

# SERVICE SPECIFICATIONS

*Harmful Sexual Behaviour, Early  
Intervention and Youth Services*



**ORANGA  
TAMARIKI**  
Ministry for Children

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# 1. ABOUT THESE SPECIFICATIONS

## Who are these specifications for?

These Service Specifications are for Providers that Oranga Tamariki—Ministry for Children (Purchasing Agency) contracts with to provide Harmful Sexual Behaviour (HSB) and Concerning Sexualised Behaviour (CSB) Services which include assessments and specialist Community Based Treatment (CBT). These Service Specifications form part of the Outcome Agreement.

Outcome Agreements with Providers for these Services require that they are delivered in accordance with these specifications. These service specifications are a living document and any variations will be made by the Purchasing Agency. The Purchasing Agency will inform the Provider of any variation to be made.

## What is the purpose of these specifications?

The specifications provide:

- a set of commonly agreed practice principles and values to guide Service delivery
- detailed information about Service delivery and practice
- a resource tool to assist Providers to deliver the Services consistently
- a resource tool to assist the Provider in meeting the desired Service outcomes
- a way for us to improve the Purchasing Agency's responsiveness to feedback regarding changes to the Service delivery component of the Outcome Agreement.

## How should these specifications be used?

These specifications should be seen as setting the minimum standard for service delivery to assist the Provider to competently deliver the Service according to the Outcome Agreement requirements. Each Provider can develop a service that reflects their organisation's philosophical base, incorporating local need and the culture within which it works.

## Will these specifications be revised?

This document is a living document and will be reviewed and updated in discussion with all parties where possible as required. The Purchasing Agency's staff will keep you informed of any further editions, updates or changes to these specifications as they form part of the Outcome Agreement. Feedback on the specifications is welcome at any time and can be

sent to the Purchasing Agency's National Office using the attached Feedback Form (see Appendix Two).

### **Where can you go for further information?**

For further information on these guidelines please contact your Purchasing Agency's Contract Manager.

## 2. RELATIONSHIPS

What are the principles that underpin the relationship between the Purchasing Agency, the Provider and the client?

For the relationship to be successful, it is essential that all parties collaborate to ensure the Services are effective and accessible. The following principles guide all dealings under the Outcome Agreement. The parties agree to:

- the welfare, interests and safety of the Children and Young People is paramount
  - act honestly and in good faith
  - communicate openly and in a timely manner that ensures understanding between agencies with the aim of meeting the needs of the Child or Young Person
  - work in a collaborative and constructive manner with sector partners
  - recognise each other's responsibilities
- encourage quality and innovation to achieve positive outcomes for Children and Young People

The Outcome Agreement does not constitute a partnership in the legal sense nor does it mean that the Provider is an employee or agent of the Purchasing Agency.

### Cultural awareness

Each party recognises the needs of all people, including Māori, Pacific, ethnic communities and all other communities to have services provided in a way that is consistent with their respective social, economic, political, cultural and spiritual values.

### Accessibility

Increased participation is supported by enhanced accessibility and recognises the diverse needs of all people, through:

- ease of communication
- flow of information
- physical accessibility.

# **3. ABOUT SERVICES FOR CHILDREN AND YOUNG PEOPLE WITH HARMFUL SEXUAL BEHAVIOUR (HSB) OR CONCERNING SEXUALISED BEHAVIOUR (CSB)**

It is important when considering definitions of HSB/CSB that the emphasis is on the behaviour exhibited rather than any intrinsic characteristics of the Child or Young Person. This is consistent with the values of the HSB sector and with current clinical perspectives in relation to HSB or CSB for Children and Young People.

It is part of natural Child development for Children and Young People to engage in sexual behaviour, and general guidelines suggest that, although moral, social or family rules may proscribe any sexual behaviour, they are not abnormal, developmentally harmful, or generally illegal when private, consensual, equal, and non-coercive.

Sexual behaviour exhibited by a Child or Young Person is cause for concern if:

- the behaviour indicates that the Child or Young Person has sexual knowledge beyond his or her age or developmental level
- it disturbs or upsets other Children or Young People
- it impacts on other areas of the Child's or Young Person's life, for example their peer or family/whānau/caregiver relationships
- there is a pattern of behaviour that does not respond to correction
- the Child or Young Person is preoccupied with sexual matters beyond what is developmentally normal.

Sexual behaviour is harmful if it is coercive, violates what others want, is against the law, is compulsive, involves sexual contact with someone significantly younger, sexual contact with animals, or involves aggression or force.

Broadly speaking, Children and Young People who engage in HSB or CSB may be:

- curious about sexual matters and engage in sexual behaviour outside the

developmental norm

- reacting to witnessing adult sexual behaviour or abuse or being abused themselves
- seeking comfort as a result of chronic abuse or neglect
- part of a broader pattern of anti-social behaviour or conduct problems.

## Definitions of HSB and CSB

### Harmful Sexual Behaviour (HSB):

This involves the Child or Young Person engaging with other Children (or, at times, Young People or adults) in sexual activities through force, coercion or other forms of manipulation. Sexual activities encompass those involving

- contact including both penetration and non-penetrative acts such as touching or rubbing breasts or genitals (either under or over clothing)
- non-contact activities including:
  - engaging Children in creating or watching Child sexual abuse material
  - 'sexting' and inappropriate or unwanted sexual use of digital technology
  - watching others engage in sexual activity
  - sexually exposing to others in an unwanted way.

### Concerning Sexual Behaviour (CSB):

There is a wide range of Child sexual behaviour defined as concerning. It is helpful to consider CSB relative to specific developmental periods and/or age groups in Children.

For Children under the age of five, CSB may include but is not limited to:

- obsessive curiosity about sexual behaviour
- re-enactment of specific adult sexual behaviour
- behaviour that is injurious or includes coercion, threats, silence or aggression.

For Children between the ages of six and 10 years, the following behaviours would be seen as CSB:

- sexual penetration
- genital kissing
- oral sex
- simulated intercourse (depending on the context).

For Children between the ages of 10 and 12 years the key area of concern additional to the behaviour described for under 10 year olds would be:



- engaging in sexual play with younger children.

Although definitions of CSB may vary, researchers and clinicians generally agree that the core elements of CSB in Children include force, coercion or non-consent, and may also involve Children of unequal developmental age levels.

## Who are the HSB and CSB Client Group?

HSB or CSB clinical treatment provision is designed for Children and Young People in the care and protection of the Purchasing Agency, and those in the community, aged from four to 17 years or older who require specialist clinical services due to exhibiting HSB or CSB. The Provider delivers a range of clinical assessments to gain an understanding of the Child or Young Person.

Treatment interventions are delivered to the Child or Young Person, to assist in case management and to help define treatment goals. The assessment and treatment models are evidence based. Effective services will contribute to community safety.

Children and Young People are primarily referred from:

- Purchasing Agency
- Community Probation
- Police
- mental health services
- GPs
- schools
- other education providers including community agencies and professionals.

Children and Young People who exhibit HSB or CSB frequently present with a range of other problems that present simultaneously including;

- mental health and attachment or trauma needs
- conduct and social or relational problems
- substance misuse
- intellectual or developmental disorders.

The majority of Children and Young People with HSB or CSB have experienced or witnessed family violence, many have been sexually abused, and many have been neglected and have had multiple placements.

Non-sexual offending is also frequently found in this client group. The multiple needs of many of the Children and Young People who present with HSB or CSB often require

a multi-agency team approach. The Provider will engage with other Providers and agencies to ensure a collaborative, planned and timely approach to services.

## **What are the Core Principles for Services for Children and Young People with HSB/CSB?**

Services for Children and Young People with HSB or CSB have the following core principles that underpin practice:

- an ethical relationship between the Provider and the Child or Young Person
- work collaboratively with family/whānau/caregivers, and other Providers or agencies from a social systems approach including the family/whānau/caregivers and education providers
- a collaborative approach between all parties
- trust and respect between all parties
- a positive relationship with the Purchasing Agency's site staff
- the Child or Young Person's positive engagement
- positive family/whānau/caregiver engagement, where possible and safe.

## **What do Services for Children and Young People with HSB or CSB seek to achieve?**

The key objective of Services for individuals with HSB or CSB is to contribute to the reduction or elimination of HSB or CSB. The Services will achieve this objective by implementing Child or Young Person focused assessment and treatment interventions that promote improved life outcomes for these high risk Children and Young People. The Services will contribute to the Outcomes for Children (refer Appendix Three) which include Child safety and belonging (for vulnerable Children) and reducing crime.

## Vision:

A safe community for Children and Young People that is free of HSB and CSB

## Long-term Outcomes:

The HSB and CSB Services will be delivered in a manner that is consistent with the Outcomes Framework (refer Appendix Three) of the Purchasing Agency. The Provider will contribute to the following outcomes:

- keep Children safe
- reduce crime
- connect Children and Young People positively to their families/whānau, and communities
- reduce or eliminate serious and persistent HSB and CSB
- reduce the risk of escalation to more formal Justice processes
- improve life outcomes for high risk Children and Young People including their family/whānau/caregivers.

## Results:

Results will include:

- Children and Young People are safe
- reducing the rate and severity of Child and Young People (re)offending around HSB or CSB, and abuse
- Children and Young People positively connect to their families/whānau, hapu, iwi and communities.
- addressing the effects of HSB or CSB
- restoring and improving the wellbeing of Children and Young People
- supporting Children and Young People to engage in positive activities which will lead to improved life outcomes
- improving Children and Young People's social functioning
- minimising the risk to the community of the Child or Young Person's negative behaviour by ensuring parents/caregivers and the wider family/whānau/caregivers are well educated and supported in the management of risk and behaviour concerns.

## Social Sector Accreditation Standards

Providers delivering HSB service are required to meet Level Two, Ministry of Social Development (MSD) specific accreditation standards. Providers are required to maintain their Accreditation Level according to the MSD's relevant Social Sector Accreditation Standards.

# 4. PARTICIPATION AND VIEWS OF CHILDREN AND YOUNG PEOPLE

Legislative changes to Sections 7 and 11 of the Oranga Tamariki Act 1989, means that:

- Children and Young People have a right to participate in, and express their views in and/or about:
  - court proceedings under the Oranga Tamariki Act 1989
  - family group conferences (convening and proceedings)
  - planning (preparation of a plan and review of a plan)
  - any other action or decision that significantly affects them.
- Children and Young People must be:
  - encouraged and assisted to participate to a degree appropriate for their age and maturity, unless the person responsible (see below for definition) considers their participation to be inappropriate
  - given reasonable opportunities to freely express their views on matters affecting them, and any views that they express (either directly, or through a representative) must be taken into account.

If Children and Young People require assistance to express their views or to be understood, support must be provided to assist them. Support can come from a family/whānau member, another person, a specialist service provider, or any other service. A support person is entitled to be present at a meeting or proceeding at which the Child or Young Person is present (including a family group conference), for the purposes of providing support, unless the person leading the process (the person responsible) considers it impractical or inappropriate.

## Person responsible

The following people are responsible for ensuring Children and Young People have been encouraged and assisted to participate, given reasonable opportunities to freely express their views, and given the support necessary to overcome difficulties in expressing their views or being understood:

- for proceedings before a court - the judge, or other person presiding, and the barrister or solicitor representing the Child or Young Person
- for the convening and proceedings of a Family Group Conference - the person responsible for convening the conference (ie, the Care and Protection or Youth Justice Co-ordinator)
- for planning processes - the person directed by the court to prepare or review the plan (ie, the Chief Executive's delegate, usually the Purchasing Agency's Social Worker for the Child or Young Person)
- for any other process - the person responsible for taking the action or making the decision. Depending on the particular action or decision, this might be the Purchasing Agency's Social Worker, or a Family Group Conference Co-ordinator.

## Access to independent services

Children and Young People that the Purchasing Agency and the Provider both work with have a right to access independent services and support to express their views about:

- matters important to them relating to their own circumstances
- general matters relating to processes and services they have experienced under the Oranga Tamariki Act 1989.

The Provider and the Purchasing Agency Social Worker/Co-ordinator must ensure that the Child or Young Person:

- knows about the relevant independent services, and how to access them
- has the support they need to express their views.

Independent services include the Purchasing Agency Feedback and Complaints mechanism, the grievance process within residences (Whāia Te Māramatanga), connection and advocacy service VOYCE - Whakarongo Mai, and the Children's Commissioner's Child Rights Advice Line.

Resources have been developed to support understanding and implementation of the changes. These can be viewed online with the [legislation reform information](#).

# 5. SERVICE DELIVERY

## Where do Providers fit in the big picture?

The Providers are key contributors to HSB or CSB Services. The Provider will use their best endeavours to achieve the desired outcomes of HSB or CSB Services by working with, and supporting the Purchasing Agency's Social Workers to refer Children and Young People for clinical assessment and treatment interventions as required. The focus of these Services is to enable Children and Young People to live successfully in the community having learnt how to stop or manage their HSB or CSBs.

## What are the Provider's Responsibilities?

The Provider has expertise in providing assessment and treatment interventions for Children and Young People and will be responsible for the following:

### Staff Recruitment

When recruiting staff the Provider will ensure that staff has the relevant qualifications, and skills to be able to work with these Children and Young People. They will be up-skilled with the necessary knowledge to work in this area.

The Provider will undertake, for all staff, a Police criminal check, the Purchasing Agency's required checks, which consist of an enquiry in the Purchasing Agency's database identifying if and how the person is known to the Purchasing Agency, contact referees and follow recruitment and employment policies consistent with the standards of Level Two (S403) Approval under the Oranga Tamariki Act 1989.

The Provider shall ensure that no applicant is employed if:

- he or she has a conviction for sexual offences or physical violence
- there is a Police criminal check, information from the Purchasing Agency, character or professional referees, or an indication they would be inappropriate as a staff member working with Children and Young People.

### Staff Supervision, Training and Support

The Provider will make appropriate induction training available for all staff directly involved in providing the assessment and treatment interventions to ensure that, prior to commencing their position as a staff member, that they have suitable knowledge of the following areas:

- safe and effective interventions with Children and Young People
- the Provider and MSD's requirements and expectations of staff recruited to provide the Services
- the Provider's culture, protocols and policies
- the Provider's obligations, particularly under the Oranga Tamariki Act 1989 and the Privacy Act 1993.

As regular professional supervision is a compulsory requirement of the Service, the Provider will employ or contract a clinical supervisor who will develop and monitor the implementation of the supervision plan with the clinical staff.

### Provider Staff Qualifications

The Provider shall ensure that all staff providing assessment and treatment interventions will be trained in Psychology (preferably with Masters or PhD level qualifications), Psychotherapy, Counselling, Social Work, Family Therapy or an equivalent human service discipline with practising certificates, if these are provided by that discipline. Once employed with the Provider the staff will have specialist HSB and CSB training. All staff is required to be members of relevant professional associations or working towards membership.

Table A below describes the qualifications, skills and knowledge required by the Social Workers and clinical staff that will be suitable in a clinical capacity to provide the assessment and treatment interventions for Children and Young People referred.

### Table A: Provider Staff Qualifications Skills and Knowledge Required

| Social Workers  | Clinical Staff  |
|---|---|
| <p>Social Workers support the clinical intervention by clinicians through being the interface with schools, education or training, the Provider, support to care Provider and other 'system'* work.</p> <p>Social Workers must demonstrate the following:</p> <ul style="list-style-type: none"> <li>• a recognised social work qualification. An exemption will only be approved where that Social Worker has commenced a recognised social work qualification, or has in the Purchasing Agency's opinion the requisite experience and skill, and the Provider has given sufficient evidence that the</li> </ul> | <p>Clinicians undertake assessments and treatment interventions with suitable Children and Young People.</p> <p>Clinical staff must have:</p> <ul style="list-style-type: none"> <li>• recognised qualification in psychotherapy, psychology, social work, counselling, family therapy or equivalent qualification</li> <li>• current registration/membership with their relevant professional body or in the process of application</li> <li>• have successfully completed the training or participating in the training identified in training sections of these</li> </ul> |



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| <p>Social Worker will receive appropriate management and supervision</p> <ul style="list-style-type: none"> <li>• an appropriate level of skill, experience and knowledge to work effectively with the Children and Young People placed in the assessment and treatment Service</li> <li>• extensive working knowledge of the Oranga Tamariki Act 1989, including its objectives, principles, and Care and Protection and Young People Justice provisions</li> <li>• sound knowledge of the dynamics of Child abuse, including physical, sexual, and emotional abuse, and neglect</li> <li>• knowledge of domestic violence, mental health and alcohol and drug abuse, conduct disorders and non-sexual offending particularly as they relate to Children and Young People</li> <li>• knowledge and understanding of Māori societal and familial structures, including whānau, hapu, iwi and the dynamics of whānaungatanga</li> <li>• knowledge and understanding of the range of Pacific Island societal and familial structures</li> <li>• a thorough awareness of safety issues including client safety, particularly with regard to issues of HSB and CSB, family safety and community safety</li> <li>• an ability to work effectively across different cultures</li> <li>• negotiation and conflict resolution skills</li> <li>• excellent communication and interpersonal skills, the ability to write reports, case notes, and participate in any external evaluation.</li> </ul> | <p>Service Specifications and any other on-going training as required</p> <ul style="list-style-type: none"> <li>• specialist training and skills in providing assessment and treatment to Children and Young People with HSB or CSB</li> <li>• the knowledge, experience and ability to identify and address mental health needs and conduct behaviours</li> <li>• the ability to interact with Children and Young People in accordance with the requirements of the assessment and treatment interventions</li> <li>• the skills to implement therapeutic strategies and exercise effective supervision of the Child or Young Person they are working with</li> <li>• a high level of skill and the requisite knowledge of the issues involved in working with the client group</li> <li>• an understanding of the objectives, principles and relevant provisions of the Oranga Tamariki Act 1989</li> <li>• knowledge of domestic violence issues, mental health, alcohol and drug abuse, and a knowledge of indicators for Child abuse</li> <li>• knowledge and understanding of Māori societal and familial structures, including whānau, hapu, iwi and the dynamics of whanaungatanga</li> <li>• knowledge and understanding of the range of Pacific Island societal and familial structures</li> <li>• the ability to work effectively across different cultures</li> <li>• an understanding of how to create a safe environment or Children and Young People</li> <li>• excellent communication, interpersonal skills, including negotiation and conflict resolution, and participate in any external evaluation.</li> </ul> |
|--|--|

**Systems work/therapy** suggests that individuals cannot be understood in isolation from one another, but rather as a part of a wider system. The goal of Systems Therapy is for a group to gain insight into each member's role as it relates to the healthy functionality of the whole. Systems Therapy can be applied to organisations, couples, communities, or families.

## Components of Services addressing HSB or CSB

Services for Children and Young People with HSB or CSB aim to provide therapeutic community based treatment to reduce, manage or eliminate these behaviours and assist Children and Young People to engage positively with their families/whānau and communities.

Services addressing HSB or CSB have two crucial components, clinical assessment and treatment intervention.

### Clinical Assessment:

This is to establish:

- if a HSB or CSB exists at a clinical level
- to assess the HSB or CSB behaviour
- to determine whether and what kind of treatment is required
- whether the service is suitable for the Child or Young Person.

The clinical assessment will include identifying the Child or Young Person's specific needs including other problems that present simultaneously such as mental illness, conduct issues, substance abuse, factors which may precipitate or maintain the HSB or CSB, other non-sexual behavioural problems and non-sexual offending.

### Treatment Intervention:

The treatment intervention is a specialised intensive treatment service which is targeted to address the Child or Young Person's specific needs which involves work with the Young Person, family/whānau/caregivers, education/vocation, and other agency/Provider.

Providers have an important role in making recommendations for care placement options as part of the treatment for Children and Young People. Specific sections below outline the scope and purpose of the assessment.

Providers must establish a process to transfer a Child or Young Person to an alternative Provider once an assessment and/or treatment has begun if they relocate to a different region. Transfer protocols should be agreed to assist with transfer notes to reduce need for duplication. Where Children or Young People move out of the Provider's locality but remain within the region during an assessment or intervention Service, a travel plan will need to be agreed to continue or complete treatment.

**The following Services will be provided for Children and Young People with HSB or CSB:**

### **Early Intervention Service (EI) for Children up to 12 years with HSB or CSB**

The early intervention and prevention Service is targeted at Children up to 12 years who display HSB or CSB and are referred from the community or from the Purchasing Agency. This Service promotes early intervention and prevention of HSB or CSB through a combined intervention approach involving the Purchasing Agency's Social Workers and the Provider.

Intervention involves assessment and treatment Services incorporating a multi-systems approach which may also include assessment and treatment of some mental health issues as appropriate.

### **Youth Service (12 to 17 years and older)**

The Youth Service is for Young People who display HSB or CSB aged 12 to 17 who are referred by the Purchasing Agency or the community (refer Figure 1 for specific sources of referrals). Assessment and Community Based Treatment (CBT) can be provided in all settings (community, Special Group Home (SGH) and Care & Protection (C and P) or Youth Justice (YJ) residences), with the exception of Young People placed at Te Poutama Arahi Rangitahi (TPAR), which is a residential unit for Young People with HSB and Barnardos are contracted to provide the treatment.

Intervention involves working therapeutically with the Young Person, family / whānau / caregivers, education / vocation, and other agency/Providers.

The assessment and treatment Service may involve individual therapy, adolescent peer group therapy, psycho-education, family therapy and social systems work. The Youth Service is the most intensive treatment service and the majority of the Purchasing Agency's Young People identified with HSB are within this group.

### **The Purchasing Agency's Referrals**

The Purchasing Agency's Social Worker will consider the appropriateness of an HSB assessment and treatment Service for Children and Young People and refer to the Provider. Referrals from the Purchasing Agency are given priority to community referrals.

An initial conversation is held between the Provider and the Purchasing Agency's Social Worker prior to referral to discuss the Child or Young Person's circumstances and whether

it is appropriate to refer to the Service. Refer to Figure 1 for further detail.

## Community Referrals

Referrals to both Service/s (Early Intervention and Youth Service) may be accepted from family/whānau/caregivers, community agencies, non-government organisations (NGOs) or other professionals. The Provider will work with the referrer prior to referral to discuss the Child or Young Person's circumstances and whether it is appropriate to refer to the Service.

### Care and Protection Concerns:

If in the course of a community referral the Provider becomes aware of care and protection concerns for the Child or Young Person or anyone associated with the referral, they will make a report of concern to the Purchasing Agency. These are managed in a similar process to referrals from the Purchasing Agency except that the Purchasing Agency's Social Worker will generally not be involved in the assessment or treatment process unless the Provider considers there is a care and protection concern. In such circumstances a report of concern would be made by the Provider to the Purchasing Agency. The Provider may continue with the assessment or treatment while the Purchasing Agency investigation is undertaken, the assessment or treatment may be placed on hold, or the referral may be withdrawn while the Purchasing Agency investigates the concerns.

## Referral to other Agencies

The Provider must recognise which agencies need to be involved in the Child or Young Person's treatment, and where referral to other services may be required, to ensure Children and Young People receive appropriate services. These may include other problems that present simultaneously including mental illness (especially trauma related) conduct disorders, social problems, intellectual/developmental problems and substance abuse.

The Provider will have processes in place for making referrals to other agencies, including keeping records of referrals.

## Engagement with Children or Young People

Safe engagement depends on the skills of the Provider's staff in engaging and building rapport with the Child or Young Person, and their family/whānau/caregivers in a non-threatening, professional way.

The Provider, in relation to HSB or CSB Services, will have an initial meeting with the Child or Young Person and their family/whānau/caregivers to:

- discuss the Service components and goals of the HSB or CSB assessment and treatment interventions, as well as answer any questions
- provide the family/whānau/caregivers with contact details for the Provider
- discuss, and where necessary clarify the expectations of the Provider, the Young Person, family/whānau/caregivers, education/vocation, and other agency/Provider
- explain escalation processes and the consequences of non-attendance
- complete all consents.

## HSB and CSB Processes

The general process for service delivery for Children and Young People with HSB or CSB is outlined in Figure 1 below.

## Figure 1: Services for Children or Young People with HSB or CSB Process

### Step 1 - Referral

A referral is made to the Provider by:

- The Purchasing Agency's Social Worker
- non-government organisations (NGOs)
- professionals such as schools and other education professionals, Police, mental health services, General Practitioners, Counsellors

Referral information includes:

- completion of a Provider Referral Form which includes all information required by the Provider about the Child or Young Person
- any relevant information that may assist the Provider in working with the Children and Young People including specific assessment tools and reports routinely undertaken by the Purchasing Agency's Social Workers. These may include: psychological or psychiatric reports, summary of facts for Youth Justice (YJ) Children and Young People, and outcomes of Family Group Conferences (FGC) and YJ conferences
- any reports or information from other agencies involved with the Children or Young People.

### Step 2 - Triage of Referrals/Decision Making

The process related to triage of referrals and decision making consists of the following steps:

- the Provider will confirm receipt of the referral in writing or email
- the Provider will contact the referrer and/or the Purchasing Agency's Social Worker for further information if required
- the Provider will accept or decline the referral within seven days of receipt of completed referral and notify the referrer.

The decision to accept or decline the referral is based on the following considerations:

- level of Young Person's motivation or mandate to attend
- level of parental/whānau/caregiver motivation to support an assessment
- Severity of HSB or CSB behaviour to meet threshold to assess
- Service is geographically accessible
- living environment that is safe for the Child, Young Person and other Children
- living environment is conducive to Child or Young Person to respond to therapeutic intervention.

If the referral is declined, the Provider will provide a recommendation to appropriate services (if required) in writing to the referrer.

The referrer will be advised as to any immediate safety plans that may require implementation to manage risk. However, clinical responsibility remains with the referrer until the Child or Young Person has started an assessment. The Providers may identify risk issues and will support the referrer in managing risk during assessment.

### Step 3 : Assessment and Planning

This assessment process includes:

- a review of referral information and specialist reports
- assessment of Child or Young Person, including risk, needs and strengths Identification
- psychometric measures
- interviews/observations with the Child or Young Person
- interviews with family/whānau/caregivers
- Young People (in the Youth Service) are informed of assessment outcome and treatment agreement is signed
- the Child or Young Person and their family/whānau/caregivers are engaged in the Service and motivated to attend treatment
- engagement with other Providers/agencies involved, including health/mental health, education and disability Providers.

The written report will be provided to the referrer within the 10 or 12 weeks' timeframe. This report will include:

- demographic information
- developmental, social, psychological history
- factors that identify predisposing, precipitating, and maintaining factors
- baseline information on risk
- assessment of, and recommendations for Care placement needs, including recommended time frames and/or indicators for care placement transition
- assessment of factors that may contribute to HSB or CSB or impact on treatment or outcomes, including non-sexual offending, mental health, alcohol and drug, conduct disorder problems
- recommendations for addressing factors that may contribute to HSB or CSB and/or impact on treatment outcomes.

Some Children or Young People may be considered to not need treatment as there is little evidence that they have engaged in HSB or CSB, or their level of risk does not require treatment. They may be referred to another service within the community where appropriate.

Where a Child or Young Person who is a client of the Purchasing Agency presents as higher risk and are living with either the victim or Children who may be vulnerable, they are referred back to the Purchasing Agency to:

- ensure that the placement is safe
- determine whether further resourcing is required to increase safety
- determine whether the Child or Young Person requires another suitable placement.
- ensure initial recommendations for placement are made with safety, stability and structure as a priority and informed by both clinical and systemic frameworks. In these situations the Purchasing Agency's Social Worker has the responsibility for immediate safety.
- ensure the Provider will provide guidelines and recommendations for a risk plan which the Purchasing Agency's Social Worker will prepare and execute.
- Exceptions to the timeframe may be required for some cases and will be agreed between the parties.

#### Step 4: Treatment Plan

If treatment is recommended, then this will generally commence within four weeks of the assessment completion provided there is a Purchasing Agency funded treatment place available. If there is a waitlist for treatment then it should commence within two weeks from the availability of a treatment place. If there are no Purchasing Agency funded places available then the Provider should advise the Purchasing Agency Social Worker within three days if and/or when a contracted placement is available.

- Note: If the client does not proceed with acceptance to begin treatment within eight weeks then the case may be closed and a re-referral may be required.
- Treatment includes:
  - the development of a treatment plan, including behaviour and risk management, HSB or CSB intervention, and other needs as identified in the assessment. This will include timeframes and roles and responsibilities
  - evidence-based intervention services for HSB or CSB
  - evidence-based intervention for non-sexual offending and other treatment targets as identified in the treatment plan
  - referral to other agencies as appropriate
  - on-going assessment of needs, including psychometrics, as appropriate
  - family/whānau/caregiver needs (including caregiver education) to support the Child/Young Person throughout treatment.

Treatment is completed and the Child, Young Person, parents/caregivers and the Purchasing Agency are provided with a follow up plan, which may include a support and safety plan if necessary prior to the end of treatment

#### Step 5: Transition from Treatment

Where it is proposed that treatment will be suspended, the Provider will discuss the reasons with the Purchasing Agency's Social Worker or Care and Protection and agreement will be gained by both parties before suspension is initiated

Transition is completed and the Child or Young Person is discharged from the Service within two weeks of the final transition contact

#### Step 6: AT Completion of the Service

When the Provider completes work with the Child or Young Person, they will:

- complete the psychometrics and a risk assessment, then notify the referrer that the assessment and treatment Service has been completed
- estimate risk of further HSB at treatment exit, based on the risk assessment
- refer the Child or Young Person on to other services where required
- will follow up with the Child or Young Person within three months of discharge. The Provider will inform the Purchasing Agency's Social Worker if any concerns are identified.

*\*Exceptions to the assessment completion within the specified period may include families in crisis, such as a family moving, a new baby or school holiday, sickness in the family or for some valid reason, the Child or Young People or family are unable to attend the scheduled assessment meetings.*

## Assessment and Treatment interventions provided for Children and Young People with HSB or CSB.

The following sections outline, in detail, the two services of assessment and treatment provided. The Provider may have an Outcome Agreement to provide either or both of these Services.



## Assessments for Children and Young People with HSB or CSB

Assessment is a critical step in the management of Children and Young People with HSB or CSB. There are two types of assessment that the Provider will undertake. The first is a *psychosocial assessment*, which is aimed at understanding the range of factors that contribute to HSB or CSB and need remediation in treatment. The other type is a *risk assessment* which is primarily focused on understanding the future risk of offending, including the risk of engaging in HSB or CSB.

In both types of assessment, a range of factors that relate to the offending behaviour are taken into consideration. For Young People both stable or historical risk factors (that do not change over time) and changeable factors related to risk of future HSB (such as HSB-supportive attitudes, rationalisations of HSB, deviant sexual fantasies if present, cognitive distortions and social skills deficits) are assessed. Treatment is then designed to target changeable risk factors in order to reduce the likelihood of further HSB.

Assessments always involve an age-appropriate risk assessment where available and a safety assessment which is reviewed throughout the assessment and treatment process. Note there is currently no internationally accepted risk tool for Children under the age of 12. All risk measures for sexual recidivism have, at best, 75% accuracy. The Provider works within a social system approach (whereby family/whānau/caregivers are included in treatment interventions) and provide treatment interventions and referrals to other Providers where necessary. The assessments and treatment models are evidence based.

Risk assessment can be further classified according to the method of determining the risk of future HSB and will include a clinical and an actuarial (psychometric) assessment. A *clinical* assessment is based on judgements of social work and clinician knowledge which draw on a range of evidence, including interviews, specialist reports, and referral information. Psychometric assessments are based on analysis of data aimed at identifying factors that are good predictors of future HSB. A list of psychometrics that can contribute to a risk assessment is presented in Table B below. Assessment for the Early Intervention (EI) and Youth Services comprise of administering, scoring and interpreting psychometric measures which include:

## Table B: Psychometric Measures for EI and Youth Services

| El Service  | Stop   | Wellstop                     | Safe     |
|---|--|------------------------------|----------|
| All = used in assessments for all Children and Young People<br>Optional = optional use in assessment as indicated by Children and Young People presentation |  |                              |          |
| Child Sexual Behaviour Inventory (CSBI) two (2)-12 years  | All  |                              |          |
| Achenbach Behaviour Checklists, aka (CBCL) over six (6) years or  | All  | Optional                     | All      |
| Strengths and Difficulties Questionnaire (SDQ) four (4) -10 years, 11-17 years  |  | ALL (Alternative to CBCL)    | Optional |
| Resiliency Scales for Children and Young People   |  | All (Aged 9 and Over)        | Optional |
| Child Sexual Behaviour Checklist for all Children and Young People (adapted from the Problem Wrestlers CSBCL), instead of the CSBI two (2) -12 years        |  |                              |          |
| Clinical Assessment Package for Risks and Strengths (CASPARS) five (5) -13 years  |  | All                          | Optional |
| Trauma Symptom Checklist for Children (TSCC) eight (8) -16 years  | Optional if there is an indication of trauma | All (aged nine (9) and over) |          |
| Children's Depression Inventory (CDI)   | Optional                                     |                              |          |
| Wechsler Intelligence Scale for Children – 4th Edition (WISC-IV)  | Optional                                     |                              |          |
| Youth Service   | Stop   | Wellstop                     | Safe     |
| Estimate of Risk of Adolescent Sexual Offence Recidivism (ERASOR 2.0) 12-18 years   | All  |                              |          |
| Achenbach Behaviour Checklists, aka (CBCL) or   | All  | Optional (used for research) | All      |
| Strengths and Difficulties Questionnaire (SDQ) 11-17 years  |  | All (Alternative to CBCL)    | Optional |
| Resiliency Scales for Children and Young People (RSCA) nine (9) -18 years   | All  |                              |          |
| Four Dimensions of Young People Development (4-D) 12-19 years   |  | All                          | Optional |
| Child Trauma Questionnaire (CTQ) 12 years and older   | Optional                                     | All                          | Optional |

|   |  |  |             |
|---|--|--|-------------|
| Trauma Symptom Checklist for Children (TSCC) eight (8) -16 years  | Optional if there is an indication of trauma | Optional if there is an indication of trauma |             |
| <b>Youth Service</b>  | <b>Stop</b>                                  | <b>Wellstop</b>                              | <b>Safe</b> |
| Wechsler Intelligence Scale for Children – 4th Edition (WISC-IV)  | Optional                                     |  |             |
| Wechsler Adult Intelligence Scale (Fourth Edition) (WAIS-IV), 16-89 years   | Optional                                     |  |             |
| Adaptive Behaviour Assessment System – 2nd Edition (ABAS-II)  | Optional                                     |  |             |
| Beck Young People Inventories – 2nd Edition (BYI-II) (only used to explore behavioural or clinical areas more deeply) | Optional                                     |  |             |
| Adolescent Clinical Sexual Behaviour Inventory (ACSBI)  | Optional                                     | All  | Optional    |
| Millon Adolescent Clinical Inventory  |  | Optional                                     | All         |

Results of the assessment provide an indication of the Child or Young Person/family/whānau/caregivers level of risk (sexual and general), their needs, strengths and level of resilience. The current best practice assessment tool used with Young People estimates the risk of further HSB for the following six month period. Recommendations will then be made about the indicated length of treatment. The length and intensity of the individualised treatment will depend on the needs of the Child or Young Person. The assessment must include a conclusion about the need and scope of treatment recommended, including referrals to care placements. See sections on recommendations for referral to a SGH and TPAR.

For Young People and in some circumstances, for Children, recommendations from the assessment will identify the best placement for treatment to be provided. This may include:

- remaining with family/whānau/caregivers
- provision of additional resourcing to family/whānau/caregivers
- one to one care placement
- HSB SGH
- a specialist treatment facility that is able to safely contain Children or Young People.

Assessment and treatment may be provided to Children and Young People who reside in the Purchasing Agency's residence. The Provider, The Purchasing's Social Worker and the Provider's residential case leader will need to agree on whether the Child or Young Person is able to be safely transported to the Provider or whether the Provider may provide treatment in the residence. In this circumstance a confidential room suitable for therapy must be provided.

All Children and Young People receive the same standardised assessment process with more in-depth elements of the assessment used if they have more complex needs.

The Provider will ensure that the assessment will involve:

- file review of collateral information and information gathering, which may include meetings with referrers or other professionals
- Kaimahi Māori consultation for Māori Children where available
- clinical interviews with the Child/Young Person/family/whānau/caregivers and other significant people in the Child/Young Person's life including home visits for Children in the Early Intervention (EI) Service
- school visits and meetings with key professionals as appropriate
- comprehensive case notes and assessment report
- the development of a safety plan
- the ERASOR risk tool applied (for Youth Services only)
- feedback to family/whānau/caregivers, referrer and other Providers as necessary

More intensive assessment may be required in the following and other situations:

- the family/whānau/caregivers are unwilling to engage in the assessment process
- the Child or Young Person may be in care with placement issues or placement breakdown imminent
- the Young Person may require referral to an SGH or TPAR
- the Child or Young Person/family/whānau/caregivers may have cognitive/developmental or mental health problems (often undiagnosed and no support being provided), or the Child or Young Person/family/whānau/caregivers have considerable trauma issues.

If a Child or Young Person displays HSB or CSB it is vital that the Child or Young Person/family/whānau/caregivers receive early support and intervention to manage change in the behaviour.

## Early Intervention Assessment:

The Purchasing Agency's Social Worker will refer a Child (up to 12 years or Year Eight) to the Service. The Child's CSB is assessed with their family/whānau/caregivers. There is no risk assessment undertaken as there is no international risk assessment tool available for this age group. However risk guidelines, based on clinical judgement, will be provided.

Following the assessment, the Child is either referred for treatment or not as they do not require treatment or their treatment needs would be better met elsewhere. In some cases where the behaviour is less serious or less concerning a short term intervention may be considered at the discretion of the Provider. In these cases where the intervention is less than six months, the psychological testing (psychometrics) will not be re-administered following intervention as the psychometric test would be unlikely to show a treatment result for an intervention of less than six months duration.

The Child Behaviour Checklists (CBCL) or Strengths and Difficulties Questionnaire (SDQ) will be used to measure behaviour and these measures will be administered in assessment and post intervention, based on whichever measure is considered most appropriate for a particular Child or Young Person. The Child Sexual Behaviour Inventory (CSBI) and Child Sexual Behaviour Checklist (CSBCL) can be used to measure sexual behaviour in Children.

When tested post intervention, the desired outcome for Children is that there would have been no or reduced CSB during treatment. This would be measured by re-administering the CSBI or CSBCL and including reports from the Child or others of any CSB behaviour during treatment.

## Youth Service Assessment:

Initially there is a conversation held with the Purchasing Agency's Social Worker regarding the appropriateness of the Youth Service for the Young Person.

Following referral, the Young Person and their family/whānau/caregivers are met both together and separately by the Provider clinician(s). As this process is generally co-assessed (two clinicians), the Young Person and their family/whānau/caregivers are met concurrently to establish the process and complete all the consents required including the releasing of information.

A risk assessment, including the administration of the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) tool is completed. The ERASOR is used to estimate risk of further HSB for Young People. The desired outcome for Young People is a reduction in risk of further HSB, as measured by the ERASOR and ideally no reports by the

Young People or others of HSB during treatment. Any reports that are provided would be measured by what is volunteered or is reported by the Young Person or others. Those involved in the risk assessment process may include a school representative, the family/whānau/caregivers, the Purchasing Agency's Social Worker and other Providers or agencies who are involved with the Young Person. ERASOR is valid for six months and only if the Young Person's circumstances remain constant. Should there be any change, the risk assessment will need to be updated and/or reassessed.

Safety plans are consistently reviewed throughout the assessment and treatment processes. The risk assessment and safety plan is discussed with the Young Person, and their family/whānau/caregivers. During the assessment there is follow up with the Purchasing Agency's Social Worker as required.

The outcomes and recommendations of the assessment are discussed with the Young Person, their family/whānau/caregivers and the Purchasing Agency's Social Worker to gain feedback on the proposed treatment plan, the recommendations for treatment, and/or placement. The report is then completed and sent to the Purchasing Agency's Social Worker and their Purchasing Agency's Supervisor.

## **Treatment Interventions for Children and Young People with HSB and CSB**

The aim of treatment is to assist the Child, Young Person and their family/whānau/caregivers to gain understanding, knowledge and the relevant skills to prevent further HSB/CSB from occurring. This is facilitated through a robust assessment and intensive treatment intervention plan.

### **Treatment Planning**

Treatment planning will be completed within a multi-agency team approach. The Provider will work in conjunction with other Providers and agencies who are involved with the Child or Young Person to ensure that all needs are identified and targeted in a coordinated manner. The treatment plan encompasses risk/safety, support, treatment and transition components.

A meeting is held with the Child, Young Person/family/whānau/caregivers (if appropriate), and the referrer or other professionals to ensure there is agreement and understanding by all parties prior to treatment.

This meeting is to:

- discuss the assessment recommendations
- agree the treatment plan including goals, objectives and timeframes
- discuss the family/whānau/caregivers and referring agency or other professionals' goals, and
- modify the initial risk/safety plan on the basis of the assessment.

The Provider will ensure that initial treatment plans are based on assessment information and identify immediate treatment goals (short term). These are individually tailored, reviewed and adjusted in response to the changing needs of the Child, Young Person/family/whānau/caregivers throughout the treatment process (medium term). Recommendations for transition to maintain treatment results are made at the end of treatment and are also individually tailored (longer term).

The average treatment service is up to six months for Children and 15 months for Young People. Young People with intellectual disabilities generally require longer periods of treatment. Treatment of Children and Young People including those with intellectual disabilities requires special consideration of modalities of delivery; active, participatory, multi-sensory modalities are recommended.

## Individual Treatment Plan (ITP)

### Purpose of an ITP

An Individual Treatment Plan (ITP) is a document agreed between the Child, Young Person/family/whānau/caregivers, the Purchasing Agency's Social Worker/s and the Provider's staff setting out the treatment goals, any resources required for treatment and to enable them to successfully reduce or eliminate HSB/CSB. All clients who are referred for treatment will have a written ITP. ITPs will be reviewed as required.

An ITP is pivotal to ensuring that Children's and Young People's needs remain at the centre of an intervention. The plans are developed using Child or Young People centred language, connecting in with family/whānau/caregivers and all other professionals involved with the Child/Young Person and gaining their views to assist everyone's engagement with the ITP.

### Child or Young Person's ITP

For an ITP, the Provider will:

- prepare an ITP for each Child or Young Person following his or her acceptance into treatment which follows an assessment that recommends treatment where places

are available

- ensure that each ITP will include the goals, planned level of contact and intended treatment for the Child or Young Person
- submit a copy of the ITP to the Purchasing Agency's Social Worker, or referrer, where appropriate within four weeks of the Child or Young Person commencing the HSB or CSB Services.

If substantial amendments to treatment are made to the Child or Young Person's ITP the Provider is to ensure that:

- the Child or Young Person is consulted on any alterations to his/her ITP
- all other relevant agencies or professionals involved in determining the ITP are sent a copy of the reviewed plan and are consulted when necessary
- the Purchasing Agency's Social Worker, the Child or Young Person's family/whānau/caregivers (if appropriate) or referrer is informed of the alterations and have the opportunity to comment

### Content of an ITP

The Provider must ensure that ITPs:

- are comprehensive
- record the strengths and needs of the Child or Young Person and their family/whānau/caregivers, and the Child or Young Person's links with their community
- form the parameters within which treatment will be delivered
- specify the resources and services required to meet the identified needs of the Child or Young Person and his or her family/whānau/caregivers.



## Table C: Content of an ICP

| Purchasing Agency's Social Worker   | Provider<br>(included in the Outcome Agreement Price)  |
|---|--|
| <p>For the Purchasing Agency's referrals, as soon as reasonably practicable after a Child or Young Person is accepted for treatment with the Provider, the Provider's clinician and/or Social Worker and the Purchasing Agency's Social Worker will jointly finalise the Child or Young Person's ITP. The Purchasing Agency may refer through partnered response on agreement with the Provider. In the case of community referrals, the Purchasing Agency's Social Worker is not involved.</p> <ul style="list-style-type: none"> <li>The Purchasing Agency's Social Worker will meet regularly (three to six monthly) with the Provider clinician and/or Social Worker to review the ITP updates. In complex cases, the Purchasing Agency's Social Worker and Provider's clinician and/ or Social Worker will be in frequent email and phone contact with case consults between the Purchasing Agency's Social Worker and their Purchasing Agency's Supervisor/Practice Leader.</li> <li>The ITP requires regular communication between the Provider and the Purchasing Agency's Social Worker.</li> <li>If the Purchasing Agency is not involved in the process, the case is close, or if there are care and protection concerns the Provider will notify the Purchasing Agency</li> </ul> | <p>The Provider has the lead responsibility for the ITP. The Purchasing Agency's Social Worker is fully consulted and ideally will attend a Treatment Plan meeting.</p> <p>After the Child or Young Person is accepted for treatment with the Provider, the Provider's clinical staff will undertake a regular review of the ITP.</p> <p>This includes:</p> <ul style="list-style-type: none"> <li>reviewing the Child or Young Person's progress towards goals</li> <li>updating the Child or Young Person's case record including all pertinent information relating to interventions</li> <li>reviewing the Child or Young Person's ITP for service effectiveness and relevance and making any required alterations.</li> <li>The Provider may review the ITP more frequently but for any changes that require updates to the Purchasing Agency's funding or Services, the Purchasing Agency's Social Worker must be informed.</li> </ul> |

## Treatment Process for Early Intervention Service

### Intervention

The expected period of intervention will be determined by the range of intervention needs identified during the clinical assessment and the Child's achievement of outcomes throughout the course of clinical intervention. Intervention typically covers a period up to 26 weeks, although shorter interventions may be appropriate for some Children/family/whānau/caregivers and conversely, the period of clinical intervention may be extended where a Child/family/whānau/caregivers experiences difficulty engaging fully in interventions or difficulty demonstrating reliable behaviour change.

Furthermore, changing or problematic circumstances in the child / family / whānau / caregiver's life may also extend the period of clinical intervention beyond 26 weeks. Following the HSB or CSB intervention, where necessary, a transition or referral to longer term intervention work could be required, or victimisation issues identified may need to be addressed with further focussed therapeutic interventions.

The clinical intervention phase of the treatment Service is developed to meet the unique needs of each Child as informed by the clinical assessment data and treatment recommendations. The intervention may include some, or all of the following components:

- **Individualised Treatment Plans (ITP):** are based on the clinical assessment data and these identify immediate clinical intervention goals. These are individually personalised, reviewed and adjusted in response to the changing needs of the Child/family/whānau/caregivers throughout the clinical intervention process
- **Child therapeutic intervention:** one to two weekly sessions involving the Primary Clinician and the Child. It is expected that a family/whānau/caregiver will be present in these sessions and will be engaged with the Child throughout the therapeutic process
- **Family/Whānau/Caregivers therapy:** involves the Child/family/whānau/caregivers as appropriate in therapeutic sessions. Family therapy may involve multiple family systems (including the caregiver system), which would extend the total number of family/whānau/caregivers therapy sessions over the intervention period
- **Family/Whānau/Caregivers and community education:** education sessions with extended family/whānau/caregivers and/or multi-family groups, in school, preschool or other community setting where the Child has social interaction with other Children
- **School and other key professionals:** visits to the school/preschool and with other key education, health or community professionals, focused on supporting these professionals to support the Child to develop safe ways of interacting with other Children, and enhancing interagency collaboration
- **Groups for Children and/or family/whānau/caregivers:** Group sessions may be held to meet the needs of Children and/or family/whānau/caregivers of Children in the Service in order to focus on particular psycho-educational or therapeutic needs. Examples may include parenting skills (e.g. enhancing attachment relationships, dealing with challenging behaviours and ways to support the Child's emotional

development) psycho-education about abusive behaviour including understanding impact of trauma. Children may benefit from therapeutic or psycho-educational group sessions. Groups where Children and family/whānau/caregivers attend together may include those focussed on developing skills such as emotional regulation especially as such skills need to be practiced in the home in order to ensure generalisation

- **Case Planning, Clinical Review and Care Plan/ITP Reviews:** each Child's progress is reviewed throughout the clinical intervention period by the clinical team working with the Child. Such reviews are facilitated and overseen by the Team Leader/Senior Clinician, and/or Clinical Manager
- **Family Group Conference/Strengthening Families Conference:** clinicians may attend a Family Group Conference or Strengthening Families Conference to present the clinical assessment report recommendations and information on the Child's progress in treatment (clinical intervention period)
- **Post - intervention Psychometrics:** relevant psychometric tests are repeated at the end of the clinical intervention period and the results compared to pre-intervention psychometric scores to assess change in identified areas
- **Completion:** a review of the learnings gained by the Child/family/whānau/caregivers from attendance and engagement in the Early Intervention Service is held in a closing session. An end of treatment report is prepared by the clinician and a copy is forwarded to the Purchasing Agency's Social Worker. Recommendations for any further interventions (either clinical or systems focused supports) would be delivered at this time
- **Follow-up/transition session:** this involves a follow-up phone call to /family/whānau/caregivers at three months after completion of intervention. Further transition or booster session(s) may be offered if necessary to reinforce the intervention strategies. In certain circumstances a new referral may be necessary.

### Intervention Service Approach

- The Provider shall ensure Children receive evidence-based, ethical and professional specialist clinical intervention to an international best practice standard.

### Therapeutic Themes:

- identity and sense of belonging

- strengths and 'things I'm good at'
- self-regulation - 'knowing what I feel and managing feelings'
- relationships and key attachments
- friendships - 'how to be a friend'
- traumatic experiences - 'pretty tough stuff'
- impact and responsibility and apology work - 'understanding how I hurt others'
- safety planning.

The focus of the individual therapy (family/whānau/caregivers are usually present) may include:

- creating a safe therapeutic space and process for the Child
- using proven therapeutic techniques including Interactive Play Therapy; Cognitive Behavioural Therapy; Art Therapy and Interactive Drawing Therapy; Structured Play Therapy using puppets, art, games, sand-tray, props and toys, music, story, interactive technology
- giving words and language to the Child/family/whānau/caregivers to talk openly about sexuality issues and sexual behaviour
- playing safely; good and bad touching and Personal space
- exploring the Child's understanding about sexuality and sexuality education
- safety and care planning.

The focus of the family/whānau/caregivers therapy may include:

- creating a safe and stable home environment
- identifying and engaging key adult figures in the Child's life
- exploring how the concerning sexualised behaviour has affected family/whānau/caregivers
- supporting family/whānau/caregivers through the intervention process
- exploring family/whānau/caregivers values around sexuality and how the family can play safely
- giving words and language to families to enable them to talk openly about sexuality issues and sexual behaviour
- teaching, coaching, modelling practical behavioural management and relationship skills
- addressing any relationship difficulties between the Child/family/whānau/caregivers
- addressing any family/whānau/caregivers dynamics that are inadvertently

supporting the CSB

- increasing family/whānau/caregivers understanding of the dynamics of CSB
- developing the strengths and protective factors within the family/whānau/caregivers
- supervision and safety planning and ensuring the safety of vulnerable family/whānau/caregivers is maintained, especially any Younger Children
- enhancing connectedness and managing family/whānau/caregivers reunification processes when appropriate and applicable.

The focus of the family/whānau/caregivers and community education may include:

- playing safely
- good and bad touching
- Personal space and boundaries
- sexuality education and where Children learn about sexuality
- raising awareness in regard to social media.

The focus of the school support and education may include:

- assisting children to learn to play safely
- helping teachers to talk with Children/family/whānau/caregivers about sexuality and inappropriate sexual behaviour
- support and supervision strategies
- equipping school Personnel to manage sexualised behaviour, keeping calm, de-escalating and responding to issues as they arise
- impact and support for teachers.

## Treatment Process for the Youth Service

### Intervention

The expected period of intervention will be determined by the risk level, the range of intervention areas identified at assessment and the Young People's achievement of outcomes. Intervention typically covers a period of 12 to 18 months although shorter interventions may be appropriate for some Young People, and intervention may be extended where a Young Person / family / whānau / caregiver experiences difficulties engaging in the intervention fully or difficulty demonstrating reliable behaviour change. Young People who have an intellectual disability or are low intellectual functioning typically require longer intervention periods.

The intervention phase of the treatment Service will be developed to meet the unique needs of each Young

Person/family/whānau/caregivers and may include:

- **Intervention Plans:** based on assessment information, and identify immediate intervention goals (short term). These are individually tailored, reviewed and adjusted in response to the changing needs of the Young Person and their family/whānau/caregivers throughout the intervention process (medium term). Recommendations for transition to maintain gains are made at the end of intervention and are again individually tailored (longer term)
- **Individual therapy:** one to two weekly sessions involving a Primary Clinician and the Young Person
- **Young People group therapy:** structured group of two hours with up to eight Young People that are appropriately matched in cognitive, developmental and age levels and co-facilitated by two clinicians/therapists. These groups may either be held at various periods during interventions with a module focus, or on a weekly or bi-weekly basis that combine process and module based work. Participation in groups facilitates the Young Person's experience of a group culture of responsibility and appropriate peer group challenge and support
- **Family/whānau/caregiver education:** provided in a range of contexts appropriate to the Young Person/family/whānau/caregivers needs and may include: multi-family groups, immediate or extended family/whānau groups
- **Family/whānau/caregiver therapy:** involves the Child, Young Person/family/whānau/caregivers as appropriate, typically at two to three week intervals. Family therapy may involve multiple family systems (including the caregiver system), which would extend the total number of family therapy sessions over the intervention period
- **Intensive groups/adventure based activities:** this occurs within a therapeutic context comprising members of the peer therapy groups and focused on key intervention issues. These activities may be based at the Provider premises or off site. As appropriate, adventure-based activities will be delivered within the family therapy context. All adventure based activities are facilitated by a trained professional
- **Social/systems work services:** social and professional systems work with the Young Person's support system which may include family/whānau/caregivers,

residential care/SGH Provider, mentor, church, the Purchasing Agency's Social Worker, mental health worker, sports coaches, school staff, training Provider staff and/or employer. This may involve the development and management of safety planning and connecting the Young Person to new support networks, educational, employment and other social systems

- **Services for Young People with intellectual/developmental disabilities:** low functioning Young People will usually require an 18 to 24 month intervention that may include a specialist group service designed specifically for this client group. Concrete and action based methods are utilised with these Young People
- **Progress reviews:** each Young Person's progress is regularly reviewed by the clinical team working with them
- **Systems/Care Plan/ITP reviews:** review of the Young Person's progress at three to six monthly intervals during the intervention phase. Systems/Care Plan reviews may include the Young Person/family/whānau/caregivers, the Purchasing Agency's Social Worker, support people and victim's family (if appropriate). The reviews are generally facilitated by the Provider with a trained professional/team leader/senior clinician who is not directly involved in the Young Person's treatment and provides an accountability forum to monitor the Young Person's progress. The frequency of reviews will be adapted for short-term interventions. Summaries of the reviews are forwarded to the Purchasing Agency's Social Workers.

### Intervention Service Approach

The Provider shall ensure that Young People receive evidence-based, ethical and professional intervention to an international best practice standard.

The focus of individual therapy may include:

- exploring the factors that underlie the Young Person's HSB
- developing strengths and protective factors in the Young Person's life and reducing the risk factors
- addressing any long-standing Personal issues which the Young Person has that may impact on their risk of engaging in recidivist behaviour
- producing assignments, letters, posters, drawings etc. to facilitate sharing their therapeutic work within the group and family therapy meetings.

The focus of group therapy may include:

- extending the Young Person's understanding of key intervention themes via peer

feedback and exposure to others' learning. Also from time to time there are educational components delivered within the group therapy context, for example sex education. Some groups may be modular and based around a key intervention theme

- extending the Young Person's own learning via experiential means such as role play and also via peer feedback (including feedback from more senior Young People who have completed similar intervention tasks)
- providing the Young People with a moderated and safe peer context that allows for their practicing various social skills, including: co-operation, turn-taking, good communication, talking in a small group, talking about feelings, how to appropriately challenge others and how to receive positive and constructive feedback.

The focus of family/whānau/caregivers therapy may include:

- exploring how the HSB has affected family/whānau/caregivers
- supporting family/whānau/caregivers members through the intervention process
- addressing any relationship difficulties between the Young Person and their family/whānau/caregivers
- providing opportunities for the Young Person to present their therapeutic work/learning and thereby be held accountable by their /family/whānau/caregivers
- addressing any family/whānau/caregivers dynamics that are inadvertently supporting the HSB
- increasing family/whānau/caregivers understanding of the dynamics of HSB
- developing the strengths and protective factors within the family/whānau/caregivers environment
- ensuring the safety of vulnerable family/whānau/caregivers is maintained, especially any Younger Children
- enhancing connectedness and managing family/whānau reunification processes when appropriate and applicable.

The focus of system/care plan/ITP review may include:

- exploration of the Young Person's progress in the different aspects of the intervention service including the peer therapy group, individual and family work
- providing an opportunity for the family/whānau/caregivers, victim, victim's family/whānau/caregivers and support people to hear from the Young Person about what they understand about the HSB and the strategies they are learning to



keep safe from harming others again

- hearing from family/whānau/caregivers about changes in the Young Person's understanding and behaviour they have noticed and any concerns they may have
- an opportunity for the family/whānau/caregivers and support people to hear from the Provider clinicians about how they see the Young Person's progress in different aspects of the intervention Service
- identifying any obstacles or difficulties arising, and to identify and agree on strategies and tactics required to address these, with all involved agreeing to a pathway forward
- setting challenges or goals for the next phase of the intervention
- acting as an accountability review of the intervention to the Child, Young Person/family/whānau/caregivers and other people who have been affected by the HSB.

## **Assessment and Treatment in a SGH or Residential Care**

Treatment will continue as part of the ITP when Children and Young People are placed in the Purchasing Agency SGH. The best location for treatment will be agreed between SGH residence staff and the Provider Social Worker. Where the treatment service is provided in the SGH or residences, a private confidential room will be provided. The Purchasing Agency staff will provide safe transfer for Young People where appointments are in Provider settings. The Provider will have in place the necessary processes to allow for transfer of Young People in a way that continues their assessment or treatment when they move out of the area covered by the Provider.

## **Transition to/from TPAR**

Refer to the "Joint Admission to Discharge Protocol" between the Purchasing Agency and Providers.

## **Transition into TPAR from Clinical Assessment or Treatment in the Provider Service**

Once a Young Person has been accepted for admission into TPAR the following should occur:

- TPAR to liaise with the Provider regarding clinical handover and allocation of a Provider's clinician who will provide family therapy throughout the duration of treatment at TPAR
- the Provider will work with the Young Person and their family/whānau/caregivers to

prepare them for transition to TPAR. This will include therapy sessions focused on the issues of transition

- the Provider will ensure a pre-admission meeting will occur approximately two weeks prior to admission, involving the Provider's CBT clinician, TPAR staff, the Purchasing Agency's Social Worker, the Young Person and their family/whānau/caregivers. This meeting will be arranged by TPAR and the Purchasing Agency's Social Worker in the Young Person's home location and will begin the care planning process. This meeting will involve the Provider supporting the Young Person/ family/whānau/caregivers in understanding and management of the transition process
- prior to admission, the TPAR clinician and the Provider's clinician will discuss key therapeutic issues and develop a plan which includes details of the frequency and content of family therapy sessions in the initial stages
- the Purchasing Agency's Social Worker will attend the admission day at TPAR, focusing on assisting the Young Person and their family/whānau/caregivers with the transition process
- the Provider Clinician will attend the admission day at TPAR
- the Provider will provide regular therapy (no less than six monthly sessions) to the family / whānau / caregiver identified as the important to the Young Person or whom they will be returning to, for the duration of the placement in TPAR
- should the family / whānau / caregivers not engage in regular therapy, the Provider should raise this at the case consults and work with the Purchasing Agency's Social Worker to re-engage the family / whānau / caregivers
- should any concerns about the Purchasing Agency's Social Worker arise please refer to the escalation process.

## **Transition from TPAR into Clinical Treatment with Community Based Provider**

The process of transition from TPAR into clinical treatment with a Community Based Provider is as outlined below:

Approximately four to six months prior to estimated discharge, TPAR will convene a Family Decision Making meeting (FDM) in the site location the Young Person will return to. This meeting will include the Provider's clinician, the Purchasing Agency's Social Worker, TPAR staff and the Young Person/family/whānau/caregivers. The purpose of this meeting is for the professionals to provide information to the family/whānau/caregivers regarding

the Young Person's strengths, needs and risks to support quality decisions about placement, education, on-going treatment need and other key issues post treatment and following discharge from TPAR.

A second FDM will usually be held approximately six to eight weeks prior to the discharge date to assess progress towards tasks.

Prior to discharge the Provider will provide the following:

- planning meetings with TPAR and future caregivers/SGH staff
- therapeutic sessions with TPAR which includes robust safety planning and supporting future caregivers to have an in-depth understanding of the Young Person and their needs. This may be formalised with training provided to the caregivers by TPAR and/or the Provider
- regular visits for the Young Person (including overnight/weekend stays) with the new caregivers while still residing at TPAR, with family therapy sessions planned and facilitated by TPAR, and the Provider will discuss any issues which arise from these meetings and problem solve difficulties
- on-going involvement of family/whānau/caregivers in family therapy sessions regardless of whether they are the identified transition placement. Acknowledgement of the need for possible increased family therapy sessions where a Young Person is returning to family/whānau of origin care
- increased contact between the clinician and the Young Person to facilitate engagement prior to discharge where appropriate
- a transparent handover process by attending discharge day with the Purchasing Agency's Social Worker.

Should any concerns about the Purchasing Agency's Social Worker arise please refer to the escalation process.

## **Transition into YSS SGH Care while the Young Person is Accessing Provider Service**

The Provider will ensure:

- meetings involve the Purchasing Agency's Social Worker, YSS SGH staff and to develop a robust transition plan
- family therapy sessions will focus on supporting the Young Person and family/whānau/caregivers to understand the rationale for the need for SGH care and support

- opportunities for the Young Person and family/whānau/caregivers to visit the SGH and meet key staff prior to transition, accompanied by the clinician/or Provider's Social Worker
- opportunities for the Young Person to have a graduated entry into the SGH where possible. One month transition is provided for under the YSS SGH agreements for this purpose while longer periods need the agreement of the Manager High Needs Team. This may include overnight/weekend visits prior to actual admission
- the SGH staff is well informed about the Young Person and their family/whānau/caregivers, their ITP
- and any key issues which are relevant. This will include discussions regarding the key safety issues
- they provide treatment interventions and the continuation of the ITP while the Young Person is placed in the SGH
- post-transition support to the SGH in understanding behaviours and problem-solving difficulties as they arise. This will include involvement of SGH staff in review meetings held by the Provider.

Should any concerns about the Purchasing Agency's Social Worker arise, refer to the escalation process.

## **Transition from SGH Care into Independent Living, One to One Care or Return to Family of Origin while the Young Person is Accessing Provider Services**

This stage of transitioning is to include:

- meetings involving the Purchasing Agency's Social Worker, SGH staff and the Provider clinician/or social worker to develop a robust transition plan
- therapeutic sessions provided by the Provider will include robust safety planning, and supporting future caregivers to have an in-depth understanding of the Young Person and their needs
- involvement of new caregivers in family therapy sessions with the Young Person
- increased family therapy sessions from the Provider to assist the family/whānau/caregivers in preparing for their Young Person to return home, including discussion of potential difficulties, emotional responses and problem solving where a return to family of origin care is planned
- safety planning involving the Provider, Young Person and their family/whānau/caregivers regardless of the transition placement

- an opportunity for a graduated transition to take place, involving overnights/weekends while a bed continues to be held in the SGH. This allows for difficulties to be assessed and addressed in a gradual way prior to full transition occurring
- liaison with the counsellor of the victim (when the Child is receiving victim counselling) and carefully plan the therapeutic tasks which need to occur prior to returning to family/whānau of origin care and there is a victim in the home. This may include responsibility and apology sessions between the Young Person and the victim, and will involve the victim in the safety planning process.

Should any concerns about the Purchasing Agency's Social Worker arise please refer to the escalation process.

## Escalation Process

The Provider will work through the following the Purchasing Agency's processes to resolve any issues which arise when working with the Purchasing Agency's Social Workers.

- In the first instance, the Provider should raise an issue directly with the Purchasing Agency's Social Worker
- Any issue not resolved should be escalated by the Provider to the Purchasing Agency Supervisor
- Failure to achieve resolution with the Purchasing Agency's Supervisor should be escalated by the Provider to the Purchasing Agency's Practice Leader or Site Manager
- Failure to achieve resolution with the Purchasing Agency's Site Manager should be escalated by the Provider to the Purchasing Agency's Operation's Manager for the site or and/or the Regional Director before going to the Ministry's National Office HSB Steering Committee (refer to Appendix Four for the Terms of Reference for the HSB Steering Committee)
- Failure to achieve resolution with the Steering Committee should be escalated by the Provider to the Office of the Chief Social Worker (OCSW).

## Reporting Concerns

If the Provider considers that a Child or Young Person has any of the following issues or their behaviour gives cause for concern it is appropriate to talk to the Child or Young Persons caregiver and the Purchasing Agency's Social Worker.

Where there is an immediate concern it is important that the Provider talks to someone directly to ensure they are aware of the concern; do not leave a voicemail message. If the Purchasing Agency's Social Worker is unavailable then please contact their supervisor or call the National Contact Centre (0508 FAMILY) and ask for the duty Social Worker at the Child or Young Person's site.

Issues of concern are listed below but this is not an exhaustive list. A Child or Young Person:

- not attending appointments or programmes when the Provider expect them to and there are grounds to believe they are at risk of being harmed by others, or there are mental health concerns, or they are at risk of harming themselves or others – contact the Child or Young Persons caregiver and the Purchasing Agency's Social Worker
- has a pattern of missing planned sessions – contact the Child or Young Persons caregiver and the Purchasing Agency's Social Worker
- displaying behaviour that is concerning – contact the Child or Young Persons caregiver and the Purchasing Agency's Social Worker
- appear to be under the influence of drugs or alcohol – contact the Child or Young Persons caregiver or the Purchasing Agency's Social Worker and supervise till someone comes for them
- have suicidal ideation or reveal they have self-harmed – contact the Child or Young Persons caregiver and the Purchasing Agency's Social Worker
- become seriously unwell – contact the Child or Young Persons caregiver and apply / seek appropriate medical assistance.

# 6. MEASURING RESULTS AND REPORTING

## How do we know if HSB and CSB are working?

The Purchasing Agency is interested in being able to demonstrate that Services for Children and Young People with HSB/CSB achieve outcomes (or results). The Purchasing Agency does this through various reporting requirements which are all based on a Results Based Accountability (RBA) framework, and the HSB Sector Outcomes Framework (see Appendix Three), and is reflected in the Provider Return Reports attached to the Outcome Agreement.

The CBT Providers use standardised risk and outcome tools to determine the effectiveness of the Services. The measures will include but are not limited to:

- Early intervention treatment service
  - CBCL (Child Behaviour Checklist) or SDQ (Strengths and Difficulties Questionnaire)
  - CSBI (Child Sexual Behaviour Inventory)
- Treatment service
  - ERASOR (Estimate of Risk of Adolescent Sexual Offense Recidivism)
  - CBCL (Child Behaviour Checklist) or SDQ (Strengths and Difficulties Questionnaire)
- Young Adult (17-24 year olds)
  - ERASOR (Estimate of Risk of Adolescent Sexual Offense Recidivism) (17-18 year olds)
  - STABLE 2007 (19 years and over). Examples of dynamic risk factors for sexual recidivism which are measured by the STABLE 2007 are significant social influences, deviant sexual interest, emotional identification with Children and negative emotionality.

## What data needs to be collected for reporting?

To tell the Purchasing Agency if the Services are making a difference the Purchasing Agency requires the Provider to collect data that will tell us:

- how much the Provider did?
- how well did the Provider do it?
- if outcomes were achieved?

The data is backed up by a Narrative Provider Return report. A guide to writing the narrative report is found in the Narrative Provider Return Report (included in the contract document).

## What reports are required by the Ministry?

Reporting is required to meet the contractual obligations set out in the Outcome Agreement. Reporting is necessary to ensure accountability to Government for the funding provided under that Outcome Agreement. The Purchasing Agency has agreed on the quantity and nature of the Services the funding supports, and we are required to report to Government that this has been achieved.

The following reports must be completed and sent to your Purchasing Agency's Contract Manager:

- Provider Return Report (refer to the Outcome Agreement for reporting frequency)
- Narrative Provider Return Report (refer to the Outcome Agreement for reporting frequency). An example of the reporting template is attached as Appendix One to these specifications.

The report templates as set out in Appendix One will be sent to the Provider in an electronic format (individual Provider Returns attached to your Outcome Agreement may differ to these if you provide other services through your Outcome Agreement).

## Where can we find more information about Results Based Accountability (RBA)?

More information on RBA can be found at:

- <http://www.business.govt.nz/procurement/for-agencies/buying-social-services/results-based-accountabilitytm-rba/>
- <http://www.msd.govt.nz/what-we-can-do/providers/results-based-accountability/index.html>



Your Purchasing Agency's Contract Manager, as identified in your Outcome Agreement, will also be able to assist and provide further information on RBA.

## **Steering Group**

A Steering Group has been established with the Purchasing Agency's Managers from the Residential and High Needs Services, Operations, the Office of the Chief Social Worker and the HSB Sector CEOs to support communication, and improve service delivery.

## **Evaluation**

The Provider agrees to participate in any evaluation of the HSB or CSB Services that is undertaken by the Ministry. The Provider will take any necessary and reasonable steps and co-operate with the Purchasing Agency or third parties appointed by the Purchasing Agency to facilitate such evaluations.

## **Family Services Directory**

The term of the Outcome Agreement with the Ministry, Providers must ensure that their organisation is listed on the Ministry's Family Services Directory <http://www.familyservices.govt.nz/directory>, and that necessary information is updated when required.

# 7. DEFINITIONS

In these specifications, unless the context otherwise requires words or phrases beginning with capital letters are defined as follows:

- “Outcome Agreement” means the contract entered into by the Provider and the Purchasing Agency for these Services;
- “Child” and “Young Person” derive their meaning from the Oranga Tamariki Act 1989 and Children and Young People have a corresponding meaning; “Client group” means the Children and/or Young People who have harmful or concerning sexual behaviours (HSB/CSB);
- “HSB/CSB” means harmful sexual behaviour or concerning sexualised behaviour;
- “The Purchasing Agency’s Site Manager” means the manager responsible for the budget and the Purchasing Agency’s Social Workers in a given geographic location;
- “The Purchasing Agency’s Site Office” means the local operations site of the Purchasing Agency and Site has the same meaning;
- “The Purchasing Agency’s Social Worker” means a Person employed by the Purchasing Agency under Part 5 of the State Sector Act 1988 as a social worker, and Social Worker has a corresponding meaning;
- “Primary Clinician” means the main therapist working with the Child and/or Young Person;
- “Provider” means one of the Providers of Services that the Purchasing Agency has an Outcome Agreement with; “Provider’s Clinician” means a Person employed by the Provider as a clinician (see Page 13);
- “Services” means the Services to be provided under the Outcome Agreement, and “Service” has a corresponding meaning;
- “Specialist Group Home” means it is the Purchasing Agency’s residence for HSB that is a staffed and supported therapeutic living environment for Young People aged 12 to 17. A maximum of five Young People live in the home for typically between three and six months each. The aim is to provide a safe, nurturing home environment for Young People where they can access support and Services they need to gain skills and the confidence to live safely in the community;
- “TPAR” is Te Poutama Arahi Rangatahi which is the national residential treatment centre for New Zealand’s Young People who have engaged in HSB. The Young

People (males, 12-17 years) are under the custody or guardianship of the Chief Executive of the Ministry. The primary aim of the TPAR service is: 'to reduce the frequency or severity of HSB in high risk Young People'.

# 8. APPENDIX ONE

## Provider Return Report

### (Provider Legal Name Report)

|                  |
|------------------|
| Report Due dates |
| 10 October 20XX  |
| 5 December 20XX  |
| 10 April 20XX    |
| 10 July 20XX     |

N.B. Clients are to be recorded at point of entry into the service from 1 July each year.

Signed by \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

| Description of Service  | Service Unit of Measure                  | Quantity of Service  | 1 July 20XX to 30 September 20XX | 1 July 20XX to 30 November 20XX | 1 July 20XX to 31 March 20XX | 1 July 20XX to 30 June 20XX |
|---|--|----------------------|----------------------------------|---------------------------------|------------------------------|-----------------------------|
| Early intervention assessments for Children who have concerning sexualised or harmful sexual behaviour. | Total number of referrals for            | <b>Contracted</b>    |                                  |                                 |                              |                             |
|   | Total number of assessments in progress. | <b>Report actual</b> |                                  |                                 |                              |                             |
|   | Total number of referrals who            | <b>Report</b>        |                                  |                                 |                              |                             |
|   | Total number of assessments              | <b>Report</b>        |                                  |                                 |                              |                             |
|   | Total number of assessments              | <b>Report</b>        |                                  |                                 |                              |                             |

## HSB SERVICE SPECIFICATIONS

| Description of Service   | Service Unit of Measure  | Quantity of Service  | 1 July 20XX to 30 September 20XX | 1 July 20XX to 30 November 20XX | 1 July 20XX to 31 March 20XX | 1 July 20XX to 30 June 20XX |
|--|--|----------------------|----------------------------------|---------------------------------|------------------------------|-----------------------------|
| Early intervention treatment programme for Children displaying sexualised or harmful sexual behaviour. | Total number of clients receiving intervention.  | <b>Contracted</b>    |                                  |                                 |                              |                             |
|  | Total number of clients completing intervention.   | <b>Report actual</b> |                                  |                                 |                              |                             |
|  | Total number of clients in treatment carried over from the last financial year.  | <b>Report actual</b> |                                  |                                 |                              |                             |
|  | Total number of clients who have case management with goals (objectives) set.  | <b>Report actual</b> |                                  |                                 |                              |                             |
|  | Total number of Maori clients completing intervention who report they have had their needs met in a culturally responsive way. | <b>Report actual</b> |                                  |                                 |                              |                             |
|  | Total number of clients exiting the programme prior to completion.   | <b>Report actual</b> |                                  |                                 |                              |                             |
|  | Total number of clients who do not offend/reoffend while on the programme.   | <b>Report actual</b> |                                  |                                 |                              |                             |
|  | Total number of clients completing intervention with needs met (needs met = 80% of goals achieved in case plan).               | <b>Report actual</b> |                                  |                                 |                              |                             |
|  | Narrative report.  | <b>2</b>             |                                  |                                 |                              |                             |

| Description of Service  | Service Unit of Measure  | Quantity of Service      | 1 July 20XX to 30 September 20XX | 1 July 20XX to 30 November 20XX | 1 July 20XX to 31 March 20XX | 1 July 20XX to 30 June 20XX |
|---|--|--------------------------|----------------------------------|---------------------------------|------------------------------|-----------------------------|
| Treatment programmes for Youth displaying harmful sexual behaviour. | Total number of clients receiving intervention.  | <b>Contracted volume</b> |                                  |                                 |                              |                             |
|   | Total number of clients completing intervention.   | <b>Report actual</b>     |                                  |                                 |                              |                             |
|   | Total number of Maori clients completing intervention who report they have had their needs met in a culturally responsive way. | <b>Report actual</b>     |                                  |                                 |                              |                             |
|   | Total number of clients in treatment carried over from the last financial year.  | <b>Report actual</b>     |                                  |                                 |                              |                             |
|   | Total number of clients commencing treatment.  | <b>Report actual</b>     |                                  |                                 |                              |                             |
|   | Total number of clients exiting the programme prior to completion.   | <b>Report actual</b>     |                                  |                                 |                              |                             |
|   | Total number of clients who have case management with goals (objectives) set.  | <b>Report actual</b>     |                                  |                                 |                              |                             |

| Description of Service  | Service Unit of Measure  | Quantity of Service | 1 July 20XX to 30 September 20XX | 1 July 20XX to 30 November 20XX | 1 July 20XX to 31 March 20XX | 1 July 20XX to 30 June 20XX |
|---|--|---------------------|----------------------------------|---------------------------------|------------------------------|-----------------------------|
|   | Total number of clients completing intervention with needs met (needs met = 80% of goals achieved in case plan and able to implement a safety plan).                             | Report actual       |                                  |                                 |                              |                             |
|   | Total number of clients who do not offend/reoffend while on the programme.   | Report actual       |                                  |                                 |                              |                             |
|   | Narrative report.  | 2                   |                                  |                                 |                              |                             |
| Assessments for Youth displaying harmful sexual behaviour. Assessments are for CYF and community referrals; CYF referrals should take precedence. | Total number of referrals for assessment.  | Contracted volume   |                                  |                                 |                              |                             |
|   | Total number of assessments completed.   | Report actual       |                                  |                                 |                              |                             |
|   | Total number of assessments in progress (either pending or in assessment carried over from the last financial year this would only need to be reported on in the first quarter). | Report actual       |                                  |                                 |                              |                             |
|   | Total number of referrals who are seen within 14 weeks.  | Report actual       |                                  |                                 |                              |                             |
|   | Total number of assessments completed within 10 weeks.   | Report actual       |                                  |                                 |                              |                             |
|   | Narrative report   |                     |                                  |                                 |                              |                             |

| Description of Service                     | Service Unit of Measure  | Quantity of Service      | 1 July 20XX     | 1 July 20XX    | 1 July 20XX      | 1 July 20XX     |
|--|--|--------------------------|-----------------|----------------|------------------|-----------------|
|  |  |                          | To 30 September | To 30 November | To 31 March 20XX | To 30 June 20XX |
| Harmful sexual behaviour support services. | Total number of organisations accessing training and support.  | <b>Contracted volume</b> |                 |                |                  |                 |
|  | Total number of organisations who express satisfaction with the content and delivery of the service.   | <b>Report actual</b>     |                 |                |                  |                 |
|  | Total number of organisations completing training and support with needs met (needs met = able to implement some of the training into the work place). | <b>Report actual</b>     |                 |                |                  |                 |
|  | Narrative report.  |                          |                 |                |                  |                 |

#### Narrative Report for the period 1 July 20XX to 30 June 20XX

1. Describe how the clients (or agencies) benefited from the Service and provide two examples of success stories (see guidance notes below).
2. What trends, issues and/or impacts have been identified for the client group (or agencies) that influence the outcomes?
3. Describe the strategies or practices in place to encourage “hard to reach” clients to engage.
4. Provide an explanation of the variances (if any) between volumes contracted and volumes delivered.
5. Primary reasons for clients exiting (drop out/discharged) or not engaging in intervention.
6. Variations in outcomes measures:
  - reductions in dynamic risk on ERASOR
  - improvements in relevant measures on CBCL/SDQ
  - no or reduced HSB/CSB during intervention
  - treatment targets have been met as identified in individual treatment plan and are supported by psychometric data
  - engaged in education or work.



# 9. APPENDIX TWO:

## Provider Feedback Form

| Provider Feedback Form                        |                          |                              |
|---|--------------------------|------------------------------|
| Please email to your Contract Manager         |                          |                              |
| Name of service                               |                          |                              |
| Summary of, and reasons for, suggested change |                          |                              |
| Topic   | Reference (section/page) | Suggested change/description |
|   |                          |                              |
| Contact name:                                 | Position:                |                              |
| Provider name:                                |                          |                              |
| Provider email:                               |                          |                              |
| Provider phone:                               | Date submitted:          |                              |

# 10. APPENDIX THREE

## Outcomes Framework



