

Part 1

Ted is a 14-year-old boy, diagnosed with Autism Spectrum Disorder. Ted attends mainstream school intermittently and is struggling academically. Ted is socially isolated and spends a lot of time in his room on the internet. Ted is living in residential care with two co-residents, Tina aged 15 and Bryce aged 14. Ted does not have contact with his parents and has a fraught relationship with his maternal grandfather who fluctuates between accepting and rejecting of Ted. Ted has been exposed to family and domestic violence, neglect and parental AOD use from infancy until his removal from parental care when he was 7 years old.

Before being placed in residential care at the age of 12, Ted had been placed in approximately 7 foster-care placements with the longest spanning 18 months. Ted's behaviour in foster care was described as sexualised, defiant, destructive and violent.

Ted's carers have heard rumours that students at the school are calling Ted a "paedophile". The school isolate Ted and he is not allowed outside at break times. Ted's care team are concerned that Ted is isolated and the school hold negative views of Ted.

Ted is very concrete in his thinking and becomes agitated and upset whenever the harmful sexual behaviours that he has engaged in are mentioned.

- 1) How might Ted's peers and school's view of him have an impact?
- 2) What could you do in this situation?
- 3) What information do you need to advocate for Ted?

Part 2

Police come to the residential home asking to interview Ted about allegations of sexually assaulting an 8-year-old girl. Ted acknowledges in that he took the girl to a more isolated part of the school with the intention of touching her on the private parts. Ted stated that he only got to touch her on the underwear and not under clothing because an adult walked in. Police are considering charging Ted.

Ted's co-resident Tina disclosed that Ted has been consistently pestering her to have sex with him and provide him with oral sex. Upon further enquiry, Tina stated she tells him to "f off" and he stops but she is starting to get annoyed with him. Ted has started to leave home with Tina and has returned impacted by substances (mainly Cannabis) in the late evening on several occasions.

Ted adores his grandfather Bill who lives rurally and will visit Ted sporadically. Ted sought out Bill for support around the Police matter however this has resulted in a rupture in the relationship. Bill had advised Ted if he "kept his nose clean" for 2 years he could live with him on the farm. Bill has told Ted that is no longer an option.

1. How serious is this behaviour?
2. Refer to the traffic lights material and consider how you might view this information. Does this change your assessment of the seriousness of the behaviour?
3. Are the other young people Ted lives with at risk?

Part 3

Ted was removed from his mothers care when he was 7 years old following a considerable history of Child Protection involvement. Concerns pertained to Ted being exposed to transience, substance use and family violence in-utero and in his infancy. Ted's father died of a heroin overdose when he was 3 years old. At the time of removal, Ted would often present to school with no lunch, worn and dirty clothes and generally unkempt. Upon further investigation it became known that Ted was looking after himself at home and that his mother was regularly absent, leading to his removal from her care.

Ted has not had contact with his mother for approximately 18 months and her whereabouts is unknown. Ted has internalised a sense of blame for his mothers disappearance and will often make remarks that she will never come back.

Ted was diagnosed with ASD when he was 10 years old and he has particular difficulties with understanding the affective state in others and he can come across socially as abrupt, rude and does not understand personal space. Ted is currently interested in Beyblades and wants to compete in a local championship.

Ted's internet use has been a challenge whilst in residential care. Ted has found ways around internet filters and accesses hardcore pornography regularly. Internet filters have not worked as Ted has walked around the neighbourhood until he finds free WiFi and downloads videos to his phone.

- 1) What risks are present in Ted's history that may contribute to the risk that he will engage in harmful sexual behaviours?
- 2) Knowing more of Ted's history, what might be the function of the behaviours he has engaged in?
- 3) Has this or the previous parts provided any additional protective factors to focus on, if so what are they and why would they be protective?

Part 4

Ted has been attending the K-12 school you work at since he was in Prep. The school have a long history with Ted and have supported him through difficult circumstances.

In his primary years, Ted often attended school without food and his clothes were often soiled. This led to him being bullied and targeted further because of him stealing other children's food. Ted struggled to make and sustain friends and was often observed by himself in the school yard. The first instance of harmful sexual behaviour was observed when he was in grade 2, just before his removal from his mothers care, where he got on stage at the school amphitheatre during lunch, removed his clothes and made sexualised noises and motions. Child protection investigation noted concerns that Ted was exposed to adult sexual activity in the home.

Over time, allegations of harmful sexual behaviour continued and the school implemented progressively restrictive safety plans. All behaviours were deemed inappropriate, did not appear to have a victimising intent and lacked evidence of planning or coercion, for example asking a same aged female peer to suck his penis which was overheard by a teacher or showing an older boy pornography on his phone. As a result of the recent allegations leading to Police involvement, the school have fully restricted Ted's access to the primary school and have isolated him at break times.

Ted's attendance at school has suffered since he has been in residential care and teachers have noticed a greater defiance and aggressive attitude. He has attended very little since the new safety plan has been in place.

- 1) What are some previous contextual risk factors relating to school?
- 2) What current contextual risk factors are important to consider when working with Ted?

Part 4

Complete the ACR DoE Safety and Support plan with the following questions in mind.

1. What protective factors are present for Ted?
2. Would this safety plan be the same at home and at school?
3. How would you explain the safety plan to Ted?
4. Is there anything else you need to know?
5. Are there any gaps that the existing safety plan templates do not cover?