

Royal Commission into Institutional Responses to Child Sexual Abuse

Department of Communities, Child Safety and Disability Services input to Queensland response.

Response to request for information relating to therapeutic treatment programs and services administered and/or funded by the Queensland Government for period 30 June 2012 to 30 June 2014 for:

- Children (under the age of 10) displaying problem sexual behaviours
- Children (aged 10 to 18) displaying sexually abusive behaviours
- Children (aged 10 to 18) who have committed child sex offences
- Any other relevant programs directed towards children who engage in problem sexual behaviours and/or sexually abusive behaviours.

Demographics and Accessibility

Number of children accessing the program including:

- **Gender**
- **Age**
- **Cultural background**
- **Disability**
- **If the child is a resident in out of home care at the time of the abuse**
- **If a child receiving treatment has been a victim of sexual abuse**

The Department of Communities, Child Safety and Disability Services (DCCSDS) is unable to provide specific demographic information about the children accessing treatment programs within the timeframe provided by the Royal Commission.

Information is captured, where relevant, in individual children/young people's case management records within the department's Integrated Client Management System and is limited to information that is necessary to inform case work and case planning but is not captured to allow for systemic reporting. More detailed information would be captured within individual program provider's information systems.

Name, type and number of programs available and location

Sexual Abuse Counselling Services (SACS)

DCCSDS funds nine specialist sexual abuse counselling services (SACS) that offer therapeutic services for children in contact with the statutory child protection system with sexually reactive behaviours, including problem sexual behaviours and sexually abusive behaviour. These services can work with children aged 5 to 18 years of age.

The SACS services are:

1. Phoenix House located in Bundaberg
2. Sunshine Cooloola Sexual Abuse Counselling Service located in Gympie
3. Wide Bay Sexual Assault Association (Kids Intervention and Prevention Program) located in Maryborough
4. Cairns Sexual Assault Service located in Cairns
5. Laurel House (Sunshine Cooloola Sexual Abuse Prevention and Intervention Program) located in Maroochydore
6. ACT for Kids (Family Assist Sexual Abuse Counselling Program) located in Townsville
7. ACT for Kids (Family Assist Sexual Abuse Counselling Program) located on the Gold Coast

8. Uniting Care Community (Healing, Opportunities, Prevention and Education Sexual Abuse Service - HOPES) located in Logan
9. Mercy Community Services Family Services (Sexual Abuse Counselling Program) located in Toowoomba.

The Queensland Government has previously provided information to the Royal Commission specifying that DCCSDS funds 10 SACS rather than nine. DCCSDS is still providing the same level of funding to the SACS program, however, Uniting Community Care (UCC) has consolidated its service to one location in Logan. UCC previously had offices on the Gold Coast and in Logan. The ACT for Kids SACS is located on the Gold Coast and able to service children and young people requiring counselling and support in this area.

Bravehearts Inc. is funded to provide counselling, advocacy and personal support to children and young people (up to 18 years of age) who have experienced or are at risk of experiencing sexual abuse, and community education and awareness programs. Bravehearts also provides services to the non-offending family members of children and young people who have experienced or are at risk of experiencing sexual abuse. These services are an early intervention response for children who may have experienced sexual abuse. If children have experienced sexual abuse, there is a reasonable likelihood that without intervention that they may exhibit problematic sexualised behaviours.

Counselling and Intervention Services

DCCSDS funds 29 Counselling and Intervention Services (CIS) through a total annual investment of over \$10 million. These CIS provide therapeutic responses to children and young people who have had a personal experience of physical, emotional or sexual abuse/harm and neglect. Children and young people exhibiting problem sexual behaviours may access these services which are equipped to respond to a range of issues including trauma, grief and anger management. The CIS also do important work with carers to promote placement stability. The 29 CIS are located throughout Queensland and generally easily accessible to children, young people and their carers.

Evolve Interagency Services (Evolve)

The Evolve Interagency Services Program (Evolve) is a collaborative partnership between DCCSDS, Queensland Health and the Department of Education and Training, established in response to the 2004 Crime and Misconduct Commission Report, *Protecting Children: An Inquiry into the abuse of children in foster care*. The model provides tertiary specialist therapeutic and behaviour support services to children and young people in out-of-home care. Children exhibiting sexually reactive behaviours can be referred to Evolve services for treatment.

Evolve Interagency Services are located in:

- Far North Queensland (Cairns, Edmonton, Atherton, Innisfail)
- North Queensland (Townsville, Aitkenvale, Thuringowa, Mt Isa, Mackay, Bowen)
- Central Queensland (Rockhampton, Gladstone, Emerald, Bundaberg, Maryborough)
- North Coast (Maroochydore, Caloundra, Gympie, Kingaroy, Murgon)
- Brisbane North (Alderley, Caboolture, Redcliffe, Strathpine, Chermside, Fortitude Valley)
- South East (Gold Coast, Logan, Loganlea, Woodridge, Browns Plains, Beenleigh, Beaudesert)
- Brisbane South (Mt Gravatt, Stones Corner, Wynnum, Redlands, Inala, Forest Lake)
- South West (Ipswich, Goodna, Toowoomba)

Complex Case Advice and Practice Support (CCAPS)

Complex Case Advice and Practice Support is a small state-wide team within DCCSDS that provides specialist advice, consultation and capacity building support, regarding sexual abuse

and sexually reactive behaviours to child safety services and those who work with or care for children in out-of-home care. Whilst not delivering therapeutic services directly to children and young people, they work with the care team for a child or young person exhibiting sexually reactive behaviours to ensure a consistent therapeutic response from all the adults in their life.

During 2014, the CCAPs team rolled out a two day development program to clinicians from Evolve in five locations across the state and multiple programs for residential carers, foster and kinship carers and agencies, therapists and child safety staff. Their focus is on building broader capacity in the child protection system to respond to children and young people who have experienced sexual abuse and are displaying sexually reactive behaviours. The team is currently rolling out a nine month practice leader program with seven departmental staff and two participants from Northern Territory to broaden internal practice capability through training, in-depth coaching, group supervision and ongoing appraisal of skills. This is done in partnership with an external specialist in this area. It is intended to replicate this program with identified staff in the out-of-home-care sector.

Since May 2014 a Community of Practice has been running on Thursday Island with community and sector participants. The focus has been on building a safer community for children through increased confidence by local staff in working with families in relation to sexual abuse and sexually reactive behaviours and increased community awareness. This initiative will be evaluated in the 2015 – 2016 financial year, however, there have been significant benefits identified to date for children and young people in the community.

Child Related Costs

In situations where an appropriate funded service is unable to meet the immediate needs of a child displaying problem sexual behaviours, DCCSDS can use its Child Related Costs (CRC) budget to procure specialist counselling and treatment services from private practitioners. Each Child Safety Service Centre in Queensland is allocated a CRC budget. This response would be utilised where the funded service system does not have the capacity and/or the capability to provide the necessary services. This may be where the child or young person has particularly complex needs and/or requires an intensive therapeutic response including broader support to their care team. Individual Child Safety Service Centres establish strong working relationships with suitably qualified professionals for the purposes of referral and the provision of collaborative intervention services.

DCCSDS spends approximately \$1.3 million in specialist mental health services under the CRC budget each year which includes expenditure for children displaying problem sexual behaviours.

Other funded services (note – may be captured in DJAG's response)

Griffith Youth Forensic Service

The Department of Justice and Attorney-General (DJAG) fund the Griffith Youth Forensic Service (GYFS). GYFS is a service for young people aged 10 to 17 years who have pleaded guilty to or have been found guilty in court in relation to sexual (or sexually motivated) offences. This is a state-wide field-based service provider located in Brisbane with a satellite office in Cairns. GYFS gives priority to young people who are considered high risk and who have higher needs, as well as to young people in regional and remote locations.

Mater Family and Youth Counselling Service

DJAG also funds the Mater Family and Youth Counselling Service which provides preparatory support and therapeutic interventions for young people, families and victims in relation to offences of a sexual nature. This service is located in Brisbane.

How a child (and their families and carers if applicable) accessed the program including if:

- **Voluntary referral**
- **Through the court system**
- **In juvenile detention**

Referrals for the nine SACS, the 29 CIS programs and Evolve services are generally received directly from DCCSDS.

DJAG services -

GYFS accepts referrals exclusively from DJAG, for young people aged 10 to 17 years who have pleaded guilty to or have been found guilty in court in relation to sexual (or sexually motivated) offences.

Mater Family and Youth Counselling Service accepts referrals from Youth Justice Counselling in relation to offences of a sexual nature.

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

As at 27 March 2015, three of the nine SACS funded by DCCSDS had no waiting list and the remaining services had waiting lists of between 1 week–3 months. It is difficult to comment on how long the waiting lists are as services will generally negotiate a service response to assist with the needs of the child and/or carer. In some regional settings wait lists are longer depending on the model of service delivery.

The Evolve services do not have waiting lists for children and young people. If a child or young person is referred to the Evolve program and they do not meet the Evolve criteria or Evolve does not have current capacity to accept a new referral, the Evolve panel will recommend alternative services to meet the child or young person's therapeutic or behavioural support needs. The Evolve panel may also provide advice regarding possible interventions or provide assistance to DCCSDS to progress a referral to an alternative agency.

Where case workers identify a significant therapeutic need that can't be met in the immediate term due to service capacity, as noted above they source and fund private practitioners externally.

DJAG services -

DCCSDS is unable to provide information about the capacity or waiting lists of the GYFS and Mater Family and Youth Counselling Service.

Costs of attending the program

GYFS, Mater Family and Youth Counselling Service, the 9 SACS, 29 CIS and Evolve services are all available to children and young people free of charge.

Eligibility criteria to attend the program

The nine SACS are available to children under the age of 18 who are subject to statutory child protection intervention. Where there is capacity, these services may also work with:

- children who have been sexually abused but are not and have not been in contact with the statutory child protection

- carers and non-offending family members of children and young people who are aged between five and 18 years and have been sexually abused, who have previously been subject to ongoing intervention with a child protection order within 12 months of the case being closed.

The eligibility criteria for the Evolve services are:

- the child or young person is under the age of 18
- the child or young person presents with severe and complex psychological and/or behavioural problems
- the child or young person is in out-of-home care and under an interim or finalised child protection order granting custody or guardianship to the chief executive of DCCSDS.

The CIS are available to children and young people under 18 years who are subject to statutory intervention. Young people aged 18 years may continue to receive counselling to assist with transition to independence, through a support service case for up to 12 months, when there are outstanding case plan goals or key life events that require this type of ongoing support.

DJAG services -

- GYFS accepts referrals exclusively from DJAG, for young people aged 10 to 17 years who have pleaded guilty to or have been found guilty in court in relation to sexual (or sexually motivated) offences.
- Mater Family and Youth Counselling Service accepts referrals from Youth Justice Counselling in relation to offences of a sexual nature.

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

Culturally appropriate practice and specific strategies to demonstrate equitable access are provided for children, young people, their non-offending family members and carers from culturally and linguistically diverse backgrounds, children and young people who have a disability, and Aboriginal and Torres Strait Islander children and families.

The Disability Services Evolve Behaviour Support Services work within the overarching interagency Evolve model to provide positive behaviour support services and specialist disability assessments to children and young people with a disability in care or at risk of coming into care (as defined by *Disability Services Act 2006*).

The Disability Services teams work collaboratively with CSO's, carers, significant stakeholders and families (as appropriate) to combine experience, knowledge, skills and resources to effectively meet the developmental, disability specific and behaviour support needs of the child or young person referred, including those children and young people displaying problem sexual behaviours. The multi-disciplinary team includes psychologists, speech and language pathologists and occupational therapists.

Additional eligibility criteria exist for a Disability Services positive behaviour support intervention. This includes:

- the child must have a disability as defined by the *Disability Services Act 2006* to receive a Disability Services service
- the presence of multiple, intense and persistent emotional and/or behavioural problems

- a high level of risk
- severe functional impairment across a variety of domains
- the presence of additional risk factors.

As with the Evolve Therapeutic Service, this service is not funded or designed to specifically treat children or young people with problem sexual behaviours, abusive sexual behaviours or those who have committed child sex offences, however children and young people displaying and engaging in these behaviours would form part of the client population.

Service model

Theoretical models/standards on which the program is based

Sexual Abuse Counselling Services (SACS)

There are a number of principles and service delivery methods that must be applied by SACS to therapeutic interventions:

- evidence based practice is supported by a clear service model
- responsive and flexible services that meet the needs of the child or young person (e.g. individual counselling or therapeutic groups)
- a consistent and comprehensive approach to the assessment of the child or young person's needs which considers the child or young person's developmental stage and identified goals
- strengths-based support and counselling methods
- comprehensive Treatment Plans including the identification of therapeutic goals and the approximate timeframes involved for treatment and support (e.g. proposed start and end dates)
- a child or young person's treatment plan and identified goals are regularly reviewed and evaluated
- culturally appropriate practice and specific strategies to demonstrate equitable access are provided for children, young people, their non-offending family members and carers from culturally and linguistically diverse backgrounds, and children and young people who have a disability, and Aboriginal and Torres Strait Islander children and families
- demonstrated linkage to other specialist sexual abuse services throughout Queensland and Australia and other specialist practitioners in the field of sexual abuse counselling
- effective links across the non-government sector and relevant statutory service systems to ensure service coordination to meet the Service User's needs, including referrals to other support and treatment services made in consultation with the child or young person's Child Safety Officer
- when delivering services, consideration must be given to the use of trauma-focused cognitive behaviour therapy as the underlying therapeutic model.

If the program incorporates a systemic approach, where parents and carers are part of the treatment process

Sexual Abuse Counselling Services (SACS)

Where there is capacity, the nine SACS may also work with carers and non-offending family members of children and young people who are aged between five and 18 years, who have previously been subject to ongoing intervention with a child protection order within 12 months of the case being closed.

Professional status/training/ accreditation requirements for those conducting the program

Sexual Abuse Counselling Services (SACS)

Specific qualifications are not prescribed in the service agreements between DCCSDS and SACS, however, the Investment Specifications require tertiary qualified staff. They also outline processes for

the recruitment, supervision and support of tertiary-level qualified staff, and the provision of regular professional development opportunities and peer review.

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

Sexual Abuse Counselling Services (SACS)

The frequency and duration of a child's contact with a program is not specified in the organisation's service agreement with the department. The expectation is that services develop a comprehensive Treatment Plan for individual children that identifies therapeutic goals and the approximate timeframes for these to be achieved. When considering waiting lists and new referrals, services will balance their capacity to respond with their current caseloads and the identified therapeutic needs there. Where services are unable to respond within a reasonable timeframe to an individual child or young person's therapeutic needs, in conjunction with the relevant Child Safety Officer, alternative service responses will be sourced, including engaging external private practitioners.

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

The nine SACS funded by DCCSDS are required to engage tertiary qualified staff. They are stand-alone funded services that employ dedicated staff with expertise in sexual abuse.

The Evolve services comprise multi-disciplinary teams including psychologists, speech and language pathologists and occupational therapists.

DJAG Services -

The Griffith Youth Forensic Service (GYFS) is staffed by a Manager, two senior clinicians and three clinicians. GYFS is a partnership between Department of Justice and Attorney-General (Youth Justice Program) and Griffith University (Key Centre for Ethics, Law, Justice and Governance).

Cost of service delivery per unit and globally

Sexual Abuse Counselling Services (SACS)

The budgeted unit cost per client is approximately \$6,800, supporting approximately 450 clients per annum across all nine services.

Evaluation/Effectiveness of Programs/Services

The department has not undertaken any evaluations of its nine SACS.

DJAG Services

DCCSDS cannot comment on any evaluations undertaken or assessment of the effectiveness of the GYFS program.

The Mater Family and Youth Counselling Service (MF&YCS) was evaluated in 2009, the evaluation concluded that the MF&YCS is a unique and effective service that works collaboratively with its YJC partners. A summary of the evaluation is attached (Attachment 1).

Other information

Information and related documents regarding any significant policy or legislative change in relation to treatment programs for children administered or funded by the Queensland Government in the previous decade.

There has been no significant policy or legislative changes in relation to treatment programs for children administered or funded by DCCSDS in the previous decade.

However, a change that is relevant to the nine SACS funded by DCCSDS is the implementation of the Human Services Quality Framework (HSQF) (Attachment 2) which applies to organisations delivering services under a service agreement or other specified arrangements with DCCSDS. The HSQF is the department's quality system for human services funded by the department. Its key aims include increasing consistency in service quality and ensuring public confidence in service delivery.

The HSQF was developed in collaboration with the non-government sector to reduce duplication and red tape by consolidating the different quality systems used for the department's services, while maintaining important safeguards for clients. It incorporates:

- a set of quality standards, known as the Human Services Quality Standards, which cover the core elements of human service delivery (Attachment 3)
- an assessment process to review the performance of organisations against the standards (either certification by an independent third party certification body that is accredited by the Joint Accreditation System of Australia and New Zealand (JAS-ANZ), self-assessment or recognition of an organisation's certification under an alternative, equivalent quality system)
- a continuous improvement framework, which supports the participation of customers in quality improvement.

HSQF implementation commenced from February 2013, with Disability service providers and Child Safety licensed care services undertaking HSQF audits. Progressive transition of Community Services and Child Safety Support Services to new quality requirements commenced from 1 July 2015.

The Human Services Quality Framework requires that organisations funded by the department have processes for reporting and responding to potential or actual harm, abuse and/or neglect that may occur for people using services.

The nine SACS are all in-scope to demonstrate compliance against the Human Services Quality Standards through HSQF certification. The organisations will be required to undergo a cycle of independent third party audits to assess their performance against the standards. Two organisations already hold current HSQF certification for their disability and child protection placement services and a third organisation is pending certification. SACS services will transition into the scope of certification at a negotiated time.

Key contacts in your jurisdiction of academics and service providers administering these programs

The most notable academic in the Queensland jurisdiction is Professor Stephen Smallbone, Director, Griffith Youth Forensic Service, Griffith University.

Any comment you wish to make on:

- **the effectiveness of treatment programs and services on reducing the risk of child sexual abuse in an institutional context.**
- **any desired reforms to matters relating to institutional child sexual abuse.**

A systemic approach, where carers and parents are also part of the treatment process is recommended. Research shows that there is a need to work collaboratively for best outcomes across the systems involved with the child or young person. This includes not only families, but also schools, child protection and youth justice systems, police, and therapeutic treatment providers. Placement

considerations should include the safety of vulnerable children as the first priority, when considering where young people who offend will live. Placements that are realistic and support the young person and their treatment and recovery are best. It is also important to keep children and young people at school to support their recovery by reducing social isolation, by having healthy social interaction with peers, ensuring the safety of other children as paramount. (Boyd, C., and Bromfield, L., 2006)

Treatment and therapeutic providers who can provide an integrated service that is collaborative and considers an ecological and systemic approach, including support to carers, counselling that involves children, young people and their families (particularly where sibling sexual abuse has occurred), safety planning support to schools, is necessary.

Congruence across these systems is highly important. The goals of therapy must be clear and integrated into the child's living environment, with necessary support to carers and families, as well as schools, where children spend much of their time. To this end, services that are flexible and field-based are preferable to more traditional clinic-based services.

Therapy that considers a child's trauma experience (i.e. trauma-informed), attachment experiences and their developmental journey is also essential.