MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

COMMUNITY INVESTMENT
TE HAUMI A-HAPORI

Concerning Sexual Ideation Service: Service Guidelines

F21

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1. About these Guidelines

What are these Guidelines for?

These Concerning Sexual Ideation Service Guidelines ("Guidelines") are for providers the Ministry of Social Development ("the Ministry") contracts with to provide a concerning sexual ideation (CSI) service to non-mandated adults ("the service").

Outcome Agreements with providers of CSI services require that they are delivered in accordance with these Guidelines. The Guidelines form part of the Outcome Agreement.

What is the purpose of these Guidelines?

These Guidelines provide:

- a set of practice principles to guide service delivery
- an outline of service delivery and practice
- a resource tool to help providers deliver services consistently
- a resource tool to assist providers in meeting the desired service outcomes
- a way for the Ministry to improve its responsiveness to feedback regarding changes to the service delivery component of the Outcome Agreement.

How should these Guidelines be used?

The Guidelines set the minimum standard for service delivery, from which each provider can develop a service that reflects their philosophical base, incorporating local need and the culture within which they work.

Will these Guidelines be revised?

This is a living document and will be updated over time to take into account provider feedback. Ministry staff will consult with providers on any editions, updates or changes. Feedback on the Guidelines is welcome at any time and can be sent to the Ministry national office using the attached Feedback Form (see **Appendix 1**).

Where can you go for more information?

For further information on these Guidelines, please contact your Contract Manager as identified in your Outcome Agreement.

2. Relationships

Relationship principles

Both parties to the Outcome Agreement shall collaborate to ensure the services are effective and accessible.

Both parties recognise the service is a joint endeavour, in which both parties have a shared goal to achieve positive benefits for the target client group.

Both parties agree to:

- act honestly and in good faith
- communicate openly and in a timely manner
- work in a collaborative and constructive manner and recognise each other's responsibilities
- encourage quality and innovation to achieve positive outcomes.

Both parties shall appoint relationship managers who will be responsible for effectively managing the contract relationship. Details of the relationship managers nominated by both parties are set out in the Outcome Agreement.

Cultural responsiveness

Both parties recognise 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 social, economic, political, cultural and spiritual values.

Good practice approach

CSI services are specialist behaviour change interventions. All design and delivery approaches for CSI services must include 'stopping or preventing harmful sexual behaviour' as an ultimate objective.

Both parties support the development of good practice in the delivery of the service. This includes, but is not limited to, the following (see also **6 - Principles of good practice** and **7 - Service components**):

- Services are evidence-based: interventions are underpinned by the Risk, Need and Responsivity (RNR) principles, incorporate strengths-based approaches, and are designed to assess/address dynamic risk factors.
- Services are responsive: services are easily accessible, appropriate, and can respond (among other things) to people's cultural contexts, language, diversity and personal situations.
- Client-centred approach: interventions are delivered in a client-led and family/whānau focussed way, and providers acknowledge the social and cultural context of the client and their community.
- Quality assurance: service effectiveness is informed by on-going monitoring, review and evaluation and supported by a specialist and experienced workforce.
- An integrated approach: services are integrated across the social sector, easy to navigate, continuously improved and focused on client outcomes.

3. About concerning sexual ideation services

What is CSI?

Concerning sexual ideation (CSI) is a descriptor for people who have harmful sexual thoughts or fantasies, but who have not yet acted on them. CSI involves ideating about sexual activities focused upon force, coercion or other forms of manipulation.

Harmful sexual behaviour (HSB) or sexually abusive behaviour is a descriptor for a number of sexual behaviours that involve elements of force, coercion and/or power by one person over another for the purpose of sexual gratification and control. These behaviours can include both contact and non-contact behaviour.

Why do we purchase CSI services?

The Ministry purchases the provision of assessment and intervention places in order to reduce the devastating impact that sexual violence has on people and communities across the country.

The Ministry's investment strategy in respect to CSI services is to ensure the provision of accessible, sustainable, effective, well-coordinated responses to CSI, available to those who need them, tailored to their level of need and risk.

What are the outcomes we want to achieve?

For CSI services, the Ministry would like to see the following outcomes:

- an opportunity to prevent HSB by providing intervention prior to HSB taking place
- allow providers to respond to individual risk and therefore be client-centric
- an opportunity to minimise the number of victims/survivors of sexual harm by intervening early with potential perpetrators
- an opportunity to be innovative and respond to client needs

The ultimate goal is for:

- safe, attentive and responsive communities of care
- healthier individuals, families and whānau, and more vibrant communities

4. Service overview

Who are the services targeted to?

The CSI services are delivered in a community-setting to people experiencing CSI. Referrals can come from multiple sources including (but not limited to):

- refer themselves, or are referred by family and whānau
- are referred by social service/health service providers or community professionals to CSI assessment and intervention services, or
- are referred through a government agency, including Oranga Tamariki, Department of Internal Affairs (for internet related matters) and, to a lesser extent, Justice agencies (like the Police, Public Defence Service).

Who can deliver HSB services?

The provision of CSI services is a specialist field, delivered by a multi-modal team that can include:

- clinicians trained in the assessment and treatment of people experiencing concerning sexual ideation
- social workers
- counsellors
- support workers

Providers who deliver CSI services are required to meet Level Two, Social Sector Accreditation Standards. Providers are required to maintain their Accreditation level according to the Ministry's relevant Approval and Accreditation Standards.

Who is involved?

The client

The client is at the centre of all services and will be actively involved in the development of intervention goals and safety plans.

Providers and clinicians will recognise the diversity of clients, types of CSI and the need for privacy to deliver interventions in a way that are responsive to the needs of the client.

Family/whānau/support person ('support network')

Where the client gives consent, their family, whānau or support person ("support network") will be given information on how they can be involved in the process, including in the development of intervention goals and safety plans, and will be supported to manage any safety risks. This extends to other professionals involved with the client.

The Provider

In addition to carrying out all requirements and responsibilities outlined in the Outcome Agreement and these Guidelines, the role of the Provider is to:

- employ and support specialist and appropriate staff
- operate a viable service that is able to support all staff and their professional development, in accordance with the Ministry's Approval and Accreditation Standards and these Guidelines

- ensure appropriate community collaboration and networking links are made to support clients
- actively participate in any regional networking, information sharing and knowledge building activities
- develop and maintain effective collaborative working relationships with regional Ministry sites
- participate in training and up-skilling activities to keep up to date with development, innovations and good practice
- provide and enable access to training and development opportunities as well as regular supervision (in addition to individual supervision, cultural supervision will also be provided for all staff on a regular basis)
- ensure systems and processes are in place to utilise and report on delivery of services and funding in line with the Outcome Agreement and these Guidelines.
- actively participate in information sharing and knowledge building activities with the Ministry and researchers subject to client confidentiality requirements.

The Ministry of Social Development

The role of the Ministry is to:

- approve providers
- monitor the performance and contractual management of the Provider
- seek and support continuous improvement of service delivery, including updating of these Guidelines
- lead the development of outcomes and service guidelines
- provide funding for the services.

National Sexual Violence Helpline

A new National Sexual Violence Helpline (Safe to talk) launched in April 2018 following a pilot in Canterbury. The helpline provides free, confidential information and support to those impacted by sexual harm, wherever, and whenever, they might need it. Information and support can be accessed via phone, text message, email and website, which includes webchat[1].

The Ministry expects that providers will interact with the helpline, which will include:

- receiving referrals from the helpline
- making referrals through the helpline to access and align with other available services
- providing information to clients, family and whānau about the helpline
- using the helpline for information and/or support.

The helpline is not intended to inhibit a client's ability to connect with regional services via current local numbers already in operation. A client's trust and relationship with the Provider is vital and should not be compromised by the introduction of the helpline.

[1] Safe to talk can be accessed by calling 0800 044 334, or by going to the website: www.safetotalk.nz

The Joint Venture

The Government formed a Joint Venture for Family Violence and Sexual Violence (the Joint Venture) in September 2018. The Ministry is part of the Joint Venture along with nine other government agencies The Joint Venture will set the future direction for cross agency work to address family violence, sexual violence and violence within whanau.

Integration with other services

Providers of CSI services should work closely with government agencies and other community services to ensure people who experience CSI get the help they need.

The Provider will build connections, collaborate and maintain effective relationship with other relevant agencies and services that are able to provide complementary support to clients. This may include relationships and memoranda of understanding with iwi services, victims' support services and health services.

The Provider must not enter into sub-contracting arrangements for delivery of CSI services without the express written permission of the Ministry.

5. Service delivery

What do the services focus on?

The focus and goal of CSI services is to reduce clients' sexual ideation and reduce the potential for this to impact negatively on their day to day functioning; reduce the risk of the client engaging in HSB; and increase their quality of life with the ultimate goal of making communities safer.

Access to services

The Provider will endeavour to reduce any barriers to access to services, including (but not limited to), geographic locations, cultural identity and beliefs, language, age, gender, socio-economic status disability and sexual orientation.

Access issues for Māori and Pacific people must be clearly understood and processes developed to minimise any barriers Māori and Pacific people may experience.

The Provider will be available during standard office hours. However, CSI services may be delivered outside standard office hours to best suit the needs of the client.

Initial safety planning

The Provider may develop an interim safety plan after first contact with a new client and advise the relevant statutory agency of any immediate safety concerns that need to be addressed to manage risk where this is appropriate. This would need to meet the threshold for a report of concern to Oranga Tamaraki.

Service completion and exit

On completing and exiting the service, clients will have a final review meeting with their clinical team which may include their support network if appropriate, and with the client's agreement. Given the confidential nature of the client requesting this service, any decision on engaging support people must be with the client's agreement

Where clients exit the service prior to completing an intervention, the Provider will make recommendations to the client and their support network as appropriate and with the client's agreement to support the client's and others safety.

Transfers

The Provider will provide CSI services to all eligible clients within their target area.

If a client moves out of their target area the Provider will endeavour to ensure the prompt transfer of relevant information, including assessment and intervention plans to the new CSI service provider, subject to the provisions of the Privacy Act 1993 and any intellectual property rights of the Providers and with the agreement of the client.

6. Service components

Initial assessment

The purpose of the initial assessment is to engage the client and determine, in the form of recommendations, which intervention (if any) is the most appropriate for them. CSI clients who disclose having engaged in harmful sexual behaviour will be assessed as a non-mandated client, with any service provision for this being included under the non-mandated contract funding.

It is important to note that due to a high demand for this service, appointments will be prioritised based on an assessed level of risk / need.

During an assessment the clinician will estimate relevant dynamic risk factors and protective factors to assist in the formulation of an intervention to help the client effectively manage their CSI. Assessment also seeks to identify areas of client need, 'human goods', goals and responsivity issues to ensure the proposed intervention addresses both risk and need. Where appropriate, and with the client's consent the intervention may be discussed with the client's support network. The clinician will also assess what supports may be required for the client's family/whānau where appropriate.

Assessment content

During assessment, the clinician will conduct assessment interview(s), administer psychometric tools and prepare an intervention plan for the client.

At a high level, assessment comprises the following components:

- gather and review background information and collateral reports about the client and keep records of consultation with relevant persons/agencies involved
- employ a motivational interviewing technique designed to increase the client's motivation to participate in intervention
- engage and build rapport with the client's support network, where the client gives consent and when this is considered appropriate
- use psychometric assessment tools or items to estimate any relevant dynamic risk factors; and level of protective factors. These measures will need to be repeated at completion as appropriate. They may include: relevant items from the Stable 2007 and SAPROF:SO, Brief Symptom Inventory a Quality of Life Inventory, and Goal Attainment Scaling (GAS). These tools have not been validated with the CSI population, they would be used to guide the identification of treatment targets, in the absence[2] of any directly relevant purpose-designed tools. Collecting such data would be important to enable validation studies in the future
- identify actual or potential risks to safety and well-being, particularly in respect to the client/children
- prepare an assessment report documenting the client's level of CSI, as well as needs, strengths and responsivity issues, safety concerns and the clinician's intervention recommendations as to how those issues can be addressed
- obtain written and informed consent from the client for the assessment and intervention recommendations
- refer the client to other services if they have outstanding health or social needs that need addressing before assessment and/or intervention can occur

[2] Research has been commissioned by the Ministry that aims to identify/create appropriate assessment tools for this client cohort and is expected to be completed on 31 August 2019

- keep accurate and secure records of all client data, reports and recommendations.

Assessment performance targets

Performance targets for assessment are:

- Time from receipt of referral to response: No more than one week
- Time from acceptance of referral to commencement of assessment: No more than 4 weeks. If there is a waitlist, assessment should commence as soon as practicable once a place becomes available
- Total number of clinician hours for completion of assessment: expected maximum of 17.5 hours.

Intervention

The aim of intervention is to reduce or minimise any relevant dynamic risk factors linked to the client's CSI and to increase the client's protective factors.

Clinicians will work with the client, and where possible, their support network to ensure the intervention meets the recommendations contained in the intervention plan in respect to goals, duration and intensity of the client's intervention.

Intervention content

Intervention addresses the client's treatment needs identified through the assessment. During intervention, clinicians will also:

- assess the client's readiness to change
- support the client's motivation to change
- build on the client's strengths and supports identified in assessment
- monitor and respond to any significant change that may increase the client's risk.

Key features of intervention will be tailored to each client's background and risk factors that led to their CSI, but are likely to include:

- any relevant dynamic risk factors (e.g.: sexual preoccupation, emotional regulation deficits, impulsivity, poor problem solving, emotional congruence with children)
- Relationship and intimacy issues (e.g. future relationship goals)
- self-determination and self-efficacy in terms of separating sexual interests they did not choose from behaviour which they can control
- cognitive reframing in terms of self-narratives and internalised stigmatisation
- emotional regulation.
- development of safe support systems

Clinicians will also respond dynamically to address the needs of each individual client.

During intervention, clinicians will support the client to identify their primary goods, goals and supports and to develop a plan that enhances their quality of life.

Intervention performance targets

The performance targets for intervention include:

- Time from completion of assessment to start of intervention: No more than 4 weeks
- Total number of clinician hours from commencement to completion of intervention: an expected maximum of 33 used.

8. Workforce capability and support

Qualifications and experience

The provision of CSI services is a specialist area of work. Clinicians undertaking assessment and treatment interventions must have a recognised qualification in a relevant field as well as the skills and experience necessary to facilitate effective outcomes for their clients.

Senior clinicians/team leader/clinical manager must have at least 2,000 hours of face to face experience in the assessment and/or treatment intervention of sexual offenders. All clinicians will undertake assessments and interventions under the supervision of a team leader/supervisor. Psychometric testing administered as part of assessment must be overseen by a competent supervisor, trained in the use of the particular assessment tool.

In addition to clinical staff, the Provider may employ staff (social support staff) to work alongside the clinician, the client, the client's family/whānau/support person, and the wider community to provide support, advocacy and 'system linkages'.

Staff recruitment and induction

When recruiting staff, the Provider will ensure prospective employees have the relevant qualifications and skills to be able to work with adults who have engaged in CSI, as well as working with the client's support network and wider community.

With respect to recruitment and induction, the Provider must:[3]

- have documented human resource policies covering the recruitment and vetting of all staff, including processes for recording and responding to criminal history checks
- ensure no applicant is employed if he or she has a conviction for sexual offences or physical violence
- ensure all children's workers meet the safety checking requirements required under the Vulnerable Children Act 2014
- ensure their recruitment processes encourage and enable applicants from a range of backgrounds, including gender, Māori, Pacific and CALD people.

Staff safety

Given the context and nature of CSI services, it is important that providers ensure a safe working environment for both its staff and clients.

In meeting this requirement, the Provider must:[4]

- have documented health and safety procedures which align with the Health and Safety at Work Act 2015
- have documented workplace policies covering risk mitigation and management of disruptive clients
- have a documented complaints and escalation policy

[3] This section should be read together with the Social Sector Accreditation Standards – Level 2 (Staffing requirements).
[4] This section should be read in conjunction with the Social Sector Accreditation Standards – Level 2 (Health and safety).

- ensure all premises are safe and fit for purpose.

Peer support and supervision

Well-developed and on-going peer support processes are necessary to support the CSI workforce and to improve staff retention. To meet this, the Provider should:

- provide an induction period, including core induction, training and mentoring, to all new staff
- ensure all staff have professional development plans, which are reviewed and updated annually
- establish clear boundaries and support employees in their efforts to sustain a balance between their personal and professional lives.

CSI providers must also ensure all clinicians and staff that provide a direct service to clients have access to regular professional supervision. The clinical supervisor must have a tertiary qualification in a relevant discipline, as well as relevant clinical training, experience and knowledge.

Supervision is delivered across a number of service lines, including group supervision, individual supervision and clinical supervision. While the frequency of supervision can vary based on client load, severity of cases and experience in the sector, at a minimum the Provider must:

- have documented procedures specifying who delivers clinical supervision and the frequency (best practice suggests clinical staff should receive at least one hour per fortnight of formal, one-to-one supervision)
- employ or contract a clinical supervisor and, where possible, employ or contract a cultural supervisor or ensure staff have access to cultural supervision.

Professional development

CSI practice is a specialist area and clinicians and staff working in this area require on-going professional development. As a matter of good practice, the Provider must:

- ensure clinicians undertake on-going professional development to build on existing knowledge and maintain an awareness of the current research and practice trends
- foster a culture of continuous professional development and learning and look for opportunities to share knowledge and experience internally.

7. Measuring results and reporting

How do we know if the services we fund are working?

CSI is an emerging area of support, and as such there is limited data and research into the treatment of it. The Ministry needs to collect relevant information that can help the on-going work in scoping CSI services. The Ministry will do this by collecting outcome measurement data.

What reports are required by the Ministry?

The Provider will report on the following service results measures, with qualitative and narrative reporting due quarterly.

A Reporting Management Framework (RMF) which includes an intervention logic will be developed as part of the wider work happening through F20.

Type of measure	Measures (during the reporting period)	Information collected through
Service detail	Programme/service name, start date and end date, source of referral	Service detail reporting
Quantity (how much) (Monthly Reporting)	Of the total clients reported: • number of clients referred to service for assessment (during the reporting period) • number of clients assessed (during the reporting period) • number of clients who started intervention (during the reporting period) • number of clients who closed (completed the service during the reporting period) • number of clients who closed prior to completing the service (during the reporting period) • number of "closed" clients who re-accessed the service	Service result measure reporting
Quality (how well) (Quarterly Reporting)	Of the clients who closed during the reporting period, how many: • achieved their client results • provided formal 'client satisfaction' feedback Of the clients who provided client satisfaction feedback, how many: • reported they were 'satisfied' or 'very satisfied' with the service	
Result Measures (is anyone better off?) (Quarterly Reporting)	• The ORS and SRS could be administered throughout intervention and the ORS data used as a post intervention measure of change alongside other measures • Goal attainment scaling (GAS) will be used to determine the extent to which clients	

	have progressed on their individualised treatment targets	
Narrative reporting (to support the data) (Quarterly Reporting)		
1. Provide general information on aspects of the client cohort (where known): a. Gender/identity of clients seen b. Age range of clients seen c. Ethnicities of clients seen d. Psycho-social environment (e.g. family/natural support structures) e. Socio-economic environment (e.g. level of employment, housing etc.) 2. Provide general information on aspects of sexual ideation seen a. Presenting CSI b. Intensity of CSI (e.g. Occasional or intrusive thoughts) c. How long a client experienced CSI before seeking help d. Did any clients disclose HSB during the service 3. Provide general information on aspects of the intervention/service a. Where did referrals come from (Safe to talk, direct, nudge trial (if known))? b. Length of treatment versus type/intensity of CSI c. Range in hours of intervention and average intervention hours d. What aspects of the service have changed or been modified since the last report?		Service result measure reporting

'Closed' clients

A client should be recorded as closed when:

- they have completed their intervention plan
- they leave the service before completing their assessment/intervention
- they disclose HSB and therefore are referred on to the non-mandated adult HSB service.

Quarterly meetings

Quarterly meetings will occur either by video conference or face to face and will focus on monitoring the deliverables in the Outcome Agreement.

Family Services Directory

Through the term of the Outcome Agreement with the Ministry, the Provider must ensure their organisation's details are listed and up-to-date on the Ministry's Family Services Directory https://www.familyservices.govt.nz/directory/

Health Point

Through the term of the Outcome Agreement, Providers must ensure their organisation's details are listed and up-to-date on Health Point. https://www.healthpoint.co.nz/

Evaluation

The Provider agrees to co-operate with, and participate in, any evaluation of the CSI services that is undertaken by the Ministry or by a third party appointed by the Ministry to facilitate such an evaluation.

The Ministry will discuss any proposed evaluation process in advance with the Provider.

Appendix 1 – Provider Feedback Form

Provider Feedback Form		
Please email this 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: