Young People with Sexually Abusive Behaviours Information for Royal Commission

Information and related documents detailing treatment programs and services, administered and or funded by the ACT Government for period

30 June 2012 to 30 June 2014

Demographics and Accessibility

1. Number of children accessing programs and/or therapy services for the period 30 June 2012 – 30 June 2014

a. ACT Youth Justice during the period 30 June 2012 to 30 June 2014 have had 10 young people who have either been charged or have been found guilty or entered pleas of guilty to child sexual offences.

   • The age range is from 13 to 17 years of age.
   • All are of male gender.
   • REDACTED
   • REDACTED
   • REDACTED
   • REDACTED
   • REDACTED

2. Name and type of programs available and location

a. All young people, except one, have been receiving individualised treatment through two specialist experts from NSW who have more than 25 years experience working with young people with sexually abusive behaviours.

3. How a child (and their family and carers if application) access the program including if it was voluntary referral, through the court system or in juvenile detention
a. All young people were referral to our specialist assessors/therapists as a result of being a Youth Justice client. Some young people have agreed to continue in therapy after their formal Youth Justice order has ceased with agreement from ACT Youth Justice, the specialist therapist and the families involved.
4. **Potential demand on program and capacity of program to meet demand including the average time waiting lists**

   a. ACT Youth Justice have had an increase in the numbers of young people with sexualised behaviours who have committed offences on supervised orders over the last 2 years. The ACT has put in place appropriate measures to progress this increase in numbers by providing specialised training to staff and engaging specialist assessors and therapists to provide one on one individualised therapy. ACT Youth Justice does not have waiting lists and due to the nature of our small numbers.

5. **Costs of attending the program**

   a. ACT Youth Justice pay a maximum of $200 per hour for specialist therapy. Assessments are charged based on individual requirements which are negotiated through a Terms of Reference and can depend on if the Court is requiring specific information.

6. **Eligibility criteria to attend the program**

   a. A young person has to have been found guilty or pleaded guilty, however, therapists can be engaged to provide expertise with a young person regarding general sexualised behaviours without discussion offence specific information if required. This has been done in a number of cases prior to a finding or plea of guilty.

7. **Capacity of program to meet the needs of children with a disability, culturally and linguistically children and ATSI children**

   a. The specialist therapists/assessors are able to meet the needs of all of the above groups.
Service Model

1. **Theoretical models/standards on which the program is based**

   ACT Youth Justice do not fund programs and individual therapy/assessments are arranged which meet the best interests of the child and/or young person.

2. **If the program incorporates a systemic approach, where parents and carers are part of the treatment process. If group work is undertaken, the frequency and duration it is undertaken.**

   a. Parents and carers are incorporated into the treatment programs as required or considered necessary. At present ACT Youth Justice all parents/carers are part of a declared care team and therefore are part of the therapy/treatment program.

3. **Professional status/training/accreditation requirements for those conducting the program.**

   a. All assessors/therapists have the highest accreditation available in NSW which is accredited at a Supervisor Level to provide assessment and treatment services to children and young people who sexually abusive behaviours, and are or have been members or President of the Australian & New Zealand Association for the Treatment of Sexual Abusers (ANZATSA).

4. **The frequency and duration of a child’s contact with the program.**

   a. This is individual for each young person and currently ranges from weekly to fortnightly depending on the young person’s engagement.

5. **Identify if clinicians are part of a specialist treatment program or are integrated into generalist counselling programs. Please identify the funding body, and or auspicing body if relevant.**

   a. Clinicians currently engaged with ACT Youth Justice both have their own private practise that specialises in the treatment of young people with sexually abusive behaviours. They are part of the declared care team which comprises a multi disciplinary team which can include Social Workers, Psychologists, Teachers, Youth Workers, Mental Health Practitioners, Psychiatrists, Care and Protection, Youth Justice workers, parents/carers and/or residential staff.

6. **Costs of service delivery per unit and globally.**
a. ACT Youth Justice pay a maximum of $200 per hour for specialist treatment/therapy services.

EVALUATION/EFFECTIVENESS OF PROGRAMS/SERVICES

1. Any evaluation undertake of the program. Please include a copy of that evaluation.
   a. No evaluation has been undertaken, however, each individual client is reviewed through an ongoing process with the specialist therapist and the declared care team.

2. Of the number of referrals made how many successfully complete the program
   a. Each young person referred to specialist therapy has an individualised tailored program and it is agreed with the therapist, ACT Youth Justice and young person and their family as to the length and duration or the therapy. This is also based on risk assessments that are undertaken either post or pre-sentence.

3. Details relating to concerns or issues identified with these programs.
   a. No concerns have been identified at this time.

OTHER INFORMATION

1. Information and related documents regarding any significant policy or legislative change in relation to treatment programs for children administered or funded by the ACT Government in the previous decade
   a. ACT Youth Justice used to pay adult corrections to administer a treatment program for young people with sexually abusive behaviours. However, due to our low numbers and with new evidence that has emerged it was agreed to cease this program in 2011 and provide an individualised treatment program for young people with sexualised behaviours.

2. Key contacts in your jurisdiction of academics and service providers administering these programs
   a. Dr Mark Collis, Executive Director, Office for Children, Youth and Family Support; Ms Helen Pappas, Senior Director, Statutory Services, Mr Austin Kenney, Director Statutory Services and Ms Ronia McDade, Senior Manager, ACT Youth Justice

3. Any comment you wish to make on the effectiveness of treatment programs and services on reducing risk of child sexual abuse in an institutional context
   a.Nil comment
Care and Protection Services

Children (under the age of 10) displaying problem sexual behaviours

- CARHU - Program
- Thomas Write Institute – Individual Therapy provided by Jenny Howell, Psychologist

Children (aged 10 – 18) displaying sexually abusive behaviours,

- Thomas Write Institute – Individual Therapy provided by Jenny Howell, Psychologist
- Sexual Health and Family Planning

Children (aged 10 to 18 who have committed child sex offences, and Any other relevant program directed towards children who engage in problem sexual behaviours and or sexually abusive behaviours

- Not Applicable

A - Number of children accessing the program including:

Gender -
- Male – 15
- Female – 10

Age –
- REDACTED
Cultural Background –
- Australian – 17 children
- Aboriginal – 6 children
- REDACTED

Disability –
- 10 children

If child is residing in out of home care at the time of the abuse;
- 7 children

And if a child receiving treatment has been a victim of sexual abuse (if known)
- 21 children

B – Name, type and number of programs available and location:

Note: Care and Protection Services client referrals to the following services are coordinated by Integrated Assessment and Therapy Services unit, however individuals are able to self refer.

- CARHU – All families with children in the ACT are able to self refer to the Child at Risk Health Unit (CARHU).

  To access the service contact the Duty Worker on (02) 6244 2712 during business hours. The Duty Worker will give consultation on health related concerns about children/young people suspected of being abused.

  For After Hours assistance call The Canberra Hospital switchboard on 6244 2222 to contact the Child at Risk Medical Consultant

  For more detailed information on CARHU please see Attachment A.

This service is free

Address:
Canberra Hospital
Yamba Drive
GARRAN 2605 ACT
- **Thomas Write Institute** – Individual Therapy provided by Jenny Howell, Psychologist

  Children/young people with complex needs and behaviour including problematic sexual behaviours.

**Address:**

281 Goyder St, Narrabundah ACT 2604
(02) 6295 6255

**Cost of service = $180 an hour**

- **Sexual Health and Family Planning**

  SHFPACT's education, health promotion & clinical services SHFPACT's education, health promotion & clinical services

  **Cost of service = varies hour**

C – How a child (and their family and carers if applicable) accessed the program including if:

- Voluntary referral

D – Potential demand on program and capacity of program to meet demand including the average time waiting lists.

- **CARHU** –
  - Demand - High
  - Meets Demand
• Waiting Time - 2 weeks for a ‘Concerns interview’ and up to 6 weeks for the commencement of therapy

• Thomas Write Institute –
  ▪ Demand - High
  ▪ Meets Demand
  ▪ Waiting Time – Varies from 2-4 weeks

• Sexual Health and Family Planning
  ▪ Demand - High
  ▪ Meets Demand
  ▪ Waiting Time – Varies

E – Cost of attending the program, if relevant
  ▪ Please refer to – part B

F – Cost of attending the program, if relevant
  ▪ Eligibility criteria – part B

G – Capacity of program to meet the needs of children with disability, culturally and linguistically diverse (CALD) children and Aboriginal and Torres Strait Islander (ATSI) children.
  ▪ The services do meet the requirements in part G

Service Model
  ▪ Unable to comment

Evaluation/Effectiveness of Programs/Services
  ▪ Unable to comment / no evaluation conducted

Other Information
  ▪ No other information

MELALEUCA PLACE

Melaleuca Place (MP) is an ACT Government initiative funded to provide intensive therapeutic services to children and young people (age 0-12) who are in the ACT statutory services (Child and Youth Protection Services) who have experienced trauma as a result of abuse and neglect.
Work on the model of service for MP began in 2013 and it was fully completed by June 2014 with the service launched and established in July 2014. The service is now fully operational, and the team of professionals at MP comprises of Psychologists (FTE 1.8), Social Workers (FTE 1.8) an Occupational Therapist (FTE 0.2), a Speech Pathologist (FTE 0.2) and a Psychiatrist (FTE 0.2). This team of professionals are currently providing therapeutic services to 25 children with a history of abuse and neglect.

Demographics of children displaying problem sexual behaviours and Accessibility

- REDACTED
- They are all under 10 years of age
- REDACTED
- REDACTED
- Where the abuse has been substantiated the young person was living in a Kinship care placement.

Name, type and number of programs available and location

The intervention utilised by the professionals include developing a sense of safety for the young person through routines, rituals and consistent responses; psycho education on trauma and its impact on the brain; nurturing attachments through parent child interactive therapies; developing self regulation skills and problem solving skills. Another integral component of intervention is to address loss and grief for the young person in care. In the context of sexual abuse in particular, intervention for children is aimed at helping the child process intense and complex mixed feelings arising from the abuse, developing supportive and nurturing relationships with non-abused carers and providing the young person with assertiveness skills to prevent further abuse. The challenging sexualised behaviours are addressed through greater supervision to minimise risk for self and others and through targeted behaviour management programs where age appropriate behaviours and
relationships are encouraged and rewarded and aggressive and inappropriate sexual behaviours are reduced.

MP is an outreach service where services are provided at the most suitable location to the child and their family/carer. It is physically located on the grounds of Dickson College (Caretaker’s cottage) at the corner of Antill Street and Phillip Avenue, Dickson, ACT.

Referral Pathway to MP

It is a voluntary service but the referrals are accepted for children who are in the Child and Youth Protection Services (Community Services Directorate).

Potential Demand on program and capacity of program to meet demand including the average time waiting lists

Melaleuca Place is a very small service but there is a great demand on the need for such a service for children who are in the Out of Home Care System. The model of service for MP is set up in such a way where referrals are not accepted if there is no existing capacity to take on new clients for intervention. Hence, there are no waiting lists that exist. The responsibility rests on the Child and Youth Protection Services to find alternative service providers for the children in other Directorates (e.g., ACT Health or therapists in the private practice).

Cost of attending the program

It is an ACT Government funded service where the Government committed $3.05 million over four years to provide therapeutic services to children recovering from abuse and neglect.

Eligibility Criteria to attend the program

- Children aged 0-12 years
- Presents with (or is at risk of developing) severe and complex psychological and/or behavioural problems
• May reside with parents, in out-of-home care and/or extended family

• Are clients of statutory services with involvement of Care and Protection or Youth Justice

Capacity of program to meet the needs of children with disability, culturally and linguistically diverse (CALD) children and Aboriginal and Torres Strait Islander (ATSI) children.

The therapists at MP are all trained in child development and majority of them have worked in the disability sector in the past.

Given the over-representation of Aboriginal and Torres Strait Islander children and young people in care, it was important that MP has the capacity to provide culturally appropriate and sensitive assessments and interventions. In doing so, the therapists at MP actively engage with Aboriginal and Torres Strait Islander local organisations and community leaders. Also, MP has an identified cultural consultant who assists the team when required to provide guidance and direction in the provision of culturally sensitive therapeutic services.

Service Model

Theoretical models/standards on which the program is based

The impact of child abuse and neglect on a child’s wellbeing is complex and requires a thorough understanding of child development, attachment and trauma theory. The literature highlights that the physical, psychological, emotional and cognitive development of children is adversely affected if they have experienced repeated exposure to prolonged traumatic and stressful events. This has a subsequent impact on their ability to form healthy, protective and supportive relationships.

The range of interventions offered by MP therapists are based on the individual needs of the child and the family. The theoretical frameworks that guide intervention planning and treatment included attachment theory, maltreatment and neglect and its impact on child
development and neurological functioning. In addition, all interventions are guided by an understanding of systems theory and grief and loss theory.

**Systemic Approach**

When providing intervention the focus is placed on intervening with the system (parents, carers, school and others with whom the child interacts) rather than focusing solely on the individual. The group intervention has comprised of educating the support workers on neurobiology of trauma who are supporting children in a residential placement. This enables them to understand the reasoning behind some of the challenging behaviours displayed by children with a history of abuse and neglect, and learn better ways to manage these behaviours. So far the group intervention has been delivered on two occasions and the future plan is that it is delivered on a regular basis (2-3 times a year).

**Professional status/training of the therapists**

There are two Clinical Psychologists and two Social Workers who are responsible for the delivery of group programs. They all have relevant training in the field of trauma and attend regular conferences to keep themselves abreast with best practice frameworks and principles in the arena of developmental trauma. The therapists working at MP are solely responsible for the provision of therapeutic services to children with a developmental trauma and have undertaken training with professionals such as Dan Siegel, Dan Hughes, Dave Zeigler and Kim Goulding. One of the Clinical Psychologists will soon be embarking on the Neurosequential Model of Therapeutics training with Bruce Perry. Currently the Occupational Therapist and the Speech Pathologist are undertaking a Postgraduate Vocational Diploma in Developmental Trauma that is run by the Australian Childhood Foundation.

**The frequency and duration of a child’s contact with the program**

MP provides intensive, outreach multidisciplinary assessments and interventions to children. The model of service is person centred and therefore the frequency of contact is determined by the assessment of the presenting issues. However, historically the children at the service have been seen for a minimum of once a week. This is alongside
consultations that occur with other stakeholders such as school, carers and child protection service.

It is envisaged that most of the children will continue to be clients of MP for duration of 18-24 months.

Evaluation/Effectiveness of Services

The professionals at MP started to provide therapeutic services to children about 12 months ago. The model of service is intensive and long term for children. It is envisaged that at the cessation of intervention it will lead to -

- Improved overall emotional and psychological well being
- Greater placement stability
- Increased social connectedness
- Improved school attendance and learning

In the short term the service delivery of MP has been evaluated through a satisfaction survey. Feedback from families receiving services from Melaleuca Place was directly captured by a small survey asking them two key questions-

- Since coming to the service, are your child’s problems: much worse, a bit worse, about the same, a bit better or much better
- Has coming to the service been helpful in other ways, e.g., providing information or making the problems more bearable? This was rated on a scale of not at all, only a little, quite a lot, a great deal.

There were 18 children from eight families who were receiving intervention from Melaleuca Place. The feedback was obtained directly from the carer or the residential worker. The results are represented in the section below.

Since coming to Mealeuca Place, are your child's problems:
Has coming to Melaleuca Place been helpful in other ways, e.g. Providing information or making...

- Not at all
- Only a little
- Quite a lot
- A great deal