targeted response, FPQ recommends that all frontline child protection staff be provided with specific training in the [Traffic Lights](#) framework.

Child protection staff should receive specialised training in how to support foster and kinship carers to respond to sexual behaviours of children and young people with a disability.

"She has started touching herself often, it looks like masturbation but we're not sure, it happens in the lounge room and she is now refusing to get out of the shower because she says she likes touching herself in there. She will tell everyone, the bus driver, my parents, her teachers what she does in the shower... the other night I found her in bed with a hairbrush down her pants. I just told her that she would hurt herself and to take it out. I don't know what else to do...." A foster carer of a 14 year old girl who has an intellectual impairment

Care providers often experience a great deal of confusion, fear and lack of power with regards to whose responsibility it is to help young people access sexual health services. Carers often do not wish to be seen as condoning sexual activity especially for young people under the age of legal consent. For carers of children and young people with a disability who have experienced sexual abuse, carers report that they do not want to further traumatise or distress the child or young person, therefore the topic is not discussed.^{vi} For some, it is about having a lack of appropriate resources that can support conversations about sexuality and relationships in a way that takes the learning needs of the young person into account.

Although foster and kinship carers do receive training and support FPQ would argue that the approach to supporting children and young people with a disability and sexuality and relationships happens on a reactive level. That is to say, support is provided to foster and kinship carers when a problem with sexual behaviour has occurred. Often carers are left to find their way based on what they think is the right course of action.

Recommendation 4:

FPQ believes standard training for foster and kinship carers include how to talk about sexuality and relationships with a child or young person with a disability. This training could also sit alongside training in the [Traffic Lights](#) framework that supports an early intervention model of identifying, understanding and responding to sexual behaviours.

Foster and kinship carers are provided with resources specific to children and young people with a disability and sexuality and relationships.

ⁱ Child Protection Summary Statistics Queensland , retrieved 12 September 2012, <http://www.communities.qld.gov.au/childsafety/about-us/our-performance/summary-statistics>

ⁱⁱ Commission for Children and Young People and Child Guardian. (2012) *2011 Views of Young People in Residential Care Survey: Overview and selected findings*. Brisbane: Author

ⁱⁱⁱ Commission for Children and Young People and Child Guardian. (2012) *2011 Views of Children and Young People in Foster Care Survey: Overview and selected findings*. Brisbane: Author

^{iv} Briggs (1995) in Wallis Consulting Group (1996). *Proposed Plan of Action for the Prevention of Abuse and Neglect of Children with Disabilities*. National Child Protection Council: Australian Government Publishing Service.

^v 2009-10 Child Protection Partnerships Report <http://www.communities.qld.gov.au/childsafety/about-us/our-performance/resources-and-publications/2009-2010-child-protection-partnerships-report>

^{vi} Settings a Solutions: Supporting access to sexuality and relationships information for children in care (2008) Family Planning Queensland , Brennan, H <Http://www.fpq.com.au/pdf/SettingsAndSolutions.pdf>