

FINAL REPORT

**BEST PRACTICES FOR PREVENTION OF
INSTITUTIONAL CHILD SEXUAL ABUSE AND
EXPLOITATION**

PREPARED FOR:
Queensland Family and Child Commission
D25/118

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Acknowledgements

The authors acknowledge the assistance provided by the Queensland Family and Child Commission (QFCC) and the Child Death Review Board (CDRB). The views expressed in this material are those of the authors and are not those of the QFCC or CDRB. Responsibility for any errors of omission or commission remains with the authors. The QFCC and CDRB expressly disclaims any liability for any damage resulting from the use of the material contained in this publication and will not be responsible for any loss, howsoever arising, from use of or reliance on this material.

Project Funding

The project was funded by the Queensland Family and Child Commission (QFCC)

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To cite this document:

Harris, D. A., Ogilvie, J. M., Jenkins, B., Bodker, A., & Buzza, L. (2025). *Best Practices for Prevention of Institutional Child Sexual Abuse and Exploitation*, QFCC.

The contents of this document are the opinions of the listed authors and do not necessarily reflect the opinions of QFCC or CDRB.

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Executive Summary

The 2024 sentencing of a former childcare worker for multiple sexual offences against dozens of children in his care prompted a comprehensive review of System Responses to Child Sexual Abuse in Queensland. As part of this review, the Queensland Family and Child Commission (QFCC) requested a report that identifies and synthesises international best practices for preventing institutional child sexual abuse and exploitation (ICSAE).

This report provides a review of Griffith Criminology Institute's detailed response to that request. We conducted a rigorous, and flexible examination into the customer's research questions using a Rapid Delphi Panel. We interviewed 49 experts on the safety of children and specifically, the prevention of ICSAE. Our participants had a wide range of professional expertise that spanned such varied fields as: law enforcement and investigation; legislation and regulatory policy; early childhood education; psychology and psychiatry; forensic paediatrics; and victim advocacy. We thematically analysed the individual transcripts of those interviews and established a Rapid Delphi Panel to achieve consensus on recommendations for best practice. In doing so, we considered:

- Policies, legislative measures, and protocols designed to protect children from ICSAE;
- Policies and legislation that hold the greatest promise in preventing ICSAE;
- Educational and community-based programs designed to keep children safe from ICSAE;
- Approaches that are useful in detecting current and potential perpetrators of ICSAE;
- Factors that are known to place children at the greatest risk of ICSAE;
- Recommended protocols and practices for: responding to allegations (from initial investigation through to sentencing); including supporting victims, providing trauma-informed care for families, and holding perpetrators accountable.

Six themes were extracted during the reflexive thematic analysis of interview content. Each theme is listed below and described in more detail within the report:

1. Reimagining Early Childhood Education: A Call for Systemic Change
2. Situational Crime Prevention
3. Strengthening Safeguards: Policy and Regulatory Overhaul
4. Fostering a Safeguarding Culture
5. Promoting Collective Care: Awareness and Education
6. Responding to Allegations of Harm

Methodology

Data Source and Sample

At the conclusion of the participant recruitment phase, a total of 117 experts with current or previous experience working in the sphere of preventing ICSAE were identified and approached to participate in an interview. The identification of participants was facilitated through a combination of established professional networks managed by the research team, word of mouth, recommendations from interviewed participants, and recommendations from QFCC. Ultimately, we conducted 49 individual interviews with 19 men and 30 women across several professional domains. The professional domains were categorised as follows:

Table 1: Professional Categories of Interview Participants

Professional Category	Job Description/Example of Expertise
Early Childhood Education	Educators, childcare centre employees, academics
Clinical – Perpetration	Psychologists, psychiatrists, social workers, clinical treatment providers, academics
Clinical – Victimisation	Psychologists, social workers, nurses, paediatricians, victim advocates
Law Enforcement	Police officers, intelligence analysts, child safety/child protection officers, academics
Legislative/Regulatory	Lawyers, representatives from regulatory bodies, sexual abuse support services, child safeguarding specialists

We provide these categories as an approximate guide to indicate the predominant area of expertise possessed by our participants. We note that there was considerable overlap in some categories. For example, a social worker might have been embedded with law enforcement; a former police officer might now be employed by a regulatory body; or a university lecturer might have previous experience as an early childhood educator. Indeed, a key observation from the participant recruitment phase was the overlap and movement between posts in this space. This might appear to be a methodological limitation, in that we cannot provide a mutually exclusive description of their professional expertise. However, the considerable crossover in professional experience was an advantage during our reflexive thematic analysis because the use of similar language and overlapping concepts ultimately strengthened our confidence in the reliability of our results.

Participants currently worked or had experience working in several Australian jurisdictions (including Queensland, Victoria, New South Wales, South Australia, the Australian Capital Territory, Tasmania, and the Northern Territory). Although all our participants were currently located in Australia, collectively they had experience in the following international locations: England and Wales, Europe, and the United States.

We have deliberately omitted the number of men and women interviewed from each professional category as well as their corresponding age bands or years of experience to preserve their anonymity. Two participants reported having approximately 10 years of professional experience. All the other participants reported between 18 and 44 years of professional experience, with an average of 24 years.

Apart from a couple of Western European expatriates, none of our interviewed participants identified as being from a culturally or linguistically diverse background and no one identified as being Aboriginal and/or Torres Strait Islander. We note this sample bias as a limitation to the generalisability of our results.

Procedure

Participant Recruitment

The project proposal was granted full ethical approval from the Griffith University Human Research Ethics Committee on April 1st, 2025 (protocol reference: 2025/194). Our original goal was to build a panel of at least 30 experts. Ultimately, a panel of 49 experts was assembled based on qualifications, years of expertise, and willingness to participate. This diverse group was chosen to ensure a broad range of professional perspectives.

The research team generated an initial list of approximately 60 potential participants and emailed them individually to invite them to be interviewed. The email correspondence included a description of the study, a participant information

sheet, exemplar questions, and an informed consent form to sign and return. The QFCC team separately emailed the same materials to several of their own contacts who were similarly invited to contact us to participate in an interview. We pursued additional participants using snowball sampling and invited any interviewees to share our contact details with their interested colleagues. This ultimately yielded a pool of 117 potential participants.

The Delphi Study Approach

The Delphi Panel technique is a widely used research methodology designed to gather expert opinions and build consensus on specific research questions. It is especially advantageous in fields where information is uncertain or controversial and lends itself particularly well to sensitive topics [1-7]. Unlike traditional group decision-making methods, the Delphi process ensures anonymity among participants, which reduces the potential for bias or groupthink that can occur in face-to-face interactions [1, 3, 5]. Again, this is particularly important given the sensitive subject matter of the present study.

The method is carried out in several rounds of questionnaires, with each round building upon the feedback and responses from the previous one [1-7]. The goal is to allow participants to reconsider and refine their responses as they see how their views compare with those of others [2, 6, 7]. This process is designed to foster independent judgement and can result in a more accurate, well-considered consensus [2, 6, 7]. Statistical summaries of responses from each round provide feedback to the research team and the participants, facilitating ongoing reflection and revision of their opinions [2, 6, 7].

Given the time constraints of the present project, we completed the study in two phases: Phase 1 featured individual expert interviews and the building of consensus via survey occurred in Phase 2. The possibility of a third iteration was contingent upon the results of Phase 2. Ultimately, a third phase was not deemed necessary because compelling consensus was reached after the initial round of ranking recommendations. Each phase of our Delphi Panel is described below.

Interview Protocol

During the preparation phase of the Delphi Study a preliminary interview protocol was developed. The questionnaire was finalised in collaboration with the QFCC team and went through three iterations. We generated open-ended prompts designed to probe each of the research questions and areas of interest agreed with the QFCC. The questions in the final protocol were arranged across four sections: (1) general prevention of ICSAE, (2) protection of children from ICSAE, (3) investigation of allegations of ICSAE, and (4) postvention (following an allegation, observation, detection, or disclosure of ICSAE). The team maintained a dynamic document to keep track of new or related topics raised during interviews. This allowed us to add specific questions, as required, to each section. For example, after the recommendation for a statewide reportable conduct scheme emerged spontaneously in several interviews, we added it formally as a prompt to gauge opinion and consensus¹. The protocol questions were designed to be contingent upon participant responses, and interviews were semi-structured, and participant led. Thus, it was highly unlikely that a participant would be asked every question from every section. Questioning was generally tailored toward a participant's professional background. For example, law enforcement professionals were mainly questioned around investigative issues, and clinical professionals were mainly questioned around victim or perpetrator issues.

Expert Interviews

Our initial approach featured the scheduling of several focus groups to facilitate the gathering of qualitative data from similar groups of colleagues. Soon into the participant recruitment stage, it became clear that individual interviews would be necessary. First, due to the sensitive nature of the topic, most participants expressed a clear preference to be interviewed individually. Second, due to school and public holidays, it proved difficult to schedule participants in groups. At their request, eight participants were interviewed in pairs (i.e. four interviews) and one interview included three colleagues together.

Interviews were scheduled with one or two members of the research team and were generally conducted within a week of being scheduled. The primary investigators (Harris, Ogilvie, and Jenkins) led most of the interviews. Research assistants (Buzza and Bodker) shadowed Harris and Ogilvie on several interviews before leading their own. Almost all interviews were conducted, recorded, and preliminarily transcribed using Microsoft Teams. One conversation occurred via telephone and three were conducted in person.

On average, interviews lasted approximately one hour. Interviews were digitally recorded, and transcripts were initially generated using Microsoft Teams. Each transcript was checked against the audio recording and redacted of identifying information. The recordings were deleted, and the transcripts were edited for brevity and clarity.

¹ We note that while a reportable conduct scheme is currently being implemented in Queensland, it was not currently operating at the time of the completion of this report. We thank QFCC for this clarification.

Preliminary Reflexive Thematic Analysis

Reflexive thematic analysis was guided by Braun and Clarke's [8, 9] six step process. The analytical approach and the individual steps are described in turn below.

Reflexive thematic analysis offers robust paradigmatic guidelines and there are multiple variations in approaches depending on the aims of the research [8]. The current project implemented an experiential qualitative approach which focused on capturing participants' professional experience with ICSAE and exploring their understanding of best practice for prevention [10, 11]. An experiential approach is essential when research aims to inform practical prevention efforts. A theoretical framework on critical realism was adopted as it recognises the concept of truth and reality but acknowledges that human practices will always shape how the truth is experienced and known [11]. Critical realist reflexive thematic analysis produces situated and interpreted realities as presented by the professionals working in this space rather than simple decontextualized truths [9, 11].

1. *Familiarisation with the Data.* This process began when the researchers conducted their interviews. Each member of the research team immersed themselves deeply in the interviews, reading and re-reading the transcripts numerous times. Notes were taken about any insights or analytic ideas gleaned from this, related to either each data item (interview) or the whole dataset (corpus of interviews). The familiarisation process continued by checking the transcripts for accuracy against the audio recordings of each interview. Each member of the research team was then allocated the transcripts from two professional categories to review. This revision allowed the coders to immerse themselves in the transcripts and engage critically with the data. Thorough notes were taken throughout this preliminary stage.
2. *Doing Coding.* Each researcher systematically worked through their dataset, tagging or identifying pieces of data that appeared potentially important, relevant, or meaningful to their research scope [8]. Within this phase, the researchers applied 'code labels' to these pieces of data. The code labels are detailed and specific, aimed at capturing a single concept or meaning. Each researcher systemically coded their transcripts to produce multiple codes related to the research questions. Coding mostly occurred at the semantic and inductive levels in which the data "spoke for itself" and meaning was captured at an explicit or surface level. A semantic approach aims to stay true to the participants' language and overt meanings of the data [8]. However, at some points coding was more deductive where researchers coded and interpreted the data through a lens of Situational Crime Prevention (i.e., mentions of "line of sight", or "close-circuit television") [12]. Combining inductive and systematic coding ensured a robust and detailed analysis that was driven by the data, not the researcher [8]. Researchers met often to reflect on the codes they had generated and maintained a dynamic document to compare notes as they were taken. Upon completion, each researcher brought together their code labels and compiled relevant pieces of data for each code.
3. *Generate Initial Themes.* The researchers met to identify shared patterns of meaning across the dataset. At this stage, researchers compiled a collection of codes that appeared to share a core idea, message, or concept, which could provide an 'answer' to the research question/s. Researchers came together to reflect on their initial themes as a form of critical group discussion [8]. As each transcript was read by at least two researchers (often in addition to the researcher who conducted the original interview) this allowed for richer and more nuanced insights, while ensuring the validity of the themes that were generated. Once the researchers identified potential themes that adequately captured the data and addressed the research question, they gathered all coded data relevant to each potential theme. The process of step 3 was particularly recursive, naturally leading into step four.
4. *Theme Development and Review.* Developing and reviewing themes entailed checking that each theme made sense in relation to both the developed codes and the dataset in its entirety. Themes were reviewed against the coded dataset to inform whether theme boundaries needed to be adjusted or re-developed [8]. The relationship between themes was also considered, as was existing knowledge, practice in the field, and the wider context of the research. Data excerpts that best evidenced the patterns displayed across the dataset were extracted while ideas were redeveloped, and interpretations of data were discussed as a group. One code was deemed too complex to remain a code and was promoted to a theme (e.g. 'situational crime prevention'). One theme was too broad so was divided into two themes (theme 1 and theme 3). This ultimately resulted in the generation of six themes.
5. *Refining, Defining, and Naming Themes.* During Step 5 the themes were further refined and named and researchers worked as a team to construct a thorough definition for each one. The researchers ensured each theme was clearly demarcated and was built around a central concept. Brief definitions of each theme were written. This step occurred over several iterations and team meetings.

6. *Writing the Report.* The final step constituted the composition of the draft report including the explication of themes with direct quotations extracted verbatim from the interview transcripts. The themes and analysis are presented and discussed in the results section.

Generating Delphi Recommendations

The next phase of the Delphi Panel required us to build consensus around recommendations for best practice. During the reflexive thematic analysis, we generated a list of recommendations extracted during the individual consultations. We then worked together as a team to edit the contributions and arrived at a clear and concise list of 23 mutually exclusive “Delphi recommendations for best practice” from the panel’s collective responses. Next, we created an online survey using the Qualtrics software program and distributed the two-step (five minute) survey via email to each of our interviewees for review, prioritisation, and ranking.

Ranking Delphi Recommendations

In the first step of the ranking survey, participants were instructed to read the list of 23 Delphi recommendations and endorse as many as they preferred. This activity gave participants the opportunity to reflect on their earlier responses considering the feedback provided from other panel members [2, 3]. Step 2 required the participants to prioritise their responses by allocating 100 points across the range of Delphi recommendations they had previously endorsed. For example, if they believed that one Delphi recommendation deserved 100 points, they could code it thusly. If they felt that ten Delphi recommendations were equally of most importance, they could allocate 10 points to each one. They were advised that they didn’t have to allocate points to every Delphi recommendation they endorsed in Step 1, but they did have to allocate all their points.

Delphi recommendations were presented in a randomised order to protect against ordering bias. This guarded against participants unconsciously prioritising the Delphi recommendations that appeared at the top of the list over those at the bottom of the list. This also ensured that we could randomise their experience of fatigue. Participants were asked to complete the survey as quickly as possible. Links were sent via email to all 49 interviewees and 46 participants (94%) ranked their Delphi recommendations as instructed. Their results are described below.

Participants were reminded that their responses would remain anonymous, and findings would only be reported at an aggregate level. Ensuring participants’ anonymity was important to minimise bias and reduce the risk of groupthink, allowing for honest and independent opinions to be shared [3]. Experts were unaware of each other’s identities, which prevented dominant voices from influencing the responses.

The Delphi methodology permits for this iterative process to continue through several rounds, with each round allowing experts to reflect on and further refine their opinions. The approach typically continues until a convergence of opinion is achieved [6] or a point of diminishing returns is reached, i.e., the point where additional rounds will cease to encourage significant changes in the panellists’ responses [6]. We ultimately achieved a 75% consensus for four of the 23 Delphi recommendations after the first iteration of endorsement and prioritisation, suggesting that further iterations would not significantly alter results.

Secondary Analysis

In the secondary analysis phase, the quantitative results from the ranking survey were reviewed, discussed, and summarised. The data were synthesised to determine areas of consensus and dissent across the proposed Delphi recommendations [3, 4, 6, 7]. Descriptive statistics such as measures of central tendency were calculated to quantify the degree of consensus among the experts. The standard threshold of 75% was predefined by the research team as the point at which agreement could be considered consensus [7].

A Note on Consensus Building

It is sometimes the case that consensus needs refinement on contentious issues and the sensitivities surrounding ICSAE makes this project no exception. We were prepared to reconsider and revise the Delphi recommendations that yielded low agreement and request participants to reevaluate their endorsements to reduce remaining discrepancies. As noted above and in more detail in the results below, this was not necessary because we reached consensus during the first iteration of the survey.

Results

We present the results of this study in two parts: (1) the reflexive thematic analysis of the interviews (which resulted in six themes); and (2) the Delphi Panel consensus building of 23 Delphi recommendations (which were subsequently endorsed and prioritised). The second part can be usefully conceptualised as the *implications* of our results. We discuss each part in turn.

Table 2: Theme Names and Definitions

Theme Name	Theme Definition
Reimagining Early Childhood Education: A Call for Systemic Change	This theme highlights the urgent need for structural change in the early childhood education and care (ECEC) sector. Key concerns include chronic understaffing, high staff turnover, low pay, and reliance on underqualified staff. Participants criticise the impact of privatisation and argue that ECEC should be integrated into the broader public education system. Issues around staff-to-child ratios and declining standards due to staffing pressures also reflect deeper systemic problems.
Situational Crime Prevention	This theme focuses on creating safe environments in early childhood settings by implementing situational crime prevention strategies. These include 'the rule of two,' controlled access, CCTV monitoring, and appropriate staffing ratios for effective supervision. It acknowledges that motivated offenders exist but aims to reduce risks by targeting guardians, places and managers. Key measures include no phones on the floor, clear risk signage and special focus on high-risk areas like nappy changing and toileting.
Strengthening Safeguards: Policy and Regulatory Overhaul	This theme reflects calls for stronger, more coordinated government systems to protect children. Poor information sharing between agencies is seen as a key weakness, with support for both a statewide and national reportable conduct scheme, staff location/employment register, and easier reporting processes. Participants want faster, clearer communication, a lower burden of proof for assessing risk in the workplace, and a robust independent regulator. The Blue Card system was criticised for being relied upon (and misunderstood) as a comprehensive safeguard.
Fostering a Safeguarding Culture	This theme emphasizes the importance of creating a safeguarding-focused organisational culture in ECEC. It involves improving recruitment through thorough reference checks, values-based interviews, and clear messaging on child safety. Regular training, supervision, and strong leadership are key to building staff confidence in recognising, reporting and mitigating risks. A clear code of conduct, robust safeguarding policies, and an environment that encourages reporting will help prevent abuse before it starts, address concerns early and ensure staff are held accountable.
Promoting Collective Care: Awareness and Education	This theme stresses our collective responsibility in safeguarding children, highlighting that harm can come from anyone, regardless of status, relationship, or gender. It emphasizes that grooming often involves subtle, cumulative behaviours that are hard to spot at first. The theme calls for increased age-appropriate education on topics like body boundaries and safe touch, starting early, and encourages open conversations about uncomfortable issues. It advocates for public awareness campaigns and urges both families and bystanders to trust their instincts and report concerns.
Responding to Allegations of Harm	This theme highlights the necessity for an immediate response to safeguarding concerns, including reports from mandatory reporters, child carers, and other stakeholders. It underscores the importance of reducing the burden of reporting pathways with options for anonymous reporting, allowing all individuals—whether parents, staff, carers, or mandatory reporters—to report concerns without fear of retaliation. A multi-agency and trauma-informed response is essential, involving collaboration between law enforcement and therapists. Mandatory reporters should be well-trained and supported in handling disclosures. This theme also emphasizes system-wide accountability, ensuring concerns are acted upon quickly and thoroughly, with age appropriate, trauma-informed practices across all sectors, especially investigations, to protect the needs of the child and family.

Reflexive Thematic Analysis

As noted above, each of the 49 interview transcripts was ultimately read and reviewed by at least two members of the research team. All team members interviewed participants across all professional categorisations and some transcripts were read by the entire team. The reflexive thematic analysis of the interviews yielded the generation of six themes, and each one is defined in Table 2 and described below.

Theme 1: *Reimagining Early Childhood Education: A Call for Systemic Change*

The first theme (defined in Table 2) highlights the urgent need for structural change in the early childhood education and care (ECEC) sector. At the broadest level, participants were quick to criticise the impact of privatisation on the sector:

“Children are not for profit.” (Participant 22)

“Are they making the decision because it's in the best interest of children, or are they making business decisions? [if the latter], that decision is not a decision about children. It's a decision about finances and revenue and profit. And [if that's the case] is the service honestly worth operating?” (Participant 29)

“If you're running a business, profit is your aim and you're going to cut costs. Who is going to be on the receiving end of those cut costs? The children.” (Participant 22)

Privatisation was observed to lower the overall quality of care in ECEC. However, participants were clear that privatisation also has direct implications for the safety of children. They pointed out that constraints on resources increase the risk of ICSAE by creating barriers to the effective implementation of situational prevention measures:

“They want to reduce costs, so they're not going to pay people overtime or they're not going to backfill. They're going to cut corners in service provision in order to protect profits, which means that there are important checks and balances that just don't get applied.” (Participant 39)

Participants described workforce issues that are pervasive across the sector. For example, poor working conditions and low pay have led to chronic understaffing, high staff turnover, and a reluctant reliance on underqualified staff.

“Organisations cut corners and that means that they will essentially focus more on getting somebody in the door to have a body in place rather than actually the standard that's needed to ensure both the stability for the children they're working with and also their safety.” (Participant 16)

“They don't have enough staff. That's the biggest problem we've got in this space. Go onto “Seek” and type in childcare centre worker and watch how many pages come up!” (Participant 10)

“Everyone's busy. They're overworked. They're grateful to have anyone.” (Participant 4)

These workforce issues undermine efforts to attract high-quality staff that are needed to build safe cultures, implement situational prevention measures, and importantly, to be selective about hiring decisions to avoid candidates with poor track records or who have moved frequently through numerous workplaces:

“Getting good people is hard because wages are low. They deserve a good workplace. You're not gonna get the best people if you don't pay them the best wages.” (Participant 27)

“Well, with the system as it is right now, the low wages and the whatever, the joke that I've made is, have you got a blue card and a heartbeat? You're hired.” (Participant 35)

Our interviewees observed that this problem can be exacerbated by standards that set minimum staff ratios. These ratios are intended to ensure adequate staff coverage to meet children's needs including by maintaining a safe environment. However, in the context of workforce issues driven by privatised market conditions, they can produce perverse and unintended outcomes:

“The compliance issues of having staff ratios can push you to hire people who you would otherwise not want to hire.” (Participant 35)

“If ECEC work conditions improve pay services will have a better workforce to select from and they won't be forced to hire just anyone capable of ensuring the ratios are met.” (Participant 26)

Removing or reducing staff ratios would undermine quality of care and further undermine situational prevention strategies, for example ensuring that staff are never alone with children. Rather, participants suggested that staff should be paid appropriately given the importance of their role:

“Childcare workers should be amongst the top paid people. Y’know, we go on about children being our most precious resource and the people that are caring for them outside of their families are the least well paid...We should do what Scandinavia does – in that part of the world childcare workers are paid like doctors!” (Participant 46)

Addressing these problems would mean changing the way ECEC is funded. As described previously, these problems do not arise just from a lack of funding but rather from the privatised market model that incentivises providers to cut corners and underpay staff. The solution then is a publicly funded system. Participants pointed out that older children are already cared for in a publicly funded model that is artificially separated from the ECEC sector:

“Centres just can’t...apart from charging parents more money to attend the centres, there’s not much they can do...It’s not like schools where the government, the states, and territories hand down certain block funding to schools based on what the needs are in their schools, so it’s different.” (Participant 28)

“You know, we still need to figure out a way that kids are gonna get really good care and parents can go to work...School, on the other hand? It’s affordable to anyone. Everyone’s got access. Well, wouldn’t it be good if you have two kids and one goes into the childcare centre and one goes to the school. Then there’s only one place you gotta go...So it’s more of a continuity of care, isn’t it?” (Participant 35)

Theme 2: *Situational Crime Prevention*

The second theme (defined in Table 2) focuses on creating safe environments in ECEC settings by implementing situational crime prevention strategies. Situational Crime Prevention is a hallmark of criminology’s Routine Activities Theory and was often cited accordingly during interviews. The Situational Crime Prevention approach sets out to achieve ‘safety by design’ by targeting the conditions that allow abuse to occur undetected. In ECEC settings, this means making the environment and operations so transparent, supervised, and structured that abuse becomes extremely difficult to perpetrate. A Situational Crime Prevention approach would directly inform safer practices in ECEC settings through several mechanisms, including: increasing effort to commit abuse; increasing the risks of detection; reduce rewards or temptations (e.g., secure handling of sensitive data and photos); removing excuses for misconduct (e.g., clear codes of conduct, staff training); and strengthening formal surveillance and guardianship.

A range of specific strategies were suggested by participants including the “rule of two”, controlled access, and the use of Closed-Circuit Television (CCTV). Each strategy is described in more detail below and supported using the participants’ own words:

The rule of two:

“I mean it’s simple, obvious Situational Crime Prevention strategies, which is just... you don’t leave them alone. Don’t leave them all alone with kids. That’s it. You know what I mean?” (Participant 19)

“At all the institutions that I’ve worked at, you’re NEVER alone with a child. There is ALWAYS another educator there” (Participant 6)

The value of Closed-Circuit Television (CCTV):

“One of the changes that I’ve seen in most [centres] in recent times is the use of CCTV. I think that’s been game changing. When I first heard of CCTV as a teacher, I thought: “that’s disgusting! Big Brother!” but now if I was teaching, I’d say, “Great! Film me!” Because it’s protecting me from allegations as well.” (Participant 35)

“CCTV is really powerful in a reportable conduct setting.” (Participant 15)

A prevalent trend during this discussion was the sentiment that “motivated offenders” will always exist and that while we do what we can to reduce their risk of offending, we can ultimately prevent more crime by improving guardianship, increasing the skills of managers, and manipulating place to reduce opportunities for offending and increasing capacity for offending detection. Some examples of each are below:

“I think you need to look very simply at Routine Activity Theory. Particularly if you’re dealing with very young, pre-verbal children. The notion of capable guardianship is absolutely critical. [ECEC employees] need to internalise the notion that in order to keep these kids safe, all of us here need to be capable and responsible guardians” (Participant 11)

The value of leadership and training was also discussed:

“Doing protective behaviours, upskilling the workforce in terms of how to actually be a protective adult in that type of environment where there’s an inherent vulnerability.” (Participant 2)

"They can have all these policies and processes in place. But if you don't have a really strong leadership team that's making sure they're being implemented and making sure any codes of conduct breaches are being addressed and taken seriously. Then I think the rest is probably not worth the paper it's written on." (Participant 47)

"Leaders need skills in this space because if we really want to have a culture, a safeguarding culture, it takes strong leadership and part of that is responding to those red flags that happen really early and setting standards." (Participant 15)

Other specific measures that were extracted during these consultations included "no phones on the floor":

"I did not see my phone and it did cause me a lot of stress at times, but I did not look at my phone because I was watching your children! When I worked at [redacted] centre, I did not look at my phone from 8:00am until 4:00pm. I did not look at it. You can't. You have a cordless phone in the room for emergencies, and you can take it out to the playground if necessary. There is a laminated list pinned up everywhere with the parents' mobile numbers and your husband or partner can call the office if it's an emergency and talk to you, that's fine. It's also modelling to the children that you are playing with them and that you don't need your phone." (Participant 26)

"Teach parents what to look for (as a quality childcare centre) – it's not about the playground (or the fancy facilities), it's about the staff." (Participant 26)

"If you think something can't happen here, you're already at risk because people have that mindset, right? People are operating in their own little worlds that "it's just strangers", "it's no one I know", or "that would never happen to me." (Participant 1)

"It's having some really challenging conversations that need to be had around what the risk factors are based on the evidence we have available to us. We know that they occur in the context of toileting and nappy changing. We know that offenders can be opportunistic and predatory. We know that despite ratios in early childhood education care settings that there will always be an opportunity for a predatory offender to offend against children." (Participant 36)

Theme 3: *Strengthening Safeguards: Policy and Regulatory Overhaul*

Theme 3 (defined in Table 2) urges for stronger and more coordinated government systems to protect children. A key weakness was noted regarding poor information sharing between agencies:

"So, I think that multilayered approach is actually really quite crucial, and I think ensuring that you have systems speaking to one another is absolutely vital...A lot of the time, information sharing is probably the biggest inhibitor to child protection." (Participant 16)

"I do think there probably needs to be some consideration of information exchange across borders because people get nervous when there's no legislation to support that." (Participant 1)

We noted almost unanimous support for establishing a reportable conduct scheme (noting that this was a key recommendation of the Royal Commission into Institutional Responses to Child Sexual Abuse). In many cases, this was mentioned at a statewide level, but several interviewees suggested that for such a scheme to be truly effective, it would need to be nationally integrated:

"Having a national peak body for concerns could at least ensure that if someone is hopping between centres and using that movement as a way to conceal activities or problematic behaviour, there's a much higher chance of picking that up." (Participant 39)

We note also some hesitation over the potential for unintended consequences of a scheme that is not properly resourced:

"It will be dangerous if it's not implemented correctly and we don't have adequate training and resources at the back end of that, then we [will] just get inundated." (Participant 14)

"Any new legislation will have unforeseen consequences. I think the intention is fantastic. I love the concept, but we don't have enough resources to support the back end of the process. We don't [currently] have the resources to deal with the information we get as it is... I love the concept but in reality, the concern is that it's just going to double the workload." (Participant 14)

Relatedly, the suggestion of a register of sorts to log staff location and employment was made:

"We need some kind of register – like Oneschool, a very neutral record of where that person has been – just where people's work histories are submitted, not with comment, just location." (Participant 14)

A key component of the proposed statewide reportable conduct scheme would be to provide anonymous processes through which someone can make a report or raise a concern:

"In a good reporting system, reporting is easy and anonymous. It's a burden to report concerning conduct."
(Participant 5)

"We're talking about kids' safety five to seven days a week in some institutions...the threshold needs to be lower than the criminal standard of proof." (Participant 1)

"We absolutely should not need something to go to the courts to keep kids safe in child serving organisations... Why would we be wanting to maintain a criminal standard of proof for this where the person could be having access to the kids every day of the week?" (Participant 1)

The final element of this theme concerned the overreliance on the Blue Card System and the misleading sense of protection it produces:

"Working with children checks employment screening are a necessary part of institutional safeguarding, but we cannot rely on them." (Participant 1)

"The Blue Card system is people have an overestimation of its effectiveness, and that's risky because they think it is a panacea. Oh, they've got a Blue Card." (participant 19)

The point was repeatedly made that a Blue Card simply confirms that an individual does not have a *known* criminal conviction at the time of application. This can provide a deceptive feeling of safety for employers and families, because it cannot account for undetected offending, concerning behaviours, or the potential for future harm. Resounding calls were also made for better integration of this system with other safeguarding measures:

"We cannot consider our working with children check scheme to be comprehensive in Queensland when we don't have a reportable conduct scheme feeding into that." (Participant 1)

Theme 4: *Fostering a Safeguarding Culture*

Extracts from the interviews used for Theme 4 highlighted the role of organisational culture in keeping children safe:

"An agency who has all the policies and procedures in the world, still might not translate into the right culture on the ground with the people in the agency. Policies and procedures are only as good as your people on ground, and in particular your leaders, and not just executive leadership, but middle management as well." (Participant 1)

A good workplace culture normalises conversations about ICSEA and supports staff to call out concerning behaviour:

"You've got to have a good reporting culture. In order to have a good reporting culture, you've always got to be training your staff." (participant 15)

"The problem is with people not having confidence to report internally. The better option is to target that with education, awareness, capability building, and just really taking active steps to change the culture of the sector." (Participant 38)

Building a culture of safety begins with recruitment, including thorough reference checks from the right people:

"Give us two referees." Our view is that that's just highly inappropriate. It's unreliable information because people are only going to put forward individuals who will speak highly of them... it's not a genuine assessment... a director needs to say, "I want your current director's name as your referee" or "I want your current director and your second most current director as a referee." Because if there have been any serious allegations against someone, it's not going to be a team leader who knows about it. It's going to be the director." (Participant 15)

"Character references are evidence of grooming." (Participant 11)

Furthermore, the interview process is a time to explicitly talk about values and child safety:

"At an interview level it's about asking values-based questions and really exploring with an employee or prospective employee their suitability to work with children and to prioritise child safety... then, exploring a scenario that would require them to identify risk around safeguarding is important in an interview." (Participant 15)

"Quite simply – ask them why they want to work with kids!" (Participant 11)

Many participants spoke about the need for a clear code of conduct to set clear expectations for behaviour but also to clarify grounds for reportable conduct:

“Codes of conduct need to consider professional boundaries and how people can interact with kids outside of the workplace because it will often happen that parents will ask school employees, for example, to come over on the weekend to babysit the kids. And in regional towns, that's gonna happen. Lives are so interwoven... there just needs to be really explicit conversations about how we handle this and how we manage it and openness and transparency.” (Participant 1)

“We need a really good, robust, code of conduct. It needs to focus on things like crossing professional boundaries with children and what that looks like in a particular setting and it needs to be explicit.” (Participant 15)

One participant gave a particularly detailed example and thoughtful case study of the process of holding appropriate boundaries and how to have open discussions. They specifically walked the interviewer through what ‘scripting’ would look like in the workplace with the following helpful example:

“What happens if you do get the invitation to the birthday party for the three-year-old? Well, I immediately bring that to my director. So, we give them the line, *“Thank you so much for the invitation, but in our workplace, we don't go to birthday parties. What we usually do is have a celebration in the childcare centre...”* We make those messages overt to the worker and then we also give them some scripting about it. In one example, I wanted to go to a child's party [in a small, remote community where I worked] and I went to my director. We agreed that I could go to the party, but I wasn't to give a gift because I don't give gifts to all the children in the centre.” (Participant 46)

Theme 5: Promoting Collective Care: Awareness and Education

Theme 5 emphasises our collective care and responsibility in safeguarding children:

“We have collective care responsibilities. It's one of the greatest social responsibilities for all of us. It's not just about your kids, it's about shifting that thinking so that it becomes literally everyone's responsibility. Caregivers are members of society, so everyone has a role to play in this, and that is for all kids, y'know? No matter of race, place, or identity.” (Participant 9)

“Look at the prevalence rates [of child sexual abuse]. We're missing the ordinariness of this. It's not “out there” - it's fucking in here, and it's part of all of us.” (Participant 11)

This theme recognises that harm can come from anyone regardless of status, relationship, or gender. While participants noted that men are overrepresented in cases of sexual offending against children, they were also clear that women could not be ignored as a source of risk:

“We significantly underestimate female participants in the offending.” (Participant 14)

“It really taints not only male educators, but the whole sector with the same brush. And that's not the case. But again, it's just as easy to be a woman perpetrator. But we don't have our eyes open to that.” (Participant 35)

They also noted the important roles that men play in caring for children, including in ECEC, and that barring men from working with young children would be detrimental to children and to the sector more broadly:

“Does that mean men have no place in their own children's lives? I actually think [prohibiting men] is oversimplifying the answer to the problem and it's ignoring the important role that male role models play in the lives of children...I think if we're not careful and we just focus on gender, we actually miss some really critical issues around the robustness of systems. I would argue if we took that stance, it would make us more complacent.” (Participant 16)

“Men play differently with kids. Men and women interact differently with children. Men bring a different richness. If we don't have male educators who work with children, it's a big deficit.” (Participant 35)

The importance of identifying grooming behaviour was a clear theme. Participants acknowledged that grooming is sometimes difficult to identify because it is subtle and can be mistaken for kindness and attention at the beginning.

“One of the enabling factors I should say for offending is knowing the victim and this prior connection helps to create a context in which offending behaviour can take place.” (Participant 39)

Interviewees also emphasised that grooming is designed to manipulate not just the children but also their parents, other families, centre staff, and the community more broadly:

“That's where we get it wrong. Grooming the child is almost like the last part of the process. Think about grooming the family, grooming the organisation they're working for, [how they gradually] break down those rules and those boundaries.” (Participant 42)

Education was put forward as a key strategy to protect the sexual safety of children. Participants indicated that education should be age-appropriate, for example focussing on naming body parts, safe and unsafe touch, and setting healthy boundaries:

“But yeah, there are certainly things that you can educate them on. Speaking up and saying no and what's private and who it's safe to show your body to. Everyone's got a bum! All those kinds of things. I don't think there's a “too soon”. (Participant 31)

“Give children a voice. Have the conversation – talk to them about toileting - “adults shouldn't touch your private parts unless they are changing your nappy. If you don't like the way Miss Nancy wipes your bottom you can talk to your mummy or your daddy, but you can also talk to Miss Stacy in the next room.” (Participant 39)

While this type of education for children is often delivered in one off sessions, participants suggested that it should be embedded in the curriculum and delivered in an ongoing way:

“Bravehearts have Ditto the lion telling kids what to do if they feel butterflies in their tummy and that's great – but it's once a year for an hour. That doesn't by any means mean that all our children are getting it or that all centres are providing that. We need to do more.” (Participant 35)

The delivery of education to adults was also advocated; including staff, parents, and the broader community:

“It is the right thing to do, to talk about child sexual abuse. And you can do it in a way that is age and developmentally appropriate. It's never too early to start. You can do it in a positive and proactive and ongoing way, and it's actually the right thing to do to tell your children about that.” (Participant 34)

Topics of education included getting comfortable with having uncomfortable conversations, to believe and listen to children, and to trust their instincts when they feel that something is wrong:

“If you want to protect children more globally in this ECEC space, you're going to have to start asking some of these more difficult questions. We're so embarrassed to ask these questions. We've got to get over our embarrassment about this.” (Participant 7)

“Be explicit about the kinds of risks you're trying to mitigate. If you're not talking with children about sex, you're not preventing child sexual abuse.” (Participant 17)

“If you think something can't happen here, you're already at risk because people have that mindset, right? People are operating in their own little worlds that “it's just strangers,” “it's no one I know,” or “that would never happen to me.” (Participant 1)

Theme 6: Responding to Allegations of Harm

While prevention of ICSAE is obviously preferred to any kind of postvention response, participants spoke about the importance of investing in how we respond when something does happen:

“It's a combination of prevention and response that keeps kids safe in an institutional setting. And it's about always doing both.” (Participant 15)

Participants spoke about the importance of clear pathways for reporting concerns about ICSAE to reduce confusion about what should be reported and to whom and to reduce barriers to reporting:

“So, centres are complaining that there are so many different types of reports that they've got to make for a single incident to different authorities for different reasons. But there's some confusion about what those reporting obligations are.” (Participant 41)

A consistent message was the importance of believing children when they make disclosures:

“If the parents are supportive and believe the child or the victim, then there's better life outcomes. So, the earlier we can support them once they've made the disclosure, the better.” (Participant 3)

“As soon as an incident is identified, we have a problem with how we respond. So, we in Australia can provide education to these guys about responding, which is believing the child or situation and then letting an investigator – a trained investigator – do the rest as far as proving whether it did or didn't happen.” (Participant 13)

Participants described a lack of services to support children and families after a disclosure, noting that access to services is highly dependent on location and catchment areas. Furthermore, services were noted to have long waiting lists, leaving children and families without high-quality or specialised support options:

“As I said before, it's a lottery of where you live and what services are available. I suppose, in the past, we have tried to keep a manual or pamphlets of all different services. It becomes very hard. Also, we used to try to also look at what the waitlist was for the family and the cost, because the cost is a big factor for a lot of our clientele. They can't afford private funding [healthcare].” (Participant 3)

“There's a massive gap in service between children disclosing, having forensic examinations done, being seen by a health professional, and then seeking or receiving therapeutic care or psychosocial support. So, we know that there's massive gaps in service for wait times. Sometimes six months. And if you don't live in their catchment, you can't get access to their service. These are the families that we see who have a child that has disclosed, that has been through the police, done the 93A interview, had a medical examination and then can't go and get therapy from services because their waitlist is too long, or they don't live in that catchment area.” (Participant 11)

It was frequently suggested that support services involve a multi-agency response that can be tailored to the specific needs of the children, including child-friendly environments and culturally appropriate services:

“Therapeutic support services, forensic interviewing and medical examination all in one place, or at least working in multidisciplinary teams so that parents don't need to keep finding out getting referred to lots of different people making multiple appointments.... the risks of disclosure for children and what happens afterwards are a real disincentive because it can be the systems can be as traumatising.” (Participant 34)

Finally, trauma-informed responses were observed to be necessary not only for children, but for secondary victims including family members as well as staff who may have worked alongside perpetrators:

“Can we connect these people [victims' families] together? I think that would really help them because otherwise you've got people going through something absolutely awful that they can't actually talk about it to their family.” (Participant 12)

“[For staff] it's not your child, but you were tasked with the daily care and emotional wellbeing of those children, and you also worked with someone and didn't realise or maybe you did realise, and you maybe tried to raise it but maybe not enough... Individualised support is likely important for...workers.” (Participant 34)

Delphi Panel Consensus

Through our reflexive thematic analysis of the interview transcripts, we generated 23 Delphi recommendations. These Delphi recommendations were then presented electronically to interview participants for endorsement and ranking to complete the Delphi Panel Consensus Building process.

Endorsement and Ranking of Delphi Recommendations

A total of 46 Phase 1 interviewees responded to the survey, providing a response rate of 94% (46/49). With such a substantial percentage of the interviewees participating in the Phase 2 prioritisation stage, we applied the typical 75% consensus threshold. That is, consensus would be declared if at least 35 ($34.5/46 = 75\%$) of the participants endorsed a particular Delphi recommendation. We achieved a clear and compelling consensus at this cut off for six Delphi recommendations. Table 3 below provides the details of each Delphi recommendation (the top six (endorsed Delphi recommendations) are shaded).

Participants were then presented with a list of the Delphi recommendations they had endorsed and were instructed to distribute 100 points between their endorsed Delphi recommendations to indicate their prioritisation. The table below further indicates how many people endorsed each Delphi recommendation, how many people chose to allocate points to each Delphi recommendation, the percentage of endorsers who also allocated points, and the total number of points ultimately allocated to each Delphi recommendation. Please note that due to our protection of anonymity, we are unable to provide how many points each individual participant allocated to each Delphi recommendation. We are also unable to identify the participants (or their professional categories) who did or did not participate in Phase 2.

Table 3: Endorsed Delphi Recommendations in Priority Order After Phase 2 (n = 46)

Final ranking	Delphi Recommendation	n (%) who endorsed	n (%) who allocated points	Total points allocated
1	Design environments to reduce opportunities for abuse through situational crime prevention strategies (e.g., visibility, line of sight, open spaces, CCTV, documented safeguarding procedures).	37 (80.4%)	36 (78.3%)	382
2	Mandate clear, confidential, and accessible reporting channels for individuals to raise concerns and report disclosures.	37 (80.4%)	36 (78.3%)	305

3	Conduct rigorous reference checks for new employees that include contacting at least three previous employers or personal references.	37 (80.4%)	35 (76.1%)	256
4	Conduct regular and random compliance assessments to check for adherence to established practice standards.	37 (80.4%)	35 (76.1%)	154
5	Legislate information sharing across organisations to serve the child's best interests.	35 (76.1%)	34 (73.9%)	222
6	Develop a national code of conduct for staff that translates policy into concrete expectations for behaviour in working with children.	35 (76.1%)	34 (73.9%)	179
7	Improve pay, working conditions, and professional recognition for early childhood staff to reflect the importance of their role.	32 (69.6%)	31 (69.0%)	294
8	Establish an appropriately resourced reportable conduct scheme for reporting of lower-level concerns and boundary-crossing behaviours that fail to meet the evidentiary threshold for a police investigation.	30 (65.2%)	29 (63.0%)	269
9	Create a national register that tracks who is employed where and when (no judgement re: conduct or notes on behaviour—for transparency and pattern detection only).	30 (65.2%)	29 (63.0%)	247
10	Integrate early childhood education into the broader education system with public funding to ensure universal access and consistent standards.	27 (58.7%)	26 (56.5%)	212
11	Develop an independent AHPRA-style regulatory body to oversee professional conduct in early childhood education and care.	30 (65.2%)	29 (63.0%)	226
12	Be explicit about the risks you're trying to prevent and the safeguarding culture you're trying to promote—don't shy away from difficult conversations. Encourage stakeholders to "lean into the uncomfortable" and engage in open dialogue about child safeguarding.	33 (71.7%)	32 (69.6%)	204
13	Develop a standardised curriculum to teach children anatomically correct language and body boundaries through age-appropriate education on safe and unsafe touch.	32 (69.6%)	31 (67.4%)	174
14	Embed situational crime prevention principles into regulatory reform, including reducing opportunities, hardening targets, and strengthening guardianship.	28 (60.8%)	27 (58.7%)	164
15	Develop and promote a strong duty-to-report culture that normalises speaking up and whistleblowing (e.g., "see it – report it").	30 (65.2%)	29 (63.0%)	159
16	"No phones on the floor." No exceptions.	24 (52.2%)	24 (52.2%)	143.5
17	Prioritise staff retention in early childhood centres to ensure consistency and reduce reliance on short-term or temporary staff.	33 (71.7%)	32 (69.6%)	151
18	Ensure staff are never alone with a child. No exceptions.	17 (36.9%)	17 (36.9%)	131.5
19	Maintain adequate staff-to-child ratios and aim for smaller group sizes.	34 (73.9%)	29 (69.0%)	129
20	Run public awareness campaigns promoting children's right to be heard and believed ("Children don't lie—believe them" "Children should be seen <i>and</i> heard. Believe them").	27 (58.7%)	26 (56.5%)	105

21	Include values-based questions during the recruitment process and interview, such as “What’s your motivation to work with children?” and “What would you do if you saw something suspicious?”	27 (58.7%)	27 (58.7%)	109
22	Display clear, confronting signage in staff areas encouraging self-reflection and peer accountability (e.g., “Are you worried about a colleague’s behaviour?” “Are you concerned about your sexual feelings towards children?”	20 (43.5%)	19 (41.3%)	74
23	Prohibit men from working in early childhood education and care.	3 (6.5%)	2 (4.3%)	70

Discussion and Recommendations

Through the reflexive thematic analysis of multiple interviews and a Delphi panel, this report has captured a convergence of informed opinion, insights, and ultimately recommendations for best practice. Our team leveraged more than 60 years of professional experience and a robust network of more than 100 stakeholders, practitioners, and academics to explicate the conditions and circumstances in which ICSAE is most likely to occur. This process included identifying behavioural patterns and individual risk factors, but also systemic failures, procedural weaknesses, and cultural blind-spots that facilitated the targeting, grooming, exploitation, and sexual abuse of children in institutional settings. Our innovative Rapid Delphi Study attended to the limitations of relying solely on published research by generating expert-endorsed “Delphi recommendations.” Seeking the perspectives of professionals with practical experience was a vital component to ensuring that this review would be meaningful and relevant beyond the spheres of academia and government. Our analysis ultimately yielded six themes and four endorsed Delphi recommendations.

A Note on the Implications of our Findings

It is important to acknowledge the context in which these themes and Delphi recommendations were generated. Conversations were framed around a particular problem, ICSAE, and, while participants were encouraged to consider systemic issues and generalisable strategies, participants frequently spoke about how their observations and Delphi recommendations related to “this particular case.” However, many participants noted that the case that triggered the review was extremely rare with regard to the age and number of victims, the protracted length of offending, and the persistence across multiple settings in different jurisdictions. As stated by one participant with considerable experience, “This is a landmark case. I mean it. It was a landmark case. The years that I’ve been working in the space. I don’t know anything like it.” (Participant 12). Caution is therefore warranted to avoid implementing approaches that seek to prevent extreme but rare forms of offending but that allow more prevalent forms of offending to remain unaddressed. Even if it was possible to identify and screen out every highly motivated prolific offender who sought to work in the ECEC sector in the future, this would still not address the situational ICSAE perpetrated by less prolific offenders, which is no less devastating for the victims and their families. Put another way by one participant, “When we think about best practice everybody says, ‘What’s the worst-case scenario and how do we prevent that?’ as opposed to, ‘What’s the most *likely* scenario?’” (Participant 27). Although the case that triggered the current review might be considered rare, the conditions in which the offending took place were not. This observation emphasises the importance of Situational Crime Prevention approaches as a cornerstone of best practice in establishing child-safe environments.

Broader strategies, such as Situational Crime Prevention and age-appropriate education for children, are likely to have greater efficacy than those that focus narrowly on identifying and apprehending other offenders who fit the highly specialised profile of the perpetrator in this case. Situational strategies work regardless of the type of offender. They do not rely on perpetrators offending or even engaging in lower-level misconduct or boundary violations before they take effect, nor do they produce false-positives that unnecessarily preclude people from employment. Situational prevention methods received the highest level of endorsement in this study (78.6%) alongside mandating clear reporting channels, but importantly, received more points than any other Delphi Recommendation by a wide margin. “We don’t necessarily need to reinvent the wheel. Solid foundations are already known about child safe organisations.” (Participant 1). Furthermore, we must consider the wider range of policy goals that are met by children’s services. High-quality ECEC requires much more than the absence of ICSAE. Reform to the sector must appropriately weigh and balance these priorities. For example, it was proposed by some participants that the risk of ICSAE posed by highly motivated, prolific offenders could be significantly reduced by banning men from working with young children. However, participants also spoke passionately about the calibre of many of the men currently working in the sector, the need for both female and male role models, and how children benefit from the different ways that men and women relate to and play with children. In any policy development process, it is essential to ask: “What are the knock-on effects or unintended consequences of what you’re suggesting or recommending?” (Participant 27)

Consideration should also be given to the ways that recommendations intersect and interact. Themes and recommendations are presented as separate and discrete ideas. However, this is an artefact of the Reflexive Thematic Analysis and Delphi Method. Observations and recommendations were interdependent in participants’ explanations. For example, participants suggested that children’s services undertake rigorous reference checks to screen out candidates who have a Blue Card but who also have a history of poor work performance. However, this assumes a sufficient supply of suitably qualified candidates that would allow services to make discerning choices about who to employ. While workforce issues remain unresolved and ECEC continues to be provided in a marketized system—especially by for-profit providers—services will be pushed to make suboptimal hiring choices. Likewise, there was consensus about the need for a reportable conduct scheme. However, this can only be effective if there is an appropriately resourced and empowered regulator, and there is a culture that supports staff to report concerning behaviour without fear of retaliation. Childcare should be publicly funded, and children’s rights must be prioritised above all else. A culture of safeguarding that normalises the raising of concerns for low level behaviour and a stronger commitment to broader education across our community will disrupt and prevent ICSAE most effectively. We concur with the recommendations for enhanced screening, more thorough recruitment checks, and the implementation of a well-resourced reportable conduct scheme. Finally, we underscore the value of situational crime prevention as a strategic, systems-level approach to enhance the safety of children and protect them from ICSAE.

Limitations

This report is not without limitations and each one is discussed in turn. Reflexive thematic analysis is often considered a skilled 'craft' [8, 13]. Although three members of our research team are very skilled in this craft with extensive experience and training, two members of the research team are less skilled in the craft of reflexive thematic analysis. However, these individuals are experts in their respective fields of practice and bring significant experience to the interpretation of themes. This is a limitation that was mitigated by the collaborative nature of our approach. Relatedly, best practice for reflexive thematic analysis is to have as few coders as possible. Where multiple coders are used, analysis must be collaborative [8]. Given the short timeframe of this study and large number of interviews, it was necessary for all team members to code data. Our reflexive approach to the study allowed for us to mitigate these limitations early in the process by having a systematic and collaborative approach to coding [8]. By being aware of these limitations and reflecting on them throughout the research process we have reduced their impact overall where possible.

The most notable limitations of a Delphi Panel relate to sample bias and validity of information [1, 14-18]. Importantly, those components also represent this approach's most fundamental strengths. First, we acknowledge that the opinions expressed in the quotations provided above represent only the perspectives of the participants who were interviewed. That is, our findings are inherently restricted to the perspectives and the experiences of the participants involved. Therefore, the voices that are shared and amplified here should not be taken as indicative of the broader viewpoints of our interviewee's colleagues, employees, supervisors, employers, unions, departments, or agencies. Second, it is not possible to independently verify individual claims made by specific interviewees, so we cannot rely on the factual accuracy of each contribution. Instead, the strength of the method lies in its capacity to synthesise collective expertise. The Delphi process is designed to surface shared themes, expert judgements, and communal insights that exist beyond the realm of traditional empirical or peer-reviewed sources. This approach allows for the inclusion of practitioner and stakeholder knowledge in a way that enriches and extends academic evidence. As such, it is important that this report be consumed in the way it was intended – as a standalone research product, separate from related reviews of literature. We therefore also urge readers to consult the accompanying reports that have compiled recent empirical literature more systematically to better contextualise our results.

Conclusion

Although worryingly widespread, child sexual abuse and exploitation (especially in institutions) is *not* inevitable. In fact, most ICSAE is both detectable and preventable. Its ultimate prevention hinges on our collective willingness to: invest more holistically in those organisations and individuals who take care of our most vulnerable members of the community; recognise and report the early signs of individual boundary transgressions when and where they occur; and commit to raising our collective awareness to the reality of ICSAE such that society as a whole learns that we all have a role to play in its prevention.

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