

children experiencing family violence:

# Working together to develop a better service response



Eastern Region Family Violence Committee Mapping Group

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# Introduction from the project working group

This report has been commissioned and managed by the Children's Needs and Mapping Working Group, a Working Group of the Eastern Regional Family Violence Executive Committee.

The project had its beginnings with a meeting of a number of professionals from a variety of service sectors in the region. These included Refuge Services, Family Violence Outreach Services, Children's Services, Family Services and Counselling Services. The original meeting discussed shared concerns about the needs of children who were presenting to a range of services with concerning behaviours. Anecdotally the meeting agreed that there appeared to be an increasing number of children presenting to their services with difficulties such as aggression, violence, against siblings/peers, social isolation, learning difficulties, depression and anxiety.

It was also noted that these children appeared to have a common experience of exposure to significant and/or chronic family violence. The Group also realised that the complex nature of the service system including service boundaries, differences in funded target populations and different referral processes and pathways often made a co-ordinated service responses difficult.

The project therefore addressed the question: "What are the current responses of services in the Eastern Metropolitan Region to children and young people affected by family violence?"

The Report is not a conclusive document. It raises issues and nominates areas for further discussion and action. In particular the Working Group would like to direct attention to the notion of the development of an "integrated service system". This aspiration is at the heart of the service system reform that requires a re-engineering of multiple service systems, including Family Violence but also involving Mental Health, Alcohol and Other Drugs and Family Services and others. The Working group acknowledges the report would have been strengthened by the participation and operational experience of Child Protection. Ongoing development of this project will incorporate Child Protection as a complementary process is currently underway in the region with the Child Protection, Family Violence and Integrated Family Services Partnership as members of both groups overlap.

The task facing the Eastern Region Family Violence Committee, and which similarly faces each of the other sector partnerships, is how cross sector connections can be made and sustained so that genuine cross sector reform occurs.

The Report is a contribution to this task.

The Working Group is appreciative of the sensitive and responsive way Urbis has undertaken this task.

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1.

Background

## 1 This project

The Eastern Regional Family Violence Committee (ERFVC) has engaged Urbis, an independent research firm, to investigate the current responses of services in the Eastern Metro Region (EMR) to children and young people affected by family violence.

The project brief was to provide a map of the current configuration of service, and to detail recommendations for improving and strengthening the integration of services.

This research follows the work done by the ERFVC which established a response to family violence in the EMR that involves all relevant agencies working together with common principles and goals to provide a range of services that promote safety, empowerment and healing for people experiencing family violence. These principles are articulated in a Memorandum of Understanding that has been agreed to by all agencies and essentially informs local partnership agreements.

The goals of the Memorandum of Understanding are to:

- deliver an effective regional response
- work collaboratively in an integrated framework, and be guided by standardised practices and training
- enhance the safety of women and children experiencing family violence
- deliver an efficient, responsible and flexible family violence service system
- raise awareness about the impact of family violence in the broader community
- provide a range of healing strategies for individuals, families and communities.

To further the work of ERFVC Urbis was commissioned to research the approaches, pathways and ways of strengthening the EMR system. Recommendations are provided to address the enhancement of regional integration. The key research question was 'What are the current responses of services in the Eastern Metro Region to children and young people affected by family violence?'

The project engaged with 26 agencies identified by the ERFVC Mapping Group, to describe and profile the Eastern Metropolitan Region's provision of services to children affected by family violence against the stated goals and vision of the Family Violence Integrating Partnership (FVIP).

## 1.1 Methodology

There were three components to the methodology; these were:

- interviews with key stakeholder agencies currently providing services to children who are affected by family violence
- a mapping exercise of services illustrating the current configuration of services supporting children affected by family violence in EMR
- a review of the relevant literature that explored the question 'Which frameworks and approaches are considered "best practice" within Australia in the treatment of children and young people impacted by family violence?' (see Appendix A).

### 1.1.1

#### Research tools

Semi-structured interview guides exploring the research questions. Stakeholders were also asked to provide service information as part of the mapping component of the project. This included:

- a brief description of programs which include working with children and young people affected by family violence
- the catchment area for programs which include working with children and young people affected by family violence
- the addresses of any outposts or outreach posts for programs which include working with children and young people affected by family violence
- how many children and young people affected by family violence seen from July – November 2008.

The research tools used can be found in Appendix B.

Managers of the programs were consulted as part of this project as directed by Eastern Domestic Violence Service (EDVOS). The people interviewed for this project are referred to through the report as participants. The interviews were conducted by telephone. A small number of agencies were unable to participate within the timeframe. It is acknowledged that not all services who work with children experiencing family violence were represented, or that interviewed agencies may not have addressed everything. Participating agencies are provided at Appendix C and D.

2.

Response to  
children and young  
people affected  
by family violence



Participants reported an increase in cases involving family violence over the past five to ten years. Two main reasons were given for this: an increased awareness of family violence resulting from government driven awareness-raising campaigns; and law reform initiatives. The campaigns were seen to have successfully challenged myths, and place family violence in the public sphere. The result was reported to be an increased recognition of family violence, an increased willingness by women to disclose domestic violence and a stronger awareness of services to contact when ready to access the service system. The point was made that resources had not increased at the same rate as demand.

This section details the current EMR response to children and young people affected by family violence, including a summary of each service and the current networking and referral practices.

## 2.1 Summary of services

A detailed mapping exercise was completed as part of this project. The mapping exercises included:

- A detailed summary of the service providers consulted. This outlines the services and programs that work with children and young people affected by family violence, the service catchment areas and numbers of client (if available) between July and November 2008. The summaries are provided in Appendix D.
- A summary of the services and service elements relevant to this project that relate to children and young people. The information is based on the self reports from services provided during consultations. This can be found in Appendix E.

The services were also geographically mapped using Geographic Information Systems (see Figure 1).

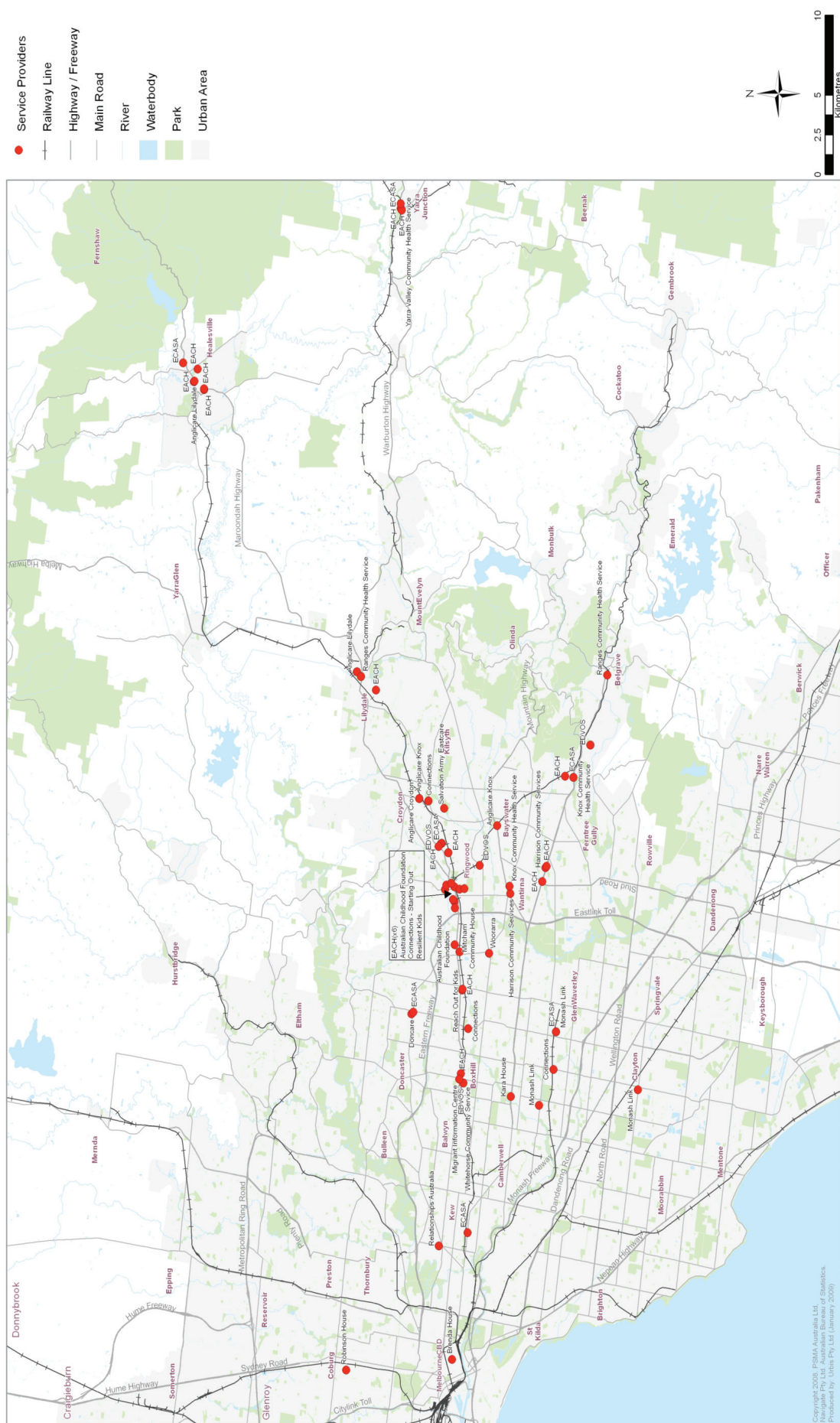


Figure 1 - Services in the EMR

## 2.2

### Networking and referral

The level of awareness of the services available for children and young people within the region was consistently reported to be of a high level. Referral processes were described as generally efficient and well received by the referral agency. Participants thought the needs of children and young people are reasonably well understood, and that referrals regarding children and young people are appropriate. This finding should be tested with the relevant specialist services.

The key limitation in the system identified by participants was timeliness of response to referrals. Hence, while the pathways are reported to be present in the EMR and reasonably well known, children and young people's access can be compromised due to demand outstripping capacity to respond.

There is also a reported high level of utilisation of secondary consult services where they are offered, for example through Child and adolescent area mental health services (CAMHS) and EDVOS. While not quantified in this project, this does indicate a willingness to access specialised expertise for the benefit of children and young people affected by family violence.

Integration of services with regions outside the EMR is also variable. For example, clients of services tend to move in and out of regions for many reasons, including the lack of suitable affordable housing. When people move new service referrals have to be made and this causes significant disruption. Many practitioners did note that there is fertile ground in the EMR from which stronger pathways for children and young people could be developed.

### 2.2.1

#### Referral points into services

Most services in the EMR have multi-entry referral points including self referral, via schools and other community services across the EMR, Child Protection Services and Child FIRST. The majority of services reported preference for self referral into the service, based on an assumption that this reflected self-determination by people seeking services. It is worth noting that there is some contention about this practice, with other participants making the point that there is no evidence to support better outcomes for children and young people based on self referral or third party referral of their parent or carer.

Family violence specific services participating in the Victorian Government 'Integrated Family Violence Services Strategy' introduced in 2006 receive referrals from police via the 'fax back system'. This means that services automatically receive notification from Victoria Police of family violence incidence occurring in their region.

Domestic violence crisis and support services operate in the State-wide context which participants described as presenting additional challenges for networking and collaboration. The networks within the EMR are managed and maintained in the context of utilising state-wide networks, due to the needs of families.

Within the EMR, the domestic violence accommodation crisis and support services receive referrals from the Women's Domestic Violence Crisis Service (WDVCS) or via the '5 Front Doors' program. The 5 Front Doors program is the result of a partnership agreement between The Department of Human Services (DHS), the homelessness and domestic violence sectors in the EMR, and provides a central intake for people in need of crisis accommodation. Participating agencies are Anchor Community Care; Community Housing, Salvation Army EastCare, Wesley Homeless Persons Service and Harrison Community Service. Referrals to domestic violence crisis accommodation and support services are also accepted from EDVOS and Gateways.

### 2.2.2

#### Referrals to other services

The most common referral points for children and young people overall are to:

- ACF and CAMHS
- Child Protection Services
- Edmond Rice Holiday Programs
- 'Resilient kids' within the Mental Health Foundation Australia
- Anglicare youth services
- Anglicare Meridian Program.

Within the family violence specific services, the majority of referrals concerning children and young people are for therapeutic work and group work, as well as recreation programs, mental health services, Child Protection and Child FIRST, and accommodation with their mothers where required. Other reasons noted for referral were learning difficulties, disability support, boy's groups and a range of services to support women with issues impacting on parenting — such as drug and alcohol support, parenting groups, family violence support and information groups.

Some services had referral relationships with private counsellors to refer children and young people where waiting lists for CAMHS or the ACF prohibited timely access. This was often reported to be the case when children and young people are included in intervention orders.

A particular challenge noted by participants from Domestic Violence Crisis Accommodation and Support Services concerned addressing the particular needs of children and young people while in refuges, particularly in the context of the short period of time families stay in refuge accommodation — reported to be on average 4–6 weeks. The gap identified by participants from these services was access to the type of short-term counselling they would like to see provided following separation. While some refuges do have a dedicated children's worker, it was not common for this role to provide specialist counselling for children.

Participants from generalist services reported that they refer children and young people to other services for longer term and specialist therapy around trauma, as they are generally not equipped to offer these interventions themselves. The most common referral point was, again, to ACF and CAMHS. Once again, frustration was reported with lengthy waiting lists and difficulty in securing the type of support generalist services believe is necessary for children and young people in emergency situations. While short term

counselling interventions may be an appropriate support to a child or young person, it may equally be the case that a different intervention is equally, or more, appropriate and be resourced from another source.

Other referral points for generalist services are:

- EDVOS (for family violence outreach support services where family violence issues are picked up in the assessment process)
- Child Protection Services
- Eastern Centre Against Sexual Assault (ECASA)
- Community Health Services
- Connections, the Eastern Drug and Alcohol Service (EDAS)
- Family Services — Monashlink, recreation programs such as 'Reach Out for Kids'.

The ACF also refers families to family support services or to DHS child protection where concerns necessitate, or to Child FIRST. The ACF refers children and young people to other services when there is a mental health issue (to CAMHS) or a specific learning or cognitive assessment is needed, and for medical or paediatric intervention.

CAMHS refers children and young people to other services where the other service is the most appropriate for their needs (that is, where the mental health issue is mild and can be managed adequately by another service). CAMHS reported referral points were to Eastern Access Community Health (EACH), ChildFIRST, Anglicare, local government services for family support, and to private practitioners where clients can afford fees and as a waiting list management strategy (see 3.6).

### 2.2.3

#### Forums and networks

There is a common view that networks, while a valuable tool to enhance the sharing of practice wisdom, are weak in relation to children and young people. There is general enthusiasm for greater collaboration through networking, with a focus on strengthening the pathways for children and young people.

At present there is a range of networks in the region focusing on both family violence and family focused practice. These include:

- Eastern Region Family Violence Committee (under review)
- DV East – a joint collaboration with the seven domestic violence services in the Eastern Region (Brenda House, Kara House, Robinson House, Maroondah Halfway House, Woorarra, Women's Liberation Halfway House, EDVOS) aiming to achieve accreditation, and the implementation of the DV Victorian Code of Practice <sup>1</sup>)
- Family Violence Integrating Partnership — eight services responsible for women's and children's family violence services in EMR (EDVOS, Australian Childhood Foundation, Salvation Army Eastcare, DV East, Eastern Indigenous Family Violence Action Group, Immigrant Women's Domestic Violence Service, Eastern Victims Assistance and Counselling Program, Eastern Centre Against Sexual Assault)
- Children's Resource Meeting — bi-monthly forum with DHS and Supported Accommodation Assistance Program (SAAP) workers, followed by a children's worker network meeting facilitated by 'Resilient Kids'
- Men's Behaviour Change Consortium in the Eastern Region
- Manningham Family Violence Reference Group
- Eastern Metro Region Youth Network
- EMR Counselling Leadership Network meeting
- Family Services Working Group
- Monash Counsellors Network Meeting.

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<sup>1</sup> It was reported that the implementation of the Code of Practice will be a requirement of DHS funding.

# 3.

## Service models



Services in the EMR provide a range of responses to children and young people affected by domestic violence, largely dependent on the nature of the organisation and terms of the Service Agreement. All participants reported a contemporary understanding of family violence, in line with Victorian Government policy and legislation. However, with the exception of some key services, participants generally did not report a well articulated service model for working with children and young people. One interpretation of this is that it is reasonable that a generalist or short-term service has a general frame of reference for the level of support provided, that is not therapeutic counselling, but general support. On the other hand, there is an argument that the vulnerability of this group warrants a level of response that is supported by the evidence to be the most appropriate intervention at each point of contact in the service system.

The 2008 evaluation — Eastern Region Family Violence Committee (ERFVC): the first three years evaluation report <sup>2</sup> — identified that differing philosophical ideologies and principles, operating frameworks, models and funding sources that underpin agencies' practical work (Borderlands Cooperative, 2008, p 7) was having an impact of the level of integration within the EMR family violence system.

This section provides a summary of responses about models of service offered in the participating agencies.

### 3.1 Approaches to practice in the EMR

Family violence specific and generalist community services recognise the importance of working from social justice, feminist, strengths based and empowerment perspectives when working with women and their children. The experience of violence was consistently reported by participants to be characterised by disempowerment resulting from the abusive wielding of power and control by the perpetrator. Services therefore see their role as working with women and their children to redress the loss of personal power. This is achieved in practice through promoting self-determination, drawing upon strengths and capacities, and working to restore self-respect and confidence.

Many services, while familiar with trauma and attachment theories pertaining to children and young people, acknowledge they are not experts in these areas. They see their role as providing support congruent with their service mandate and referring to specialised services for intensive counselling where appropriate.

Those services providing child-specific counselling utilise trauma frameworks including a neurobiological model of

trauma. These frameworks were reported to be useful on several grounds and inform the development of support plans. Attachment theories were also noted as the lens through which children and young people's experience of family violence is understood.

The diversity in approaches to practice was noted as an understandable practical reality given the breadth and range of services provided in the region, and the point was made that not all services need to provide highly specialised counselling services for children and young people affected by family violence. That said, more can be done to align service intervention philosophies with best practice approaches evident in the literature. What was considered to be of most importance was a greater awareness of the effects of violence on children and young people, and best practice approaches that should be available to children and young people cross the range of settings.

The role and presence of a children-specific worker within a family violence service was reported to have a significant impact on the service provided. In addition it was noted that a children-specific worker:

- lifts the profile of impacts of violence on children beyond the immediate service
- enhances service system knowledge of services for children and young people
- develops relationships key to supporting children and young people experiencing violence as well as provide specialised knowledge within the service and more broadly.

The Reach Out for Kids Foundation (ROK) was cited as an excellent example of work with young people. ROK is a community-based organisation which provides supportive services and programs for young people and families in the City of Whitehorse and in surrounding communities. ROK's Youth Programs offer skilled and experienced youth workers in a variety of roles to work with young people around issues causing unhappiness and stress. All ROK's youth programs are confidential. Programs are aimed at supporting children and young people, providing them with practical advice about clarifying goals for now and for the future, especially in relation to school, training and work. Some of the service activity includes study support programs, self-esteem and behaviour modification programs, and school holiday programs. Activities are age and gender specific.

<sup>2</sup> Borderlands Cooperative (2008) Eastern Region Family Violence Committee: the first three years — Evaluation Report, Auburn, Victoria.

## 3.2

### Vulnerable children and young people

The 2008 review of the ERFVC reported that there have been some difficulties at times with the engagement of the Indigenous Community and CALD community services sector. The reasons for this appear to be related to experiences of past attempts to increase service integration that 'have lead to disempowering, assimilating and disrespectful consequences'. For CALD agencies, the 'mainstreaming exercise has translated to the loss of culture-specific services and for Indigenous people and services' (Borderlands Cooperative, 2008, p 29).

- The review also identified a tension between the terms 'integration' and 'coordination' in relation to the service system, creating concern that particularly smaller and special purpose services could lose their autonomy in the integrative process. This was particularly the case for Indigenous stakeholders and, to a degree, services working with CALD groups (Borderlands Cooperative, 2008, p 6).

This section of the report focuses on the response in the EMR provided by participants in this study to the needs Indigenous children and children from diverse cultural and linguistic backgrounds.

#### 3.2.1

##### Indigenous families

There are Indigenous-specific programs and workers within the EMR, although it was reported that reaching and working with Indigenous communities and programs was often individually led by services and engagement was often described as fragmented and ad hoc. While many mainstream services do not have Indigenous-specific programs, some have developed relationships with local Indigenous services. The key driver was described as the desire to respond culturally appropriately to Indigenous clients.

Currently there is a DHS Indigenous family violence support worker for the region. There is also the EDVOS Indigenous Program with two indigenous workers.

In Victoria there are nine Aboriginal Health Promotion and Chronic Care (AHPACC) programs. The program for EMR is based on a primary partnership between EACH and Mullum Mullum Indigenous Gathering Place (MMIGP). It has links to other Indigenous and mainstream health services and organisations. The program has two staff, an Indigenous Health Facilitator/Nurse and an Indigenous Health Promotion Officer. The role of the Indigenous Health Facilitator/Nurse is to facilitate Indigenous community access to appropriate health services. The role of the Indigenous

Health Promotion Officer is to support the indigenous community identify, develop and participate in community-orientated health promotion activity. The Woorarra Women's Refuge reported that they work closely with the Mullum Mullum Gathering Place, seeking advice on how best to support Indigenous women and families.

Referrals for Indigenous children were reported to be made to ACF. Other supports identified were the Indigenous Homeless Youth Worker based at CAMHS and Elizabeth Hoffman House, and the Maroondah Hospital Indigenous Worker. There was very limited information about the extent to which services seek or receive service support about working with Indigenous children or young people.

#### 3.2.2

##### Families from diverse cultural and linguistic background

While all the services indicated a need to be sensitive to the needs of the CALD community, there were no specific CALD services for children or young people in the EMR. Many stakeholders indicated that they thought there was low uptake of family violence services by CALD communities. One possible reason given was that there were few bilingual workers.

Generally services without specific CALD workers utilise secondary consultation opportunities, for example the Immigrant Women's Domestic Violence Service, interpreter services and the local Migrant Information Centre programs.



### 3.3 Timeframes for service provision

Many generalist community services had short- to medium-term requirements in their service agreements; however, they worked with a 'best interests of children' framework (the DHS framework) and let this dictate the period of intervention. The main issue noted in relation to the time period for intervention with children and young people was a dearth of services funded to provide long-term counselling support.

EDVOS is funded to work for a 13-week time period. The children's worker position is currently vacant; however, the model has been (and it is envisaged that this practice will continue with the children's worker role) to do longer-term work to ensure sustainable links are established before concluding work with the family.

Child-specific counselling services reported that they work with children and young people for as long as intervention is assessed as needed, with the timeframe directed by the needs of the child or young person.

In relation to child-specific intervention, an example is located in the Maroondah Halfway House. Generally the model requires intervention for a period longer than four to six weeks and in many cases might involve working with the family for up to three months. The approach includes a children's worker, whose role is to provide specialist case management with a specific function to link children and young people with longer-term support services. This includes promoting responsiveness to children in their child care and school settings, and supporting schools and childcare centres to link with local support services to assist with issues identified in the assessment and support planning process.

As noted, Domestic Violence Crisis Accommodation and Support Services are generally restricted to a four to six week intervention period. Where families require longer intervention to facilitate stabilisation of the family in more permanent accommodation and linking with local networks, caseworkers work with families for a longer period. This was described as necessary in most cases.

These services reported that while there is an expectation from DHS to move families through the service (as articulated in service agreements) into more stable accommodation and supports, there is a level of understanding within DHS as to the challenges associated with both finding suitable accommodation, and with transitioning families and facilitating support networks in a new area, particularly in the current accommodation context.

### 3.4 Children and young people - status as clients

It was acknowledged that while significant work has been done in the area of children and young people affected by family violence, it is still a relatively new area of practice and is often an addition to adult-centred programs — evidenced by the common practice of counting children with their parent/caregiver rather than as clients in their own right.

With the exception of a few services, notably those who work exclusively with children and young people (and EACH), most services count children and young people with their presenting parent/caregiver. The primary reason given for counting rules was the requirements of funders, the limitations of data systems, or historical habits and understandings of who services are funded to work with.

Reports from the SAAP funded services indicated that data is not collected about service intervention with children and young people. Stakeholders have a view that this means services are not appropriately funded to work with children and young people. Similarly other services reported that not counting children and young people contributes to the invisibility of issues affecting children experiencing family violence. It was also seen as a contributor to children and young people falling through gaps.

Despite not being required by funders to count children and young people in data collection, services reported that practitioners generally view children and young people as clients in their own right and work with them to provide separate case plans, separate sessions where appropriate and in some instances separate case files.

In terms of practice, the majority of participants noted that practitioners regard children and young people as clients in their own right and work with them. This may include developing separate case plans and separate sessions, and ensuring that the privacy and confidentiality of children and young people is maintained.

The administrative challenges of counting children and young people separately and holding separate case files for each family member were noted; however, many services were either already working towards developing a system which allowed them to do this or expressed a desire to develop such a system in the near future. This commitment stemmed from the view that children's needs cannot always be considered in the context of their parents and, in terms of data, the practice of not counting children and young people potentially

minimises the impacts of violence, or potentially renders their experience invisible.

In particular SAAP funded services currently do not count children in their own right, which was noted as a source of frustration for SAAP services interviewed. One service reported that in the 2007 – 2008 period 609 women were seen with 828 accompanying children. This translates to significant resources required to service a client group which is not appropriately documented in data collection, or considered in funding arrangements or budget preparation.

### 3.5 Fees

The majority of services provide family violence responses and programs at no charge to clients. Several services have in place a system for charging fees for counselling services, although these were low cost, and often waived due to financial hardship. A few others had a fee for service based on a sliding scale.

Accommodation services may charge a fee once a family is settled, for example, one crisis accommodation service does not charge any fees during the initial engagement. During this time the service provides food and material aid, like vouchers, clothes and so on. Following the initial engagement and assessment, which may take several weeks, an assessment of the women's income is completed. Based on an individual assessment women pay 25% of their income for service delivery (this is based on the formula used for public housing).

All the services contacted indicated that they have a commitment to providing access to service for low income families and have this articulated in any fee policy.

## 3.6

### Learning and development opportunities

#### 3.6.1

##### Access to training

Family violence specific services reported great willingness to access training available to them in particular training provided by ACF – 'Keeping Kids in Mind' which focuses on providing an understanding of the impacts of trauma. This was viewed as an important fundamental knowledge base for all practitioners working with children and young people. Further commentary, however, noted that the training was sometimes inaccessible in terms of location and cost, and not regular enough to allow for all practitioners to attend.

Other training reported as important to improve practice was training provided via the Domestic Violence Resource Centre (DVRC) training calendar 'Working with Children and Young People'. CASA House was also identified as relevant.

Training specific to children and young people's experience of violence available in the region was, however, generally regarded as inadequate. There was a high level of interest in improving training opportunities and the service response for children and young people in the region.

In terms of integration aims, expanding the knowledge of best practice approaches was identified as an important point of leverage to enhance service collaboration. Participants also identified training as a means of increasing accountability between services and strengthening alignment of practice with the evidence-based practice.

### 3.6.2

#### Resources utilised

Services reported accessing a wide range of resources to inform practice. Family violence-specific services noted the Australian Domestic and Family Violence Clearinghouse, the DVRC newsletter, CASA House articles and publications, and resources available from the Council to Homeless Persons as particularly useful for staff education and development. These resources were less known or utilised by generalist services.

Family violence-specific services were also familiar with the Practice Guidelines: women and children's family violence counselling and support programs (DHS, 2008)<sup>3</sup>. A small number of generalist services had knowledge of the Guidelines, but commented that as they deal with a raft of issues of which family violence is just one, it is difficult to be across all Guidelines and frameworks.

Many services also reported utilising the Best Interests Case Practice Model (DHS, 2006) and commented that this was a useful framework for all family-oriented work, and has particular relevance for working with family violence issues. One service commented that the model would be an important starting point for initiatives aiming to improve the service response for children and young people in relation to family violence and would be a useful tool in encouraging movement from adult-centric practice to a focus which places children and young people at the heart of intervention.

### 3.6.3

#### Evaluation

There is little comprehensive evaluation of service approaches and models of intervention at the service level. There is, however, reflection on practice and discussion within services as to the effectiveness of approaches and methods. Given the focus on practice review there were few lessons from service level evaluation about how to strengthen and enhance integration across the EMR. A number of services did, however, report that the best evidence for devoting time and resources to the question of integration lay in client's experiences. This is particularly the case for children and young people, who often experience being referred 'from pillar to post' when seeking an appropriate service. Examples included the abovementioned concerns about child protection referrals, but also referrals across other support agencies and counselling services.

A small number of services were working with age appropriate evaluation techniques (such as drawing, talking or play) to gather the views and experiences of children and young people. These were generally new initiatives which were still in early stages of implementation. However, they were considered important in order to bring children and young people's voices more strongly into service evaluation, learning and planning.

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<sup>3</sup> Department of Human Services (DHS) (2006), Integrated Family Violence Services for Women and Children, Victorian Department of Human Services.

# 4.

## Gaps in the EMR system

There was widespread agreement amongst participants that the EMR does not have adequate resources to provide the breadth and level of service required to meet the needs of children and young people affected by family violence. The issues of highest priority identified by participants are:

- inadequate resources for specific interventions with children and young people
- constraints within the child protection system resulting in children and young people falling through gaps
- waiting lists for therapeutic services.

These are discussed in detail here, with the range of issues to be considered.

#### 4.1

##### Inadequate child and family violence specific practice

Few services who work with families experiencing family violence currently have a designated children's worker and where services do provide children's programs they reported inadequate funding.

The presence of child-specific workers was seen as invaluable in terms of lifting the profile of impacts of violence on children, enhancing knowledge of the service system in relation to services for children and young people, developing important relationships specific to the service needs of children and young people as well as providing specialised knowledge within the service more broadly.

A few services do have a children's worker, including all DV East Crisis and Supported Accommodation Services and EDVOS, which has a Children's Worker position, due to be filled in 2009. All workers receive training in the child centred practice, 'Keeping Kids in Mind', provided by ACF.

Other areas considered to be lacking were group programs for children and young people who were reported as important to reduce isolation and build resilience through friendship and networks.

The final significant practice gap identified is in relation to programs skilled in focusing on the mother-child relationship, reported to be a critical focus in the context of family violence.

#### 4.2

##### Constraints in the child protection system

A number of participants reported concerns that there are inadequate resources in the child protection system to respond to the level of need.

A key improvement participants would like to see in the system is improved communication during notification processes. Participants see value in information sharing, in order to increase the likelihood of children and young people receiving the level of support they need. An example of when this is critical was provided by ACF, who reported that children notified to Children Protection Services may be referred back to ACF, without the intervention sought by ACF or further information provided to ACF. While this may be appropriate based on the assessment of risk, the experience is reported to create uncertainty in the child's mind, which could be better managed with a higher level of information exchange between the agencies concerned.

Similarly, EACH reported that while it is not expected that Child Protection Services always accept referral, there are times when the harm to the child is perceived to warrant ongoing involvement by Child Protection Services. This creates a mismatch between what services expect of the role of Child Protection, and the actual practice following a notification leading to children and young people falling through the mismatch in expectations.

Communication through the notification and assessment process, and an increased understanding of practice between Child Protection Services and other services was seen as vital to enhancing service integration in the interests of children and young people affected by family violence across the region.

The Working Group is aware of the EMR Child Protection trialling a Demonstration Project of a new Operating Model which includes changes to systems and practices which emphasise increased responsiveness to children affected by family violence. It is anticipated that the project will address some of the issues identified by participants, in particular the focus on improving outcomes for vulnerable children at significant risk of harm to their safety, stability and development, and the strengthening of relationships with service partners to work more effectively with children and families.

#### 4.4

##### Waiting lists

Waiting lists for a therapeutic response for children and young people was described by many services as a significant barrier to recovery from the impacts of family violence. This was commonly illustrated by waiting lists of the two key agencies in the EMR providing therapeutic treatment for children and young people. CAMHS and ACF have waiting lists of approximately eight weeks and four to six months respectively.

There are mixed views between services about the appropriateness of therapeutic intervention in periods identified as crisis in the lives of children and young people. For example, the practice at ACF is to delay counselling with children and young people while safety issues are still prevalent in order to minimise trauma and anxiety, and maximise the benefits of counselling by working with children and young people when they are no longer in imminent danger. Other services, on the other hand, would like to see crisis counselling options for children and young people affected by family violence and in particular a service response which can be accessed in the period while children and young people are in domestic violence crisis accommodation.

The debate as to the appropriateness of intervention with children and young people affected by family violence has implications for the integration of services in the EMR.

#### 4.4

##### Other gaps/issues impacting on children and young people

- Insufficient resources mean that some children are at risk of falling through gaps. This is especially the case for children or young people that are 'not demanding'; that is, the children who do not immediately appear to require support.
- EMR services need a better understanding of the interplay between regions and state-wide domestic violence crisis services.

Clients that are transient often miss out on services because they change regions. Some services have geographical boundaries or by the time a counselling referral is activated (when there is a waiting list, for example, at CAMHS or ACF) the client has moved on.

5.

Strengths and  
opportunities

## 5.1 Strengths

There are a number of assets within the existing EMR system to achieve a strengthened response to children and young people affected by family violence. A consideration of the existing strengths is important because these can be effective points of leverage in change. These include:

- The level of knowledge about the service system in the EMR is high.
- There is strong acknowledgement of the need to improve the service response for children and young people affected by family violence in the EMR.
- There is a willingness to engage with an integrated model to achieve better client outcomes.
- Referral relationships function well in the EMR, though timeliness remains a problem.
- Child-specific workers in family violence services are well respected and their recognition in the service system is growing.
- There is training available in the EMR which provides opportunities to share practice wisdom and enhance integration while at the same time skilling workers and building confidence to work with children and young people.
- There are existing networks in the EMR which may provide opportunities for a specific focus on children and young people.
- Many services are utilising the Best Interests Framework.

Overall stakeholders indicated that they wanted to create a system where, no matter where the child or young person first accesses the system, they are given a comprehensive, caring and holistic service which addresses their needs.

This finding needs to be considered in the context of the 2008 review which found that while the sector appears to be open to change, and that reform will bring advantages to service delivery and client outcomes, there is a pervasive belief that the philosophical differences between the ERFVC executive and service agencies have affected the rate at which the service sector can move forward. Problems reaching agreement on how service integration fits within feminist frameworks (p 23) have also been reported.

Similarly, the 2008 review found that the differing philosophical ideologies and principles, operating frameworks, models and funding sources that underpin agencies' practical work, may also affect the degree to which some services are open to integration.

## 5.2 Opportunities

There are also many opportunities that were noted by the stakeholders, including:

- Training as fertile ground to promote the sharing of practice wisdom, collaboration among services, and to facilitate opportunities to more closely align intervention ideology.
- Forums to debate practice issues (for example whether to provide counselling/therapeutic response during crisis times).
- Expanding the knowledge of best practice approaches, increasing accountability between services and alignment with evidence-based practice approaches.
- Continuing engagement with Child Protection Services to improve collaboration.
- Inclusion of child care workers in training and practice networks, recognising their unique position for early identification and early assistance to families.





# Recommendations

It is anticipated that the below recommendations will be considered by the Children's Needs and Mapping Working Group (the Working Group). The recommendations have been generated by considering both the gaps and the opportunities for improvement in the response to children and young people.

## 6.1 Regional level activity

### Frameworks for practice

There are a number of frameworks for working effectively with children and young people affected by family violence which are well supported by the literature. It is recommended that the Working Group consider a plan of action which would see these frameworks promoted throughout the EMR. Such a strategy could be implemented in phases, for example, starting by engaging with one sub sector, such as crisis accommodation services, moving on to another, such as generalist services, and finally into adult focused services eg mental health and drug and alcohol services.

A resource for the child-focused component of this strategy is the DHS document Practice Guidelines: Women and Children Family Violence Counselling and Support Programs. Other resources may be more appropriate in relation to young people.

### Practice sessions

To complement the strategy recommended above, the Working Group consider the promotion of 'practice forums', focusing on specific practice issues relevant to the context of practice when working with children and young people. Such forums would further re enforce effective framework for practice, and over time lead to increased utilisation of secondary consultation. The format should be low key, accessible, and non-threatening.

### Increase group programs

The Working Group considers ways in which the provision of groups for children and for young people affected by family violence can be expanded in the EMR. Ideally families affected by violence would have a range of responses available in the EMR through the group medium, for example programs which focus on reducing isolation and building resilience through the development of, or the strengthening of, friendship networks, or, more intensive therapeutic approaches focusing on the parent child relationship.

### Continuing engagement with Child Protection Services to improve collaboration

The Working Group notes that Child Protection in EMR has commenced trialling a Demonstration Project of a new Operating Model which includes changes to systems and practices which emphasise increased responsiveness to children affected by family violence. The Working Group views this as an opportunity for stronger collaboration between Child Protection and the Family Violence service sector.

## 6.2 Service level activity

### Service 'auditing'

The Working Group consider the development of a 'cultural audit tool', tailored to the inclusivity of services to children and young people affected by family violence. Such a tool would provide services with a trigger to undertake a self-audit, and as a result develop strategies to increase the inclusivity of their service, from the service environment and service model through to approach to service evaluation.

### Focus on the needs of children entering family violence crisis accommodation

The Working Group considers a strategy to optimise the opportunity presented by children and young people entering crisis accommodation. Such a strategy would work with the refuges to consider the optimum response to children, young people and their mother in the context of refuge accommodation. This would ensure the best use is made of the 'window of opportunity' to work with a woman and her children while engaged with a crisis service.

# Appendix A. Literature review

## Objectives

### *The purpose of the literature review:*

The purpose of this literature review is to analyse current knowledge of the effects of family violence on children and young people as well as provide commentary on best practice programs operating within Victoria, with the purpose of informing current services supporting children affected by family violence in Melbourne's Eastern Metropolitan Region (EMR).

## Scope

The scope of the review will include the following criteria:

- Literature dating back to 1997.
- Primary emphasis will be on Australian material for information about services and their potential role in practice and treatment. Material from other countries will be included where studies are particularly relevant or significant to background information about family violence.
- Research will include academic journals sourced on EBSCO, web based resources such as Domestic Violence Victoria, the Australian Domestic and Family Violence Clearinghouse, the Australian Institute of Family Studies and State and Commonwealth Government reports.
- This review focuses on the effect of family violence, rather than the specific occurrence of child abuse and neglect. Although it is acknowledged that these occur within the realm of family violence.

## Background

### **The nature of family violence**

Current literature shows that family violence crosses international and cultural borders and is widespread in nature. However most empirical work on the topic has been limited to Western nations, with little research conducted into the cultural origins of the problem (McCloskey et al 2002).

Much debate, emotion and politics surround the language used to describe and define domestic and family violence (DHS 2006). In Australia, the Family Law Act defines family violence as conduct towards a member of that person's family that causes fear to their personal wellbeing or safety (Family Law Courts 2008). In Victoria, the Code of Practice for Specialist Family Violence Services for Women and Children developed by Domestic Violence Victoria (DVV) (2006), defines family violence as:

*...the repeated use of violent, threatening, coercive or controlling behaviour by an individual against a family member(s), or someone with whom they have, or have had, an intimate relationship. Violent behaviour includes not only physical assaults but an array of power and control tactics used along a continuum in concert with one another, including direct or indirect threats, sexual assault, emotional and psychological torment, economic control, property damage, social isolation and behaviour which causes a person to live in fear.*

Family violence occurs within any intimate relationship, including same sex relationships, and while it can be perpetuated by any member of the family in the case of children, it is more likely to be perpetrated by men (DVV 2006).

There are a range of terms used to discuss family violence, such as physical assault, sexual assault, emotional/psychological abuse, neglect and the witnessing of violence (Beattie 2005). The extent of child abuse or maltreatment within the realm of family violence is a complex issue covering a variety of negative experiences and conditions. Cox et al (2003) report that children living in homes in which domestic violence occurs are at increased risk of being victims of violence themselves, while child abuse is eighteen times more likely to occur in homes where there is violence between parents. However, they acknowledge that much of the research on children in homes where domestic violence is present has focused on children as witnesses to domestic violence, rather than on the co-occurrence of women's and children's victimisation.

Laing (2000) provides a comprehensive overview of the nature of children's experiences, and explains that children and young people are not always passive onlookers in families where there is domestic violence, but that they actively seek meaning about their experiences and situation. She reports that children and young people may directly observe violence or they may be aware of it in a variety of ways, through arguments overheard, bruising and the distress of family members (particularly mothers), and broken and damaged property.

### **Prevalence of children experiencing family violence**

The rising incidence of child abuse and family violence is widely documented in both national and international literature, however research is yet to be conducted which compares rates of family violence between nations. This review suggests that Australia is at the forefront of regular reporting on issues surrounding domestic violence and child abuse, and the rate at which it occurs as demonstrated by the statistics which are discussed below.

### *Demand on Australian child protection service system*

Recent data from the Australian Institute of Health and Welfare (AIHW) (2008a) indicates that the number of child protection notifications by health and welfare professionals, teachers or the police, increased by more than 50% nationally over five years, from 198,355 in 2002-03 to 309,517 in 2006-07. Bromfield et al (2007) reported that substantiated maltreatment reports were most commonly emotional abuse (including witnessing domestic violence) and neglect. Furthermore, out-of-home care doubled in the period from 1996 to 2006, where at 30 June 2006, 27,188 children and young people were living in formal out-of-home care placements in Australia (Bromfield et al 2007a).

Whilst this trend is disturbing, research suggests that Australian statistics need to be understood within a legislative and jurisdictional context. AIHW's (2008a) report on child protection suggests the definition of child abuse or neglect to have widened over the last few years in some Australian jurisdictions, contributing to this increase in notifications, investigations and substantiations (AIHW 2008a). In addition, another AIHW (2008b) report 'Making progress: The health, development and wellbeing of Australia's children and young people', notes that whilst 32,585 children aged 0-17 years were subject to child protection substantiations for notifications during 2006-07 (a rate of 7 per 1,000), at the State and Territory level substantiation rates are not directly comparable due to differences in jurisdictional child protection policy, legislation and practice. For instance the report notes that in Victoria, 2006-07 figures for substantiation notifications received were in fact lower than in previous years (6,823 in 2006-07 compared with 7,563 in 2005-06) which it believes is due to new service and data reporting arrangements. Despite this, the report shows that Victoria still has low substantiation rates in comparison to NSW (37,094 in 2006-07) and Queensland (8,441), and accounted for just 12% of the total national substantiation rates reported in that period.

The issue of re-notifications also plays a role in these figures, as highlighted in Bromfield and Holzier's (2008) report to the Australian Institute of Family Studies 'A National Approach for Child Protection', in which re-entry into statutory child protection services is described as maltreatment recurrence and maltreatment chronicity. They note that Australian research, conducted with children and young people in Victoria, found that around 60% of all notifications were re-notifications.

### *Over-representation of Indigenous children in child protection indicators*

Bromfield and Holzier (2008) report that Aboriginal and Torres Strait Islander children are more likely to be the subject of a confirmed report of abuse or neglect than non-Indigenous children. In particular, the most frequent maltreatment type experienced by Indigenous children was reported to be child neglect. Bromfield and Holzier (2008) note that Indigenous children are also over-represented in the Australian out-of-home care system, where in 2004-05 5,578 Indigenous children were reported to be in out-of-home care compared with 18,017 non-Indigenous children.

### *Child protection activity in an international context*

The approach to the provision of child protection services in Australia is considered to be most comparable to systems in place in the United States, United Kingdom, Canada and New Zealand (Bromfield and Holzier 2008). In 2006 there were 569,300 referrals of children and young people to social services departments in the United Kingdom (compared with 309,517 in Australia from 2006-07), and an average of 5 per 1000 children in care (compared with 4.9 per 1000 in Australia) (British Government Department of Education and Skills 2006; Bromfield and Holzier 2008). Recent statistics from the United States report that there were 1,551,143 incidents of family violence in 2007, with an average of 7.1 children in care per 1000 (United States National Criminal Justice Reference Service 2007; Bromfield and Holzier 2008).

### **Where family violence occurs**

According to Bromfield and Holzier (2008), child protection activity is typically concentrated in families and neighbourhoods with the greatest levels of poverty and poverty related factors such as unemployment, poor health, poor education and high crime. They maintain that the concentration of child protection issues in areas of greatest disadvantage are attributed to the fact that individual families with the poorest outcomes typically end up living in the poorest areas.

### **The impact of family violence on children and young people**

Research indicates that family violence negatively impacts children and young people, where the repercussions can be severely detrimental to the child's well-being and developing sense of self (Atkins, 1999; Carlson 2000; McIntosh 2003). The effects of family violence may include physical injuries, post traumatic stress disorder as well as symptoms including anxiety, trauma, developmental delay, depression and grief related issues (DHS 2004). Literature also shows

that children and young people who grow up in an environment characterised by family violence are also at an increased risk of physical abuse and other forms of child maltreatment (Edleson, 1999; Herrenkohl et al., 2008). Grealy et al (2007) argue that the effect of and response to family violence is determined in part by the age, stage and gender of the child, and that it is critical for practitioners to understand the developmental stages of infant, toddler, preschool, child, adolescent and young adult.

The area of greatest consensus in the literature concerns the impact of family violence on children's behavioural and emotional functioning (Laing 2000). Children experience the harmful psychological impact of violence regardless of whether they have been directly assaulted (Grealy et al 2007). Family violence is understood to disrupt attachment processes, impact neurobiological development and make children less able to regulate their emotions and behaviours (Grealy et al 2007; Hurley 2006). Children who have been abused or neglected often have poor developmental outcomes such as lower social competence, poor school performance and a higher likelihood of criminal offending in later life (AIHW 2008a). It is also likely that family violence will have had a significant impact on the mother/child relationship, which can affect children's physical, emotional and intellectual development (Grealy et al 2007).

Laing (2000) reports that there is a rapidly growing body of empirical literature exploring the impact of witnessing domestic violence on children and young people, and outlines a number of short and long term impacts. In terms of longer term impacts, social learning theory suggests that parents have the potential to teach violent behaviour through modelling, however Laing (2000) maintains that the majority of children exposed to domestic violence do not become either perpetrators or victims of domestic violence in their adult lives. She reports that methodological issues exist in research assessing both short and long term impacts on children witnessing domestic violence, in terms of identifying the unique effects associated (as separate to other factors such as child abuse, poverty and substance abuse), and the fact that mothers are most frequently the source of data about the impact on their children. She also notes that the Child Behaviour Checklist which is used in the majority of studies has limitations, as it does not assess the unique impacts of witnessing violence.

The impact and effects of family violence are not only the subject of academic research. Increasing focus is being placed by governments on the issue of family violence and its effects on children. Within a Victorian setting, AIHW (2008a) reports that child abuse and neglect has been endorsed by Health, Community and

Disability Services Ministers in Victoria as a Headline Indicator for children's health, development and wellbeing. The Department of Human Services (DHS) (2008) reports that in Victoria, family violence is a factor in around half of all child abuse substantiations, and costs the Victorian economy around \$2 billion each year.

### Theoretical models and practice frameworks for treatment

Miller (2007) believes that due to the complex nature of family violence and associated child abuse, no one theoretical model or practice framework is sufficient to address the issue; rather, a range of theoretical paradigms is required to inform practice. Practitioners in the family violence field come from a range of disciplines and professional backgrounds, using diverse methods and approaches (Grealy et al 2007). The following theoretical models have been outlined in the literature.

#### Feminist theory - Empowerment in practice

An empowerment model, or feminist/post-structural model of counselling practice, is generally advocated as the most appropriate orientation for counselling practice with women and children who have experienced family violence (Grealy et al 2007, Seeley and Plunkett 2002). The feminist perspective stresses the entrenched nature of socially constructed male privilege which results in violence being used as a tactic of entitlement and power to dominate women (Cavanagh et al 1999). A fundamental aspect of feminist counselling is empowering the victim through the process of intervention as, according to post-structuralist thinking, power is linked with knowledge whereby those with power legitimise some knowledge of discourses and disallow others (Seeley and Plunkett 2002). The Domestic Violence Prevention Unit explains that empowerment 'is a process of "enabling" a client rather than taking a position of power by determining decisions and/or outcomes for the client' (cited in Seeley and Plunkett 2002).

In practice, the principle of empowerment means operating in a manner that supports women and children to experience a sense of being in charge of their lives, and as being the 'expert on their own life'; as well as the practitioner providing information and education to assist women and children to understand their options and take action when they choose (Grealy et al 2007). Laing (2001) note that this is different to self-esteem building or counselling approaches which seek to address issues such as passivity or co-dependency in a clinical framework. This is confirmed by Seeley and Plunkett (2002) who maintain that empowerment of victims/survivors is promoted by affirming their right to

their own thoughts, feelings, needs and their ability to make their own choices which enhances their experience of being in control of their own lives. Narrative therapy (a form of feminist counselling) commonly described as a respectful, non-blaming approach to counselling which centres people as the experts in their own lives and assumes people 'have many skills, competencies, beliefs, values, commitments and abilities that will assist them to change their relationship with problems in their lives' (Grealy et al 2007).

Grealy et al (2007) believe that it is important to note that children have a limit to the real power they have over their lives, and are most vulnerable to the decisions of others. In assessing the dynamics of power and hierarchy with children from violent families, Miller (2007) also believes a gender analysis should be conducted, as children have a gender differential response to family violence, whereby girls internalise and boys act out their emotional responses.

#### **Systemic/ecological perspective**

Systems theory influences our understanding of the interactions and patterns of violence within families, and plans for interventions which will open up opportunities for change (Cavenagh et al 1999). Studies show that whereas most psychological therapeutic methods evolve from an individualistic framework (such as psychological and sociopsychological models), a systemic theoretical approach places the individual within a social and/or environmental context, thus drawing on systems and constructivist theories rather than psychodynamic theories (Grealy et al 2007; Seeley and Plunkett 2002).

Miller (2007) argues that the theoretical underpinnings of the Best Interests principles (outlined below) are informed by systems theory and Bronfenbrenner's ecological theory of human development, in which the focus of practice is the 'person-in-environment'. As such, the client is placed within a broader framework where the whole family system needs to be addressed, not just the individual child. Recognition is given to the fact that children, as part of the family system, are affected by violence perpetrated against their mother and that a violent family situation affects the whole family (Grealy et al 2007).

Grealy et al (2007) acknowledge that whilst a systemic approach is useful in understanding violence within the context of the family unit, a major criticism is that it can potentially shift responsibility for the violence away from the perpetrator. As such they suggest that the theory must be applied with reference to the basic safety of women and children who are experiencing violence, in a way that ensures the counselling process does not divert responsibility for the violence from the perpetrator.

#### **Attachment theory**

Attachment theory stands out in Western literature as fundamental to understanding the development of the child and is covered extensively in relation to family violence (DHS, 2007; DoCS, 2002; Edleson, 2006; Gewirtz and Edleson 2007; Miller, 2007). The concept of attachment was pioneered by British psychiatrist John Bowlby, to describe a warm, intimate and continuous relationship a child has with a mother or permanent mother substitute which satisfies both parties (DoCS 2006).

In relation to therapeutic practice, the theory rests on the assumption that humans have a basic need to form attachments to people throughout their life, and that if people are unable to form these attachments, their longer-term emotional and social wellbeing will be compromised (Grealy et al 2007). Secure attachments not only help children learn to recognise their own emotions and to regulate their own behaviour and emotional states; a child's confidence that a caregiver will be protective also enables the child to explore the world and learn new skills using the caregiver as a secure base for exploration, play and other social behaviours (DoCS 2006). Howe (2005) notes that children are better able to cope with traumatic experiences when their earlier experiences are of being safe and protected (cited in DoCS 2006). A caregivers' ability to respond to and interpret a child's behaviour can be affected by challenges such as mental illness and domestic violence, as the caregiver may have difficulty in focusing on and attending to the child's needs (DoCS 2006).

#### *Understanding attachment for children in care or receiving counselling*

Literature on witnessing domestic violence links exposure in childhood to diminished capacity for affect regulation and self-soothing related problems in mother-child attachment processes (Hurley 2006). In a situation of family violence where violence is being perpetrated against the mother, the mother can become a source of both comfort and fear for the child (Grealy et al 2007). Grealy et al note that babies are particularly attuned to their primary caregiver and will sense their fear and traumatic stress, becoming unsettled and more demanding of an already overwhelmed parent.

DoCS (2006) suggests that children often enter care with an expectation that those who care for them will be unresponsive or abusive, as they cannot understand how their present caregiver can be available and nurturing when their previous experience tells them caregivers are unresponsive and frightening. Although removal of children and young people from their home is often necessary for their protection, there is little research on the effects of this rupture on significant



attachment relationships (Bolen 2005). Bolen (2005) considers that if children are able to maintain important and positive attachments with the non-abusing parent, then perhaps these children are better served in some cases by remaining in their homes. The care and comfort of an individual's significant others in the family and community are important supports for recovery following traumatic events (Grealy et al 2007).

Although attachment is a well researched area, it is acknowledged that more research needs to be conducted in the applicability of attachment concepts to different cultural contexts, such as in Australian Indigenous communities where children are encouraged to form attachments with many caregivers (DoCS 2006). Practitioners who bring an understanding of the traditional parenting approach to their work are more likely to build rapport and develop trust with Aboriginal women and children (Grealy et al 2007).

DoCS (2006) suggests that children react to foster care in a number of ways. Some keep their feelings hidden and shy away from emotional closeness due to experiencing rejection or being physically or sexually abused, and therefore use defensive attachment strategies for self protection. This is often a result of these children experiencing multiple placement failures and not being able to develop a working model of the self and experiencing secure relationships. Other reactions include, but are not limited to, being emotionally needy, starved of attention and easy to please due to neglectful or preoccupied parenting; being overly affectionate or friendly due a history of unstable placements early in life which results in absence of an attachment to a specific caregiver; being anxious, preoccupied and uncooperative at school; lacking the ability to be sensitive or empathetic; and sometimes showing cruelty towards other people or animals. They note that while attachments can and do form in foster care, very little is known about how children learn to reconstruct their perceptions of caregivers, and how long this process takes. However, they note that the little research available suggests parenting skills are key to determining whether the attachment will form or not.

### Trauma

Research shows that people's response to traumatic events varies considerably, however the defence strategies many people adopt to cope with trauma can cause ongoing psychological and social problems (Miller 2007; Grealy et al 2007). Children who witness violence in their home, particularly if the violence is severe and repetitive, are at risk in a range of ways, and a common outcome is trauma (DHS 2004). Neurobiological research provides a link between brain functioning, exposure to violence and a decreased capacity for

emotional self-regulation, all of which have profound implications for child development (Perry 1997 cited in Hurley 2006). Hyperarousal responses, such as defiance, resistance and aggression, along with anxiety, panic or increased heart rate are common responses in children exposed to the trauma of family violence (Miller 2007; Grealy et al 2007). They note that dissociative responses where a child may be detached, numb or have a low heart rate, are also common in young children who have witnessed or experienced family violence.

Hurley (2006) notes that self-regulation is a core issue in the neurobiology of trauma and has been frequently reported in studies of posttraumatic stress disorder (PTSD) in adults and children. Underlying anxiety triggered by posttraumatic stress can present as attention deficit or conduct disorder, for which children are typically prescribed medications and behavioural interventions are adopted to reduce the severity of these conditions (Hurley 2006). He explains that relational psychodynamics help in understanding how children exposed to violence are locked into the traumatic script by internalising the narrative in a pattern of repetition compulsion and problematic re-enactments of traumatic experience (Hurley 2006).

Trauma models help equip the counsellor with a range of evidence-based techniques for working with children who have experienced family violence (Grealy et al 2007). However research notes that the problem lies in the fact that a significant number of children are exposed not to a single traumatising event, but to a pattern of ongoing violence, leading to multiple victimisation; and that the emotional attachment to the perpetrator of the violence presents children with a conflicting image of a person which can be difficult to reconcile (Grealy 2007; Hurley 2006).

## Victorian policy and practice model initiatives

### Current legislation and key areas of commitment

Miller (2007) states that legislation in Victoria has followed an intense period of policy reform and restructuring led by the Victorian Government in the past three years, which has led to strengthening of the resources provided to the Family Services sector. Current legislation relevant to child protection in Victoria includes the Children, Youth and Families Act 2005, and other relevant Acts including: the Working with Children Act, The Charter of Human Rights and Responsibilities Act 2006, and the Family Law Act of 1975 (Bromfield and Holzier 2008).

The Victorian Department of Human Services oversees a range of child and family services and operates under



the Children, Youth and Families Act 2005 (AIHW 2006). Service delivery is currently structured under three tiers: primary – which promotes best possible outcomes for children and youth by providing support and education to children and families; secondary – which includes in-home family support, respite care and counselling to assist families in need; and tertiary services to support families affected by child abuse, including investigation of reported cases of suspected abuse, statutory orders and out-of-home care placements (AIHW 2008b).

A Family Violence Protection Act 2008 came into effect on 8 December 2008 and replaced the system of family violence intervention orders provided for in the Crimes (Family Violence) Act 1987 (Domestic Violence Resource Centre Victoria 2008, DHS 2008). This has included a range of new initiatives to better protect those subject to family violence, and make perpetrators accountable for their actions (Domestic Violence Resource Centre Victoria 2008). This new Act is also reported to: broaden the definition of family violence to include economic and emotional abuse and other types of threatening and controlling behaviour; give police more powers; greater ease for victims to adjust tenancy arrangements so they are able to stay in their homes; and improve the court system to encourage greater reporting by victims (Domestic Violence Resource Centre Victoria 2008, DHS 2008).

### **Best Interests principles**

Legislation in Victoria, as in all Australian jurisdictions, stipulates the paramount importance of the principle of the “best interests of the child” (Bromfield and Holzner 2008). Bromfield and Holzner (2008) maintain that prioritising the Best Interests principle within the context of other significant principles, lies at the heart of child protection, as in effect this determines when it is necessary to pursue one approach over another. As such, they note that legislative and/or policy provisions exist in each jurisdiction to provide guidance as to how such critical decisions are to be made. Miller (2007) maintains that in Victoria, the Best Interests principle emphasises the responsibility of the service system to enable the family to be strengthened in culturally appropriate ways, and to provide the widest possible protection and assistance to parent and child as the fundamental group unit of society.

Miller (2007) notes that the Victorian Children, Youth and Families Act 2005 bases its foundation solidly on the principle that the best interests of the child must always be paramount. In three subsections it articulates the scope of this principle and requires that consideration must always be given to: protecting the child from harm; protecting his or her rights; and promoting his or her development (Miller 2007). Miller (2007) considers

the active embodiment of the Best Interest principle is the dynamic integration of the child and family service system in order to enable safety, stability and healthy development for every child.

## **Service providers and their potential role in practice and treatment**

### **Overview**

The literature shows that despite the prevalent issue of family violence, there is ongoing concern amongst professionals and service providers that early intervention and support is not being sufficiently provided to children and young people prior to child protection agencies becoming involved. Tomison and Poole (2000) report that in an Australian Audit of Prevention Programs conducted in 2000, only 35 programs dealt specifically with children’s witnessing of domestic violence, the vast majority of these being run by domestic violence services.

Therefore, on a macro level there appears to be a need for services to address the problem of the invisibility of children and young people across all sectors, such as the police, schools, refuges, welfare services, counselling services and other programs offered by government, private and not for profit organisations (Buckley and Holt 2007). On a micro level it is suggested by Buckley (2007) that services be integrated to enable children and young people to be assessed and treated at all levels of development appropriate to their age, unique experiences and circumstances.

### **Service provision in Victoria**

According to Bromfield and Holzner (2008), Australia is very similar to other countries with a child protection orientation in key socio-demographic indicators such as wealth, education, employment, health, crime and life satisfaction.

Bromfield and Holzner’s (2008) report to the Australian Institute of Family Studies (AIFS) provides a useful overview of the current status and functioning of family violence services for children and young people at a Victorian and national level. Child protection services are tertiary services designed to respond to abuse and neglect in situations where children have been harmed or are in immediate danger, and as such have a limited capacity to prevent child abuse and neglect. However, increasing attention has been given to primary and secondary interventions as government bodies, non-government organisations and community alliances have recognised the importance of proactive strategies which have a composite intervention capability (such as secondary and tertiary responses).

Bromfield and Holzier (2008) argue that reform to the Victorian Government's service provisions stemmed from an awareness of an on-going rise in service demand, high re-notification rates and an absence of early intervention and prevention services. As such they believe that service reform has been based on a holistic approach derived from an integrative service system, not a stand alone 'child protection' service. In conjunction with non-government service providers, the Victorian Government delivers a range of services at a broad (universal) level that also serve to provide more targeted interventions when required. Child FIRST operates as a centralised intake system for family services within a given area, thus taking responsibility for ensuring that families access the appropriate services to meet their needs by providing required referrals. Bromfield and Holzier (2008) note that a critical difference between the Child FIRST model and that of other jurisdictions is that Victoria is in the process of creating a separate and highly visible entry point for support services rather than entry to individual non-government organisations through community, self-referral, or referral from tertiary child protection services.

The current status of service providers in Victoria along with examples of best practice are outlined below. The Child Protection and Family Services output group which operates under the Office for Children is comprised of child protection specialist services, placement and support services, family and community services and statutory child protection services.

### Code of practice

A Code of Practice for Specialist Family Violence Services for Women and Children was developed by Domestic Violence Victoria in 2006 to provide the basis for a shared understanding of the gendered nature and dynamics of family violence and for best practice in the area. They include:

- focus on increasing services that seek to recognise and address the occurrence of family violence and its impact on children and young people in the early stages
- focus on increasing community education of the impacts of family violence on children and young people
- recognition and targeting of the most vulnerable groups affected by family violence by agencies across the board
- a strengthened and more coherent response to cultural and linguistic diversity
- a strengthened and more coherent response to issues affecting children and young people who are

homeless, at risk of homelessness, in foster care or receiving out-of-home care (DVV 2006).

### Working towards Best Practice in a Victorian setting

#### *Collaboration*

Collaborative approaches to service provision for victims of family violence are noted throughout the literature as instrumental in a program or service's success. DHS (2004) explains that joint design, planning, implementation and funding assist organisations or groups to work together to achieve agreed outcomes. They maintain that there are a number of important reasons for increased collaboration including: the need to provide a holistic and client-focused response; increasingly complex issues that require flexibility and the blurring of boundaries; and recognition that collaborative and coordinated approaches are conducive to achieving best outcomes for clients.

Tomison (1999) reports that there is a belief that a coordinated response to the problem of child abuse and family violence results in more effective interventions, whereby good coordination can lead to greater efficiency in the use of resources, improved service delivery by the avoidance of duplication, and overlap between existing services. His study on professionals' management of suspected child maltreatment case in a Victorian child protection network in Barwon, showed that if services are not properly coordinated, workers are not aware of the roles of other agencies or professions involved with cases, or are simply not fully appraised of the 'facts' of a case. He notes that in extremes, this can potentially lead to the network's failure to protect the child and perhaps leave the child open to the risk of serious injury or death. Tomison (1999) also acknowledges that whilst informal contacts or relationships strengthen the formal child protection system, these informal linkages need to operate in conjunction with more formal communication structures.

Another review which highlights the importance of collaboration is that of Merkes (2004), who conducted her research with the Darebin Family Violence Working Group in the City of Darebin, Victoria. Her review describes the partnership of local services and organisations that came together in the Darebin Family Violence Working Group, the resulting changes to the service system, and the factors that contributed to the success of the partnership. She maintains that local government demonstrates in this case that it can play an important role in the area of family violence through acting as a facilitator and coordinator of services and stakeholders. She notes the work of Mettesich et al (2001) who identify six factors that make collaborations

work: the environment; membership characteristics; process and structure; communication; purpose; and resources, which Merkes applies to her review of the Darebin Family Violence Working Group (cited in Merkes 2004). She attributes the success of the partnership to open and frequent communication, formal and informal relationships, inclusiveness and multiple layers of participation.

*Joint initiatives and support for out of home care services*

The implementation of the Looking After Children (LAC) program by Berry Street Victoria is reported by Burke and Limbrick (2003) to be a hugely collaborative effort and an excellent example of partnership within an out-of-home care service setting. The initiative involved nine Regional Implementation Groups (RIGs) across Victoria and was commissioned by the Victorian Department of Human Services (DHS). The Minister for Community Services at the time commented that the initiative was a "shining light in the range of programs and policies that underlie a new approach to child welfare in this State" (cited in Burke and Limbrick 2003).

Burke and Limbrick (2003) note that the adoption of LAC (which was developed in the United Kingdom during the 1990's) was a result of a growing realisation of the increasingly complex needs of children in out-of-home care and the importance of strongly collaborative parenting. As a result there was a strong commitment from the Department of Human Services and the forty three Victorian Community Support Organisations (CSOs) providing out-of-home care, that the LAC implementation would be a joint initiative. Implementing LAC in Victoria involved a multitude of fronts including caseworkers, carers, residential workers and managers from CSOs and child protection workers and managers from DHS. Whilst LAC was implemented across the State, Burke and Limbrick (2003) note that leadership and ownership at a regional level was vital to successful implementation. The RIGs had an ongoing and critical role to play in quickly identifying local issues while beginning the state-wide process of training and implementation.

Overall, Burke and Limbrick (2003) report that a number of key factors contributed to the introduction of LAC in Victoria: a strong commitment to children and young people in out-of-home care and a belief that LAC would make a difference; the bringing together of groups of key players from CSOs DHS and others with an interest in out-of-home care to work together to provide leadership, expert advice, knowledge and understanding; agreement regarding key LAC messages at all levels of the partnership; and bringing together the key people who have to work together in their roles to meet the needs of children and young people in out-of-home

care, which was an essential part of the LAC training.

Another examples are the Eastern Children's Resource Program in Victoria, cited by Gevers and Goddard-Jones (2003) as an example of best practice in providing services for workers in Supported Accommodation Assistance Program (SAAP) funded services and Family Day Care Services, and children accompanying their parents accessing SAAP services in the Eastern Metropolitan Region of Melbourne. Specific features of good practice exhibited by the program include: provision of secondary consultation, information, support, resources and relevant training for workers in SAAP funded agencies and in Family Day Care; group programs for children in SAAP in three age-defined groupings; collaboration with other services to provide group programs; and advocacy for children experiencing homelessness and family violence. Gevers and Goddard-Jones (2003) note that support is provided regularly to workers in SAAP-funded services as a means of increasing the awareness in workers of the needs of children, and how to meet these needs. This is reflected in the program's goals which include research and promotion of best practice with regard to children and an increased awareness of the needs and experiences of children. The program is also takes part in local advocacy campaigns related to issues such as children being accommodated in crisis cluster housing facilities.

Tomison and Poole (2000) also report the Youth for Christ Adolescent Community Placement Program in Melbourne as a best practice example. The program utilises families or single people from within the community to act as caregivers, opening up their homes to accommodate young people. As a Christian organisation, the program also utilises the support of the local church. Day programs have been developed (either school or work-related) for the young people to ensure living and social skills are developed, and to support the young person with day-to-day issues such as transport and financial support. Overall, Tomison and Poole (2000) report that the program aims to provide young people with stable accommodation and to assist them to work towards independent living.

*Counselling, group and case work programs*

Laing (2000) acknowledges that in recent years there has been an extensive amount of work done across Australia aimed at developing and improving counselling and therapeutic responses. Developments have occurred in a broad range of settings including refuges, schools, health services, community based agencies and child protection services. The following programs have been identified in the literature as examples of good practice.

The Royal Children's Hospital Mental Health Services – Parents Accepting Responsibility Kids Are Safe (PARKAS)

program is noted by Laing (2000) to acknowledge explicitly the significance of the father/perpetrator in the lives of the children, and assist them to address issues about this relationship, including the conflict of loyalties with which the children often struggle. The good practice features of the PARKAS program are reported by Gevers and Goddard-Jones (2003) to include: parallel parent and child group programs; a child-centred (and directed) approach; comprehensive assessment procedures; supervision; involvement of community leaders and peer leadership; program evaluation; follow up sessions and reunion; and the provision of training packages. The program is reported to draw on a collaborative community development model, incorporating relevant agencies and individuals, including childcare workers, social work students and volunteer community leaders (Gevers and Goddard-Jones 2003). As such the model is a joint mental health and community health program, locating specialist mental health expertise within the community (Gevers and Goddard-Jones 2003). The Australian Domestic and Family Violence Clearinghouse (ADFVC) (2001) notes that an important facet of the program is the group's aims to create a therapeutic environment where children have the space and safety to express their feelings amongst their peers. Parkas is informed by systemic thinking which Gevers and Goddard-Jones (2003) report develops from an awareness of the child's situation and experience as an interactive member of various systems such as the family, peer networks and school. A major aim of the program is to open up communication between mother and child about experiences and relationships with each other in order to encourage reconnection and facilitate emotional healing (ADFVC 2001).

Another parent partnership-based program is the Safe Talk About Rights (STAR) program operated by the Southern Family Life agency in Victoria. STAR is a group for primary-school-aged children who have witnessed or experienced family violence, which is run concurrently with a parenting group for the primary care-giver (Cavanagh et al 1999). The group aims to assist children to overcome post traumatic stress, and to learn alternative conflict resolution skills to those used by their parents. Cavanagh et al (1999) argue that best practice in working with children who have experienced family violence involves a partnership with parents, as parents are the primary agents for improving the quality of the life journey for the child and preventing use of violence in families. They report that feedback from parents specifically identifies a reduction in aggressive acting-out behaviour and an improvement in their own ability to encourage and support the child's positive behaviours. In order to achieve best practice, it is reported that effective services require management

understanding of the components for delivering a quality, effective program; as well as an organisational context that gives value and support to the complex work undertaken by staff, who are comparatively poorly remunerated (Cavanagh et al 1999).

Gevers and Goddard-Jones (2003) also include Anglicare Broadmeadows Family Services as a good practice example whose methods of good practice include: the parallel group programs with combined sessions; the twenty week duration of the program; pre and post-testing for measuring the outcome of the program; and the community promotion of the program that includes past participants. Like the other two programs listed above, the service runs a parallel group program for children and parents living with domestic violence, which runs for 20 weeks called 'More Fun Less Fights' and works on a strengths-based approach.

Tomison and Poole (2000) note the Strengthening Families as an example of best practice case management in Victoria, where services are designed to divert vulnerable, high-needs families from the statutory child protection system. They report that many of the families in the program have had a child protection notification where a community, rather than statutory response, is considered likely to be more effective in strengthening the family unit and preventing further abuse. The program is solutions-focused and offers in-home support and brokerage services with the involvement of other community/professional supports.

Another example of case management is the Families and Schools Together (FAST) program run by Kildonan Child and Family Services in partnership with FAST International Australia (Victoria) (Tomison and Poole 2000). The eight-week multifamily program targets children aged four to nine years and is based on family systems and community/school collaborations in an effort to: enhance family functioning; prevent the target child from experiencing school failure; prevent substance abuse by the child and family; and reduce the stress that parents and children experience from daily life situations.

#### *School-based prevention and education*

Despite the lack of best practice evaluations conducted in Victoria, research shows schools to be ideal places for providing safe, enjoyable, imaginative and effective ways for children and young people to explore issues around family violence (Gevers and Goddard-Jones 2003; Kovacs and Tomison 2003; Laing 2000). A study conducted by Blanchard (1999) found that schools were mentioned by children who had been exposed to domestic violence as being a potentially important source of support following a family crisis (cited in Kovacs and Tomison 2003).



Tomison and Poole (2000) note that there are benefits to developing a general prevention curriculum, promoting mental health and empowering individuals, as well as including a secondary focus on applying the generic skills to specific problems and situations. They believe that such an holistic approach to prevention would also encourage cooperative ventures between a number of professional fields including child protection services.

Croydon Secondary College in Victoria is noted by Tomison and Poole (2000) to provide best practice approaches to promoting relationships and relationship programs. The general aim of the program is said to increase or promote strategies that students can use in dealing with conflict, promote resilience, present role models and break the cycle of abuse. As such the college is aimed at prevention of alienation, early intervention and post-intervention through the use of peer support programs, and a welfare coordinator and chaplain who assist students and families and provide links with community agencies.

The 'Solving the Jigsaw' program is also noted by Tomison and Poole (2000) as an example of best practice which focuses on key areas of violence, bullying, depression, anxiety and abuse. The program provides opportunities for young people to feel safe and secure, to reflect and consider, to listen and be heard, to feel and show compassion, to feel and show trust and respect, and to feel and show trust and respect. The program also includes an eight-week parenting component.

Further areas of development identified in the literature include programs that focus more on stigma and stereotypical aspects around family violence, including culturally sensitive issues; and more of a community development approach where community resources are utilised to maximum benefit and incorporated in the everyday activities of the whole school (Buckley and Holt 2007).

#### *Police and justice agencies*

The roles of police and justice agencies are recognised in the literature as playing an increasing role in preventing and intervening family violence. A 2005 report by the Victorian Law Reform Commission (VLRC) notes that police responses to family violence are crucial in holding perpetrators' accountable for their violence and ensuring safety and protection for victims of violence. An understanding of the need to treat family violence more seriously resulted in the enactment of the Victorian Police Code of Practice for the Investigation of Family Violence in 2004. The report notes, however, that there are still a range of problems present in both the criminal and civil responses available to police that is severely limiting, therefore potentially preventing

optimal safety for children and young people living with family violence (VLRC 2005). Humphries (2008) also believes that there needs to be better coordination across government, police, the service sector and courts. Areas for development that are either currently being discussed or enacted include:

- holding powers for police to enable them to obtain and serve intervention orders efficiently, thus preventing problems around perpetrator disappearance, as well as allowing women and children to stay at home, if desired
- community focus by police that encourages them to engage with children and young people and be a first point of call for community service referral
- Specialist court – family violence court division – to improve court's response by increasing the 'protection and wellbeing of children affected by family violence by reducing their involvement in legal proceedings to reduce trauma and also by asking questions about their needs when an intervention order is being made' (Magistrates Court of Victoria 2008).

One such example in the literature of incorporating police into a collaborative approach is documented by Merkes (2004) in the case of the Darebin Family Violence Working Group (mentioned above). She notes that at a local level, the Police District Inspector actively supported the formation of a working group on family violence issues. Victoria Police also established a Family Violence Coordination Unit in Darebin which advises members on how to support people who experience family violence and how to report and handle incidents of family violence.

### **Indigenous children and young people**

Family violence in Indigenous communities is viewed 'holistically, as intertwining with a host of inseparable issues' resulting from centuries of racism, dispossession, oppression and genocide (Cheers et al 2006). Bromfield et al (2007a) agree that the combined effects of past practices and current disadvantages, present Aboriginal and Torres Strait Islander communities with significant challenges in supporting families to ensure children are not placed at risk of harm, and are cared for in a culturally appropriate way. Cheers et al (2006) maintain that Western constructs have not been successful at addressing family violence in Indigenous communities, and that there is a strong calling for a 'new understanding of family violence, feminist post-structural understandings that locate it within particular historical, social, cultural, community and spiritual contexts as constructed by those who live them'. Bromfield et al (2007b) report that current assessment

tools are based on middle class living standards while Indigenous communities have higher rates of poverty and reliance upon welfare assistance. Current tools assess for Anglo-European parenting and family values with the belief that there are certain qualities and characteristics of parenting that enhance a child's development.

Bromfield et al (2007a) note that Aboriginal and Torres Strait Islander children are six times more likely to be placed in out-of-home care than non-Indigenous children. Despite this, there is a serious shortage of culturally appropriate placements to accommodate them. A recent national study conducted by AIFS with government, non-government and Indigenous agencies found: that there are more Aboriginal and Torres Strait Islander children in care than there are Indigenous adults able to care for them; current carers are ageing and retiring and are not being replaced by new carers, there is a risk of overload and burnout of current carers; and alternative placement types such as respite and emergency are desperately needed (Bromfield et al 2007a). They also note that current tools do not assess a carer's capacity to care for an Indigenous child, and that factors such as the inclusion of cultural aspects into care planning, maintaining Indigenous children's connection with their parents, extended family and community and facilitating their understanding of their language and culture need to be incorporated into care planning.

In relation to best practice the literature provides avenues for Indigenous and non-Indigenous communities to respond to the impact of family violence on Indigenous children and young people that combines the practical with the spiritual. For example, Secretariat National Aboriginal and Islander Child Care (SNAICC 2006) have made the following key recommendations, in particular, for Indigenous leaders, elders and community run organisations:

- expansion and broadening of Indigenous children's services
- speaking out or seeking information by contacting SNAICC, for example, when there is knowledge or suspicion that family violence is taking place
- talking with other leaders or elders about the effects of family violence and how to address it
- looking at child protection policies in organisations
- distributing material to help others understand the impact of family violence
- organising public meetings to discuss community issues around family violence.

In terms of best practice within and between agencies around treatment of Indigenous children and young

people, SNAICC (2006) makes the following key recommendations:

- an emphasis on understanding the child's unique attachment to their cultural and spiritual heritage
- the immense importance of kinship, family and communities
- a holistic approach that involves an in-depth understanding of trauma associated with the health and socioeconomic issues in the specific community in which the child was brought up
- strengths based practice that supports the whole family and involves engaging with and understanding the influence of extended family members
- learning about customs and ways to engage with children and their families from their perspective that is empathic and self-reflective
- a focus on child well-being and development
- strong collaboration between child protection and Indigenous agencies
- focus on removing the risk and perpetrator from families, rather than children from their families
- increased and ongoing consultation with Indigenous services.

Additionally, Eastern Metropolitan DHS has created an Aboriginal Services Plan (2006-2009) that outlines key developments for increasing funding for resources, improving service delivery and interagency responses in the region. Included are sections specifically addressing the needs of Indigenous children and young people (DHS 2006).

## Future Directions

As highlighted above, the literature provides a number of theoretical frameworks, best practice examples and suggestions for future development in the area of family violence. The following key factors are also given consideration for the successful functioning of services to children and young people affected by family violence.

Key messages in the literature centre around the implementation of cross-sectoral partnerships, integration, and coordination. Grealy et al (2007) highlight the importance of inclusive practice and integrated effort at a service level. Founded in a rights-based approach to practice, inclusivity refers to the need for all communication to speak to the full range of client diversity in background, culture and experience. They note that this is a challenge to a system designed from a dominant Australian cultural

view, but it requires a concerted effort over time. Grealy et al (2007) also maintain that children's services are part of the continuum of responses for those affected by family violence, and are most effective when robust networks are in place that allows integration between services. They note however, that achieving integration requires effort at the strategic level, the service level and by practitioners and the operational level. In their evaluation report of the Eastern Region Family Violence Committee, the Borderlands Cooperative (2008) report that an appropriate conceptual-organisational framework needs to be developed to assist networks to ensure responses can be given to the issues associated with family violence and the development of positive and peaceful domestic relationships in the Victorian region. Laing (2000) states that whilst it is important to increase specialist services to assist children and young people, it is equally important to maintain a 'multi-system' perspective which monitors the impacts of a broad range of social systems. Tomison and Poole (2000) support the view that adequate intervention requires an holistic approach to often multiproblem, disadvantaged, dysfunctional families, and that attempts at focusing primarily on remedying a single family problem are not as effective.

The literature also addresses key aspects to working with children and young people. Kovacs and Tomison (2003) note that at present few studies have attempted to determine how different children react to different types of programs in order to establish those children that are most likely to be assisted by particular program models. In addition, they found from their analysis of current Australian program initiatives for children exposed to domestic violence, that there is a paucity of services running programs for children exposed to domestic violence in the education system. They note suggestions from other writers that it would be beneficial if the more general social development programs currently being run in schools could be extended to include more assistance for children who have been exposed to domestic violence.

Miller (2007) believes that developing partnerships with children and young people is essential to meeting their needs and expectations. She notes a number of benefits associated with sharing information and decisions with children, as children often hold unique perspectives and information regarding decisions that affect their lives, and their self worth is strengthened through providing them with a capacity to actively shape their future. Including children in decision making also enhances their capacity to protect themselves from harm and strengthens their ability to question the world around them, enhancing their ability to make good decisions and become effective citizens as

they move into adulthood (Miller 2007). Laing (2000) notes that whilst increasing community awareness of the needs of children and young people exposed to domestic violence, this awareness can construct a social stigma of a deviant identity for these young people. She notes dangers in dramatising descriptions of child witnesses of domestic violence, and the medicalising and pathologising of this group because of their experiences. She states that it is also important that community education activities not instil the belief that these children will go on to perpetrate or suffer violence in adulthood and perpetuate the cycle of violence (Laing 2000).

Finally, the 2004 resource guide developed by DHS in consultation with child protection and family violence services recommends that multidisciplinary practice standards include the following (DHS, 2006, 2007, 2008; Osborn, 2006):

- continued training for child protection workers around identifying family violence, and approaching empathic engagement with children and young people from a whole-of-family and culturally sensitive perspective
- active collaboration between child protection and specialist family violence services so child protection can keep up to date and informed
- active collaboration between child protection and specialist family violence services around issues involving a whole-of-family approach to, and monitoring of, recovery
- continued focus on the facilitation of relationships between child protection workers and practitioners in the community who are treating children and young people impacted by family violence
- multidisciplinary training and interagency consultation that continues to prioritise the safety of women and children
- improved community-based response by Child FIRST that addresses the holistic needs and well-being of children and young people
- greater focus on support services that respond specifically to the traumatic effects of children and young people who have spent time in out-of-home care
- greater focus on interagency collaboration around the effects of trauma, social and economic effects of children and young people who have spent time in out-of-home care.

## References

- Atkins P, (1999), *Supporting children and young people affected by family violence*, Partnerships Against Domestic Violence, Victorian Government Department of Human Services.
- Australian Bureau of Statistics, (2006) *Census QuickStats: Australia*. Retrieved 30 June 2007, from [www.censusdata.abs.gov.au/ABSNavigation/prenav/ViewData?subaction=-1&producttype=QuickStats&areacode=0&action=401&collection=Census&textversion=false&breadcrumb=PL&period=2006&javascript=true&navmapdisplayed=true&](http://www.censusdata.abs.gov.au/ABSNavigation/prenav/ViewData?subaction=-1&producttype=QuickStats&areacode=0&action=401&collection=Census&textversion=false&breadcrumb=PL&period=2006&javascript=true&navmapdisplayed=true&)
- Australian Domestic and Family Violence Clearinghouse (ADFVC) Newsletter*, 2001.
- Australian Institute of Health and Welfare, (2006), *Child protection and out-of-home care performance indicators*, Child welfare series no. 41. cat. no. CWS29. Canberra: AIHW.
- Australian Institute of Health and Welfare, (2008a), *Child protection in Australia 2006-07*, Child welfare series no.43. Cat. No. CWS 31. Canberra: AIHW.
- Australian Institute of Health and Welfare, (2008b), *Making progress: the health, development and wellbeing of Australia's children and young people*. Cat. No. PHE 104. Canberra: AIHW.
- Bolen R, (2005), 'Attachment and family violence: complexities in knowing', *Child Abuse and Neglect*, vol. 29.
- Borderlands Cooperative, (2008), *Eastern Region Family Violence Committee: the first three years – Evaluation Report*, Auburn, Victoria.
- British Government Department of Education and Skills, (2006), *Referrals, Assessments and Children and Young People on Child Protection Registers, England – Year Ending 31 March 2006*, <http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000692/SFR45-2006V1.pdf>
- Bromfield L, Higgins J, Higgins D, Richardson N, (2007a), *Paper 1: Why is there a shortage of Aboriginal and Torres Strait Islander Carers? Perspectives of professionals from Aboriginal and Torres Strait Islander agencies, non-government agencies and government departments*, Australian Institute of Family Studies: National Child Protection Clearinghouse.
- Bromfield L, Higgins J, Higgins D, Richardson N, (2007b), *Paper 3: Why standard assessment processes are culturally inappropriate. Perspectives of professionals from Aboriginal and Torres Strait Islander agencies, non-government agencies and government departments*, Australian Institute of Family Studies: National Child Protection Clearinghouse.
- Bromfield L, Holzier P, (2008), *A national approach for child protection: Project report*, commissioned by the Community and Disability Services Ministers' Advisory Council (CDSMAC), Australian Institute of Family Studies: National Child Protection Clearinghouse.
- Buckley H, Holt S, (2007), 'Listen to me! Children's experiences of domestic violence', *Child Abuse Review*, Vol 16, pp 296-310.
- Burke G, Limbrick S, (2003), *Looking After Children (LAC) in Victoria: Training implementation Final Report*, Joint initiative of the Victorian Community Services Organisations and the Department of Human Services, Berry Street Victoria.
- Carlson B, (2000), 'Children exposed to intimate partner violence: research findings and implications for intervention', *Trauma, Violence, & Abuse*, Vol 1, No 4, pp 321-342.
- Cavanagh J, Hewitt L, Anderson D, (1999), *Supporting Children and Young People Affected by Family Violence: Southern Family Life STAR (Safe Talk About Rights) Program*, Victorian Government Department of Human Services.
- Cheers B, Binell M, Coleman H, Gentle I, Miller G, Taylor J & Weetra C, (2006), 'Family violence: an Australian Indigenous community tells its story', *International Social Work*, vol 49 (1), pp 51-63.
- Cox C, Kotch J, Everson M, (2003), 'A Longitudinal Study of Modifying Influences in the Relationship between Domestic Violence and Child Maltreatment', *Journal of Family Violence*, vol 18(1).
- Department of Community Services (DoCS), (2002), *Domestic violence and its impact on children's development*, paper delivered at the Department of Community Services Fourth Domestic Violence Conference, 24 September 2002.
- Department of Human Services (DHS) (2006), *Integrated Family Violence Services for Women and Children*, Victorian Department of Human Services.
- Domestic Violence Resource Centre Victoria (2008) <http://www.dvirc.org.au/UpdateHub/UpdateIndex.htm>
- Domestic Violence Victoria (DV Vic) (2006), *Code of Practice – for Specialist Family Violence Services for Women and Children*, <http://www.dvvic.org.au/>
- Edleson J, (2006), *Emerging responses to children exposed to domestic violence*, VAWnet, <http://vawnet.org>.
- Family Law Courts website *The Family Law Act and family violence* <http://www.familylawcourts.gov.au/wps/wcm/connect/FLC/Home/Family+Violence/The+Family+Law+Act+and+family+violence/>. Accessed 21 January 2009.



- Gewirtz A, Edleson J, (2007), 'Young children's exposure to intimate partner violence: towards a developmental risk and resilience framework for research and intervention', *Journal of Family Violence*, Vol 22, pp 151-163.
- Gevers L, Goddard-Jones M, (2003) *Working with Children and Young People Living with Domestic Violence*, Partnerships Against Domestic Violence, Commonwealth of Australia, Canberra.
- Grealy C, Humphreys C, Milward K, Power J, (2008) *Urbis, Practice guidelines: women and children's family violence counselling and support program*, Victorian Government Department of Human Services, Victoria.
- Herrenkohl T, Sousa C, Tajima E, Herrenkohl R & Moylan C, (2008), 'Intersection of child abuse and children's exposure to domestic violence', *Trauma, Violence, & Abuse*, vol 9 (2), pp 84-99.
- Humphries C, (2008), *Responding to children affected by family violence – opportunities for collaboration*, University of Melbourne, Victoria.
- Hurley D, (2006), 'Internalised other interviewing of children exposed to violence', *Journal of Systemic Therapies*, vol. 25 (2).
- Kovacs K, Tomison A, (2003), An analysis of current Australian program initiatives for children exposed to domestic violence, *Australian Journal of Social Issues*, vol 38 (4).
- Laing L, (2000), *Children, young people and domestic violence*, Australian Domestic & Family Violence Clearinghouse, Issue Paper 2.
- Laing, Lesley (2001) 'Working with Women: Exploring Individual and Group Work Approaches to Counselling' in *Australian Domestic and Family Violence Clearinghouse Issues Paper 4*.
- Magistrates Court of Victoria, (2008), *Applying for an intervention order*, <http://www.magistratescourt.vic.gov.au>.
- McIntosh J, (2003), *Children living with domestic violence: research foundations for early intervention*, Family Transitions, Carlton North, Victoria.
- McClosky L, Treviso M, Scionti T, dal Pozzo G, (2002), 'A Comparative Study of Battered Women and Their Children in Italy and the United States,' *Journal of Family Violence*, vol. 17 (1).
- Merkes M, (2004), 'The Darebin family Violence Working Group – A Partnership Approach', *Australian Journal of Primary Health*, accessed at <http://www.abp.unimelb.edu.au/research/funded/glove/pdf/ajph-partnership.pdf>.
- Miller R, (2007), *The Best Interests principles: a conceptual overview*, Victorian Government Department of Human Services, Melbourne, Victoria.
- NSW Department of Community Services (DoCS) (2006), *The importance of attachment in the lives of foster children: Key messages from research*, Centre for Parenting and Research.
- Osborne A, (2006), *A national profile and review of services and interventions for children and young people with high support needs in Australian out-of-home care*, University of Adelaide Thesis, <http://digital.library.adelaide.edu.au/dspace/bitstream/2440/37849/2/01front.pdf>
- Seeley J, Plunkett C, (2002), *Women and Domestic Violence: Standards for Counselling Practice*, The Salvation Army Crisis Service, St Kilda, Victoria.
- Secretariat of National Aboriginal and Islander Child Care (SNAICC), (2006), *Development of a National Action Plan for Aboriginal and Torres Strait Islander communities to prevent and respond to child abuse and neglect*, Briefing to State and Territory governments.
- Tomison A, (1999), *Interagency collaboration and communication in child protection cases: some findings from an Australian case tracking study*, Paper presented at the fifth ISPCAN Asian Conference on Child Protection, 26-28 November, Hong Kong, Australian Institute of Family Studies: Staff Paper.
- Tomison A, Poole L, (2000), *Preventing child abuse and neglect: findings from an Australian audit of prevention programs*, Australian Institute of Family Studies, Melbourne VIC <http://www.aifs.gov.au/nch/pubs/reports/audit2001/auditreport.html>
- United States National Criminal Justice Reference Service website, (2007), *Family Violence – Facts and Figures*, accessed at [http://www.ncjrs.gov/spotlight/family\\_violence/facts.html](http://www.ncjrs.gov/spotlight/family_violence/facts.html).
- Victorian Government Department of Human Services (2007), *Child development and trauma guide*, Best Interests Series, Victorian Department of Human Services, Melbourne.
- Victorian Government Department of Human Services (2008), *Responding to family violence more effectively*, Victorian Department of Human Services, Melbourne.
- Victorian Law Reform Commission, (2005), 'Legal, social and community contexts' in *Family violence: police holding powers: an interim report*, Victorian Law Reform Commission, Victoria.

# Appendix B.

## Interview guides

### Background

The Eastern Regional Family Violence Committee (ERFVC) has engaged Urbis, an independent social research firm, to investigate the current responses of services in the Eastern Metro Region to children affected by family violence.

The project will provide a map of the current configuration of services supporting children affected by family violence in the EMR. Uniquely it will also detail recommendations for improving and strengthening the integration of services for children.

This research follows the work done by the ERFVC which establishes a response to family violence in the EMR that involves all relevant agencies working together with common principles and goals to provide a range of services that promote safety, empowerment and healing for people experiencing family violence. These principles are articulated in a Memorandum of Understanding that has been signed off by all agencies and essentially informs local partnership agreements.

The goals of the Memorandum of Understanding are to:

- deliver an effective regional response
- work collaboratively in an integrated framework, and be guided by standardised practices and training
- enhance the safety of women and children experiencing family violence
- deliver an efficient, responsible and flexible family violence service system
- raise awareness about the impact of family violence in the broader community
- provide a range of healing strategies for individuals, families and communities.

### This project

To further this work Urbis, an independent social research firm, has been commissioned to research the approaches, pathways and ways of strengthening the EMR system responding to children and young people

affected by family violence. Recommendations will address the enhancement of regional integration.

Consultations with service providers in EMR will be conducted by Urbis between 2 and 10 December 2009.

The consultation will take around 45 minutes, although there is scope to make it shorter, or longer, depending on your availability and the range of issues you wish to discuss. Ideally we will interview the person or people within your service who work with children and young people affected by family violence, or within the family violence sector more generally.

If you have any questions or require more information please contact Kylie Smith, Consultant, Urbis, on 03) 8663 4830 or at [ksmith@urbis.com.au](mailto:ksmith@urbis.com.au), or Maryclare Machen EO, EDVOS on 03) 9870 5939 or at [maryclare@edvos.org.au](mailto:maryclare@edvos.org.au).

#### 1. Nature of your service

- 1.1 Can you tell us about your service and your role within it?
- 1.2 How would you describe the way in which your service works with children and young people affected by family violence?
- 1.3 How do children and young people access your service?

#### 2. Services for children and young people

- 2.1 What proportion of all clients is experiencing family violence? (Adults/children and young people.) Can you estimate how many clients per year? Does your data system allow for the collection of these figures?
- 2.2 Can you comment on whether this has changed over time? If so, why do you think this might be?
- 2.3 In what way does your service work with children and young people considered vulnerable (that is, from low income families, Indigenous/culturally and linguistically diverse families)? Is access for these groups promoted in anyway?

- 2.4 Are there any fees or copayments payable by clients? If so, how does this work? (eg sliding scale)?
- 2.5 Are there time limitations for working with children and young people experiencing family violence (that is, short, medium or long-term)? Do you see any issues or implications with this?
- 2.6 Are there any other limitations to working with children and young people (that is, parental consent)?

### **3. Assessment and prioritisation**

- 3.1 Are children and young people coming to your service viewed as clients in their own right, or are they included with their parent/caregiver?
- 3.2 Do you use an intake or triage process to assess priority? Can you describe how this works? Is the assessment process tailored to children and young people separate to adults?
- 3.3 What factors play a role in assessment of priority access for children (eg age, vulnerability)?
- 3.4 Do you have a waiting list for children and young people? If so, how does this work? How many children and young people are currently on it?

### **4. Main sources of referral**

- 4.1 For what reasons would you refer children and young people affected by family violence to another service?
- 4.2 To which services do you most commonly refer?
- 4.3 Do you believe your agency has a satisfactory awareness of appropriate services to refer children and young people affected by family violence to within the EMR? What about outside the EMR? If not, how might you gain more awareness about existing services for referral?

### **5. Practice frameworks**

- 5.1 How would you describe your service's approach to practice with children and young people affected by family violence?  
(Supplementary question only) What is the background to using this approach and what has informed/influenced it? (Is it a consensus-/evidence-based model?)
- 5.2 Are you aware of the 'Practice Guidelines: Women and Children's Family Violence Counselling and Support Programs' put out by DHS this year? Where else do you access information? (eg D&FV Clearinghouse, journals.)
- 5.3 To what extent do you think practitioners from other agencies would be aware of your approach to

working with children and young people affected by family violence?

- 5.4 Are there opportunities in the EMR to share practice wisdom across agencies? If there were to be a forum, would you participate? If so what kinds of things would you like to see covered? That is,
  - new and innovative practice frameworks
  - collaboration and networking across the EMR
  - responding to contemporary context challenges
  - other?
- 5.5 What kind of avenues and opportunities for ongoing professional development does your agency offer practitioners working with children and young people affected by family violence?

### **6. Evaluation**

- 6.1 Does your agency evaluate client satisfaction with your service? How? To what extent does this system include receiving feedback from children and young people affected by family violence?
- 6.2 Are there any lessons in your evaluation results for improving and strengthening the integration of services for children and young people affected by family violence?

### **7. Strengths and gaps in service provision**

- 7.1 What do you perceive as being the strengths of your service in relation to working with children and young people affected by family violence?
- 7.2 Where are children and young people falling through the gaps in service provision?
- 7.3 In what ways can you envision addressing these gaps? Are these realistic and attainable goals? If yes, how might they be achieved? If not, why not?

### **8. Service system integration and collaboration**

- 8.1 Are there services you currently don't have a relationship with who would benefit from the work you do with children and young people affected by family violence?
- 8.2 To what degree do you think services in the EMR who work with children and young people affected by family violence are integrated?
- 8.3 What do you perceive as being most required for successful integration of the service systems?
- 8.4 If you could do one thing to improve the pathway for children in EMR, what would it be?

Are there any other comments you would like to make?

**Thank you very much for your time.**

# Appendix C. Participating Services

## Organisation

Anglicare Lilydale

Anglicare Knox

Australian Childhood Foundation

Brenda House

Chandler House

Connections

Doncare

Eastern Access Community Health

ECASA

EDVOS

Knox Community Health Service

Maroondah Halfway House

Monash Link, Glen Waverly

Ranges Community Health Service

Reach Out For Kids

Relationships Australia

Resilient Kids

Salvation Army Eastcare

Whitehorse Community Service

Woorarra (Women's refuge)

Yarra Valley Community Health Service

# Appendix D. Service Mapping

Service	Programs working with children and young people affected by family violence	Catchment area	Outposts/outreach addresses	No of clients between July – Nov 08
<b>Anglicare Knox</b>	Family Services in the Outer East is a DHS funded program and provides an in-home support program that includes case management, case work, advocacy, social inclusion and connection. A significant part of the work involves coordinating other support and specialist services for parents and children. Many families referred to Family Services have a number of complex, often inter-related issues: substance abuse, mental health, family violence, intergenerational poverty.	Family Services in the Outer East is provided from the following Anglicare Victoria sites in: Lilydale, Healesville, Croydon and Bayswater. The Croydon site is the main office and home of the Outer East Child FIRST program.	22 Croydon Road, Croydon, 3136	A record of the number of children involved with Family Services who have experienced family violence is not kept. However, there is a view that much of the disturbed and disruptive behaviour exhibited by children is directly related to a history of exposure to family violence. Many referrals from schools provide this background and describe children with poor concentration, anti-social behaviour and aggression towards their peers.  Since 1 July 2008 Outer East Family Services has received 263 referrals for families (another 900 referrals have received a short-term referral response known as non-substantive referrals). These referrals have required assessment and a case work/case management response. There are over 700 children in this referral number. Discussions with Child FIRST intake staff suggest that over 60% of these children present with characteristics that suggest some exposure to trauma and violence.  All of the Family Services sites, including Child FIRST, work closely with family violence services and counselling services for both women and children (when they can be accessed).
<b>Anglicare Lilydale</b>	Anglicare Lilydale run three Men's and Boys' Programs. They are funded by the local community and FaCSIA.  1) Peaceful Warriors program: This program is for boys who are aged 9–12. These are internal referrals and are primarily aimed at boys who are in foster care or involved in the family service programs. Internal referrals are received from Anglicare Program Staff who identify boys in need of anger management. The prime reason for referral is disharmony at home and lack of attachment. It is not a program which is singularly for family violence issues but definitely includes these.  2) Boys will be Men program: The program caters for 9–12 year olds. The program works with children in their school community and offers mentoring programs to help identify feelings and ways of controlling emotions. Both custodial and non-custodial men can be mentors, for example uncles or non-related men. Anglicare also runs programs at Healesville Primary School for Indigenous children.  3) Buddies program: This is a similar concept to the Boys will be Men program; however, it is aimed at boys 12 years and older.	Shire of Yarra Ranges	282 Maroondah Highway Healesville, 3777 47–51 Castella Street Lilydale, 3140	Peaceful Warriors program – 18 Boys will be Men program – no data provided. Buddies program – 30
<b>Australian Childhood Foundation</b>	The Australian Childhood Foundation program operates from premises in Mitcham and delivers services to children and young people who have experienced abuse related trauma. Funded program areas include family violence, sexual assault and children who display problem sexual behaviour.  The model is underpinned by the theory of the neurobiology of trauma.  If a child is accepted for a service a comprehensive assessment is completed using a range of psychometric testing to provide an analysis of the impact of trauma on the child and family. This assessment leads to a specific intervention plan which has as its aim the resolution of trauma symptoms.  The counselling often takes several months to complete.  The program also provides specialist treatment programs for families such as group work for parents/carers, family therapy and animal assisted therapy.  A care team approach is also used to understand and respond to children and their families who are involved in professional service systems.	LGAs of Knox, Manningham, Maroondah, Monash, Whitehorse and Yarra Ranges.	579 Whitehorse Rd Mitcham, 3132 Unit 2/142 New Street Ringwood, 3134	The Australian Childhood Foundation receives approximately 30 family violence referrals per month. Not all of these proceed to assessment/treatment.  At any point in time there would be approximately 50 children being offered an assessment/intervention who have experienced family violence.

Service	Programs working with children and young people affected by family violence	Catchment area	Outposts/outreach addresses	No of clients between July – Nov 08
<b>Brenda House</b>	<p>Brenda House offers short-term intensive support and accommodation on a crisis basis to women and children experiencing Domestic Violence. The mode used encourages and empowers women to take control of their lives.</p> <p>Crisis accommodation is offered in four separate properties that include eight separate and non-communal homes for women and children in crisis. A limited outreach response is offered to support women and their children who choose to remain in the wider community. The service accepts referrals from women and children in crisis from across the state and interstate.</p> <p>Brenda House assists in providing and obtaining a wide variety of support measures in order to assist clients to assess options and to re-direct their lives. Issues for support include advocacy, legal/court, medical, drug/alcohol, mental health, cultural support, immigration, emotional, practical, counselling, financial, parenting, education, housing and child care.</p>	Brenda House accepts referrals from across the state and interstate and has connections that include related services on a State-wide basis.	<p>Brenda House is based in an external office in Blackburn that provides access to clients accommodated in crisis accommodation and THMs.</p> <p>Unable to provide street addresses of accommodation and offices for security reasons.</p>	<p>Children that are supported by Brenda House are not recognised as clients in their own right by DHS. Women are counted as clients but practical support to children is neither counted nor funded.</p> <p>From July–November 2008 Brenda House supported 133 children in crisis due to domestic violence.</p>
<b>Chandler House</b>	Chandler House is a mental health service auspiced by Eastern Health. The service does not have a designated stream addressing family violence; however, the service is aware of children and young people who are experiencing or have experienced family violence, but it would be presented through mental health issues.	Municipalities of Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse and Yarra Ranges	Chandler House Team 16–18 Albert Street, Upper Ferntree Gully, 3156	Not able to access this information.
<b>Connections (Starting out)</b>	<p>Connections is a community welfare agency of the Uniting Church's UnitingCare network in Australia</p> <ul style="list-style-type: none"> <li>The Starting Out program commenced in 1992 and offers community based support for families with a parent under the age of 25 years. Priority is given to families with adolescent and/or isolated young parents</li> <li>Other services include in-home support, counselling, antenatal and postnatal support, housing support, group work (antenatal, new mothers, toddler group and playgroup) and a training program for peer support workers</li> <li>The program employs a multi-disciplinary team including a midwife/maternal and child health nurse, social workers, psychologist, early childhood workers and peer support workers.</li> </ul>	Municipalities of Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse and Yarra Ranges	<p>Mount Waverley office: 31 Hardner Road, Mount Waverley, 3149</p> <p>Ringwood office: 5 Pitt Street, Ringwood, 3134</p> <p>Blackburn Office: 48 Blackburn Road, Blackburn, 3130</p> <p>Starting Out workers are based at the Ringwood office and do outreach work in family homes or alternative venues.</p>	Information not provided.
<b>Doncare</b>	Doncare provides support services to families, children, young people and individuals to access opportunities that will assist them in their daily living and enhance family functioning. Doncare responds with a range of high quality services in the areas of counselling, social support, family services and practical assistance to the people of Manningham. The main focus of the service is the support of families affected by family violence.	Manningham	8 Montgomery Street, East Doncaster, 3109	Data not provided.
<b>ECASA</b>	<p>ECASA provides individual short- to medium-term counselling/advocacy services to children and young people aged 3 upwards who are victim/survivors of sexual assault.</p> <p>Therapeutic group work is also facilitated for young children (with a parallel mother's group and for young women). The young women's groups have been 'Chic Chats' running weekly sessions for a term at a time and there have also been camps — a surf camp and a riding camp to date — in order to challenge young women's sense of self, increase confidence etc.</p> <p>An individual counselling response is also provided in an outreach model to young people (victims/survivors) aged 12 – 25 who are homeless or at risk of homelessness.</p> <p>Specialist assessments are provided for Child Protection in circumstances where a child or young person is suspected of being a victim of sexual assault but this has not been substantiated by a Child Protection investigation. Indicators may exist or there may be physical injuries or witnesses to sexual assault but the child is not disclosing, or has disclosed and then retracted. A 6-session forensic assessment is conducted.</p>	<p>Eastern region which covers the seven LGAs of Maroondah, Yarra Ranges, Knox, Whitehorse, Eastern region which covers the seven LGAs of Maroondah, Yarra Ranges, Knox, Whitehorse, Manningham, Monash and Boroondara.</p>	<p>Outpost offices funded one day a week are based at Healesville, Yarra Junction, Hawthorn, Doncaster, Glen Waverley and Ferntree Gully. Main office base is Ringwood East.</p> <p>Main office is located at 17-19 Ware Crescent, Ringwood East, 3135</p> <p>Outpost offices one day a week are as follows:</p> <ul style="list-style-type: none"> <li>Manningham Community Health Unit 1, 1020 Doncaster Road, Doncaster, 3108</li> <li>Boroondara Community Health Centre 378 Burwood Road, Hawthorn, 3122</li> <li>Yarra Valley Community Health White Street, Healesville, 3777</li> <li>Knox Community Health Service 1063 Burwood Highway, Ferntree Gully, 3156</li> <li>Monash Link Community Health Centre 7 Dunscombe Avenue, Glen Waverley, 3150</li> <li>Yarra Valley Community Health Warburton Highway, Yarra Junction, 3797</li> </ul>	<p>Estimate approximately 100 children and young people who would have accessed ECASA for sexual assault counselling in six months.</p> <p>They are unable to access accurate data.</p>



Service	Programs working with children and young people affected by family violence	Catchment area	Outposts/outreach addresses	No of clients between July – Nov 08
EACH	<p>The Reconnect Program is funded to provide early intervention for family relationship breakdown and homelessness. Although not specifically formulated to address family violence, it is often a co-morbid presentation and consideration in the work that they do. Many of the clients seen under Family Relationships Services Programs and Reconnect, both individually and as families, have experienced family violence. Many of the young people who present to the Youth Health Clinic have also often been involved in family violence situations.</p> <p>EACH report they would refer clients on to specialist FV services if there is an acute and dominant presenting issue; they also work in tandem with such services and clients on issues such as mental health, sexual health, relationships, parenting skills, mediation and so on — or from intervening to try and mitigate at a pre-acute stage of family discord.</p> <p>The goal of the service in relation to family violence is to intervene early at a strategically significantly time to prevent conditions that could lead to family violence. EACH offers a number of group programs (early intervention services) that are auspiced under the Family Relationships Services Program. These group programs include:</p> <ul style="list-style-type: none"> <li>• a behavioural change program for young men (IMPACT)</li> <li>• a self discovery program for young women which emphasises identity and emotional regulation (girls with attitude)</li> <li>• family counselling activities.</li> </ul> <p>There are also programs that provide skills training to parents:</p> <ul style="list-style-type: none"> <li>• Brady Bunch (which is concerned with issues pertinent to blended families).</li> <li>• Secrets of Happy Parenting (which is concerned with developing parenting skills including reflective listening and dealing with conflict in a sensitive manner).</li> <li>• Eastern Victims Assistance and Counselling Program – a program designed to provide support and counselling to victims of violent crimes, some of whom are children and young people.</li> <li>• Gamblers Help Eastern – an assistance program for gamblers and those it directly affects. Some of the work relates to family violence impacting on children and young people as a result Eastern Drug and Alcohol Service — a counselling program which interfaces with family violence for children and young people either due to their own D&amp;A usage or the usage of others of the fallout from the impact of problematic gambling.</li> <li>• A Generalist Financial Counselling service which works with a range of people on low-incomes and benefits. It is not unusual for the worker to identify real and/or potential family violence as a result of people's circumstances, some of which will spill over to children. Workers will refer on as appropriate.</li> <li>• The Counselling, Assessment and Support Team (CAST) operates at Maroondah Social and Community Health Centre (MSCHC) in East Ringwood. It comprises the Primary Age Psychology, General Counselling and Family Support Worker programs. All are supported by Information, Intake and Referral, an EACH service that supports people find services.</li> </ul>	<p>Eastern Victims Assistance and Counselling Program (EVACP) covers the eastern metropolitan region – cities of Boroondara, Manningham, Monash, Whitehorse, Maroondah, Knox and the Shire of Yarra Ranges.</p> <p>Gamblers Help Eastern – same coverage as EVACP.</p> <p>Eastern Drug and Alcohol Service (EDAS) – covers the cities of Manningham, Knox and Yarra Ranges for much of its service provision, but covers the whole of the eastern metro region for some programs.</p> <p>The Generalist Financial Counselling service covers Maroondah, Knox and shares responsibility for Yarra Ranges.</p>	<p>City of Maroondah Shire of Yarra Ranges Main office address: 46 Warrandyte Road, Ringwood, 3134</p> <p>Other offices:</p> <ul style="list-style-type: none"> <li>• 40 Warrandyte Road, Ringwood, 3134</li> <li>• 75 Patterson Street, East Ringwood, 3135</li> <li>• 68 Charter Street, Ringwood, 3134</li> <li>• 16-18 Bond Street Ringwood, 3134</li> <li>• 9 Greenwood Avenue, Ringwood, 3134</li> <li>• 15 Greenwood Avenue, Ringwood, 3134</li> <li>• 124 Mt Dandenong Road, East Ringwood, 3135</li> <li>• 16 Bond Street, Ringwood, 3134</li> <li>• City of Whitehorse 953 Whitehorse Road, Box Hill, 3129</li> <li>• 11 Silver Grove, Nunawading, 3131</li> </ul> <p>Shire of Yarra Ranges</p> <ul style="list-style-type: none"> <li>• 7-9 John Street, Lilydale, 3149</li> <li>• 1 Joffre Road, Healesville, 3777</li> <li>• 1 Badger Creek Road, Healesville, 3777</li> <li>• 6 Vimy Ridge Healesville, 3777</li> <li>• 2468 Warburton Hwy, Yarra Junction, 3797</li> <li>• 1 Little Yarra Road, Yarra Junction, 3797</li> <li>• Hicci Shire Annex, 231 Maroondah Highway, Healesville, 3777</li> </ul> <p>City of Knox</p> <ul style="list-style-type: none"> <li>• Building 3, Level 1 (Knox Towerpoint), Capital City Boulevard, Wantima South, 3152</li> <li>• 3 The Avenue, Ferntree Gully, 3156</li> </ul> <p>Brenda House is currently integrated in partnerships with two local schools (Ringwood Secondary College and Croydon Secondary College). These positions spend approximately half of their working time at their respective schools, and half of their time as part of the youth and family team. Family violence is an issue that can come to light in the school environment, so these positions are significant points of early intervention contact.</p>	Two Early Intervention Programs — between them they work with 66 children a year.  Team of child psychologists who work with children 12 and under would see around 30 – 40 children and families  There is reported to be a twelve-month waiting list.
	<p>EACH offers two Early Intervention Programs working with pre-school age children who have two or more significant developmental delays, one at Healesville and one at Maroondah. They work with children in groups and provide individual therapy around sensory motor skills, socialisation and language and physical development.</p> <p>Eastern Access Community Health have a team of child psychologists who work with children 12 and under. Children are often self referred by their families or referred internally from other programs or referred by other professionals and agencies. Eastern Access Community Health also has a team of speech pathologists who work with children and their families around communication and eating issues.</p> <p>In addition to that as the teams will often combine to provide a service to families with complex needs or where more than one child from a family is referred. The team run a range of groups and seminars aimed at promoting wellbeing and addressing particular issues such as continence, behaviour management, children's emotions and parent-child attachment.</p>	Healesville, Maroondah	75 Patterson Street, Ringwood East, 3135	

Service	Programs working with children and young people affected by family violence	Catchment area	Outposts/outreach addresses	No of clients between July – Nov 08
<b>EDVOS</b>	Program is under review; currently developing the skills and expertise of the children's workers; aiming to offer a range of programs to mothers and their children, from frame of violence as an assault on the mother-child relationship; located in trauma and neurobiology theory likely programs include supported playgroup.	Seven LGAs in Melbourne's east: Boroondara, Monash, Whitehorse, Manningham, Knox, Maroondah, and Shire of Yarra Ranges, eastern region.	Currently no outreach posts, but all outreach workers able to work in family home (if safe for family and worker), or access counselling rooms in local agencies. 34 New St Ringwood	There were 437 women with 510 accompanying children accessing EDVOS during the time July – November 2008.
<b>Harrison Community Services</b>	The Youth Supported Accommodation Assistance Program (SAAP) supports young people 15–25 affected by family violence to link in with specialist and community supports and to obtain safe affordable housing. Support is provided in an outreach or transitional accommodation capacity. Adolescent Support provides outreach support to young people (12–17) who may have experienced or are currently living in a family affected by violence. The support may include referral to specialist services within the local community. The Finding Solutions Program works with young people (12–17) and their families to resolve conflict and divert young people away from the child protection system. The support may include referral to specialist services within the local community.	Cities of Knox, Maroondah, Boroondara, Whitehorse, Monash, and the Shire of Yarra Ranges.	There are two main offices: 1012 Little Burwood Hwy, Wantirna South 3152 909 Whitehorse Rd Box Hill 3128 Support is provided in an outreach or transitional accommodation capacity from the agency's Knox office.	Youth SAAP — figures are reported in the data represented through the Front Door/Intake service information Adolescent Support — 12 young people Finding Solutions — 25 young people
<b>Knox Community Health Service</b>	Knox Community Health Service (KCHS) offers a range of programs for children and young people who have been affected by FV. All programs operation from a goal-focused, client-centred practice framework. All services offered in the programs listed below are free services. Family Violence Program funded by DHS, subcontracted through EDVOS, offers one-to-one office based counselling for women and young people. Community Health Counselling Program offers one-to-one office based counselling to young people and an Early Childhood Psychologist offers support and referral to families who access the paediatric services. Integrated Family Services program offers one-to-one office based counselling to families and young people as well as an In-Home Family Support Program. As the name suggests this program is delivered in the family's home, and includes the children and young people as well as the primary carer. In this program goals for the whole family are identified by the family and the worker, then individual goals flow out from the family goals.	Family Violence program and Integrated Family Services are funded to provide services within the local LGA, Knox. There is some flexibility to include people for outside this area. Community Health Counselling Program does not have a catchment area but would encourage people who do not live, work or study in Knox to seek services closer to their home or support networks.	KCHS main site is situated at 1063 Burwood Hwy, Ferntree Gully, 3156 Second site which is at 603 Boronia Road Wantirna, 3152	Unable to provide this data.
<b>Maroondah Halfway House</b>	Maroondah Halfway House is a state-wide and regionally focused organisation providing an emergency, crisis and transitional housing and support response to women and children who are experiencing family/domestic violence.	No set catchment area.	Not able to provide any addresses of properties for security reasons.	Not provided.
<b>Migrant Information Centre</b>	Cool Kids Program is primarily for refugee children (it is not specifically designed for violence-related but some have been exposed to family violence). The program is designed to build self-esteem and confidence through activities and discussions. When appropriate, children of women who have experienced family violence are counselled by Dianne Campbell.	Local Government areas of Eastern Metropolitan region: Boroondara, Whitehorse, Knox, Manningham, Maroondah, Monash and Shire of Yarra Ranges.	Programs offered in community facilities such as halls or neighbourhood centres. 27 Bank Street, Box Hill, 3128	Estimated 10, they are unable to access accurate data.
<b>Mitcham Community House</b>	Mitcham Community House does not work directly with children or young people, rather with women who are or have been affected by family violence. They offer women educative courses on the effects on children and the developing brain, along with various educative self-esteem and parenting issues.	No specific catchment area.	19 Brunswick Road, Mitcham, 3132	Not able to access any accurate data.
<b>Ranges Community Health Service</b>	Ranges CHS has a Child and Family Team that includes specific allied health for children (occupational therapist, speech therapist and psychologist), as well as services for families including family violence services, counselling and health promotion. Children and young people are generally not referred for reasons specific to family violence but it may arise as an issue during other service provision.	Ranges CHS generally sees clients, who live, work or attend school within the western part of the Shire of Yarra Ranges.	Two offices: 17 Clarke Street, Lilydale, 3149 1624 Burwood Hwy, Belgrave, 3160	The service does not specially collect this data and were unable to provide accurate data.
<b>Salvation Army Eastcare</b>	The Salvation Army service (Gateways) provides overnight crisis accommodation for women and children that are victims of family violence. They do not provide case management. This service has now been transferred to EDVOS	EMR and outer EMR.	Onsite office in Croydon – 99-101 Lusher Rd Croydon, 3136 Also use hotels and other emergency accommodation as needed. Unable to provide other details.	na



Service	Programs working with children and young people affected by family violence	Catchment area	Outposts/outreach addresses	No of clients between July – Nov 08
<b>MonashLink Glen Waverley</b>	<p>MonashLink offers general counselling services, and drug and alcohol counselling services (EDAS). It is not a specialist service for family violence; however, it does offer a number of services around family violence. The service employs two psychologists (paediatric and youth) who do assessment and treatment (that is, counselling) with young people and children affected by family violence.</p> <p>The service primarily offers centre based counselling; however, the youth psychologist does do outreach visits to secondary schools in the City of Monash.</p> <p>MonashLink also has:</p> <ul style="list-style-type: none"> <li>a number of counsellors (both social workers and psychologists) who do counselling with adults</li> <li>some group services: a Men's Behaviour Change group called Men's Responsibility Group, and a group called Women Reclaiming their Lives for women who have experienced or are currently experiencing family violence.</li> </ul> <p>EDAS also works with a number of young people affected by family violence and offers centre based counselling and outreach for young people.</p>	<p>MonashLink provides counselling services to families with children/young people who live, work or study within the City of Monash.</p> <p>EDAS also offer services to young people in the City of Knox.</p>	<p>In the general counselling team there are no specific outreach/outpost offices. Counsellors are based at three sites: Clayton, Ashwood and Glen Waverley. However, the youth psychologist does do outreach visits to secondary schools in the City of Monash.</p> <p>They also have a financial counsellor based at Hughesdale. In the EDAS Counselling team, they do outpost to Monash Youth and Family Services based at Clayton Community Centre and do outreach in the community.</p> <p>Level 1, 9–15 Cooke Street, Clayton, 3168</p> <p>219 High Street Road, Ashwood, 3147</p> <p>7 Dunscombe Avenue, Glen Waverley, 3150</p>	<p>Not able to access any accurate data.</p>
<b>Reach out for Kids</b>	<p>Reach out for Kids (ROK) offers children, young people and families a range of programs. ROK youth services assist young people who are under a lot of pressure and trying to cope with life difficulties, stress from the school and home environment, and hardships. Some young people have to cope with family separation, loss and grief, domestic violence, bullying and other severe circumstances.</p> <p>Although ROK is not a service that focuses on violence, it does have a program for young people titled 'Breaking the Cycle' that looks at working with young people who have been violent in the home or elsewhere. This group will commence in Term 1 and ROK is looking at running the group in partnership with Anglicare Box Hill.</p>	<p>ROK is funded to deliver services to families who reside, work or have children that go to school in the City of Whitehorse. When there is space available for their groups, they also offer services to children and young people from surrounding areas and municipalities.</p>	<p>Main office is 8–10 Silver Grove, Nunawading, 3131</p> <p>Holiday Groups sometimes use a recreation/ gymnasium centre within Whitehorse City Council.</p>	<p>The family statistical data shows that there was only one family using ROK's services that was experiencing domestic violence during this period.</p>
<b>Resilient Kids</b>	<p>Resilient Kids provide a range of services in order to support children. Their criterion is: children who are accompanying families in the Eastern Region SAAP agencies (Supported Accommodation Assistance Program) or Family Violence Agencies. The children are aged between 0–18 with accompanying families.</p> <p>Services provided include:</p> <ul style="list-style-type: none"> <li>Advocacy for children who have experienced homelessness and/or family violence</li> <li>Therapeutic groups for primary and secondary school aged children, generally different groups running for 5–15-year-olds during school terms. Groups are located at different suburbs in the Eastern Region, ranging from Burwood, Box Hill to Croydon, Ringwood or Ferntree Gully, for example. These groups explore impacts of homelessness and/or family violence using child appropriate methods and activities</li> <li>Support and training, including secondary consultations for professionals working with children who have experienced homelessness and/or family violence</li> <li>Individual counselling for school aged children</li> <li>Holiday programs and camps for school aged children in school holidays</li> <li>Mentoring</li> <li>Therapeutic groups for mothers and babies/toddlers who have experienced family violence. The aim of these groups is to explore the impacts of family violence on the development of the child and to strengthen the bond between parent and child.</li> </ul>	<p>Groups are located at different suburbs in the Eastern Region, ranging from Burwood, Box Hill to Croydon, Ringwood or Ferntree Gully.</p>	<p>Office located at 291A Maroondah Highway, Ringwood, 3134</p> <p>The only other venues used are community facilities for groups (hired or have arrangements for).</p>	<p>202 children were provided a service for which family violence was identified as an issue. This is approximately 64% of all children that Resilient Kids saw during this period. It does not take into account those for whom family violence is an issue but was not identified as an issue for whatever reason.</p>
<b>Whitehorse Community Service</b>	<p>There are no specific programs for children and young families affected by violence.</p> <p>However, they can refer them to the Australian Childhood Foundation. This has not always been successful as permission is needed by both parents and consequently the referral has usually not proceeded.</p> <p>Child psychologists do work individually with the child and collectively with the family.</p>	<p>City of Whitehorse area; however, can take referrals from other agencies.</p>	<p>Level 2, 43 Carrington Road Box Hill 3128</p>	<p>No data available.</p>
<b>Woorarra</b>	<p>The in-house programs Woorarra runs for children and young people involve school holiday activities — that is, outings and onsite art/craft activities — and regular after school catch-ups. The outings are tailored to the age groups in the house at the time of school holidays, and have included in the past trips to the cinema, parks/playgrounds, indoor play centres, swimming, and bowling. The regular after school catch-ups involve discussion around any issues of concern the children may have, drawing, writing, homework time or going to McDonalds.</p>	<p>State-wide, as they take referrals from the Women's Domestic Violence Crisis Service, and the programs are restricted to clients residing in our refuge properties, which are spread across the outer east.</p>	<p>Not able to provide any addresses of properties as Woorarra is a high security refuge — it is located in the outer east.</p>	<p>28 young people/children.</p>
<b>Yarra Valley Community Health Service</b>	<p>They offer family violence service support programs but no specific programs for children and young people affected by family violence. Organisation works with women, and addresses the needs of young people and children through their mothers. Sometimes a child is referred to the Australian Child Foundation, but no counselling is undertaken by Yarra Valley Community Health Service.</p>	<p>Shire of Yarra valley Ranges.</p>	<p>377 Maroondah Highway, Healesville, 3777</p>	<p>No data provided.</p>

# Appendix E. Service Matrix

## ELEMENT OF SERVICE

Service	Outreach	Accommodation	Advocacy	Case management	Therapeutic counselling	Individual counselling/ support	Group work	C & YP counted as 'clients'	Indigenous specific programs	CALD specific programs	Specific C and YP worker	Charge fees
Anglicare Knox	N	N	Y	Y	N	N	N	N	N	N	N	N
Anglicare Lilydale	N	N	N	N	N	N	Y	Y	N	N	Y	N
Australian Childhood Foundation	N	N	Y	N	Y	Y	Y	Y	N	N	Y	N
Brenda House	N	Y	Y	Y	Y	Y	Y	N	Y	Y	N	Y*
Chandler House	Y	N	Y	N	Y	Y	N	Y	Y	N	Y	N
Connections	N	N	Y	Y	Y	Y	Y	N	N	Y	N	N1#
Doncare	Y	N	Y	N	Y	Y	Y	N	N	Y2*	N	N
EACH	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y
ECASA	N	N	Y	N	N	Y	Y	Y	N	N	N	N
EDVOS	Y	N	Y	Y	Y	Y	Y	N	Y	N	Y3+	N
Harrison Community Services	Y	Y	N	N	Y	Y	Y	Y	N	N	Y	N
Knox Community Health Service	N	N	Y	N	Y	Y	Y	Y	N	N	Y	N
Marondah Halfway House	N	Y	Y	Y	N	Y	Y	Y	N	N	N	Y
Migrant Information Centre	Y	N	Y	N	N	N	Y	Y	N	Y	Y	N
Mitcham Community House	N	N	N	N	N	N	Y	N	N	N	N	N
MonashLink	Y	N	N	N	Y	Y	Y	Y	N	N	Y	N
Ranges Community Health Service	N	N	N	N	Y	Y	N	Y	Y	N	Y	N
Reach Out for Kids	N	N	Y	N	Y	N	Y	Y	N	N	Y	N
Resilient Kids	Y	N	Y	N	Y	Y	Y	Y	N	N	Y	N
Salvation Army Eastcare	Y	Y	Y	N	N	N	N	N	N	N	N	N
Whitehorse Community Service	N	N	N	N	N	Y	Y	Y	N	N	Y	Y4*
Woorarra	Y	Y	Y	Y	Y	Y	N	Y	N	N	Y	Y5°
Yarra Valley Community Health Service	N	N	Y	Y	N	Y	Y	N	N	N	N	N

This table provide a summary of elements of service relevant to this project that relate to children and young people. The information is based on the self reports from services provided during consultations.

Footnotes

- # Fees not charged for case work, but sometimes charged for counselling, depending on income.
- ^ Chinese specific family day program
- EDVOS did have a worker specific for children using the service; this worker left and has not yet been replaced because there have been no suitable applicants.
- \* Fees negotiated or waived depending on income and level of financial hardship.
- ° Initially no fees are charged and women are provided with material aid. After a period of time income is assessed and, based on the individual assessment, women pay 25% of their income for service delivery only (this is based on the formula used for public housing).



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