

Integrated Prevention and Response to Violence, Abuse and Neglect Framework

NSW Health Violence, Abuse and Neglect Redesign Program August 2019



Acknowledgements

NSW Health recognises Aboriginal people as the First Nations People of Australia, whose lands we now live and work upon, and whose winds and waters we all share. We pay our respects to Aboriginal Elders past, present and emerging. We value Aboriginal history, culture and knowledge and the many ways it enriches the life of our nation and communities.

We recognise that Aboriginal Australians, through colonisation and its impact, have experienced high levels of violence, abuse and neglect.

The strength and resilience of women, men, children, families and communities who have experienced violence, abuse and neglect

underpin and drive this work. We acknowledge the lived experiences of all victims and survivors, and hope that this resource contributes to our collective vision for all communities and families to be healthy, safe and free from violence, abuse and neglect.

Many individuals and organisations have given their time and expertise to the development of this *Integrated Prevention and Response to Violence, Abuse and Neglect Framework* for NSW Health. NSW Health would like to thank, in particular, the dedicated efforts of its staff from the Prevention and Response to Violence Abuse and Neglect (PARVAN) Unit, Government Relations Branch, NSW Ministry of Health.

NSW Health would also like to acknowledge the contributions made by KPMG to this Framework.

Local Health Districts, Speciality Health Networks, NSW Health Pillar agencies, the Ministry of Health, key agency partners, people who have experienced violence, abuse and neglect, and reference groups, including the Child and Family Health Advisory Council, participated in the development of this Framework. The generosity and rigour of input from individuals in these groups is highly valued.

NSW Ministry of Health
100 Christie Street
ST LEONARDS NSW 2065

Tel. (02) 9391 9000
Fax. (02) 9391 9101
TTY. (02) 9391 9900

www.health.nsw.gov.au

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Branch

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August 2019



Message from the Secretary

I am pleased to introduce the Integrated Prevention and Response to Violence, Abuse and Neglect Framework (the Framework) for NSW Health services. The document outlines the vision, guiding principles, objectives and strategic priorities to strengthen NSW Health services in responding to violence, abuse and neglect in NSW over the next two years and into the future.

Everyone deserves a life free from violence, abuse and neglect and its adverse effects. The Framework will guide an integrated public health approach that recognises that victims and their families often have complex needs requiring multiple interventions provided by a range of services. The delivery of consistent, high-quality, comprehensive and integrated services for children, young people, adults and families of NSW will help to achieve this vision. It will also guide NSW Health's response to significant Government reform initiatives, public inquiries, legislative requirements and policy.

Violence, abuse and neglect is rarely experienced as a single incident. Many people experience multiple forms of violence, abuse and neglect, either co-occurring or at different stages throughout their life and these forms of violence also often overlap within families. NSW Health provides responses to many of the forms of interpersonal violence that are widespread in the Australian community, which include child abuse and neglect, domestic and family violence, sexual assault, and children and young people displaying problematic or engaging in harmful sexual behaviour.

The public health system needs to be mobilised at system, service and practice levels to support the provision of these responses and improve the services we provide. The Framework builds on the efforts undertaken to date by NSW Health to deliver better care for people and their families who have experienced violence, abuse and neglect.

This document is a key component of the NSW Health Violence, Abuse and Neglect (VAN) Redesign Program and was developed in partnership with Local Health Districts (LHDs), Specialty Health Networks (SHNs), the Ministry of Health, and NSW Health Pillars. More information about the VAN Redesign Program and electronic copies of the Framework and other resources are available from: <https://www.health.nsw.gov.au/parvan/Pages/van-redesign-program.aspx>

It is supported by the following compendium documents:

- *The Case for Change: integrated prevention and response to Violence, Abuse and Neglect in NSW Health* (literature scan and discussion paper),
- *VAN Service Profiles* (statewide and LHD/SHN-specific), and
- *Self-Assessment Tool for LHDs/SHNs*.

Implementation of the Framework will be in two overlapping phases, recognising that priorities for LHDs and SHNs will be determined by local needs. The first phase will focus on the specific efforts required for NSW VAN services to strengthen integrated responses. The second phase will focus on broadening integration of violence, abuse and neglect responses across the whole NSW Health system and interagency partners.

I encourage you to use these resources to review, plan and deliver services for children, young people and adults who have experienced child abuse and neglect, domestic and family violence, and sexual assault, and to ensure that the NSW Health system delivers enhanced service responses and improved client experiences and outcomes.

Elizabeth Koff
Secretary, NSW Ministry of Health

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Statement of commitment to Aboriginal families and communities

Aboriginal people are the first peoples of Australia and are part of the longest surviving culture in the world. With more Aboriginal people living in NSW than in any other Australian state or territory, improving the health and wellbeing of Aboriginal communities is a key focus for the NSW Government. It is the resilience of Aboriginal people that provides the very foundation upon which further efforts to improve Aboriginal health and wellbeing can be made (NSW Ministry of Health, 2012).

The consequences of colonisation as well as social determinants of health, such as education, employment, and housing, have had a devastating impact on the social, emotional, economic, and physical living conditions of Aboriginal people for more than 200 years. These factors continue to directly contribute to the health disparities experienced by many Aboriginal communities and the significant over-representation of Aboriginal children and young people in the statutory child protection system. An appreciation of these factors is critically important to closing the health gap between Aboriginal and non-Aboriginal people.

NSW Health recognises that Aboriginal health encompasses not only the physical wellbeing of an individual, but also the social, emotional and cultural wellbeing of the whole community within which each individual is able to achieve their full potential as a human being (National Aboriginal Health Strategy Working Party, 1989). As such, there exists an appreciation that the health of each individual is inextricably linked to the health and wellbeing of the wider community.

Aboriginal children, like non-Aboriginal children, are vulnerable to the impact of trauma through direct exposure to an accident, family violence or abuse (Atkinson, 2013). In addition to this, it is important to acknowledge the individual and collective experiences of trauma from historical events associated with the colonisation of Indigenous land and with genocide, which can be profound. The passing of trauma legacies through generations to children is commonly known as intergenerational trauma.

Although the effects of childhood trauma can be severe and long lasting, recovery can be mediated by interventions that nurture the spirit, resilience and cultural identity of Aboriginal families and communities. Genuine appreciation and understanding of the impact of power dynamics, the importance of Aboriginal worldviews, and the limitations of Western approaches in the assessment and treatment of trauma is central to demonstrating respect for the lived experiences of Aboriginal people.

NSW Health is committed to supporting the ongoing efforts of Aboriginal people and their communities in reducing the impact of the social determinants of health, as well as the effects of individual and collective trauma legacies, to improve the health and wellbeing of Aboriginal families and communities in NSW. NSW Health recognises the significance of family and community to identity and is committed to Aboriginal families being connected and determining their own futures.

Executive summary

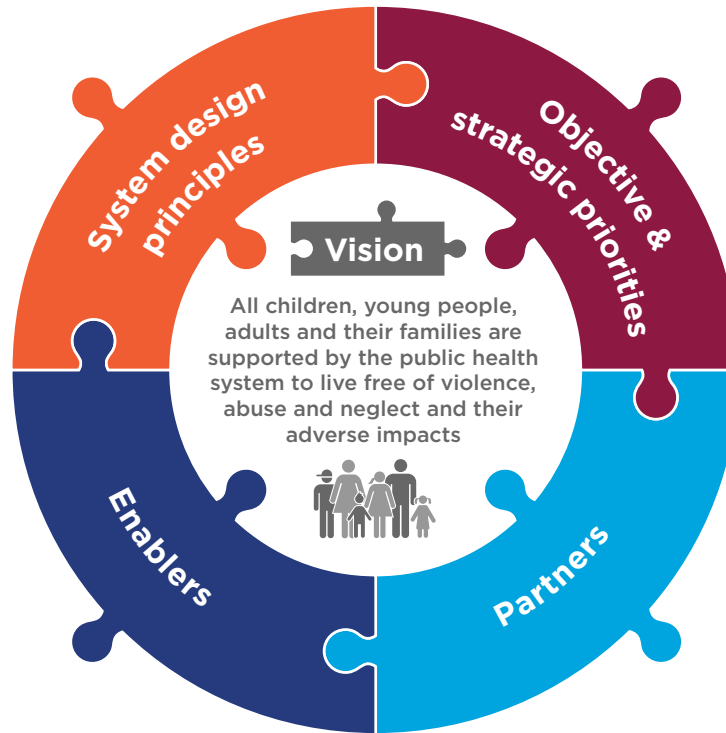
NSW Health Integrated Prevention and Response to Violence, Abuse and Neglect Framework

System design principles

- 1. Prevention and response** to violence, abuse and neglect is a **central role of NSW Health**
- 2. Person and family-centred, holistic and seamless care** is provided by NSW Health that prioritises the safety, well-being and unique needs and preferences of the person and their family
- 3. Minimising the impact of trauma and supporting recovery from trauma** are recognised and valued by NSW Health as primary outcomes of responses
- 4. Early intervention** is prioritised by NSW Health because it can change the long term trajectory of chronic disease and adverse health outcomes for people who have experienced violence, abuse or neglect
- 5. Equitable, accessible and consistent** service responses are provided by NSW Health
- 6. ‘No wrong door’** – NSW Health workers will collaborate to support people and their families to access the most appropriate service responses
- 7. The best available** evidence is used to guide NSW Health’s prevention of and response to violence, abuse and neglect

Enablers

- Learning & development
- Clinical networks & evidence-based models of service delivery
- Quality & safety
- Technology & infrastructure



Partners

- **Premier and Cabinet:**
Aboriginal Affairs; Department of Premier and Cabinet; NSW Ombudsman
- **Treasury**
- **Education**
- **Primary Healthcare Networks**
- **Private health Sector**
- **Aboriginal Community Controlled Organisations**
- **NGO community-based services**

- **Stronger Communities:**
Child Protection; Coroner; Corrective Services; Courts; Housing; Juvenile Justice; Legal Aid; Multicultural NSW; NSW Police Force; Office of the Children’s Guardian; Office of the Director of Public Prosecutions; Stronger Communities Investment Unit - Their Futures Matter; Victims Services; Witness Assistance Service; Women NSW

Objectives & strategic priorities

Making integrated prevention and response to violence, abuse and neglect happen in NSW Health:

1. Strengthen leadership, governance, and accountability	2. Enhance the skills, capabilities and confidence of the NSW Health workforce
1.1 Leadership driving NSW Health system reform and service improvement 1.2 Strong governance 1.3 Robust system for monitoring NSW Health service performance	2.1 Increasing the workforce to meet demand 2.2 Education, training and professional development to equip NSW Health workers with the right knowledge, skills, attitudes and values 2.3 NSW Health workers receiving appropriate supervision and support
3. Expand Violence, Abuse and Neglect (VAN) services to ensure they are coordinated, integrated and comprehensive	4. Extend the foundations for integration across the whole NSW Health system
3.1 Integrated VAN service models 3.2 Enhancement and expansion of VAN services 3.3 Improving VAN services quality and consistency, and reducing clinical variation across NSW 3.4 VAN services improving the patient journey and empowering people and families to be partners in their care	4.1 System improvement - trauma-informed care and child safe organisations 4.2 Identification, response, referral and coordination 4.3 Integrated electronic clinical information systems





Moving towards integrated prevention and response to violence, abuse and neglect across the NSW Health system

Enhanced service responses & improved client experiences and outcomes

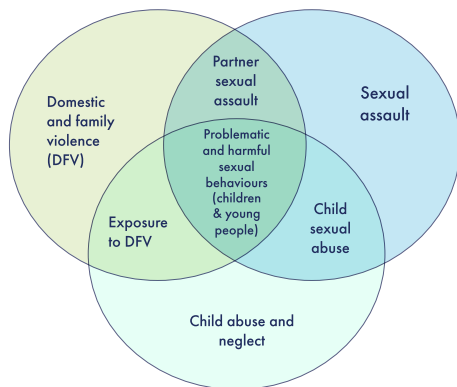
Executive summary

The case for change: violence, abuse and neglect overview and health outcomes

Violence is very common in Australia with many women, men and children affected.

Violence by an intimate partner	Emotional abuse by a partner	Sexual violence	Child abuse	Witness violence to a parent
 <p>1 in 6 people (16% or 2.9M) experienced violence¹ by an intimate partner²</p> <p>1 in 4 WOMEN (2.2 million) 23%</p> <p>1 in 13 MEN (703,000) 7.8%</p>	 <p>1 in 5 people (19% or 3.6M) experienced emotional abuse³ by a partner⁴</p> <p>1 in 4 WOMEN (2.2 million) 23%</p> <p>1 in 6 MEN (1.4 million) 16%</p>	 <p>1 in 9 people (11.7% or 2.2M) experienced sexual violence⁵</p> <p>1 in 5 WOMEN (1.7 million) 18%</p> <p>1 in 20 MEN (428,000) 4.7%</p>	 <p>1 in 8 people (13% or 2.5M) 18 years and over experienced child abuse⁶</p> <p>1 in 6 WOMEN (1.5 million) 16%</p> <p>1 in 9 MEN (991,600) 11%</p>	<p>1 in 9 AUSTRALIANS (2M) witnessed violence⁷ toward their mother by a partner 11%</p> <p>1 in 22 AUSTRALIANS (819,000) witnessed violence⁷ toward their father by a partner 4.5%</p>

Violence, abuse and neglect is rarely experienced as a single incident. Many people experience multiple forms of violence, abuse and neglect, either co-occurring or at different stages across their life.



'Violence, abuse and neglect' is an umbrella term for three types of interpersonal violence that are widespread in Australian communities: domestic and family violence; sexual assault; and all forms of child abuse and neglect. Children and young people with problematic or harmful sexual behaviour often present to NSW Health services. This group often also has personal experiences of abuse and neglect.

Extensive research indicates violence, abuse and neglect has **serious outcomes for women, children, and men's health**. These health and wellbeing outcomes are **cumulative and may be incrementally worse** for victims experiencing multiple types of abuse.



Intimate partner violence

5.1% of the **BURDEN OF DISEASE** (impact of illness, disability, premature death) for women aged 18-44 years.

This is more than any other risk factor, including alcohol, tobacco use and obesity

Estimated cost of violence against women (violence, abuse and stalking) in 2015/16:

\$22 billion

This includes **\$1.4 billion** to the **HEALTH SYSTEM**

Estimated cost of child abuse and neglect in 2007:

\$10.7 billion

This includes **\$6.7 billion** for **BURDEN OF DISEASE** & **381 million** to the **HEALTH SYSTEM**

1. Physical and/or sexual violence since the age of 15. 2. Current and/or previous partner, girlfriend, boyfriend or date. 3. Since the age of 15. 4. Current and/or previous partner (lived with). 5. Sexual assault and sexual threat since the age of 15. 6. Physical and/or sexual abuse before the age of 15. 7. Physical assault only witnessed before the age of 15.

Executive summary

The case for change: NSW Health responses to violence, abuse and neglect

NSW Health Services

NSW Health has 3 main service types responding to violence, abuse and neglect across the whole health system:

- ▶ **Violence, Abuse and Neglect (VAN) Services:** primary responsibility to respond to these issues.
- ▶ **Secondary / targeted responses:** respond to people at heightened risk (e.g. drug and alcohol services and mental health services).
- ▶ **Primary / universal responses:** help to reduce vulnerability or risk (e.g. maternity services and child health services).



Need for strengthened responses

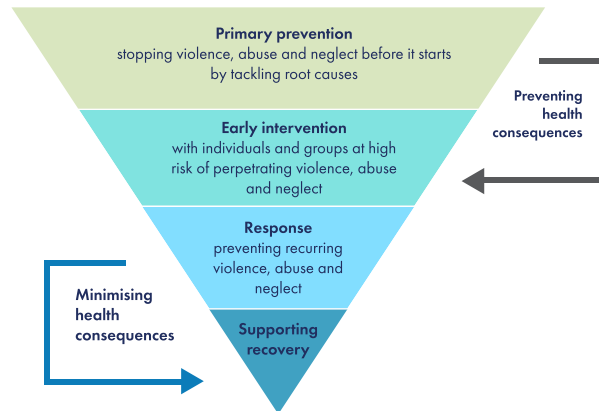
Responses have historically been **siload, fragmented and disconnected** with negative consequences of inconsistent and uncoordinated service delivery on the health and wellbeing of people and their families.

Many skilled and dedicated teams provide timely, high quality, and holistic care, however challenges in delivering care and opportunities for improvement identified included: **governance; referral pathways; information sharing; consistent service models; availability of 24/7 integrated counselling, medical and forensic responses to all forms of VAN; and workforce support.**

Violence, abuse and neglect can be prevented and its negative outcomes reduced. The health sector plays a vital role in addressing it through an integrated public health response.

The World Health Organisation promotes a public health approach to preventing and responding to violence and abuse built on the socio-ecological model. Like other public health concerns, such as infectious diseases, violence, abuse and neglect can be prevented by addressing the underlying individual, relationship, social, cultural and environmental factors (WHO, 2013). Adopting a public health approach involves focussing on both prevention and early intervention.

- Provide** comprehensive health services for survivors
- Collect Data** about prevalence, risk factors and health consequences
- Inform Policies** to address violence, abuse and neglect
- Prevent Violence** by fostering and informing prevention programmes
- Advocate** for the recognition of violence, abuse and neglect as a public health problem



Trauma-Informed Care (TIC)

It's about asking what's happened to a person, not what's wrong with them.

TIC is a strengths-based framework, which recognises the complex nature and effects of trauma and promotes resilience and healing.

6 KEY PRINCIPLES:

- SAFETY**
Creating areas that promote a sense of safety.
- TRUST**
Providing clear and consistent information.
- CHOICE**
Providing options for treatment and care.
- COLLABORATION**
Maximising collaboration between health care staff, patients and their families.
- EMPOWERMENT**
Building upon a patient's strengths and experiences.
- CULTURE**
Providing culturally safe responses.

Infographics: Adapted from Costello & Backhouse, 2019a (<http://www.ecav.health.nsw.gov.au/van-statistics-and-research/>); Webster, 2016; 70/30 Campaign (WAVE Trust, 2018); WHO, 2013. Data sources: ABS, 2017; Access Economics et al, 2008; Costello & Backhouse, 2019b; KPMG, 2016; NSW Health, 2019a; WAVE Trust, 2018; Webster, 2016; WHO, 2002 & 2013. Further information and full references available in Integrated Prevention and Response to Violence, Abuse and Neglect Framework (<https://www.health.nsw.gov.au/parvan/Pages/van-redesign-program.aspx>)

Glossary

Term	Definition
ACI	Agency for Clinical Innovation (NSW Health Pillar)
BHI	Bureau of Health Information (NSW Health Pillar)
CEC	Clinical Excellence Commission (NSW Health Pillar)
Clinical governance	Integrates clinical decision-making within an organisational framework and requires clinicians and administrators to take joint responsibility for the quality of clinical care delivered by the organisation (CEC, 2005). Under the NSW Health Governance Compendium, LHDs/SHNs are required to ensure that clear lines of accountability for clinical care are established and are communicated to clinical staff and staff who provide direct support to them.
Clinical supervision	The purpose of clinical supervision is to support workers to provide high-quality care that is safe, confidential and empowering for people and their families. It encourages workers to reflect on their professional practice and build their skills in working with complex issues of interpersonal violence, while also promoting awareness of the impact of vicarious trauma and strategies that strengthen worker and agency resilience.
Complex trauma	Relates to the repeated exposure to traumatic incidents over a period of time, including both experiencing and witnessing traumatic incidents. Complex trauma reactions are those that are most associated with histories of multiple traumatic stress exposures and experiences, along with several disturbances in primary relationships.
ECAV	Education Centre Against Violence, NSW Health
eMR	Electronic Medical Record
HETI	Health Education Training Institute (NSW Health Pillar)
IIMS	Incident Information Management System

Term	Definition
Intergenerational trauma	A form of historical trauma transmitted across generations. Survivors of the initial experience who have not healed may pass on their trauma to further generations. In Australia, intergenerational trauma particularly affects the children, grandchildren and future generations of the Stolen Generations (Healing Foundation, n.d.).
Incident	Any unplanned event resulting in, or with the potential for, injury, damage or other loss. This includes a near miss. (CEC, 2014.)
JCPR	Joint Child Protection Response Program (formerly Joint Investigation Response Teams or JIRT)
LHD	Local Health District
Other health services	Refers in this service profile to other key health services in the public health system that are not Violence, Abuse and Neglect services but regularly care for people and families who have experienced violence, abuse and neglect or are at greater risk of experiencing the impact or incidence of violence, abuse and neglect or provide interventions that help to prevent violence, abuse and neglect from occurring. These services may have primary responsibility for other health issues or populations. This includes – but is not limited to – social work departments, emergency departments, maternal and child health, Aboriginal health, mental health, and alcohol and other drug services.
NAP	Non-admitted patient
NSW	New South Wales
People and their families	Children, young people, adults and their families
The Project	Violence, Abuse and Neglect (VAN) Redesign Project

Term	Definition
Psychosocial	In its literal sense concerns the interrelation of social factors with individual thought and behaviour. In a health context as it is used in this framework, it refers to services and interventions focusing on people’s mental, emotional, social and spiritual health and wellbeing that are provided by health staff trained in disciplines such as, but not limited to, counselling, psychology, and social work.
Secondary trauma or re-traumatisation	Refers to experiences that occur after an initial trauma as a result of that event or the subsequent actions or inactions of others (Herman, 1997). This could be brought on by painful medical treatment, adversarial legal action, or a child being removed from their family. Other secondary traumas are induced by people’s lack of understanding, disbelief, denial, blame, or even poor professional practice (Jackson et al., 2013). Secondary trauma can have the same impact on a person as the direct initial exposure to trauma and can lead to a number of consequences such as increasing the risk of harm, or complicating a client’s efforts in recovery (Pynoos, Steinberg, & Goenjian, 1996).
SHN	Specialty health network
Trauma-informed care	A strengths-based model of care that seeks to provide a safe, supportive environment to clients and staff that reflects available research about the prevalence and effects of trauma-exposure and the best methods for supporting clients exposed to trauma, helping to minimise the impact of the trauma and prevent re-traumatisation (Wall, Higgins, & Hunter 2016). An outline of the key elements of trauma-informed care is provided in the companion document The Case for Change: Integrated prevention and response to Violence, Abuse and Neglect in NSW Health. A trauma-informed system uses trauma-informed care as a ‘universal precaution’ (Gentile, J.P. F., n.d), presuming that every person seeking support in a treatment setting has been exposed to trauma. It employs actions, relational approaches and language that makes people feel safe, offers choice and is collaborative. This approach also takes into account that some staff may also have experienced trauma.
Trauma-specific	A trauma-specific service is one that is aware of the possibility of ongoing or re-traumatisation of clients and of its direct and indirect impacts on its staff and takes steps to reduce this wherever possible. A trauma-specific service recognises there are many potential pathways to recovery and to building resilience in clients.

Term	Definition
Violence, abuse and neglect	An umbrella term used to describe three primary types of interpersonal violence that are widespread in the Australian community. It refers to domestic and family violence, sexual assault and all forms of child abuse and neglect. It also refers to children and young people displaying problematic sexual behaviour or engaging in harmful sexual behaviour, who often have their own experiences as victims of abuse and neglect. See also section 2.1.1.
Violence, abuse and neglect response	A violence, abuse and neglect response is one that provides specialised support to people and families who have experienced violence, abuse and neglect. It responds either directly to the issues or to their impacts. It includes trauma-informed specialist responses to children and young people with harmful sexual behaviours.
Violence, abuse and neglect (VAN) services	NSW Health services that provide dedicated responses to violence, abuse and neglect generally or a specific form (e.g. sexual assault). Violence, abuse and neglect responses may also be provided by other health services, but this is not their primary responsibility.

1. Introduction

1. Introduction

Like other preventable population health concerns such as alcohol, smoking and obesity, the serious long-term negative health impacts of violence, abuse and neglect make it core business for NSW Health. For example, intimate partner violence is the lead risk factor contributing an estimated 5.1% of the burden of disease (death, disability and ill-health) in women aged 18-44 years; outweighing other risk factors including alcohol (4.1%), tobacco use (2.3%), and overweight/obesity (1.8%) (Webster, 2016).

1.1 This document in context

Like other preventable population health concerns such as alcohol, smoking and obesity, the serious long-term negative health impacts of violence, abuse and neglect make it core business for NSW Health. NSW Health is committed to strengthening its response to people and families that have experienced sexual assault, child abuse and neglect, or domestic and family violence, and to children and young people engaging in problematic or harmful sexual behaviours. It has invested \$10 million per annum from the 2017-18 financial year to improve the capacity of specialist Health services, commonly referred to under the umbrella term of Violence, Abuse and Neglect (VAN) services. As part of this funding enhancement, the Ministry of Health, in partnership with local health districts (LHDs), specialty health networks (SHNs) and NSW Health Pillars, has undertaken a statewide VAN Redesign Project (the Project).

This document, the NSW Health *Integrated Prevention and Response to Violence, Abuse and Neglect Framework* (the Framework), is the key component of the first phase of the Project. It provides an overarching, strategic platform

for all of NSW Health to respond to violence, abuse and neglect alongside detailed guidance for NSW Health's specialist VAN services. It is complemented by: *The Case for Change* which provides the comprehensive evidence base that underpins the Framework; service profiles of VAN services; and a *Self-Assessment Tool* for LHDs/SHNs. Comprehensive evaluation of the implementation of the Framework will be undertaken.

The second phase of the redesign, which may overlay for some districts and networks, will build on the foundation of this Framework to broaden the focus to integrated responses across the whole NSW Health system and with partner agencies. This will include, for example, mental health, alcohol and other drugs, cultural healing services and services for people with disabilities. These longer-term reforms, supported by specialist VAN services, will promote a cultural shift across all NSW Health services towards person-centred and trauma-informed care and practice, based on recognition that all health workers have a responsibility to contribute to the prevention of and response to interpersonal violence.

Figure 1: A phased approach to implementation



1.2 A public health approach emphasising integration of services

This Framework promotes a public health approach to preventing and responding to interpersonal violence, consistent with the World Health Organization (WHO)'s identification of the vital role that health services must play as part of a multi-sectoral response. Integral to this public health approach is the promotion of integrated service delivery at system, service and practice levels. Integrated service responses to violence, abuse and neglect are defined as the provision of service responses in accordance with a **person-centred approach** that provides **seamless care** across multiple services, adopts a **multidisciplinary and trauma-informed approach**, and is designed around the **holistic needs** of the individual **throughout the life course**. This approach supports the systems integration necessary to shift the paradigm from volume to value care that NSW Health is advancing in the draft *Strategic Framework for Integrating Care* to deliver better value for the system and better outcomes for patients and clients.

An integrated, public health approach recognises that victims and their families often have complex needs requiring multiple interventions provided by a range of services. They are also more likely to experience multiple forms of abuse and re-occurring abuse, primarily in the context of family or other personal relationships, rather than a single abusive incident.

People may enter the NSW Health system at numerous points with health issues that are either a direct or indirect consequence of violence, abuse and neglect. Preventing and responding to interpersonal violence requires whole of Health, whole of government and whole of community coordination and commitment. Interagency and collaborative partnership models that address the often complex and diverse needs of the affected people and their families in integrated ways are required to better support safety and recovery and to promote ongoing health, safety and wellbeing.

People may experience violence, abuse and neglect at any time in their life from pregnancy (in utero) through to old age. The public health model argues that a complex interplay of individual, relationship, community and social factors are the cause. This Framework therefore sits alongside other NSW Health initiatives across the life course from *The First 2000 Days Framework* through to *Identifying and Responding to the Abuse of Older People*. The former, in supporting children and their families to have healthy and fulfilling lives, is an important part of the continuum of responses to help prevent violence from occurring or re-occurring and to prevent further harm when it has occurred. The latter, sitting at the other end of the life course, seeks to address the forms of violence experienced by older people more broadly than the types of violence and abuse identified and addressed in this Framework.

1.3 NSW Health VAN Redesign Program

1.3.1 Program purpose

The VAN Redesign Program will enhance the capacity of the public health system to provide 24-hour integrated psychosocial, medical and forensic responses to presentations of sexual assault and child physical abuse and neglect

that are trauma-informed and trauma-specific and to broaden the scope of these services to respond to domestic and family violence presentations. This will help to minimise the impact of trauma, support patient recovery from trauma, and promote patients' long-term health and wellbeing as well as assisting interagency partners to promote safety and justice outcomes for victims and the community.

This will involve the realignment of NSW Health's VAN services to ensure the provision of appropriate, integrated responses to all forms of interpersonal violence for clients across the lifespan, from conception through to death.

1.3.2 Program goal

The Program will **develop innovative public health solutions to violence, abuse and neglect** that promote and provide the following:

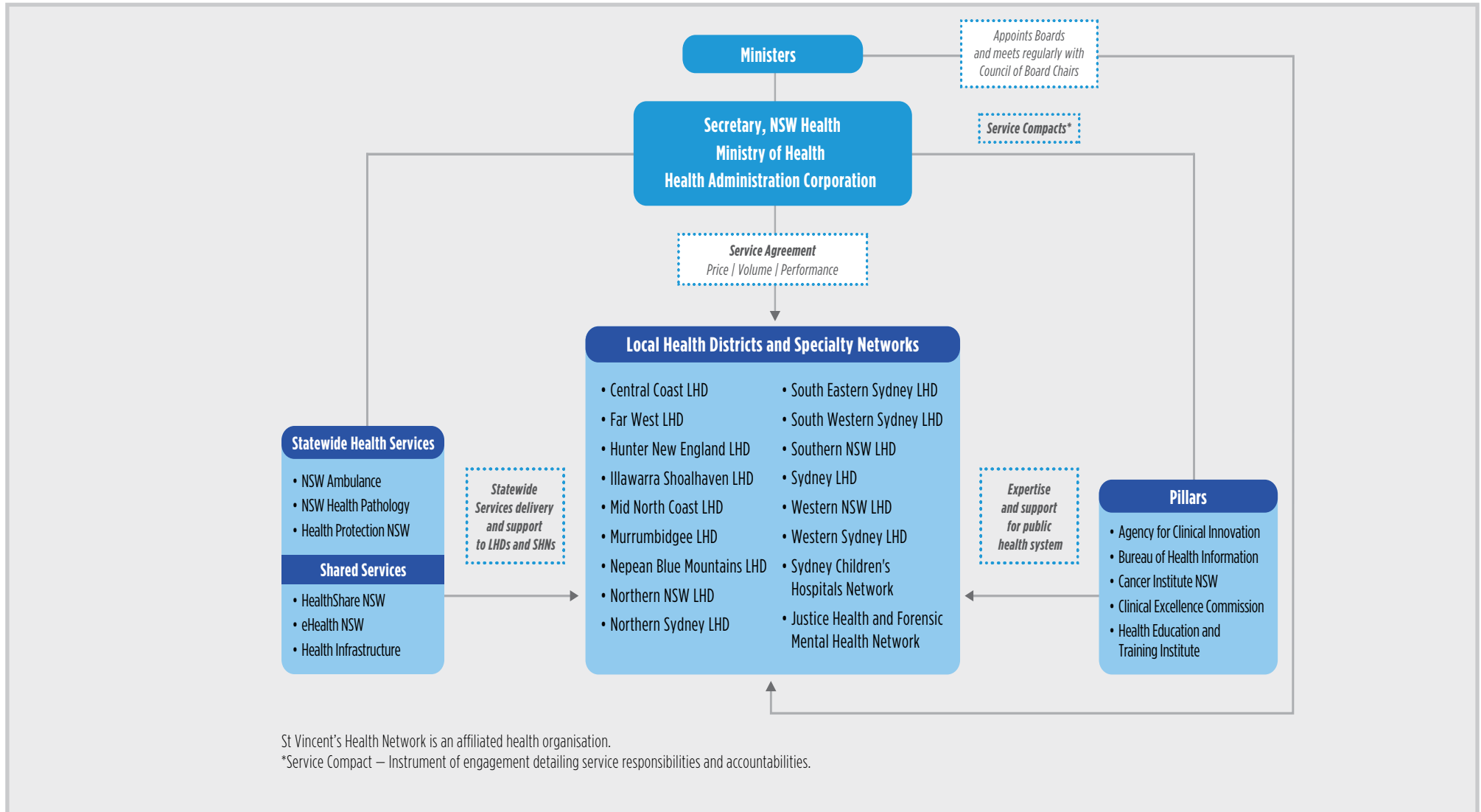
- increased service accessibility and an integrated patient journey
- holistic, collaborative care and enhanced service responses and integration, including care navigation for clients and families
- equitable and comprehensive responses across NSW, particularly addressing context-specific needs for vulnerable clients and families

- increased staff confidence, competence and capacity in responding to victims of violence, abuse and neglect
- increased LHD and SHN capacity to meet NSW Health VAN service standards, policies and role delineation, and the expectations of partner agencies
- improved client outcomes
- enhanced service planning and delivery of more efficient and effective services.

1.3.3 Longer-term goals

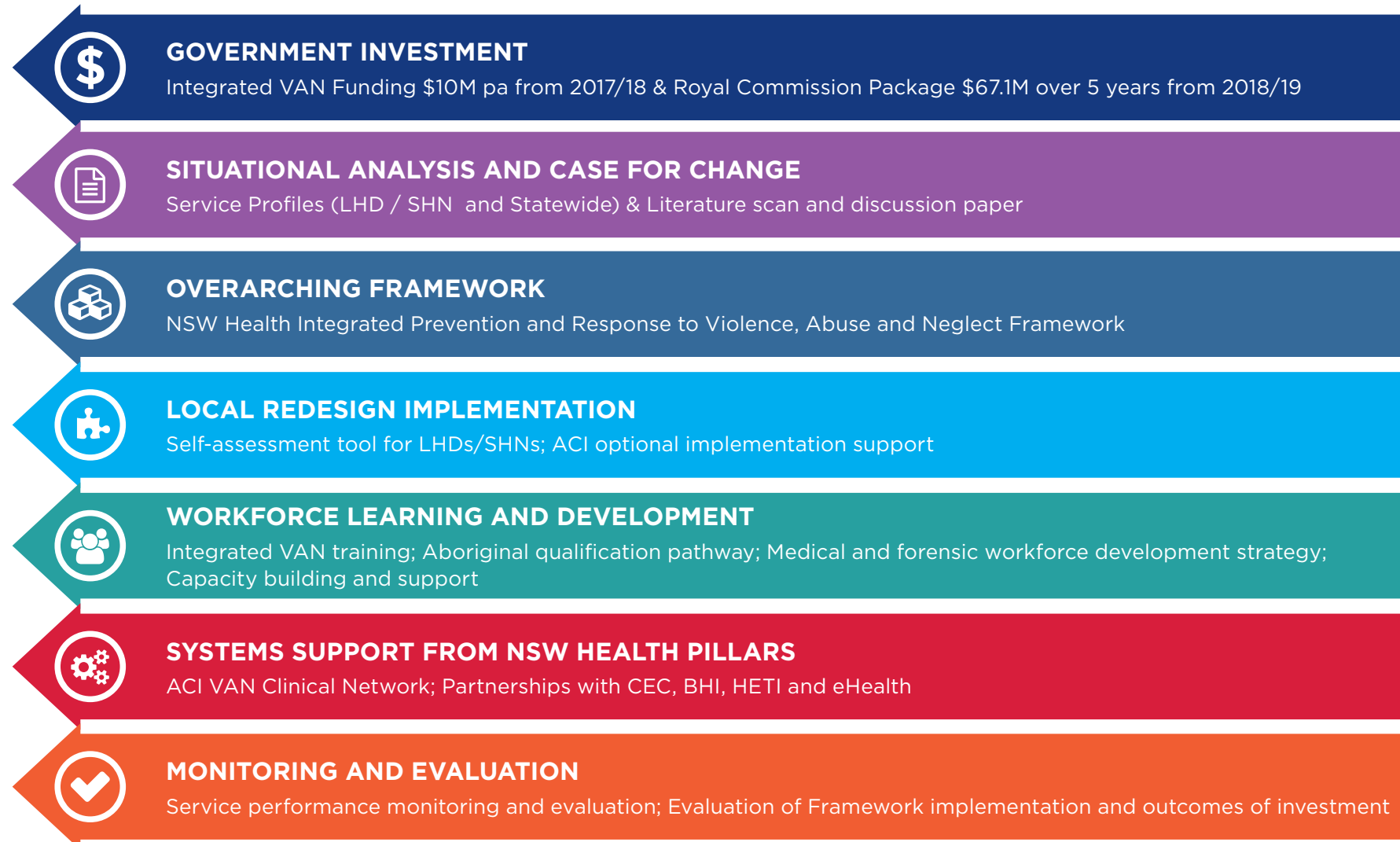
- Identify opportunities for longer term health system reforms and improvements in VAN responses across the whole NSW Health system (see Figure 2), including NSW Health Pillars, LHDs, Albury-Wodonga Health (AWH), and key SHNs including Sydney Children's Hospital Network (SCHN), St Vincent's Health Network (SVHN), Justice Health and the Forensic Mental Health Network, to achieve a comprehensive Health system response.
- Develop models of care for VAN services that improve client outcomes and promote service integration between specialist and mainstream health services and with government and non-government service partners.

Figure 2: NSW Health system



1.3.4 Key deliverables

Figure 3: NSW Health VAN Redesign Program key deliverables



1.3.5 Resource enhancement

In addition to NSW Health's existing resources for VAN services, the NSW Government has made two major new investments in NSW Health's prevention and response to violence, abuse and neglect that are significant to the Project:

1. **\$10 million** per annum from 2017-18 for the establishment of an integrated VAN service in NSW Health to provide:
 - 24-hour integrated crisis counselling, medical, and forensic responses to sexual assault, child abuse and neglect, and domestic and family violence patients presenting to hospital
 - additional psychosocial follow-up support to facilitate an integrated patient journey that helps to minimise the impact of trauma and aids patient recovery from trauma in the longer term
 - two additional New Street Services in Murrumbidgee Local Health District and Northern NSW Local Health District in 2018-19, which will be established with co-contributions from LHDs.
2. **\$67.1 million** for NSW Health from 2018-19 to 2022-2023 (and \$19 million per annum thereafter), as part of the NSW Government's \$127-million package to implement recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse. This includes:
 - reducing problematic and harmful sexual behaviour in children and young people through prevention and early intervention activities, and through better access to specialist treatment services
 - piloting a new, integrated health service model for adult survivors of child sexual abuse with complex needs
 - improving access to specialist services for survivors of sexual assault.

1.3.6 Framework methodology

Figure 4: Key activities informing the development of the Framework

The Framework was developed through a process of data collection, consultation and a review of the evidence.



1.3.7 Audience and use of the Framework

This Framework is designed to inform action by all parts of the NSW Health System to guide system redesign and service improvements that are required to strengthen NSW Health's response to people and families who have experienced violence, abuse and neglect. In particular:

- The Ministry of Health will use this Framework to guide statewide action to support a stronger response. For example, the Ministry, in partnership with the LHDs and SHNs, will develop and disseminate statewide policies to support a shared understanding of good practice and develop a targeted suite of standards and key performance indicators to help monitor performance of the system.
- LHDs and SHNs will promote the Framework and use it to inform the direction and nature of their local strategies to strengthen the prevention work and service response to people and families who have experienced violence, abuse and neglect and support ongoing workforce development opportunities to increase capacity to effectively respond. It is anticipated that LHDs and SHNs will consider this as 'overarching' guidance to drive local activity.
- The Agency for Clinical Innovation may use this Framework to guide its work to support LHDs and SHNs to undertake local

improvement projects to strengthen local integrated service responses to people and families who have experienced violence, abuse and neglect. This may also include the development of evidence-based tools, service models, models of care to support improvement, and the establishment of a statewide clinical network for violence, abuse and neglect.

- Monitoring processes and performance – to provide assurance of clinical quality and safety improvement at a system-wide level – has been a central and distinct role of the Clinical Excellence Commission (CEC) within the NSW Health system. The CEC may use the framework to improve safety outcomes across VAN service delivery and responses as well as supporting LHDs and SHNs to improve the quality of service responses.

This Framework will not provide all the information or guidance required by those within the NSW Health system to strengthen the response to violence, abuse and neglect, as it is an 'overarching' document.

- At a statewide level, the Framework will be supplemented by other guidance to support action such as a communication strategy, statewide implementation plan, a self-assessment tool, and an evaluation and monitoring framework.

- At the local level, it is expected that LHDs and SHNs will use the Framework as one source of information to guide local efforts. LHDs and SHNs will also need to use information they already hold about their own services (such as, but not limited to, their service profile reports and other data they have about their local services and needs) to determine where they need to focus action, and how they will practically apply the concepts and strategies described in this Framework.

1.4 Relationship with other initiatives and policy

This Framework has been developed in the context of the following reforms, inquiries, policies and legislation (see Figures 5 and 6). Appendix 1 provides more detail of the ways in which implementation of the Framework will assist NSW Health to meet its responsibilities under each of these.

Figure 5: Relationship with other key NSW and Commonwealth Government reforms and initiatives

NSW Government	Commonwealth Government
<p><u>NSW State and Premier's Priorities</u></p> <p><u>The NSW Strategic Plan for Children and Young People 2016-2019</u></p> <p><u>NSW State Health Plan: Towards 2021</u></p> <p><u>Healthy, Safe and Well: A Strategic Plan For Children and Young People and Families 2014-2024</u></p> <p><u>'It Stops Here' Standing together to end domestic and family violence in NSW</u></p> <p><u>NSW Domestic and Family Violence Blueprint for Reform 2016-2021: Safer Lives for Women, Men and Children, Women NSW, Aug 2014</u></p> <p><u>NSW Domestic Violence Justice Strategy, Improving the NSW Criminal Justice System's Response to Domestic Violence, 2013-2017</u></p> <p><u>Domestic Violence Death Reports, NSW Coroner and Government Responses</u></p> <p><u>NSW Sexual Assault Strategy, 2018-2021</u></p> <p><u>Their Futures Matter: A new approach, Reform Directions from the Independent Review of Out of Home Care in NSW, updated March 2018</u></p> <p><u>The JIRT Partnership – 20 years on, A special report to Parliament under section 31 of the Ombudsman Act 1974, NSW Ombudsman, 5 October 2018</u></p> <p><u>NSW Child Death Review Team Annual Reports, NSW Ombudsman</u></p> <p><u>NSW Code of Practice for the Charter of Victims' Rights, Responding to Child Sexual Assault in Aboriginal Communities. A report under Part 6A of the Community Services (Complaints, Reviews and Monitoring) Act 1993, NSW Ombudsman, Dec 2012</u></p>	<p>Federal Inquiries</p> <p><u>Final Report of the Royal Commission into Institutional Responses to Child Sexual Abuse, Dec 2017</u></p> <p><u>Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families, April 1997</u></p> <p>National Frameworks and Initiatives</p> <p><u>National Plan to Reduce Violence Against Women and Their Children (2010-2022)</u></p> <p><u>Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009-2020</u></p> <p>International agreements</p> <p><u>Convention on the Rights of the Child</u></p> <p><u>Convention on the Elimination of All Forms of Discrimination against Women</u></p> <p><u>UN Convention on the Rights of Indigenous Persons</u></p> <p><u>Hague Convention on the Civil Aspects of the Abduction of Children</u></p>

Figure 6: Key NSW Health policies and NSW and Commonwealth legislation

NSW Health policies	Commonwealth and NSW legislation
<p><u>NSW Health Aboriginal Family Health Strategy: Responding to Family Violence in Aboriginal Communities (2011-2016)</u></p> <p><u>Child Wellbeing and Child Protection Policies and Procedures for NSW Health</u></p> <p><u>Suspected Child Abuse and Neglect (SCAN) Medical Protocol</u></p> <p><u>Photo and video imaging in cases of suspected child sexual abuse, physical abuse and neglect</u></p> <p><u>Child Related Allegations, Charges and Convictions against NSW Health Staff</u></p> <p><u>Sexual Assault Services Policy and Procedure Manual (Adult)</u></p> <p><u>Clinical Practices – Adult Sexual Assault Forensic Examinations Conducted by Nurse Examiners</u></p> <p><u>Sexual Safety – Responsibilities and Minimum Requirements for Mental Health Services</u></p> <p><u>Domestic Violence – Identifying and Responding</u></p> <p><u>New Street Service Policy and Procedures</u></p> <p><u>Identifying and responding to abuse of older people</u></p> <p><u>NSW Health Privacy Manual for Health Information</u></p> <p><u>Victims Rights Act 1996, NSW Health Policy Directive</u></p> <p><u>NSW Health Corporate Governance and Accountability Compendium</u></p>	<p>Commonwealth</p> <p>Crimes Act 1914 (Cth)</p> <p>Disability Discrimination Act 1992 (Cth)</p> <p>Family Law Act 1975 (Cth)</p> <p>Privacy Act 1988 (Cth)</p> <p>NSW</p> <p>Children and Young Persons (Care and Protection) Act 1998</p> <p>Child Protection (Working with Children) Act 2012</p> <p>Crimes Act 1900</p> <p>Victims' Rights and Support Act 2013 Crimes (Domestic and Personal Violence) Act 2007</p> <p>Evidence Act 1995</p> <p>Ombudsman Act 1974</p> <p>Coroners Act 1980</p> <p>Commission for Children and Young People Act 1998</p> <p>Advocate for Children and Young People Act 2014</p> <p>Health Records and Information Privacy Act 2002</p> <p>Privacy and Personal Information Protection Act 1998</p>

2. The case for change

2. The case for change

This Framework is complemented by the companion resource *The Case for Change: Integrated prevention and response to violence, abuse and neglect in NSW Health* (NSW Health, 2019a), which provides the comprehensive evidence base that underpins the Framework. The following section outlines key elements of The Case for Change, but readers should refer to the resource itself for detailed discussion of these issues.



2.1 Violence, abuse and neglect in Australia

2.1.1 Violence, abuse and neglect is prevalent

'Violence, abuse and neglect' is an umbrella term used to describe three primary types of interpersonal violence that are widespread in the Australian community. It refers to domestic and family violence, sexual assault, and all forms of child abuse and neglect. Child abuse and neglect captures a wide range of harm to children and young people and includes physical abuse, neglect, sexual abuse, emotional abuse or psychological harm including exposure to domestic violence, and assault, including sexual assault.

Children and young people displaying problematic sexual behaviour or engaging in harmful sexual behaviour, who often have their own experiences as victims of abuse and neglect, are increasingly presenting to NSW Health services. The term violence, abuse and neglect also refers to the behaviours of these children and young people.

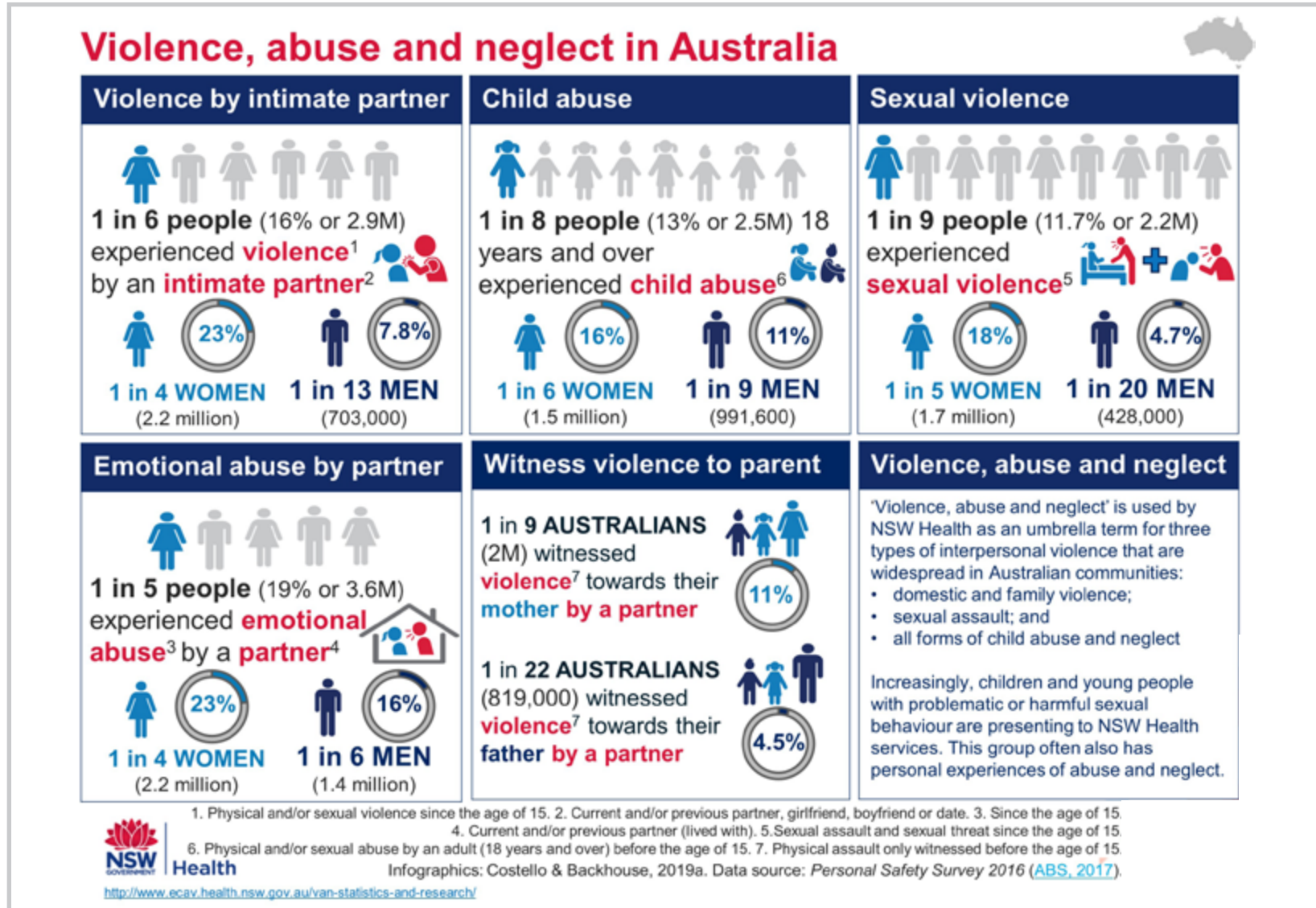
Although other forms of violence, such as elder abuse or stranger physical assault, may intersect with the forms of violence, abuse and neglect identified here, these are beyond the scope of this Framework except where they overlap (e.g. sexual assault against an older person).

An extensive body of evidence attests to the high rates of violence, abuse and neglect in the Australian community. In Australia, one in five women and one in twenty men have experienced sexual violence since the age of 15 (Australian Bureau of Statistics, 2017). Interpersonal violence most commonly occurs in the context of relationships or family. More than two million Australian women and 700,000 Australian men have experienced violence by an intimate partner since the age of 15 (ABS, 2017). Of Australian adults, 2.5 million experienced abuse before they were 15, and, for 94% of both male and female victims, the abuse was perpetrated by someone known to them (ABS, 2017).

Some of this evidence is briefly summarised in Figure 7. Readers are referred to the companion document *The Case for Change* (NSW Health, 2019a) for further detail, as the data need to be understood in the context of the methodologies used.

More information and resources, including infographics and fact sheets, on statistics and research on violence, abuse and neglect particularly for the health context are also available from the *Integrated Violence, Abuse and Neglect Statistics and Research Project* at <http://www.ecav.health.nsw.gov.au/van-statistics-and-research/>

Figure 7: Key statistics and research on violence, abuse and neglect in Australia



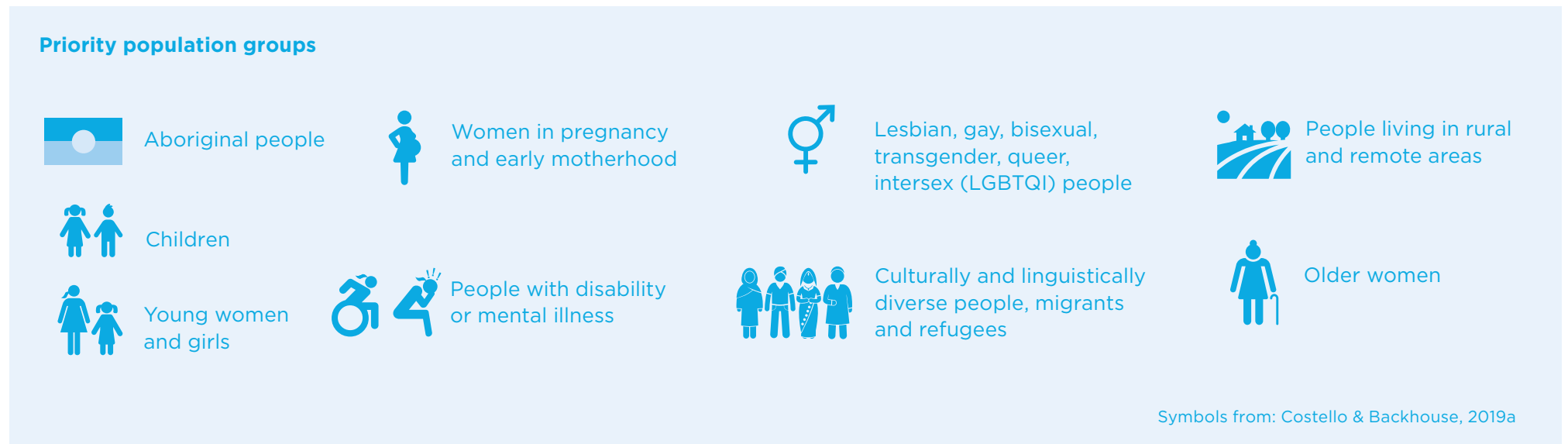
2.1.2 Priority populations

Violence, abuse and neglect are experienced by individuals and families across all of Australia’s communities. However, there is clear evidence to suggest that particular groups of people and individuals experience multiple challenges that heighten the likelihood, impact or severity of violence, as well as experiencing additional barriers to seeking support and securing safety (AIHW, 2018; Backhouse & Toivonen, 2018; Royal Commission into Institutional Responses to Child Sexual Abuse, 2017). These groups therefore require targeted health and other service responses.

The research strongly reflects that sexual assault and domestic and family violence are gendered crimes disproportionately experienced by and impacting on the health and wellbeing of women and girls, and overwhelmingly perpetrated by men (ABS, 2017; AIHW, 2018). In addition to gender identity, increased vulnerability to violence and its impacts can be contributed to by age and developmental stage, ability, sexual orientation, Indigeneity, ethnicity, migration and visa status, religion, and economic and geographical status, as well as discrimination related to these factors. This requires proportionate, targeted and appropriate health service responses.

Each person’s experience of violence is unique and, in practice, must be carefully assessed on an individual basis no matter which community they belong to. While robust quantitative data is limited, there is growing evidence supported by practice-based research that highlights often unique characteristics, additional or compounding impacts, and specific barriers to help-seeking for people from priority population groups. More information about priority populations is provided in the companion document *The Case for Change: Integrated prevention and response to Violence, Abuse and Neglect in NSW Health*.

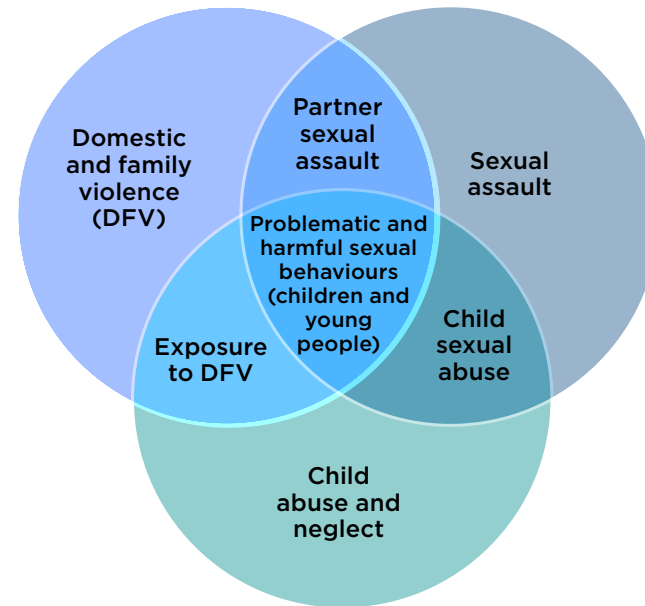
Figure 8: Priority population groups



2.1.3 Co-occurrence and links between forms of violence, abuse and neglect

Research on patterns of re-victimisation and co-occurrence of different forms of abuse shows that a single incident is often the exception rather than the norm (Scott-Storey, 2011) and that people often experience multiple forms of violence and abuse, either co-occurring, or over a lifetime (Laing, 2018). For example, sexual assault often occurs in contexts of domestic violence, and people who have been sexually abused as children are often also victims of sexual violence as adults (ABS, 2017; Campbell et al., 2003; Cox, 2015; Walker et al., 2017). All forms of child abuse and neglect co-occur with domestic violence and are more severe in this context (Hamby et al., 2010).

Figure 9: Co-occurrence of violence, abuse and neglect



Infographic: Costello and Backhouse, 2019a
 Data sources: *Personal Safety Survey 2016* (ABS, 2017); Cox, 2015; Costello & Backhouse, 2019b

Health and other services have developed responses as different forms of violence, abuse and neglect were ‘discovered’. Understanding the unique characteristics of, and evidence to support, specialised service approaches to sexual assault, domestic and family violence, and child abuse and neglect is essential to meeting the health and broader service needs of victims and survivors. However, the emerging research that there is a high-degree of connection and overlap in the experiences of these issues – including with the experiences of children and young people engaging in problematic or harmful sexual behaviours – challenges health services to develop more integrated approaches.

Figure 10: Violence, abuse and neglect re-victimisation



Infographic: Adapted from Costello and Backhouse, 2019a
 Data sources: *Personal Safety Survey 2016* (ABS, 2017); Cox, 2015; Costello & Backhouse, 2019b

2.1.4 Violence, abuse and neglect have serious health impacts

Experiences of violence, abuse and neglect have serious impacts on people’s physical and emotional health, contributing to a range of negative health outcomes. These include

physical injury, poor mental health, poor physical health, difficulties during pregnancy and birth, problems with sexual and reproductive health, alcohol and other drug misuse, self-harm, behaviours associated with risk, and death, including from suicide. While there are significant detrimental effects on health

for any one type of abuse (sexual, physical, psychological and emotional abuse, or neglect), health consequences may be incrementally worse for victims experiencing multiple types of abuse, either co-occurring, or compounding over a lifetime (Golding, 1999; Laing, 2018; Taft, 2003; WHO, 2002).

Figure 11: Health impacts of violence, abuse and neglect



The Case for Change (NSW Health, 2019a) provides a summary of the extensive literature on the health impacts of violence, abuse and neglect.

Several ground-breaking fields of research have highlighted the serious health impacts of interpersonal violence. For intimate partner violence, the burden of disease methodology has shown that intimate partner violence contributes more to the burden of disease than any other risk factor (5.1%) for women aged 18 to 44 years — more than well-known risk factors such as tobacco use, high cholesterol or use of illicit drugs, and that it contributes five times more to the burden of disease among Indigenous than non-Indigenous women (Ayre et al., 2016) (see Figure 12).

The Adverse Childhood Experiences (ACE) study identified ten categories of childhood experience (including all forms of abuse and exposure to domestic violence) that accurately predicted health concerns in adults. The more adversities a child experienced, the greater the number of health concerns they experienced. The numerous physical health problems in adulthood associated with these experiences include increased likelihood of autoimmune diseases, liver disease, cancer, stroke, diabetes, skeletal fractures, and poor self-rated health as an adult (Anda et al, 2008; Dube et al, 2009).



Figure 12: Burden of disease of intimate partner violence against women (Infographics from Webster, 2016)



Partner physical and sexual violence in cohabiting and non-cohabiting relationships and emotional abuse in cohabiting relationships

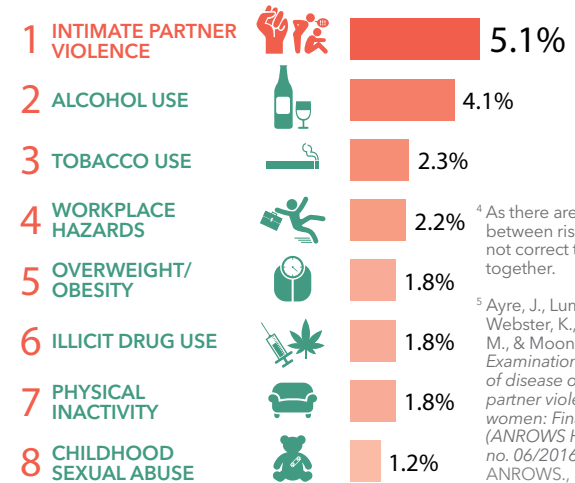
It contributes an estimated **5.1%** of the burden in women aged 18-44 years⁵.

This is more than any other risk factor.



Among all women it contributes an estimated 2.2% to the burden and is the seventh largest risk factor.

Top 8 risk factors contributing to disease burden in Australian women aged 18-44 years⁴ (% estimate)⁵



⁴ As there are interactions between risk factors, it is not correct to add them together.

⁵ Ayre, J., Lum On, M., Webster, K., Gourley, M., & Moon, L. (2016). Examination of the burden of disease of intimate partner violence against women: Final report (ANROWS Horizons, no. 06/2016). Sydney: ANROWS.

It contributes an estimated **10.9%** to disease burden in Indigenous women aged 18-44 years. This is **more than any other risk factor.**

Top 8 risk factors contributing to disease burden²



Among all Indigenous women it contributes 6.4% to the burden and is the third largest risk factor.



² As there are interactions between risk factors, it is not correct to add them together. * A risk factor for diabetes and other chronic diseases.

2.2 The public health approach

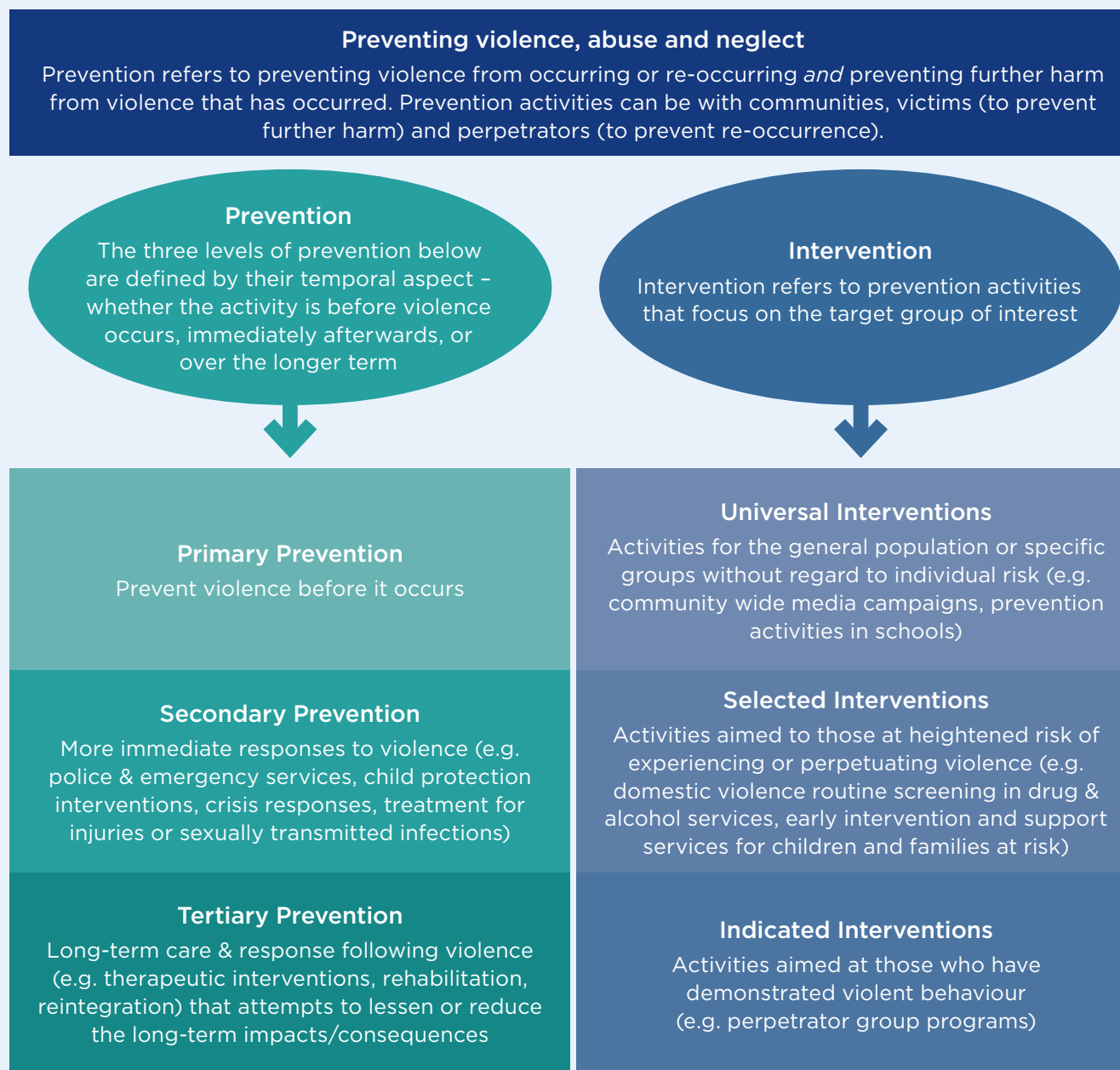
'The public health sector is directly concerned with violence not only because of its huge effect on health and health services, but also because of the significant contributions that can and should be made by public health workers in reducing its consequences. Public health can benefit from efforts in this area with its focus on prevention, scientific approach, potential to coordinate multidisciplinary and multi-sectoral efforts, and role in assuring the availability of services for victims' (World Health Organization, 2002, p.1083).

The health sector plays a crucial role in efforts to prevent, respond to, and minimise the impacts of violence, abuse and neglect (WHO, 2013; Garcia-Moreno et al, 2015). The provision of high-quality care and support services to victims of violence contributes to 'reducing trauma, helping victims heal and preventing repeat victimisation and perpetration' (WHO, 2014, p. 8). Further, high quality interventions with children and young people displaying problematic behaviour or engaging in harmful sexual behaviour maximise safety and reduce the risk of harm to that child or young person, as well as to others, and minimise longer-term health and social impacts.

The World Health Organization promotes a public health approach to violence, abuse and neglect. As indicated by its key features, the public health approach makes a strong case for integration and provides conceptual tools and practical guidance to assist in the task of integration for NSW Health. These key features include: being evidence-based; emphasising collective action, collaboration and integration across many sectors and disciplines; and focusing on prevention — both of violence occurring or re-occurring and preventing further harm from violence that has occurred (WHO, 2002 & 2004).

The public health approach is built on a socio-ecological model where violence is understood as 'the result of the complex interplay of individual, relationship, social, cultural and environmental factors' (WHO, 2002, p.12). This foundation provides a framework for understanding violence as a problem that is preventable and its impact able to be reduced, similarly to other public health concerns, such as infectious diseases (WHO, 2002, 2004). This application of the public health approach to violence, abuse and neglect is illustrated in Figure 13.

Figure 13: The public health approach to preventing violence, abuse and neglect



Developed from WHO, 2002, p. 15.

2.3 Integrated prevention and response

A public health model emphasises collaboration and integration as core elements of effective interventions. No single service or service system has the capacity or expertise to respond to the needs of every client. Many clients engage with a range of services across their lifetime and navigating the service system itself can be traumatic (Royal Commission into Institutional Response to Child Sexual Abuse, 2017). Services and therapeutic responses that enhance healthy development, prevent violence, and respond to the causes and impacts of abuse and neglect are likely to be multi-systemic in nature.

The Case for Change details the key elements of effective integrated practice in the context of violence, abuse and neglect, and some of the key concepts and levels identified there are illustrated in Figure 14.

Figure 14: Key concepts and levels for effective integrated practice



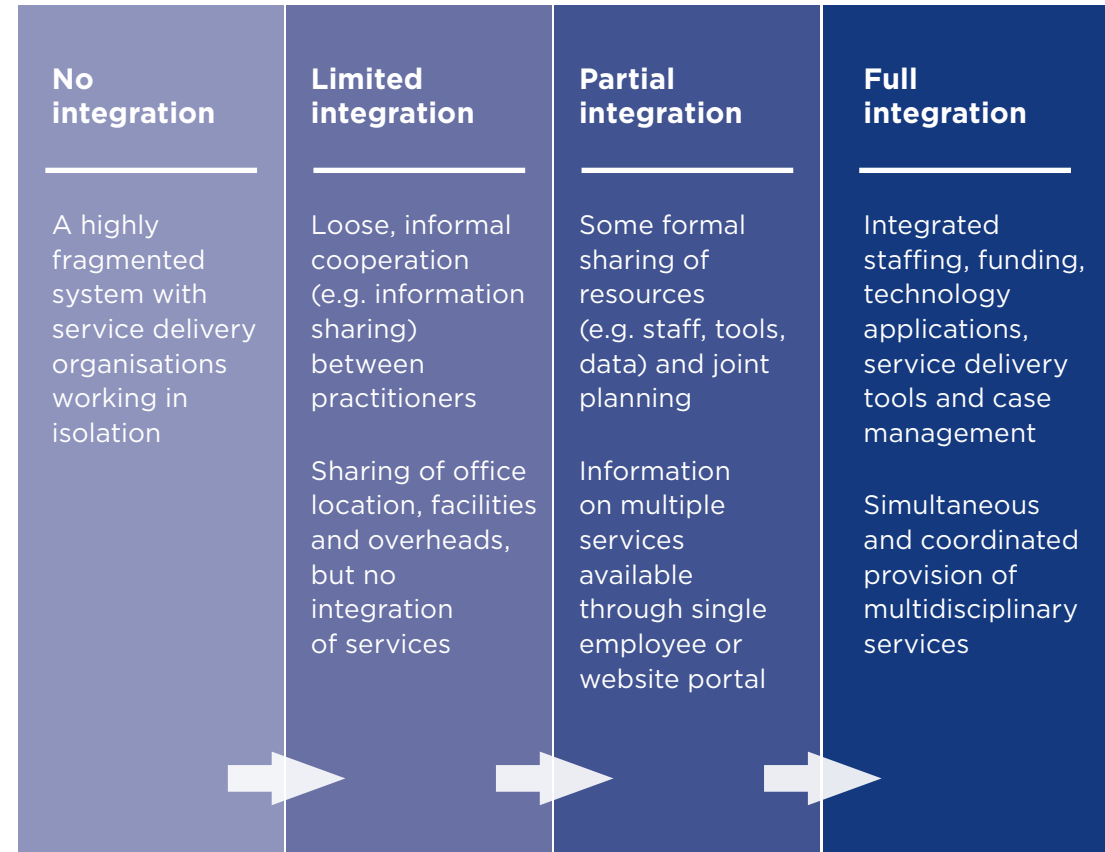
Infographic: Costello and Backhouse, 2019a.
Data source: NSW Health, 2019a.

Common benefits of integrated and collaborative prevention and response to violence, abuse and neglect identified through the literature include:

- improved health outcomes for victims and survivors
- reduction in secondary (systems-created) trauma, in part through coordinated and transparent information sharing arrangements
- improved meeting of immediate and long-term needs through a continuum of post-crisis care
- improved access to services through robust referral pathways and service agreements, as well as increased accountability for perpetrators and offenders
- cost-effectiveness and service efficiency through minimised duplication. (Breckenridge et al, 2015; WHO, 2013.)

Service integration is typically conceptualised as lying along a continuum, as shown in Figure 15. This is useful in assessing the current state of play and outlines clear elements that need to be included to move towards a more integrated response.

Figure 15: Continuum of service integration



2.4 Current NSW Health service responses

Responding to violence, abuse and neglect across the lifespan (from conception through to death), as well as to children and young people displaying problematic or engaging in harmful sexual behaviour, is the responsibility of the whole health system. Nevertheless, the NSW Health services listed in Figure 16 have particularly important roles and responsibilities in the prevention, identification and response to these issues. For the purpose of this Framework, these current health service responses are divided into the following categories based loosely on the public health approach:

1. **VAN services:** which have a principal responsibility for responding to violence, abuse and neglect, and children and young people displaying problematic sexual behaviours or engaging in harmful sexual behaviours (i.e. this is their key focus or activity).

2. **Other health services** consisting of:

- secondary responses, which provide treatment and services to people and families who have experienced, or are at heightened risk of experiencing or perpetrating, violence, abuse and neglect, even though this is not identified as their key responsibility or core business
- primary responses, which provide universal services, interventions and initiatives aimed at the general population or specific groups in the population that help to reduce vulnerability or risk.

2.4.1 NSW Health VAN services

LHDs and SHNs currently differ in the range profile of services they offer to people who experience violence, abuse and neglect. As the focus of Phase 1 of the Framework, it is particularly important to note the NSW Health VAN services that have specific responsibilities to provide targeted responses to psychosocial, medical and forensic needs arising from violence, abuse and neglect, particularly where there are statewide service models. More detail on these services is provided in Figure 17.

Social workers and the medical workforce that provide specialist violence, abuse and neglect responses outside of VAN services are also included in the list at Figure 17, although these are technically secondary responses. This is because these responses have such an integral and critical role to play in the delivery of integrated VAN services that they need to be considered as part of redesign in Phase 1 of the Project.

Figure 16: NSW Health's current responses (services and programs) to violence, abuse and neglect

VAN services	Secondary responses	Primary responses
<ul style="list-style-type: none"> • Aboriginal Family Wellbeing and Violence Prevention Program (AFWVP) • Child Protection Counselling Services (CPCS) • Child Protection Units/Teams (CPUs) • Child Wellbeing Units (CWUs) • Domestic violence services • Education Centre Against Violence (ECAV) • Joint Child Protection Response Program (previously the Joint Investigative Response Teams or JIRTs) • Responses to children under 10 displaying problematic or harmful sexual behaviours (e.g. Kaleidoscope Sparks Clinic) • New Street Services (for children and young people aged 10-17 years and engaging in harmful sexual behaviours) • Sexual Assault Services (SASs) • Specialist Services for Children and Young People in Out-Of-Home Care (OOHC) • Whole Family Teams (WFTs) 	<ul style="list-style-type: none"> • Aboriginal health services • Adult mental health Services • Alcohol and other drug services • Aged care services • Child and Adolescent Mental Health Service (CAMHS) • Domestic Violence Routine Screening (DVRS) • Emergency departments • Family Care Centres and residential family care services • Family Referral Services (FRS) • Forensic Mental Health Services • Local Coordinated Multi- agency offender management (LCM) • Paediatric services • SAFE START (specialist perinatal support for families with complex needs) • Safety Action Meetings (SAMs) • Service for the Treatment and Rehabilitation of Torture and Trauma Services • Social workers: community and hospital • Sustaining NSW Families • Youth alcohol and other drug services • Youth mental health services 	<ul style="list-style-type: none"> • Aboriginal Maternal and Infant Health Service (AMIHS) • Bilingual Community Education Program • Building Strong Foundations for Aboriginal Children, Families and Communities (BSF) • Child and Family Health Services • Community Health Centres • Early Childhood Health Service • Maternity Services • Mums and Kids Matter (MaKM) Program • Perinatal and Infant Mental Health Service (PIMHS) • Pregnancy Advice Line • Refugee Health Service • Sustained Health Home Visiting • Universal Health Home Visiting (UHHV) • Women's Health Centres • Youth health services

Figure 17: NSW Health Violence, Abuse and Neglect (VAN) services

VAN service	Overview
Aboriginal Family Health Program ¹	Aboriginal-identified positions providing individual and family support activities, including initial crisis support, advocacy, and referral, specifically addressing family violence, sexual assault and child abuse. Their work also comprises broader community development and education strategies, with a focus on prevention and early intervention.
Child Protection Counselling Services	Psychosocial services that work towards the recovery and ongoing safety and wellbeing of children and young people involved with the care and protection system. This includes children and young people, and their families or carers, who have experienced, or are believed to have experienced: physical or emotional abuse; sexual abuse; neglect; and/or exposure to domestic and family violence. These services also provide professional consultation and support, systems advocacy and community engagement, development and prevention responding to child abuse and neglect.
Child Protection Units	Crisis and ongoing counselling, medical and forensic services and support to children and young people who are victims of sexual and physical abuse and neglect and their family members. Child Protection Units provide the same services as Sexual Assault Services (see below), including therapeutic services for children under 10 displaying problematic or harmful sexual behaviour. Services also include statewide professional consultation and teaching, systems support, community engagement and prevention interventions.
Child Wellbeing Units	All NSW Health workers can contact the NSW Health Child Wellbeing Unit via telephone or by eReporting to seek advice if they have concerns about the safety, welfare or wellbeing of a child, young person or unborn child.
Domestic Violence Services	NSW Health currently has a small number of specific domestic violence service responses which provide psychosocial supports such as early intervention programs, safety planning, risk assessment and counselling (individual/group work). These services may also support local prevention work, capacity building and collaborative practice or partnership with government and non-government partners.
Medical and forensic workforce (outside of VAN services)	Although not technically a specific service response, there are a range of medical practitioners employed by other health services who provide medical and forensic critical services (beyond the normal secondary service) responding directly to violence, abuse and neglect – for example, paediatricians who use the Suspected Child Abuse and Neglect (SCAN) protocol.

¹ This program will be changing to the Aboriginal Family Wellbeing and Violence Prevention Program in accordance with the draft Strategy in development.

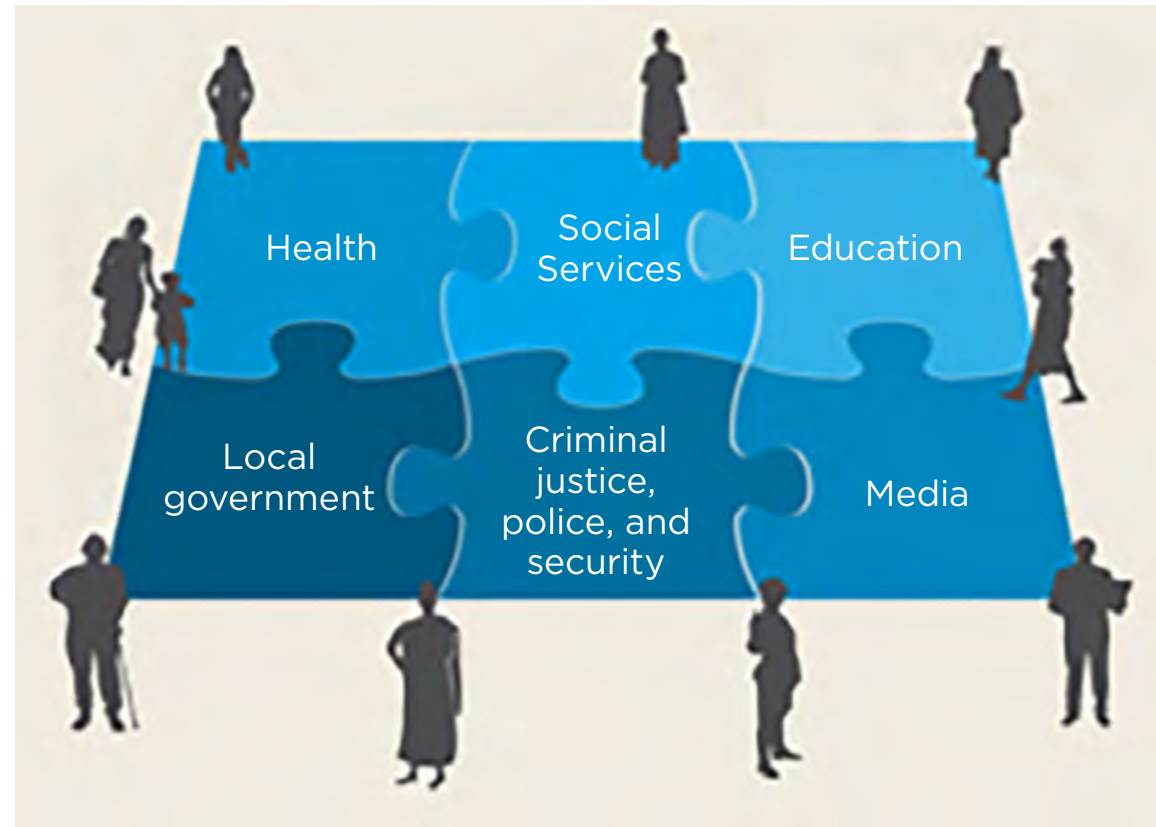
Figure 17: NSW Health Violence, Abuse and Neglect (VAN) services (continued)

VAN service	Overview
New Street Services	Therapeutic services for children and young people aged 10-17 years who have engaged in harmful sexual behaviour towards others.
Sexual Assault Services	Information, support, crisis services, counselling, medical and forensic services, and court support for adults, young people and children who have experienced sexual assault and their families. This also includes therapeutic services for children under ten displaying problematic or engaging in harmful sexual behaviour. In addition, these services provide professional consultation and support, systems advocacy, and community engagement, development and prevention responding to sexual assault.
Specialist Services for Children and Young People in Out-Of-Home Care (OOHC)	OOHC Coordinator positions have been appointed in all LHDs across NSW. Out-of-Home Care Coordinators facilitate the coordination and delivery of health assessments for children and young people entering out-of-home-care.
Services for children under 10 displaying problematic or harmful sexual behaviours.	Although there is currently only one dedicated clinic in NSW, these psychosocial services are also provided by Sexual Assault Services, Child Protection Counselling Services, and Child and Adolescent Mental Health services where the child also meets the service criteria for each service.
Social workers	Although not technically a VAN service (note definition above and list in Figure 16), social workers in other Health services are mentioned here as they play a critical role (beyond the normal secondary service) in providing psychosocial services for people and their families affected by violence, abuse and neglect (this is between 40 and 90 per cent of their role). This response may include assessment, crisis counselling, information and other support for people and families in emergency departments and hospital wards.
Joint Child Protection Response (JCPR) program (formerly JIRT) and Joint Referral Unit	A tri-agency program delivered by Family and Community Services, the NSW Police Force, and NSW Health. JCPR provides a comprehensive and coordinated safety, criminal justice and health response to children and young people alleged to have suffered sexual abuse, serious physical abuse, or extreme neglect.
Whole Family Team	Interventions for children and families with complex mental health and drug and alcohol issues where one or more children have a substantiated risk of significant harm (ROSH) report.

2.4.2 Partnerships

Prevention and response to violence, abuse and neglect requires a whole-of-government and whole-of-community response. No single service or service system has the capacity or expertise to respond to the needs of every client. Many clients engage with a range of services during their lifetime and the needs of people and families who have experienced violence, abuse and neglect will have to be met by working in partnership with services, both within NSW Health as well as with services outside of NSW Health. These include, but are not limited to, those provided by other government departments (e.g. Family and Community Services, NSW Police Force, Justice), non-government organisations (e.g. women's refuges), or other healthcare providers (e.g. general practitioners).

Figure 18: Health is part of a multi-system response (image WHO, 2013)



2.5 The need for a strengthened NSW Health response to violence, abuse and neglect

Government and non-government service responses to violence, abuse and neglect, including those by NSW Health, have historically been siloed, fragmented and disconnected. The negative consequences of inconsistent and uncoordinated service delivery on health and wellbeing for people and their families are well documented in the literature. Gaps in referral pathways, varied and unclear governance arrangements, restrictions on and reluctance to share clinical information, and differences in service models and agency philosophies, have significantly affected the capacity of health systems to deliver consistently good outcomes for clients and have increased the risk of further harm to those clients (Breckenridge et al., 2015).

The recent assessment of NSW Health's responses to people and their families who have experienced violence, abuse and neglect for the NSW Health VAN Redesign Project demonstrated that there are many skilled and dedicated teams who are providing timely, high quality, and holistic care. Nevertheless, a range of challenges in delivering care were also identified, as were opportunities for improvement as illustrated in the overview of the Statewide VAN Service Profile (Figure 19).



Figure 19: Statewide VAN Service Profile snapshot of NSW




NSW Overview	
	<p>How many people does NSW Health assist?</p> <ul style="list-style-type: none"> It is estimated that 17,422 clients aged 0 to 17 and 4409 clients aged 18+ affected by violence, abuse and neglect are referred into VAN services annually.
	<p>Do governance arrangements support the delivery of an integrated service response?</p> <ul style="list-style-type: none"> NSW Health's role and clinical responsibilities in responding to all forms of violence, abuse and neglect are not well understood. This lack of clarity is contributing to inconsistent service delivery across the state. There are a variety of different organisational and clinical structures in place in LHDs and SHNs governing the delivery of responses to violence, abuse and neglect, with varying levels of integration. Integrated service responses are generally supported by a single VAN service stream with strong clinical governance. At present there is limited data collected by NSW Health on people and families who have experienced violence, abuse and neglect by NSW Health. The data that is collected is generally focused on service activity data, rather than on the healthcare needs of these people and families or their outcomes. Many of the mechanisms used by NSW Health to manage the quality and safety of care — for example, the Incident Information Management System (IIMS) — are not considered fit for purpose for the system's response to violence, abuse and neglect.
	<p>Are 24/7 crisis responses available?</p> <ul style="list-style-type: none"> 24/7 crisis counselling and medical and forensic responses are available for sexual assault victims (child and adult) in at least one location in each LHD. Not all districts provide a 24/7 response for child physical abuse and neglect victims. Where there is a response it is generally provided by emergency department social workers. Only half of the districts use the Suspected Child Abuse and Neglect medical protocol to document a medical and forensic examination, and its application by paediatricians is inconsistent. Only two districts provide a 24/7 crisis counselling response to adult domestic and family violence victims, and some districts do not provide any response to this cohort, even within business hours. Where a crisis counselling response is provided, it is generally by a hospital social worker.

Figure 19: Statewide VAN Service Profile snapshot of NSW (continued)



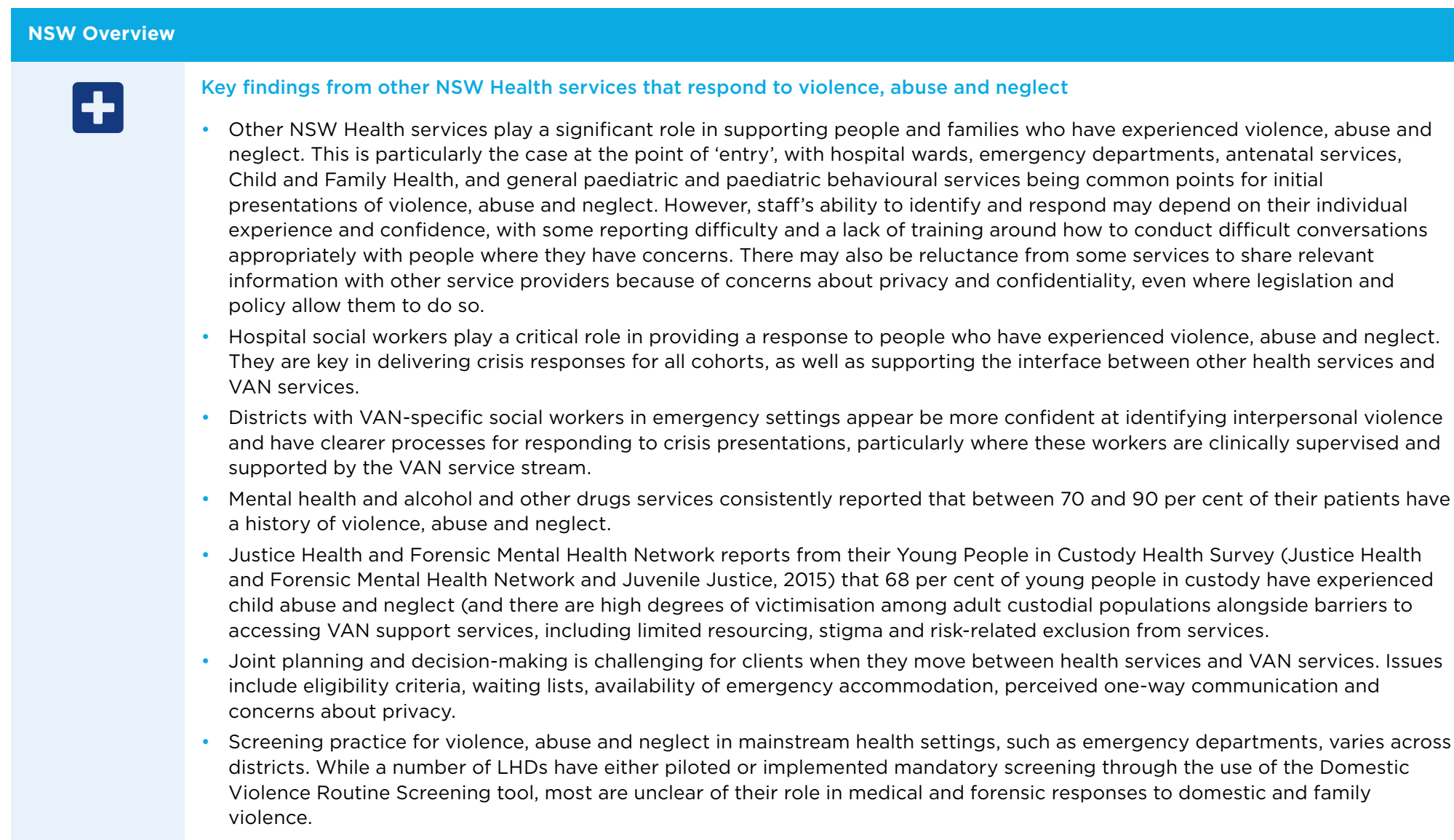
NSW Overview	
	<p>Is ongoing therapeutic care available?</p> <ul style="list-style-type: none"> • Ongoing therapeutic care is available for sexual assault victims, but it is difficult for adult survivors of child sexual abuse to receive services due to competing priorities for Sexual Assault Services. • Child Protection Counselling Services are available in all districts for child physical abuse and neglect victims (where they have received a secondary assessment from FACS and eligibility is determined). Outreach by these services is variable. • Ongoing counselling responses are generally limited across the state for adult domestic and family violence victims. Only a small number of districts have a dedicated service to support this cohort, with most districts relying on referrals to non-government services. Child and Family Health services reported doing a lot of work with families where there is domestic and family violence. • New Street Services which provide ongoing counselling responses for children and young people aged 10-17 years who have engaged in harmful sexual behaviour are not available across the state and fall short of meeting demand where they do operate. • There are limited responses for children under 10 displaying problematic or engaging in harmful sexual behaviours cross NSW. There is only one dedicated service in Hunter New England LHD to support this cohort within NSW Health.
	<p>Violence, Abuse and Neglect (VAN) service workforce</p> <ul style="list-style-type: none"> • There are a total of 377.4 clinical FTE positions and 60.8 management FTE positions working in VAN services across the state. This equates to an approximate ratio of one manager for every six clinical staff. • Most staff in VAN services feel confident in responding to more than one form of violence, however there is a general lack of confidence in supporting adult victims and perpetrators of domestic and family violence and children and young people aged 10-17 years who have engaged in harmful sexual behaviour. • There is a lack of formal alignment between line managers responsible for VAN services and medical directors/clinical leads supervising clinical practice. Clinicians do not always receive supervision and support that takes into account the specific challenges associated with providing VAN responses – for example, managing vicarious trauma and stress from being involved in statutory and legal processes. This is a particular challenge because clinicians need to be closely aligned operationally and professionally with both their own profession and other dedicated VAN clinicians to be able to provide optimal and safe clinical care.

Figure 19: Statewide VAN Service Profile snapshot of NSW (continued)

3. The Framework

3. The Framework

The Framework comprises five key components, each outlined in the following table, together with their purpose.

Framework component	Purpose
Vision	The outcome that NSW Health aims to achieve for people, families and communities across NSW.
System design principles	How NSW Health will deliver its services.
Enablers	The supports NSW Health will need to deliver.
Partners	Who NSW Health will work with to deliver an integrated system.
Objectives and strategic priorities	What NSW Health will deliver and how it will be achieved.

3.1 Vision

All children, young people, adults and their families are supported by the public health system to live free of violence, abuse and neglect and their adverse impacts.

3.2 System design principles

Seven system design principles underpin the Framework to guide the NSW Health system in its implementation.

- 1. Prevention and response** to violence, abuse and neglect is a **central role of NSW Health**.
- 2. Person and family-centred, holistic and seamless care** is provided by NSW Health that prioritises the safety, well-being and unique needs and preferences of the person and their family.
- 3. Minimising the impact of trauma and supporting recovery from trauma** are recognised and valued as primary outcomes of responses.
- 4. Early intervention** is prioritised by NSW Health, because it can change the long-term trajectory of chronic disease and adverse health outcomes for people who have experienced violence, abuse or neglect.
- 5. Equitable, accessible and consistent** service responses are provided.

- 6. 'No wrong door'** – NSW Health workers will collaborate to support people and their families to access the most appropriate service response.
- 7. The best available evidence** is used to guide NSW Health's prevention of and response to violence, abuse and neglect.

Principle 1: Prevention and response to violence, abuse and neglect is a central role of NSW Health

NSW Health has a vital role in preventing and responding to violence, abuse and neglect.

All forms of child abuse and neglect, sexual assault, and domestic and family violence are violations of human rights and have significant immediate and longer-term impacts on the health, safety and wellbeing of those affected.

The role of NSW Health includes: helping to prevent violence, abuse and neglect before it occurs; raising community awareness and knowledge, including specifically with priority populations; implementing the *Principles for Child Safe Organisations* to promote and facilitate child safety within their organisational context, identifying and responding to the needs of people and families affected as they present to any part of the health service; and helping to minimise risk and preventing the likelihood that perpetrators will reoffend.

NSW Health's role also involves consultation and partnership with other organisations and services that are involved in the provision of care, including advocating to change health, justice and social systems that impact negatively on client outcomes. Through these activities, NSW Health can help prevent violence, abuse and neglect and limit both its impacts on people and families and the associated longer-term costs to individuals, families, communities and the NSW Health system.

Principle 2: Person and family-centred, holistic, and seamless care is provided by NSW Health that prioritises the safety, well-being and unique needs and preferences of the person and their family

People and families who have experienced violence, abuse and neglect receive care that prioritises their safety and wellbeing, and responds to their needs, preferences and values.

The role of NSW Health is to put the person and family affected by violence, abuse and neglect at the centre of any decision-making and response. Their safety, health and wellbeing should be the key consideration, and client choice and participation should be prioritised and promoted.

This includes recognising the importance of involving children and young people in determining how to manage risk and improve safety. It also requires NSW Health staff to consider their interaction with all people who access NSW Health services, as the presentation of the patient may not provide any indication that they have experienced violence, abuse and neglect.

There is overwhelming evidence that people and families who have more choice about how their care is delivered, and by whom, experience better health and wellbeing outcomes. Health responses should be based on the unique and holistic needs of the person receiving care and their family. They should be flexible, respectful, and sensitive, and identify and prioritise a person and family's strengths, preferences, dignity, and cultural identity.

It is especially important for people and families who have experienced violence, abuse and neglect to rebuild their sense of control and empowerment, and to receive care that addresses their complex health and wellbeing needs. Establishing and maintaining physical, emotional and cultural safety must, however, remain the first priority and the statutory context within which health services operate needs to be considered in the delivery of flexible and seamless care.

This approach includes recognising that people are not responsible for the violence, abuse or neglect they have experienced, regardless of any vulnerabilities they have, and that adults who harm others are responsible and accountable for the impact of their actions and inactions. It also requires that responses for children, including those who harm others, should consider their developmental stage and capacity and the adversity that they may have experienced, including complex trauma. Acknowledgment of people's resistance and reliance to the trauma should also be key to any response.

Principle 3: Minimising the impact of trauma and supporting recovery from trauma are recognised and valued by NSW Health as primary outcomes of responses

System design must be informed by an understanding of trauma, including complex and intergenerational trauma.

Alongside the key consideration of establishing and maintaining safety (see Principle 2), minimising the impact of trauma and recovery from trauma as appropriate should be primary outcomes of interventions.

Trauma-informed practice requires a systems-level approach that involves modifying all aspects of the system that shape the delivery of care (including funding structures and workforce development), where all professionals — from the executive

through to frontline practitioners — have a common understanding of how trauma affects the life of a person, family or community. The system needs to understand complex trauma and intergenerational trauma as well as the impacts of past and present racism and ongoing discrimination and consider and respond to how these may manifest in client presentations across health services.

A program, organisation or system that is trauma-informed recognises the widespread impact of trauma and understands potential pathways for minimising trauma and promoting recovery. It also addresses cultural safety issues; recognises the signs and symptoms of trauma in people, families, staff and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures and practices that seek to actively prevent re-traumatisation.

Individuals who have been deeply hurt by traumatising, silencing, non-validating and blaming behaviours need access to systems of care that are knowledgeable, understanding, accepting and validating, and which can offer interventions that become part of the solution rather than part of the problem (Kezelman & Stavropoulos, 2012).

The level and intensity of service responses should be based on the severity of impact of trauma on a person and their family and take

into account whether a person has suffered a single trauma, multiple traumas, intergenerational traumas, or a combination of these. Services should also provide coordinated and integrated care and advocacy to meet the clients' full range of issues and needs associated with their experiences of trauma.

Principle 4: Early intervention is prioritised by NSW Health, because it can change the long-term trajectory of chronic disease and adverse health outcomes for people who have experienced violence, abuse and neglect

Early intervention is critical to optimising health and wellbeing outcomes.

This means identifying people and families who have experienced violence, abuse and neglect as they present to NSW Health, and providing responses which are focused on addressing both short and long-term effects of trauma — including the effects of early developmental trauma as they appear in health, attachments, relationships and child development — and preventing further occurrences. Evidence shows that early intervention may lead to people and families being connected to services or accessing information that could prevent further incidents or prevent a crisis from occurring.

People and families often present to NSW Health services multiple times for issues associated with violence, abuse and neglect before disclosing or having their experience identified, and sometimes their experiences are not identified at all despite being relevant to their care. These people may seek help from different parts of the health system, including emergency departments; community and women's health services; maternal and child health, alcohol and other drug, or mental health services; and beyond.

They may receive help for the issue for which they present, but this may not be identified as occurring within a context of violence, abuse and neglect. Staff and practitioners from these services should be supported to seize a critical opportunity to intervene at the point of presentation. To do so, staff need to be empowered with the knowledge, skills, access to information and resources to help identify people and families affected, and have a clear understanding of how to respond effectively. They also need to be supported to flexibly, creatively and actively collaborate within Health services to ensure that early responses are effective.

Principle 5: Equitable, accessible and consistent service responses are provided by NSW Health

People and families can access services regardless of where they live and who they are.

'People experience difficulties in navigating the system and finding the right door and appropriate service/s. We need to build the capacity of clinicians and empower them to do this work.'

Workshop participant

Equitable, accessible and consistent service responses are provided through a broad VAN response as well as through targeted responses to high risk and complex needs. NSW Health strives to support all people and families to access high quality services within environments that ensure safety and privacy, regardless of where they live or who they are. Statewide consistency of services and response to people and their families who have experienced violence, abuse and neglect will be promoted to achieve this. This includes providing culturally safe services, delivering services within the community where possible and safe

(including in people's homes), and supporting access to services, especially where these services are not located close to where the people who use them live. It also means making reasonable adjustments to services to meet people's needs, such as accounting for disability, cultural identity, Indigeneity, language needs (including use of Health Care Interpreters), age and developmental stage, sexual orientation, religion, and economic status. NSW Health must have appropriate mechanisms in place and services need to be adequately resourced to promote consistency across LHDs and SHNs to ensure people and families receive a consistent and equitable response.

Without equitable access to services, some people and their families experiencing violence, abuse and neglect are more likely to experience ongoing negative health and wellbeing outcomes. Service gaps can also form a barrier to service access for people due to referral and service criteria. Further, people and families in rural and remote settings often face greater challenges in accessing services, such as resourcing issues, distance from services, large geographical areas with small numbers of clinicians, and alternative health services (e.g. NGOs) being limited. NSW Health endeavours to continually work to identify and address gaps in service delivery through advocacy and to ensure provision of consistent and equitable responses.

Principle 6: 'No wrong door' — NSW Health workers will collaborate to support people and their families to access the most appropriate service responses

Everyone in NSW Health is responsible for supporting people and their families who have experienced violence, abuse and neglect.

Anyone affected by violence, abuse and neglect has the right to services that support their safety and wellbeing. Regardless of their entry point into NSW Health, either through specialist VAN or other NSW Health services, NSW Health will aim to support people and their families to access an appropriate service in a timely manner, including by overcoming barriers for Aboriginal, culturally and linguistically diverse, and refugee communities.

Every part of the system is responsible for ensuring people and families who have experienced violence, abuse and neglect can access the services they need both within the NSW Health system and outside it. This means all health services are equipped, both in capability and capacity, to either provide a response or find an appropriate service for a person or their family. It also means that collaborative practice within the NSW Health system and with partner agencies is a priority for NSW Health staff. VAN services in particular

should actively engage in ‘warm’ referrals, both within NSW Health and with partner agencies, using their expertise in trauma-informed approaches to support people and their families to access appropriate services. This principle is consistent with NSW Health’s approach to Integrated care.

Principle 7: The best available evidence is used to guide NSW Health’s prevention of and response to violence, abuse and neglect

Practice must be guided by the best evidence available.

All aspects of the NSW Health system’s response, including practice and models of care, should be guided by the best evidence about prevention of and responses to violence, abuse and neglect. This means NSW Health draws on research, literature and practice experience, as well as client experience data, client feedback, and service delivery data, to continuously improve service responses. Where evidence is not available, the system should support services to test interventions and further build the evidence base.

Evidence-based practice is essential to deliver high-quality outcomes. This means providing service responses that are tested and evaluated and are informed by the voices of people and their families who have experienced violence, abuse and neglect. It also means ensuring that services are underpinned by an understanding of the social, cultural, political and historical contexts within which violence, abuse and neglect occur.



3.3 Enablers

Four enablers across the NSW Health system will assist in achieving the vision of this Framework. Appropriate use of the enablers will give effect to successful policies, strategies, actions and services that will support people and their families experiencing, or at risk of experiencing, violence, abuse and neglect. The enablers comprise:

- **Learning and development:** Education Centre Against Violence (ECAV), Health Education and Training Institute (HETI), and local trainers and staff who support staff professional development, training and education.

High-quality, flexible and accessible training, supervision and professional development will support the NSW Health workforce to build skills to prevent interpersonal violence and to identify and respond to adults, young people and children who have experienced sexual assault, domestic and family violence, childhood abuse and neglect, and children and young people displaying problematic or engaging in harmful sexual behaviour. Flexible training options are already offered by ECAV, such as face-to-face workshops, Australian Skills Quality Authority (ASQA)-accredited qualifications, and accessible online and hardcopy resources.

- **Clinical networks and evidence-based models of service delivery:** Agency for Clinical Innovation.

A VAN Clinical Network will be established with clinicians, consumers and managers to improve the experience and delivery of VAN services. The Network will promote innovation, share knowledge and experience, and promote collaboration across regional and service boundaries. New initiatives, models of care, clinical guidelines and implementation of service standards will be supported by the Network.

- **Quality and safety:** Clinical Excellence Commission.

The Commission will provide advice and support monitoring processes and performance for VAN services across the NSW public health system to support and promote clinical quality and safety improvement.

- **Technology and infrastructure:** eHealth and health system planning and investment.

Innovations and solutions for integrated clinical care, patient engagement, cost effective delivery and smart infrastructure will be harnessed to meet growing healthcare demands into the future. These include NSW Health's initiatives Value based health care

and Integrated care in NSW. These initiatives are particularly important for meeting client and service needs, including providing some solutions to support equity and service access in diverse settings.



3.4 Partners

An improved and integrated NSW Health response must be implemented in concert with a wide range of partner agencies. Internal and external networking and partnerships are valuable. This takes time and needs to be supported both at an organisational and local level. Strong collaboration, coordination and integration of interagency responses are associated with better individual, family and system outcomes. It is essential in holding perpetrators of violence, abuse and neglect accountable and ensuring the safety of victim/survivors. Partner agencies include:

- Premier and Cabinet
 - Aboriginal Affairs; Department of Premier and Cabinet; NSW Ombudsman
- Treasury

- Stronger Communities
 - Child Protection; Coroner; Corrective Services; Courts; Housing; Juvenile Justice; Legal Aid; Multicultural NSW; NSW Police Force; Office of the Children’s Guardian; Office of the Director of Public Prosecutions; Stronger Communities Investment Unit - Their Futures Matter; Victims Services; Witness Assistance Service; Women NSW.
- Education
- Primary Healthcare Networks
- Private health Sector
- Aboriginal Community Controlled Organisations
- NGO community-based services

3.5 Objectives and strategic priorities

The Framework is supported by the four objectives and 13 accompanying strategic priorities shown in Figure 20. The objectives define the measurable outcomes that will be achieved by focusing on the strategic priorities. These objectives also contribute to the overall aims of the broader NSW VAN Redesign Project. To implement the Framework, each part of the health system will need to develop its own policies, strategies, actions and services as detailed further below.

Figure 20: Making integrated prevention and response to violence, abuse and neglect happen

Objectives	1. Strengthen leadership, governance, and accountability	2. Enhance the skills, capabilities and confidence of the NSW Health workforce	3. Expand Violence, Abuse and Neglect (VAN) services to ensure they are coordinated, integrated and comprehensive	4. Extend the foundations for integration across the whole NSW Health system
Strategic priorities	1.1 Leadership driving NSW Health system reform and service improvement	2.1 Increasing the workforce to meet demand	3.1 Integrated VAN service models	4.1 System improvement: trauma-informed care and child safe organisations
	1.2 Strong governance	2.2 Education, training and professional development to equip NSW Health workers with the right knowledge, skills, attitudes and values	3.2 Enhancement and expansion of VAN services	4.2 Identification, response, referral and coordination
	1.3 Robust system for monitoring NSW Health service performance	2.3 NSW Health workers receiving appropriate supervision and support	3.3 Improving VAN services quality and consistency, and reducing clinical variation across NSW	4.3 Integrated electronic clinical information systems
			3.4 VAN services improving the patient journey and empowering people and families to be partners in their care	

Objective 1: Strengthen leadership, governance and accountability

What success looks like

1. Strong leadership commitment across NSW Health to actively promote service integration and drive improved Health system performance.
2. NSW Health's response to violence, abuse and neglect is embedded in the governance system through:
 - Current evidence-based policies and procedures to guide NSW Health responses to all forms of violence abuse and neglect
 - Streamlined organisational structures that promote visibility and service integration
 - Clinical governance processes which guide quality and safety of NSW Health responses to violence, abuse and neglect.
3. Robust systems for collecting data and monitoring NSW Health service performance in responding to violence, abuse and neglect.

Strong leadership is required to mobilise a 'whole of Health' response in which NSW Health's crucial role in prevention and response is championed by senior executives and other NSW Health leaders, and the responsibilities of all NSW Health staff are understood and supported across all parts of the NSW Health system.

NSW Health's response to violence, abuse and neglect also needs to be clearly visible in the governance structures and processes of the NSW Health system. This includes at an LHD or SHN level where VAN services need clear reporting lines and governance structures that can support clinical VAN staff and management.

The workforce of VAN service clinicians needs to be supported and connected with the broader health system and the NSW Health system needs to recognise and support the important role played by clinicians in other health services outside of the dedicated VAN services.

Accountability for NSW Health activities in prevention and response will be achieved through the development of systems for comprehensive monitoring and reporting of performance, both by specialist VAN services and the broader NSW Health system.

Strategic priority 1.1: Leadership driving NSW Health system reform and service improvement

Leadership is required both centrally and at the local level. Health executives and board members require understanding of and a clear line of sight to VAN service responses being provided. Leadership plays a central role in enabling a culture of change within the system and facilitating integration of NSW Health responses. Leaders need to actively promote and support system-wide service integration, strengthened governance, evidence-based decision-making, and collaboration to enhance NSW Health system performance. They also need to ensure their staff are supported to access ongoing professional development as well as appropriate supports to address personal impacts of trauma and vicarious trauma.

The **Ministry of Health** has a critical role in providing strategic and policy leadership of NSW Health's response to violence, abuse and neglect, including the development, communication and promotion of this Framework. As systems manager, the Ministry also has a leading role in driving system reform and improvement of service delivery performance.

The **NSW Health Pillars** — the Bureau of Health Information (BHI), Clinical Excellence Commission (CEC), Agency for Clinical Innovation (ACI) and the Health Education Training Institute (HETI) — have functions that are key to leading successful systems-level

change in the redesign process and supporting local service and practice-level change. These functions include, respectively, to: monitor the performance of the public health system; enhance leadership and improve frontline capability and capacity in safety and quality; work with clinicians, consumers and managers to design and promote better healthcare for NSW; and develop contemporary and responsive education and training for the whole NSW Health workforce.

Supported by the Ministry of Health, the Pillars need to expand their knowledge, capacity and capability with respect to preventing and responding to violence, abuse and neglect and incorporate relevant needs and priorities into their initiatives and strategies across the NSW Health system. They are also important partners with local VAN services to enhance evidence-based service responses.

Leadership at **LHD** and **SHN** level has a responsibility to ensure that violence, abuse and neglect is addressed in all strategic planning and service planning processes and resourcing decisions. Chief executives and their leadership teams, including VAN senior executives and VAN managers, as well as clinical streams that provide services to people at particular risk (e.g. mental health and drug and alcohol), are essential in publicly championing integration of prevention and response across their VAN services and other health services.

This ensures there is strong communication and change management to promote the system reforms and service improvements required at the local level. Implementation of domestic violence workplace provisions and support to NSW Health staff is also critical.

Leadership and advocacy from **VAN services (LHDs/SHNs)**, psychosocial and medical clinical leads, senior clinicians and statewide services are also important for achieving integration, particularly at the service and practice levels. This requires in the first instance that LHDs and SHNs ensure clinical leadership within their organisation for violence, abuse and neglect, such as social work or psychology clinical leads and medical directors, is established and filled, and that staff within those roles advocate and support service and practice reform around integration. These roles are important for providing leadership and support to frontline clinicians providing VAN services and championing cultural changes and reforms across the system. Clinical leads, medical directors, and line managers need to be fully cognisant of the demands, requirements and complexities of the work involved in preventing and responding to violence, abuse and neglect and to support the clinicians involved.

The **Sydney Children's Hospitals Network** and **Hunter New England LHD** have an important role in statewide clinical leadership in their role employing and supporting clinical leads for the

provision of specialist advice and consultation on child protection through the Child Protection Units/Service.

Strategic priority 1.1 - Making it happen

- **Ministry of Health** to continue implementation of the VAN Redesign Program.
- **NSW Health Pillars** (i.e. BHI, CEC, ACI, HETI) supported by the Ministry of Health, continue to expand their knowledge, capacity and capability to provide leadership on NSW Health's response to violence, abuse and neglect.
- **LHDs and SHNs** to: champion integration; actively include prevention and response to violence, abuse and neglect in strategic planning and service planning processes and resourcing decisions; and appoint and support clinical leadership to lead change at the service and practice levels.
- **Whole NSW Health system** to target relevant leaders and managers at all levels (including medical directors and clinical leads) with information and training about VAN initiatives and resources.

Strategic priority 1.2: Strong governance

Strong governance mechanisms are vital for developing and maintaining accountability at both the service and system levels for the health, safety and wellbeing outcomes of people and families who have experienced violence, abuse and neglect.

Clear policy direction

A strong policy framework underpinning NSW Health's response to violence, abuse and neglect is essential to effective governance. Increased community awareness of violence, abuse and neglect, high level inquiries, and state and federal government human service and justice reform agendas have dramatically increased expectations of the public health system in its response to these issues. The NSW Ministry of Health will prioritise the release of updated, evidence-based NSW Health VAN policy and procedures. These policies will provide clear and transparent communication of intentions and expectations, and clear roles and responsibilities for the range of NSW Health services providing responses.

As a priority of Phase 1 of the NSW Health VAN Redesign Project, the **Ministry of Health** will provide VAN Service Standards (see strategic priority 3.3 for more detail on these) and an accompanying suite of consistent NSW Health VAN service strategies, policies and procedures for all service streams. For some VAN services,

such as Sexual Assault Services, this requires reviewing and updating existing policy. For others, such as Child Protection Counselling Services and NSW Health responses to domestic and family violence, the development of new policy to guide service delivery is required. The Ministry of Health has commenced this process and in late 2018 released the New Street Service Policy and Procedures. The VAN Service Standards and other strategies, policies and procedures are in various stages of development and planning and are due for release throughout 2019.

LHDs and **SHNs** have an important role in contributing through consultation to the development of statewide strategies, policies and procedures, as local resources allow and in accordance with local priorities, as well as promoting and implementing them once released. Implementation will typically include the development of accompanying local protocols, procedures, and partnerships as guided by the relevant strategy or policy and procedures.

In Phase 2 of the VAN Redesign Project, the **Ministry of Health** and **LHDs** and **SHNs** need to shift the focus from integrating VAN-specific policies to include violence, abuse and neglect issues generally with other NSW Health service policies, particularly in priority health areas such as mental health, drug and alcohol, maternity, child and family health, youth health and

paediatrics. Work with interagency partners will also be required to develop or update policies, procedures, guidelines and protocols for joint or multi-agency responses across the spectrum of violence, abuse and neglect.

Authorising and embedding responses to violence, abuse and neglect in organisations

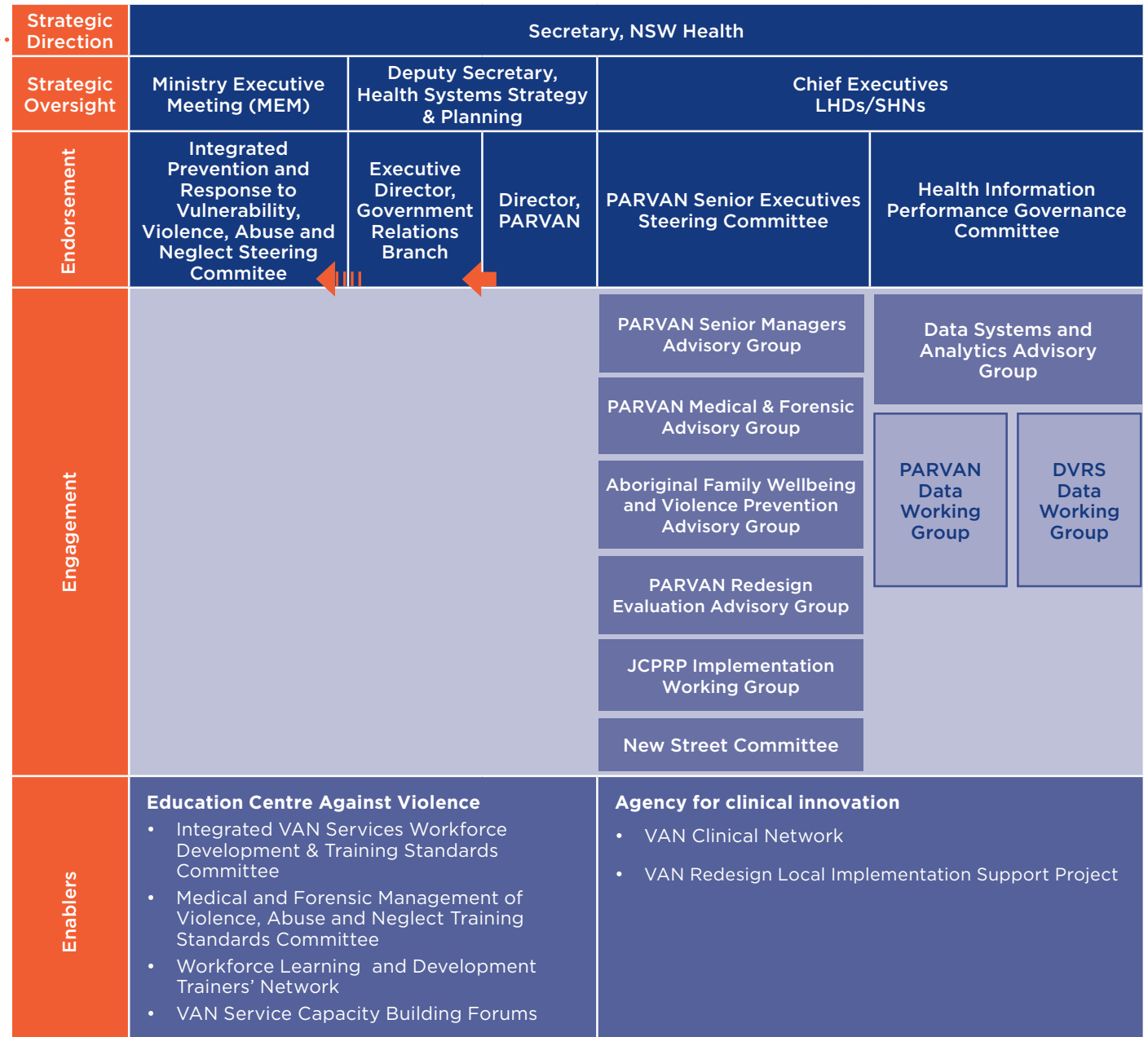
The authorising environment required to drive system change has been strengthened through the establishment of statewide governance mechanisms for NSW Health's VAN services. VAN statewide forums and meetings were restructured in 2017-18, establishing a new, tiered system of meetings of clinicians, service managers and senior executives (Figure 21) which promote informed decision-making at a statewide level and its translation into action across the system.

In addition, the chief executives have nominated, at the Ministry of Health's request, a Tier 2/3 senior executive who has lead responsibility for the response to violence, abuse and neglect in their LHD or SHN. These executives set strategic direction and drive service improvements locally and also influence strategic directions statewide and make decisions on behalf of their LHD or SHN at the statewide forums and meetings.

Violence, Abuse and Neglect (VAN) Statewide Governance

As a next step in the restructure of the VAN statewide meetings, the **Ministry of Health** and **ECAV** will work with **LHDs** and **SHNs** to map out the interconnections, purpose and scope of other VAN-related meetings and networks and related meetings of other NSW Health services that respond to violence, abuse and neglect (e.g. allied health and community health directors' statewide groups). In addition, the VAN statewide meetings structure is subject to ongoing review and refinement by the Ministry of Health in conjunction with LHDs and SHNs to ensure they are useful to the Health system.

Figure 21: VAN statewide governance



Streamlining **LHD** and **SHN** organisational structures to promote VAN service visibility and service integration is another important aspect of strengthening governance. The current network of NSW Health VAN services has developed and expanded over time, often in response to individual policy and legislative reform initiatives.

The current approach to system design has meant that services are often fragmented and have resulted in barriers to operating in an integrated way. For example, historical funding or service development decisions have in some instances determined pathways into and out of services, presenting challenges for integrated service delivery. To support a more coordinated approach, VAN services and other stakeholders should be consulted when new resources become available for the LHD or SHN to help ensure the best establishment and location of any new program.

Some LHDs and SHNs have commenced reviewing and revising their organisational structures to improve governance and system support for their VAN services. While they are at varying stages of change, their experiences have identified important organising principles for local organisational structures that are recommended to support integration and improved service delivery and can guide LHDs and SHNs in further work in this area. These include:

- clear reporting lines to ensure local boards and executives have clear lines of accountability and oversight of their local VAN services
- clear reporting lines and VAN governance structures supported by executives for cultural shifts to occur
- formal alignment of strategic decision-making and operational management of VAN psychosocial, medical and forensic responses (e.g. nominated Tier 2/3 VAN senior executive having responsibility for both areas)
- clear escalation pathways for prompt resolution of operational and clinical issues
- VAN services grouped under a distinct VAN program area or clinical stream within the LHD or SHN. This program area encompasses psychosocial, medical and forensic responses provided in community and hospital settings
- formal alignment of line management reporting and VAN program direction in the organisational structure (e.g. dual reporting by staff specialists providing medical and forensic examinations to their medical director and VAN program manager, and dual reporting by social workers to allied health manager and VAN program manager)
- formal processes for joint case management, client referral, or both (within VAN services and between VAN services and other NSW Health services)
- ensuring efficient and responsive bottom-up and top-down communication processes are developed to ensure a good flow of information.

Quality and safety

LHDs and **SHNs** need to ensure that their local clinical governance structures and processes support quality and safety of healthcare for people and families and promote strong partnerships with them. Specific processes for quality and safety need to apply in VAN services and in other health services. These processes need to ensure:

- Care is person and family-centred and prioritises the safety, wellbeing and unique needs and preferences of the person and family (see also Principle 1 and Objective 3).
- Quality and safety committees address violence, abuse and neglect issues.
- Consumer participation initiatives include people who have experienced violence, abuse and neglect and their families.
- Documentation is current, accurate, complete and readily available for patient care.
- Documentation follows appropriate protocols (e.g. for medical and forensic examinations) as clients are frequently involved in the criminal and civil justice systems and the statutory child protection and family law systems where health records can promote access to justice.

- There is regular and systematic peer or expert review of medical and forensic expert certificates, case file reviews and other quality review mechanisms for both medical and forensic and psychosocial staff.
- There are processes in place to address safety and privacy through secure storage of files.
- Information exchange is undertaken that is consistent with NSW Health policy and legislation.
- Appropriate training, supervision and support is in place for frontline staff to provide safe and high quality responses to violence, abuse and neglect and also to address any personal impacts, personal experiences or vicarious trauma (see also objective 2).
- Complaints related to violence, abuse and neglect are responded to appropriately, in a timely manner and in accordance with LHD or SHN and NSW Health policy.
- Risks and gaps, at system, service, staff and client levels, are identified, reported and managed (e.g. risk of vicarious trauma, work health and safety risks from interagency conflict, managing aggressive clients, safety of staff when home visiting).

The **Clinical Excellence Commission (CEC)** has begun, in response to recommendations of the NSW Ombudsman, to adapt NSW Health's quality and safety processes to address the complexities of violence, abuse and neglect. For example, CEC has implemented a process for systemic review of health interventions with children and families in the 12 months prior to a suspicious child death.

The CEC has a significant role to play in leading further improvements to clinical governance processes across the NSW Health system and within VAN services to ensure the safety and quality of health service responses. This may include exploring potential improvements to the NSW Health Incident Information Management System (IIMS) to better respond to violence, abuse and neglect-related incidents. Clarity and guidance are required on: what constitutes an incident in this context, the threshold for making an IIMS report, and processes for addressing the incident once it has been reported. This work will support VAN services to strengthen risk management processes and enhance consistency in the use of systems such as IIMS.



Strategic priority 1.2 - Making it happen

- The **Ministry of Health** and **ECAV** will work with **LHDs** and **SHNs** to further refine the statewide governance mechanisms and meetings for VAN services.
- The **Ministry of Health** will release the full suite of VAN service standards, strategies, policies and procedures for NSW Health in 2018 and 2019. New policy directives to be released are: the VAN Service Standards; Aboriginal Family Wellbeing and Violence Prevention Strategy; Child Wellbeing and Child Protection Policies and Procedures for NSW Health; Child Protection Counselling Services Policy and Procedures; Domestic and Family Violence Strategy; Domestic Violence — Identifying and Responding; Joint Child Protection Response Program Policy and Procedures; and Sexual Assault and Children under 10 Displaying Problematic or Harmful Sexual Behaviour Policy and Procedures.
- **LHDs and SHNs, with support from the Ministry** will implement the suite of VAN standards, strategies, policies and procedures with support from the Ministry of Health.
- **LHDs and SHNs** will endeavour to streamline management and reporting structures for VAN services at the local level to ensure there is appropriate oversight, integration and support for these services.
- **LHDs and SHNs** will actively work towards formalised governance arrangements between LHDs and SHNs where service provision crosses organisational boundaries (e.g. for Justice Health and Forensic Mental Health network clients).
- **LHDs and SHNs** will ensure that their clinical governance processes for quality and safety address their local violence, abuse and neglect responses.
- The **Ministry of Health** will explore with the **Clinical Excellence Commission** their capacity to support further improvements to governance processes to ensure the safety and quality of health service responses to violence, abuse and neglect.

Strategic priority 1.3: Robust system for monitoring NSW Health service performance

The **Ministry of Health**, as systems manager, has a significant role in monitoring service delivery performance against the VAN standards, strategies, policies and procedures. This includes profiling the NSW Health VAN response in service agreements using limited key performance indicators and improvement measures. It also includes monitoring services to meet reporting requirements of government reform frameworks and reports to statutory bodies such as the NSW Ombudsman.

LHDs and **SHNs** require clear strategic objectives in relation to VAN service provision and processes to assess progress in meeting them. Local resource allocation needs to meet both Ministry of Health service requirements and local population need.

NSW Health VAN services have traditionally collected a significant amount of activity data and reported this to the Ministry of Health. Improvement is required in data quality and clarity of service expectations and to help ensure that data collection and reporting systems aid future strategic planning and resource allocation and to ensure that integrated service delivery

remains effective and accessible. To increase visibility in VAN performance monitoring systems, the **Ministry of Health** is currently developing a *NSW Health Violence, Abuse and Neglect Performance Monitoring and Evaluation Framework*.

Data collection and reporting is being reviewed through **PARVAN**'s² Data Systems and Analytics Implementation Roadmap. The roadmap includes a NSW Health Violence Abuse and Neglect Minimum Data Set, developing a solution to store this dataset in the Ministry's Enterprise Data Warehouse (EDWARD), and reporting tools as required. This approach is aligned with the NSW Health Analytics Framework, and in time will allow VAN data to be monitored to inform service planning and evaluation.

New funding for VAN services requires rigorous monitoring by **LHDs** and **SHNs** individually and the **Ministry of Health** on a statewide basis to ensure this funding is being used for its intended purpose and the NSW Government is getting value for money for this investment. This additional funding is to be applied to fill identified and critical gaps in VAN service delivery.

Strategic priority 1.3 - Making it happen

- The **Ministry of Health** is to develop a Minimum Data Set (MDS) to support accurate and consistent data collection across VAN services that will also facilitate improved visibility across the patient journey.
- The **Ministry of Health** is to develop and implement a performance monitoring system for violence, abuse and neglect that has clearly defined outcomes:
 - data collection, reporting and feedback mechanism about the patient journey
 - annual acquittals identifying how funding was invested.
- The **Ministry of Health** and **BHI** is to recognise violence, abuse and neglect as a serious public health issue and ensure it is profiled in key reports such as the Report of the Chief Health Officer and Bureau of Health Information.
- The **Ministry of Health** to undertake evaluation of investment in the VAN redesign process and its outcomes.
- **LHDs** and **SHNs** are to evaluate investment in services at a local level.

² PARVAN is the Prevention and Response to Violence, Abuse and Neglect Unit, which is part of the Government Relations Branch in the NSW Ministry of Health.

Objective 2: Enhance the skills, capabilities and confidence of the NSW Health workforce

What success looks like

1. NSW Health has an effective and diverse workforce to meet the needs of the community for NSW Health services that prevent and respond to violence, abuse and neglect. VAN services and other NSW Health services are staffed at sufficient levels to provide full service coverage and meet local population need.
2. Health staff have access to education, training, other professional development opportunities and accessible workplace resources to ensure they have the necessary skills, knowledge, attitudes and values to recognise violence, abuse and neglect and to take effective action appropriate to their role. Staff follow a learning continuum to build their levels of competence over time and have opportunities and access to regrading to assist with staff retention and to acknowledge ongoing development of specialisations of knowledge and skill.
3. Education, training and professional development equips the Health workforce to provide trauma-informed, evidence-based and integrated service responses that provide statewide consistency while also meeting the unique needs of specific communities and regions.
4. Informal training and other support strategies such as professional advice lines and clinical networks have increased the capacity of the workforce to deal with all forms of violence, abuse and neglect.
5. The welfare and wellbeing of staff who provide VAN responses is a priority for the public health system. Health services proactively provide supervision to support staff to: improve their clinical practice; address current safety issues and the challenges of this work, including the risks of vicarious trauma; and provide referral to address their own present or past experiences of trauma if required. Health services support workers to build resilience when responding to all forms of interpersonal violence.

A skilled, diverse, capable and confident workforce is critical for developing a shared understanding and approach to responding to violence, abuse and neglect at the system, service and practice levels. Workforce training and support that is continuing is a crucial element of an effective and integrated system. The literature is clear on the importance of workforce development as a key enabler of integration, encompassing institutional support, recurrent training, and clearly established and accessible referral pathways (Hegarty et al., 2017, p.520; Spangaro, 2017, p.641; Colombini et al., 2017).

Underpinning all three of the strategic priorities below is the key leadership and enabling role played by the Education Centre Against Violence (ECAV). ECAV is responsible for statewide workforce development in the specialist areas of prevention and response to violence, abuse and neglect, including a specific focus on Aboriginal and culturally and linguistically diverse (CALD) communities. ECAV leads the sector through training and workforce programs that support implementation evidence into practice so workers have access to clear guidance and strategies on how best to assess and respond to people and families. ECAV provides statewide face-to-face and online worker training, community awareness and

development programs, agency and policy consultation, and clinical supervision and resource development for NSW Health and other government and non-government organisations. It also provides support to a range of important training initiatives, such as those provided by the LHD/SHN Child Wellbeing and Child Protection trainers. ECAV has four training portfolio areas:

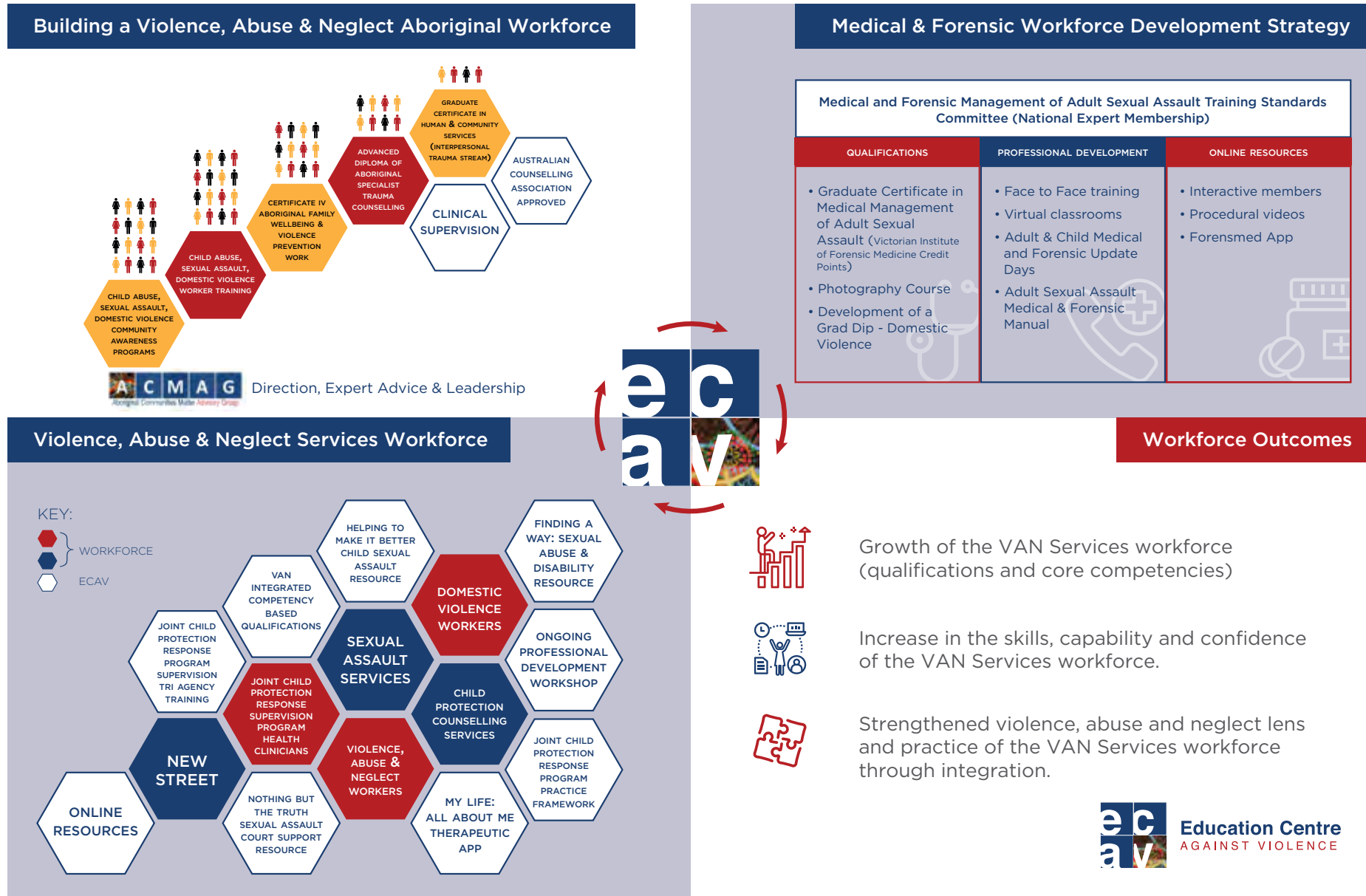
1. Aboriginal programs
2. Domestic Violence and Cultural Equity
3. Male Domestic and Family Violence Interventions
4. Sexual Assault, Child Protection and Joint Child Protection Response Program

Key aspects of the work of ECAV relevant to this Framework are provided in Figure 22.



Figure 22: ECAV's role in NSW Health workforce development

NSW HEALTH VIOLENCE, ABUSE & NEGLECT WORKFORCE



Strategic priority 2.1: Increasing the workforce to meet demand

Recent NSW Government budget initiatives, including the VAN Redesign Project and the NSW Government's response to the Royal Commission into Institutional Responses to Child Sexual Assault, are providing opportunities to extend VAN services to ensure they are coordinated, integrated and comprehensive across NSW (see objective 3). To support this expansion, NSW Health needs to increase the workforce of clinicians who have the qualifications, skills and competencies to deliver the specialist VAN psychosocial, medical and forensic services. Existing industrial issues, such as Award provisions that can impact on the capacity for LHDs and SHNs to employ appropriately qualified staff across both the VAN services and other NSW Health services simultaneously also need to be resolved.

The **Ministry of Health** will undertake statewide systematic planning consistent with the [Health Professionals Workforce Plan 2012-2022](#) to help expand the VAN services workforce. The Ministry of Health will also provide tailored policy advice and support to LHDs and SHNs to help them increase their VAN services workforce at a local level. This will include ensuring that minimum qualifications for VAN staff (in accordance with relevant Awards) are provided in the various VAN services policies and procedures identified in strategic priority 1.2.

Alongside a more general increase in workforce capacity, two specific priorities for VAN services workforce growth are the recruitment of more Aboriginal staff and more medical and forensic staff, both now and into the future. To help achieve this, the **Education Centre Against Violence (ECAV)** will continue to develop and deliver its:

- Aboriginal Qualification Pathway — designed to build capacity in the Aboriginal workforce to deliver trauma-informed, culturally safe services to Aboriginal communities. This is a three-tiered pathway comprising Australian Skills Quality Authority (ASQA)-accredited Certificate IV and advanced diploma qualifications followed by a university-level graduate certificate.
- Medical and Forensic Workforce Development Strategy, which delivers ASQA-accredited qualifications in the management of sexual assault and forensic photography in violence, abuse and neglect; professional development opportunities through face-to-face workshops, virtual classrooms, annual clinical update days, and online resources such as the Forensmed app, which includes procedural videos.

The **Ministry of Health** will work with **ECAV**, **LHDs** and **SHNs** to increase recruitment and retention of Aboriginal staff to VAN services by addressing current barriers for Aboriginal workers entering ECAV's dedicated qualifications; appointing graduates of the

advanced diploma to NSW Health counselling positions covered by the NSW Health Services Health Professional (State) Award; and mentoring Aboriginal staff into positions over time.

The **Ministry of Health** will work in partnership with **LHDs** and **SHNs** to resolve industrial and policy issues that affect the employment of staff to provide medical and forensic responses to victims of violence, abuse and neglect, particularly in crisis settings. This will include reviewing the implementation of the Sexual Assault Nurse Examiner (SANE) program and *Payment Determination to Visiting Medical Officers (VMOs) who conduct Sexual Assault Medical & Forensic Examinations* and identifying with LHD's and SHN's strategies to address any workforce, policy and program issues identified.

ECAV has received funding to upgrade its Graduate Certificate in Medical and Forensic Management of Adult Sexual Assault to a graduate diploma, which will include a focus on domestic violence and child sexual abuse. This will be available to both Sexual Assault Nurse Examiners and Doctors. The establishment of forensic associate positions within emergency departments will also be part of this process.

LHDs and **SHNs** are encouraged to prioritise the recruitment of additional clinical staff to VAN services in a timely manner, including addressing any local barriers that may delay recruitment.

LHDs and **SHNs** that find recruitment of skilled staff challenging will benefit from systematic planning to expand their VAN specialist workforce, taking into account the particular priorities and workforce needs for their local area. This may include, but is not limited to:

- identifying staff development pathways that build the capacity of appropriately qualified workers to transition into VAN services (for example, actively recruiting social workers from other health services to VAN after-hours crisis rosters)
 - exploring options under the relevant industrial awards to expand the psychosocial workforce's capacity — for example, through flexible rostering for 24/7 crisis responses and broadening the scope of clinical practice to address more than one form of violence abuse and neglect
 - implementing statewide guidance and resources — for example, the [Guidelines for Implementation of the Rural and Remote Incentives Scheme](#) — to assist where there are difficulties in recruiting to particular positions or in particular locations
 - identifying population groups with vulnerabilities and barriers to accessing services within the LHD or SHN and targeting strategies to employ staff from those population groups
- considering creative ways for services to address gaps in service delivery, such as brokerage or collaboration with other health services.

Strategic priority 2.1 - Making it happen

- The **Ministry of Health** will undertake statewide systematic planning consistent with the [Health Professionals Workforce Plan 2012-2022](#) to help grow the VAN workforce.
- **ECAV** will continue to develop and implement qualifications and strategies that assist priority groups (including Aboriginal workers and medical and forensic examiners) to achieve the entry-level qualification, skills and experience for employment in VAN services.
- The **Ministry of Health** will work with **ECAV, LHDs** and **SHNs** to increase recruitment and retention of Aboriginal staff to VAN services by addressing current barriers for Aboriginal people entering ECAV's dedicated qualification, appointing graduates of the advanced diploma to the NSW Health counselling positions covered by the NSW Health Services, Health Professional (State) Award, and mentoring Aboriginal staff into positions over a period of time alongside ongoing cultural competence training and supervision for non-Aboriginal managers and clinicians.
- The **Ministry of Health** will review the implementation of the Sexual Assault Nurse Examiner (SANE) program and *Payment Determination to Visiting Medical Officers (VMOs) who conduct Sexual Assault Medical & Forensic Examinations* and identify in partnership with LHDs and SHNs strategies to address workforce, policy and program issues identified.
- **ECAV** will upgrade its Graduate Certificate in Medical and Forensic Management of Adult Sexual Assault to a graduate diploma that includes a focus on domestic violence and child sexual abuse.
- **LHDs** and **SHNs** are encouraged to prioritise the recruitment of additional staff to VAN services and undertake systematic planning to increase their VAN specialist workforce.

Strategic priority 2.2: Education, training and professional development to equip NSW Health workers with the right knowledge, skills, attitudes and values

Everyone in the public health system, including those in governing, executive, managerial and clinical roles, should be supported through education, training and other professional development opportunities to attain an appropriate level of competence in relation to preventing and responding to violence, abuse and neglect commensurate with their role. A competency-based approach to workforce development is consistent with NSW Government reforms in this area (NSW Government, 2018, p. 16).

The **Ministry of Health** and **ECAV** in collaboration with **LHDs** and **SHNs** and **HETI** will develop and implement a NSW Health Competency and Training Framework for Preventing and Responding to Violence, Abuse and Neglect. This will identify different competency levels required across the NSW Health system. A learning and development continuum will facilitate health professionals acquiring, maintaining and building skills throughout their career, focusing on system leaders (chief executives, board members, senior executives), clinical leaders (managers, supervisors and leads), clinicians, and the non-clinical workforce.

ECAV will also explore opportunities to build higher education support for violence, abuse and neglect with **HETI**.

LHDs and **SHNs** will endeavour to support staff in accessing education, training and professional development opportunities, as well as flexible learning opportunities to acquire, maintain and build the necessary knowledge, skills, attitudes and values to recognise violence, abuse and neglect and to take effective action as appropriate to their roles and responsibilities.

VAN service workforce

Specific training and education initiatives are needed to support integration and build the capacity of VAN services to expand their scope of practice to include previously under-served cohorts and to assist people and families experiencing multiple forms of abuse. There also needs to be clear learning and development pathways across the state to ensure consistency at the practice level for VAN services.

The **Ministry of Health** will ensure that learning pathways for VAN service workers are developed and communicated in all VAN service strategies, policies and procedures. These pathways will include orientation, mandatory **ECAV** training for which **LHDs** and **SHNs** are to ensure workers attend the first available courses after commencing with the service where possible in accordance with service needs, and subsequent strongly recommended training.

ECAV will continue to develop and deliver a suite of VAN service integrated training, professional development opportunities and accessible workplace resources to help guide practice. This will include a competency-based VAN integrated qualification with simulated assessments for workers to enhance assessment, counselling and case management skills in trauma-informed interventions.

LHDs and **SHNs** support their VAN service workforce by:

- Ensuring that VAN service workers are provided with appropriate training and professional development to assist them in their roles so that clients have access to high-quality, skilled, competent, and non-judgemental services. This may include training specific to the needs of identified communities, priority populations or regions within their LHD or SHN.
- Resourcing the provision of local training initiatives for LHD/SHN staff such as those provided by Child Wellbeing and Child Protection trainers and clinicians, Domestic Violence Routine Screening trainers, and VAN clinicians and managers.
- Allocating resources for professional development and training of staff to assist in maintaining relevant knowledge and qualifications, including by: supporting visiting experts and trainers within the LHD or SHN and supporting attendance at courses outside of the LHD or SHN.

- Providing or supporting opportunities for VAN service workers to contribute to and access ongoing professional development, including attendance at conferences, workshops and participation in formal education programs.
- Encouraging the ongoing development of management skills for VAN service managers and clinical leads. This may include training in the areas of supervision, planning, service management, staff selection, information management and media.
- Providing opportunities for VAN workers to contribute to the sector's practice base knowledge such as through participation in relevant communities of practice, presenting at forums, and writing professional journal articles and other sector communications about their work.
- Developing combined training opportunities to learn new skills and knowledge for staff of VAN services and other health services that deliver VAN responses, and also to contribute to practice-based knowledge for the sector.
- Promoting the movement of VAN specialist staff across the LHD or SHN through promoting secondments and rotations.

ECAV and **LHDs** or **SHNs** should address the following VAN service workforce training and professional development needs identified in the development of the Framework:

- training across all forms of violence, abuse and neglect and a focus on health issues that have a high association with violence, abuse and neglect and therefore particularly significant to integration, especially mental health and alcohol and other drug issues
- specialised training around complex needs or cohorts (e.g. children under 10 and children and young people 10 to 17 years old displaying problematic sexual behaviour or engaging in harmful sexual behaviour)
- training requirements and issues specific to certain LHDs and SHNs (e.g. availability of local training opportunities in rural and remote areas, adapting training for staff from non-English speaking backgrounds for LHDs and SHNs with a high culturally and linguistically diverse workforce)
- the development of combined training opportunities for staff of VAN services and other health services delivering VAN responses.

Other NSW Health workforce

Education, training and professional development for other NSW Health workers providing prevention and response to violence, abuse and neglect needs to focus on equipping staff to provide trauma-informed, integrated responses including: how to identify and respond to violence, abuse and neglect, particularly their role in establishing and maintaining safety; what VAN services are available and what their roles are; and how to refer and work collaboratively with VAN services. Evidence suggests that training the broader NSW Health workforce in violence, abuse and neglect has positive impacts, particularly improving knowledge and attitudes toward people experiencing violence, abuse and neglect, as well as improved clinical practices and behaviours.

ECAV will continue to develop and deliver the suite of training, resources and statewide forums to support the general health workforce in identifying and responding to violence, abuse and neglect (see Figure 23). This includes delivery of statewide training initiatives in Domestic Violence Routine Screening and Child Protection, as well as ongoing sexual assault and domestic violence training for Health Care Interpreter Services and Bilingual Community Education Programs.

HETI currently provide My Health online learning modules for child protection, domestic violence, Domestic Violence Routine Screening, and abuse of older people. In addition to ongoing promotion, review and development of these modules, the **Ministry of Health** should explore with HETI any additional VAN modules that could be developed for the broader NSW Health workforce.

LHDs and **SHNs** are to ensure wherever possible that prevention and response to violence, abuse and neglect are a significant and ongoing part of staff training and ongoing professional development, particularly for those services for whom these issues are especially relevant (mental health, alcohol and other drugs, maternity, child and family health, youth health, social work, emergency departments, Aboriginal health, and Community Health Centres). **LHDs** and **SHNs** will support their broader NSW Health workforce by:

- allocating resources for professional development and training of staff to assist in maintaining relevant knowledge and qualifications, including release of staff from normal duties to attend training and professional development on violence, abuse and neglect
- promoting intra-agency training within NSW Health to support better referrals, skill development and collaboration.
- promoting that other NSW Health workers are provided with appropriate training and professional development to assist them in their roles and to ensure people and their families have access to quality, skilled, competent, and non-judgmental services

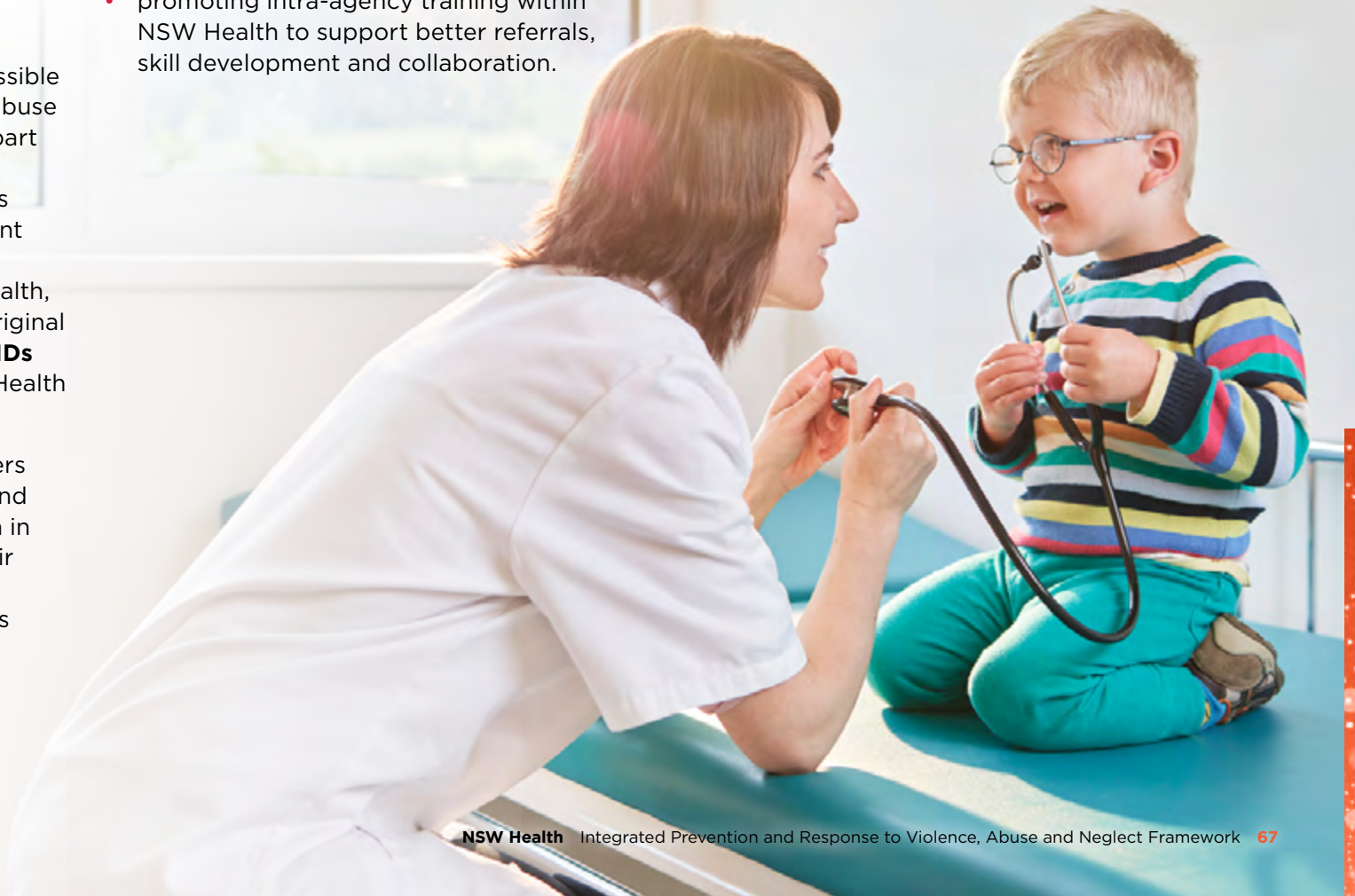


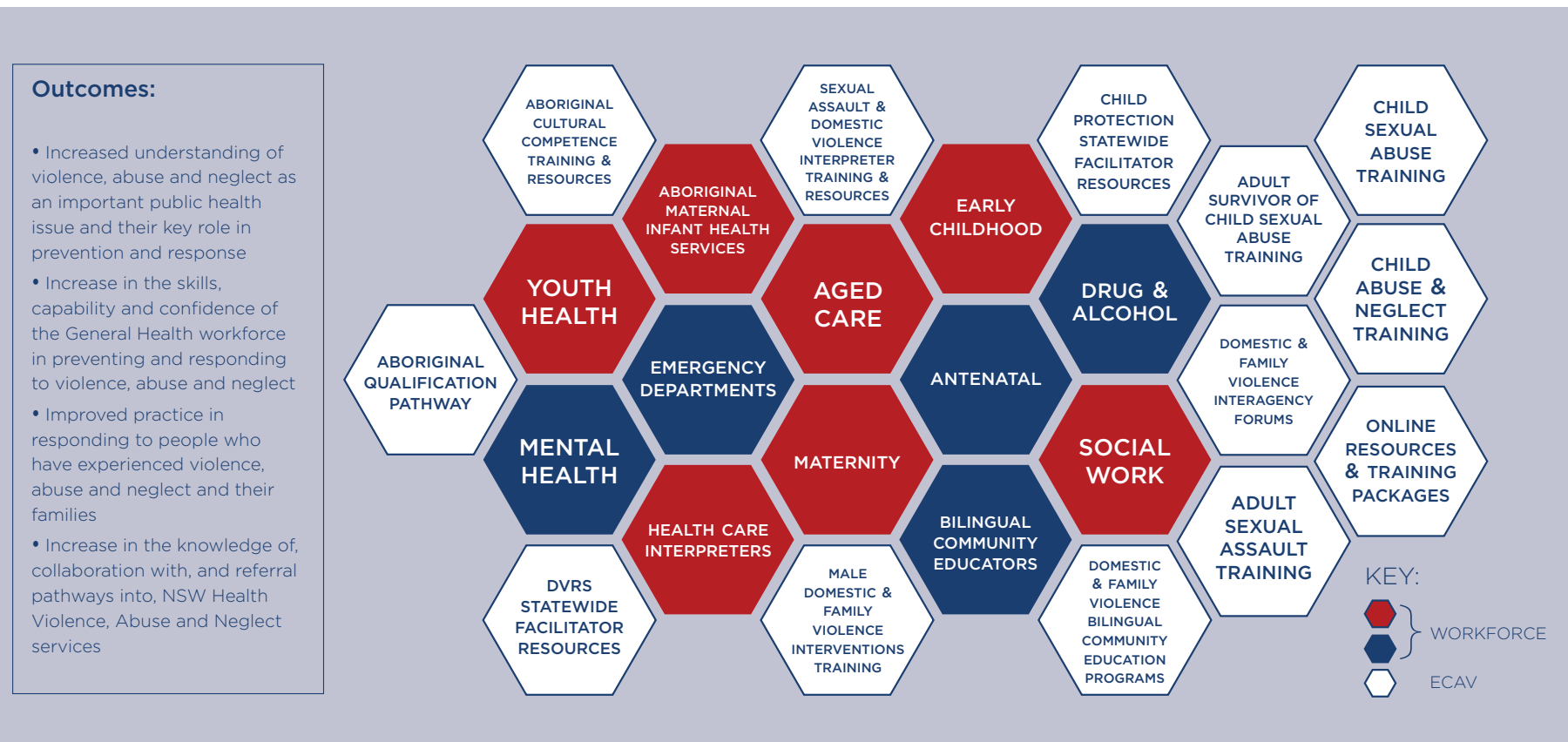
Figure 23: ECAV training for NSW Health general workforce

Enabling the NSW Health General Workforce to deliver a high quality Violence, Abuse & Neglect response



Face to Face training • Statewide Forums • Resources • Consultation

VIOLENCE, ABUSE & NEGLECT RESPONSE → SAFETY • COLLABORATION • EMPOWERMENT • CONTROL • RESPECT • BELIEF • CHOICE



PARTNERS → HEALTH, EDUCATION & TRAINING INSTITUTE (HETI) • AGENCY FOR CLINICAL INNOVATION (ACI) • EMERGENCY CARE INSTITUTE (ECI)

ECAV, HETI and **LHDs** and **SHNs** should address the following needs for the broader health workforce, which were identified during the development of this Framework:

- enough understanding of violence, abuse and neglect to follow up suspected incidences
 - initiating difficult conversations with patients
 - more information on child health and wellbeing, using the Mandatory Reporter Guide and knowing where to find resources
 - appropriate communication techniques and questions when dealing with violence, abuse and neglect
 - responding to the person and their emotional and psychosocial needs, particularly for those who are presenting with indicators of domestic and family violence or child abuse and neglect
 - trauma-informed care (particularly for Aboriginal and Torres Strait Islander populations and refugees)
 - NSW Health VAN services, referral pathways and ways of working together
 - the structure and function of interagency case coordination for violence, abuse and neglect (e.g. Safety Action Meetings)
 - staff safety and wellbeing when working with people who have experienced or who have perpetrated violence, abuse and neglect and their families
- training content targeted to emergency department staff
 - domestic and family violence-focused training for maternity, child and family health, mental health, drug and alcohol, and emergency department staff
 - support the training of Junior Medical Officers through targeted training.

Strategic priority 2.2 - Making it happen

- The **Ministry of Health** and **ECAV** in collaboration with **LHDs** and **SHNs** and **HETI** will develop and implement a *NSW Health Competency and Training Framework for Preventing and Responding to Violence Abuse and Neglect*.
- **ECAV** will explore opportunities to build higher education support for a violence, abuse and neglect curriculum with **HETI**.
- The **Ministry of Health** will ensure that learning pathways for VAN service workers are developed and communicated in all VAN service strategies, policies and procedures.
- **ECAV** and **HETI** will continue to deliver and further develop a suite of education, training and professional development for both VAN service workers and the broader health workforce.
- **LHDs** and **SHNs** will enable staff to access education, training and professional development opportunities, as well as flexible learning opportunities to acquire, maintain and build the necessary knowledge, skills, attitudes and values to recognise violence, abuse and neglect and to take effective action appropriate to their role.

Strategic priority 2.3: Health workers receiving appropriate supervision and support

A system-wide culture of supervision and staff support alongside other supportive workplace practices (e.g. flexibility, autonomy, variety of work) is essential for ensuring the quality, consistency and effectiveness of service responses and clinical practice. It also contributes to workforce health and safety, staff retention, and preventing and mitigating the effects of vicarious trauma (Royal Commission into Institutional Responses to Child Sexual Assault, 2017).

Supervision and workforce support

Supervision has the following three main functions (Health Education and Training Institute, 2012):

- Educational: meeting the developmental needs of the worker by providing knowledge and skills, developing capacity for self-reflection and self-awareness, and integration of theory and practice. This can include identifying learning needs and supporting access to training within the scope of their practice.
- Support: ensuring the worker is supported in managing the challenges of the work, addressing personal impacts, developing a professional identity and sustaining morale.

- Administrative: providing accountability, role clarity, management of workloads, addressing organisational issues, and for building and retaining a strong and accountable workforce.

Supervision also has two main forms: line management and clinical supervision.

LHDs and **SHNs** are encouraged to streamline line management and reporting structures for VAN services at the local level to ensure there is appropriate oversight and support. Staff in these services should report to managers with expertise in their content and clinical area who understand trauma and the complex presentations that staff may face as part of the work. These managers should ensure appropriate and diverse caseloads. Appropriate line management is seen by staff working in VAN services as a key factor for staff retention.

These supervision arrangements also need to extend to staff who work on-call, providing both VAN crisis response services and other relevant crisis services (e.g. social work), so that these workers are supported by health professionals who understand the dynamics of violence, abuse and neglect, and what constitutes an appropriate response. As noted above, these arrangements should take into account the recommendation that there be formal alignment of line management reporting and VAN program direction in the organisational structure (e.g. dual reporting by staff specialists providing

medical and forensic examinations to their medical director and VAN program manager, and dual reporting by social workers to allied health manager and VAN program manager).

Alongside good line management, clinical supervision is important for both VAN services workers and other NSW Health workers to underpin effective practice, to meet the needs of clients and for building and retaining a strong workforce. Clinical supervision supports workers to reflect on their professional practice and build their skills in working with complex issues of violence, abuse and neglect. It promotes awareness of the impact of vicarious trauma and vicarious resilience that results from working with people who have experienced violence, abuse and neglect and their families, and promotes the development of strategies that strengthen worker and agency flexibility and resilience.

In addition to the high prevalence of violence abuse and neglect in the general population (see Section 2.1, there are many professionals, and in particular health workers, with their own histories of violence, abuse and neglect (McLindon et al., 2018). These personal experiences of violence, abuse and neglect may also intersect with the professional practice of NSW Health workers and their experiences of the impacts of the work, including vicarious trauma.

The **Ministry of Health** will provide clear policy direction on clinical supervision for VAN services to support LHDs and SHNs to help staff get equitable access to clinical supervision, particularly more experienced staff and those in rural and remote areas. This will include guidance around clinical supervision requirements and strategies, policies and procedures for vicarious trauma within VAN services.

The **Ministry of Health** and **ECAV** will work with **HETI** to incorporate guidance on clinical supervision of health staff who respond to violence, abuse and neglect into the [NSW Health Clinical Supervision Framework](#) and associated training and resources. This guidance will include models of clinical supervision as well as content on assisting staff in managing the challenges and the complexity of providing health responses in concert with multiple legal systems.

The **Ministry of Health** will develop and release a policy for NSW Health on vicarious trauma and vicarious resilience, and review and update other NSW Health policies on staff welfare to reflect knowledge and good practice in responding to violence, abuse and neglect.

LHDs and **SHNs** are to consider effective and regular clinical supervision to both their VAN service workers and other health workers with responsibilities for preventing and responding to violence, abuse and neglect. For other NSW

Health workers, LHDs and SHNs could encourage VAN services workers to provide this clinical supervision so as to both build the capacity of those services and build relationships that will support collaborative practice. Another option to consider is the establishment of dedicated violence, abuse and neglect clinical supervisor positions in LHDs and SHNs that provide a dedicated support and mentoring role to other health workers. This position could also be, but is not required to be, a clinical lead.

LHDs and **SHNs**, in partnership with senior staff, are encouraged to support clinical supervision arrangements for highly experienced staff who require more specialist development and support. This may be provided through a peer support program or through contracting an external provider for individual or group supervision. Where an external consultant is contracted to provide clinical supervision, the LHD or SHN is advised to ensure they are responsible to the VAN service manager or clinical lead for their work within the service. They will also provide consultation consistent with the policies and procedures of the services and NSW Health, with particular attention to [Child Wellbeing and Child Protection Policies and Procedures for NSW Health](#); [NSW Health Code of Conduct](#); [Managing Misconduct](#); [Child Related Allegations, Charges and Convictions against NSW Health Staff](#) and [NSW Health Policy on Managing Complaints and Concerns about Clinicians](#).

ECAV will continue to provide supervision and support for NSW Health clinicians in the Joint Child Protection Response Program. This consists of access to monthly individual and group supervision to enhance capacity to respond to a range of clinical presentations and manage the unique interagency complexities of these roles.

The **Ministry of Health**, **LHDs/SHNs** and **Pillars** will ensure they have a clear action plan to respond to vicarious trauma, that their employee assistance programs available to staff include counsellors who have expertise in violence, abuse and neglect or vicarious trauma, and that their managers and staff are supported to implement available workplace provisions, such as domestic violence leave, for staff who are experiencing violence, abuse and neglect.

The **Ministry of Health**, **LHDs/SHNs** and **Pillars** will support their managers to be trained in and implement supportive work practices, (e.g. flexibility, autonomy, variety of work) that are likely to increase staff retention and decrease vicarious trauma and burnout.

Professional consultation and support

In addition to supervision, less formal professional consultation and peer support arrangements may assist the NSW Health workforce to feel confident and supported in their role in prevention of and response to violence, abuse and neglect.

Professional consultation and support is provided by VAN services to workers across the NSW Health system and outside it with the aim of strengthening the capacity of other professionals to work effectively with people and their families who have experienced violence, abuse and neglect. The functions of this consultation include: to assist case analysis and problem solving with other workers; to build capacity in other services through sharing knowledge and encouraging reflection; and to support collaboration, such as where one service has the relationship or mandate with a person or family while the VAN service has expertise and knowledge that can contribute to their work. Such consultation is a key element of services provided by VAN services and contributes to the wellbeing of children, young people, adults and families in general, beyond specific VAN services clients.

The **Ministry of Health** will promote professional consultation, and support by VAN services to the broader NSW Health workforce remains an important part of integrated VAN service models (see also strategic priority 3.1) and VAN services strategies, policies and procedures. **LHDs** and **SHNs** will implement this component of the service model — specifically, supporting their VAN services to provide professional consultation and support functions and promoting this as a key element of service delivery.

LHDs/SHNs should also encourage across both VAN services and other NSW Health services: a culture of peer support; informal debriefing, including by providing appropriate forums for this debriefing and access for a range of staff (including for example Health Care Interpreters); and critical reflection.

LHDs and **SHNs** should release and support VAN staff to provide training to the rest of the health system to support responses to violence, abuse and neglect.

Several statewide initiatives are being pursued to assist in the provision of informal consultation and peer support services.

The **Ministry of Health** in partnership with the **Sydney Children's Hospitals Network** and **Hunter New England Local Health District** will continue with the development and implementation of support services for medical and forensic examiners. The Clinical Advice Sexual Assault and Child Abuse & Sexual Assault Clinical Advice Line (CASACAL) for doctors and nurses undertaking medical and forensic examinations of victims of sexual assault, child physical abuse, and neglect has been operating since February 2019. This 24/7 clinical advice line links clinicians in regional and rural areas or clinicians with less experience to consultants who are experts in this field for real-time professional advice and support to guide their service delivery.

The **ACI**, supported by the **Ministry of Health**, will develop a VAN clinical network for health workers. It will support and further develop clinical care practices for VAN services and other health services to improve the patient journey and will use co-design methodology and interagency partnerships and be informed by current evidence-based practice. This clinical network will play a vital role in developing evidence-based and innovative models of care for people and families who have experienced violence, abuse and neglect.

Strategic priority 2.3 - Making it happen

- **LHDs** and **SHNs** are encouraged to **streamline line management and reporting structures** for VAN services at the local level to ensure there is appropriate oversight and support for all violence, abuse and neglect responses, including on-call responses.
- The **Ministry of Health** and **ECAV** will work with **HETI** to incorporate guidance on clinical supervision of health staff who respond to violence, abuse and neglect into the NSW Health Clinical Supervision Framework and associated training and resources.
- The **Ministry of Health** will provide clear policy direction on clinical supervision for VAN services.
- The **Ministry of Health** will develop and release a policy for NSW Health on vicarious trauma and vicarious resilience and review, and update other NSW Health policies on staff welfare to reflect knowledge and good practice in responding to violence, abuse and neglect.
- **LHDs** and **SHNs** will ensure VAN service workers and other NSW Health workers are provided with consistent, regular clinical supervision for violence, abuse and neglect as is appropriate for their role.
- The **Ministry of Health, LHDs/SHNs** and **Pillars** will ensure that they have a clear action plan to respond to vicarious trauma, that their employee assistance programs have the skills to respond to violence, abuse and neglect and vicarious trauma, and that their managers and staff are supported to implement available workplace provisions for staff who are experiencing violence, abuse and neglect, as well as to implement workplace practices likely to increase staff retention and decrease vicarious trauma.
- The **Ministry of Health** will include professional consultation and support as a key component of VAN service models and **LHDs** and **SHNs** will ensure this is provided by VAN services across the health system.
- The **Ministry of Health**, in partnership with the **Sydney Children's Hospitals Network** and **Hunter New England Local Health District**, will continue the development and implementation of the Clinical Advice Sexual Assault and Child Abuse & Sexual Assault Clinical Advice Line (CASACAL).
- The **Agency for Clinical Innovation**, supported by the **Ministry of Health**, will develop a VAN clinical network for NSW Health workers.

Objective 3: Expand Violence, Abuse and Neglect (VAN) services to ensure they are coordinated, integrated and comprehensive

What success looks like

1. Local models of care are developed for integrated VAN services across the state that provide: comprehensive and coordinated client services with 24-hour crisis counselling, medical and forensic services, and a clear pathway to a psychosocial response for all types of violence, abuse and neglect; professional consultation and support; systems advocacy; and community engagement, education and prevention.
2. VAN services are enhanced and expanded so that people and families receive a comprehensive, coordinated, integrated, and appropriate service response to all forms of violence, abuse and neglect in a timely manner, regardless of where they live, who they are, and how complex their needs are.
3. VAN service delivery is based on the best available evidence and standardised policy and processes, and supports flexibility to meet people's unique needs. The result is that, no matter where in NSW people who have experienced violence, abuse and neglect and their families present to the NSW Health system, they receive a similar, good quality and comprehensive service response that addresses their health, safety and wellbeing needs appropriately.
4. VAN services are focused on improving the patient journey, involving people and their families at every step, and valuing their experience. All people and families who have experienced violence, abuse and neglect have the opportunity to provide feedback on their experience of care and this information is used to drive improvement.

The **Ministry of Health has provided initial funding enhancements** to LHDs and SHNs from the NSW Health VAN Redesign and Planning Project (now the VAN Redesign Program) to: fill critical gaps in the provision of 24-hour integrated psychosocial, medical and forensic services across all forms of violence, abuse and neglect; coordinate NSW Health system support to the Joint Child Protection Response Program out of business hours; and provide enhanced clinical leadership for New Street Services. The Ministry has also identified future priorities for enhancement as: children and young people displaying problematic sexual behaviours or engaging in harmful sexual behaviours; and increasing the Aboriginal health workforce in VAN services.

The initial funding enhancement was also intended to support LHDs and SHNs to work in partnership with the Ministry of Health in the Project to review existing local service delivery and identify system reforms and service improvements that would optimise the use of the new funding. Following on from this, a key part of the partnership and of phase one of the Project is for LHDs and SHNs to apply what has been learned from this project to date to local contexts.

LHDs and **SHNs** will undertake a process of local implementation of redesign, including system reforms and service improvements identified in this Framework. This implementation should maximize the use of additional workforce and other resources in response to local needs and with guidance from the Framework. LHDs and SHNs may take up additional optional support being offered by the ACI to support this local redesign implementation. A self-assessment tool for LHDs and SHNs to support local implementation will also be provided to LHDs and SHNs by the **Ministry of Health**.

The **ACI**, with support from the **Ministry of Health**, will undertake a change management project in collaboration with **LHDs** and **SHNs**. The change management project will include developing recommended governance structures and statewide and local models of care to promote service integration between NSW Health VAN services.

In expanding VAN services, including the implementation of integrated VAN service models (strategic priority 3.1) and improved patient journey (strategic priority 3.4), **LHDs** and **SHNs** will base their models of service delivery on the seven system design principles at Section 3.2.

Strategic priority 3.1: Integrated VAN service models

Implementation of local service redesign and enhancements to services, which in many cases will mean the establishment of new services (see strategic priority 3.2), will require LHDs or SHNs to further develop and implement their local VAN service model or models. In addition to the guidance provided by the various elements of the Framework (e.g. service design principles) to assist in local implementation, a good practice VAN service model is provided below. It demonstrates an application of the Framework in practice.

This good practice integrated VAN service model is not meant to be prescriptive, nor is it meant to imply that LHDs or SHNs must fully integrate their services. While the Framework does require integration, this can occur across the following five levels through a staged process or advanced as opportunities arise at each level:

1. strategic and planning
2. policy development and implementation
3. workforce development and training
4. organisational structure
5. service delivery.

Further, integration can occur along a continuum. For some services, full integration (e.g. a single integrated service that responds to all forms of violence, abuse and neglect) may be the best model to meet local needs and population demands, while for other services, partial integration (e.g. separate VAN services with integrated elements such as a common governance and policy, joint collaborative practice, and consistent but separate service delivery models) may be a better fit. What the good practice integrated VAN service model provides is key elements of a VAN service model that can be adapted in the development of service models in fully or partially integrated approaches.

It is also important to note that some VAN services, for example Sexual Assault Services, already provide some level of integrated service delivery and so may be more easily able to adapt to the directions in the Framework. For other areas, however, such as those responding to child physical abuse and neglect, service delivery in some LHDs straddles VAN services for psychosocial responses and other health services (e.g. paediatricians) for medical and forensic responses. For these services, integration of service delivery calls for a greater change to practice that needs to be accommodated in the change management process.

Regardless of whether LHDs or SHNs adopt full or partial integration or an immediate or staged approach in their implementation of the Framework, local implementation and development of integrated service models should, at a minimum, include in the first instance across all VAN services, service streams, or teams with the following elements:

- a common vision and shared goals and principles that are clearly articulated and transparent
- shared language and good formal and informal communication
- practices guided by principles relating to respect, confidentiality, privacy and safety
- a high level of trust in each other's knowledge and expertise (Breckenridge et al., 2015, p. 12, Mulrone, 2003; Potito et al., 2009; WHO, 2016).

Good practice integrated VAN service model

Timely access to a comprehensive, coordinated and integrated service response is critical for people and families who have experienced violence, abuse and neglect. This response involves providing a high quality and timely 24-hour integrated crisis counselling response to all cohorts of people who have experienced violence, abuse and neglect and their families and a timely medical and forensic response when it is needed. People and families must also have access to ongoing therapeutic responses to address their trauma, as well as other psychosocial support such as casework, information, and court preparation and support as appropriate.

NSW Health needs to provide people and families with services that are focused foremost on physical and psychological safety. A response that addresses, at a minimum, a person's health, safety and wellbeing must always be provided, irrespective of whether a statutory or justice

response is being pursued. Responses must be accessible, flexible, individualised, culturally safe and appropriate, and based on evidence and best practice. Services should also promote respect, dignity, hope, and optimism, and seek to enhance people's connection to their family (where appropriate) and community.

A good practice model of VAN services that adopts a public health approach to violence, abuse and neglect, and ensures integration and support across VAN services and the broader NSW Health system (see objective 2), extends beyond solely providing client services. The key components of an integrated VAN service model are provided in the diagram at Figure 24 and further detail is in the table at Figure 25. These components apply regardless of whether the actual service delivery is separate (e.g. Sexual Assault Service) or integrated (e.g. a VAN service responsible for all forms of violence, abuse and neglect).

Figure 24: Good practice integrated VAN service model to guide local implementation

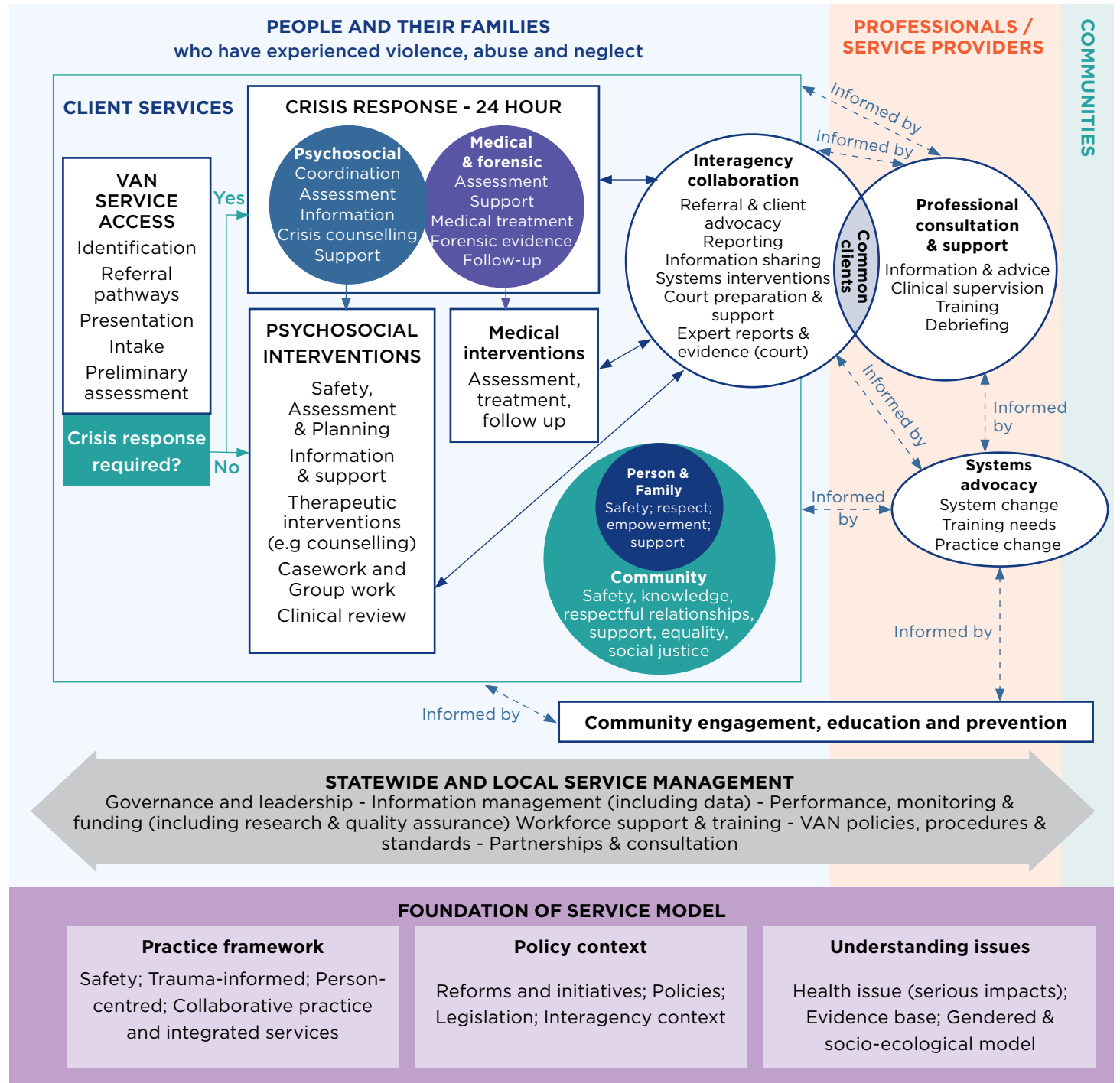


Figure 25: Key components of a good practice integrated VAN service model

Component	Purpose
Crisis response — a 24 hour service	<p>Psychosocial service responses to crisis including, but not limited to:</p> <ul style="list-style-type: none"> • a recent incident of violence, abuse and neglect through an integrated approach with medical and forensic services • a recent disclosure of violence, abuse and neglect, or • a crisis for the person who has experienced violence, abuse and neglect or their family which may be internal (e.g. suicidality) or external (e.g. serious safety risk from the perpetrator). <p>These responses include to:</p> <ul style="list-style-type: none"> • coordinate the overall care of the person and their family commencing with an initial assessment • provide crisis counselling, information, support and referral as appropriate.
Medical and forensic response — 24 hour service and post-crisis follow up	<p>The NSW Health role in providing a medical and forensic response to violence, abuse and neglect is primarily focused on the health, safety and wellbeing needs of the person. In the course of providing a medical response to address these needs, it may also be appropriate to collect forensic evidence to support an investigation or prosecution. Providing these forensic services alongside the medical response and by the same clinician helps to minimise the potential for re-traumatisation. This is because it is inappropriate for a person to have their medical and forensic needs met by different clinicians or by a clinician who is not qualified to provide a specialised, sensitive and trauma-informed response to violence, abuse and neglect.</p> <p>In this context, medical and forensic responses include, but are not limited to:</p> <ul style="list-style-type: none"> • providing information, support and reassurance in a trauma-informed manner • identifying medical treatment needs • providing a medical examination • providing a forensic examination (in conjunction with a medical examination). This involves collecting evidence for legal purposes, including criminal matters and child protection and care proceedings • responding to immediate health needs (e.g. post-coital contraception) and provide information and follow-up or referral options for other medical and health needs as appropriate • providing follow-up medical care after the crisis response. (While this is best practice, it may be subject to availability.)

Figure 25: Key components of a good practice integrated VAN service model (continued)

Component	Purpose
Psychosocial interventions – ongoing (post-crisis)	<p>Psychosocial interventions aim to minimise the immediate and longer-term impacts of violence, abuse and neglect. These may be provided internally to the VAN service or be a part of interagency collaboration within the broader health system or with partner agencies as is appropriate to the needs and wishes of the person and their family. Psychosocial interventions and interagency collaboration activities provided by VAN services may include (but are not limited to):</p> <ul style="list-style-type: none"> • assessment and planning, including safety planning • establishing and maintaining physical, emotional and cultural safety • therapeutic interventions including ongoing counselling • information and support – e.g. about the justice system or attending a police interview as a support person • casework and care navigation and coordination • client advocacy and systems interventions • group work.
Interagency collaboration	<p>Interagency collaboration may include, but is not limited to:</p> <ul style="list-style-type: none"> • referral • consultation and joint-working for particular cases • information sharing • systems interventions (specific case related) • reporting – e.g. child protection reporting • court preparation and support • Expert Certificates, other expert reports and evidence (attendance at court).

Figure 25: Key components of a good practice integrated VAN service model (continued)

Component	Purpose
Professional consultation and support	<p>Professional consultation and support to workers across the health system and with partner agencies may involve:</p> <ul style="list-style-type: none"> • information and advice • clinical supervision • training • debriefing and case discussions. <p>These activities aim to:</p> <ul style="list-style-type: none"> • assist case analysis and problem solving with other workers • build capacity in other services through sharing knowledge and encouraging reflection • support collaboration, such as where one service has the relationship or mandate with the child or young person, or family or carers, while the VAN service has expertise and knowledge that can contribute.
Systems advocacy	<p>Systems advocacy involves seeking to influence and change systems that impact on the health, safety and wellbeing of people who have experienced violence, abuse and neglect and their families. This could include:</p> <ul style="list-style-type: none"> • advocating for systems change such as change to a particular policy or interagency practice • identifying system or service-wide training needs • practice change.
Community engagement, education and prevention	<p>Provision of broader activities with communities (rather than individuals and families) that aims to prevent violence or minimise its impact. This may include:</p> <ul style="list-style-type: none"> • community engagement that works collaboratively with particular communities and their leaders to address issues affecting the health, safety and wellbeing of that community that is related to violence, abuse and neglect • community education, which might involve awareness raising (such as public or media campaigns, or public presentations) that provides information about violence, abuse and neglect such as its dynamics and impacts. This can be at a community, region, state, or national level • prevention strategies that seek to stop violence, abuse and neglect before it happens (e.g. working with other health services to reduce evidence-based population-based risk factors for violence, abuse and neglect). Prevention work can take place at the individual, relationship, community and societal levels.

The **Ministry of Health** will ensure that the key elements of the good practice integrated VAN service model are included in service models for VAN services in NSW Health strategies, policies and procedures.

The **ACI** will use the good practice integrated VAN service model as a foundation to develop models of care and support local implementation of integrated VAN service models.

LHDs and **SHNs** will develop and implement local models of integrated VAN services guided by the Framework, including the good practice integrated VAN service model. These service models will be resourced appropriately to deliver all elements of the VAN service model; will include clearly defined pathways to provide access and coverage; deliver 24-hour crisis counselling and medical and forensic responses for all violence, abuse and neglect cohorts, no matter where they live; and will provide a clear pathway from crisis to ongoing psychosocial interventions that meet the needs, preferences and values of people accessing NSW Health services. Alongside client services, an integral component of these local VAN service models will be professional consultation and support, systems advocacy, and community engagement, education and prevention.

As part of Phase 2 of the NSW Health VAN Redesign Project, integrated service models of care for responding to violence, abuse and neglect across the whole NSW Health system will be considered.

Strategic priority 3.1 - Making it happen

- The **Ministry of Health** will provide LHDs and SHNs a self-assessment tool to support local implementation of redesign.
- The **ACI**, with support from the **Ministry of Health**, will undertake a change management project in collaboration with **LHDs** and **SHNs** to help support local implementation. This will include the development of models of care that take into consideration the good practice integrated VAN service model.
- The **Ministry of Health** will ensure that the key elements of the good practice integrated VAN service model are included in service models for VAN services in NSW Health strategies, policies and procedures.
- **LHDs** and **SHNs** supported by initial funding enhancements from the **Ministry of Health** will undertake a process of local implementation of redesign, including system reforms, service improvements and the development of local VAN service models guided by the Framework. These include the good practice integrated VAN service model. In local VAN service models LHDs and SHNs will, at a minimum, provide: client services with a 24-hour crisis counselling, medical and forensic services, and a clear pathway to a psychosocial response for all types of violence, abuse and neglect; professional consultation and support; interagency collaboration; systems advocacy; and community engagement, education and prevention.

Strategic priority 3.2: Enhancement and expansion of VAN services

Recent NSW Government funding initiatives, including the VAN Redesign Project and the NSW Government's response to the Royal Commission into Institutional Responses to Child Sexual Assault (the Royal Commission) (see Section 1.3.5), have significantly increased the resource base for NSW Health's VAN services. This funding is intended to increase the LHD's and SHN's resources for violence, abuse and neglect, and not as a substitute for existing funding sources.

The current policy context provides a unique, strategic opportunity to enhance and expand VAN services to ensure a more coordinated, integrated and comprehensive approach, with a particular focus on:

- increasing service capacity to meet demand
- supporting better access to services across the state, particularly in rural and regional areas, and
- expanding services to better respond to previously under-serviced cohorts (e.g. adult survivors of childhood sexual abuse, adult victims of domestic and family violence; children and young people displaying problematic or engaging in harmful sexual behaviour).

The \$10 million in Program funding that has been allocated to LHDs and SHNs from 2017-18 has been targeted initially at the provision of 24-hour integrated psychosocial, medical and forensic services for the three primary VAN cohorts (sexual assault, child abuse and neglect, domestic and family violence) and to enable LHDs and SHNs to partner on the redesign project.

During 2018-19, **LHDs** and **SHNs** will commence recruitment of permanent clinical staff to provide responses where staffing gaps have been identified. Specifically, this funding will be used by LHDs and SHNs to fill service gaps to ensure that coordinated, integrated and comprehensive psychosocial, medical and forensic services are provided to victims of: sexual assault (adult and child); domestic and family violence; and child physical abuse, neglect and exposure to domestic and family violence.

In the expansion and establishment of services, LHDs and SHNs will address access and equity issues including, but not limited to:

- developing clearly defined and adequately resourced pathways — for example transportation options for people who present to locations where there is no medical and forensic response available

- extending the reach of services — for example, by exploring outreach options and extending the standard operating hours of non-crisis psychosocial interventions beyond normal business hours
- ensuring VAN services are culturally safe and culturally competent in accordance with the [NSW Aboriginal Health Plan 2013-2023](#)
- undertaking ongoing participatory planning that involves input from the community and key stakeholders and draws on VAN service client demographic data to develop appropriate procedures and strategies with and for locally identified priority populations.

To support service expansion responding to domestic and family violence, and alongside the development of statewide policy (objective 1) and workforce initiatives (objective 2) the **Ministry of Health** and **ECAV** are undertaking a specific project to develop a NSW Health domestic and family violence integrated psychosocial, medical and forensic model. This model is expected to be modelled on the approach currently provided by NSW Health Sexual Assault Services.

The expansion of services for victims of domestic and family violence is also being supported by a Commonwealth Department of Social Services grant of \$600,000 over four years from 2015-16 to 2017-18 under the National Initiatives Program to trial a local support coordinator to help women who are experiencing domestic and family violence to navigate the service system by providing case management and facilitating the integration of the support service network.

New Street Services, which provide therapeutic intervention for children and young people aged 10-17 who have engaged in harmful sexual behaviour, are being expanded to provide statewide coverage with funding from the NSW Government's response to the Royal Commission, the VAN Redesign Program, and co-contributions to service establishment from LHDs. This will be achieved through the establishment of new services and enhancement of existing services to broaden their capacity and coverage. Project funding is supporting the establishment of two new services in Murrumbidgee LHD and Northern NSW LHD, with funding co-contributions from those LHDs. It has also enabled the Sydney Children's Hospitals Network to establish a new position to provide additional clinical leadership to New Street Services across the State. Funding from the NSW Government's response to the Royal Commission to establish new services and

enhance existing services over the next four years from 2018-19 will enable NSW Health to complete its expansion and deliver New Street Services across the state.

Further, NSW Health will use Royal Commission response funding to develop a shared approach across community and government to reducing problematic and harmful sexual behaviour in children and young people and to improve access to specialist therapeutic responses for children under 10 years old who are displaying this behaviour. Alongside these service enhancements, the **Ministry of Health**, in consultation with the **LHD** or **SHN** Tier 2/3 senior executives with responsibility for VAN services, have identified that Sexual Assault Services will take lead responsibility in responding to children under 10 displaying problematic or harmful sexual behaviours, regardless of whether that child is not known or suspected to have been a victim of sexual assault. This will help to improve the provision of coordinated and integrated services for this cohort of children.

NSW Health will also use Royal Commission funding to:

- improve access to specialist sexual assault services through expanded clinical outreach and community development activities
- develop a service model to provide integrated specialist trauma counselling and case

management support (including alcohol and other drug and mental health support) for adult survivors of child sexual abuse who have complex needs

- improve access to community support services for male survivors of child sexual abuse through a tender process that will engage an organisation to provide specialist trauma-specific counselling and holistic support services to address the range of adult male survivors' support and therapeutic needs.

For children and young people who have experienced violence, abuse and neglect and their families, the **Ministry of Health** will expand the referral pathways into Child Protection Counselling Services as part of the forthcoming policy and procedures for that VAN service. This will expand service delivery by enabling children in the statutory child protection system to be referred from identified Health and NGO workers and agencies in addition to Family and Community Services.

The **Ministry of Health**, in partnership with the **LHDs** and **SHNs** and in consultation with Their Futures Matter, is exploring options to enhance the Out of Home Care Health Pathways program and improve healthcare responses to vulnerable children and young people, particularly those involved in the statutory out of home care system.

Strategic priority 3.2 - Making it happen

- The **Ministry of Health** will provide funding allocations to LHDs and SHNs that include clear terms and conditions requiring LHDs and SHNs to use this new funding to increase their resourcing base for VAN services, and not substitute for existing funding sources. Funding will be contingent on meeting deliverables about the timely establishment and ongoing operation of the new and enhanced services with fidelity to relevant NSW Health VAN strategies, policies and procedures as well as the principles and objectives in the Framework.
- **LHDs** and **SHNs** will commence recruitment of permanent clinical staff to provide responses where gaps have been identified. Specifically, this funding will be used by LHDs and SHNs to ensure coordinated, integrated and comprehensive psychosocial, medical and forensic services are provided to victims of sexual assault (adult and child), domestic and family violence, and child physical abuse and neglect and exposure to domestic and family violence, and their families and communities.
- **LHDs** and **SHNs** will maintain **VAN** service positions through active recruitment and proactive succession planning.
- The **Ministry of Health** and **ECAV** will develop a NSW Health domestic and family violence integrated psychosocial, medical and forensic model to support the expansion of services to this cohort that are modelled on the NSW Health Sexual Assault Service approach.
- The **Ministry of Health** will work in partnership with **LHDs** and **SHNs** to implement several service expansions and establishments as part of the NSW Government's response to the Royal Commission.
- The **Ministry of Health** will expand the referral pathways into Child Protection Counselling Services as part of the forthcoming policy and procedures for that VAN service.



Strategic priority 3.3: VAN services quality improvement, consistency and reducing clinical variation across NSW

Alongside the larger reforms to the VAN service system, such as implementation of integrated models of care and enhancement and expansion of VAN services, a range of initiatives to improve the quality of these services and reduce clinical variation across NSW are in train. These aim to help ensure that service delivery is based on the best available evidence and that, no matter where in NSW people and their families present to the NSW Health system, they receive a similar, good quality and comprehensive service response that addresses their health, safety and wellbeing needs appropriately.

The **Ministry of Health** will review and update the NSW Health Guide to the Role Delineation of Clinical Services to incorporate the expanded range and scope of VAN services that **LHDs** and **SHNs** will be funded to deliver. This will reflect the good practice Integrated VAN Service Model provided above. Each **LHD** or **SHN** will use this guide to plan and deliver clinical services to the level appropriate to meet the needs of the relevant population in their catchment area.

As part of Phase 2 of the Project, the Ministry of Health will consider potential amendments to the role delineation of other NSW Health services that have identified responsibilities for preventing and responding to violence, abuse and neglect (e.g. emergency departments, mental health, and alcohol and other drugs) to better reflect an integrated response.

As briefly noted in objective 1, the **Ministry of Health** is producing *Violence, Abuse and Neglect Service Standards (the Standards)*. There will be a total of 10 standards, each identifying client need, service responsibility, and performance criteria. There is also an accompanying *Quality Improvement Plan* pro forma. These standards will:

- provide LHDs and SHNs with a tool to improve consistency across service provision
- define the minimal, acceptable level of service delivery provided by VAN services
- facilitate service users receiving a consistent and high-quality service
- support continuous review and improvement of services.

LHDs and **SHNs** are to ensure processes are in place to implement the *Standards* and to demonstrate compliance as well as mechanisms for monitoring and review. The **Ministry of Health** will support and assist LHDs and SHNs to implement the *Standards* and ensure the *Standards* remain current and relevant. The Ministry also has a key role in working with interagency partners to support the delivery of services within a broader system of coordinated care.

The **Ministry of Health**, with extensive involvement and input from clinical advisors and other experts in the relevant fields, is reviewing and updating, and in some circumstances producing new medical and forensic protocols for all forms of violence, abuse and neglect. These will help to support the VAN service medical and forensic workforce and will standardise medical and forensic responses to violence, abuse and neglect across the state. This will include:

- Medical and Forensic Examination Records (MFER) for victims of sexual assault over the age of 16 years (and for some 14 and 15-year-old young people where appropriate)

- developing Early Evidence Kits (EEKs), including policy advice to guide their use. EEKs are forensic kits that contain resources and instructions to allow people who have experienced sexual assault to self-collect samples. Their use is limited to a small number of cases, when there is going to be a delay to the full sexual assault medical examination and forensic evidence may be lost. The EEK becomes part of the Sexual Assault Investigation Kit (SAIK) once the medical and forensic examination has been undertaken.
- reviewing and updating the Suspected Child Abuse and Neglect (SCAN) protocol and the Child Sexual Assault Protocol for children under 16 years old
- developing a new medical and forensic protocol for victims of domestic and family violence.

LHDs and **SHNs** will require medical and forensic clinicians to use the standard NSW Health medical and forensic protocols as appropriate to the circumstances of the presentation in accordance with NSW Health policy.

A Memorandum of Understanding has been developed between the NSW Police Force, NSW Ministry of Health and the NSW Health Pathology, Forensic and Analytical Science Service (FASS) to enable the provision of summarised SAIK results from FASS to NSW

Health for quality assurance processes. The distribution of summarised SAIK results will provide medical and forensic examiners with feedback regarding their specimen collection and identify if there has been deviation from accepted collection techniques. The reports may assist in identifying potential training and professional development needs. The **LHD** or **SHN** medical leads should use this information for service and practice level quality assurance and development.

The **Ministry of Health** is undertaking a joint evaluation of Child Protection Counselling Services (CPCS) and a review of Whole Family Teams (WFT) in response to a recommendation of the Independent Review into Out of Home Care, 2016 (the Tune Review). The Tune Review recommended that the two services should combine resources to better address the needs of the whole family, particularly the child, and to provide clinical interventions for trauma, drug and alcohol, mental illness and domestic violence, including offender behaviour change. The goal of the review is to enhance the CPCS and WFT response to the complex and multiple needs of vulnerable children and families. The review has three key deliverables: 1) An evaluation of CPCS statewide; 2) a limited review of WFTs through a desktop audit and stakeholder consultation, focusing on how WFTs work with children, responding to domestic and family violence, and with Aboriginal and

culturally and linguistically diverse families and communities; and 3) respond to the Tune Review recommendation to combine resources, which may be through stronger alignment, new linkages or integration, depending on review findings.

The **Ministry of Health** and participating **LHDs** are involved in the Safe and Together Addressing Complexity (STACY) project. STACY is a national research and workforce development project, administered in New South Wales through a partnership between the University of Sydney and NSW Health. The project focuses on how health workers assess and manage the complexity of intersections of mental health, alcohol and other drug use and domestic and family violence, while maintaining a focus on domestic and family violence. STACY builds on previous research on improving responses to domestic and family violence in child protection services. It involves the internationally recognised Safe and Together model, and is supported through training workshops and supervision by the Safe and Together Institute in the United States. In New South Wales, STACY is delivered in Western Sydney Local Health District and the Central Coast Local Health District, and includes the Whole Family Teams, Child Protection Counselling Services and specialist mental health and alcohol and other drug health staff in both sites.

NSW Health funds Rape and Domestic Violence Services Australia (R&DVSA) to deliver 24-hour telephone and online counselling services for anyone in NSW impacted by sexual assault and face-to-face trauma counselling services in five women's health centres across NSW (one day per week in each) to women who experienced sexual assault in childhood. **Sydney Local Health District**, supported by the Ministry of Health, has contracted a review that examines the NSW Health-funded R&DVSA services in the context of the broader services provided by R&DVSA, and the role that R&DVSA services play in the wider service system for people suffering from violence, abuse and neglect, or who have other trauma or complex needs in the health and human services system. The review is to explore how R&DVSA functions against its established grant criteria and in light of international best practice evidence. It also will assess the patterns and systems of uptake, intake, referral and treatment; the effectiveness of data collection; and the effectiveness of its overall processes, including outcomes evident from existing data, opportunities for improvement in service delivery and the achievement and measurement of outcomes.

Strategic priority 3.3 - Making it happen

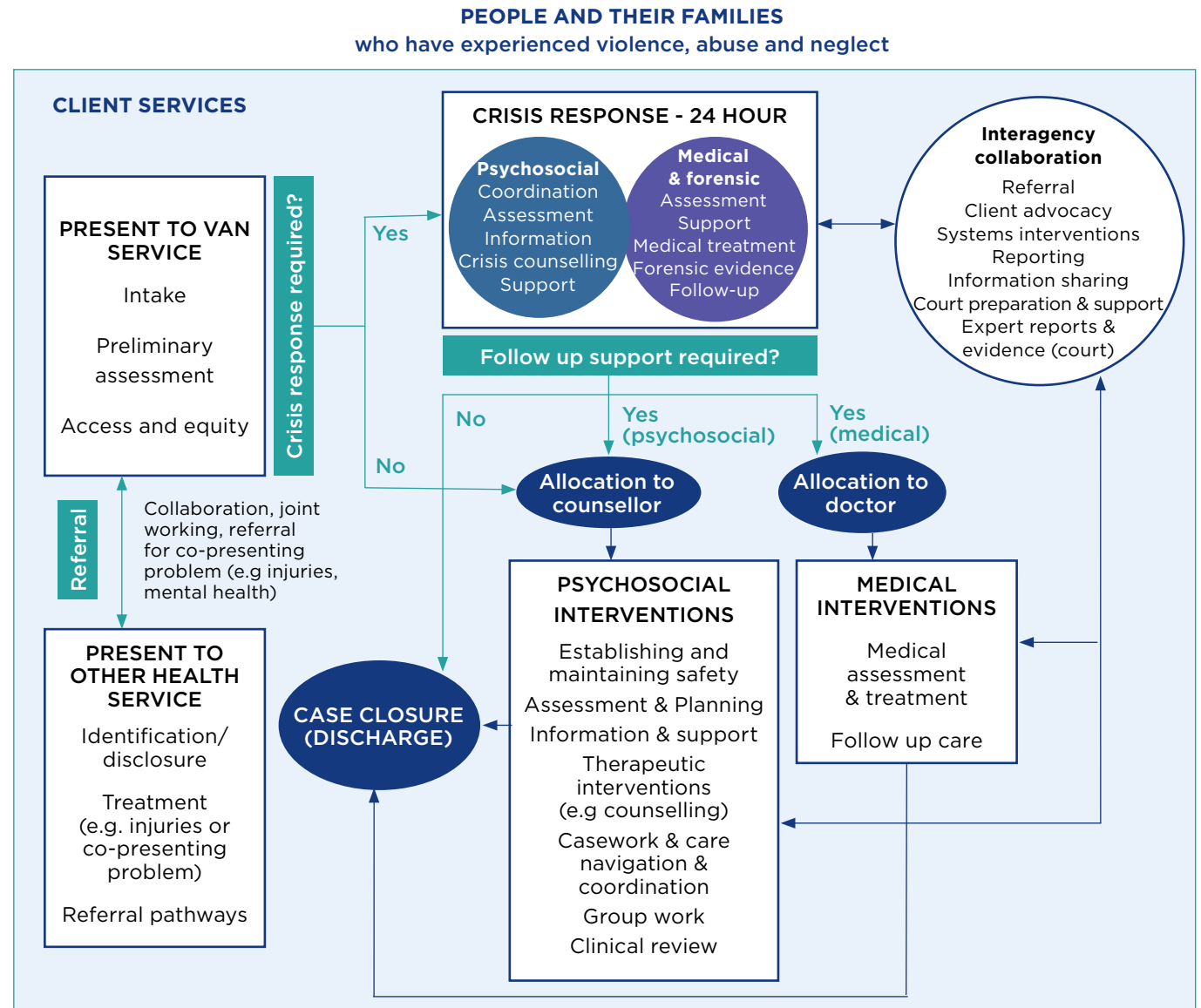
- The **Ministry of Health** will review and update the [NSW Health Guide to the Role Delineation of Clinical Services](#) to incorporate the expanded range and scope of VAN services that **LHDs** and **SHNs** will be funded to deliver. This will reflect the good practice Integrated VAN Service Model. Each **LHD** or **SHN** will use this guide to plan and deliver clinical services to the level appropriate to meet the needs of the relevant population in their catchment area.
- The **Ministry of Health** will produce *Violence, Abuse and Neglect Service Standards*. **LHDs** and **SHNs** will ensure that processes are in place to implement the standards and to demonstrate compliance as well as mechanisms for monitoring and review, with support from the **Ministry of Health**.
- The **Ministry of Health** will produce a suite of updated and evidence-based medical and forensic protocols for victims of all forms of violence, abuse and neglect.
- **LHDs** and **SHNs** will require medical and forensic clinicians to use NSW Health standard medical and forensic protocols as appropriate to the circumstances of the presentation and in accordance with NSW Health policy. They will also implement a quality assurance process for medical and forensic examinations.
- The **Ministry of Health** will continue to engage in several existing statewide or multi-region evaluation, quality assurance and service improvement processes with the involvement of the relevant **LHDs** or **SHNs**.
- **LHDs** and **SHNs** should identify and undertake local evaluation, quality assurance and service improvement activities for VAN services that are relevant to the unique needs of their region or focus population group.

Strategic priority 3.4: VAN services improving the patient journey and empowering people and families to be partners in their care

Improving the patient journey, engaging meaningfully, and empowering people and families to be partners in their care begins with VAN services and other health services having a good understanding of a patient’s journey through the NSW Health system.

It is useful for **LHDs** and **SHNs** to understand and map the patient journey in their local context with consideration to the journey through both VAN and other NSW Health services, as well as through non-government and statutory services, to help identify any service gaps, inform quality improvement, develop improved partnerships and avoid service duplication. To assist in this task a standard VAN client services pathway is provided in Figure 26 that can be adapted to local contexts. It is consistent with the good practice integrated VAN service model (strategic priority 3.1).

Figure 26: Standard VAN services client pathway



NSW Health has a strong commitment to improving the patient experience across all Health services under the NSW State Health Plan: Towards 2021 (NSW Health, 2018). The need to focus on the experiences of people and families who are accessing health services is also part of the accreditation process for LHDs and SHNs under the *National Safety and Quality Health Services Standards, Partnering with Consumers Standard*.

The importance and value of involving the patient, carer and family in health care planning and decision-making, and providing person-centred care, is recognised in the literature and in state, national and international health care policies. The evidence shows that consumer participation leads to better quality of care, improved health outcomes and more accessible and effective health services. Consumer participation in health care occurs at different levels (Agency for Clinical Innovation, 2015):

- individual level: shared decision-making between consumers and clinicians in health care planning, treatment and management
- service level: consumers participating as part of a team in health service design and quality improvement.

The literature also highlights the diversity of consumer perspectives and the need to use multiple engagement strategies and approaches, particularly but not only for priority populations and vulnerable groups (NHMRC, 2006 cited in Sarrami, Foroushani, et al., 2012).

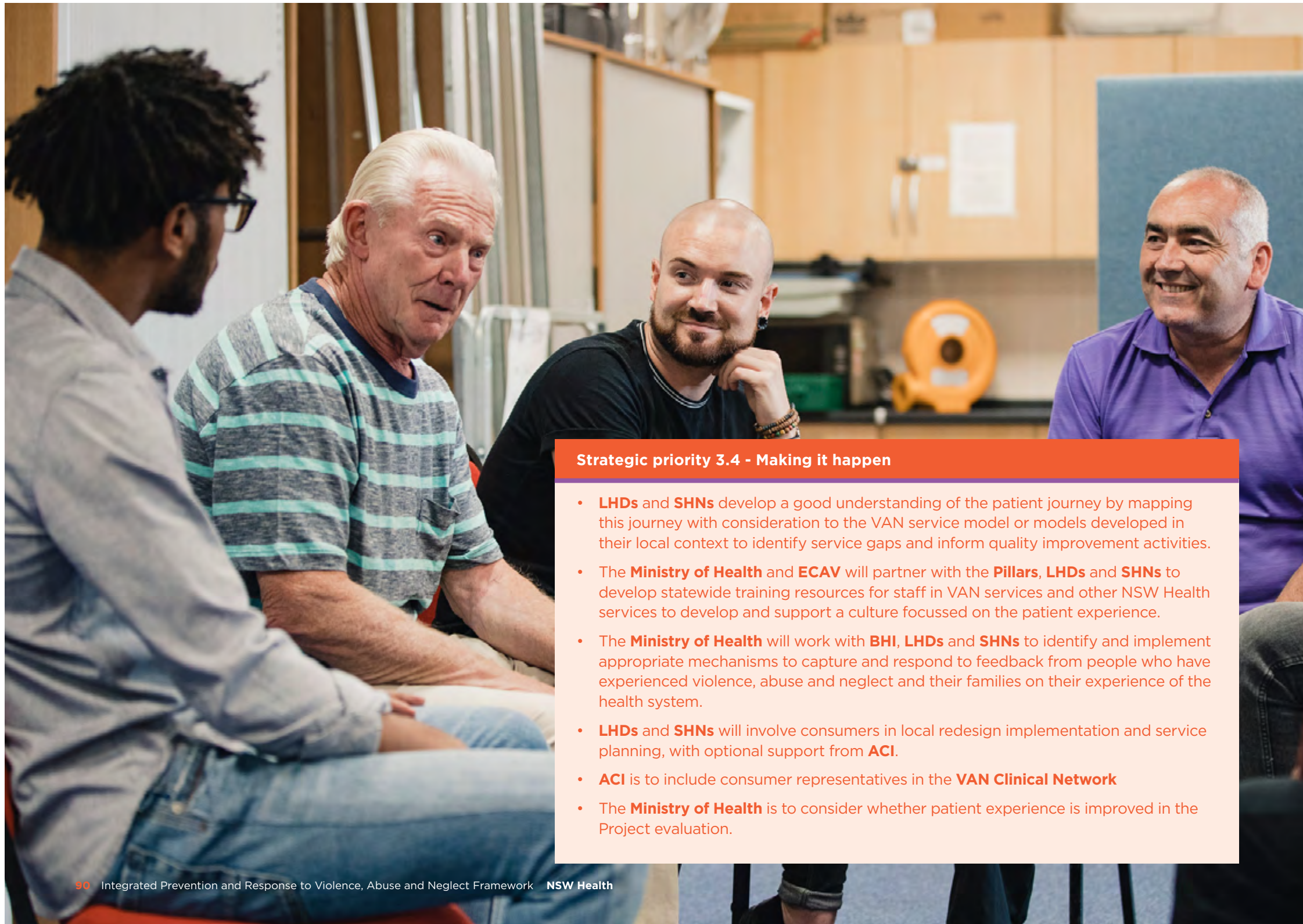
There are unique considerations for public health organisations in adapting systems to partner with people who have experienced violence, abuse and neglect, and their families, who comprise a vulnerable cohort of clients and patients. They are frequently in crisis upon presentation and are at risk of experiencing secondary (systems-caused) trauma if their contact with institutions such as NSW Health does not address their needs for belief, validation and support. At the same time, NSW Health services have the opportunity to provide a high quality, prompt and non-judgemental initial response that facilitates engagement in an integrated patient journey to aid recovery and promote safety, good health and wellbeing in both the short and long-term.

The particular vulnerabilities of the cohorts addressed in this Framework need to be factored in when selecting appropriate approaches for obtaining client feedback. For example, large scale patient surveys that are administered well after care was delivered

may cause re-traumatisation or violate the desire for privacy and confidentiality in accessing VAN services. Real time client feedback systems for the relatively small cohorts accessing VAN services may also impede people's privacy or desire for anonymity.

Improving the NSW Health system experience of people and families who have experienced violence, abuse and neglect requires a significant and sustained commitment by health services. All staff in VAN services and other NSW Health services need to be clear about their roles and responsibilities in promoting and delivering positive experiences of care. They also need guidance and support from the system in how to achieve this.

The NSW Health Pillars collectively provide considerable support for health services to partner with consumers at the three different levels of engagement: individual, service and system level. This support, however, tends to focus on consumers of the broader NSW Health system, and not people who have experienced violence, abuse and neglect and their families. There is an opportunity for the **Pillars**, in partnership with **Ministry of Health** and **ECAV**, to use the Framework to tailor their supports to reach the vulnerable cohorts who have experienced violence, abuse and neglect.



Strategic priority 3.4 - Making it happen

- **LHDs** and **SHNs** develop a good understanding of the patient journey by mapping this journey with consideration to the VAN service model or models developed in their local context to identify service gaps and inform quality improvement activities.
- The **Ministry of Health** and **ECAV** will partner with the **Pillars, LHDs** and **SHNs** to develop statewide training resources for staff in VAN services and other NSW Health services to develop and support a culture focussed on the patient experience.
- The **Ministry of Health** will work with **BHI, LHDs** and **SHNs** to identify and implement appropriate mechanisms to capture and respond to feedback from people who have experienced violence, abuse and neglect and their families on their experience of the health system.
- **LHDs** and **SHNs** will involve consumers in local redesign implementation and service planning, with optional support from **ACI**.
- **ACI** is to include consumer representatives in the **VAN Clinical Network**
- The **Ministry of Health** is to consider whether patient experience is improved in the Project evaluation.

Objective 4: Extend the foundations for integration across the whole NSW Health system

What success looks like

1. Children, young people and their families experience care across the NSW Health system that is trauma-informed and responsive to their needs.
2. All NSW Health organisations are child safe and take deliberate steps to create and embed workplace cultures, adopt strategies and take actions to promote child wellbeing and prevent harm to children and young people.
3. Phase 2 of the NSW Health VAN Redesign Project is built on the foundation of the evidence base and partnerships from existing NSW Health programs and responses to violence, abuse and neglect across the NSW Health system.

In a public health approach to violence, abuse and neglect, NSW Health services other than identified VAN services play a critical role in preventing, identifying, and responding to violence, abuse and neglect. Phase 2 of the VAN Redesign Project will build on the foundation established by the Framework to broaden the focus to integrated responses across the NSW Health system as a whole and with partner agencies.

Strategic priority 4.1: System improvement – trauma-informed care and child-safe organisations

Trauma-informed care

Trauma-informed care is a key concept for effective practice that underpins integrated responses to violence, abuse and neglect across the health system. It is also a core organising principle for the Framework. The **Ministry of Health**, in collaboration with the **ACI** is developing an Integrated Trauma-Informed Care Framework (the ITIC Framework) that will assist all NSW Health Services to understand, identify, and respond to trauma in the context of providing health services to vulnerable children, young people and their families, particularly those involved in the statutory child protection system. Once the ITIC Framework has been implemented, it is anticipated that vulnerable children and young people will have better experiences of health services and improved health outcomes. It is also expected there will be:

- reduced potential for re-traumatisation of children and young people as they interact with the NSW Health system and reduced potential for social and economic costs associated with re-traumatisation
- reduced duplication and waste in the delivery of health services to vulnerable children and young people

- increased coordination and integration of health care for vulnerable children, young people and their families.

Child safe organisations

In response to recommendations made by the Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission), NSW Health has affirmed its commitment to ensuring that all its services, including those whose primary clients are adults, uphold the rights of children and are ‘child safe’. A child safe organisation is one that takes deliberate steps to create and embed workplace cultures, adopt strategies and take actions to promote child wellbeing and prevent harm to children and young people. Specifically, a child safe organisation is one that:

- creates an environment where children’s safety and wellbeing is the centre of thought, values and actions
- places emphasis on genuine engagement with and valuing of children
- creates conditions that reduce the likelihood of harm to children and young people
- creates conditions that increase the likelihood of identifying any harm
- responds to any concerns, disclosures, allegations or suspicions of harm (Australian Human Rights Commission, 2018, p. 3).

The National Statement of Principles for Child Safe Organisations aims to provide a nationally consistent approach to creating organisational cultures that foster child safety and wellbeing across all sectors in Australia. They incorporate the Child Safe Standards recommended by the Royal Commission.

All NSW Health agencies, including the **Ministry of Health, Pillars, LHDs** and **SHNs**, are expected to promote and facilitate child safety within their organisational context through implementation of the Principles for Child Safe Organisations. To support them to do so, the **Ministry of Health** is undertaking further work and consultation towards the implementation and monitoring of the principles across all public health organisations.

Strategic priority 4.1 - Making it happen

- The **Ministry of Health** and **ACI** will complete, and **LHDs** and **SHNs** will implement, the Integrated Trauma-informed Care Framework.
- The **Ministry of Health, Pillars, LHDs** and **SHNs** will promote and facilitate child safety within their organisational context, including through implementation of the Principles for Child Safe Organisations.

Strategic priority 4.2: Identification, response, referral and coordination

Identification and initial response

In an integrated NSW Health system for the prevention and response to interpersonal violence, priority activities are:

- identification that violence, abuse and neglect has occurred and
- identifying risks to safety for individuals and families resulting from interpersonal violence.

Staff across the broad health system require the skills and confidence to ask about violence, abuse and neglect and to identify risks to safety. The use of standardised identification processes will equip health staff to identify interpersonal violence, respond to disclosures and make appropriate referrals. Although this issue will be addressed in greater detail and will be the target of Phase 2 of the VAN Redesign Project, initiatives are currently underway in this area that are important to profile and continue to support.

In NSW Health, identification of people who have experienced violence, abuse and neglect has predominantly been through a standardised approach to screening through the Domestic Violence Routine Screening Program (DVRS). DVRS is conducted with all women in antenatal and child and family health services, and with women aged 16 and over in mental health and alcohol and other drugs services.

The **Ministry of Health** is currently exploring expanding the DVRS program to emergency departments. NSW Health has completed a three-site study that demonstrated that screening for domestic and family violence routinely in emergency departments is feasible but requires further trials to establish and embed practices into departments. The **Ministry of Health** is pursuing options to fund these trials. In addition, some **LHDs** and **SHNs** are undertaking local initiatives to expand DVRS to other units and services, such as paediatric wards.

People and their families experiencing violence, abuse and neglect may be identified through screening processes such as DVRS and may also proactively disclose to practitioners where there is established trust, such as with their general practitioner or midwife. It is vital that the practitioner can respond empathically and skilfully and is aware of referral pathways and options for an effective response to help reduce the impact and potential for further violence, abuse and neglect. It is therefore critical that the workforce is adequately supported to respond with confidence following the screening process or other identification.

For DVRS, this support will be provided by a revised DVRS Protocol being developed by the **Ministry of Health** which will outline the clinical requirements for conducting DVRS using the common screening tool. Since the inception of DVRS, LHDs and SHNs have expanded the

program to other non-mandated clinical areas including sexual health, women's health and paediatrics. This protocol will provide guidance to non-mandated areas to ensure compliance with the use of the tool and assist staff to access appropriate training and resources to implement DVRS in areas where the need is identified.

In addition, the **Ministry of Health** will publish the NSW Health *Domestic and Family Violence Flipchart* in 2019. The flip chart has been produced for clinicians who receive disclosures of domestic and family violence and provides brief guidance on responding, supporting and making referrals. The flip chart has statewide and local referral services listed and LHDs are responsible for the ongoing update of this service information.

An important part of supporting the response once identified is for Health workers to be able to assess risk of lethality, escalating violence or other potential harms to guide and assess the urgency and extent of actions (e.g. referrals) needed. Standardised risk assessment has been developed primarily in the context of domestic and family violence.

The National Risk Assessment Principles for domestic and family violence (Toivonen & Backhouse, 2018) provide an overarching, conceptual understanding of risk and managing risk in the context of domestic and family violence, with the intention of helping to keep

women and children safe. The **Ministry of Health** is developing an Information Bulletin on Safety Assessment in disclosed domestic and family violence cases that highlights these National Risk Assessment Principles and requires Health workers to make referrals to appropriately trained staff for safety assessments.

The **Ministry of Health** is working with **eHealth** to investigate options for flagging children and young people in out of home care in NSW Health electronic Medical Records (eMR).

The Ministry of Health's work on identification in the context of both screening and risk for domestic and family violence provides an important foundation and knowledge base on which to ground and extend guidance and support to other Health workers as part of the focus on integration across the whole Health system that will be progressed as part of Phase 2 of the Project.

Referral pathways

To respond appropriately to identification or disclosure of violence, abuse and neglect, NSW Health workers need sound knowledge of referral pathways, including into VAN services, and of the roles and responsibilities of staff and agencies across the NSW Health system. To provide this, the **Ministry of Health** will ensure that the suite of VAN service strategies, policies and procedures (see strategic priority 1.2) provides clear guidance on referral pathways into VAN services and the linking

roles and responsibilities of other NSW Health services. For example, the *Responding to Sexual Assault (adult and child) Policy and Procedures* will provide clear requirements for emergency departments in responding to and treating a victim of sexual assault prior to referral to the Sexual Assault Service). These strategies, policies and procedures will also provide guidance on communication, information sharing, and collaborative practice (e.g. joint assessment or co-working) between VAN services and other relevant health services. This will sit alongside the workforce strategies identified in Objective 2 that also support NSW Health workers across the broader system to increase their knowledge and understanding of VAN services and referral pathways.

An important role of **LHDs** and **SHNs** in implementing these VAN service policies and procedures is the development of local referral pathways and service collaborations, both formal and informal.

Case coordination

In advance of Phase 2 of the Project, **LHDs** and **SHNs** should support existing local linkages and the establishment of new ones between VAN services and broader health services. Where linkages between these services are strong, particularly where services are co-located or under the same governance structure, services are more likely to work in partnership to develop coordinated intervention and support plans.

As discussed in the context of integrating VAN services, there are a number of mechanisms that can enable effective case coordination and collaboration between VAN services and the other NSW Health services that have particular roles and responsibilities for preventing and responding to violence, abuse and neglect:

- **interagency meetings**, which are useful for building relationships across services, developing pathways, and service promotion and education
- **integrated governance**, which can facilitate good working relationships to coordinate service responses and share information
- **clear local policies and procedures**, which establish a formalised approach to addressing the issues that inevitably arise in this complex field of practice — for example, resolving uncertainty around service access criteria and managing complex decisions that balance concerns around risk and privacy.

Collaboration should span all levels of the participating health services and can be supported by formalised agreements and referral networks, or protocols to facilitate multidisciplinary case coordination and evidence-based clinical pathways. **LHDs** and **SHNs** need to provide the resources that these collaborative arrangements require.

Other health services have an important role in case coordination in response to violence, abuse and neglect, and make vital contributions to a number of interagency strategies. These include, for example, Safe Start (a coordinated response to identified psychosocial issues for antenatal women) and Safety Action Meetings (an interagency meeting to discuss and coordinate services and supports for clients at high risk due to domestic violence).

LHDs and **SHNs** should continue to support the involvement of staff from relevant NSW Health services in these interagency initiatives. The development of the knowledge and skills of the NSW Health workers who are participating in these meetings for both the operation of interagency partnerships and violence, abuse and neglect services (including systems responses) will support Phase 2 of the Project.

Strategic priority 4.2 - Making it happen

- The **Ministry of Health** will continue to progress initiatives concerning domestic and family violence screening and risk assessment and will use these as a foundation and knowledge base to inform Phase 2 of the Project.
- As part of Phase 2 of the Project, the **Ministry of Health** will explore whether to develop a consistent statewide approach to identifying (screening and assessing risk) and responding to violence, abuse and neglect across the NSW Health system.
- The **Ministry of Health** will ensure that the suite of VAN service strategies, policies and procedures provides clear guidance on referral pathways into VAN services and roles and responsibilities of other Health services in an integrated response.
- **LHDs** and **SHNs** will support existing local linkages, and the establishment of new ones, between VAN services and other health services, as well as the involvement of appropriate staff in interagency case coordination mechanisms.

Strategic priority 4.3: Integrated electronic clinical information systems

Reliable systems and processes for sharing information between health services that are able to provide a response to people and families who have experienced violence, abuse and neglect are critical to delivering comprehensive, coordinated and integrated care. They enable services to better identify people who have experienced violence, abuse and neglect, and have the information they need to deliver responses that meet people's and families' needs and preferences.

VAN services use secure records in electronic medical record systems or records that are paper-based and ensure the privacy and confidentiality of people accessing services. Where services are co-located and use the same platform, they can access other service information to support case coordination and the provision of joint responses. Where services cannot access each other's information but have good working relationships, they may ask other services to check for information on their system. However, there are no established or consistent processes.

While better sharing of information across VAN services and other health services would improve each service's ability to deliver a more comprehensive and effective response, this also needs to be balanced against the need for privacy and confidentiality regarding sensitive issues and safety for victims/survivors, and have regard for specific legislative requirements, such as those protecting sexual assault counselling records.

Health services across different clinical settings (e.g. emergency departments, inpatients, outpatients) and clinical streams (e.g. maternity, child, youth and family, mental health, and alcohol and other drugs) also record clinical information across a number of different systems. During the consultations for developing this Framework, LHDs reported using several systems, including:

- eMaternity (used by maternity services across most of the state)
- CHOC, which was a seven-year program (2009 to 2016) for delivering integrated clinical systems across specific community health clinical services. CHOC included the

use of Cerner/eMR and CHIME. Further initiatives to enhance CHOC will need to be considered as part of eHealth's initiative prioritisation process. To deliver integrated care solutions to enhance the quality of patient care and improve health outcomes, there is potential to link it in with existing initiatives, such as the eMR Connect Program, an integral part of the [eHealth Strategy for NSW Health: 2016-2026](#).

- eRIC, an electronic clinical information system for intensive care units (ICUs).

Creating greater clarity and consistency in how information is recorded and managed in the various clinical information systems is important to delivering a more comprehensive and integrated response that ensures the right people have access to the right information at the right time. Implementing appropriate safeguards is needed to ensure that information sharing is balanced with protection of the confidentiality of sensitive client information and that safety is always centralised.

Strategic priority 4.3 - Making it happen

- The **Ministry of Health** will work with **eHealth, LHDs, SHNs, ACI** and **CEC** in developing State Based Designs of clinical systems to meet business requirements on information sharing and to support client safety. This will include guidance on implementation.
- **LHDs** and **SHNs** will locally test and implement the state-based solutions or ensure locally developed solutions can meet the same requirements.
- The **Ministry of Health** will work with **LHDs** and **SHNs**, including by providing guidance and support, to establish common protocols and tools across VAN services and other NSW Health services for recording information on violence, abuse and neglect in eMR and other systems.
- **LHDs** and **SHNs** will develop comprehensive guidance and training for VAN services and other NSW Health services to understand how to record and manage information, and balance the confidentiality needs of clients in accordance with relevant policies and legislation.



Measuring progress and success

Monitoring and evaluation are key components of continuous improvement and for determining the extent to which the expected outcomes of an initiative are being met. Via the PARVAN Senior Executive Steering Committee, an evaluation framework for the VAN Redesign Project (including the Framework) will be developed to support the policy, planning, implementation and feedback cycle.

The evaluation framework will be developed in partnership with key stakeholders and others with relevant expertise to ensure that findings are meaningful and can be translated into future iterations of the project.



The evaluation framework is expected to provide guidance on NSW Health's approach to:



- informing the refinement and improvement of the Redesign Framework
- assessing efficiency and effectiveness of the project as a whole
- maximising return on investment, including better health outcomes for clients requiring VAN related services, and
- contributing to the established of the evidence base.



The evaluation will be phased over a number of years, and implemented in line with expected changes to system, service delivery and practice that lead to positive health outcomes for individuals and their families.



A key output from the evaluation will be a monitoring framework that will support ongoing performance reporting against key performance indicators and improvement measures. Monitoring facilitates accountability, aims to provide managers and other stakeholders with regular feedback on implementation, an early indication of progress and potential problems in the achievement of planned results in order to facilitate timely adjustments in operations.



Appendix: Related reforms and initiatives


Government reform of initiative	Relevant sections or directions for the Framework
<p>NSW Government</p> <p>NSW State and Premier's Priorities</p> 	<p>Protecting our kids</p> <ul style="list-style-type: none"> • Decrease the percentage of children and young people re-reported at risk of significant harm by 15 per cent <p>Reducing domestic violence</p> <ul style="list-style-type: none"> • Reduce the proportion of domestic and family violence perpetrators re-offending within 12 months by 5 per cent • Decrease the percentage of children and young people reported at risk of significant harm.
<p>The NSW Strategic Plan for Children and Young People 2016-2019</p> 	<p>NSW Health is a member of the Interdepartmental Advisory Group and is contributing to the Strategic Plan with plans to:</p> <ul style="list-style-type: none"> • improve identification and triage care for those at risk of harm • build capacity to appropriately respond to victims of violence, abuse and neglect.


Government reform of initiative	Relevant sections or directions for the Framework
<p>NSW State Health Plan: Towards 2021</p> 	<p>This proposal aligns with the NSW State Health Plan, which provides the strategic framework that brings together NSW Health's existing plans, programs and policies, and sets priorities across the system for the delivery of the right care in the right place at the right time for everyone. Relevant priorities are:</p> <ul style="list-style-type: none"> • keeping people healthy • providing world class clinical care • delivering truly integrated care • supporting and developing our workforce • supporting and harnessing research and innovation.
<p>Healthy, Safe and Well: A Strategic Plan For Children and Young People and Families 2014-2024</p> 	<p>Strategic Direction Three: Addressing Risk and Harm</p> <p>Objective 3.2: Improve identification and triage care for those at risk of harm</p> <ul style="list-style-type: none"> • Strategy 3.2.1: Reinforce the roles and responsibilities of health workers to screen, report and triage care for those at risk • Strategy 3.2.2: Embed a trauma-informed approach to assessing those who have been harmed or are at risk • Strategy 3.2.3: Work with partner agencies to better care for those at risk of domestic and family violence, sexual assault, or child abuse and neglect <p>Objective 3.3: Build capacity to appropriately respond to victims of violence abuse and neglect</p> <ul style="list-style-type: none"> • Strategy 3.3.1: Adopt appropriate psychosocial, medical and forensic responses for sexual assault, child abuse and neglect • Strategy 3.3.2: Work with government and community partners on integrated care for victims of domestic and family violence, respond to sexual assault, child abuse and neglect. • Strategy 3.3: Build capacity for proactive, trauma-informed services for victims of intentional harm


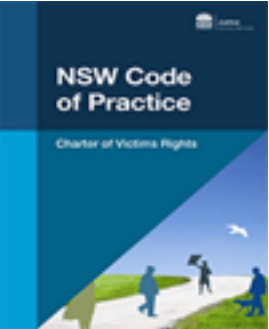
Government reform of initiative	Relevant sections or directions for the Framework
<p>NSW Rural Health Plan</p> 	<p>The <i>NSW Rural Health Plan</i> aims to strengthen the <i>capacity</i> of NSW rural health services to provide connected and seamless care. The plan builds on the significant achievements made to date in rural health services, aiming to provide world class care as close to home as possible for people living in rural NSW.</p> <p>Current work includes the implementation of the doctor-to-doctor Child Abuse & Sexual Assault Clinical Advice Line (CASACAL) that will support rural clinicians providing medical forensic services. CASACAL aims to ensure NSW Health delivers timely and high-quality medical and forensic examinations and care, and to reduce unnecessary travel for children and young people in rural and regional areas.</p>
<p>'It Stops Here': NSW Government DFV Framework for Reform</p> 	<p><i>It Stops Here</i> outlines the whole-of-government commitments to reducing domestic and family violence (DFV) and supporting victims. NSW Health works in partnership with other government agencies and the non-government sector to deliver a partnership approach under the five elements of the Framework:</p> <ul style="list-style-type: none"> • Element 1: a strategic approach to prevention and early intervention • Element 2: streamlined referral pathways to secure victims' safety and recovery • Element 3: accessible, flexible, person-centred service responses that make the best use of resources • Element 4: a strong, skilled and capable workforce • Element 5: a strengthened criminal justice system response. <p>Safer Pathway is a key element of It Stops Here. NSW Health has a key role in supporting women at serious threat from DFV and contributing to actions agreed at Safety Action Meetings (SAMs).</p>


Government reform of initiative	Relevant sections or directions for the Framework
<p>NSW DFV Blueprint for Reform 2016-2021: Safer Lives for Women, Men and Children</p> 	<p>The Government's blueprint sets out the directions and actions to reform the domestic violence system in NSW over the next five years to develop a 'networked and coordinated system that is able to wrap around the victim and address their varying and multiple needs'.</p> <p>NSW Health is a key partner agency in the implementation of the blueprint. NSW Health reports quarterly to the Domestic and Family Violence Reforms Delivery Board on the progress of initiatives under the Blueprint, and provides data on key DFV practices, such as Domestic Violence Routine Screening, and training initiatives through the Education Centre Against Violence to inform whole-of-government blueprint reporting.</p>
<p>NSW Domestic Violence Justice Strategy</p> 	<p>NSW Health works in partnership with the NSW Department of Justice on key initiatives under the <i>NSW Domestic Violence Justice Strategy</i> that aim to keep victims of DFV and their children safe.</p> <ul style="list-style-type: none"> • Justice outcome 1: Victims' safety is secured immediately and the risk of further violence is reduced. • Justice outcome 2: Victims have confidence in the justice system and are empowered to participate. • Justice outcome 3: Victims have the support they need. • Justice outcome 4: The court process for domestic violence matters is efficient, fair and accessible. • Justice outcome 5: Abusive behaviour is stopped and perpetrators are held to account. • Justice outcome 6: Perpetrators change their behaviour and re-offending is reduced or eliminated.



Government reform of initiative	Relevant sections or directions for the Framework
<p data-bbox="174 475 708 541">Domestic Violence Death Review Team Annual Reporting</p> 	<p data-bbox="748 475 2049 607">NSW Health is a key member of the NSW Domestic Violence Death Review Team (DVDRT), which reviews deaths occurring in the context of DFV in NSW and publishes periodic reports making recommendations for system change to reduce the likelihood of deaths occurring in similar circumstances in the future.</p> <p data-bbox="748 637 2073 703">NSW Health has lead responsibility to implement a number of recommendations from the 2013-2017 reports. Progress on these recommendations is reported to the NSW Parliament biennially.</p>
<p data-bbox="174 797 576 863">NSW Sexual Assault Strategy 2018-2021</p> 	<p data-bbox="748 797 2073 863">The <i>NSW Sexual Assault Strategy 2018-2021</i> outlines a number of priority areas and actions to guide prevention of and response to sexual assault.</p> <p data-bbox="748 893 1598 926">As part of the strategy, the NSW Government has committed to:</p> <ul data-bbox="748 951 2119 1405" style="list-style-type: none"> • expand NSW Health’s therapeutic services for children and young people who display harmful sexual behaviour • deliver integrated medical, forensic and crisis counselling services to those who have been sexually assaulted through: <ol data-bbox="792 1103 2026 1285" style="list-style-type: none"> I. continuing to increase the number of doctors trained to undertake medical and forensic examinations for sexual assault victims and survivors of all ages II. continuing to increase the number of trained Sexual Assault Nurse Examiners (SANEs) III. ongoing clinical supervision, professional education and learning opportunities for doctors and nurses working in the field • continue to improve outreach and service delivery for Aboriginal people and targeted populations • embed evaluation in all future NSW Government-funded sexual assault services outlined in the NSW Government Program Evaluation Guidelines.


Government reform of initiative	Relevant sections or directions for the Framework
<p>Their Futures Matter: A new approach, Reform Directions from the Independent Review of Out of Home Care in NSW</p> 	<p><i>Their Futures Matter</i> is a cross-government reform delivering whole-of-system changes to better support vulnerable children and families. The guiding vision is to significantly improve life outcomes for current and future generations of children and families, and to ensure that every child has a safe, permanent and loving home.</p> <p>The reform involves moving away from a placement-based system to one that is child centred, and using an investment approach to focus on achieving large-scale benefits for individuals and the service system.</p> <p>The Future Matters has four components:</p> <ol style="list-style-type: none"> 1. Cohort approach: identifying and understanding cohorts of vulnerable children, young people, and families with shared needs, vulnerabilities and characteristics. A coordinated, wrap-around support package will be designed to meet the needs and aspirations of each identified cohort. 2. Investment approach: directing and prioritising whole-of-government funding to deliver targeted solutions that achieve effective outcomes. 3. Access system redesign: devising an evidence-based, multi-agency system that enables vulnerable children and their families to access the right supports and services at the right time. 4. Evidence-based programs: intensive family preservation and restoration programs are being implemented to address high priority cases within NSW's child protection system. <p>NSW Health is a partner agency responsible for key reform activities.</p>

Government reform of initiative	Relevant sections or directions for the Framework
<p>NSW Ombudsman Inquiry into the Operation of the JIRT Program (Aug 2017) (now the Joint Child Protection Response Program)</p> 	<p>The Ombudsman's inquiry has confirmed that the JCPR partnership is a 'highly sophisticated multi-disciplinary model for responding to child abuse, comparable to the international body of practice'. The Ombudsman recommended that the program be continued and strengthened.</p> <p>Key findings for NSW Health include the need to address staffing shortages and high vacancies across SAS, CPCS and JCPRP Health. Capacity issues with counselling for child physical abuse are only part of the problem, with the lack of counselling referral pathways for unsubstantiated matters also being a concern. There are ongoing issues with access to medical forensic examinations for sexual assault, physical abuse and neglect in rural and remote areas.</p> <p>Governance challenges: There is a need to embed accountability for the JCPRP across NSW Health more firmly in the operational structures of the LHDs and Sydney Children's Hospital Network. There is also a need to address data limitations and enhance performance monitoring to enable a better understanding of the outcomes achieved for clients referred to health via JCPRP.</p> <p>It is recommended that NSW Health consider further enhancing the support provided to its JCPRP workforce, having regard to the staff welfare and wellbeing model developed by the NSW Police Force.</p>

Government reform of initiative	Relevant sections or directions for the Framework
<p>Reportable Child Deaths, NSW Ombudsman</p> 	<p>Convened by the NSW Ombudsman, the NSW Child Death Review Team (CDRT) reviews the deaths of children in NSW. The purpose of the CDRT is to prevent and reduce child deaths. The CDRT is required to report to the NSW Parliament about its work and activities.</p> <p>Specifically the CDRT:</p> <ul style="list-style-type: none"> • maintains a register of child deaths in NSW • classifies deaths in the register according to cause, demographic criteria and other relevant factors, and identifies trends and patterns in relation to those deaths • undertakes research that aims to help prevent or reduce the likelihood of child deaths, and to identify areas requiring further research, and • makes recommendations as to legislation, policies, practices and services for implementation by government and non-government agencies and the community to prevent or reduce the likelihood of child deaths. <p>NSW Health is a member of the CDRT.</p>
<p>NSW Code of Practice for the Charter of Victims' Rights</p> 	<p>All government and non-government employees are responsible for upholding the <i>Charter of Victims' Rights under the Victims' Rights and Support Act 2013</i>.</p> <p>NSW Health has responsibilities to uphold rights under the NSW Code of Practice, with specific responsibilities under Charter Right 3, 'Access to services', where NSW Health Organisations are required to provide:</p> <ul style="list-style-type: none"> • appropriate medical examinations and care, and offer forensic examinations (for example, to victims of sexual assault), counselling and information as soon as possible after the crime, through either local health districts, including sexual assault services, or through referral services, and • Provide advocacy services (NSW Health Sexual Assault Services, Child Protection Counselling Services and Child Protection Units) for clients to assist them through the complex medical and legal systems which may be encountered following a sexual assault or in child protection matters.

Government reform of initiative	Relevant sections or directions for the Framework
<p data-bbox="174 470 569 503">Commonwealth Government</p> <p data-bbox="174 545 708 718">Bringing Them Home, Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families, Commonwealth of Australia, 1997</p> 	<p data-bbox="755 545 2138 685"><i>Bringing Them Home</i> explores the laws, policies and practices that separated Indigenous children from their families and which have contributed directly to the alienation of Indigenous societies today. It is also a tribute to the strength and struggles of Indigenous people affected by forcible removal. The report says:</p> <p data-bbox="755 710 2138 883">“For individuals, their removal as children and the abuse they experienced at the hands of the authorities or their delegates have permanently scarred their lives. The harm continues in later generations, affecting their children and grandchildren ... That devastation cannot be addressed unless the whole community listens with an open heart and mind to the stories of what has happened in the past and, having listened and understood, commits itself to reconciliation.”</p> <p data-bbox="755 908 2138 966">“The Inquiry’s recommendations are directed to healing and reconciliation for the benefit of all Australians.” These recommendations include the following of particular relevance to NSW Health:</p> <ul data-bbox="755 991 2138 1362" style="list-style-type: none"> • compensation • acknowledgement and apologies • commemoration • education • professional training • language, culture and history centres • Indigenous identification • access to records • research • health professional training • mental health worker training • building parenting skills • counselling services • social justice • self-determination, and • national standards for treatment of Indigenous children.

Government reform of initiative	Relevant sections or directions for the Framework
<p>National Plan to Reduce Violence Against Women and Their Children 2010-2022</p> 	<p>The <i>National Plan to Reduce Violence against Women and their Children</i> is a 12 year plan for states and territories to support Australian women and children to live free from violence in safe communities.</p> <p>NSW Health has significant responsibilities under:</p> <p>Outcome 3: Indigenous communities are strengthened</p> <ul style="list-style-type: none"> • Strategy 3.3: Improve access to appropriate services. <p>Outcome 4: Services meet the needs of women and their children experiencing violence</p> <ul style="list-style-type: none"> • Strategy 4.1: Enhance the first point of contact to identify and respond to needs. • Strategy 4.2: Support specialist DFV and sexual assault services to deliver responses that meet needs.
<p>Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009-2020</p> 	<ul style="list-style-type: none"> • Outcome 2: Children and families access adequate support to promote safety and intervene early. • Outcome 3: Risk factors for child abuse and neglect are addressed. • Outcome 4: Children who have been abused or neglected receive the support and care they need for their safety and wellbeing. • Outcome 5: Indigenous children are supported and safe in their families and communities. • Outcome 6: Child sexual abuse and exploitation is prevented and survivors receive adequate support.

Government reform of initiative	Relevant sections or directions for the Framework
<p data-bbox="174 475 662 541">Royal Commission into Institutional Responses to Child Sexual Abuse.</p> 	<p data-bbox="752 475 2128 574">The NSW Government has committed to implementing the Royal Commission's recommendations on support and treatment for victims and survivors of sexual abuse and children who display harmful sexual behaviour. As part of this work NSW Health will:</p> <ul data-bbox="752 604 2140 1083" style="list-style-type: none"> • Develop a shared approach across community and government to reducing problematic and harmful sexual behaviour in children and young people. • Expand access across the state to New Street Services for children and young people aged 10-17 years who have displayed harmful sexual behaviour. • Improve access to specialist therapeutic responses for children under the age of 10 years who display problematic sexual behaviour. • Improve access to specialist sexual assault services through expanded clinical outreach and community development activities. • Develop a service model to provide integrated specialist trauma counselling and case management support (including drug and alcohol and mental health support) for adult survivors of child sexual abuse who have complex needs. • Improve access to community support services for male survivors of child sexual abuse.

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