Response of the NSW Government

to the Royal Commission into Institutional Responses to

Child Sexual Abuse

Therapeutic Services Information Request

Table of Contents

Acronyms **3**

Introduction **4**

Programs and Systems **5**

Ministry of Health (NSW Health) 5

New Street 5

Sexualised Behaviour (under tens) Program (SPARKS clinic) 8

Child Protection Services for children under ten provided through Local Health Districts 10

The role of Child and Adolescent Mental Health Services (CAMHS) in responding to children under ten years old with problematic or harmful sexual behaviour and their families/caregivers 11

The role of Sexual Assault Services in responding to children under ten years old with problematic or harmful sexual behaviour and families/caregivers 11

The role of Child Protection Counselling Services (CPCS) in responding to children under ten years old with problematic or harmful sexual behaviour and families/caregivers 12

The role of Child and Family Health Services in responding to children under ten years old with problematic or harmful sexual behaviour and families/care givers 13

Department of Family and Community Services (FACS) 13

New Pathways Program 13

Juvenile Justice (Department of Justice) 16

Sexual Offender Program (SOP) 16

Appendix **18**

Acronyms

FACS	**Department of Family and Community Services**
DPC	**Department of Premier and Cabinet**
SOP	**Sexual Offending Program**
SPARKS	**Sexualised Behaviour (under tens) Program**
CSOCAS	**Child Sex Offender Counsellor Accreditation Scheme**
CALD	**Culturally and Linguistically Diverse**
DJ/JJ	**Department of Justice/Juvenile Justice**
J-SOAP	**Juvenile Sex Offender Protocol**
ERASOR	**Estimate Risk of Adolescent Sexual Offence Recidivism**
Static-99R	**Male Sex Offender Actuarial Risk Assessment Instrument**
OOHC	**Out of Home Care**
SCHN	**Sydney Children's Hospital Network**
CE-208	**NSW Health Cultural Competence Workshop**
JIRT	**Joint Investigative Response Team**
ADHC	**Ageing, Disability and Home Care**
CPCS	**Child Protection Counselling Services**
SAS	**Sexual Assault Services**
CIMS	**Client Information Management System**
CAT	**Child Assessment Tool**
NGO	**Non Government Organisation**

Introduction

The sexual abuse of children by other children or young people remains a rare occurrence. In 2013-14 less than 2% of young people entering juvenile custody in NSW on either remand or control, had been charged with child sexual assault offences.[1]

Children and young people who display problem sexual behaviours or who sexually offend require a different approach and legislative response compared to adults who are convicted of sexual offences. Most young people who sexually offend are not on a trajectory to become adults who sexually offend.[2] Very few adolescents who are charged with child sexual offences meet the diagnostic criteria for a paedophilic disorder. [3]

Irrespective of whether a child or young person's sexually abusive behaviours result in interactions with the criminal justice system, positive long term outcomes for individuals, families and the community are heavily influenced by the provision of effective treatment.[4]

NSW Government agencies provide a range of services and programs to children and young people, alongside their families, who demonstrate problem sexual behaviours or sexually abusive behaviours. These services are principally provided by the Department of Family and Community Services (FACS), the Ministry of Health (NSW Health) and Juvenile Justice, frequently operating in various partnership models. The programs offered provide a holistic approach, targeting sexually abusive behaviours within treatment models that frame a child or young person's behaviours within their life experience and family and community contexts.

Other NSW Government agencies, particularly the Department of Education, do not play a primary role in the treatment of problem sexual behaviours or sexually abusive behaviours, but are critical to this holistic response. Similarly, the Office of the Children's Guardian helps facilitate the provision of minimum care standards through certification of practitioners under the Child Sex Offender Counsellor Accreditation Scheme (CSOCAS), but does not provide referral or treatment pathways and hence is not captured in this information request.

[1] Source: DJ/JJ RPELive. 23 July15. As this is taken from a live database, figures are subject to change.

[2] Allan, A., Allan, M. M., Marshall, P., & Kraszlan, K. 2003, 'Recidivism among male juvenile sexual offenders in Western Australia' in *Psychiatry, Psychology and Law 10*(2), 359-378.

3 Nisbet, Wilson, & Smallbone, 2004. 'A Prospective Study of sexual recidivism among adolescent sex offenders' in *Sex Abuse* 16(3):223-34.

[4] Worling & Curwen 2000 'Adolescent sexual offender recidivism: Success of specialized treatment and implications for risk prediction' in *Child Abuse and Neglect* 24(7), 965−982.

Programs and Systems

i. Ministry of Health (NSW Health)

New Street Program
New Street is a non-residential NSW Health program. It provides specialised, community based, early intervention to young people aged 10-17 years who have demonstrated sexually harmful behaviours and their non-offending family members/significant others and carers. New Street operates four services from five sites:

1. New Street Sydney & Central Coast (Nth Parramatta)
2. Rural New Street Hunter New England (Tamworth and Newcastle)
3. Rural New Street Western NSW (Dubbo)
4. New Street Illawarra Shoalhaven (Wollongong - in development).

New Street Service staff have professional qualifications (generally in Social Work or Psychology but may also include Psychiatry or Counselling) and are accredited with the NSW Children's Guardian. Staff participate in New Street Clinical Orientation (a 2 year program) and are clinically supported within the Local Health District by a Clinical Coordinator (Manager) and Senior Clinician. The Clinical Coordinator is clinically supported by the Clinical Advisor, Sydney Children's Hospital Network (SCHN). SCHN also provides a broader base of professional support to all New Street services through training, supervision, access to resources and consultation.

The New Street Clinical Orientation is tailored to each individual clinician and generally administered by the accredited senior clinicians within each New Street Service. In the event this is not possible, for example in a new service which does not have clinical staff with this competency, the Clinical Advisor will lead the process of orientation. This will include supervision of the orientation and access across New Street Services to senior staff, mentoring and site visits. Site visits are a routine part of orientation for all clinical staff.

Depending upon their level of training and experience, staff engage in supervised clinical work soon after commencement. *New Street Services Clinical Orientation Manual* requires attendance at the following NSW Health training courses, which are delivered by Health's Education Centre Against Violence (ECAV):

- NSW Health Specialist Sexual Assault Training
- Competent Responses to Aboriginal Sexual and Family Violence
- Working towards Cultural Competence.

Aboriginal staff are not required to have social work or psychology qualifications, but are supported in undertaking further study and gaining these qualifications as part of their employment at New Street. Most Aboriginal workers complete training through ECAV. Aboriginal workers are required to complete a Certificate IV in Aboriginal Family Health (Family Violence, Sexual Assault & Child Protection) and ECAV's 'Journey of Survival' training, which is the Aboriginal alternative to 'Competent Responses to Aboriginal Sexual and Family Violence'.

Two of the four New Street services are integrated into other Local Health District violence prevention and response services. All New Street Services have significant intra- agency (within NSW Health) and interagency relationships to ensure optimal outcomes for clients and their families. State-wide service standards and guidelines for New Street are in development.

Criteria for the program and access

Participation in the New Street Program is restricted to children and young people aged 10-17 years residing in NSW who have sexually harmed another (whether or not this occurred in NSW), where the sexually harmful behaviour has been investigated and been confirmed by a Joint Investigation and Response Team (JIRT, made up of Community Services, NSW Police and NSW Health professionals) or Community Services[5]. Priority is given to those aged between 10 and 14 years Additionally the child or young person must have sufficient capacity to participate in the program. It is expected that young people with a mild intellectual disability can be provided with a service. Coordination with other service providers, specifically Ageing, Disability and Home Care (ADHC), is required for referrals of young people with moderate or severe intellectual disability, as it is unlikely that New Street alone can provide services to this client group.

Any person connected with or involved in the care of the child or young person can make a referral, such as a family member, General Practitioner, government or non-government service provider (including out-of-home care providers). Referrals of children and young people who have not been reported to the Child Protection Helpline are reported by the New Street service. As previously noted, confirmation of the sexually harmful behaviour is required and this is usually communicated by JIRT, Community Services or the family. Should a referral be received before a report has been made to the Child Protection Helpline, New Street staff will ensure this step is taken.

New Street Services have taken significant steps to enhance service delivery to young Aboriginal people and their families and communities. Measures taken include:

- Increasing the cultural competence of the service response, by employing Aboriginal workers, ensuring non-Aboriginal staff undertake mandatory cultural competency training and ensuring the services themselves are welcoming and culturally safe.
- Development of a clinical Aboriginal workforce with at least one Aboriginal worker employed at each New Street site (total of 7 positions)
- Consistent engagement with Aboriginal Community Controlled Organisations in rolling out new services, and seeking secondary consultation and advice. Consistent engagement with Aboriginal communities, including undertaking community education to promote awareness of the service
- Adapting the engagement approach to meet Aboriginal communities needs
- Rural New Street services are required to spend a minimum of 50% of activity with Aboriginal children, young people, families and communities. 'Activity' includes casework as well as community development, training and consultation.

An evaluation of New Street Services conducted by KPMG in 2014 and previously provided to the Royal Commission on a confidential basis contains further information on program participants.

Theoretical Models

New Street Services work with children and young people to assist them to acknowledge, and take responsibility for sexually abusive behaviour. During the course of counselling young people are encouraged and expected to talk about the sexual abuse in detail. This may include discussion of their thoughts before and after the sexual abuse, description of their actions and acknowledgment of the harm caused by those actions. Children and young people are also assisted to offer restitution

[5] In the past this confirmation has been that of 'substantiation'. The term substantiation is used by Community Services. It is not a NSW Health descriptor. The requirement for a New Street service referral is that the sexually harmful behaviour has been reported to the Helpline, and investigated and confirmed. Confirmation may be defined by various agency definitions such as 'substantiation' or that a 'belief has been formed' that the child or young person being referred has sexually harmed another.

for the harm caused by the sexual abuse, through recognition and validation of a victim's experiences – a core component of recovery for victims.

The objectives of New Street Services are to:

1. Facilitate access to treatment for eligible children and young people with sexually abusive behaviours aged between 10 and 17 years, with priority given to those aged between 10 and 14 years.
2. Support vulnerable families, including Aboriginal families, to provide a safer and nurturing environment for their children.
3. Improve the safety, welfare and wellbeing of children and young people, reducing reoffending, and to protect adolescent clients from themselves becoming victims of crime and/or of abuse and neglect.
4. Provide relevant training to other agencies and organisations

Key principles include services being embedded in an interagency service model which is invitational, is contextually and developmentally focussed, and is trauma informed. While the service model is based upon personal responsibility and restorative practices, the extent to which children and young people can be expected to take responsibility is developmentally assessed. The service has a therapeutic focus and considers the young person in the context of their family and/or carer and include emphasis on parents/carers' responsibilities, as well as the responsibilities of agencies including New Street services. The model incorporates two critical elements: working with the whole family unit and an interagency approach which sustains and supports interventions.

Services focus on:

- Safety for children and young people
- Young people taking responsibility for their actions, and the harm those actions have caused others
- Working at the differing and appropriate developmental levels of young people
- Working with young people's families, carers and important domains of their lives (e.g. school)
- Positive, and therefore safe and secure connection with family and community, which is considered essential
- Restorative processes, which is part of the therapeutic intervention, for young people and their families. This includes processes of restoration towards those harmed and restoration of young people within family and community relationships

Clinical services are generally provided by two clinicians per family. One clinician works with the young person and the other with the family and/or carers. In complex family situations, including where parents have re-partnered or where there has been previous family-based trauma (most usually domestic violence), additional clinicians may be allocated. Approximately 50% of New Street clients are children in OOHC in relation to whom clinicians are allocated to the child, carers and OOHC organisation as well as family of the child.

The model incorporates a trauma informed approach which emphasises safety, connection and emotional regulation. It ensures that family/carer work is given the same priority as work with the child or young person. New Street Services are distinguished from most other services for this population in a number of ways, including that it has a family and contextual work component. The emphasis on restorative practices distinguishes New Street from other services.

Counselling is directed towards the young person taking personal responsibility for their actions. This can be undertaken individually, or in family/conjoint and group sessions. Frequency and duration of such group work sessions varies according to client need.

Frequency of Program
There is no cost to attend the program. In rural areas, children, young people and their families may find travel to the New Street Service difficult. The outreach component of New Street Services recognises the limited availability of transport options and assists young people and families in regional and rural areas who might otherwise not have service access.

Intervention with young people and families follows a sequenced therapeutic process with four main stages followed by case closure:

1. Referral
2. Assessment
3. Entry into intensive phase
4. Case completion
5. Case closure after a period of maintenance / follow up (generally a period of several months).

The frequency of contact with the service for the child/young person and their families will vary according to clinical need. It may be 12 months for less complex cases for children in more resourced families. Duration otherwise averages 2 years with the second year being of lower frequency and intensity. Rural services offered by outreach are generally less frequent due to travel and related factors. This may extend duration or involve a steady frequency usually at 2 weekly engagements.

Budget
The evaluation of the New Street Services conducted by KPMG in 2014 and previously provided to the Royal Commission on a confidential basis contains information on program operating costs.

Program Review
An evaluation of New Street Services conducted by KPMG in 2014 and previously provided to the Royal Commission on a confidential basis is the most recent review of the program.

The KPMG evaluation contains information on:

- the capacity of the program to meet the needs of children with disability, and CALD and ATSI children
- the number of children and young people who successfully complete the program
- and concerns and/or issues with the program.

Sexualised Behaviour (under tens) Program (SPARKS clinic)
The Sexualised Behaviour (under tens) Program (referred to as the 'Sparks Clinic') is a therapeutic case management intervention for children under 10 displaying problematic or harmful sexualised behaviour. This service is based in the Hunter New England Local Health District. The Sparks Clinic is a standalone service providing clinical intervention to children and their caregivers within the Greater Newcastle area and in Tamworth. A total of 1.8 full time equivalent (FTE) clinicians provide services in both locations.

Criteria for the program and access

A referral for the Sparks program can come from a School Counsellor, General Practitioner, Paediatrician, allied Health Professional, Non-Government or Government agency. If a caregiver contacts the Child and Family Health Team or Sparks clinicians directly, they are requested to obtain a referral (e.g. from their General Practitioner or the School Counsellor). At the Sparks Clinic, referral priority is based on the individual client and family / carer need and not the referral source.

Theoretical models

The Sparks Program is guided by the following service delivery principles:

1. Children and their families will have access to appropriate Health services and therapeutic intervention
2. Children with the greatest clinical need are given priority
3. Children and their families should expect to receive a service that is culturally appropriate
4. Children and their families/ care givers should expect to receive intervention that:
   a) Is consistent with evidence based practice and
   b) Is continually evaluated as to its effectiveness and outcomes
5. Children and their families should expect to receive intervention from appropriately qualified professionals who are committed to maintaining professional development ensuring an ongoing high standard of service delivery
6. The service is evidenced based and accountable
7. The Hunter New England Local Health District health workers in the Under Tens Program will assist other health workers with education, support and consultation where required to support transfer of knowledge across the Local Health District
8. Interagency collaboration between government and non-government services is prioritised.

Clinicians work with the parent/carer and child with sexualised behaviour (including the siblings, where applicable). If Community Services or an OOHC provider is involved, Sparks may recommend they remain involved if a risk of significant harm is assessed and the need for statutory intervention exists. However, the premise is to work and support the family to stay together (preservation) or to restore the family. This is constantly assessed against the safety of the child and the benefits of engaging a child's broader family (non-biological partners, siblings, other significant family members) and family of origin in therapeutic work.

Frequency of program

Standards and Guidelines are being developed and will be finalised imminently for all NSW Health organisations and professionals providing a service to this client group. This issue is addressed within the draft Standards and Guidelines.

Budget

Operation of the Sparks program costs $370,000 per annum. Newly developed data does not allow for calculating unit client cost at this point in time.

Evaluation

An independent evaluation of the Sparks Program was conducted in 2013. Key findings were that the lack of consistent and definitive data made the evaluation challenging and the data provided was considered by the evaluation team to be indicative only. The Service works with a majority (98%) of children who have been assessed as having experienced trauma. An average of 40% of Sparks clients are in OOHC. The evaluation team made several recommendations including that Sparks Clinicians be supported in the implementation of standardised evaluations to measure and monitor clinical outcomes for clients receiving a therapeutic intervention; and that data be collected in a more

definitive and accessible way from this point forward. The evaluation has been provided to assist the Commission (Tab A).

In response to the Sparks Evaluation, NSW Kids and Families and Hunter New England Local Health District jointly developed a Sexualised Behaviour Under Tens Program Description identifying service improvements in organisational, clinical and access issues. Quality improvements implemented include the creation of a new clinical lead role, formalised referral process, the development of a new data collection and new validated outcome measures.

Child Protection Services for children under ten provided through Local Health Districts

Each Local Health District provides services to children under the age of 10 years who display problematic or harmful sexual behaviour. Trained child and family health and child and adolescent mental Health workers provide services for children who are not themselves victims of sexual assault but who exhibit these inappropriately sexualised or sexually abusive behaviours. These services are available across NSW through a range of locations. Where these children have also been victims of sexual assault, services are provided by Sexual Assault Services.

NSW Kids and Families is developing Standards and Guidelines for NSW Health Services working with children under 10 years old with problematic or harmful sexual behaviour. The Standards and Guidelines will provide direction on an integrated psychosocial service response to children under 10 years old with problematic or harmful sexual behaviour and their families/care givers that aims to reduce risk of harm to self and others and minimise the onset of longer-term health impacts. They are due for completion by the end of 2015.

The Child Protection Units at Westmead and Randwick incorporate a Sexual Assault Service and provide counselling services for children under 10 years old with problematic or harmful sexual behaviour as per agreed boundaries with Local Health Districts.

NSW Health has identified a trauma-informed approach to all forms of family violence as the preferred model of practice across all services provided to children, young people and families. NSW Kids and Families Strategic Plan for Children, Young People and Families 2014-2024 nominates the embedding of this model of care as a key strategy in addressing risk and harm for children and young people.

The *Report of the Special Commission of Inquiry into Child Protection Services in NSW* presented by Justice James Wood in November 2008 (the Report) and the NSW Government's response, *Keep Them Safe: a shared approach to child wellbeing 2009-2014 (Keep Them Safe)* identified children under ten with 'sexually harmful behaviour' and the inconsistent approach to this group as an ongoing issue of concern. In particular, the Government supported the 'Inquiry's finding that an effective therapeutic intervention is needed for children in this target group who are not fully recognised by the current system.

One of the NSW Health lead actions in response to *Keep Them Safe* is to expand services for children aged less than 10 years who display problematic or harmful sexual behaviour, including Aboriginal children. This was also a NSW Health lead action of the *Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities 2006-2011* (ACSA IAP). Progress on this action is linked to the *Keep Them Safe* initiatives.

NSW Health has not evaluated services provided to children under 10 years with problematic or harmful sexual behaviour. All services provided by NSW Health are free of charge.

The role of Child and Adolescent Mental Health Services (CAMHS) in responding to children under ten years old with problematic or harmful sexual behaviour and their families/caregivers

Demographics and Accessibility

Where a child is under 10 and is not a victim of sexual assault, therapeutic services for children under 10 years with problematic or harmful sexual behaviour are provided by trained counsellors in Child and Adolescent Mental Health Services (CAMHS). Trained child and adolescent mental Health workers provide services for children who are not themselves victims of sexual assault but who exhibit problematic or harmful sexual behaviour.

Service Model

CAMHS provide mental health services for children and young people aged 0-17 years (inclusive), their families/caregivers, carers and communities. CAMHS provide specialist mental health services and cover the spectrum of promotion, prevention, early intervention, and treatment. CAMH service settings include community based, day programs, non-acute inpatient, acute inpatient, and intensive family interventions. Common problems that bring infants, children, adolescents and their families/caregivers to CAMHS include psychological and emotional problems, behaviour problems, relationship problems (e.g. school, peers, family), school related problems (e.g. learning, performance, school refusal), eating problems, suicidal thoughts and self-harm.

Other Information

In 2010, NSW Health launched the NSW Child and Adolescent Mental Health Competency Framework. The Framework is intended to facilitate progressive service improvement in CAMHS to meet community needs and articulates guiding principles, values and attitudes which underpin all of CAMHS practice.

The role of Sexual Assault Services in responding to children under ten years old with problematic or harmful sexual behaviour and their families/caregivers

Demographics and Accessibility

Where a child is under 10 years and displays problematic or harmful sexual behaviour and is a victim of sexual assault, Local Health Districts / Specialty Networks are responsible for ensuring that these services are available through Sexual Assault Services. The focus of this intervention is to address their problematic behaviours as well as the impact of the sexual assault.

Children are referred to Sexual Assault Services by the Joint Investigation Response Team (JIRT) Referral Unit (JRU). There are 52 Sexual Assault Services across NSW and three Child Protection Units/Services.

Service Model

Specialist sexual assault counsellors are experienced in working with the multiple agencies that intervene in cases of child sexual assault. A variety of service response modalities are offered including individual, family, group, and non-offending parent-child counselling. The aim of the service response is to address the impact of the abuse on the child and non-offending family members so that long-term emotional and social difficulties are less likely to develop. This includes addressing the emotional impacts (such as fear and shame), interpersonal impacts (such as isolation and stigmatisation), and ensuring that responsibility is attributed to the offender. This helps to reduce self-blame and rebuild relationships with non-offending family members.

The role of Child Protection Counselling Services (CPCS) in responding to children under ten years old with problematic or harmful sexual behaviour and their families/caregivers

Child Protection Counselling Services (CPCS) based in each Local Health District /Specialty Network provide specialist counselling and casework services to children and young people and their families referred by Community Services, the Joint Investigation Response Team or the Children's Court, where abuse and neglect, including exposure to domestic violence has occurred to ameliorate the impact of abuse. This usually involves medium to long-term intervention.

During 2013/2014, 713 family referrals were accepted by CPCS across the state, involving 1,010 children and 573 parents, carers, and other clients. 110 children referred were 10 or under and displaying problem sexual behaviours.

Child Protection Counselling Services work with individual children and young people and their families/carers. The aim is to work towards safety and healing for the child or young person, whether this occurs in the family home or in out-of-home-care. Children and families receive an individualised service provided in close collaboration with Community Services as well as other relevant government or non-government agencies, which includes assistance to ensure a family is able to access other appropriate support and services.

Current approaches to treatment emphasise the need to try to establish open, respectful partnerships with parents to increase their competency and confidence as parents. CPCS may also work with the perpetrator of domestic violence around child protection issues.

Children need to be at risk of significant harm to be referred to CPCS. Priority is given to families in which there is: a previous child death in the family from suspicious injury; a previous assumption of care or removal of the child or other siblings in the family; serious physical or psychological injury as a result of physical abuse or domestic violence, particularly where a weapon has been used; a child under five years where physical abuse or neglect has occurred; multiple child protection reports about a child; a parent or carer who has a poly-substance abuse problem; a parent or carer who has a disability or mental illness; a parent or carer who has a mental illness and substance abuse problem; and n a child who has high needs, for example, disability or chronic or serious illness.

CPCS also provide consultation and support for Health workers on child protection issues and concerns, as well as education and training about child protection issues.

CPCS counsellors hold relevant tertiary qualifications (generally in Psychology or Social Work) and must be eligible for clinical registration or membership with their relevant peak body or association. Counsellors undertake mandatory training with NSW Health's Education Centre Against Violence in their first year of service, including:

- NSW Health Child Protection Counselling Services
- NSW Health Child Protection & Child Well-being Facilitator training,
- Children under 10 who sexually abuse other children,
- Competent Responses to Aboriginal Sexual and Family Violence, and
- Developing Skills in Report Writing and Giving Evidence.

This training provides a comprehensive introduction to working with children, young people and their families where there are child protection concerns, using a trauma informed framework. CPCS standards and guidelines are being developed and will be finalised by the end of 2015.

Theoretical models
Service models comprise regular and frequent intervention with parents/carers and children or young people through a combination of individual and/or joint counselling sessions. An emphasis is placed on an approach, or combination of approaches, to intervention that are informed by an assessment of the specific needs of individuals and their families.

Therapists may utilise various models of therapy and casework based on the outcome of their assessment. This may include working with parents or carers, using family therapy and, where appropriate, group worked with the sexualised behaviour and those children surrounding that child.

Frequency of program
CPCS is a medium to long term intervention.

The role of Child and Family Health Services in responding to children under ten years old with problematic or harmful sexual behaviour and families/care givers

Demographics and Accessibility
Where a child is under 10 and is not a victim of sexual assault or eligible for Child Protection Counselling Service or CAMHS services, therapeutic services for children exhibiting problematic or harmful sexual behaviour are provided by trained counsellors in Child and Family Health Services. Demographic information of clients who have attended the service in relation to problematic or harmful sexual behaviour during the period 30 June 2012 to 30 June 2014 is not collected.
There are Child and Family Health services in each of the 15 Local Health Districts.

Service Model
Child and Family Health Services provide assessment and management of children and families/caregivers referred for a range of developmental, emotional, behavioural, and family relationship problems. Services are often multidisciplinary in approach and may include child and family nursing, social work, psychology, counselling, speech pathology, physiotherapy, occupational therapy, audiometry, paediatrics and medicine. Parents may be provided with information, support and counselling to assist with the management of their children. These teams may also provide a range of early intervention and health promotion programs for children, families/caregivers and the community. Partnerships are established with other departments and agencies for the assessment and care of children and for developing and conducting programs are important aspects of child and family teams in community health.

ii. Department of Family and Community Services (FACS)

New Pathways (Youth Off the Streets)

New Pathways is a state-wide treatment service which operates out of the Southern Highlands (Sutton Forest). The service is operated by Youth Off the Streets, a non-denominational community organisation working with young people aged 12-25 years who are facing challenges of homelessness, drug and alcohol dependency, exclusion from school, neglect and abuse.

New Pathways treatment is provided as part of an Out of Home Care (OOHC) residential care program. There are six funded intensive residential care placements in the program.

Criteria for the program and access

In order to be referred to New Pathways, a child or young person must be in OOHC and have exhibited sexually harmful behaviour.

Between 30 June 2012 and 30 June 2014, twelve male young people accessed the New Pathways program. At exit three young people were aged 13 years, one 14 years, three 15 years, four 16 years and one 17 years. Three of the young people exiting the program were identified as Aboriginal, otherwise data pertaining to the cultural backgrounds of young people who participated in the New Pathways program is not available. Seven of the young people exiting the program captured in the 30 June 2012 – 20 June 2014 dataset identified as having a disability.[6]

Between 30 June 2012 and 30 June 2014, four young people completed the New Pathways program, four left the program early and four were still in the program.

Residential care is one of three main OOHC placement options and is most suited to children with complex needs. There are three types of residential care that aim to meet the level of care required by individual children and young people: residential care, intensive residential care and secure care (Sherwood House). FACS operates Sherwood House, which is the only therapeutic secure care service in NSW.

Since January 2012, FACS caseworkers have been applying the Child Assessment Tool (CAT) to all children and young people referred for placement with an NGO. The CAT is designed to identify the most appropriate level of OOHC for a child or young person based on behavioural, health and development factors and recommends one of six levels of care for a child or young person in OOHC:

Level 1: General Foster Care (GFC)	Level 4: Intensive Foster Care (IFC)
Level 2: General Foster Care + 1(GFC+1)	Level 5: Residential Care (RC)
Level 3: General Foster Care + 2 (GFC+2)	Level 6: Intensive Residential Care (IRC)

Where possible, a child or young person will be referred to an OOHC provider that matches their CAT level. New Pathways is contracted for Intensive Residential Care placements.

Theoretical models

The New Pathways program is a residential treatment program based on best practice treatment models that address the needs of moderate to high risk male adolescents who present with sexually problematic behaviours. Young people participate for an extended period although it is not considered a long term placement. The program is usually at capacity.

The New Pathways' philosophy is centred on strength based, trauma informed approach. Problems are viewed as an opportunity for change, with intervention occurring in the young person's life-space. The development of pro-social values is the primary focus of treatment for each young person.

Treatment is developed from a comprehensive individualised assessment of needs and risks prior to the young person being offered a place in the program. Specific treatment goals are determined for each resident and clinicians form part of the program.

[6] Sourced 9 June 2015 from OOHC Minimum Data Set

It is expected that the young person will commit to a minimum of nine months and that some may take significantly longer to complete the program. The program designed for the young person includes:

- Life Space Intervention
- Individual Counselling
- Positive Social Skills
- Service Learning
- Education
- Recreation
- Planning for reintegration to family and/or community.

Frequency of program
The residential nature of New Pathways provides for a young person to have daily contact with the program.

Budget
FACS' funding commitment from the OOHC Contracted Care program for the New Pathways program for FY 14/15 is $1,860,864 per annum and the unit cost per placement is $849.71 per Intensive Residential Care placement bed night. This is for the provision of 6 Intensive Residential Care placements for young people in OOHC in Sutton Forest in the Southern Highlands.

Program Review
There has been no formal evaluation of the New Pathways program.

FACS' current OOHC placements contracts worth $469m expire on 30 June 2016, this includes New Pathways. FACS will build on the strong base of unit pricing and develop contracting arrangements that incentivise improved outcomes for children and improvements in service provision and accountability by providers.

It is an opportunity for FACS to progressively address the limitations of the current system and ensure OOHC placement contracts effectively support the Safe Home for Life reforms. [7]

The aims of the 2016 OOHC Contract Renegotiation project are to:

- reward service providers for improving child wellbeing and minimising time in OOHC
- increase value for money
- enable a viable and sustainable service system.

As with all OOHC providers, the New Pathways Program will be subject to the contract renegotiation process.

[7] The Safe Home for Life reforms aim to strengthen the child protection system through a package of measures which include legislative change (including the *Child Protection Legislation Amendment Act 2014* reforming the *Children and Young Persons (Care and Protection) Act 2008*), new policy and practice, as well as a redesign of how technology is used in child protection.

iii. Juvenile Justice (Department of Justice)

Sexual Offending Program (SOP)

The Sexual Offending Program (SOP) was run by Juvenile Justice during the time period requested by the Royal Commission (30 June 2012 to 30 June 2014), however, the program has since been replaced by specialist psychological interventions on an individual basis.

The SOP and the current psychological services intervention model are based on evidence that young people who commit sexually abusive acts are a heterogeneous group. Some young people commit sexual offences as part of a pattern of rule-breaking. These young people may be similar to many of the other young people managed in Juvenile Justice. Other young people commit sexually abusive acts for reasons other than rule-breaking and can appear pro-social. All Juvenile Justice interventions are designed to meet the needs of children with a disability, culturally and linguistically diverse (CALD) children and ATSI children.

During the period 30 June 2012 to 30 June 2014, the SOP was delivered by SOP Counsellors. During this period, 38 young people completed the program.[8]

Since 1 April 2015, following an agency-wide review of case management, interventions for young people who sexually offend are being delivered on an individual basis, both in custody and in the community state-wide, by psychologists who have received specialist training, monthly clinical supervision and ongoing professional development training/mentoring.

A one-day training workshop "Working with Young People who Sexually Abuse" for Juvenile Justice Caseworkers and Managers in non-clinical roles has been developed and delivered by the Principal Psychologist, Juvenile Justice.

Criteria for the program and access

During the period 30 June 2012 to 30 June 2014, all young people convicted of sexually abusive offences were referred to the SOP after sentencing.

Theoretical models

The four components of the SOP were:

6. **Comprehensive Assessment** including clinical interview and validated risk/needs assessment, e.g. the J-SOAP, ERASOR or Static-99R. [9]
7. **An individualised counselling plan developed from the case formulation.** The counselling plan reflects the risk, needs and responsivity of each individual client.
8. **Working with family or carers in service delivery** due to the developmental needs and context of young people who sexually offend.
9. **Transition from Juvenile Justice to family and community,** integrating the services provided by health and other providers when in the community or transitioning from Juvenile Justice.

[8] Source: DJ/JJ SIS 18 Jul 15

[9] The JSOAP is the Juvenile Sex Offender Protocol; ERASOR is the Estimate Risk of Adolescent Sex Offender Recidivism tool; STATIC-99 is the Male Sex Offender Actuarial Risk Assessment Instrument

Frequency of program

Weekly, fortnightly or monthly, depending on characteristics of the young person such as the age of victim and co-occurring antisocial behaviours.

Budget

Historically, the SOP did not have a distinct program budget. Currently psychological interventions for young people who sexually offend are funded through the Juvenile Justice Psychological Services Unit.

Program Review

Due to the low numbers of young people who sexually offend, evaluation based on statistical significance levels is not possible and randomised control would not be ethical.

As outlined above, since 1 April 2015, interventions for young people who sexually offend are being delivered by Juvenile Justice psychologists on an individual basis. This decision was informed by agency wide review of the overall assessment and case management process (see Tab B). Special consideration is given to individualised delivery of offence-focussed interventions provided to young persons with intellectual disability, mental health issues and/or a history of sexual or physical assault. An assessment will examine how the needs of this group of offenders can be met as part of the general case management program.

Appendix

1. Young People Referred to the Juvenile Justice Sex Offender Program (SOP) for the Period 1 July 2012 to 30 June 2014

Gender	**Number**
Male	**104**

Program Outcome	**Number**
Completed	**47**

Age	**Number**
14	11
15	19
16	18
17	33
18	13
19	7
20	<5
21	<5
Total	**104**

Ethnic Origin	**Number**
Australian	34
Unknown	29
Australian Aboriginal	21
Lebanese	<5
Turkish	<5
Samoan	<5
Fijian	<5
Sudanese	<5
Iraqi	<5
Pakistani	<5
Italian	<5
Sierra Leonean	<5
Torres Strait Islander	<5
Tokelauan	<5
Egyptian	<5
English	<5
Zimbabwean	<5
Khmer (Cambodian)	<5
Afghan	<5
Kuwaiti	<5
Total	**104**

Disability Type	**Number**
No Data	85
Intellectual (including Down syndrome)	9
Autism (including Asperger's syndrome and Pervasive Development Delay)	<5
Specific learning / Attention Deficit Disorder (other than Intellectual)	<5
Psychiatric	<5
Neurological (including epilepsy and Alzheimer's disease)	<5
Physical	<5
Total	**104**

Care Order Type	**Number**
No Data	96
Parental Responsibility	5
Care responsibility to designated agency	<5
Total	**104**

Source: *DJ/JJ RPELive Database. 29 June 2015. As this is taken from a live database, figures are subject to change.*

1. This counts individual young people once during the counting period.
2. Cells less than five (<5) are not displayed to protect privacy and confidentiality.