

Workshop Report: NSW Framework for Responding to Problematic and Harmful Sexual Behaviours

Workshop Report

15 July 2019



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Workshop

Date / time	9am-4.15pm, Monday 15 th July 2019
Venue	Northside Conference Centre, Oxley Street, St Leonards, NSW 20165
Participants	See Appendix D
Facilitators and speakers	Monique Jackson, Nous Group Samara Barchet, Nous Group Special guests: Professor Simon Hackett Dale Tolliday

Introduction

Nous Group was engaged by NSW Health to facilitate a one-day interagency workshop to discuss the NSW Government Framework (the Framework) for prevention and responses to children and young people with problematic and harmful sexual behaviours (HSB). The purpose of the workshop was to reflect on the NSW context for developing a coordinated interagency response to problematic and harmful sexual behaviours, draw on international expertise to learn about multi-agency responses in other jurisdictions and agree on a way forward for NSW.

The objectives of the workshop were to:

- a) Agree the vision and objectives and to identify high-level domains of the Framework.
- b) Learn from the evidence and similar approaches in the UK.
- c) Identify next steps to progress the Framework.

Participants were asked to read the following papers to inform the discussion at the workshop:

- Pre-reading background document for inter-agency workshop
- Harmful Sexual Behaviours Framework, NSPCC, 2019 (attached)
- Guidelines on harmful sexual behaviour among young people, The National Institute for Health and Care Excellence, 2016 (attached)

Workshop summary

This report presents a summary of the workshop sessions covered in the agenda:

- 1 Context setting and what we want to achieve
- 2 Learning from the research: Evidence based responses and the opportunities for NSW
- 3 The UK approach to developing a framework: What this means for NSW
- 4 Reflections, summary and next steps



Participants' objectives

Participants outlined their expectations for the workshop, including to:

- Develop a shared vision for responding to harmful and problematic sexual behaviours.
- Walk away with a clear direction and next steps.
- Have a clear plan for engaging people and organisations outside government in the development of the Framework.
- Ensure the Framework focuses on prevention and not only on responses.
- Ensure the Framework embeds a cultural lens.

There is a clear mandate from NSW Cabinet to progress this framework

The Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) found that a significant number of children in Australia are likely to display or be a victim of harmful sexual behaviours. Between 35 and 50 per cent of children under the age of 10 displaying or engaging in problematic or harmful sexual behaviour have experienced sexual abuse, and between 35 and 50 per cent have experienced physical or emotional abuse, neglect and/or have witnessed domestic violence¹.

Early intervention has been found to offer the best opportunity to prevent escalation of problematic or harmful sexual behaviour, negative impacts on social and emotional development and possible psychological and physical harm to other children^{2 3}.

A high proportion of New Street clients (young people aged 10 to 17 who have demonstrated sexually harmful behaviours) have complex trauma histories. Ten per cent of New Street clients are girls who have significant prevalence of complex trauma, including sexual assault in their histories⁴.

The Royal Commission found that currently no state or territory has a comprehensive and coordinated policy approach for preventing, identifying and responding to children with harmful sexual behaviours. In NSW, a lack of awareness and understanding of this behaviour can result in children's harmful sexual behaviours not being identified or addressed. This limits the ability to intervene early to stop the escalation of behaviours. It can exacerbate the child's harmful behaviour and increase the risk of harm to themselves and to other children.

¹ Evertsz J and Miller R 2012, Children with problem sexual behaviours and their families: Best interest case practice model; specialist practice resource, Victorian Government Department of Human Services

² Lussier P and Healey J, 2010, The developmental origins of sexual violence: Examining the cooccurrence of physical aggression and normative sexual behaviours in early childhood, *Behavioural Sciences and the Law*, 28, 1-23.

³ Valentine K and Katz, I, 2007, Review paper on the cost effectiveness of early intervention programs for Queensland - Report prepared for the Queensland Council of Social Service Inc.

⁴ KPMG, 2014, Evaluation of New Street Adolescent Services - Final Report. Retrieved from <http://www.health.nsw.gov.au/kidsfamilies/protection/>

Jacqui Worsley, Executive Director, Government Relations, NSW Ministry of Health provided opening remarks and context for the workshop:

- The Royal Commission Volume 10 recommended that:
 - A public health model is adopted in strategies to prevent child sexual abuse.
 - Timely expert assessments are available for children so they receive appropriate responses.
 - Specialist and general therapeutic services are funded and resourced to support each other.
 - There are clear referral pathways for children to access expert assessment and therapeutic interventions, including referrals through criminal justice and child protection systems.
 - Therapeutic staff receive professional training and clinical supervision.
- NSW Government held a workshop in March 2018 where it was agreed that an overarching framework would support a coherent, consistent and evidence-based approach to respond to HSB and to help support the safety and wellbeing of all children in NSW.
- The Framework should be a direction setting document with a shared vision, overarching principles, aim, objectives and outcomes that is aligned to NSW Government and individual agency priorities and can facilitate system and service improvements.
- Following the workshop, the Ministry of Health and Department of Premier and Cabinet submitted a Senior Officers Group (SOG) paper for Cabinet that outlined the agreed approach and recommended investment options. Three levels of response were developed to ensure children received a response that was commensurate with their needs: early responder, generalist and specialist.
- In 2018/19 ERC allocated \$35 million over 5 years to NSW Health to develop the Framework and expand therapeutic services for this cohort.

Work is already underway

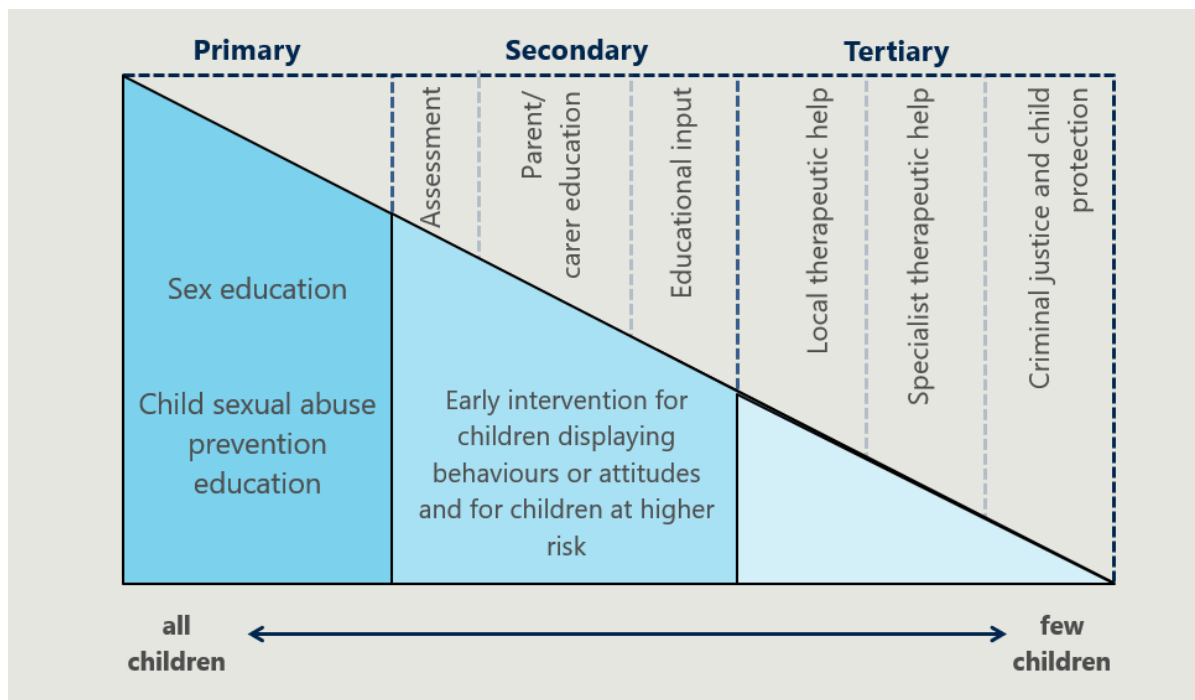
- NSW Health is now expanding the New Street Services Network (for 10-17 year olds) to achieve state-wide coverage and also supporting Local Health Districts (LHDs) to establish new and expanded services for children under 10 years with problematic and harmful sexual behaviours. A draft policy for Health service responses to this cohort has been developed and is under internal consultation.
- NSW Health's Education Centre Against Violence (ECAV), is also supporting the workforce and community to respond through development of an e-resource site, information and factsheets. They will also undertake a gap analysis and provide recommendations for workforce capacity building. ECAV will collaborate with agency partners on this project.
- An evaluation strategy for The Framework and the Health therapeutic services will be developed by ARTD Consultants over the next 12 months.

The NSW Framework will take a public health approach

A public health approach takes a preventative approach to a public health issue by targeting the key risk factors at a whole of population level. It looks at three stages:

- Primary (or universal) responses such as universal sex education and child sexual abuse prevention education
- Secondary (or early intervention) responses which provide additional support and are targeted towards at risk children and young people, or those displaying early behaviours or attitudes
- Tertiary (or specialist treatment) responses which provide specialist services to those children and young people, tailored to the needs and circumstances of the individual.

Figure 1 | What is a public health approach to problematic and harmful sexual behaviours?



Participants reported there is some work already underway across NSW, however more coordination and consistency is needed

Participants reflected on their agencies' experience of responding to problematic and harmful sexual behaviours. These are summarised below.

- Demand for responses to harmful sexual behaviours is increasing and general understanding about what constitutes normal, problematic and harmful sexual behaviours can be improved across the community and amongst services providers.

“
Aboriginal children who harm are more likely to be charged than other children. Mandatory treatment through the courts could be good.
 - Workshop participant
 ”

Specifically, more education is needed on healthy sexuality and key influencing factors such as age, gender and development levels. There is a clear need for shared terminology and an understanding of the spectrum of behaviours.

- **Limited information sharing and unclear roles and responsibilities have impacted cross agency collaboration.** Most participants agreed that all responses (universal, secondary and specialist) should have better collaborative working practices, starting with support for information sharing across agencies to support complex families with consistent advice and responses.
- **There is some agency specific work underway to support universal services, however a more consistent and state-wide approach to prevention is needed.** Availability of clear, consistent and accessible public information for parents/carers, the community and the universal workforce is needed. Support for the universal workforce is underway with some agencies developing information packages for workers and holding workshops to support workers to hold conversations with parents/carers, however there are some gaps with specific mention of support for GPs, nurses, early childhood educators, non-government schools and the NGO workforce. It was reported that there are challenges in influencing the NSW school curriculum as schools have flexibility in the content delivered to the students based on the school's own context and the needs, interests and abilities of its students under the current NSW legislation. Consultation with the universal workforce was considered critical to identify other gaps in NSW's response to problematic and harmful sexual behaviours, due to their frontline experience.



Identification of harmful sexual behaviours has mushroomed, but Child Wellbeing Units are under-resourced for the number of contacts and received and early identifiers often don't know what else to do

– Workshop participant



- **There is not a consistent approach to assessments or understanding of children/young people's needs, with differences both across and within agencies.** Without an agreed approach, participants reported that most agencies had different approaches for assessing what constitutes

problematic and harmful behaviours; who should make assessments (e.g. universal workforce, identified person); how to make assessments (what criteria, what tools), and what an appropriate response is. It was raised that assessments and responses need to include considerations of culture and young people with additional vulnerabilities such as living with a disability.

- **Referral processes and pathways can prevent or delay access to services.** Agencies reported a limited understanding of referral pathways and the options available to support children and families. Others reported that these pathways don't exist in their areas. Professionals are unable to reassure families about the process because it is unclear, and this creates fear and engagement challenges. Traditional pathways such as through Child Wellbeing Units are under-resourced. Agencies reported that the current legislative framework does not provide effective pathways for young people to access treatment in a timely manner. It was noted that criminal justice responses can prevent or delay children from gaining access to specialist therapeutic services. One participant noted that in their area, Aboriginal young people are more likely to be charged with an offence and then have no access to treatment.

- **There is a limited range of secondary and tertiary services available; and awareness of these is low.** Agencies reported not always having a clear understanding of what services were available, or what constitutes an appropriate secondary or tertiary response, which can result in an overreaction in some cases or minimisation of the seriousness in others. There was general consensus that any response should address a child's holistic needs and provide better support for parents/carers. Access to specialists for consultation was considered to be important in supporting an appropriate response.
- **Tertiary (or specialist services) are expanding however multi-agency coordination to support referral pathways could be improved, including at the local level.** Participants reported that specialist services require better links with secondary and early responder services. Referrals between specialist services (especially therapeutic and criminal justice services) are currently ad hoc, do not follow the young person when they move between systems and could be improved.
- **There are examples of good practice but there needs to be a more consistent approach to support workforce capability development.** All relevant staff need appropriate training, support and accreditation, including private counsellors. The accreditation of counsellors working with children is currently being reviewed by the Office of the Children's Guardian based on the recommendation from the Royal Commission to introduce child safe standards, and to support a shift to prevention. It was also noted that NSW needs to consider adoption of the therapeutic principles recommended by the Royal Commission.

Professor Simon Hackett and Dale Tolliday presented an overview of the research about best practice when responding to problematic and harmful sexual behaviours. The key insights for NSW were:

- Critical focus areas for prevention should be on education and early childhood.
- Data isn't accurate and is largely informed by the intensive end so the scale of the issue at the normal/problematic end isn't well captured.
- There are low rates of HSB recidivism among children and young people, but longitudinal studies found children and young people presenting with HSB had poorer long-term welfare outcomes. This suggests a holistic response is needed.
- Secondary prevention initiatives should be targeted to distinct populations, especially children in out of home care and girls.

Participants discussed what a consistent, coherent and evidence-based system would look like in NSW

Participants discussed what success looks like for different stakeholder groups.

Based on participants' discussions, a draft vision was developed:



A person-centred and prevention focussed system, that provides appropriate, holistic and culturally safe responses to children with problematic and harmful sexual behaviours.

The discussions for each stakeholder group are outlined in Table 1 below.

Table 1. What does a consistent, coherent and evidence-based system look like for different stakeholder groups?

Children and young people

- **Service delivery:** Children and young people have access to services that are safe, culturally appropriate and tailored to individual needs.
- **Responses:** Children and young people don't feel labelled or diagnosed and young people are met with a sense of hope and resilience. Responses understand and seek to address the wider context and drivers of the behaviour and support is holistic and are tailored to a children or young person's needs.

	<ul style="list-style-type: none"> • Access: Children and young people don't have to self-navigate through the system, which has a 'no wrong door' approach. • Information: Children and young people know what is happening, when, and know who they will be working with and why. This aligns to the Convention on the Rights of the Child, ratified by Australia in 1990 and the National Child Safe Principles, endorsed by COAG on 19 February 2019. • Outcomes: Children and young people are supported holistically and recidivism is low. <div data-bbox="853 224 1394 481" style="border: 1px solid orange; padding: 10px; margin-top: 10px;"> <p><i>It is important for children and families to be supported to complete a program.</i></p> <p style="text-align: right;">- Workshop participant</p> </div>
<p>Families and carers</p>	<ul style="list-style-type: none"> • Assessment: Families and carers are supported to identify early indicators and access appropriate support before escalation is required. • Access: Families and carers access services under a 'no wrong door/ one stop shop' approach with clear and consistent information and terminology across all services on the spectrum. Families and carers access services that are named using safe and non-stigmatising language for example, not a "Harmful Sexual Behaviours service". • Responses: Families and carers have confidence that responses are proportionate and tailored to a child, young person or family's needs; that responses build resilience in the child and family and are strengths-based and healing focused; that families and carers can access services that provide support and a response to children, young people and families experiencing sibling abuse; that children, young people and families are supported to complete programs, and families and carers receive "hopeful" information about harmful sexual behaviour and low recidivism rates.
<p>Specialist practitioners</p>	<ul style="list-style-type: none"> • Roles and responsibilities: Specialist practitioners have clear processes for deciding which agency should lead on a case based on clear agency responsibilities; a child's environmental context; the child and family's needs, and the level/type of complexity of issues requiring intervention. Quality responses are supported through a range of mechanisms which may include some of the following: qualifications, accreditation, registration, training and principles/standards for interventions. Supporting system wide consistency was noted to be important as well as some flexibility for local implementation and contexts. • Assessments: Practitioners have common assessment tools and common understanding of behaviours across all services and assessments are transferable between practitioners/services (i.e. shared if a child moves to a different location or type of service) to reduce duplication and/or re-traumatisation by the need for a child/family to retell their story. • Responses: Practitioners' responses are commensurate with a child's needs and behaviours and involve families and carers; both the young person who has caused harm and the child(ren) who has been harmed receive timely interventions and support; specialist practitioners work with the universal workforce to develop effective early intervention responses and build capacity in the broader workforce and understanding in the broader community. • Access: Specialist practitioners are resourced to provide direct responses for and to capacity build in 'hard to reach' populations/communities, including rural and remote areas.
<p>Universal workforce and mandatory reporters</p>	<ul style="list-style-type: none"> • Prevention: The universal workforce (including those people working with children under 10 such as nurses and early childhood workers) has a shared language and is supported and confident to talk about HSB; there is a clear understanding of their roles and responsibilities; resources are informed by insights from the disability, Aboriginal, CALD and other sectors and evidence about gender, age and developmental differences. • Assessment: The universal workforce is supported to identify and respond appropriately to developmentally normal, problematic and harmful sexual behaviour, to know what an appropriate response is for the level of risk being demonstrated and to whom to refer children. • Response: The universal workforce communicates and involves parents/carers in discussions about HSB and the response they are providing (including referrals)

Broader community

- **Information:** The broader community has access to information and resources that are culturally appropriate and non-stigmatising and an understanding that a FACS or Police response is not always required. Prevention information campaigns are proactive and target the whole community, not only those cohorts with high rates of HSB.
- **Access:** The broader community has a single point of contact for information and advice and there is a clear point of contact in each agency that can provide direction.
- **Response:** The broader community has confidence in the universal, secondary and specialist services and referral pathways between them.

Professor Simon Hackett presented an overview of the UK's approach to developing a framework. The key messages were:

- The UK's NSPCC Framework was aligned to the UK's National Institute for Health and Care Excellence guidelines, resources and tools; these were key inputs to the UK Framework
- The framework should be simple, easy to follow and can be scaled up over time
- Locally joined-up responses are best
- The framework should be a tool to support agencies and the broader sector
- The Audit Tool was critical to implementation success in a devolved environment
- The UK framework was established through four working groups: framework development group, practice working group, young people's working group and testing and implementation working group.

“

Keep the Framework simple and scale up over time

- Prof. Simon Hackett

”

Participants broadly agreed the purpose of a NSW Framework should be to:



Guide and support the development and implementation of evidence-based prevention and responses to problematic and harmful behaviours in NSW.

This includes:

- Conveying a shared vision.
- Describing the system design principles.
- Supporting system wide consistency was noted as well as some flexibility for local implementation and contexts

- Guiding the establishment and expansion of appropriate and coordinated universal, secondary and specialist approaches across NSW.
- Clarifying government and non-government stakeholders' roles and responsibilities.
- Developing a roadmap for staged delivery, with a clear set of steps and a work plan for each stage.



The Framework should be broad, but not too prescriptive for each agency's role

- Workshop participant



See Appendix A for further detail on participants' ideas about the purpose.

Participants broadly agreed that the elements a NSW Framework should include are:

1. Background and evidence (including presenting the case for change)
2. Vision and guiding principles for a state-wide response
3. Agreed terminology and understanding of the spectrum of behaviours
4. Clear alignment to NSW and national strategies
5. Five focus areas:
 - Prevention
 - Early intervention including a common assessment approach
 - Tertiary or specialist therapeutic responses and services
 - Clear referral pathways and inter-agency models for responding
 - Workforce support and training
6. Implementation, monitoring and evaluation approach



This includes:

- **Establishing the evidence base** and best practice from Australia and internationally, and presenting the quantitative and qualitative data for the case for change.
- **Developing guiding principles** which reflect a public health approach and incorporate concepts of cultural safety and cultural awareness, child and family centred, personalised and holistic support, equity of access and respect.
- **Developing agreed terminology and a shared understanding** across government and non-government providers of the spectrum of behaviours of problematic and harmful sexual behaviours. The spectrum should reflect variabilities across age, gender and development.
- **Identifying and outlining how the Framework aligns** to other NSW and national frameworks, strategies and reforms including TFM (System Transformation), new child safe

standards, domestic family violence blueprint, justice reforms and early childhood education reforms.

- Focusing on five priority areas to develop appropriate and culturally safe responses:
 - **Developing an effective prevention approach** with objectives, actions and measures supported by clear roles and responsibilities, resourcing and communication tools.
 - **Developing a supportive and consistent early help and intervention approach** with objectives, actions and measures supported by clear roles and responsibilities, shared resources (including common assessment tools/guidance) and a workforce development strategy including inter-agency training to ensure consistent and evidence-informed support and advice is given to children and families, and local pathways are promoted.
 - **Developing a robust specialist therapeutic response and services** with objectives, actions and measures supported by clear roles and responsibilities, strong pathways between child protection and criminal justice responses to therapeutic services, and minimum standards or principles for specialist service delivery and an effective workforce accreditation scheme. The approach should include an emphasis on holistic, trauma informed and family focused care and provide support to both children and young people who have been harmed and those who have harmed.
 - **Developing clear referral pathways and inter-agency models for responding** with a 'no wrong door' approach, supported by common assessment tools and information sharing protocols to support smooth transitions between services for children and families.
 - **Supporting workforce development and training** to ensure staff across all service levels are trained, confident and supported to deliver appropriate HSB services.
- **Outlining agreed implementation, monitoring and evaluation processes** that will support the framework.

“
It's important to focus on the things that support resilience like family and sibling relationships, although often those resilience sources are those which have been damaged
”
- Workshop participant

All elements should be evidence informed and developed in consultation with non-government agencies, sector partners, the community and children and families.

See Appendix B for further detail on participants' ideas about potential elements/domains.

Participants broadly agreed that enabling a successful framework requires:



Multi-agency support and governance arrangements, a three staged approach (development, implementation, quality improvement), a clear work plan, appropriate resourcing and strong engagement with diverse stakeholders.

This includes:

- Securing senior executive and political support for a multi-agency approach and dedicated champions within each agency, and the final Framework.
- Consulting widely with non-government stakeholders, sector partners and experts, the community, children and families (full list for further consultation is in Appendix B).
- Resourcing budgeted in forward estimates, supported by a business case and clear narrative for change. This resourcing should include implementation support for non-government partners.
- Developing legislation, information sharing protocols and collaborative working arrangements as required by the Framework.

In particular, some participants suggested a staged approach to a workplan to develop and implement the Framework:

- Design and develop the elements of the Framework and an implementation plan over the next 12-24 months
- Implement the Framework, in collaboration with the sector and partner agencies
- Evaluate progress and outcomes the Framework has achieved and endorse an ongoing quality improvement/monitoring process.

See Appendix C for further detail on participants' ideas about enablers.

Participants proposed the next steps which are summarised below.

1. Establish clear governance supported by:

- a) Small working groups to progress specific pieces of work
- b) A clear process to consult with different stakeholders to develop the framework (and associated enablers)
- c) Clear authorising environment and agreed timeframes

2. Develop a concept plan for a framework for comment, led by NSW Health

3. Develop a work plan

4. Develop a consultation plan for key stakeholders:

Including, but not limited to: service providers, early childhood education and schools disability services, Office of the Children's Guardian, AbSec, Advocate for Children and Young People, CREATE Foundation, Multicultural NSW, families and carers, children and young people, Children's Court, magistrates and victims services.

5. Develop a case for change by:

- a) Mapping the current state and undertaking a gap analysis, including understanding barriers, restraints and opportunities to address them for:
 - i. Primary prevention activities
 - ii. Early intervention services
 - iii. Tertiary services
 - iv. Referral and service pathways, and understanding interagency models for responding
 - v. Workforce capacity, capability and availability of training and support
- b) Developing a literature review of best practice approaches in Australia and overseas across each of the five focus areas

6. Develop and agree consistent terminology

7. Develop a showcase of best practice examples

Summary and close

Professor Simon Hackett provided closing reflections for a NSW approach to developing a Framework. His reflections included:

- **Keep it simple:** Consider what is in and out of scope to develop an effective and useful framework. An overly ambitious framework can quickly escalate out of control.
- **Clarity of purpose:** Ensure the audience and purpose of the framework is clear to all.
- **Leverage the evidence from the UK:** Consider how an audit tool may support implementation of the framework and use its findings as a lever for change.

Jacqueline Connelly (Director, Program Management Office, Government Relations Branch, NSW Ministry of Health) provided an overview of the next steps:

- a) A draft work plan will be circulated for comment following the workshop report within six weeks.
- a) Project specific working groups (with broad membership) to progress the draft workplan will be established within 8 weeks.
- b) A follow up workshop will be held in 6 months for a broader audience to finalise the vision, aims, objectives and outcomes.
- c) NSW Health will be reporting on progress of the framework to the NSW Royal Commission Cross Agency Implementation Group chaired by FACS.

The National Office for Child Safety (NOCS) will be establishing an interjurisdictional working group on therapeutic supports and a national strategy for children with harmful sexual behaviours. NOCS recognises the work already underway in NSW and this working group will be looking to NSW as it develops a framework

Appendix A: Participants' ideas regarding the purpose of the Framework

Themes	Participant's Ideas
Support system wide consistency and local/agency flexibility	<ul style="list-style-type: none"> • To create a consistent evidence-based service delivery system for children/young people with HSB • Localised plans to allow appropriate to local community • Shared purpose and philosophy/goals • Consistency and coherence across different service settings
Guide universal, secondary and specialist approaches	<ul style="list-style-type: none"> • Framework to ensure there is an appropriate response and attention to prevention. How do we ensure buy-in and equality? • Opportunity to generate evidence • Building confidence and engagement within the entire workforce. Balance between being strategic while also be useful/operational. Tap into what is already occurring locally • Be responding to children and young people in a developmentally appropriate treatment • Focus primary, secondary and tertiary approaches • Create healthy sexuality, respectful relationships and sex education • Strategic guidance
Clarify roles and responsibilities	<ul style="list-style-type: none"> • To enable agencies to recognise each others' roles. Shared purpose between all agencies • To provide a formal process for inter-agency working • Scope - 'in and out' agreed objectives. Make it clear what we are NOT trying to do • To provide a framework for all relevant agencies to work together, including private, NGOs and NDIS • Roles and responsibilities (i.e. as a support carer, as an educator) - behavioural insights e.g. "this is what WE do" • Accountability framework/standards and oversight
Develop a roadmap for delivery	<ul style="list-style-type: none"> • Guide stepwise implementation across agencies • To allow agencies to interact/collaborate when working with HSB • Create a road map; Agencies can then link into this with flexibility and adaptability • Keeping it simple - identify actions to operationalise • To provide a set of steps (e.g. a workplan) to become an integrated system

Appendix B: Participants' ideas regarding the domains of the Framework

Themes	Participant's Ideas
Background and evidence	<ul style="list-style-type: none"> • State the case for change, answer "what's in it for me?" and "how do I do it?" • Interagency and intra-agency policy/ responses
Guiding principles	<ul style="list-style-type: none"> • List of principles • Recognising the context of HSBs and using the socio-ecological model to identify where it happens • Set of statements and principles (e.g. trauma informed family focussed etc) • Ensuring that responses are proportionate • A strengths-based name (e.g. 'sexual safety' focussed) • Real stories/case studies to make it real • Needs to be developed with genuine consumer and community consultation and to use their language • Culturally sensitive resources/policies • Everyone needs to see themselves/ their role/ their part in the framework
Terminology and definitions	<ul style="list-style-type: none"> • Get the language right and consistent across all areas of agencies • Flexible so we can learn and update as we go • Child focused/simple, accessible language • Agreed shared terminology, language and resources • Definitions and language • Agree definitions for key terms (e.g. HSB)
Alignment	<ul style="list-style-type: none"> • Quarter 4 strategies and reforms: Child Safe Standards; First 2000 Days; Justice Advocacy Services; PARVAN Framework; JCPRP Review; Blueprint for Reform – Domestic and Family Violence; Sexual Assault Strategy; NSW Practice Framework for Intervention (FACS); National Framework for Child Protection; NSW Women's Health Framework; Responding to Family Violence in Aboriginal Communities; Education's Connected Communities for Aboriginal Communities; Mandatory Reporter Guidelines Review; Aboriginal Wellbeing and Violence Prevention Strategy; National Prevention of Violence Strategy • National Strategy to Prevent Child Sexual Abuse
Five focus areas	<ul style="list-style-type: none"> • Education and support for Magistrates to provide court orders for treatment to offenders going through a criminal justice process as currently New Street is voluntary. • • Identify priority/key/core issues - make achievable, build on success • Tertiary responses • Appropriately qualified generalists • Self-assessment tool as an enabler to identify what IS working • Workforce capability building • Referral pathways are clear with no wrong doors • Must include prevention not just response • Provide structure and consistency on how services should be developed and delivered. The Government's responsibility to support framework rather than service delivery

Themes	Participant's Ideas
	<ul style="list-style-type: none"> • Review the multi-agency models and legislation and identify paper gaps/compare contrast • NDIS/quality and safeguarding commission. • Recommend or develop accompanying tools and resources to support implementation • Response-based framework • Showcase the Wilcannia project for HSB responses • Appropriately qualified specialists (and enough of them) • Education department - clinical services • Build internal skills so agencies don't depend on external direction or "expertise" • Training • Early help • Education and empowerment of communities • Accessible information for parents/carers schools, communities etc • Prevention • Identify gaps and develop solutions to produce quality standards. • Mapping of existing training and resources. • Desktop review of vulnerable cohorts. • Community education and messaging is important • Outline domains and aims of framework to get right people involved • NSW Government to develop an early responder assessment template/tool
Implementation, monitoring and evaluation approach	<ul style="list-style-type: none"> • Evaluation plan and inbuilt approach. • Evaluation built in at initial stages; how we will know if we are meeting objectives? • Evaluations and monitoring must be built in with continuous quality improvement. It needs to be practically clear and easy to understand for all users • Accountability, reporting, time frames/deadlines, evaluation (external) • Accountability and governance/evaluation (using data) • Ability to drill down different areas in evaluation • Evaluation plan from the beginning - identify outcomes

Appendix C: Participants' ideas regarding the enablers of the Framework

Themes	Participant's Ideas
Senior executive and political support	<ul style="list-style-type: none"> • Governance - working groups • Political will • Common commitment across agencies • Whole of government approach • Inter and intra-jurisdictional co-operation • Interdepartmental working group that is overseen by high level executive director • Practice working group; practitioner language, systemic barriers, design of independent run plan • High level organising environment • Agree outcomes • Engage a "change manager/implementer" person • Governance and sponsors • Go back to the agency and brief up • Involvement of Secretaries • Set a cabinet decision date • Make this a Premier's Priority • Establish core agencies working group/s • Seek cabinet endorsement
Consultation	<ul style="list-style-type: none"> • Consult with: <ul style="list-style-type: none"> - Out of Home Care providers, other children's service providers - Judiciary and judicial commission - Juvenile Justice - Office of the Director of Public Prosecutions - Survivors, clients, families, key communities - Aboriginal Legal Service, Women's Legal Services and other Corporate Leadership Councils - Disability sector - Psychologists/ psychiatrists, general practitioners, Australian Medical Association and other medical stakeholders • Stakeholders all need to be considered individually and have an equal voice, including; Aboriginal communities, those with intellectual disability, culturally and linguistically diverse groups. Can stakeholders tell us how they want to be engaged? Expression of interest) of who wants to be involved. • Community awareness and buy-in • Buy-in via education and awareness • Community development • Provide client group with a voice • Partnership approach. For example, asking what does it look like? All parties have an equal voice at the table
Resourcing	<ul style="list-style-type: none"> • Budgeted over forward estimates • Resources for implementation

Themes	Participant's Ideas
Implementation plan	<ul style="list-style-type: none"> • Develop detailed project plan and framework • It needs to be simple but something you can operationalise • Integration into individuals' role descriptions/development plans • Setting standards and benchmarking service delivery practices for HSB • Needs an implementation plan and resources to achieve buy-in external/internal • Timeframes and deliverables • Source and fund (train, oversee etc.) NGOs involved in delivery • Whole of Government and agency-by-agency implementation plan • Appropriate staff implementation (e.g. have implementation team, rather than expect people to do more with less etc.) • Within a week, all this info is returned to us to contribute 'where next' (this group continues to progress) • Implementation advisory group (cross-agency), dep/sec or ED level • Clear resolution pathways for when things could be better (conflict resolution pathways)
Legislation, information sharing and MOUs	<ul style="list-style-type: none"> • Legislative framework/regulations/policies/MOUs between key agencies. • Shared resource pool (e.g. data base of stats, research etc.) • Clear policies (corporate knowledge share, not held by one person) • Communications strategy • Review/reform sexual assault confidential privilege • NSW to consider whether the age of criminal responsibility for HSB offences should be raised. • Legislation could be reviewed and strengthened to ensure it is effectively supporting young people to access treatment and potentially to enforce monitoring and compliance with a future approach. For example, NESAs develop regulations and rules for implementation in schools based on current legislation.

Appendix D: List of participants

Name	Role	Organisation
Brad Astbury	ARTD	Director
Jo Campbell	ECAV	Director, ECAV
Donna Roese	ECAV	Team Leader, Sexual Assault, JCPRP & Child Protection
Jackie Stewart	ECAV	Aboriginal Senior Statewide educator
Ben Thomson	ECAV	Rosie's Place
Maggie Church	Education	R/Director, Child Protection Services
Wendy Alford	Education	Child Protection Advisor
Margaret Baker	Education	Principal Legal Officer
Brooke Prideaux	Education - NESA	Inspector
Cherie Smith	FACS	Director, JCPR Statewide Services
Belinda Edwards	FACS	Director, Psychological and Specialist Services
Soraia Sousa	FACS	Cross Cluster Operations and Business Support
Sarah Bramwell	FACS	Office of the Senior Practitioner
Jesse Nastaly	Justice	Manager, Operations, Youth Justice
Ruth Marshall	Justice	Principal Psychologist, Youth Justice
Ellie Fogarty	Justice	Manager, Law Enforcement and Crime Policy
Daniel Kennard	Legal Aid NSW	Senior Solicitor, Family Law
Samantha Ivanscik	New Street	Counsellor, New Street Illawara Shoalhaven
Margaret Forrest	New Street	Counsellor, Rural New Street Western NSW
Brenton Law	New Street	Clinical Coordinator New Street West and Northern Sydney
Elisabeth Akioka	New Street	Clinical Coordinator Rural New Street HNE
Monique Jackson	Nous Group	Director
Samara Barchet	Nous Group	Senior Consultant
Vlad Williams	NSW Health - Aboriginal Family Health Network	Policy Officer
Carlton Quartly	NSW Health - CAMHS	
Kath Jones	NSW Health- Justice Health and Forensic	Director, Allied Health

Name	Role	Organisation
	Mental Health Network	
Lorna McNamara	NSW Health - Ministry of Health	Director, PARVAN
Alison Horsley	NSW Health - Ministry of Health	A/Manager, Sexual Assault Team, PARVAN
Jacqui Worsley	NSW Health - Ministry of Health	Executive Director, Government Relations
Jacqueline Connelly	NSW Health - Ministry of Health	Director, Program Delivery Office
Elena Mirenyi	NSW Health - Ministry of Health	Manager, Program Delivery Office
Andrea Angeles	NSW Health - Ministry of Health	Senior Project Officer, Program Delivery Office
Alec Sewell	NSW Health - Ministry of Health	Senior Policy Officer, Program Delivery Office
Tamara Moffat	NSW Health - Ministry of Health	Manager, Program Delivery Office
Corrina Blackhouse	NSW Health - Ministry of Health	Senior Policy Officer, Program Delivery Office
Rebecca Bell	NSW Health - Ministry of Health	Senior Policy Officer, Program Delivery Office
Sally Gibson	NSW Health - Ministry of Health	Manager, Youth Health Team
Michelle Jubelin	NSW Health - South Eastern Sydney LHD	Director, Child Youth Family Service
Maria Woods	NSW Health - Western NSW LHD	District Manager, Sexual Assault & JCPRP Strategies
Kelly Marshall	NSW Health - SPARKS	Social Worker
Linda Saxon	NSW Ombudsman	Principal Project Officer
Andy Waterman	NSWPF	
Michael Haddow	NSWPF	
Kate McGuinness	Office of the Children's Guardian	Senior Policy Officer
Rosemary Fitzgerald	Sydney Children's Hospital Network	Director, Child Wellbeing
Christie Breen	Sydney Children's Hospital Network	Network Clinical Program Director

Name	Role	Organisation
Jill Morris	Sydney Children's Hospital Network	Associate Clinical Director
Dale Tolliday	Sydney Children's Hospital Network	Clinical Advisor
Nadine Woodward	TFM	