# Supporting the implementation of the Minimum Practice Standards for Specialist and Community Support Services Responding to Child Sexual Abuse (MPS)



I work in a specialist service. I want to ensure we are meeting the MPS and our organisation has already implemented one or more of the following: National Principles for Child Safe Organisations



National Safety and Quality Mental Health Standards for Community Managed Organis ations



NDIS practice standards and quality in dicators



NASASV Standards of Practice Manual for Services Against Sexual Violence



NASASV
Practice guide for services working with victims and survivors of child sexual abuse



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So how do the MPS differ from these standards?

- More specific to child sexual abuse and harmful sexual behaviour.
- Relevant to Adult services.
   More emphasis on being Victim
- More emphasis on being victi and Survivor Centred and Trauma-Informed.
- 6 MPS Standards compared to 10 Principles. 58 MPS Indicators compared to 42 Action areas.
- National Principles appear more compliance focused.
- More specific to child sexual abuse and harmful sexual behaviour.
- Relevant to Adult services.
   More emphasis on being Victim
- and Survivor Centred and Trauma-Informed. • 6 MPS Standards compared to

Natio nal

standards for

Out-of-Home

- 13 Standards . 58MPS Indicators compared to 22 Measures.
- NOOHCS measures appear more focused around theclient, their support and experience.
- Much more spedific to child sexual abuse and harmful sexual behaviour.
- Moreemphasis on being Victim and Survivor Centred and Trauma-Informed.
- 6 MPS Standards compared to 3 Standards. Values and principles align well. 58 MPS Indicators compared to 81Actions.
- NSQMH actions are more specific Mental Health service delivery requirements.
- Much more spedific to child sexual abuse and harmful sexual behaviour.
- More emphasis on being Victim and Survivor Centred and Trauma-Informed.
- 6 MPS Standards compared to 4 Core Modules. 58 MPS Indicators compared to 24Criteria with 124 Quality Indicators.
- ND IS Criteria appear to be more specific to NDIS service delivery requirements.
- More specific to child sexual abuse.
- 6 MPS Standards compared to 7 Standards, good alignment on Values and Foundational Fra meworks. 58 MPS Indictors compared to 292 Points of Evidence (Organisational responsibilities), grouped by 55 Considerations.
- Very much aligned.
- 6 MPS Standards compared to 6 Practize Areas, good alignment on Values and Principles / Key messages. 58 MPS Indictors compared to 277 Skills, grouped by 3 Tiers, across 21 Sections and aggregating to the 6 Practice areas.

How well covered are the MPS indicators if we have implemented these other Standards?

# 50%

of the MPS are covered, indicating a fair amount of work is needed to achieve full alignment.

## 20%

of the MPS are covered, indicating a significant amount of work is needed to achieve full alignment.

## 85%

of the MPS are covered, indicating a small amount of work is needed to achieve full alignment.

#### **82**%

of the MPS are covered, indicating a small amount of work is needed to achieve full alignment.

# **87**%

of the MPS are covered, indicating a small amount of work is needed to achieve full alignment.

#### 80%

of the MPS are covered, indicating a small amount of work is needed to achieve full alignment.

# Where should I focus my effort in the MPS?

- S1 Choice, Needs, Dignity, Language, Disdo sures. Physical environments.
- S2 Person-centred services, Locations, Digital, Waitlists.
- S3 Service responses, N eeds-based, Referrals, System integration.
- S4— Models of care (Trauma-informed, Lived and Living Experience, Co-design), Goals setting, Conflict Mgt
- S5 Staff qualities, Accreditation, Wellbeing, Safety, Staff support
- S6- Organis ational disdo sure, Privacy, Conflicts of interest, Lived and Living Experience support.
- S1-Language, Information security & sharing, Disclosures, Physical environments.
- S2—Physical environment / Locations, Digital.
- S3 Referrals.
- S4—Models of care (Traumainformed, Lived and Living Experience), Goalssetting, Conflict
- S5 Staff qualities , Accreditation , Wellbeing , Safety , Staff support
- Sel-Governance, Organisational disdosure, Privacy, Conflicts of interest, Lived and Living Experience support.

- S1 None
- S2 None.
- S3 Conce ptual Fra meworks ('mor e than' and 'distinguished from').
- S4 Conflict Mgt (victim of / responsible for).
- S5 Staff qualities, Safety (staff / clients).
- S6 Trauma-informed governance and leadership development. Conflicts of interest, Lived and Living Experience support, Procurement.

- S1 Disclosures.
- S2 Waitlist Management
- S3 Family decision-making, Conceptual Frameworks ('more than' and 'disting uished from').
- S4 Conflict Mgt (victimof/ responsible for).
- S5 Staff wellbeing, vicarious trauma.
- S6 Organisational disclosure, OH &S, Lived and Living Experience support, Procurement.
- S1 Disclosures.
- S2 None.
- S3 Family decision-making.
  S4 None.
- S5 None
- S6 Organisational disclosure, Conflicts of Interest, Lived and Living Experiencesupport, Procurement and ethical Partnering.
- S1 None.
- S2 Waitlist Management.
- S3 None
- S4 Service design and Co-design.
- S5 Specifics on workplace practices and policies
- S6 Organisational governance (inc. trauma-informed), organisational failures, reviewing processes and practice, Out of hours OH&S, Conflicts of Interest, Lived and Living Experience support, Procurement and ethical Partnering.

