Representative for Children and Youth

Issue Report

Sexual Abuse Intervention Program

September 2010

September 9, 2010

Honourable Bill Barisoff
Speaker of the Legislative Assembly
Suite 207, Parliament Buildings
Victoria BC V8V 1X4

Dear Mr. Speaker,

I have the honour of submitting this update report on the Sexual Abuse Intervention Program, to the Legislative Assembly of British Columbia.

This report is prepared in accordance with Section 6(b) of the *Representative for Children and Youth Act.*

Sincerely,

Mary Ellen Turpel-Lafond
Representative for Children and Youth

pc: Mr. E. George MacMinn, QC
Clerk of the Legislative Assembly

Ms. Joan McIntyre
Chair, Select Standing Committee on Children and Youth

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Introduction

Sexual abuse can have devastating consequences for a child, with both immediate and long-term impacts on his or her health and well-being. It is a serious crime, a violation of the human rights and personal integrity of a child and can lead to emotional and behavioural changes, loss of trust, self-blame and low self-esteem. Children who have been sexually abused have the right to be protected from further harm and provided with the supports they need to heal and reach their full potential.

It is difficult to estimate the number of children who have been sexually abused in British Columbia. Many cases remain undisclosed, either because the child is reluctant to report or no one else reports the abuse to authorities. Child sexual abuse can go unreported because of feelings of shame and wanting to keep the abuse secret, fear of further abuse or being removed from the home. Shame, secrecy and power imbalances are often involved. Many abusers use a variety of means to target emotionally vulnerable children and use covert or threatening tactics to ensure children keep silent. Sometimes children are too young to describe what happened to them or fear that they may not be believed. Some children never tell anyone they have been sexually abused.

The Sexual Abuse Intervention Program (SAIP) was introduced in B.C. in the 1990s through an initiative to enhance services for child victims of sexual abuse, and their families, and for youth under the age of 12 with sexual behaviour problems. The program was funded by the ministries of health, social services, education and attorney general. At the time, it was agreed that the Child and Youth Mental Health (CYMH) program within the Ministry of Health would take the lead on developing and implementing the program. In 1996, CYMH was transferred to what is now the Ministry of Children and Family Development.[1] Although funding for the program had remained relatively constant at $3 million, in 2008/09 the budget increased to $4.5 million, and in 2010/11 to $4.9 million.

The Representative for Children and Youth has a mandate to review the provision of services designated under the *Representative for Children and Youth Act* and to make recommendations to improve the effectiveness of these services.

[1] Child protection and other services for children and families were delivered by the Ministry for Children and Families from 1996 to June 2001. In June 2001, the ministry was renamed as the Ministry of Children and Family Development.

> Section 6(b) of the *Representative for Children and Youth Act* makes the Representative responsible for monitoring, reviewing, auditing and conducting research on the provision of a designated service, making recommendations to improve the effectiveness and responsiveness of that service and commenting publicly on any of these functions.

In 2005, independent contractor Dr. Kimberly McEwan was hired by Ministry of Children and Family Development (MCFD) to conduct an internal review (the "McEwan Review") of SAIP. Titled *A Review of the Sexual Abuse Intervention Program Delivered Through BC Ministry of Children and Family Development Funded Agencies*,[2] it was released to ministry staff and external SAIP service delivery partners in 2006.

The McEwan Review looked at the mandate, contracting processes and management, service capacity, quality control and how the program works with CYMH services.

It made 15 recommendations and identified four key issues:

1. clarifying provincial and regional policy on program mandate
2. establishing appropriate funding
3. providing supports for contracted agencies to achieve deliverables
4. creating strategies to efficiently and meaningfully monitor contracts.

This Representative for Children and Youth (RCY) report examines progress on the McEwan recommendations. The status of each recommendation is based on a review of documentation and interviews with service providers and MCFD staff.

[2] http://www.mcf.gov.bc.ca/mental_health/pdf/SAIP_Report_Final%20_July06.pdf

Sexual Abuse Intervention Program

SAIP was introduced in the 1990s. Child and Youth Mental Health (CYMH) services in the Ministry of Health held responsibility for developing and implementing the program. In 1996 child-serving and youth-serving programs and services from five different ministries were consolidated in the newly created Ministry for Children and Families. This included CYMH and SAIP. A budget of $3 million for SAIP was reallocated from the existing budgets of four ministries, but with no new government staff positions.[3] Contractual arrangements with community agencies were established to deliver SAIP services throughout the province,[4] with services funded and provided in the communities. Ministry funding for the program remained relatively unchanged until 2008/09. At that time the budget increased to $4.5 million. In 2010/11, the budget is $4.9 million.

The program aims to reduce suffering and restore healthy functioning by providing a range of appropriate, timely and accessible assessment, treatment and/or support services to children and youth who have been sexually abused and to children under the age of 12 with sexual behaviour disorders.[5] Children and youth may be referred through child welfare, criminal justice or family law systems, as well as through family or self-referrals.

SAIP provides abused young people with access to a therapist who can assess the impact of abuse and provide treatment. The therapist works with the family to ensure the safety of the child and assists the family by providing support to the child. The therapist provides referrals to other services as required.

Most SAIP services are provided by 57 independent community agencies or by individual professionals.[6] Services may be provided by CYMH staff in areas not served by a community agency.[7] Two community agencies are single-purpose agencies focusing on sexual abuse. All others offer a range of services to children, youth, families, adults and communities, with mixed funding from MCFD and other private or government sources.

3 McEwan Review p. 6.
4 McEwan Review p. 6.
5 Standards for Sexual Abuse Intervention Programs funded by the Ministry of Children and Family Development, March 27, 2008.
6 Contractor listing from MCFD, May 2008.
7 As per regional 2008 MCFD interviews and May 22, 2008 meeting with MCFD headquarters.

Progress on Recommendations from the McEwan Review of SAIP

The Representative's assessment of progress on recommendations from the McEwan Review was based on examination of documents and interviews with MCFD staff and service providers in 2008. A further progress update was provided by MCFD in fall 2009.

Note: *Recommendations below are numbered according to the original numbering in the McEwan Review.*

Recommendation 3.1: Clarification of Mandate

Key Findings from McEwan Review

- The SAIP program mandate was inconsistent across the province in relation to the population served, the scope of services and differing interpretation.
- Agencies were adopting different eligibility criteria and delivering services of varying intensity and duration.
- Inconsistent or ambiguous wording in the SAIP contract resulted in unclear policy.
- The provincial mandate and standards need to be strengthened with flexibility at the regional and local levels.

McEwan Recommendation	MCFD and Agency Update
3.1.1 Provide clear leadership through the delineation and communication of a consistent set of province-wide SAIP program objectives.	In March 2008, MCFD revised the SAIP standards and guidelines, including a set of program objectives. The new standards were sent to all SAIP agencies in 2008.
3.1.2 Initiate a process involving key stakeholders (CYMH provincial and regional managers, selected CYMH team leaders, selected SAIP program representatives, Child Protection representatives) to address which issues central to program mandate (i.e., service eligibility, core services, etc.) require provincial policy direction. Establish new, or revise existing, policies/standards as required.	In mid-2006, the ministry consulted with stakeholders to address program mandate issues with SAIP agency representation. In Fall 2007, all ministry regions provided SAIP agencies with an opportunity to review a draft of the revised SAIP standards. Some agency concerns were addressed regarding agencies retaining greater control over client records. Some concerns, such as services for youth 12 and over exhibiting sexual behaviour problems that have not been charged, were not addressed. In March 2008, revised SAIP standards were released.
3.1.3 Establish a mechanism to ensure provincial policies/standards, for which compliance is mandatory, are conveyed in all vendor contracts.	SAIP contracts have been revised to include a copy of the 2008 SAIP standards in Schedule H – Additional Terms. The business area outcomes in the contract include SAIP goals and objectives.

RCY Assessment

SAIP Mandate and Standards

The original guidelines were developed in 1990 and a revised edition released in 2003. The McEwan Review found that various versions of the standards and guidelines were in use in the field and made recommendations to improve and strengthen these. The review called for a clearer SAIP mandate, consistent eligibility criteria, appropriate funding and improved communication. It also called for better contract management strategies and that agencies be supported to achieve deliverables.

In March 2008, MCFD released revised SAIP standards and guidelines with a clearer mandate and eligibility requirements.[8]

The revised standards mean:

- children and youth can self-refer
- children and youth with disabilities are eligible for service
- children are eligible for service even if there is ongoing contact with the alleged offender, if the child's safety is assured
- children and youth whose cases are before the courts are eligible for service
- children and youth who are capable of consenting to access treatment on their own can do so without parental consent, and
- children under 12 with sexual behaviour problems are eligible for treatment.

Reference to SAIP standards have also been included in the revised 2009 contract templates. However, contracts still vary in terms of reference to the standards and reporting requirements. This variation depends on the region and contract manager.

[8] Standards for Sexual Abuse Intervention Programs funded by the Ministry of Children and Family Development, March 2008.

Findings

Under the revised 2008 standards, children over 12 charged with sexual offences under the *Youth Criminal Justice Act* fall within the mandate of the Youth Sexual Offence Program within Youth Forensic Psychiatric Services (YFPS). However, the Representative's assessment found youths under age 15 were often not getting service from this program because they are usually not charged. It is unclear where these children would receive services if they are not eligible under SAIP or YFPS.

The Representative makes the following recommendation:

Recommendation #1

That MCFD review the mandate and eligibility of the Youth Sexual Offence Program for children over 12 years not charged with sexual offences. SAIP services should be offered to children over 12 years not charged with sexual offences if they do not meet the mandate under the Youth Sexual Offence Program.

Recommendation 3.2: Establishing Appropriate Funding

Key Findings from McEwan Review

- Service providers were unanimous in their view that program funding was insufficient to meet the needs of SAIP services and that funding has not kept pace with population growth.
- There were no provincial data/statistics, such as demographic or clinical characteristics, to profile the population served or to measure service capacity, wait times and treatment episodes.

McEwan Recommendation	MCFD and Agency Update
3.2.1 Consideration of funding increases should await clarification of program mandate issues and definition of the target population(s) for SAIP services.	In March 2008, MCFD revised the SAIP standards and guidelines and included program objectives. In 2008/09, ministry funding for SAIP increased from approximately $3 million to $4.5 million. In 2010/11, the budget is $4.9 million.

McEwan Recommendation	MCFD and Agency Update
3.2.2 While providers have expressed strong concern regarding the use of provincial standardized client assessment tools such as the Brief Child and Family Phone Interview (BCFPI) and mandatory reporting though Community and Residential Information System (CARIS), assuming that privacy and confidentiality concerns can be resolved, these applications should be pursued to permit a basic understanding, at provincial and regional levels, of the numbers and needs of clients served through SAIP.	Reporting requirements are being developed for contracted agencies. Agency concerns about reporting and information appear to have been resolved with the new SAIP standards, specifically with Standard 4 on screening and assessment and Standard 8 on documentation and records managements.

RCY Assessment

SAIP Funding

Funding is an important component of capacity. Service providers need the financial ability to hire qualified staff and deliver the program to meet standards and guidelines.

SAIP funding remained relatively constant for 17 years at $3 million. The impact of these funding levels on the quality of care and outcomes has not been measured. Some agencies reported being unable to pay competitive salaries and benefits and therefore were experiencing recruitment and retention challenges. In 2008/09, the ministry increased SAIP funding to $4.5 million and the current budget is $4.9 million. The Representative is not able to assess whether the funding lift will address the goals and outcomes of the program in the revised standards and guidelines, or what funding pressures the lift was meant to address in the absence of sufficiently reported program and client information by MCFD.

MCFD Funding Levels for SAIP, Fiscal Years 2002/03 to 2010/11[9]

	Fiscal Year								
Region	**2002/03**	**2003/04**	**2004/05**	**2005/06**	**2006/07**	**2007/08**	**2008/09**	**2009/10**	**2010/11**
Interior	$592,679	$592,679	$598,881	$601,087	$604,875	$624,613	$915,000	$781,234	$908,605
Fraser	$664,823	$658,282	$0	$833,574	$615,361	$578,437	$1,032,000	$1,207,767	$841,056
Vancouver Coastal	$351,063	$300,000	$289,000	$288,000	$947,791	$770,595	$1,046,000	$708,787	$1,049,598
Vancouver Island	$985,073	$919,542	$793,420	$699,391	$619,000	$642,000	$1,102,000	$1,324,838	$1,272,601
North	$535,391	$577,153	$579,567	$619,084	$305,000	$284,000	$494,000	$865,078	$904,629
Headquarters	$237,000	$39,500							
Centrally Administered		(-$61,000)							
Total	**$3,366,029**	**$3,026,156**	**$2,260,868**	**$3,041,136**	**$3,092,027**	**$2,899,645**	**$4,589,000**	**$4,887,704**	**$4,976,489**

Note: Fiscal 2010/11 budget changes for Fraser and Vancouver Coastal regions are mainly due to the boundary change between the two regions in June 2010.

The incremental SAIP funding for each region was distributed by the ministry as follows:

MCFD Funding Levels for SAIP, Fiscal Years 2007/08 to 2010/11[10]

Region	**SAIP Funding 2007/08**	**Increase 2008/09**	**Additional Regional $**	**New SAIP Total 2008/09**	**% increase 07/08–08/09**	**SAIP Funding 2009/10**	**SAIP Funding 2010/11**	**% increase 08/09–10/11**
Interior	$625,000	$290,000		$915,000	46%	$781,234	$908,605	-1%
Fraser	$578,000	$454,000		$1,032,000	79%	$1,207,767	$841,056	-19%
Vancouver Coastal	$771,000	$275,000		$1,046,000	36%	$708,787	$1,049,598	0%
Vancouver Island	$642,000	$271,000	$189,000	$1,102,000	72%	$1,324,838	$1,272,601	15%
North	$284,000	$210,000		$494,000	74%	$865,078	$904,629	83%
Total	**$2,900,000**	**$1,500,000**	**$189,000**	**$4,589,000**	**58%**	**$4,887,704**	**$4,976,489**	**8.4%**

Note: Fiscal 2010/11 budget changes for Fraser and Vancouver Coastal regions are mainly due to the boundary change between the two regions in June 2010.

The new funds were distributed according to the ministry's existing socio-economic formula for estimating relative need. Each MCFD region was informed of their allocation and asked to meet with their SAIP agencies to determine specific funding required to meet the new SAIP standards in areas such as service provision, case management, staffing and clinical supervision requirements.

9 Data provided by MCFD.
10 Data provided by MCFD.

Findings

MCFD has no aggregate information on client/program data or outcomes, making it difficult to measure the effectiveness or responsiveness of the program in addressing trauma, reducing suffering, restoring function and preventing harm. Without information on the numbers of children and youth served by SAIP, it is difficult to accurately reflect demand and waitlists for the program. The Representative has been advised that MCFD is working on requiring contracted agencies to report outcomes. A target date has not been stated. A consistent, cross-regional approach to data gathering will be required, so the ministry can measure and report on the overall success of the program. Until the work has been completed by MCFD, the Representative is not able to assess how or whether the program has improved outcomes for clients.

The efforts of the ministry to improve data gathering are at a developmental stage for SAIP. The ministry will need to ensure that agencies have support in developing the skills, resources and systems to collect information, while ensuring staff have the capacity to assess the information and use the data to inform decisions.

To achieve accountability, the ministry will need to address:

- standardized methods for collecting and reporting data
- clear definitions of the data to be collected and how it will be used in making decisions
- periodic independent checks of the data for quality, integrity and accuracy
- a performance measurement framework that measures outcomes, service use and access, service quality and cost.

The Representative makes the following recommendation:

Recommendation #2

That MCFD ensure that all SAIP providers use consistent data collection tools and that SAIP program information is used to make decisions about program funding, direction and effectiveness.

Recommendation 3.3: Supporting Agencies to Achieve Deliverables

Key Findings from McEwan Review

SAIP providers identified a lack of a provincial network or association, limited opportunities for professional networking and dialogue with the ministry and inconsistent communication/coordination with CYMH.

McEwan Recommendation	MCFD and Agency Update
3.3.1 Provide provincial support for professional networking among SAIP providers (potentially through an existing association such as the BC Association of Specialized Victim Assistance and Counselling Programs (BCASVACP)) to foster professional development and uptake of best practice among SAIP providers.	SAIP agencies have formed a provincial network that supports professional development and opportunities to discuss and share best practice. SAIP providers have noted that the "Stop the Violence" program, supported by BCASVACP, would be a good model to consider for this recommendation.
3.3.2 Designate a MCFD liaison for the SAIP provider network and issue regular communiqués to update the field on relevant provincial and regional initiatives.	The ministry has designated a Provincial Child and Youth Mental Health Consultant to liaise with SAIP agencies.

McEwan Recommendation	MCFD and Agency Update
3.3.3 Utilizing the newly formed provincial network, identify a panel to work with MCFD to update the provincial SAIP guidelines.	The ministry has updated the SAIP standards and stated the standards will require regular review and revision.[11] The ministry will develop a process to review the SAIP standards that will include representatives from SAIP agencies with a planned review of the standards over the next few years. The JIBC "Child Sexual Abuse Intervention Certificate for Practitioners" has not been offered since 2002[12] and is under review. The "Complex Trauma" certificate includes a focus on child sexual abuse, as a new post-baccalaureate program. The ministry is consulting on curriculum development. The certificate program is expected to be ready for delivery by 2010.
3.3.4 Fast-track the UBC-led research report on evidence-based treatment and prevention of childhood sexual abuse.	In November 2008, Pacific Centre Family Services Association and the Mary Manning Centre offered a symposium on child sexual abuse featuring workshops in various therapeutic interventions, along with speakers and panels on numerous approaches to supporting children and youth who have experienced sexual abuse and their families.

[11] As per May 22, 2008 and May 23, 2008 meetings with MCFD HQ staff.
[12] June 4, 2008 email to RCY from JIBC program coordinator.

McEwan Recommendation	MCFD and Agency Update
3.3.5 Working with UBC, the Justice Institute and provider opinion leaders develop a plan to identify and address training needs for SAIP counsellors in evidence-based practice.	A plan has not been developed. However, there have been training activities and programming. JIBC is developing a complex trauma certificate for 2010 that will include a focus on child sexual abuse. In October 2007, the ministry sponsored a two-day trauma-focused cognitive behavioural therapy training session for 79 participants (51 SAIP agency and 28 ministry staff).
3.3.6 With the assistance of CYMH team leaders, review the adequacy of clinical supervision arrangements for SAIP counsellors in the context of the UBC research report findings.	Standard 9 in the revised SAIP standards sets out requirements for clinical supervision or clinical consultation.[13] Requirements include an annual written plan and involving the local CYMH leader in the planning for clinical supervision or consultation. Implementation is underway for Standard 9.

[13] p. 25, March 2008 revised SAIP guidelines "In clinical supervision arrangements, the supervisor is employed in-house and has a legal and clinical responsibility for the case. In consultation arrangements, an external consultant provides clinical advice to a therapist but has no legal or clinical obligation."

RCY Assessment

Professional Development for Therapists

Therapists need access to quality professional development to keep up to date on new information and to network with fellow professionals. For several years, the program supported little or no therapist professional development. SAIP staff accessed JIBC's specialized "Child Sexual Abuse Intervention Certificate for Practitioners"[14] but neither the certificate nor the related courses have been offered since 2002. JIBC and the ministry are working together to develop a complex trauma course, which will focus on child sexual abuse and is expected to be offered in 2010.

Standard 7 of the 2008 revised SAIP standards outlines a list of required competencies for therapists that includes continuing education and training in evidence-informed treatment and interventions for child sexual abuse and inappropriate behaviour. SAIP counsellors utilize a variety of therapeutic interventions, not all of which may be evidence-based.

Findings

There are many different approaches, treatments and interventions for child sexual abuse. In 2006, MCFD requested the Children's Health Policy Centre at Simon Fraser University to review the literature on the prevention and treatment of child sexual abuse and provide advice on the most effective treatment interventions to inform MCFD policy and practice. This report identified the most effective treatment as being trauma-focused cognitive behavioural therapy (CBT). However, the recommended treatment interventions were not incorporated into the revised SAIP standards. If SAIP providers are expected to meet those standards as outlined in Standard 7, clear directions must be provided to agencies in order to deliver best practice interventions and treatments, and attain the appropriate training in those interventions.

Some SAIP contracts identified a "service unit," which is defined as service provisions to clients including face-to-face contact, case consultations, management and supervision, and training where pre-approved by the ministry as billable. Activities such as general inquiries, data collection, team meetings and organizational staff training, development and supervision are not included in "service units."

[14] June 4, 2008 email to RCY from JIBC program coordinator.

Service units were also not specific about allotments or hours for training and professional development. There was no information to assess if SAIP funding to agencies provided an appropriate level of professional development for therapists to meet this standard, as direct training funds were not identified, nor were required professional development hours or sessions specified in the contracts reviewed by RCY. It is unclear if SAIP funding to agencies provides an appropriate level of professional development for therapists to meet Standard 7.

The Representative makes the following recommendations:

Recommendation #3

That MCFD advise SAIP agencies about the status of the delivery of the JIBC training programs by Nov. 1, 2010.

Recommendation #4

4a) That MCFD support only those treatments and interventions that are evidence/research based. Clinical and policy direction should flow from those approaches.

4b) That funding for training and curriculum development be provided to support the clinical direction.

Therapist Qualifications, Competencies and Training

The McEwan Review did not directly address therapist competency, but pointed to a variation in qualifications and background. The 2008 revised standards and guidelines address this issue and therapists are now required to have a relevant master's degree.[15] Flexibility has been provided for small agencies in isolated communities where therapists with a bachelor's degree can be hired provided they receive appropriate clinical supervision. Grandparenting will be offered for existing therapists who do not meet these requirements.[16] The standards also address the key competencies that therapists should possess.

[15] Standards for Sexual Abuse Intervention Programs funded by the Ministry of Children and Family Development, March 27, 2008, pp. 19-20.

[16] As per MCFD interviews January to May 2008.

The Representative considers that qualification and competency requirements in the standards and guidelines are reasonable and reflect current requirements in the CYMH program overall. The ministry requires new hires for CYMH to have master's degrees. Standard 4.1.7 requires that SAIP therapists administer only those psychometric instruments/tools/practices they are qualified to use.[17] As such, standards and clinical directions naturally change over time as research identifies effective interventions. Grandparenting provisions for existing staff were a required transition strategy, allowing training and upgrading to catch up with emerging evidence. The key element will always be provision of effective clinical supervision and agency management. The standards emphasize that existing therapists who do not meet the new requirements should continue to practice, with appropriate clinical supervision or consultation,[18] and *"to pursue training in areas where core competencies are lacking."*

Standards for Sexual Abuse Intervention Programs funded by the Ministry of Children and Family Development March 27, 2008

Standard 5: Treatment Planning and Interventions

5.1.4 Clinical intervention(s):

- Matched to specific problems and strengths identified in the comprehensive assessment,
- Supported by research evidence of effectiveness and/or accepted clinical practice guidelines for children/youth who have experienced sexual abuse and children with intrusive or age-inappropriate sexual behaviour,
- Focussed on building strengths and resilience to prevent long-term problems which may develop from a history of sexual abuse as well as the current presenting problems experienced by the child/youth,
- Time-limited and delivered in the least intrusive manner.

Treatment

SAIP therapists have varied backgrounds, qualifications and training. Best practice requires that they be aware of and trained to deliver appropriate, evidence-based therapies that meet the needs of the child.

The McEwan Review found 22 therapy options in use across SAIP. The effectiveness of these, in terms of the well-being of the children and youth, was not assessed in this RCY review.

[17] Standards for Sexual Abuse Intervention Programs funded by the Ministry of Children and Family Development, March 27, 2008, p. 13.

[18] Standards for Sexual Abuse Intervention Programs funded by the Ministry of Children and Family Development, March 27, 2008, p. 20.

Findings

Standard 5 of the 2008 standards and guidelines emphasizes the need to use evidence-based clinical interventions, based on client need, to ensure they are safe and appropriate (see sidebar). The standards clearly require that interventions be based on evidence of effectiveness. MCFD should take a lead responsibility in providing central direction on evidenced-based intervention and treatments that are effective in meeting SAIP client needs.

The Representative believes there is a great deal of current research relevant to the program, which should be tracked and disseminated. This is consistent with the observation in the *Child Physical and Sexual Abuse Guidelines for Treatment (2004)* from the US National Crime Victims Research and Treatment Center:

> *"...common complaint of therapists is that they do not often have ready access to the treatment outcome research literature, and they do not have the time to wade through a sea of academic journals in search of the latest treatment information."*[19]

Identifying best practices is complex and requires oversight of academic research as well as the experience and wisdom of practitioners. MCFD should stay informed of emerging research on therapeutic options and related topics, and share information this information with SAIP agencies so effective interventions are adopted.

The 2003 CYMH plan discusses this issue for mental health services in general and recommends that CYMH *"maintain effective interventions supported by research evidence as the standards of practice throughout the service system."*[20] As indicated in the CYMH plan, the ministry intends to issue research-supported guidelines for mental health services that will be frequently updated to reflect new findings.[21] The plan also notes the importance of collaborating with service providers. The ministry should encourage this approach to identify good practices that could be shared across the system as well as monitoring, evaluating and communicating about key research related to SAIP. The Representative has seen limited evidence of this activity, despite the long-standing commitment since 2003.

SAIP agencies have formed a provincial network that supports professional development and opportunities to share information and discuss best practices. MCFD has designated a provincial CYMH consultant to liaise with this group.

[19] Saunders, B.E., Berliner, L., & Hanson, R.F. (Eds.). *Child Physical and Sexual Abuse: Guidelines for Treatment (Revised Report: April 26, 2004).* Charleston, SC: National Crime Victims Research and Treatment Center.

[20] Child and Youth Mental Health Plan for British Columbia, Feb. 2003.

[21] Child and Youth Mental Health Plan for British Columbia, Feb. 2003.

Recommendation 3.4: Contract Management Strategies

Key Findings from McEwan Review

- Contract deliverables and reporting expectations specified in SAIP contracts differ considerably within and across regions, in terms of volume and nature of services.
- The role of CYMH team leaders to provide clinical oversight of SAIP has not been formalized. Involvement of CYMH team leaders with SAIP providers varies from community to community.

McEwan Recommendation	MCFD and Agency Update
3.4.1 At the regional level, establish a common template for SAIP contracts with consistent and reasonable reporting expectations across programs.	The SAIP contract template was revised in 2008/09.
3.4.2 Establish a consistent set of measurable service outputs and outcomes.	Reporting requirements are in development with MCFD, including program outcomes and outputs. MCFD intends to address reporting requirements in its contracts with service providers.
3.4.3 Ensure protocols exist for the evaluation of SAIP vendor reports by contract managers.	Most SAIP contracts include reporting requirements. The revised SAIP standards and the development of consistent reporting requirements aim to address this.
3.4.4 Immediately develop and document a more direct role for CYMH team leaders with respect to the clinical oversight and interface with SAIP programs in their community.	The revised SAIP standards (March 2008) provide more of a role for the CYMH team leaders or CYMH clinicians (Standards 4, 5, 6 and 9) to interface and collaborate with SAIP providers, specifically with clinical assessment and screening, consultation and treatment.

RCY Assessment

Contracts with Providers

Each SAIP agency has a service delivery contract with MCFD that sets expectations, funding levels, accountability and reporting requirements.

The Representative reviewed samples of SAIP contracts from across the province and found they were generally consistent in structure, although there was variety in the degree of specification on expected results. The most critical weakness was the absence of measures and targets, which precludes the ministry from tracking the overall program performance. A standardized reporting template is required in order for the ministry to gather aggregated information on outcomes.

Most SAIP contracts specify reporting requirements, such as service statistics and a report to MCFD. However, the details of information reported to MCFD by SAIP agencies continue to be quite varied, including the frequency of reports (as indicated by the McEwan Review). SAIP agencies stated that they still receive no feedback on their reports or how the information is used. The Representative was not advised of any protocols that currently exist in the ministry for reviewing and evaluating agency reports and providing feedback to SAIP agencies.

MCFD revised its common contract template for SAIP in 2008/09 as part of a broader initiative to improve contracting practices. The new template refers to and includes the revised standards. Where the draft template identified key outcomes to be achieved, including short-term, intermediate and longer-term outcomes (see Appendix A), the revised template did not. MCFD did not provide the Representative with information on whether it will establish a measurement process to see how children have progressed in the long run. Such information is essential in assessing the effectiveness of the program in reducing the suffering of children and youth.

The Representative makes the following recommendation:

Recommendation #5

That MCFD standardize outcome definitions and reporting to establish clear measures and outcomes to evaluate program performance, including how program delivery and services to clients are meeting the program goals and objectives.

Assessing and Supporting the Capacity of Agencies

The ministry relies on CYMH staff to provide support and oversight to SAIP agencies but the 2005 review indicated CYMH practices were inconsistent across the province. In several communities SAIP and CYMH staff were highly integrated, while other communities lacked communication and cross-referrals.[22] The 2008 standards are meant to strengthen these relationships.

SAIP is part of a network of services for children and youth who have been sexually abused. Services are also provided by CYMH, sexual assault centres (for older youth) and private counsellors.

Agency and ministry staff report many of the issues among the children and families they have seen over the past five years increased in complexity, with some beyond the scope of the services provided by SAIP. Children who require more intensive and specialized interventions may require referral to CYMH clinicians or other specialists. The 2008 standards require that these services be coordinated with CYMH, however, with no program or client information available, the Representative is not able to assess how frequently SAIP clients are being referred to and accessing CYMH clinical services.

[22] 2006 review, p. 18.

Conclusions

The United Nations Convention of the Rights of the Child explicitly states that children are to be protected from sexual abuse and exploitation, and when that right is violated, there is a responsibility to provide appropriate care. SAIP is an important support for sexually abused children and youth in British Columbia.

It is unknown just how prevalent child sexual abuse is in this province. Many young victims are reluctant to come forward out of fear or shame. Sometimes known incidents are not reported to authorities.

Sexual abuse darkens childhood and harms children in ways that cast shadows throughout their lives. SAIP services are vital to the safety, healing and well-being of children and youth in B.C. Overall, progress has been made on areas highlighted by the McEwan Review. The revised standards represent a step forward in addressing some of those recommendations; however, it is essential that the ministry review the standards and how standards are being delivered in practice and understood by agencies.

This review of SAIP services was done with an interest in strengthening and improving services to vulnerable children and youth. However, the Representative's review was limited in its capacity to measure how effective and responsive the SAIP program is in meeting the needs of sexually abused children. Without program and client information, it is difficult to assess service levels and demands to address areas in the program that may need strengthening or improvement.

The revised 2008 standards and guidelines address some of the recommendations from the 2005 internal review but further discussion, planning and implementation are needed in areas such as contracts, data collection, measures and outcomes, and evaluation. To produce information that is meaningful the ministry needs to measure outcomes. Contracts for service providers should ensure program and client information is collected, analyzed and evaluated for program effectiveness. Efforts need to be made to track outcomes for the children and youth being served by the program.

Support for SAIP agencies, such as training and professional development, is needed from the ministry for the agencies to provide evidence-based practice and treatment to clients. MCFD should provide clear direction to agencies on best practices in evidenced-based treatments and interventions. The coordination of CYMH services with SAIP needs clarification, specifically around clinical supervision and consultation with SAIP agencies. These, along with the overall performance of SAIP, should be reported publicly by the ministry.

In light of a continuing move toward regionalization at MCFD overall and a diminishing budget and role for central policy direction, the Representative is deeply concerned about the ministry's ability to provide effective and timely clinical and policy direction to SAIP providers. Future emphasis must be placed on implementing reporting requirements, including outputs and outcomes, in order to evaluate how well the program is meeting the needs of sexually abused children.

The Representative will continue to monitor the progress of SAIP, and to encourage government to effectively provide all possible resources to children and youth who have been harmed.

Recommendations

Recommendation #1

That MCFD review the mandate and eligibility of the Youth Sexual Offence Program for children over 12 years not charged with sexual offences. SAIP services should be offered to children over 12 years not charged with sexual offences if they do not meet the mandate under the Youth Sexual Offence Program.

Recommendation #2

That MCFD ensure that all SAIP providers use consistent data collection tools and that SAIP program information is used to make decisions about program funding, direction and effectiveness.

Recommendation #3

That MCFD advise SAIP agencies about the status of the delivery of the JIBC training programs by Nov. 1, 2010.

Recommendation #4

4a) That MCFD support only those treatments and interventions that are evidence/research based. Clinical and policy direction should flow from those approaches.

4b) That funding for training and curriculum development be provided to support the clinical direction.

Recommendation #5

That MCFD standardize outcome definitions and reporting to establish clear measures and outcomes to evaluate program performance, including how program delivery and services to clients are meeting the program goals and objectives.

Appendix A:
MCFD Updated Subsidiary Component Agreement (SCA): Contract Template for SAIP – 2008 Draft

Program Outcomes Identified in the 2008 Draft Contract Template

Short-term Outcomes

- Children/youth who have been sexually abused should experience increased personal stability and decreased anxiety, related to their abuse.
- Non-offending parents of children/youth who have been sexually abused, and/or displaying stress-related symptoms will be supported and/or connected to other services and community resources.
- Participants in groups should have an increased understanding of the following:
  - Normal sexual development and behaviour in children 0–12 years of age
  - Sexual abuse prevention
  - Sexual behavioural problems in children 0–12 years of age.

Intermediate Outcomes

- Children who have been sexually abused should develop:
  - Increased assertiveness skills
  - Increased coping skills
  - Increased self esteem
  - Enhanced ability to self-regulate emotions, including those that are harmful or dysfunctional
  - Increased ability to explore feelings.

- Non-offending parents of children who have been abused, or who display abuse-related or stress-related symptoms, should experience:
  - A lessening of feelings of guilt
  - Increased acceptance of their child and the abuse that they experienced
  - Increased assertiveness and advocacy for self and family
  - Increased knowledge of normal and abnormal sexual development issues and concerns.

Long-term Outcomes

- Children should be able to overcome the effects of the sexual abuse they experienced.
- Non-offending parents should be fully engaged in appropriate services and community resources.
- Participants will have a better understanding of:
  - Normal sexual development and behaviour in children 0–12 years of age
  - Sexual abuse prevention and safety strategies
  - Sexual behaviour problems in children 0–12 years of age.
- SAIP providers assist communities to have an integrated approach to serving victims of sexual abuse.

Appendix B: Documents and Sources

MCFD Documents

Guidelines for Sexual Abuse Intervention Programs, 2003

Minutes of Vancouver Island SAIP providers, MCFD 2003

A Review of the Sexual Abuse Intervention Program delivered through BC Ministry of Children and Family Development Funded Agencies, Dr. Kimberley McEwan, April 2006

Standards for Sexual Abuse Intervention Programs funded by the Ministry of Children and Family Development, March 2008

MCFD Child and Youth Mental Health Plan for BC – Progress Report, 2008

SAIP Budget information, MCFD 2008

Sexual Abuse Intervention Program logic model, MCFD 2006

SAIP Provider Survey Form, MCFD June 2005

Sexual Abuse Intervention Program Standards Potential Cost Pressures, MCFD 2001

Selected SAIP Agency Contract Documentation, MCFD 2008

Other Sources

Sexual Abuse Intervention Program Guidelines on Standards, Ministry of Health, December 1990

The Child and Youth Mental Health Program: A Promising Start to Meeting an Urgent Need, BC Office of the Auditor General, June 2007.

Child Physical and Sexual Abuse: Guidelines for Treatment (Revised Report: April 26, 2004). Saunders, B.E., Berliner, L., & Hanson, R.F. (Eds.). Charleston, SC: National Crime Victims Research and Treatment Center.