



Good practice:  
working together to support children and  
young people experiencing family violence





Good practice:  
working together to support children and  
young people experiencing family violence

If you would like to receive this publication in another format, please phone 9096 0225 or email [family.violence@dhs.vic.gov.au](mailto:family.violence@dhs.vic.gov.au), or contact the National Relay Service 13 36 77 if required.

This document is also available on the Internet at [www.dhs.vic.gov.au](http://www.dhs.vic.gov.au)

Published by the Victorian Government Department of Human Services, Melbourne, Australia, July 2012.

© *Copyright State of Victoria 2012.*

This publication is copyright. No part may be reproduced by any process except in accordance with the provisions of the *Copyright Act 1968*.

Authorised by the Victorian Government, 50 Lonsdale Street, Melbourne.

ISBN: 978-0-7311-6532-2 (printed)  
978-0-7311-6533-9 (online)

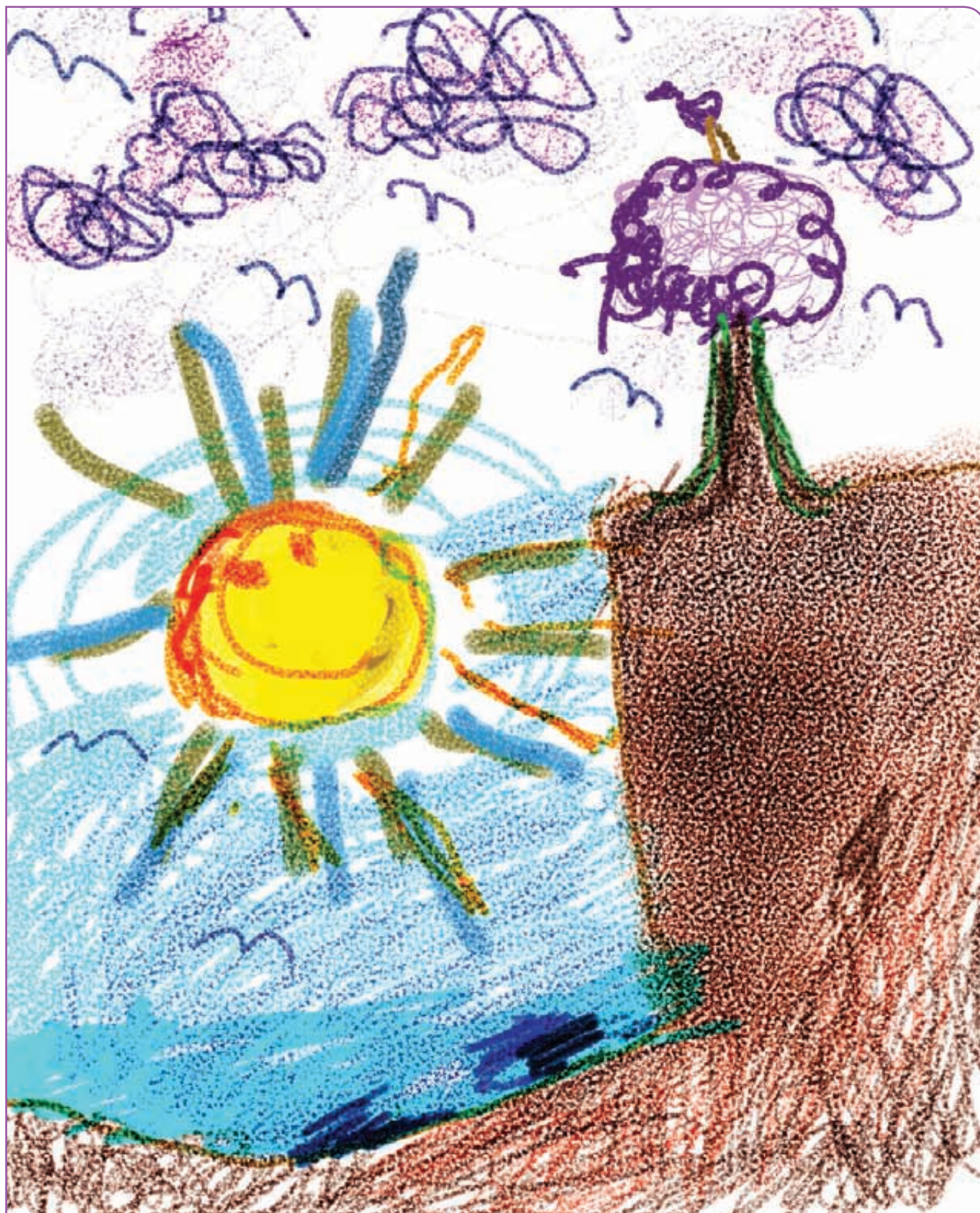
Printed on sustainable paper by:  
Sovereign Press, PO Box 223, Wendouree Vic 3355

July 2012 [0060712]

# Contents

Foreword	v
Supporting families to keep children safe	1
Morgan's story: supporting recovery within whole of family change	1
John's story: feeling heard, valued and safe	4
David's story: reconnecting with family, culture and community	7
Kate and Oscar: supporting the infant–parent bond	10
Parenting After Violence Program	13
Integrated family services: supporting disclosure of family violence	17
Child protection: a collaborative response to children's safety	20
Dads putting kids first program	23
Mary's story: gaining confidence through safety and support	26
Kara and Steven: breaking the cycle of violence	29
Promoting engagement and recovery through group work	33
Making childhood memories—African Women's Camp	33
Dean's story: a mouth full of bees	36
Influencing practice through system change	41
Inner middle south child focused forum	41
Eastern metropolitan region—developing a better service response for children	44
The early years Family Violence Working Group	47







## Foreword

Family violence is recognised as a form of child abuse that impacts on children and young people's development, safety and well being. This impact occurs when children and young people witness violence against mothers and other family members, when direct attacks are made on children and young people, and when children act to protect mothers. The absence of a safe and nurturing environment may also impact on children's psycho-social development and outcomes in later life.

A key feature of the legislative and policy reforms for both the Victorian child and family services sector and the family violence sector has been the establishment of multi-service approaches that work together more effectively to meet the needs of children and young people experiencing family violence. The implementation of these approaches at a regional level is supported by partnership agreements between family violence services, Child FIRST/ Family Services and Child Protection. These agreements set out joint practice approaches that are based on three overarching aims—the safety and wellbeing of children, the safety and empowerment of victims of family violence, and the responsibility and accountability of perpetrators of family violence.

The stories that make up this collection are the direct result of the commitment that agencies and practitioners have demonstrated to working in an integrated way to ensure better outcomes for children and young people who experience family violence as part of their daily lives. We have focused on three main areas of the service system—the individual work that is done with families within their communities, innovative group work approaches to working with families, and initiatives that bring together practitioners from different sectors to create integrated practice.

The work with individual families highlights the positive outcomes for families that result from a shared commitment to the safety of children/young people and the supporting of the recovery of children/young people who have experienced family violence within the context of their families and communities. For Kate and her baby, Oscar, a joint assessment by child protection and the local family violence service meant that Kate was empowered to work with both services to promote the ongoing safety of herself and her baby. For some families, such as Morgan's, therapeutic work with individual family members, as well as within the parent–child relationship, enabled the impact of violence on the whole of the family system to be addressed at multiple levels. In the stories of all the families, the impetus for change came about through the readiness of families to engage with practitioners who were proactive and creative in their work with children/young people, their parents and other practitioners to promote safety and recovery.

Collaborative approaches across agencies have also led to a number of creative and innovative group programs. For six year old Morgan, his recovery from the trauma of family violence was made possible by his experiences within the Animal Assisted Education Therapy group, as part of a broader therapeutic case management response for children. For men such as Patrick and Dave, participation in a group-based parenting program for men completing Men's Behaviour Change Programs meant that they were able to rebuild relationships with their children within the context of being accountable to their partners and children for their past violence. For women and children from the Sudanese community, the African Women's Camp enabled women to speak about their experiences of family violence for the first time in a safe and supportive environment. For all these families, it was the bringing together of the expertise and knowledge of a number of practitioners in a number of agencies that led to the emergence of new ways of engaging and working with parents and their children.

And, finally, this collection also draws attention to the commitment of time, resources and expertise that agencies have demonstrated in creating professional networks and shared practice models that support and sustain integrated working with families. The work undertaken in Whittlesea, the Inner Middle South catchment area and the Eastern region represents an example of this partnership working and exemplifies the benefits that result from the sharing of practice expertise across professional groups, the creation of peer support networks and the development of integrated practice frameworks. For these agencies, differences across agencies represented opportunities, rather than barriers, to integration and learning.

We are conscious that these stories represent only a small part of the partnership work that occurs in all three sectors on a daily basis. It is this work that increases the safety of women, children and young people and actively promotes their right to live free from family violence.

It is this work that is acknowledged and valued in this publication.

**Christina Asquini**  
**Executive Director**  
**Children, Youth and Families Division**



# Supporting families to keep children safe

## *Morgan's story: supporting recovery within whole of family change*

Morgan's story highlights the positive outcomes that can be achieved for children who have experienced family violence when a range of services adopt a coordinated, whole-of-family therapeutic approach. Working with family members as individuals, as well as within the parent-child relationship, enabled the impact of violence on the family system to be addressed at multiple levels through a range of change-promoting interventions.

Morgan was a four year old boy from a migrant family. He was referred to children's counselling at Women's Health West by his mother after being physically assaulted by his father. At the time of the assault, Morgan's mother had contacted the police for assistance. As a result, an Intervention Order was obtained, the father was removed from the family home and Child Protection was involved with and took on the key worker role with the family. Morgan had been exposed to family violence between his parents as well as between his mother and the extended family, involving financial control, social isolation, and verbal and physical violence. Morgan had been physically abused by his father since he was six months of age, including being pinched and smacked. Staff at Morgan's kindergarten reported that he did not appear to be coping. Morgan was not socialising or learning, was isolating himself and acting aggressively towards other children. He also presented with hair-pulling behaviour.

### Working with the Family

Play therapy was used in the counselling sessions with Morgan. The Children's Counsellor who worked with Morgan was from the same cultural background as the family, thus enabling her to bring a shared cultural understanding to the therapeutic work. For the first eleven sessions, Morgan attended sessions individually. Often, when Morgan arrived at a session, he would immediately engage in his imaginative world. He played out fear, anxiety, 'frozen state' and anger, by acting-out as different characters such as 'dinosaur' or 'monster'—hiding, attacking and being very still. He used puppets and the doll house, engaging in repetitive play as he worked through traumatic and somatic memories.

During this time, Morgan's mother attended some individual sessions with the Children's Counsellor. The Counsellor gave her feedback regarding Morgan's progress and helped her better understand the impact of family violence on Morgan. During these sessions, Morgan's mother was also provided with parenting strategies that she was able to utilise at home in support of Morgan's recovery.

During the following nine sessions, Morgan's mother and his two year old brother joined in the sessions with Morgan. Morgan and his mother gradually managed to rebuild their relationship. The mother learned to read, respond, guide and support her children through their play. The sibling relationship also improved.

Morgan's mother also attended 'Tuning into Kids', a parenting program facilitated by MacKillop Family Services, aimed at enabling parents to better understand their children's emotions and increasing parenting and communication skills. Morgan's mother engaged well with a range of services, including child protection, seeking support when needed and being honest about the difficulties that her family was experiencing.

Morgan's father was referred to and completed a Men's Behaviour Change Program at Relationships Australia, where he also received individual counselling. The involvement of police and the court system had proved to be a strong motivating force for Morgan's father, in terms of both his accepting responsibility for his violence and his willingness to engage with services to change his behaviour. Once Morgan's father had completed the Men's Behaviour Change Program, the family also attended a 'Dad's on Board' therapeutic group program (run as part of the Royal Children's Hospital Addressing Family Violence Program), aimed at enabling fathers to develop healthy, safe and developmentally appropriate relational skills when interacting with their infant children. The group facilitator from this program provided the Children's Counsellor with ongoing feedback regarding the family's experience within the group context. This feedback was then utilised by the Children's Counsellor in her individual sessions with Morgan.

### Benefits of Integrated Service Delivery

- A whole of family response was utilised—moving from individual to 'whole of family' to couple-based interventions, based upon the needs of different family members at different points in time.
- The services' focus remained on Morgan throughout the phased intervention process—with interventions being led by his needs.
- Joint planning across the services occurred so as to improve safety and reduce risk to Morgan within the context of his whole family.
- An integrated practice approach enabled a focus to be maintained on rebuilding Morgan's relationship with both parents, as well as with his younger brother.
- All services worked in partnership with child protection to ensure that decisions regarding possible protective interventions were based on current information about risks that the children were exposed to, as well as on their current support needs.

### Outcomes for the Family

At the completion of the Children's Counsellor's work with Morgan, his behaviour had improved dramatically. He was enjoying attending kindergarten and was well liked by the other children. The dinosaur in Morgan's play had previously been attacking and killing other animals. It was now using its sharp claws only to 'scratch' itself. Morgan's play is now more revolved more around the excitement of day-to-day activities and events, rather than trauma and violence. He has started to build a better relationship with his father. Morgan has also become more verbal in expressing himself. His ability to question and reason has significantly improved. With the support of both his parents, he is also more able to manage his emotions.

Morgan's father has now moved back with the family and is more involved and supportive in parenting his two children. Morgan's parents have also started couple's counselling. Morgan's mother is currently accessing individual counselling at her local health centre for support in managing her panic attacks and anxiety. She reported experiencing real enjoyment in playing with both her children, has joined her local gym and feels that her self-confidence has significantly improved.

**Jacky Tucker, Manager, Family Violence Services, Women's Health West**



### *John's story: Feeling heard, valued and safe*

This family's story highlights the different experiences of and responses to family violence that two brothers demonstrated within the same family. Through a coordinated response to meeting their needs and those of their mother, the children's mother was supported and empowered by services to regain control over the contact arrangements between her violent ex-partner and their children.

When John and Robert's parents had separated, the two boys—aged nine and six—had remained living in the family home with their mother, Jacinta. There was a significant history of family violence. Jacinta's ex-partner, James, had been verbally abusive and controlling throughout their 12 year relationship. On three occasions, he had used physical violence against Jacinta, pushing and shoving her when she had disagreed with his opinion.

Both boys had regular contact with James but Jacinta had noticed John's increasing reluctance to visit his father. John would regularly show real distress at the prospect of spending time with his father and was often 'forced' to visit him. John felt that his father 'favoured' his younger brother, whilst Jacinta expressed real concerns for the safety of the boys when they were in the care of their father. Jacinta remained fearful of her ex-partner and did not feel able to negotiate with him regarding the boys' contact visits.

### **Working with the Family**

The Family Violence Children's Worker at Anglicare started working with John after receiving a referral from John's school. Teachers at the school reported that John was disengaged from school activities, appeared to have low self-esteem and was displaying physical aggression towards his younger brother. At the time of the referral, John was also seeing a child psychiatrist who was working with him to better manage his behaviour. James had been referred to the Men's Behaviour Change Program at Kildonan Uniting Care. The family had not had any previous involvement with specialist family violence services.

A professionals meeting was held between:

- the Partner Support Worker from Kildonan Uniting Care's Men's Behaviour Change Program
- the School Welfare Worker
- John's teacher
- the Family Violence Children's Worker from Anglicare
- the Family Services Worker from Anglicare.

Three professionals meetings were held over an eight month period. At the first meeting, it was decided that the Family Violence Children's Worker would take on the key worker role. The professionals involved worked closely to ensure that the family was receiving consistent messages from all services involved in supporting the family. In discussion with the family, it was decided that the initial focus of the work with the family would not be a therapeutic response as Jacinta felt that the psychiatrist's intervention had not been effective as it had not addressed the real cause of John's behavioural difficulties (that is, the family violence he had experienced).



A care plan was agreed, with each of the professionals involved adopting a specific role in relation to working with the family:

- Kildonan supported John's mother to safely discuss and negotiate contact arrangements with the boys' father. Initially, this was achieved by supporting Jacinta with her phone calls with her ex-partner where contact was discussed. Kildonan also provided secondary case consultations to Anglicare and the school regarding the impact of family violence on the children and the family.
- Given the relationship of trust that John already had with the Welfare Worker at his school, it was agreed that she would provide John with ongoing counselling. The frequency of these therapy sessions increased as he began to feel more comfortable with the therapeutic process.
- The male Family Services Worker provided both boys with a range of social and therapeutic interventions, as well as providing the boys with a positive, nonviolent role model. He also consulted with the Community-Based Child Protection Worker when the boys' father came to the family home uninvited and there were concerns for the children's safety.
- The Family Violence Children's Worker continued to adopt the keyworker role and would meet with the whole family on a regular basis to clarify that their needs as a whole family were being met by the agencies.

The family continued to receive support for a 12-month period.

### Benefits of Integrated Service Delivery

- Effective communication and coordination between all involved resulted in an integrated service response to the family. This was also enabled by their working within a number of common practice frameworks—feminist theory, trauma theory and child development.
- Integrated working at an individual family level has resulted in a number of new initiatives and impacts at a systemic level, including:
  - The inclusion of Family Services Workers at Family Violence Network meetings.
  - An increase in the number of referrals from Family Violence services into Child FIRST/ Family Services.
- Adopting a family violence practice lens across the professional group resulted in an increased ability of professionals to reflect upon their practice and respond in a joined-up, consistent manner. For instance, when the father became jealous of the level of contact that the male Family Services Worker was having with the family, the care team was able to provide a joint response in addressing the potential impact upon the mother's safety.
- Adopting an inter-agency approach (across disciplines and agencies) meant that a continuum of services could be provided to the family over an extended period of time, increasing the overall responsiveness of the service system to meeting the family's needs.

### Outcomes for the Family

As a result of the professional support he received, John felt heard, valued and safe. He and his mother were able to improve their communication with each other and develop a stronger relationship. Once Jacinta felt more empowered, she was able to better negotiate her relationship with her ex-partner so she, rather than John, acted as the interface for contact visits with the children. In being supported to strengthen her parenting capacity and to better understand the impact of family violence upon her sons, Jacinta also felt more able to take control of decisions regarding the needs of her children. John's behaviour began to improve and, after liaison with the psychiatrist, Jacinta ended her son's involvement with him as she felt that this professional was only addressing John's outward behaviour, rather than the underlying impact of family violence on his communication with and behaviour towards his family and peers.

Through the support of specialist family violence services, John's behaviour was 'normalised' as a typical trauma response within his individual family context of family violence. This enabled him to understand the possible causes of his behaviour and be less frightened of them and himself. The school reported that John became better engaged with his learning and school activities.

James commenced the Men's Behaviour Change Program at Kildonan Uniting Care and attended intermittently for a couple of months before ending his involvement with the program.

Following the property settlement, Jacinta and the children were able to remain in the family home. Once James was no longer in a position to socially isolate Jacinta, she and her mother were able to rebuild and strengthen their relationship. With integrated support from a number of professionals, Jacinta felt that her initial goals had been achieved—she and her children felt safe, her relationship with her children had improved and she was better able to access support from within their local community.

**Trish Reck, Team Leader, Family Services, Anglicare Plenty Valley**



### *David's story: reconnecting with family, culture and community*

David's story demonstrates the positive benefits for vulnerable young people and their families of Child Protection working in close partnership with the family, family violence services and a range of other services. Through supporting David to recognise and address the impact of his non-school attendance, drug use and aggressive behaviour, David was able to re-establish his relationship with his mother and connect with his culture and community.

David, a 14 year old Aboriginal boy, was referred to the Youth Protection Team within Child Protection due to his ongoing aggressive and violent behaviour towards members of his family, as well as his peers. David was one of four children. David's older brother was not living with the rest of the family as he had been placed on a permanent care order.

The women in David's family had experienced intergenerational family violence. David's mother had a significant history of problematic drug and alcohol use but, at the point of the report, had achieved stability on a methadone program. Due to previous instability and violence within their home, David's mother had agreed with her mother that they would share David's care. David had no knowledge of his father. David's mother refused to provide any details about him to her son or to Child Protection.

David's mother was one of five children. David had not had a positive male role model in his life and had a history of significant drug use, including marijuana and ice (crystal methamphetamine). He had been recently hospitalised following an ice overdose. David felt rejected by his mother's decision for him to live part of the time with his grandmother.

David had been excluded from school due to his erratic and violent behaviour, with teachers refusing to allow his return to school until he had obtained support for his drug use. David had a diagnosis of ADHD and displayed behaviours associated with a post-trauma response, often presenting as aggressive. He had started to engage in criminal activity and seemed unable to make and sustain appropriate peer relationships.

There was a significant history of Child Protection involvement and multiple attempts by services to engage with and support the family. These interventions had helped at various points. However, David's adolescence had triggered more complex problems for the family.

### **Working with the Family**

David said to his Youth Protection Team practitioner at their first meeting that he was 'tired of being in trouble, of having no money and of owing people money (for drugs)'. The practitioner met with David on a regular basis outside the family home. Work with David focused on talking about his behaviours, gaining his agreement to use alternative strategies to lashing out in anger when he felt unheard or frustrated (for example, taking a 'time out' or walking away). The practitioner also referred David to a home detox program for his drug use, as he was unable to sustain his engagement with the residential detox program he had commenced, withdrawing after four days.

For the first time, David's mother started to engage with services, enabling workers to gain insight into the possible causes of her son's behaviour. David's mother was referred to the local Women's Centre for family violence counselling and support. The Youth Protection Team practitioner conducted weekly home visits to David's mother, where issues that had occurred

for the family in the previous week (often related to David's relationship with his mother) were discussed, with David's mother being supported in finding her own solutions to the issues raised.

In order to support integrated, family-inclusive practice, care team meetings were held on a fortnightly basis. Attendees included:

- David and his family
- Youth Protection Team (Child Protection)
- Intensive Case Manager from North East Support and Action for Youth
- North Eastern Child and Adolescent Mental Health Service
- Family Violence Counsellor at the Women's Centre
- a teacher from David's school
- local Drug and Alcohol Service
- local Aboriginal Community Controlled Organisation.

The Youth Protection Team took on the keyworker role with the family, whilst the other services were responsible for providing a range of services to David and his mother, including counselling, drug and alcohol detox and rehabilitation, and education support.

The role of the Intensive Case Manager from North East Support and Action for Youth was to provide parenting support to both David's mother and grandmother in their caring for children with a range of complex needs.

### Benefits of Integrated Practice

- The need to work collaboratively in David's best interests led to the strengthening of relationships across participant agencies more broadly.
- Ongoing secondary consultations across the different services occurred (for example, a Youth Protection Team worker regularly consulted with the Drug and Alcohol worker).
- A joined-up approach resulted in a consistent, supportive response to the family. Each of the services was able to ensure that any work undertaken with the family was aligned to the overall case planning process and that role delineation was made clear to the family members.
- Increased mutual respect for the knowledge, skills and practice expertise of different workers within the various agencies has resulted in strengthened networks across agencies in the wider services system in terms of referral pathways and scope for secondary consultations.
- Increased cooperation across agencies in terms of meeting the challenges of working over a large geographical distance (for example, a worker from one organisation driving David to an appointment with another agency).
- The local community has begun to see the workers involved with this family as a concrete multi-agency 'team' that is becoming increasingly well respected within the community and committed to supporting families in the local area.



## Outcomes for the Family

Historically, the family had shown a reluctance to engage with local services. Working in an integrated way, workers from a range of different services have been able to demonstrate to the family a real commitment to working with them and supporting them in remaining together as a family unit, whilst working towards the achievement of collective goals. A relationship of trust was therefore established between the family and the services involved.

David has been able to increase his ability to more appropriately manage his emotions. For instance, when David becomes angry, he is now able to walk away from situations rather than respond in an aggressive way. He has stopped using violence against his mother, acknowledging its inappropriateness and its negative impact on his mother. David has also shown real commitment to engaging with the detox program, something that has proven to be a particular challenge for him. David was also referred to the Police Citizens Youth Club where an Aboriginal man was able to work with him in a mentoring capacity, assisting David in exploring his Aboriginal heritage and culture. This enabled David to connect with his community and culture in a positive way. For the first time in his life, David experienced adults in his life who believed in his capacity to change and who provided him with ongoing support, even when he has done the 'wrong thing'.

For David's mother, working with the Family Violence Counsellor enabled her to articulate how family violence has impacted upon each of her children in different ways. She was also provided with the opportunity to reflect upon her own childhood experience of family violence and how this has impacted upon her own parenting. As a result of this increased understanding, she was proactive in engaging support services for her youngest, 6 year old son.

Significantly, David's mother also developed a more positive relationship with Child Protection services and now contacts the Youth Protection Team practitioner for support. For the first time, professionals were invited into her home. David's mother also started, for the first time, to put boundaries in place for David. This proved to be particularly challenging within a family dynamic where boundaries had not previously been consistently used and where David's mother needed support to hold firm when David challenged her.

In recent months, David's father contacted Child Protection, stating that he wished to have information about his son in order to establish contact with him, something that had previously been difficult due to his strained relationship with David's mother. David agreed to this and a process of supporting the development of a relationship between David and his father commenced. David now spends time with his father on a regular basis. He is also regularly attending school and is no longer using drugs.

**Louise Parkinson, Senior Child Protection Practitioner, Child Protection, Hume Region**

### *Kate and Oscar: supporting the infant–parent bond*

Kate and Oscar's story demonstrates the positive impact that can result from a joint assessment visit by Child Protection and Family Violence services. Kate was able to engage with both services in order to ensure the ongoing safety of her young baby, Oscar, and to prevent the need for ongoing involvement by Child Protection.

The Family Violence Program at Lisa Lodge received a referral from police for a 19 year old mother, Kate, who had a four week old baby, Oscar. Kate had separated from Mike, the father of her baby, during the early stages of her pregnancy due to a rapid escalation in Mike's violent and controlling behaviours.

Kate's neighbour had called the police after Mike had gone to Kate's home one evening, demanding that she hand over Oscar to him. Mike had been drinking heavily and, when Kate refused to allow him to take their baby, smashed two windows at the front of the property. Oscar's cot was underneath one of these windows and broken glass from the window fell on him as he slept. Oscar awoke crying and upset.

After smashing the windows, Mike went around to the back of the house and tried to break in. When police arrived, Mike had already left the property and they were unable to locate him that evening. Kate was reluctant to tell the police what had happened and refused to give any information regarding who had caused the damage to her home.

#### **Working with the Family**

The Family Violence Program received a referral for the family, whilst Child Protection's intake team also received a report from police. Given Oscar's age and vulnerability, as well as Kate's apparent reluctance to involve police, Child Protection assessed that further investigation was required in order to ensure the baby's safety. Child Protection contacted the Family Violence Worker at Lisa Lodge and a joint home visit was arranged with Kate.

Kate initially presented as upset and hostile when workers visited her at home. At the start of the visit, the Family Violence Worker spoke to Kate on her own, enabling Kate to open up about her situation. Whilst validating the sense of powerlessness that Kate was experiencing in her current situation, the Family Violence Worker was able to explain to Kate that both workers wanted to offer her any support that she needed to keep herself and her baby safe. Discussion with Kate revealed that she was concerned that her baby would be taken from her by Child Protection as this was a threat that Mike would often use to scare and control her. Both Mike and his family had constantly told Kate that she would not be able to care for her baby and that Child Protection would remove the baby and place him in the care of Mike's mother. Kate disclosed that this was the primary reason that she did not call the police during the most recent attack or cooperate with them in locating and charging Mike.

After speaking to the Family Violence Worker, Kate spoke to the Child Protection Worker and, together, the two services were able to provide Kate with the support, information and resources that she needed to keep her and Oscar safe. An action plan was agreed with Kate, with both services accepting responsibility for specific actions under the plan. Child Protection only remained involved with the family for a short period of time in order to ensure that Mike did not expose the infant to any further violence and to engage supportively with Kate around her care and parenting of Oscar. Child Protection practitioners worked with the Family

Violence Worker in helping Kate to understand that Mike's threatening that Child Protection would remove her baby were part of his pattern of abuse and control. Following on from the investigation process, Child Protection did not have any concerns in relation to Kate's ability to parent her infant son. Kate was also strongly supported by her own mother.

The Family Violence Worker supported Kate in having Mike charged and in obtaining an Intervention Order to protect herself and her baby. Mike received a suspended sentence.

### Benefits of Integrated Service Delivery

A strong working relationship between Lisa Lodge and Child Protection in Ballarat has resulted in:

- *A common goal across services*—to ensure that vulnerable children experiencing family violence are protected. In this case, the primary initial focus of the service intervention was the need to ensure the safety of Kate's four week old baby.
- Joint visits by staff from both services, with the involvement of specialist family violence services at the point of initial contact with Child Protection, enabling Kate to better engage with the Child Protection Worker in meeting the needs of her baby. Kate's fears about the involvement of Child Protection were also able to be addressed in a way that enabled Kate to feel that she had a range of options available to her in terms of keeping herself and her baby safe.
- *More open communication and a clearer information-sharing framework* between the two services, supported by a Memorandum of Understanding. In accordance with this memorandum, Child Protection makes contact with Lisa Lodge upon receiving a police report to ascertain whether contact has been made with the family by the Family Violence Worker. Where this has been done, the services are able to communicate openly about the perceived level of risk to the children/young people within the home, often preventing women from being contacted directly by Child Protection. Women are then provided with an opportunity to engage with a specialist family violence service to increase their own and their child/ren's safety. The memorandum is in line with current privacy legislation and the *Children, Youth and Families Act 2005*.
- *Greater understanding of the service philosophies* that underpin practice in the individual agencies. For instance, increased communication and trust enabled a fuller exploration of issues that arose for the two agencies, whose systems are designed around different primary clients. For Child Protection, the primary client is the 'child' or 'young person', with the mother often seen as lacking the capacity to protect her children. For family violence services, the primary client is the woman who has experienced violence, whose parenting ability has been negatively impacted by the power and control exerted by the perpetrator. The two services have developed a shared understanding of the dynamics of family violence as the primary organising framework within the family.
- An increased focus within the Child Protection Unit on *holding the perpetrator accountable for the violence*, rather than on 'blaming' the mother for 'failing to protect' her child/ren by 'choosing' to remain in the violent relationship.
- A clear focus within the Family Violence Program on the need to maintain a *primary service focus on the safety of children and young people* and to share appropriate information with children's services in order to better protect children experiencing family violence.

- *A review and streamlining of referral pathways into services.* For example, in recent months, the two services worked with police to address the issue of police referrals that were being received by Lisa Lodge (indicating that the children had also been reported to Child Protection) but not by Child Protection.

### Outcomes for the Family

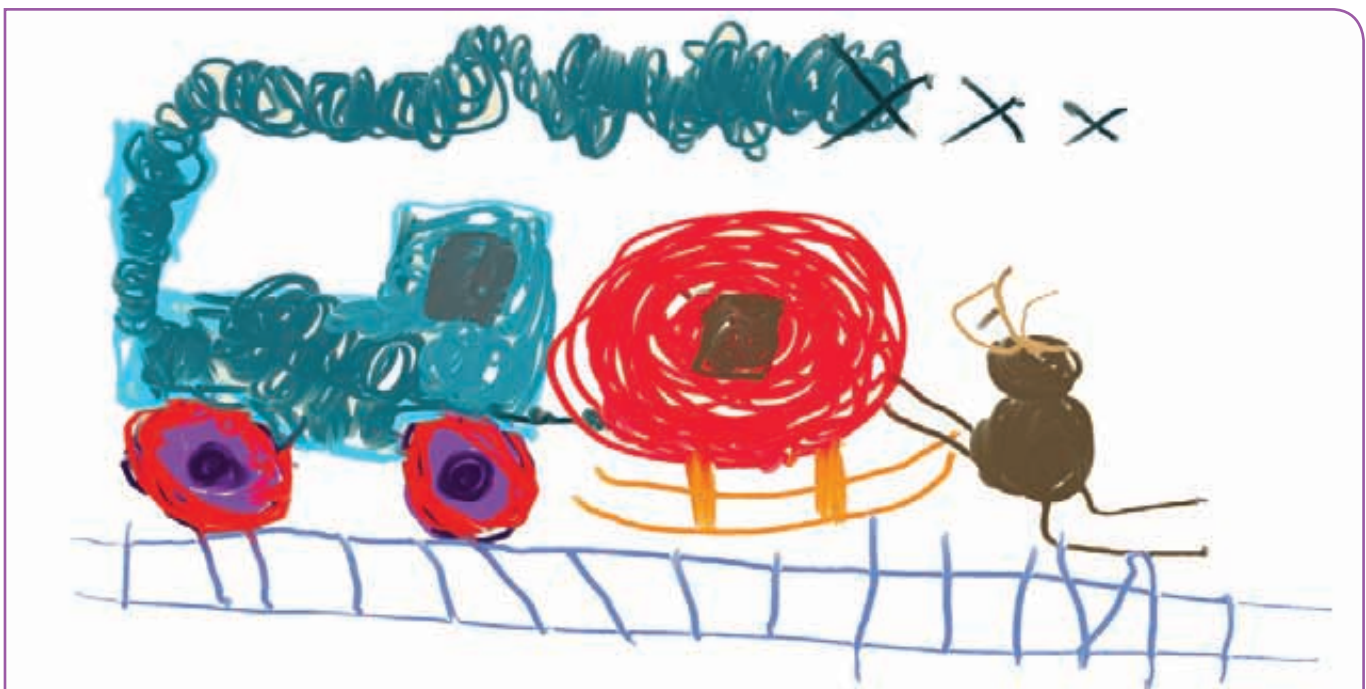
Referrals were offered to Mike by Child Protection to assist him in changing his violent behaviour towards his family and to support him in taking on a parenting role in his child's life. Unfortunately, Mike refused all service involvement and, in accordance with the parenting order he obtained from the Family Court, is only able to have supervised contact with his son.

Kate has remained separated from Mike. Although this incident occurred three years ago, Mike continues to contact Kate and Oscar on a regular basis via telephone and through extended family members. Mike continues to hope that he can convince Kate to reconcile and renew their relationship. Kate is, however, consistent in reporting these breaches of the Intervention Order to police and in cooperating with police when charges have been laid.

Kate still feels able to contact Lisa Lodge for one-off support and advice when she is feeling unsafe or threatened by Mike. She no longer feels disempowered by the fear that services will believe her ex-partner's story, rather than her own.

Through integrated work across Child Protection and Family Violence services, Kate was able to engage with support services to address the protective concerns for Oscar and to establish a strong parent–infant bond with him. Oscar continues to thrive in a safe and stable environment in the care of his mother.

**Debbie Glare, Manager, Family Violence Program, Lisa Lodge**





## *Parenting After Violence Program*

The Parenting After Violence Program developed by Kildonan Uniting Care supports men in rebuilding their relationships with their children through increasing their understanding of the impact of their violence on their children and strengthening their parenting skills. This family's story demonstrates the positive impact of the program on children's recovery from their experience of family violence. For the first time, the children in this family felt that they were safe, that their father listened to them and that they had some control over their home environment.

Dave had been separated from his partner, Louise, for two months when he referred himself to the family violence program at Kildonan Uniting Care. The couple had two children—Michael, who was 14 years old and Grace, who was 10 years old. Michael had a diagnosis of attention deficit hyperactivity disorder (ADHD). Dave had left the family home as a result of his directing physical, verbal and emotional abuse towards his wife and son. Dave had also started accessing a psychologist for individual therapy.

When he contacted the service for the first time, Dave was able to acknowledge his use of direct violence and abuse towards Louise and Michael, as well as accepting that his daughter, Grace, would also have been negatively impacted by his violent behaviour. After completing the Men's Behaviour Change Program, Dave was assessed as being suitable for the Parenting After Violence Program.

### Parenting After Violence Program

The Parenting After Violence Program is an eight week group program for men who have used violence and who have completed a Men's Behaviour Change Program. The program addresses issues such as understanding the impact of violence on children and their development, rebuilding relationships with children affected by violence, understanding children's behaviour and strengthening parenting skills.

The role of the Men's Parenting Coordinator within the program is to:

- engage men with the group program
- provide individual sessions to participants and often members of their family
- contact partners/ex-partners to monitor safety for her and her children
- refer and link men into any additional support services required.

The Coordinator is part of the Family Services team but works closely with the Men's Behaviour Change Program team. This enables the Coordinator to draw on the practice expertise of both teams.

The program operates within feminist and anti-oppressive theoretical frameworks that seek to challenge gender stereotypes within families and the wider community. The paramount consideration for all work undertaken with a family is the safety of women and children.

## Working with the Family

At his assessment for the Parenting After Violence Program, Dave acknowledged that he found his son's behaviour extremely frustrating as he seemed to require constant attention. He admitted feeling embarrassed by his son's behaviour and was able to acknowledge that his behaviour had affected Michael by making him scared of him and by lowering his self-esteem. Dave expressed a desire to develop strategies to better manage his anger towards his son and to strengthen his relationship with both his children.

During the individual sessions with Dave, the focus of the Coordinator's work with him was on:

- enabling Dave to come to terms with and understand Michael's diagnosis, as well as to learn to 'separate' the diagnosis from his son
- increasing Dave's knowledge of child development within the context of his son's diagnosis and Dave's own expectations of his son
- strengthening Dave's parenting skills, in terms of setting boundaries for and developing routines/structures for his children
- enabling Dave to understand the impact of his violence on Michael and Grace
- working with Dave to develop strategies to deal with his anger in a non-abusive way.

Over the course of these sessions, Dave displayed an increased understanding of Michael's behaviour, his feelings of anger towards his son decreased and he was more able to acknowledge his feelings to his son. For example, when he was feeling frustrated with his son's behaviour, he would 'own' these feelings without placing the blame on his son for making him feel that way. Michael had also started approaching his father for advice about issues that concerned him, something that he had not done for a long period of time. Dave also started to praise both his children more frequently, as a way of promoting their self-esteem and strengthening his relationship with them.

Dave also worked with Louise to devise a 'family plan' of routines and chores. In response to this, the Coordinator outlined the importance of incorporating the view of their children in the plan and so arranged to visit the family home in order to facilitate this process with Dave.

At the home visit, the Coordinator met with the children and spoke to them about their school and activities they enjoyed, as well as speaking to them about routines and 'house rules' that they thought should be in place. The children found their parents' routine very complicated and appeared to enjoy the freedom of being able to write down their own routines, decorating them and claiming 'ownership' of them. In their suggesting house rules that 'everyone should speak nicely to each other' and that 'parents should listen more to their children', the Coordinator was able to gain significant insight into how the children were feeling.

In the course of the visit, the Coordinator was also able to role-model parenting strategies that she had suggested to Dave, such as praising the children. She was also able to speak to Louise about the children and how they had been impacted by the family violence. The Coordinator provided Louise with some support regarding parenting strategies that she could use with her children.

## Benefits of Integrated Service Delivery

- Group facilitators of the Parenting After Violence Program are Family Services staff who have completed relevant family violence training (including using the Common Risk Assessment Framework tools).
- The family-centred approach meant that, although the father was the primary client, direct work with the children could be undertaken and the intervention could focus on the father's relationship with his children.
- A comprehensive assessment was undertaken by the Coordinator that was enhanced by information obtained from and consultation undertaken with the Family Violence team.
- The collocation of Family Services and Family Violence services has led to a significant strengthening of communication and collaborative practice between the two services.
- Family Services staff members have been provided with the opportunity to increase their knowledge of the impact of family violence on children and to develop skills in working with men who use violence.
- Family Violence staff members have increased their understanding of how to work in a family-centred way, with a specific focus on the needs and safety of children/young people resulting from their unique experience of family violence that is distinct from that of their parents.
- The evaluation and review of the original program was able to be informed by the expertise and knowledge of both Family Violence and Family Services staff, enabling changes to the program that resulted in greater engagement and completion rates for men who were referred to the program in 2010.

## Outcomes for the Family

Louise successfully applied for an Intervention Order as a protective measure for herself and the children. She and the children also developed a safety plan.

After a couple of months, Dave returned to the family home and, through the engagement support of all professionals involved, was able to take responsibility for his violent behaviour. He continued to receive support from his psychologist.

For the first time, the children felt that their voices were heard. For instance, the children's views had been sought and valued when rewriting household routines. This enabled the children to feel that they had some control over their home environment. 'Listening to each other' and 'being respectful' became the norm within the family.

Communication between Dave and his children significantly improved, with the children feeling more confident in expressing their thoughts and feelings to him. Over time, they felt able to tell their father that they no longer wanted to play in the local basketball competition, an activity that Dave had strongly promoted to the children over a number of years.

Dave was also able to develop greater empathy for his son, Michael. Michael had regularly been in trouble at school, with Dave regularly attending his son's school to meet with teachers about Michael's behaviour. In understanding his son's experience at school from his son's perspective, Dave was able to see Michael as being in need of support at school, rather than punishment. As a result, Michael was referred to the school counsellor for further support in better understanding his behaviour and how it was impacting on those around him.

**Erin Houlihan, Child and Family Clinician, Family Violence Intervention Program, Kildonan Uniting Care**





### *Integrated family services: supporting disclosure of family violence*

Alison approached her local Family Services team seeking support with parenting her two young children. Her disclosure of family violence as part of the initial assessment process enabled integrated support and coordinated safety plans to be put in place for the whole family across Family Services and Family Violence services. As Alison's confidence in herself and her parenting ability increased over time, so did the safety of her children.

Alison contacted the Family Services team at Connections Windsor seeking support for herself and her partner, Mark, as they were struggling to parent their nine and four year old daughters, Caroline and Talia. Talia had previously been assessed as having a developmental delay.

Mark suffered from depression and had previously been prescribed antidepressants but had recently stopped taking them. Alison had also been diagnosed with depression but had never been treated for this.

Alison had two brothers and a sister who she had very limited contact with. Her parents separated when she was very young and were both deceased. Alison had vivid memories of her father drinking when she was a child and of his using violence against her mother. When her parents separated, Alison had moved into her maternal grandmother's home with her mother and siblings. She had continued to live with her grandmother as an adolescent when her mother and other siblings moved into a new home.

#### **Working with the Family**

Through the course of the initial assessment with the parents, Alison disclosed to the Family Worker that she had been experiencing violence and abuse from Mark over a number of years. Alison stated that Mark regularly drank to excess, making Alison feel unsafe to be around him. A few days prior to Alison contacting Connections, Mark had been drinking heavily and threatened to harm himself in front of Alison and the children, whilst holding a knife to his chest.

The Family Worker consulted with the Community-Based Child Protection Worker regarding potential risk to the children. The Family Worker and the Community-Based Child Protection Worker conducted a joint home visit with the family in order to discuss concerns with both parents regarding the abuse that the children were experiencing. Alison had indicated that she felt safe for them to visit and speak openly with Mark about his violence. Potential risks to the children were assessed at this visit, resulting in a commitment from both parents to engage with Family Services and an agreement from Mark to a referral to the Men's Behaviour Change Program at Family Life. Mark also agreed to see his doctor to discuss his medication and onward referral to a mental health professional. After obtaining Alison's consent, a referral was also made to the Family Violence Counselling Service within Connections.

The Family Worker utilised the Family Violence Risk Assessment and Risk Management (CRAF) Framework and narrative play techniques to assess Caroline's current level of safety and her current needs. Talia's assessment was completed through observation and narrative play processes.

Following on from the assessment process, the Family Worker worked collaboratively with Alison and the Family Violence Counsellor to enable Alison to understand the impact of the family violence on her children. The Family Worker supported Alison in developing new

strategies to manage the children's challenging behaviours and provided her with psycho-educational support regarding patterns of child development. The overall aim of the Family Worker's intervention was to build Alison's confidence in her parenting ability.

The Family Worker also regularly consulted with the Family Violence Counsellor and the Partner Contact Worker at Family Life (attached to the Men's Behaviour Change Program) in order to ensure role clarity and a consistent approach when working with Alison.

Initially, both Mark and Alison had agreed to meet regularly with the Family Worker, with an agreement reached that Mark would be part of every fourth meeting with the family. After a couple of months, however, Mark refused to continue his engagement with the service as he was not able to acknowledge the negative impact his violent behaviour was having on Alison and their children.

The family was also experiencing financial pressures so a referral was made to Connection's Financial Counselling Service.

Caroline met with the worker a couple of times before deciding that she did not want to work with any counsellors or other professionals. Talia was referred to an in-home speech/behavioural therapist.

### Benefits of Integrated Practice

- Ongoing consultation by the family violence professionals with the Community-Based Child Protection Worker prevented an escalation in risk to the children that would have triggered a report to Child Protection.
- Collaborative practice across agencies ensured a consistent response to risk assessment, a clarification of service roles and a reduction in the potential for service duplication.
- The greatest challenge faced by workers was Mark's initial reluctance to change his behaviour and to engage with relevant services. Working in an integrated way led to a clear plan being developed by the Family Worker to engage both parents in establishing consistent parenting strategies. Input from the Men's Worker at Family Life also ensured that Mark's progress in changing his violent and abusive behaviour was used to inform the risk assessment and safety planning process for Alison and her children.
- Opportunities for shared reflective practice and debriefing across the services and agencies resulted in increased support for individual workers and an improvement in the quality of support offered to the family.
- Workers appreciated the benefits of integrated practice in terms of better outcomes for families as a result of working within a collaborative practice framework.

## Outcomes for the Family

Through her work with Connections, Alison has become more self-confident and assertive. She is better able to identify risks to herself and her children, as well as to take the steps necessary to protect her children and increase their safety.

Alison joined a support group at Family Life for women recovering from their experiences of family violence and has established strong, supportive relationships with some of the women in the group. She has also been supported in developing a wide range of parenting strategies that have enabled her to strengthen her relationship with both her children. Both children had also been provided with the opportunity to be heard.

Mark was referred to the Men's Behaviour Change Program at Family Life but stopped attending the group after a couple of months. Shortly after this, he decided to end his relationship with Alison and left the family home. He continues to have regular contact with his two daughters.

**Alexandra Larson, Family Services Worker, and Alana Gibson, Team Leader, Family Services, Connections Uniting Care**



### *Child protection: a collaborative response to children's safety*

This case study demonstrates the way in which case conferencing at intake can have a significant impact on the service path that a family takes where family violence is the primary reason for the report to Child Protection. The model was established in Gippsland in early 2010. The collaborative approach is seen by the workers as an imperative in supporting children to remain safely in their home.

The Bennet family came to the attention of Child Protection when the intake team received a report that two children, aged one and three years of age, had been present at a family violence incident at their home. Police had been called after Peter, the older child's step-father, had been shouting at Sandra, the children's mother, following on from a disagreement about how to discipline their child. Peter had been drinking heavily at the time of the incident. The family had recently settled in Gippsland after moving from another state where there was a reported history of family violence. Having left their extended family behind, they were socially isolated. Both children were also experiencing physical health problems.

Child Protection had a range of concerns regarding the wellbeing of the children. However, the practitioner identified sufficient strengths within the family to adopt an early intervention approach.

#### **Working with the Family**

The parents were offered an option of participating in a case conference. Adopting a holistic family approach, the model aims to work with family members and professionals to identify strengths-based solutions to meeting the needs of children and to have an 'up front' focus on possible sources of harm to the children.

Both Sandra and Peter demonstrated a willingness to engage with the process. However, it was agreed that they would participate separately to ensure that Sandra's safety was not compromised and that she could speak freely. Two separate case conferences were therefore held in the local Child Protection office, with careful consideration given to selecting a venue for the meeting that would not exacerbate a potentially volatile situation. The conference was convened by a Family Group Conference Convenor. Her strong facilitation skills and establishment of clear ground rules enabled the parents to lead the discussion and obtain input from each worker. Participants at the case conference included:

- Child Protection—the conference convenor, the Specialist Infant Protection Worker and the Community Based Child Protection Worker
- local police
- Quantum Family Violence Support (who provided individual support workers for both Sandra and Peter)
- Men's Shed (as the local Men's Behaviour Change Program provider)
- Child FIRST.

Prior to the meeting, each party was briefed on the purpose of the case conference and their respective roles.

The case conference facilitated information sharing, secondary consultations and comprehensive risk and safety assessments. Among the issues raised were the history of family violence in which both parents had perpetrated violence, the need for medical intervention for the children, Peter's mental health issues and alcohol use, and the social

isolation experienced by the family in their new setting. By sharing information between services, a more integrated and effective service response could be established for all family members.

During the component of the meeting at which Peter was not present, Sandra revealed that she was pregnant. Aware that pregnancy increased the risk of family violence occurring, workers discussed safety plans with Sandra and provided her with additional emergency contact information. The police representative proposed that Peter be removed from the home. Sandra (who was supported by a specialist family violence worker) was, however, adamant that she did not want this to occur. The conference participants respected her wishes as they were aware that attempts to impose their solutions would be less likely to result in sustainable change for the family.

The case conference provided the parents with an opportunity to acknowledge the harm to the children resulting from the family violence and to play an active part in determining a plan that would help them to make the necessary changes to prevent the violence from continuing. A safety plan with clearly outlined expectations of both parents and involved professionals was developed.

### Benefits of Integrated Service Delivery

- Over 150 families have now participated in case conferences at point of intake. This has involved over 400 children. Of these families, only 15 have required further involvement by Child Protection (that is, further investigation and assessment). The remainder were able to develop community plans that addressed the safety concerns for the children, thus reducing the need for ongoing Child Protection involvement.
- Case conferencing at this early stage contributes to a more strength-based, holistic response to the family.
- Through case conferencing, cumulative harm can be more effectively monitored, particularly where there are multiple incidents of family violence.
- The sharing of information across services has resulted in a more integrated and effective service response for families. This model was able to build upon an already existing, strong network of relationships across the different agencies and a commitment to joined-up practice.
- This approach represents a client-driven response, with the family developing and having ownership of the solutions and therefore more likely to follow through with the decisions that are made.
- Children are more likely to remain safely with their families, rather than their family being subject to ongoing involvement with the child protection system.

### Outcomes for the Family

A range of referrals were made to respond to the needs of all family members. These referrals reflected the complex context in which family violence was occurring. Sandra was referred to a family violence worker at Quantum for counselling and an appointment was made for Peter to attend the Men's Behaviour Change Program. Peter was also referred back to his GP as he had recently stopped taking antidepressants that he had been prescribed.



Child FIRST referrals were also made to a Family Services program and to the Maternal and Child Health service. Consideration was given to increasing access to childcare. Liaison with the children's paediatrician was also undertaken in order to assess what further support might be needed in order to meet the children's health needs.

Key worker responsibility was allocated to Child FIRST at the first meeting. Case management meetings involving all agencies were held every four weeks to monitor the implementation of the plan.

As a result of the case conference the Bennet family was able to remain safely together with support in place from a range of services. They have established relationships with workers who are well placed to respond should the need arise. They have not re-entered the statutory child protection system. The children's health is improving, highlighting the importance of having focused on their development, as well as their safety. The home environment now feels more relaxed and, as a result, the children's behaviour has begun to settle.

**Julie Warren, Family Group Conference Convenor, Child Protection, Gippsland Region**



## *Dads putting kids first program*

This family's story illustrates the positive outcomes that can be achieved from a collaborative intervention between Child Protection, Family Violence and Integrated Family Services. It highlights the positive impact on parenting that has been achieved by Anglicare's Dads Putting Kids First Program, a group-based parenting program for fathers who have completed a Men's Behaviour Change Program.

Pamela and Patrick had three children, Elizabeth aged seven, John aged five and Elaine aged three. Pamela worked part-time and provided the primary care for their children whilst Patrick worked full-time as a mechanic. Patrick had previously been married and had an 11 year old son by this marriage, whom he saw irregularly. He had very little contact with his ex-wife.

Pamela contacted Child FIRST to request help in managing her children's behaviour and the family was assessed as meeting the referral criteria for support by Family Services. The assessment identified the need for both Pamela and Patrick to be supported in implementing more appropriate parenting strategies, as well as concluding that the children's behaviour was most probably the direct result of Patrick's controlling, abusive and intimidating parenting style. The possibility was also raised by the Child FIRST Intake Worker that Patrick had a mental health concern that had not been identified or addressed. At this point, Pamela did not disclose the full extent of Patrick's violence towards her as she was fearful of how he would respond. Pamela felt safer in approaching services for support around her parenting, so that this became the initial focus and 'presenting problem' for services working with the family.

### **Working with the Family**

The Family Services Worker from Anglicare who was allocated to the family found that Patrick was initially not open to being directly involved with the service. Pamela was, however, very willing to engage with the risk and needs assessment process. Through this process, Pamela was able to disclose the full extent of Patrick's violence and abuse. For the first time, she was able to fully recognise that Patrick's behaviour was abusive and harmful towards herself and her children. She understood that Patrick's behaviour was not a result of a mental illness but was rather an attempt to manage his insecurity and poor self-regulation by exerting power and control over Pamela and their children.

A number of needs were identified through the assessment process, including:

- Pamela's need to access therapy in order to recover from the trauma she had experienced in her childhood and as a result of the family violence.
- The children's need for safe, age appropriate and reparative parenting.

The Worker consulted with the Community Based Child Protection Team Leader, who shared the Worker's concerns for the safety of the children and advised that, if Patrick's abusive behaviour continued, Child Protection would need to take action to ensure the children's safety.

Patrick agreed to stop his punitive parenting of the children, including smacking them, and to support Pamela in implementing the parenting strategies that she was learning through her work with the Family Services Worker. Pamela was supported by the Worker to develop safe ways to assert her and her children's needs with Patrick, including safety planning and a referral to the Domestic Violence Outreach Service. Pamela was also referred to a local counselling service.

Over time and after the Family Services Worker had conducted a number of home visits to the family whilst Patrick was on holiday, Patrick became more open to being involved with the Family Services Worker. He subsequently attended a number of joint sessions with Pamela around improving both his parenting skills and his relationship with Pamela. The Worker then referred Patrick to the Men's Behaviour Change Program at Anglicare. In addition to participating in the group program, Patrick also attended individual sessions focused on better managing his anxiety attacks (that had started to occur more frequently at work) and the practical application of strategies he was learning in the Men's Behaviour Change Program.

Patrick completed 15 weeks of the men's program at which point he was referred to the Dads Putting Kids First program, which addresses parenting after violence.

### Dads Putting Kids First Program

The Dads Putting Kids First program is a ten-week group program with two-hour sessions, open to fathers who have completed a Men's Behaviour Change Program.

Prior to entry into Dads Putting Kids First, each participant has an individual needs assessment, to determine their suitability and readiness for the program. The aims of the program are for participants:

- to gain additional tools to meet the challenges of parenting
- to develop an understanding of how parenting roles change as children grow and develop
- to understand the impact of participants' violence/abuse on their children and how participants can support them in recovering from this impact.

Support is offered to all members of the family, with ex/partners contacted prior to a father commencing the program. In most cases, regular phone contact with the father's ex/partner is maintained, with appropriate referrals made to external services.

The program is based on three distinct modules:

1. The effects of family violence on children. The course explores the possible impact of violence on all the domains of child development—health and growth, emotional and behavioural development, education and learning, family and social relationships, identity, social presentation, and self-care skills. It also provides basic information to participants about neurodevelopment in children.
2. Talking with your children about family violence—their beliefs, behaviours, feelings and fears. This module underlines the importance of fathers discussing the unacceptability of violence with their children.
3. Surviving as a father after violence—practical information and strategies. A strengths-based approach is utilised to enable men to develop parenting strategies to build resilience in their children.

### Benefits of Integrated Services Delivery

- All services involved in working with the family operated from the perspective that Patrick should be held accountable for his abusive behaviour towards Pamela and their children. This ensured that a consistent response was provided to the family in terms of who was responsible for instigating change within the family unit if the family violence was to end. This meant that Pamela did not feel 'blamed' for the violence but was instead empowered to seek support in addressing her own needs and in strengthening her parenting skills.
- The child-focused intervention remained focused throughout on improving the safety and care of the children.
- Coordinated service delivery resulted in a wide range of services being provided to the family, including assertive outreach, strengths-based and father-inclusive practice, referrals to specialist services, and individual and group interventions. This ensured that a range of individual and relationship-based needs could be met.
- The involvement of Family Services with the family and their proactive engagement of Patrick through assertive outreach resulted in his entry into the Men's Behaviour Change Program and an increase in the safety of Pamela and their children.

### Outcomes for the Family

Patrick ceased his use of abusive behaviours. Pamela and their children felt safer, more comfortable and more confident around him. Patrick developed new insight into the impact of his abusive behaviour on his wife and children, becoming able to view situations and experiences from their perspectives. For the first time, he took responsibility for reparative parenting and his own stress management and self-care.

As a result of the changes that Patrick had made, Patrick and Pamela were able to improve their communication with each other and their parenting skills. The children's behaviour—resulting as it had from the level of anxiety they had felt in living in an unsafe home environment—significantly improved over time. They were able to develop more positive relationships with both their parents and, as a result, the quality of the time spent together as a family also improved (for example, on family holidays, attending church). The children also increased their participation in social and leisure activities, including youth groups, camps, soccer and guides.

**Jim Allen, Program Manager, Community Services and Family Violence, Leigh Rankcom, Team Leader, Integrated Family Services, and Carina Holmquist, Coordinator, Dads Putting Kids First Program, Anglicare Lilydale**

### *Mary's story: gaining confidence through safety and support*

This family's story highlights the benefits of Family Services and Family Violence services working together to assess and meet the needs of children experiencing family violence. Both practical and therapeutic support was offered to the family in a coordinated and family-centred way, with a focus throughout on ensuring the safety of Mary and her three children.

Mary was a sole parent who was caring for three children—Lachlan (aged 11 years), Andrew (aged eight years) and 18 month old Rebecca. She had recently separated from her violent partner of fifteen years, Peter, who was continuing to have regular, unsupervised contact with the three children. Mary had experienced years of verbal and physical violence from Peter, beginning when she was pregnant with Lachlan. For instance, Peter would frequently humiliate Mary by locking her outside the house in her night clothes and denigrated her in front of the children. Mary had never sought professional support as she did not feel she would be believed as her ex-partner was a well-respected member of the local community. Peter would also repeatedly tell Mary that his violence was 'her fault'. On a previous occasion, Mary had taken out an Intervention Order against Peter but this had resulted in an escalation of Peter's violent behaviour. Peter also had a longstanding pattern of problematic alcohol use.

Mary and her children were referred to Child FIRST (at Berry Street) by Lachlan's teacher, who was concerned that Mary was struggling to manage the intermittently challenging behaviour of her children. Andrew was regularly bedwetting and Lachlan was often very aggressive towards his younger siblings after returning from visits with their father. The boys had also disclosed to Mary that their father had been locking Rebecca in a room on her own for hours at a time.

#### **Working with the Family**

The family was referred to the local Family Support Services Coordinator at Berry Street by Child FIRST. Following consultation with the Family Violence Child and Adolescent Counsellor at Berry Street, it was agreed that conducting a joint home visit would be the best approach to assessing the needs of all members of the family and to agreeing a support plan that would best meet their needs. At her first meeting with the workers, Mary whispered all her responses, demonstrating to the workers her ongoing level of fear within her own home and a possible trauma-response to her experience of family violence. At this meeting, the workers agreed to a safety plan with Mary and provided her with information about obtaining an Intervention Order against Peter. They also explored with her the possible impact on Peter of obtaining the order, given that this had previously resulted in an escalation of his violence.

As a result of this assessment, it was agreed with Mary that a Family Worker from Berry Street would meet with her on a regular basis to provide her with practical support whilst she and her children waited to be seen by a family counsellor.

The allocated Family Worker was able to support the family through a number of different interventions, including supporting her in obtaining the Intervention Order and assisting the family in securing safe, permanent accommodation. During one access visit with their father, Peter had shouted at Andrew and Lachlan and threatened to 'bash' them if they did not follow his instructions. Mary contacted the Family Worker for advice when the children subsequently returned home from the visit very upset and distressed. The Family Worker consulted with the Community-Based Child Protection Worker and then, acting on her advice, advised Mary to speak to her family lawyer regarding current contact arrangements. After a successful application to the Family Court, the children's unsupervised contact with the father was suspended. A final determination by the Family Court is still pending, although the children currently have regular supervised contact with their father at a contact centre.



Mary was also referred to and completed a parenting skills course, enabling her to increase her confidence and ability to respond appropriately to her children's needs.

Over a three-month period, the support of the Family Worker enabled Mary to focus on establishing the practical safety and stability that would sustain her children throughout their emotional recovery from their experience of family violence. When the family commenced working with a Child and Adolescent Counsellor, Mary reported that her children appeared to be more settled and were feeling safe enough to start articulating the mixed feelings that they had towards their father. Mary herself felt that, as a parent, she was more able to meet the needs of her children and was now ready to commit to and engage with parent-child therapeutic work.

The Child and Adolescent Counsellor started by clarifying a number of goals with Mary and the children. Informed by the underlying belief that every individual within the family had the right to be safe and feel safe, their work together focused on a number of areas:

- Strengthening Mary's parenting skills, including attuning to her children's needs and developing strategies for responding to behaviour outbursts.
- Increasing open communication between family members.
- Building understanding of how living with someone who uses violence affects mothers and children.
- Supporting Mary in negotiating the family court system.
- Working with Lachlan to understand and promote healthy emotional regulation, expression and communication.
- Promoting individual self-worth (within a human rights framework) and developing self-care strategies for Mary and the older children.
- Enabling the family to have fun and play together.

### Benefits of Integrated Service Delivery

- *Joint assessment* by workers with diverse professional training and knowledge enabled the early clarification of individual worker and service roles in supporting the family. The family was also not required to complete separate assessments in order to access both practical and therapeutic support—they did not have to repeat their stories to multiple professionals across the service system.
- *A common professional understanding* was established that recognised the complex nature of the impact of family violence on the family system, as well as establishing the importance of working together and developing a mutual professional understanding.
- *Mutual support* by the workers, who were able to share the emotional impact of working with a family that had experienced significant violence and trauma. This ensured that workers were better able to reflect upon and respond to the emotional needs of the family.
- *A more coordinated approach* to working with the family enabled resources to be allocated to the family in a more efficient way across the service system.
- *A creative approach* to assessing the needs of the family was led by the family itself, rather than being subject to professional or service constraints.
- *Ongoing consultation* between the individual workers at the different stages of the support process enabled better responses to 'crisis' situations for the family as they arose.
- *Potential risks to the children* were better identified and managed by both the parent and the individual workers at the different stages of intervention.

### Outcomes for the Family

Mary and her children have moved into their new home and all members of the family now report feeling safer and more settled.

Mary is accessing a local psychologist who is supporting her in coming to terms with the psychological and emotional impact of the family violence she experienced.

Mary is better able to meet the needs of her children. She is more able to listen to her children's experiences of their father—both positive and negative. She also feels more confident in responding to her sons' aggressive behaviours by adopting new parenting strategies, such as setting appropriate boundaries and establishing quiet play times in the evenings (a time of day when their aggressive behaviour had previously escalated).

Mary is also feeling more confident in participating in activities and events in her local community. In the past, her feelings of shame related to the family violence had prevented her playing a more active part in her community. For instance, Mary and Rebecca now attend a local playgroup together. After identifying the need for Lachlan to have a positive, non-violent male role model in his life, Mary also linked her son into a local mentoring program.

Mary also feels more confident in playing and interacting with her children. She and her children are also spending more time together as a family—playing in the park and going on family outings and family holidays.

Lachlan is no longer bedwetting and is more able to express his emotions in a nonaggressive manner. He is attending a group for young adolescents where he is practicing managing his emotions, whilst also having fun with his peers.

**Emma Toone, Child-Parent Counsellor, Turtle Program, Northern Family and Domestic Violence Services, and Jess Collard, Local Family Services Coordinator, Berry Street**



### *Kara and Steven: breaking the cycle of violence*

This case study relates the experiences of two children, aged 11 and 12 years, whose family had a range of complex needs, including an intergenerational pattern of family violence and parental mental illness. Through integrated working across Family Services, the Family Violence Children's Counselling Service and Child Protection, the children's safety and emotional recovery were the ongoing focus of work with the family.

Quantum Family Services referred Melissa, her 12 year old daughter Kara and her 11 year old son Steven to the Child and Family Support Worker at West Gippsland Healthcare Group, following Kara's disclosure of sexual abuse by her step-father. The allegation had been jointly investigated by Child Protection and the police but there was insufficient evidence to pursue a criminal prosecution. Melissa had been very supportive of Kara throughout the investigation process and had acted protectively towards her daughter by demanding that her partner permanently leave their home. The family had experienced intergenerational patterns of family violence. Melissa had experienced ongoing verbal, physical, emotional and psychological violence in her relationship with both the children's father and step-father. The children did not have any contact with their biological father.

Melissa presented with a range of needs—including the impact of a life history of trauma and mental health needs related to her diagnosis of schizophrenia. Melissa reported feeling unsafe in certain situations (including with West Gippsland Healthcare Group in the early stages of their work with her) and had a pattern of not keeping appointments with professionals, leading to her disengaging from support services.

#### **Working with the Family**

The Child and Family Support Worker initially had difficulty in engaging and building a relationship of trust with Melissa. She had contact with Melissa for over a month before she would give consent for the Worker to have direct contact with her children. The initial meetings with the children took place at the Quantum office as Melissa felt that this was a safe environment for them. The Worker encouraged Melissa to make an appointment with her doctor, who referred her to adult mental health services.

When the Child and Family Support Worker met with the children for the first time, they spoke about being scared of their mother at times as they felt that she acted irrationally, especially when she had not taken her medication. Following this risk assessment and with Melissa's knowledge, the Worker made a report to Child Protection as she was concerned for the children's safety and emotional wellbeing.

That Friday evening, Kara was at home alone with her mother as her brother was spending the night at a friend's house. The Child and Family Support Worker received a call from Kara on her mobile, stating that she was too frightened to stay at home. The Worker and the Family Support Worker at Quantum visited the family at their home and assessed that Kara was not under any immediate risk of harm. As Kara did not, however, feel safe at home, the workers developed a plan with Kara and Melissa where Melissa would stay at a friend's house for the weekend.

On Sunday evening at around midnight, both children walked to the police station as they did not want to be at home with their mother. The police made a report to Child Protection.

The following day, the Child and Family Support Worker consulted with the Community Based Team Leader, who advised that a report had been made to Child Protection over the weekend. The Family Support Worker at Quantum accompanied Melissa to a doctor's appointment, whilst the children remained with the Child and Family Support Worker at the Quantum office. It was during this time that Child Protection interviewed the children about their experiences. As a result, the children were placed in the care of their aunt, after a three-month Interim Protection Order was obtained from the Children's Court. The interim order stated that Melissa needed to take her medication on a regular basis and was to maintain engagement with her psychiatrist in order to be able to provide appropriate care for her children.

Within the three month period of the order, Melissa was unable to demonstrate that she could adequately care for and protect her children. Child Protection then obtained a guardianship order and a Kinship Care Support Worker at Anglicare started working with the family.

For over a year, the Child and Family Support Worker continued to provide therapy to the two children, who were displaying indicators of trauma—including bedwetting and 'clingy' behaviour towards their carers. Both children were frightened of their mother and her unpredictable behaviour.

The Child and Family Support Worker's therapeutic work with the children included:

- Using creative arts (for example, making collages of their family) to enable the children to explore the impact of family violence on their sense of safety and stability, as well as their feelings of anger towards their step-father.
- Working with the children to develop a 'healthy report card' for their mother detailing ways they would know that their mother was healthy. The report card included things such as seeing the doctor, taking her medication, having a clean house and caring for the family pets. The Child Protection worker used this report card as part of a monthly assessment process with Melissa, providing feedback to the children at joint meetings with the children, Child Protection and the Child and Family Support Worker.
- Supporting the children in separating Melissa's unpredictable behaviour and mental illness from Melissa as a person and as their mother. The children were supported in understanding how their mother's fear of their father and step-father had affected her relationship with them.
- Exploring issues of grief and loss that the children were experiencing. The children had been very attached to their pets and were unable to see them again. The Child and Family Support Worker worked with the children to enable them to say goodbye to their pets, using her own dog in the process.
- Supporting the children in producing a written account of their experiences of family violence. The children signed the letter and wanted it to be used if they ever had to go to court.
- Enabling the children to develop a sense of safety and security with their new carers as the children expressed the ongoing fear that the court would force them to return to live with their mother.

### Benefits of Integrated Practice

Ensuring the children's safety was the primary driver of all work with the family. Regular care team meetings occurred between the Child and Family Support Worker and Child Protection. The two agencies worked together to support and empower the children (for example, through the use of the 'report cards'), through monitoring Melissa's ability to care for and protect the children and through providing a safe, therapeutic environment within which the children could gain self-confidence and control over their lives.

Initial engagement with the family by the Child and Family Support Worker was greatly supported and facilitated through joint, collaborative working with Quantum Family Services. Regular consultations also occurred on a regular basis with the children's school, Melissa's doctor, adult mental health services and Anglicare.

Work of a child-focused way format was also supported by the clinical supervision framework that was in place for the Child and Family Support Worker. The supervisor encouraged the Worker to reflect upon her work with the family through the best interests case practice model, as a means of ensuring that the work remained within the 'child's world' rather than the 'adult's world'. Creative approaches to working with the children were also explored through the supervision process, particularly in terms of supporting the children through their grieving process.

Through the collaborative working of a range of services, the complex needs of the family were able to be addressed in a holistic way. Working with Melissa around her mental health support needs was undertaken within the context of her parenting capacity, her experience of family violence and a validation of the children's feelings of fear and insecurity within their home. Family violence was the organising principle for the family across generations. Addressing the impact of the resulting trauma on Melissa and her children thus became the focal point for agencies in facilitating individual and family recovery processes.

### Outcomes for the Family

Melissa continued her regular engagement with her psychiatrist, leading to an improvement in her mental health. She now lives in another state but has continued to have regular phone contact with her two children.

Over time, both children showed significant progress in developing their self-confidence and ability to articulate their emotions. For the first time, they felt able to speak about their experiences of family violence and their mixed feelings towards their mother in a safe, supported environment. The children were also able to work through the grieving process in age-appropriate ways.

After working with the children for a year, Steven spoke to the Child and Family Support Worker about wanting to try speaking to his carer about how he was feeling. With the support of the Worker, he 'trialled' speaking to his carer about a problem he was having and then decided that he no longer needed to see the Child and Family Support Worker.

The worker at Anglicare is continuing to support the children in building their attachment to and relationships with their aunt and uncle.

**Leah Hutton, Children and Family Counsellor, West Gippsland Healthcare Group**





# Promoting engagement and recovery through group work

## *Making childhood memories—African Women's Camp*

The African Women's Camp utilised a creative engagement model to target women and children from the Sudanese community who had experienced family violence. The camp was a partnership initiative that created a safe, supportive space for women away from their homes, enabling them to strengthen their relationship with their children and to increase their awareness of specialist support options within their local community.

The African Women's Camp was run as a partnership between InTouch Multicultural Centre Against Family Violence (InTouch), African Holistic Social Services of Victoria and the police. The three-day camp was held over the April school holidays in 2011. It was attended by 11 families from the Sudanese community (11 women and 28 children varying in age from one to sixteen years). Women were recruited from clients of both InTouch and African Holistic Social Services.

The aim of the camp was to provide African families who had experienced family violence with the opportunity to spend an enjoyable and therapeutic time together in a safe and engaging environment. Recognising the impact of trauma on families, and in particular on the attachment between mothers and their children, it was felt that the camp would provide an opportunity for mothers to reengage with their children. Victoria Police were also seeking to build better relationships between the police and newly arrived immigrants to Australia, including challenging existing stereotypes of police within African communities.

### Working with the Families

Planning for the event involved the three agencies meeting together to agree the three-day program, to develop a comprehensive risk assessment and to agree a process for briefing staff regarding their roles and responsibilities. Each family was assigned a key worker from the staff team who was responsible for providing the family with any additional support that they might need whilst on the camp. An information session was also held with the women, where feedback was sought regarding the menu and activities that would be undertaken over the three days. This session also enabled women to get to know each other, to meet their allocated key worker and to receive information about what to bring to the camp.

The program for the three-day event included:

- An art therapy session where women and their older children created 'My Safe Place' murals, whilst the younger children engaged in an 'I am Special' activity, enabling families to share strengths and qualities that they appreciated about each other.
- A workshop for the mothers was facilitated by InTouch and Victoria Police. It aimed to increase women's awareness of the criminal justice response to family violence and also the process of seeking supports and services from community agencies. While women attended this workshop, their children were engaged in play.
- Victoria Police also took part in activities that engaged the children and young people. Families dressed in police uniforms, took photos and were able to sit in a police car.
- A welcome to country by a local Aboriginal elder, where families were introduced to local Indigenous culture and history.
- Various family-based physical activities, such as canoeing, flying foxes and an Easter Egg hunt.

### Benefits of Integrated Service Delivery

This camp built on a prior partnership relationship between InTouch and African Holistic Social Services that had included the co-facilitating of a therapeutic group program for African women and their children, 'Let's Be Together'. The program was run over five sessions in April 2009 and enabled mothers and children who had experienced family violence to explore feelings and emotions surrounding the violence and to explore ways of strengthening the mother-child relationship. Sessions included healthy relationships, parenting and attachment, coping strategies, communication and negotiation skills.

The camp represented an innovative primary prevention and early intervention approach within a targeted Culturally and Linguistically Diverse (CALD) community group, enabling women and children from the Sudanese community to better understand how family violence is defined, its effects, and possible service responses.

Through adopting a collaborative approach to the event, the different strengths, expertise and knowledge of the three organisations were directed towards the achievement of a common aim. InTouch's specialist family violence and CALD knowledge, the African Holistic Social Services' knowledge of the Sudanese community, and the criminal justice knowledge of police were combined to produce a considered, multi-agency response to meeting the needs of the Sudanese community in a culturally respectful way.

### Outcomes for the Families

For two women, their experience of the three-day camp prompted them to seek help from InTouch regarding their experience of family violence.

One woman with two children (aged 7 and 5 years) made a disclosure to her key worker about the violence she was experiencing from her husband. The family did not return home to the perpetrator and were supported in finding safe accommodation. Her engagement with InTouch (including the completion of an intensive risk and needs assessment) was made possible through the camp's creative community engagement strategy.

A 21 year old woman with two infant children and a significant history of trauma (resulting from her experience as a refugee and a survivor of family violence) decided to engage with family violence services for the first time. Referrals had previously been made for the family to a number of services but these had not been taken up by the mother. The camp had provided her with the opportunity to reflect upon her experiences, to consider her options and to make the decision to seek support for herself and her children.

In addition, all women and children who attended the camp were asked for feedback about their experiences of the three-day event.



Feedback received from children and young people included:

**I love coming to camp it's a beautiful place and lots of fun, I don't want to go home  
I wish it would last forever** (16 year old girl)

**I like being free to have fun** (9 year old girl)

**I love the camp it is good** (6 year old boy)

**The beach was fun and seeing my mum getting wet** (8 year old boy)

**I liked the low ropes activity but I didn't like the food, I like my mums cooking. I liked  
playing with the babies and painting** (8 year old girl)

Feedback received from women included:

**In my life I have never felt so happy and safe, that nobody's watching me. When I was  
asleep in my room with my kids I felt so peaceful. It was like 100 days of holiday. It's  
the best time and I have never been so happy. I loved the water, the beach was great.**  
(21 year old mother of two children)

**I liked the Aboriginal man who came to welcome us—I saw similarities to the Sudanese  
culture and I enjoyed the story-telling.**

**I didn't have to take sleeping tablets I felt relaxed and happy. It exposed me to a life  
which is happy.**

**It was good to spend time with other families and see my children play.**

**I left behind my burden of all the things I usually do like cooking and cleaning, I could  
relax and the food was ready on time.**

**This is the first time my family has seen the beach. I could stay here all day.**

**Jennifer Dawson, Psychologist and Group Coordinator, inTouch Multicultural Centre  
Against Family Violence**



### *Dean's Story: A Mouth Full of Bees*

Animal Assisted Education Therapy Group

Westernport Accommodation and Youth Support Services (WAYSS)

As part of WAYSS' therapeutic case management model for supporting children/ young people experiencing family violence, the agency has set up an Animal Assisted Education Therapy group that is run in partnership with Empathy Education and Training (EET). The group aims to give children who have experienced trauma the opportunity to experience a nurturing and safe environment in which empathy and compassion are learned through positive interaction with animals, peers and practitioners. This case study outlines the positive impact of the group on the recovery of a 6 year old boy who was living in transitional housing with his mother and 2 year old brother after fleeing family violence.

Sue was referred to WAYSS's Family Violence Outreach Service (based in Frankston), along with her two sons—Ian, aged 6 years and Dean, aged 2 years. The family had gone to live in transitional housing after fleeing violence from Sue's ex-husband. They had been referred to the service by the local police after a domestic violence incident where Sue's ex-husband had abducted Sue and her children and forced them into his car. He then took them on a frightening car trip before deliberately driving the car at high speed into the side of a building.

The police had accompanied the family from hospital to their temporary home. Whilst Sue and Dean had sustained only minor injuries from the incident, Ian had spinal injuries and extensive cuts and bruising. Ian was in a brace when they arrived at the service and had stopped speaking.

Sue was allocated a Family Violence Outreach Caseworker for ongoing support, whilst the children were referred to the Children's Caseworker. Since the incident, the family had been referred to a police forensic psychologist for ongoing counselling. Ian attended these sessions regularly but refused to speak. Whenever he was in the room with an adult other than his mother, he sat with his head down and would not make eye contact with anyone. He was unresponsive to anyone other than his mother.

A few weeks after moving into transitional housing, Ian's brace was taken off and he regained most of his mobility. He was still, however, refusing to speak. Sue was working very hard to make life as normal as possible for herself and the children and felt strongly that Ian should start school.

On the first day that Ian started at school, his night time bedwetting started. He remained withdrawn and impassive. He developed a detached timidity that Sue and the many supportive and understanding practitioners around him could not break through. It was as if Ian had 'shut down' and, in his overwhelmed state, had lost trust that the world was a safe place.



## Outline of the Group

WAYSS has developed a therapeutic case management support model of working with children who are experiencing homelessness as a result of family violence. The model uses a child-centred, holistic approach that includes an Animal Assisted Education Therapy (AAET) group that has been operating since 2005. The group is run in partnership with and is facilitated by Empathy Education and Training, a consultancy that designs and delivers animal assisted therapy programs for children. The Group targets children who have developed emotional, psychological, health, social and/or behavioural problems as a result of trauma. The overall aim of the group is to give children the opportunity to experience a nurturing and safe environment in which empathy and compassion are learned through positive interaction with animals, peers and practitioners. An important component of the model is that the child/young person receives ongoing case management support whilst attending the group.

The group is made up of 8 to 10 children/young people between the ages 5 to 13 and is run on a weekly basis during school term for 1.5 hours per week. It is held on the grounds of one of RSPCA's animal shelters. The director of EET leads the group, and is the owner and carer of the small animals, mainly guinea pigs, and sometimes rabbits and rats, and ensures the welfare, safety and good health of the animals. Children engage in high levels of contact with the animals, allowing for repeated experiences of gentle, calming touch in an environment of safety. The group is intended to instil this sense of safety in the children. It also provides opportunities for the creation of positive associations with adults and animals to counter the likely damage from experiences of violence, displacement and uncertainty. Activities include animal handling (grooming, comforting); animal care (feeding and observation) and art and photography that complement the animal activities. The adult practitioners provide supervision, knowledge and companionship to children and young people during the group sessions. During their time in the group, many children develop strong attachments to animals, which fosters empathy. The group is structured to promote this attachment and also to prepare them for managing separation when they finish with the program.

Selection of the children for the AAET group is coordinated by the Children's Caseworker, who assesses the children in the context of their case management support. High priority is given to children/young people who:

- are currently residing in Transitional Housing Management accommodation
- are school refusers or who have had large gaps in school attendance
- have been unable to access or have refused any therapeutic intervention
- have experienced violence against animals, or
- have experienced displacement due to copious school and accommodation moves.

The Children's Caseworker provides ongoing case management to all children who are involved in the group. In this way, housing stability, safety from violence, case management support for the child/young person and a therapeutic intervention come together in a holistic, child-centred model.

## Outcomes for the Family

After a couple of months, Ian started attending the AAET Group and, from the first week, his mother reported seeing positive changes in how he was behaving. He attended the group on a weekly basis for almost a year. Ian was incredibly gentle with the animals, and often had conversations with them. He was interested in everything associated with their welfare, and learned quickly about all their care needs. The animals responded to him with equal affection.

During the year that Ian attended the group, he started speaking again, stopped bedwetting, began drawing constantly, made new friends at school and told Sue how much he liked his teacher. He regained his confidence in being around adults and his interaction with his caseworker and the AAET practitioners became animated and warm. His mother was thrilled at how caring he became towards his younger brother, Dean.

It is the photos, taken mostly by other children in the group over the year, that tell the full story of Ian's change and recovery. In the first term, a photo of Ian shows a small, pale-faced boy, often with his head down and hunched into himself, his arms clutched around the guinea pig or rabbit. Sometimes he is photographed staring sadly into the distance, with his arms protectively wrapped around a small animal on his lap. Another photo shows him hiding his face with one hand, while he leans across the floor to feed a carrot to a rabbit.

By term two, Ian's head is up, his shoulders are back and his hold on the animal in his arms looks strong and confident. He is looking directly at the camera and appears to be relaxed. There is a photo of him kneeling on the ground in the cat enclosure at the shelter, using a feather to entice a cat out of its cage, while he looks up into the camera with a big, wide smile.

By term three, photos of Ian show him skipping around the room, talking and sharing with other children in the group, helping the practitioners prepare food for the animals, drawing, taking photos and laughing into the camera. There is a photo of him lying on his back with a rabbit, rubbing noses with him. His smile is radiant. In another photo, Ian's arms are wrapped around the neck of small, shaggy pony at the shelter and he is grinning at the camera. He appears to be extremely happy.

It was in term four, when he was alone in the car with his caseworker being driven to school after the Group, that he quietly said to her, 'Did I ever tell you about the car accident with my Dad?'

She replied, 'I don't know that you did'.

He said, 'I was so scared I felt like I had a mouth full of bees, but I'm ok now'.

### Evaluation of the Program

A preliminary evaluation of the program was conducted by Child Abuse Prevention Research Australia at Monash University during 2009–10. The main aim of the evaluation was to establish whether the AAET was effective in promoting children's recovery from the effects of living with violence, and their subsequent homelessness. Using semi-structured interviews with children/young people who had attended the group program, their views of the impact of the group on their lives were sought.

Key findings from the evaluation included:

- Nearly all participants had enjoyed the group immensely and experienced it as fun and friendly, and something that they looked forward to every week. Many talked about feeling sad when they had completed the group.
- The animals in the group were identified as the major appeal. Participants engaged with and became personally connected with the animals, and knew the names of the animals and their histories.
- Many children recognised that they had changed since attending the group. Many talked about gaining confidence, and changing from being shy to being friendly and positive.
- Many participants demonstrated a growth in empathy. Several described the warm feelings they experienced in nurturing, comforting and caring for these vulnerable animals and especially in reducing the animals' fear and making them feel safe.
- Many described a capacity to transfer learned empathy into other social and familial relationships, and into more socially acceptable behaviours elsewhere.

**Amanda Graham, Manager, Integrated Women's Services, WAYSS**







# Influencing practice through system change

## *Inner middle south child focused forum*

The commitment of team leaders and senior practitioners from Child FIRST/Integrated Family Services, Family Violence, police and Child Protection services has been key to the establishment and continuity of this practice-focused forum. Participants meet on a regular basis to build relationships, share information and discuss practice dilemmas with a view to developing better integrated service delivery for children experiencing family violence .

### System Innovation

The Inner Middle Child Focused Forum was established in April 2011 as part of the work of the Child-Focused Sub-Group of the Southern Region's Family Violence Executive Group. One of the key objectives of the Child-Focused Sub-Group's annual action plan is to improve relationships between Family Violence Services, police, Child FIRST/Family Services and the Department of Human Services (DHS) Child Protection Services by developing cross-sector reflective practices sessions and creating opportunities for relationship-building at a practitioner level.

The Forum is comprised of team leaders and senior practitioners from Child FIRST/Integrated Family Services, Family Violence, police and Child Protection services in the Inner Middle catchment area. Meetings are held at the local DHS office and are chaired by the Community-Based Child Protection Team Leader. It was decided that the group's membership would be based at the team leader/senior practitioner level so as to maximise the Forum's impact upon individual case practice within the context of building more consistent practice responses to children across agencies.

The purpose of the Forum is:

- To promote transparency in agency processes and clinical practice when working with children and young people who have experienced family violence.
- To provide a setting in which to articulate differences and commonalities between the services.
- To find pathways towards a more integrated approach for service delivery for children experiencing family violence.
- To provide agencies with the opportunity to participate in cross-sector reflective practice sessions.
- To increase awareness of good practice initiatives and service developments within and between agencies that promote best outcomes for children/young people.
- To establish strong working relationships between individual team leaders and practitioners from different agencies.
- To foster a sense of shared responsibility across agencies for the safety, protection and wellbeing of children/young people who have experienced family violence.

The first meeting took place in April 2011, with the group then meeting on a six-weekly basis.

Practice areas that have been discussed at the meetings have included:

- Joint cross-sector initiatives in working with children experiencing family violence.
- Exploring barriers and opportunities to working together.
- Risk assessments and safety planning for children (using case studies to illustrate practice dilemmas).
- Defining terminology and language used in the different sectors.



- Exploring and creating joint training opportunities.
- Referring to each other's services.

External speakers and group participants have also run sessions on specific initiatives and reports, including:

- PACT—Police Community and Triage pilot project that is based at Moorabbin Police Complex. Using an intensive engagement model, people who are having repeat contacts with emergency services (for example, as a result of mental illness, problematic drug/alcohol use) are provided with active referrals into specialist local agencies.
- The Children's Resource Coordinator (based at Hanover Housing) spoke about her role in providing practice resources for working with children within refuges and homelessness services.
- Family Life and Hanover Housing provided information on outcomes for the children who attended the therapeutic group, 'The Incredibles', that was co-facilitated by practitioners from the two agencies. The idea for this group developed from the relationship that practitioners from the two agencies had developed at the Forum.
- A discussion of findings from the Victorian Systemic Review of Family Violence Deaths was facilitated by the Coroner's Court.

At each meeting, a nominated agency presents a case that highlights practice dilemmas in working in partnership with other agencies. For example, a women's refuge presented a case regarding a mother and her children who were living in transitional housing. The mother had a new partner who had presented to the refuge as aggressive when attempting to advocate on the woman's behalf. The policy of the refuge prevented them working with the partner, however, Child Protection (who were also working with the family) were able to work with the whole family unit and actively engage the partner. The practice dilemma discussed at the Forum focused on the question of 'Who is the client?' and how services work together in assessing risk, sharing information and effecting change. In this way, the forum has been able to adopt a practical, solution-focused approach to resolving challenges and barriers associated with integrated practice. It has also enabled agencies to apply a common, child-focused practice lens to thinking about their work with families.

## System Impact

The Forum has been responsible for driving a number of catchment-wide practice initiatives, including:

- The local catchment's Children and Family Services Alliance now includes staff from Family Violence services in its quarterly practice forums.
- Planning of the one-day 'Working through Dilemmas and Tensions' forum (to be held in mid 2012) that aims to bring together staff from across the three service sectors to:
  - explore the impact of trauma on children.
  - make use of an interactive case discussion panel to increase cross-sector understanding of referral pathways into services and different agency responses to addressing risk and needs of children. This will include increased understanding of different theoretical models that inform practice and assessment frameworks.
  - discuss possible barriers to working together and steps that can be taken to remove these barriers.

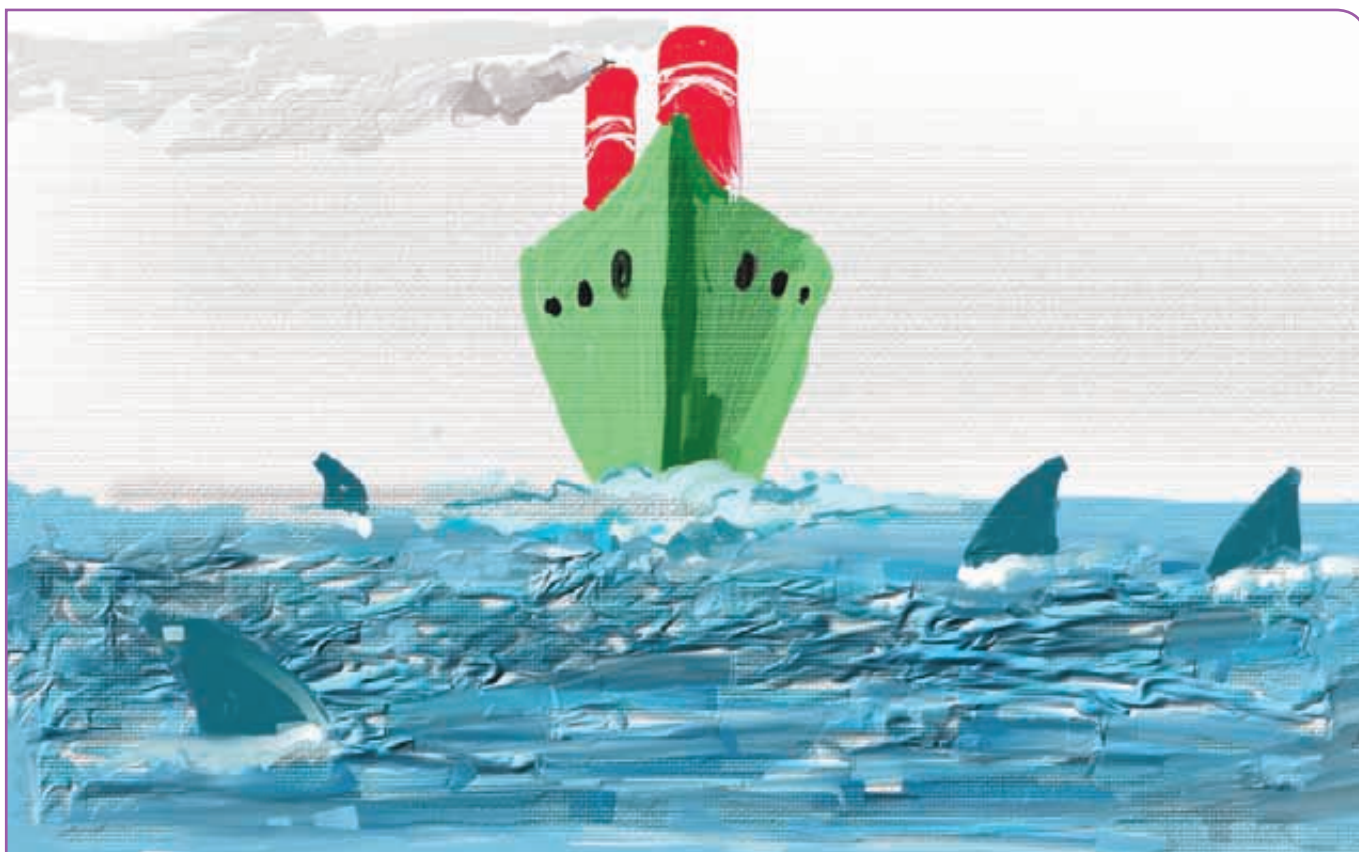
- The ongoing coordination of cross-sector inductions for new staff within agencies. This involves the scheduling of three to four cross-sector inductions each year, as well as new staff members visiting other agencies to experience how different agencies operate.

As a result of the establishment of this Forum, team leaders across a number of agencies have gained a greater understanding of each other's services and some of the barriers to working together have been overcome or are on the way to being addressed.

### Lessons Learned

- Forum participants have gained an increased understanding of how different theories and philosophies impact upon the way different agencies deliver services. Rather than being seen as obstacles to working together, participants have been able to see them as opportunities to provide more effective responses to families.
- An increased awareness of the resource and demand pressures experienced by different agencies on a day-to-day basis has improved the communication across agencies.
- Increasing trust between professionals from different sectors through shared reflective practice sessions is key to driving inter-agency collaboration.

**Annette Hall, Community Based Child Protection Team Leader; Nikki Ball, Community Partnerships Manager, Child Protection Southern Region; and Denise Friend, Family Violence Regional Integration Coordinator, Inner Middle South**



### ***Eastern metropolitan region—developing a better service response for children***

Building upon an initial mapping project and an integrated governance structure, agencies within the Eastern Region have made significant progress towards developing a common, trauma-informed practice framework. This framework will inform service delivery at individual practitioner, agency and service system levels across Family Violence services, Child FIRST/Family Services and Child Protection services.

#### **System Innovation**

The 'Developing Better Service Responses for Children' Working Group has been operating within the Eastern Region's Family Violence Partnership since 2008. The Group is made up of a number of agencies providing services to children who have experienced family violence, including the Australian Childhood Foundation, Department of Human Services Child Protection, Eastern Domestic Violence Outreach Service, Anglicare (Child FIRST/Integrated Family Services), Victoria Police, Women's Crisis Accommodation, Wesley Youth Support Services and EACH community services.

The Family Violence Partnership's focus on children and young people has been further strengthened in recent months by prioritising its integration with the other three Partnership working groups—Referral Pathways, Education and Training, and Preventing Violence Against Women. In this way, issues relating to the safety and needs of children/young people have been incorporated into the full range of regional priorities.

One of the first initiatives that was undertaken by the Working Group was a mapping project whose aim was to understand and map the service system in the Eastern Region for children who had experienced family violence within the context of broader statewide reform.

In March 2009, a final report—*Children Experiencing Family Violence: Working Together to Develop a Better Service Response*—was published and distributed to key stakeholders. The mapping project undertook an examination of current service provision in the region, including referral pathways, practice approaches to working with children, existing forums/networks, service evaluation frameworks and learning opportunities available to staff. The key gaps in service provision identified by the project included: a lack of specific service provision for children within Family Violence services, challenges in the Child Protection system (resulting in a lack of adequate information-sharing between agencies), and long waiting lists for therapeutic services. Strengths identified within the current service system included strong referral relationships within the region, high levels of usage of the Best Interests Case Practice Model, a strong willingness to engage with an integrated model to achieve better outcomes for children, and child-specific workers in the Family Violence sector who are well respected across the region.

Based upon this analysis, recommendations made in the report included:

- The development of a common practice framework for working with children and young people experiencing family violence.
- The establishment of cross-sector 'practice forums', focusing on specific practice issues relevant to working with children and young people.
- Continuing engagement by the family violence sector with Child Protection in order to improve cross-agency collaboration.

## System Impact

The Working Group has prioritised the first recommendation for action, as a number of agencies in the sector were seeking knowledge and consistency in relation to conceptual underpinnings and practices to apply to their work.

To date, significant work has been undertaken to develop the foundations for a common practice framework, whose central components include:

- An acknowledgement of the importance of working within legislation, and with existing practice frameworks such as the Best Interests Case Practice Model and the Family Violence Risk Assessment and Risk Management Framework (that is, CRAF).
- Utilising the neurobiology of trauma theory as a conceptual framework for understanding the impact of family violence on children.
- A phase-based approach to working with children which acknowledges that recovery and professional support can be best provided within a sequenced approach.
- The importance of a service system that acknowledges that this work happens at an individual practitioner, agency and systemic level, and that the intersections and transition points between these are crucial:
  - For the individual practitioner, their practice response should be informed by a *shared understanding* of a common practice approach.
  - For agencies, a service response should result in a *shared responsibility* for better outcomes for children.
  - At a systemic level, the systems response should be informed by a *shared understanding of system development*.

In order to support the development of this common framework, the Working Group developed a series of forums that were delivered in 2011. These forums brought together representatives from the Child Protection, Child FIRST/Integrated Family Services and Family Violence sectors and engaged them in discussions regarding their current agency practice in relation to children/young people and the key components required for a shared practice framework across the different sectors. These meetings were part of a wider focus across the three sectors on sharing and strengthening cross-sector practice wisdom in relation to working with children and young people who have experienced family violence.

## Next Steps

The Working Group has now identified family violence partnership funding to develop the conceptual framework in more detail, ahead of its inclusion in a community education package that will target agencies across the three sectors. This package will be rolled out across the region over the next 12 months.



### Lessons Learned

- Creating and/or identifying individual and agency capacity and resources required to drive the partnership work has been an ongoing challenge. The energy and commitment that the Working Group has provided to the project has been driven by the shared aim of advocating for children and young people within the service system.
- Developing a strategy for achieving meaningful service integration across the three sectors has generated learning for all agencies involved regarding the need for shared philosophical and practice frameworks that underpin their work with children and young people experiencing violence.
- Advocating for the recognition of the rights, needs and unique experiences of children/ young people is now understood to be central to the work of family violence agencies, as well as the wider service system.
- Investing time and effort into the relationships between agencies in order to create successful partnerships is recognised as resulting in improved experiences and outcomes for children and families.

**Angela Weller, Program Manager, Child and Family Counselling Program, Australian Childhood Foundation, and Jill Fawkner, Eastern Domestic Violence Outreach Service**





## *The early years Family Violence Working Group*

The Early Years Family Violence Working Group in Whittlesea was established in 2011 and represents a unique local approach to integrating family violence services with early years services. Operating as a subgroup of the Whittlesea Early Years Partnership, it has enabled practitioners from a range of services to share practice expertise, engage in group problem solving, and access peer support, with a particular focus on the needs of children (aged 0 to 8 years) who have experienced family violence.

The Whittlesea Early Years Partnership evolved from the Best Start Partnership (2003–06), which had its origins in the City of Whittlesea's Children's Services Network.

In 2010, the Whittlesea Early Years Partnership broadened its scope and now participates in the Whittlesea Community Futures Partnership. It continues to provide strategic governance of the Best Start Program and is linked to the Municipal Early Years Plan of the City of Whittlesea.

The Whittlesea Community Futures Partnership's purpose is to build strong, resilient communities and to address disadvantage, through actively engaging and involving communities, and so to improve outcomes for children, families, aged and young people in the City of Whittlesea.

The Partnership identified four key focus areas for its work:

1. Aged cluster.
2. Youth cluster.
3. Culturally and Linguistically Diverse cluster.
4. Family and Children cluster.

Within the Family and Children cluster, family violence was identified as a priority area of focus, with the following overall objectives identified:

- To increase education opportunities locally for both Early Years Sector professionals and families.
- To decrease the need for notifications to Child Protection.
- To advocate for childcare policy changes within Whittlesea in relation to family violence.
- To increase participation in other relevant (regional) Family Violence Networks and their associated activities.
- To inform the development of robust strategies, policies and working practices to ensure women and their children can feel confident in the prompt and appropriate services and supports they receive when reporting family violence in the City of Whittlesea.
- To establish an Early Years Family Violence Working Group under the umbrella of the Whittlesea Early Years Partnership for local practitioners.

### Mission Statement of the Early Years Family Violence Working Group

The Working Group recognises the *Family Violence Protection Act 2008* definition of family violence:

‘... behaviour by a person that is physically or sexually abusive, emotionally or psychologically abusive, economically abusive, threatening, coercive, or in any other way controls or dominates a family member and causes that family member to feel fear for the safety or wellbeing of that family member or other person. It also includes behaviour that causes a child to hear or witness or otherwise be exposed to the effects of these behaviours’.

The Working Group also recognises every child's right to safety and wellbeing (*UN Convention on Rights of the Child; Victorian Charter of Human Rights and Responsibilities*).

We therefore seek to ensure that all children (and their families) are safe in their own homes and have every opportunity to develop to their fullest potential—as is their right.

The Working Group has also adopted the following core values to guide its work:

- Social inclusivity.
- Collaboration of services to ensure that sustainable seamless service provision is accessible to the whole community.
- Practice-based evidence and flexible ways of working.
- Focusing on family strengths, family resilience, and celebrating and preserving the family (where it is safe for all family members to do so)

### System Innovation

The Working Group was established in April 2011 as a subgroup of the Whittlesea Early Years Partnership and is currently being chaired by the Family Services Team Leader at Anglicare. The Group complements the work of the Whittlesea Domestic Violence Network, whose work centres on prevention and community education.

The main objectives of the Family Violence Working Group are:

- To focus locally on the needs and rights of young children (aged 0 to 9 years) who have experienced family violence.
- To ensure appropriate linkages and reciprocal communication with key projects/groups and networks such as:
  - Whittlesea Community Futures CALD Community Family Violence Project.
  - Whittlesea Domestic Violence Network.
- To map relevant local services and/or input into already-existing mapping projects (for example, Whittlesea Community Futures Family Violence Forum).
- To raise awareness of and advocate with other key agencies and professionals as appropriate on behalf of children (and their families) who have experienced family violence (for example, improved and local community referral pathways).
- To ensure mutual resourcing and shared learning between Early Years Services providers and representatives of the Working Group by:
  - Identifying local education needs/gaps for practitioners, and providing responsive training, forums, guest speakers and workshops as requested.

- Sharing information regarding referral pathways, groups, resources etc.
- Providing opportunities for information sharing, networking and participation in community events and education (by resourcing both workers and young families).
- To increase communication between relevant local services, with a view to exploring the possibility of establishing priority access to childcare/counselling services for children experiencing family violence (for example, through the development of memorandums of understanding).
- To disseminate relevant information to local practitioners.

Membership of the group consists of representatives from the Community-Based Child Protection, local police, Family Services, Family Violence Services, Early Years Services, Maternal and Child Health nurses, local hospital social work departments, Whittlesea Council (represented by Enhanced Maternal and Child Health, Maternal and Child Health, and the Early Years Partnership Coordinator), and the local sexual assault service.

## System Impact

The Working Group has continued to meet on a monthly basis since April 2011. Presentations and discussions at these meetings have centred around a number of different parts of the integrated family services system:

- Family Violence Advisor (Victoria Police)—spoke about their role and that of Family Violence Liaison Officers and the process for police issuing safety notices when they attend incidents of family violence.
- Family Violence Applicant Worker at Heidelberg Magistrates Court—spoke about her role and the process of applying for family violence Intervention Orders.
- Social Work Senior Clinician at the Northern Hospital—spoke about the clinical response and referral process following disclosures of family violence at the Emergency Department.

Sharing practice responses, group problem-solving and peer support, along with learning from specific presentations, enhances the capacity of practitioners participating in the Working Group. Participants also share information regarding their individual service and resources that might be useful for other member agencies. The Group also acts as a distribution point for information regarding local community events and services (for example, 'Week Without Violence' events that took place in Whittlesea in November 2011), and participated in the Whittlesea Community Futures Family Violence Forum held in December 2011.

At its December meeting, the Group agreed to draft a 'lobbying brief' as a tool to strengthen the capacity of local agencies to advocate locally for the achievement of its objectives. The main purpose of the 'brief' will be to highlight gaps in current service provision/coordination and the creation of a research/evidence base to support advocacy by agencies and networks.

The Group has also agreed three outcomes that will be used to evaluate the impact of their work:

1. The establishment of a network of referral pathways for relevant service providers and practitioners in the City of Whittlesea.
2. Increased communication, enhanced knowledge and sharing of information by and among all relevant service providers and practitioners in the City of Whittlesea.
3. Advocacy for improved service provision in the City of Whittlesea for the needs and rights of young children (aged 0 to 9 years) who have experienced/witnessed family violence.

#### Lessons Learned

- A consistent and committed Chair, supported by the Whittlesea Early Years Partnership, has been critical in driving the actions and success of the Working Group.
- Regular scheduled meetings have been central to ensuring the ongoing continuity of the Group's action planning processes.
- A partnerships approach has supported participant agencies in addressing service gaps at a local level.
- Group members highly value the opportunity for peer support and reflective practice that the Working Group provides them with.
- The Working Group provides an opportunity to obtain information from front-line practitioners that has been used as the evidence base for the Group's advocacy work. Without this Group, this valuable information would be lost to the sector.

**Bridgid Keele, Acting Team Leader, Early Years, City of Whittlesea, and Trish Reck, Team Leader, Family Services, Anglicare Plenty Valley**



