

# Improving responses to children who experience family violence:

When policy reform meets practice

**Practice Inquiry 2018**



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**Members of this Practice Inquiry steering committee comprised representatives of the specialist family violence services, Victoria Police, Child FIRST, Child Protection and the Bayside Peninsula Integrated Family Violence Partnership. Thank you to each of you for your expert guidance.**

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# About our organisations

Good Shepherd Australia New Zealand led this partnership project. The agencies involved in this Practice Inquiry signed a memorandum of understanding to share de-identified police referral records, participate in focus groups and publically share Practice Inquiry findings. Good Shepherd Australia New Zealand's research ethics committee approved this project.

## Good Shepherd Australia New Zealand

**This Practice Inquiry has been prepared by Good Shepherd Australia New Zealand, a community services organisation that aims to disrupt the intergenerational cycle of disadvantage with a focus on women and girls. We achieve this through services that address social and economic exclusion. A central part of our mission is to challenge the systems that entrench poverty, disadvantage and gender inequality. We do this through research, advocacy and policy development.**

Our specific expertise is in:

- **Safety and resilience**  
supporting women to be resilient provides a buffer between an individual and adversity, allowing them to achieve improved outcomes in spite of difficulties.
- **Financial security**  
supporting women to ensure they have access to sufficient economic resources to meet their material needs so that they can live with dignity.
- **Educational pathways**  
assisting women and girls to overcome the obstacles in their life that hinder them from achieving their educational/vocational capacity.
- **Outcomes and evaluations**  
developing evidence-based program designs across all Good Shepherd Australia New Zealand programs and services.
- **Research, social policy and advocacy**  
researching emerging issues, identifying effective change interventions for program design, policy analysis and advocacy.

Good Shepherd Australia New Zealand is part of a global network of services and advocates established by the Congregation of Our Lady of Charity of the Good Shepherd, with representation at the United Nations as a Non-Government Organisation.

## The Salvation Army

**The Salvation Army Crisis Services is a network of local and statewide programs based in St Kilda. The Crisis Services Network seeks to make a positive difference in the lives of people experiencing crisis, homelessness and violence. They listen to and are informed by people's experiences and views. The Crisis Services Network engages with the changing policy and demographic environment and makes the most of opportunities to enhance access and flexibility of service responses.**

All aspects of their work are underpinned by the following values:

- Human dignity
- Justice
- Hope
- Compassion
- Community
- Diversity.

The following strategic goals inform The Salvation Army's work:

- Focus on access and sustainable change
- Empowered client participation
- Better integrated responses
- Influence and lead sector change
- Adaptable, skilled workforce
- Intelligent and practical systems.

The Crisis Services Network has a strong reputation in the sector for collaborative practice and research partnerships with other community agencies, health care providers and universities. Outcomes include innovations in practice, the implementation of new service models and advocacy campaigns.

## WAYSS

**WAYSS Women's Services consists of seven program areas which are designed to offer an integrated response for women, and women with children, who may enter the service at any of the six intake points within the WAYSS catchment (Cities of Greater Dandenong, Casey and Frankston and the Shire of Cardinia). These program areas include:**

- L17 triage response
- Family violence crisis and crisis accommodation response
- Risk Assessment Management Panel
- Intake and assessment response
- Family violence outreach response
- Women's outreach response
- Children's services response (including animal assisted empathy training).

The Family Violence Crisis Service operates from a 24/7 high security facility which accommodates up to eight women and 20 children in independent on-site units.

WAYSS Family Violence Outreach Service provides holistic case managed support to clients requiring longer term information, options and support to address all aspects of family violence. This service provides case managed support for clients experiencing recurring homelessness due to complex issues.

WAYSS Children's Services provide case management for children, both in transitional housing and the Family Violence Crisis facility. Their service practice is dedicated to keeping women and children safe and building a future in which they can live free from violence.

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## Acronyms

<b>AFM</b>	Affected Family Member
<b>Child FIRST</b>	Child and Family Information Referral and Support Teams
<b>CIP</b>	Central Information Point
<b>CP</b>	Child Protection
<b>CRAF</b>	Common Risk Assessment and Risk Management Framework
<b>DHHS</b>	Department of Health and Human Services (Victoria)

# Definitions of key terms

## Affected Family Member (AFM)

Affected Family Member - defined in *Family Violence Protection Act 2008* (Vic)s 4 and means the family member whose person or property is the subject of an application for an order. Within the L17 referral context, it is an interchangeable term for the person identified as the victim (of crime), regardless of whether a family violence intervention order has been sought or granted (State of Victoria, 2017c). Practitioners who participated in this Practice Inquiry used the terms 'AFM', 'woman' and 'mother' to refer to the victim/survivor of family violence interchangeably.

## Child

A person who is under the age of 18 years (*Children, Youth and Families Act 2005* (Vic)).

## Child FIRST

Child and Family Information Referral and Support Teams (Child FIRST) provides a central referral point to a range of community-based family services within sub-regional catchments. Child FIRST organisations have statutory obligations under the *Children, Youth and Families Act 2005* (Vic).

## Child Protection

The Victorian Child Protection Service is specifically aimed at those children and young people at risk of harm or where families are unable or unwilling to protect them.

The main functions of Child Protection are to:

- Investigate matters where it is alleged that a child is at risk of harm
- Refer children and families to services that assist in providing the ongoing safety and wellbeing of children
- Take matters before the Children's Court if the child's safety cannot be ensured within the family
- Supervise children on legal orders granted by the Children's Court
- Provide and fund accommodation services, specialist support services, and adoption and permanent care to children and adolescents in need (Department of Health and Human Services, 2016).

## Engagement

Engagement is the process of establishing effective working relationships so there can be a shared understanding of goals and a shared commitment to supporting children, adults and families to realise those goals. Effective engagement enables a productive relationship to develop between a practitioner and client. Engagement is fundamental to working effectively in social work contexts as it can increase the likelihood of realising sustainable, positive change in children, adults and families (NSW Family & Community Services).



<b>Family Services</b>	Services funded by the Department of Health and Human Services (Vic) to provide support and assistance to vulnerable children, young people and their families where there are concerns about the wellbeing of the child or young person (Department of Health and Human Services, 2013).
<b>Family Violence</b>	Family violence is abusive behaviour where one person in an intimate or family relationship controls or dominates the other. This causes the person affected to fear for their safety or the safety of someone else. There are many forms of family violence including physical, emotional, psychological, economical and spiritual. Family violence can occur in many different kinds of intimate relationships. For example, from one partner towards another or from an adolescent towards a parent. <i>Family Violence Protection Act 2008</i> (Vic).
<b>Family Violence Specialist Services</b>	Services funded by the Department of Health and Human Services (Vic) to specifically respond to family violence, although the organisations that deliver these services may do work in other areas as well.
<b>Intake</b>	Intake, in the context of L17s, is a process whereby contact occurs with a person recorded as an aggrieved family member on an L17 report and a two way process of information sharing occurs. The intake worker will conduct a preliminary risk and needs assessment. Based on this assessment and the type of service (if any) the person requires, the worker will take a range of other actions. The person may decline support or they may be subsequently allocated for case management. Not all persons who undergo intake will receive services.
<b>L17/Police Referral</b>	The Victoria Police Risk Assessment and Risk Management Report - L17 - is the mechanism by which police who attend family violence incidents can make referrals to community agencies and/or reports to Child Protection (State of Victoria, 2017c).

## **L17 Portal**

The L17 Portal provides an electronic means for Victoria Police to make referrals to family violence women's services, Child FIRST, men's referral services and to make reports to Child Protection. The functions of the Portal include enabling services to:

- Review L17s referred to their service
- Triage L17s
- Assign an L17 to an individual practitioner
- Monitor and manage L17s
- See which other services have received and closed the L17
- Edit client contact information for safety purposes
- Record actions taken and outcomes of the L17
- See an audit trail which will show who has actioned the L17
- Copy information into their existing case management systems (State of Victoria, 2017c).

## **Risk Assessment**

Risk assessment is the process of identifying the presence of a risk factor and determining the likelihood of an adverse event, its consequence and its timing. In family violence, risk and safety for the victim/survivor is determined by considering the range of factors that affect the likelihood and severity of future violence (State of Victoria, 2016a, Chapter 19, p.4).

## **Safety Planning**

Involving the woman and children in developing a plan to ensure their safety, both physically and emotionally, based on an informed risk assessment.

## **Supervision**

Professional supervision in social work is defined by the Australian Association of Social Workers as: "... a forum for reflection and learning ... an interactive dialogue between at least two people, one of whom is a supervisor. This dialogue shapes a process of review, reflection, critique and replenishment for professional practitioners. The participants are accountable to professional standards and defined competencies and to organisational policy and procedures" (Australian Association of Social Workers, 2014, p.2).

## **Triage**

A process of identifying a woman and children's key issues and safety, prioritising their risk and needs (State of Victoria, 2017d), particularly for the purpose of prioritising and referring them to services.

## **Universal Service**

A service that is available to all members of the community. Such services may include hospitals and the broader health system, general practitioners, schools, and early years' services (State of Victoria, 2016a, Chapter 19, p.4).

## **Victim/Survivor**

The term victim/survivor refers to women and children who have experienced, or are experiencing, family violence in any of its forms.

# Executive summary

With momentous reforms underway to address family violence in Victoria and across Australia, there is an increased acknowledgement that children – once considered the ‘silent victims’ of family violence – are impacted in their own right. Targeted responses that consider and address particular risks to children’s safety are therefore essential. This is reflected in the recommendations from the Royal Commission into Family Violence and the subsequent reform agenda led by the Victorian Government.

This Practice Inquiry contributes to an evidence base to support these developments by providing insights from the practitioners who work with women, children and families impacted by family violence.

In the context of these rapid changes, this Practice Inquiry examined the ways in which family violence practitioners can and do respond to children. We considered the information family violence practitioners receive on referrals from police where children are listed. Over a five month period 1,492 records were found, identifying nearly 2,000 children.<sup>1</sup> Analysis of these records shows 68 per cent of referrals contained inconsistent<sup>2</sup> information about children, and nearly one quarter of all referrals (20 per cent) children’s details were omitted or only partially completed. These information gaps and inconsistent responses to children identified on police referrals is concerning.

This Practice Inquiry also sought the views of 11 practitioners within three specialist family violence services in the Bayside Peninsula, a region in southern outer Melbourne, Victoria. The practitioners who participated in this project are overwhelmingly committed to providing holistic responses to the needs of children. However, they identified a number of barriers to doing so. Some of these barriers include: the large volume of police referrals received daily which limits practitioner capacity to respond comprehensively; information sharing challenges between and across agencies; and variable levels of collaboration between the agencies responsible for the welfare of children. This can contribute to victim/survivors of family violence receiving confusing responses when contacted by multiple agencies.

Crucially, risk assessment tools for children and adults are not currently streamlined, or readily administered, for example over the phone. In essence, where practitioners receive a police referral that identifies children, they are required to use two distinct tools to assess risks to women and their children respectively. Practitioners report this can also place pressure on women to assess the risks to their children’s safety.

The successful realisation of the family violence reforms will depend on how the knowledge, capacities and resources of practitioners are used and enhanced over time. This Practice Inquiry highlights how important it is that frontline practitioner voices are heard as part of the reform process. Since our fieldwork was completed solutions to these barriers are emerging, such as the L17 Portal, which is an online system to share consistent information about women and children among police and welfare agencies. Our findings can be used as a benchmark from which to measure future progress as determined by the experiences of practitioners.

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<sup>1</sup> These figures should be used with caution. On nearly a quarter of referrals (20 per cent), children have been incorrectly excluded, even though other parts of these referrals include information that identifies children. Therefore, ‘children identified’ is an under-estimation.

<sup>2</sup> ‘Consistent’ information on the L17 referral form is defined as when all nine parts of the police referral form pertaining to children were completed.

# Key findings

This Practice Inquiry found there are a number of barriers that are currently preventing adequate, consistent and targeted responses by police and family violence services to women and their children. The following key findings should be considered in the context of current and rapidly evolving systems and services.

- 1.** There is a mismatch between funding levels received by specialist family violence services and the targets for processing police family violence referrals compared to the volume of referrals being processed. For example, one of the services received 435 police referrals during the five-month period of analysis while funded to process a total of 72 referrals for the whole year. This poses significant time pressures and other challenges for practitioners working with a diverse population across a large catchment.
- 2.** A reliance on phone contact with women and children referred by police is a challenge, making it difficult for family violence services and child welfare agencies to respond adequately and sensitively to their clients. Effective engagement can be supported by information that has been identified on previous police referrals and an acknowledgement of the cumulative harm of ongoing violence, involvement with Child Protection and family law proceedings.
- 3.** Incomplete or limited information on police referrals is getting in the way of assessing the needs of children impacted by family violence. Practitioners reported that it was common to receive limited, missing or inconsistent information about children on referrals. Of the 1,492 police referrals examined during this Practice Inquiry, 470 (32 per cent) included inconsistent information about children.
- 4.** Timely information sharing is essential to identify the risks and needs of people impacted by family violence. Practitioners were generally positive about the potential of the L17 Portal; however, some suggested it is not working as well as intended and that double handling of information is still required. Other challenges included inconsistent use of the Portal by agencies, meaning that information about children is not being shared as well as it could be.
- 5.** Approaches to assessing risks to children across agencies is inconsistent. Police incident codes as a form of risk identification are insufficient on their own. In attempting to assess specific risks to children's safety some of the practitioners noted a lack of streamlined risk assessment tools suitable for both women and children that can be administered over the phone. Where practitioners receive a police referral that identifies children they are required to use two distinct tools to assess respective risks. Where a specific tool to assess children's safety is not used, practitioners felt that there could be a pressure on the mother to assess risk and take action, creating an additional burden on them.

6. Strong collaboration between agencies is critical to meeting the needs of women and children; however, practitioners reported that relationships with Victoria Police and Child FIRST are mixed. Collaboration between relevant agencies is inconsistent. Despite the Enhanced L17 Triage Response, which attempts to address the issues of women receiving multiple phone calls from different agencies, some practitioners reported weak relationships with Child Protection. A mismatch between different 'languages of risk' was also identified as a problem.
  7. Cultural change within and between the workplaces of the agencies responding to women and children impacted by family violence underlies the successful implementation of the family violence reforms. Full implementation of Family Safety Victoria's *10-Year Industry Plan for Family Violence Prevention and Response* is required to support the work of frontline practitioners.
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# 1. Context of the Practice Inquiry

Each year in Australia, an estimated 27 children are killed by a parent (State of Victoria, 2016, p.230). Some have called them the 'silent victims' of family violence, which is reflected in the limited or incomplete data-gathering about children impacted by family violence, siloed responses that can neglect the needs of children, and complicated referral processes that hinder collaboration (O'Brien & Fitz-Gibbon, 2016).

To tackle family violence, and in particular to improve responses for children impacted by it, major policy reforms are underway throughout Australia. Responding to children living with violence is one of six priorities of the *Third Action Plan 2016-2019 of the National Plan to Reduce Violence against Women and Their Children*. Within this priority area, plans to address service gaps and build capacity of relevant service providers to better respond to children have been specified. Similarly in Victoria, the \$1.91 billion *Family Violence Rolling Action Plan 2017-2020* identifies a range of service, system and culture changes in response to findings of the Royal Commission into Family Violence, including: better identification and assessment of risks to children by perpetrators of family violence; better use of expert advice on the safety and wellbeing of children; and how information is used to better support service provision.

Due to the significant reforms underway nationally, this Practice Inquiry examined what these changes may mean for specialist family violence service practitioners in the ways they can and do respond to children. In particular, this inquiry reviewed the barriers and supports to assessing the needs of children identified on police family violence referrals, and considers how tailored supports can be implemented to address those needs in the Bayside Peninsula, a region in southern outer Melbourne, Victoria.

## 1.1 Increasing understanding of the impacts of family violence on children

Children who live with family violence may endure a variety of physical, emotional and mental health effects including depression, anxiety, low self-esteem, impaired cognitive function and mood problems (State of Victoria, 2016b, p.73). Exposure to family violence for children ranges from witnessing (including seeing and overhearing violence and witnessing its effects) to being directly involved (Australian Institute of Family Studies, 2014; Campo et al, 2014). Two major studies from Ireland and the United Kingdom (ibid), found children impacted by family violence live with constant fear and anxiety. The children interviewed for the studies reported feelings of powerlessness and anger. Some children described direct involvement in the violence, acting as mediators, or attempting to protect younger siblings and their mothers.

In December 2016, the Commission for Children and Young People in Victoria completed an inquiry entitled *Neither seen nor heard* into the deaths of 20 children where family violence was a feature in their lives. Of particular relevance to this Practice Inquiry were findings of inadequate risk assessment of children, insufficient attention to children's needs and lack of support for mothers who are victim/survivors of family violence (Commission for Children and Young People, 2016). These gaps were also noted by the Royal Commission into Family Violence (State of Victoria, 2016a, Chapter 10, p.129).

## 1.2 Different service perspectives in responding to children

Specialist family violence services were born from the Women's Liberation Movement and strongly advocated that violence towards women is not a private matter, but one of relevance and concern to the whole community (Women's Liberation Halfway House Collective, 1976). The Movement argued that women should not be blamed for violence committed by men nor the homelessness many women went on to experience when they escaped violence. Safe places, known as refuges, were established by women, for women, and offered short-term housing, advocacy and support services (ibid). For women who had children, these services enabled them to reclaim their right to make parenting decisions (Pahl, 1985).

In contrast, Child Protection services primarily focus on the safety of children, which at times has resulted in their removal from their families (Stanley & Humphreys, 2014). This emphasis on safeguarding children can be somewhat at odds with the focus of specialist family violence services in enabling mothers to exercise their rights to make parenting decisions. These distinct purposes and approaches may lead to:

- Difficulty in distinguishing between the linked but separate needs of adults and children who are experiencing family violence. For specialist family violence services, the primary client is usually the adult victim/survivor and the objective of risk assessment is to secure her (the adult's) safety.
- A belief among some family violence practitioners that the mother's safety is a guarantee of her children's safety, even in cases where children, when consulted, may sometimes express views which differ from those of their mothers.
- A narrowed focus of some Child Protection services on mothers' parenting and ability to keep children safe (Stanley & Humphreys, 2014).

In the Bayside Peninsula region, where this Practice Inquiry was undertaken, key agencies – The Salvation Army, Child Protection and Child FIRST - worked together to develop the Bayside Peninsula Integrated Family Violence Partnership's Enhanced L17 Triage Response (Enhanced L17 Triage Response) with the aim of addressing the barriers to adequate and tailored responses for children. The barriers identified are discussed in Section 4 of this Practice Inquiry, particularly from the perspectives of specialist family violence service practitioners.

## 1.3 Roles and responsibilities for responding to children

Three agencies have a role in responding to children identified on police family violence referrals, depending on the information included on the police referral: Child Protection, specialist family violence services/local Hubs and Child FIRST. At the time fieldwork was being conducted, agencies operated under the Family Violence Referral Protocol between the Department of Health and Human Services and Victoria Police (State of Victoria, 2014, p.8). This protocol has since been superseded by the new Family Violence Referral Protocol between the Department of Health and Human Services, Family Safety Victoria, Department of Justice and Regulation and Victoria Police (State of Victoria, 2018b).

### 1.3.1 Child Protection

Children are referred to Child Protection if there is a view that a child or young person is in need of protection due to actual or likely sexual or physical abuse or concerns of harm or neglect (State of Victoria, 2018). This assessment is made by police through an independent assessment of risk for any child or young person who is present, has witnessed or has been affected by an incident of family violence.

### 1.3.2 Child FIRST

Child FIRST is the Victorian Government funded contact point to refer vulnerable children, young people and their families to services (usually family support called Integrated Family Services), when families exhibit any of the following factors that may impact upon a child's safety, stability or development (Department of Health and Human Services, 2012):

- Significant parenting problems that may affect the child's development
- Family conflict, including family breakdown
- Family member's physical or mental illness, substance abuse, disability or bereavement
- Young, isolated and/or unsupported families
- Significant social or economic disadvantage that may adversely impact on a child's care or development.

Police are instructed to refer children to Child FIRST “where a report is not made to Child Protection – but significant concerns for the wellbeing of a child or young person remain” (State of Victoria, 2018, p.13). As the reforms are rolled out, Child FIRST will be integrated into the Support and Safety Hubs (see Section 1.4 for more detail about the Hubs).

### 1.3.3 Local Hubs and specialist family violence services

According to protocol (State of Victoria, 2018b), police refer victims of family violence to support services in all cases: some for immediate support, others for ‘non-immediate assistance’, according to the police referral risk assessment.

In cases where the police referral has indicated immediate support is required, such as where police intend to apply for an intervention order against the perpetrator of violence, local Support and Safety Hubs or specialist family violence services are responsible for conducting risk and needs assessments for women and children. For immediate support cases, there is an expectation the local Hub or family violence service will provide feedback to police on referral outcomes and immediate safety concerns (ibid). Where ‘non-immediate’ support is considered appropriate, the local Hub or family violence service provides the client with information about the services available, including the option to receive a risk assessment and safety plan for both herself and her children (ibid).



## 1.4 Current reforms in responding to family violence police referrals

The Support and Safety Hubs (Hubs) are one of the seven main initiatives that make up the *Family Violence Rolling Action Plan 2017-2020*, which describes activities being undertaken in the first phase of implementing the 227 recommendations of the Royal Commission into Family Violence. Known as The Orange Door, Hubs are intended as a 'doorway to a system' and will become the primary intake for family violence services by:

- Identifying family violence and child wellbeing concerns
- Supporting people who choose not to engage with specialist services
- Undertaking an initial screening of people who are referred or come into contact with them, and work out whether Hubs can help or whether referral to another service is needed, and to identify any immediate safety needs
- Either directly or through referrals, providing supports such as accommodation, advice on legal options, medical needs and flexible support packages (State of Victoria, 2017d).

The Hubs are not intended to replace or duplicate the specialist and longer term roles of family violence services. Rather, the Hubs will replace existing referral points for victim/survivors and perpetrators of family violence including "L17 referral points and children and families in need of support" (State of Victoria, 2017d). However, police referrals for male victim/survivors of family violence will continue to go to the Victims Support Agency via the Victims of Crime Helpline, a service funded by the Victorian Department of Justice and Regulation, which conducts initial assessments and determines eligibility for referral to relevant programs (State of Victoria, 2016a, Chapter 32, p.208). Most male victim/survivors who come into contact with the Helpline have been referred by police through the L17 form (a family violence risk assessment and management report) following police attendance at a family violence incident.

The Hubs are overseen by a newly established coordination agency, Family Safety Victoria. At the time of writing, five Hubs have been established across Victoria, with three more in the process of being established. It is anticipated that Hubs will be in operation in all 17 Department of Health and Human Services regions across Victoria by 2021. Family Safety Victoria coordinates services accessed through the Hubs and, according to the Hubs concept paper, services will be characterised by strong local partnerships, shared information about the ability to service demand and how systems and agencies will work to meet the needs of priority individuals and families (State of Victoria, 2017d).

## 1.5 Victorian Rolling Action Plan and 10-Year Industry Plan

The *Victorian Rolling Action Plan* acknowledges the importance of change management work specifically to embed the new Family Violence Multi-Agency Risk Assessment and Risk Management Framework (State of Victoria, 2018a) and the broader Victorian *10-Year Industry Plan for Family Violence Prevention and Response*. Released in December 2017, the plan covers remuneration, capability and qualifications, workforce diversity, professional development needs, career development and workforce health (State of Victoria, 2017a).

## 2. Purpose of the Practice Inquiry

The Support and Safety Hubs alongside the above-mentioned reforms signal significant practice and culture shifts in the way children are recognised and responded to in the family violence system. The reforms emphasise the visibility of children impacted by family violence “in their own right” and underpin work according to the best interests of children, protection of their rights and safety, and development appropriate to age and stage, gender and culture (State of Victoria, 2017d, p.45).

This Practice Inquiry contributes to an evidence base to help inform these developments through providing insights from the practitioners who work with women, families and children impacted by family violence. Further, it addresses the gap between the intent of reform and the reality of policy development and implementation.

To this end, this Practice Inquiry explores the following questions:

- What information do specialist family violence services have about children when receiving police referrals?
- How are specialist family violence services assessing the needs and safety of children and coordinating their response with Child Protection, Child FIRST and Victoria Police?
- What resources and capacity requirements enable the optimal assessment of children by family violence services and case coordination with Child Protection, Child FIRST and Victoria Police?

Police referrals have been analysed for the purpose of demonstrating the type of information received by services undertaking intake and assessment.

This Practice Inquiry is aligned with the work of the Australian Government’s *Third Action Plan 2016-2019 of the National Plan to Reduce Violence against Women and Their Children 2010-2022* to “improve links between the many supports and services to avoid duplication, coordinate planning and implementation and better share information and innovation” (Commonwealth of Australia, 2016).

### 2.1 How this Practice Inquiry can be used

Successful implementation of significant social policy reforms, such as those discussed in this Practice Inquiry, must be accompanied by cultural change. This was similarly found in the reform of the Child Protection system in Australia in 2009 (Helyar et al, 2009). Making change across the state and at the service level to deliver better services must be informed by the voices of practitioners responsible for working with women and children on a daily basis (State of Victoria, 2016a, Summary, p.7). This Practice Inquiry amplifies a small number of those voices and provides a benchmark for measuring the impact of the reforms in the Bayside Peninsula region of Victoria.

The findings of this Practice Inquiry can be used to inform the implementation of the *10-Year Industry Plan for Family Violence Prevention and Response*, particularly to support the development of workforce training, which, in Victoria, is delivered under the auspices of the Centre for Workforce Excellence (State of Victoria, 2017b). Findings may also be relevant to family violence reform processes in other state and territory jurisdictions and support the objectives of the Australian Government’s *National Plan to Reduce Violence against Women and Their Children 2010-2022*.

## 3. Methodology

The primary research for this Practice Inquiry was undertaken between December 2015 and June 2017 and comprised a review of police family violence referral records and focus group discussions with staff of agencies funded to deliver specialist family violence services in the Bayside Peninsula region of Victoria.

### 3.1 Review of police family violence referrals

Nearly 1,500 (1,492) police family violence referral (also known as L17s) records for the period between December 2015 and April 2016 were collected from the three specialist family violence agencies in the Bayside Peninsula region: Good Shepherd Australia New Zealand, The Salvation Army and WAYSS. For each L17, a record was made which detailed whether or not the following was included:

#### Children's information on a police referral

1. Name.
2. Birth date.
3. Gender.
4. Whether the child/ren were present at the incident.
5. Aboriginal and Torres Strait Islander status.
6. Who the child/ren normally resides with.
7. Number of children present/witnessed/affected/exposed to violence.
8. Whether a referral was made to Child Protection/Child FIRST.
9. Case progress (text box).

Each police referral was checked to determine the consistency of information about children. A referral was considered to be consistent if it included information about children in all possible sections of the referral record as follows:

- Child/ren's details (1-6 of the above list)
- Number of children present/witnessed/affected/exposed to violence (7) and
- A referral was made to either Child FIRST OR Child Protection (8) and
- Information about child/ren included in case progress box (9).

The police-assigned incident code (describing the nature of the family violence incident) was also recorded.

### **3.2 Focus group discussions**

Staff from the three agencies who respond to police referrals were invited to attend a focus group discussion. Eleven practitioners attended and were asked:

- What do I think or feel about my assessment of children?
- What do I do successfully?
- What do I find challenging?
- What questions do I have?
- What would I like to be different or do differently?

The focus group participants also undertook an eco-mapping exercise to describe their organisation's relationships with other relevant agencies and services. Eco-maps are commonly used in social work to help provide a detailed picture of relationships. Participants are asked to draw lines connecting and indicating the quality of their relationships. This visual tool shows how systems and relationships are working, as well as identify issues or areas for improvement.

Focus group participants and members of the steering committee (see below) also attended a feedback forum to verify draft findings and provide input.

### **3.3 Steering committee**

Staff from agencies with a stake in the police family violence referral process in the Bayside Peninsula region – comprising representatives of the three family violence services, Victoria Police, Child FIRST and Child Protection - provided guidance on the project and feedback on the report draft.

Analysis of L17 records and practitioners' responses through the focus group discussions were condensed into themes related to the Practice Inquiry questions. The subsequent findings were finalised with respect to current and forthcoming policy and practice initiatives. This process has ensured the currency of findings during a time of rapid change within the sector.

### **3.4 Limitations of the Practice Inquiry**

A total of 11 practitioners from three of the 19 services across Victoria (State of Victoria, 2016a, Chapter 8, p.4) that respond to police family violence referrals participated in this Practice Inquiry, hence this report captures the views of a small number of staff from the specialist family violence services. Rather than providing findings of statistical significance, the views presented contribute to understanding a frontline-staff perspective in the reform process. Women and children themselves who are impacted by family violence have not been directly consulted through this Practice Inquiry.

Police referrals are one way that people who have experienced family violence come into contact with services and agencies. A recent report (Hutcheson, 2017) found that police statistics could only account for around 25 per cent of all family violence referrals in the Bayside Peninsula region. The remaining unaccounted-for referrals are presumed to come into the family violence system through telephone/crisis referrals, schools, hospitals, family and child support agencies, community welfare, or maternal and child health services (ibid). Section 4.6 of this report explores links between these services and family violence specialists.

This Practice Inquiry has examined instances where women have been noted on police referrals as victims of family violence (also known as Affected Family Member or AFM) perpetrated by men, according to the remit of family violence specialist services. Most male victim/survivors who receive services do so through the helpline of the Victims Support Agency (State of Victoria, 2016a, Chapter 32, p.209). As such, the service response as it pertains to male victim/survivors of family violence has not been investigated.

Of the police records that were analysed, information about children's gender, age, Aboriginal and Torres Strait Islander status and/or whether children were from a one-parent family were not analysed. In addition, there is no analysis in the Practice Inquiry of instances where the perpetrator is female or an adolescent.



## 4. What this Practice Inquiry found

Of the referral records examined for this Practice Inquiry, nearly three quarters (68 per cent) had missing and/or inconsistent information about children. For example, 20 per cent of referrals identified “zero” children were present at the family violence event, whereas other parts of these referrals include information that identifies children. On 11 referrals, no children’s information was completed, yet referrals to a children’s agency was indicated. Further examples include police family violence referrals indicating referrals to multiple agencies, such as a family violence service, Child Protection and Child FIRST, and others with no referrals to another service at all.

Missing information and inconsistent treatment of children identified on police referrals is of serious concern because children can fall through gaps in the system; in this way, as noted by one practitioner, **“people get missed”**.

This Practice Inquiry found there are a number of barriers that are currently preventing adequate, consistent and targeted responses to police family violence services for women and their children. The following barriers – gathered through analysis of L17 records and feedback from practitioners who process police referrals in their daily work - should be considered in the context of current and rapidly changing systems and services. As explored in the section below, barriers identified were:

- Funding levels versus volume of referrals
- A reliance on phone contact with women and children referred by police makes it difficult for family violence services and child welfare agencies to respond adequately
- Incomplete or limited information on police referrals is getting in the way of assessing the needs of children impacted by family violence
- Implementation challenges with the new L17 Portal – the online system to process family violence referrals - may mean that information about children is not being shared as well as it could be
- Inconsistent approaches to assessing risks to children across agencies
- Collaboration between relevant agencies is inconsistent
- Workplace culture.

Practitioners also identified the importance of cultural change as critical to successful implementation of major policy reforms, which will support a more integrated way of working within and between agencies to improve responses to children.

Despite the barriers outlined in this section of the report, the practitioners expressed an overwhelming commitment to working comprehensively with children. Indicative of the determination to do this in a better way, practitioners gave the following responses to the question: “What would I like to be or do differently?” One participant responded, **“Have the child’s point of view”**. Another practitioner stated a readiness to change: **“I take my own initiative: it’s [responding to children] not a defined process and [I’d like] more direct engagement with children”**.

## 4.1 Funding levels versus volume of referrals

One concern in responding to women and children on police referrals is that there appears to be a mismatch between the level of funding received by specialist family violence services and the targets for processing police family violence referrals compared to the actual number of referrals processed: **“[It’s] hard because I have 20 [referrals] for one day: constant L17 triaging and responding”**.

For example, one of the services that participated in this Practice Inquiry received 435 police referrals during the five-month period of analysis, while funded to process a total of 72 referrals for the year.

Other factors that impact practitioners’ ability to deal with the volume of referrals are the diverse demography of victim/survivors and types of violence perpetrated: **“[There’s a] large volume, yes [of] referrals across the spectrum”**.

In addition, the geographic spread of where the referrals come from requires a comprehensive knowledge of services across the catchment: **“Large area is an issue for knowing how to link to services”**.

Two practitioners noted that it is difficult to keep up with the volume of referrals their services receive. One practitioner said: **“We are relying on no contact due to volume and response. Will try women up to four times on the phone (two via caller ID and two via [organisational] number)”**.

In addition to these difficulties, there are, understandably, time constraints attached to this work. The *Domestic Violence Victoria Code of Practice for Specialist Family Violence Services for Women and Children* advises that services should be able to respond to referrals in a timely fashion and that “phone calls to services are returned within an 8 working-hour period. Once initial contact is made with the woman, she is advised of the process for assessment or determination of the referral and an appointment/contact is scheduled within a 16 working-hour period unless this is not convenient for her” (Domestic Violence Victoria, 2006, p.51). In relation to this guideline, one practitioner said, **“More time! Is there a way to actually offer response to [a] child through L17? [sic]”**.



## 4.2 Reliance on phone contact

Most practitioners who participated in the Practice Inquiry described their role as focusing on meeting the short-term needs of women affected by family violence. Following receipt of a police referral, the practitioners attempt to establish phone contact with the women identified in order to assess risk of violence to them and their children, to undertake safety planning and to provide information about where and how to access support based on the woman's and children's needs and circumstances.

However, most of the practitioners who participated in this Practice Inquiry identified that a reliance on phone contact to respond to women who may be in crisis or distress after a family violence incident is difficult because:

- There is limited success in actually reaching women by phone (for example, unanswered calls, phones switched off)
- There is a lot of information to cover in a single phone call
- Women with children are often contacted by multiple agencies (specialist family violence services, Child FIRST and Child Protection), creating confusion and at times leading to low engagement by women in the services (Bayside Peninsula Integrated Family Violence Partnership, no date).

In addition, as one practitioner pointed out, a phone conversation is not necessarily the most suitable medium to undertake a risk assessment, due to the complexity and sensitivity of the information: "You have to point things out appropriately or she'll hang up on me, it's a fine line [and] emotional as the incident just happened". This is evident in the assessment process, which includes collecting information about the incident identified on the referral and both the individual needs and challenges the family may be experiencing (Stanley & Humphreys, 2014).

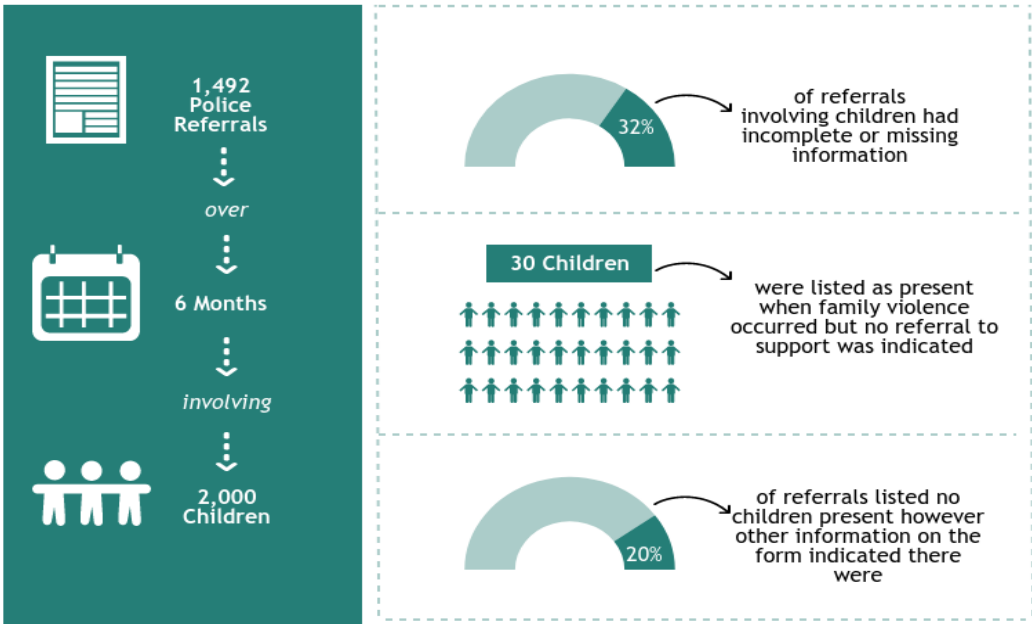
Practitioners noted the challenges involved in cold calling on the basis of limited information from the police, and in trying to create a reflective space to assess risk and determine necessary action within one call.

The issue of engagement, particularly of women impacted by family violence, is being addressed notably through the Alexis Family Violence Response Model initiative. This is an integrated team of police and clinicians working in a range of ways, including a joint face-to-face visit with a police family violence unit uniformed member and the specialist family violence Alexis worker. The visit is to occur as soon as possible following the family violence incident, to support people experiencing family violence (Victoria Police, 2015). Early results suggest that engagement with women through this model could improve by up to 50 per cent (The Salvation Army, no date). The findings from the pilot of this model should be used to inform future iterations of this approach.

### 4.3 Incomplete information on police referrals

Practitioners noted the challenges involved in cold calling on the basis of limited information from the police, and in trying to create a reflective space to assess risk and determine necessary action within one call.

Practitioners identified that a lack of information can get in the way of assessing the needs of children impacted by family violence, and that it was common to receive limited, missing and/or inconsistent information about children on police referrals. Of the 1,492 police referrals examined during this Practice Inquiry, 470 (32 per cent) included inconsistent information about children. Some of the main inconsistencies on the remaining referrals (68 per cent) are described below. In instances where referrals are incomplete or inconsistent, family violence service practitioners must rely on the mothers to provide all the information about children’s situations (State of Victoria, 2015): **“[I feel] frustration with information: the referral information is not enough to make an assessment. Information on kids [is] limited or not mentioned and we’re relying on the AFM [mother] to provide all the information”**. Given the danger family violence poses, it is imperative that risk assessments are informed by all available information (Stanley & Humphreys, 2014).



**Figure 1 Incomplete or inconsistent information on police referrals**

It is expected that improvements to information sharing between agencies will be made through the introduction and development of the Hubs, most notably through the creation of a Central Information Point (CIP) whereby government agencies will share information about perpetrators of family violence. Upon receiving a police referral, a Hub will be able to apply to the CIP for information which may include a perpetrator’s criminal history, community correction orders and parole. This initiative is in line with the Victorian Government’s Rolling Action Plan emphasis on holding perpetrators to account for the use of violence (State of Victoria, 2017b). While this may support information sharing, it remains critical that there be consistent recording of children’s information, and particularly the risks to their safety, in line with the *Children, Youth and Families Act 2005* (Vic).

## 4.4 Implementation challenges with the L17 Portal

Timely information sharing is essential to identify risks and needs of people impacted by family violence and connect them to the supports they choose (State of Victoria, 2017b). In a significant step towards improving information sharing within the sector, the Victorian Government introduced an online system in December 2016 - the L17 Portal - to receive family violence referrals from police, identify which services should get the referrals and then send the referrals to the identified services (State of Victoria, 2017c).

The same children's information listed in Section 3.1 is intended to be recorded on the Portal.

Some practitioners who participated in this Practice Inquiry were positive about the potential of the Portal and its "ease" and **"user friendliness compared to the old system on paper"**. Similarly, practitioners from one agency reported that they had reduced double handling of information. However, other practitioners suggested the L17 Portal is not yet working as intended and double handling of information is still required. Specifically, the L17 Portal stores police referral information, however the Specialist Homelessness Information Platform (SHIP) must be used to store case management records.

Additionally, some misunderstandings emerged through the focus group discussions about the potential for sharing client information, and the involvement of key agencies in their cases. Some practitioners explained that while they could see children had been referred to Child Protection or Child FIRST in the Portal, subsequent progress and updates were not recorded. Some of the practitioners also believe there is no permission to share information on the system, as indicated by the following comments:

**"Can't see work or engagement by other services. Don't have permission to share on shared system."**

**"Hard to share information via the Portal ... confidential."**

**"Portal use varies between agencies."**

**"No DHHS, CF, CP information sharing [on the Portal]. If you get onto a worker 9/10 don't get a response."**

Pending legal changes, some practitioners noted the potential of the Portal is limited. This is somewhat understandable given the Portal is a new technology. However, it is important that these developmental issues are understood and resolved.

Currently, under Section 36 of the *Children, Youth and Families Act 2005* (Vic), Child Protection and Child FIRST staff can obtain information to inform risk assessments of children without the consent of parents. However, this section of the Act does not allow for family violence practitioners to obtain such information without consent. None of the family violence practitioners who participated in the focus groups for this Practice Inquiry noted receiving requests for information from Child Protection and Child FIRST staff in accordance with legal information sharing provisions.

## 4.5 Inconsistent approaches to assessing risks to children

Throughout this Practice Inquiry, various views about ways to assess children's risk to violence arose. As mentioned previously, police note an incident code on their referral forms to describe the nature of the incident. These codes are used by some family violence practitioners to gauge the level of seriousness and the number of attempts they will make to contact the woman.

The incident codes recorded on the police referrals collected for this Practice Inquiry are detailed below in Table 2.<sup>3</sup> As shown, the top six codes noted on the incidents were 'verbal', 'emotional', 'physical (summary)', 'breach only', 'non-violent/non-abusive' and 'physical (indictable)'. These are also the same top six codes in which children were involved.

**Table 1 Police incident codes recorded on family violence referrals in order of frequency**

Incident Code	Incident description	Number of referrals	Number of children included in reports
16	Verbal	308	398
15	Emotional	210	250
2	Physical (summary)	160	252
13	Breach only	155	145
20	Non-violent, non-abusive	106	110
1	Physical (indictable)	65	99
4	Threats	42	52
7	Damage (indictable)	28	39
14	Breach and other	22	37
6	Other	14	23
8	Damage (summary)	7	10
12	Stalking > 4 weeks	7	8
3	Sexual	2	6
17	Social	2	9
9	Theft	1	0
11	Stalking 2-4 weeks	1	0
5	Pet abuse	0	0
10	Stalking <2 weeks	0	0
18	Economic	0	0
19	Spiritual	0	0

<sup>3</sup> Note: These are conservative figures as incident codes were not recorded for all police referrals within scope of this Practice Inquiry.

According to the Victorian Department of Health and Human Services Family Violence Referral Protocol with police, the risk assessment tool used by police is compatible with the Common Risk Assessment and Risk Management Framework (CRAF), which is the risk assessment tool used by specialist family violence services. However, the meanings of some of the more common incidents noted on police referrals and shown in Table 2, such as 'breach only', and 'non-violent, non-abusive', are not immediately clear or specific to those outside of the police, and they are not intended to be interpreted as a gauge of seriousness.<sup>4</sup>

In cases where police are concerned about a child's welfare, as suggested by a criminal incident, the child should be referred to a relevant agency.

While recognising that the codes were not used in isolation of other factors when assessing risks to children, using incident codes as a form of risk identification is problematic as it does not explicitly assess risk factors for children living with family violence, nor does it provide guidance on how to weight and combine risk factors services (Bayside Peninsula Integrated Family Violence Partnership, no date). When asked if the incident code from police makes an impact one practitioner stated **"Yes, as part of triage but also we rely on the narrative..."**.

Practitioners reflected on the lack of clear and consistent guidelines to respond to children impacted by family violence once they make contact with women. In attempting to assess specific risks to children's safety, some of the practitioners noted a lack of streamlined risk assessment tools suitable for both women and children that can be administered over the phone. Concerns were raised about differences in how services assess risk, thresholds for referrals to Child Protection and Child FIRST and whether Child Protection and Child FIRST workers have adequate training in family violence.

The current CRAF is intended to support specialist family violence service practitioners to take a consistent approach to risk assessment and safety planning, as well as assisting women and children to make informed decisions regarding their safety (Oliver & Domestic Violence Victoria, 2006, p.72). However, although basic information about children is included, it is a tool focused on adults, and specifically intimate partner violence (McCulloch et al, 2016, p.96). Alongside the CRAF, the Victorian Department of Health and Human Services' *Assessing Children and Young People Experiencing Family Violence* is a guide for family violence practitioners to:

structure, streamline and enhance their organisation's practice to support the safety, stability and healthy development of every child, and to strengthen their collaboration with colleagues in family services and Child Protection in line with the objectives of the *Children, Youth and Families Act 2005* (State of Victoria, 2012, p.2).

In sum, where practitioners receive a police referral that identifies children, they must employ two distinct tools to assess risks to women and their children respectively. While such an approach would be comprehensive, the use of two tools in what is already a limited opportunity to establish contact with women is unrealistic, particularly given the acknowledged limitations of phone responses, as discussed in 4.2. One practitioner said: **"I feel less confident because the CRAF is focused on the mother, not around the children"**.

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<sup>4</sup> Steering committee minutes.

In cases where a specific tool to assess risk to children's safety is not used, practitioners felt that there could be pressure on the mother to assess risk and take action:

**“The only option is mum, [there’s a] problem of mum feeling responsible and [the] L17 [process] adds to that dimension [and] because we don’t get much information – [we need to] be investigative. And [it’s] time consuming for example, police with an L17 won’t ask kids, just mum.”**

This inadequacy can create a burden on women dealing with family violence as the “protective parent” (State of Victoria, 2016a, Chapter 11, p.170); the woman is left carrying the risk.

#### **4.6 Collaboration between relevant agencies is inconsistent**

Strong collaboration between key services is critical to women and children receiving a safe and quality response that meets their identified needs. The Victorian Government’s Rolling Action Plan identifies that service coordination based on shared information is critical to achieving this (State of Victoria, 2017b).

The family violence service practitioners who participated in this Practice Inquiry reported having mixed relationships with Victoria Police and Child FIRST – the main agencies for which good collaboration is crucial in responding to women and children.

The inconsistent collaboration at times results in one police referral being received by Child Protection, Child FIRST and a specialist family violence service. In instances when agencies do not coordinate their responses, women can receive multiple phone calls from each agency, which can lead to a chaotic, confusing experience for women.

The Enhanced L17 Triage Response has attempted to address this issue, noting it can contribute to client frustration and low uptake of services (Bayside Peninsula Integrated Family Violence Partnership, no date, p.7). As part of this initiative, two specialist family violence services from the Bayside Peninsula Region and representatives from Child FIRST and Child Protection attend a weekly meeting to “provide consistent, coordinated and efficient inter-agency responses to women and children listed in L17 referrals from Victoria Police” (ibid) with the aim of triaging and allocating police referrals to the most appropriate agency. While the weekly coordination meetings do not necessarily allow for referrals that come through from police each day to be triaged and allocated in this coordinated and timely manner, this is an example of a collaborative, integrated practice model.

Despite the Enhanced L17 Triage Response initiative, some practitioners who participated in the Practice Inquiry reported “weak” and “stressful” relationships with Child Protection. For example, some focus group participants questioned what they perceive as early closure of cases:

**“Why does Child Protection close when risk is still present? [And] often we don’t hear back [from Child Protection]. [It’s a] dead end for us; we’ve reached out and it’s not going to go anywhere.”**

**“Our conversations with Child Protection [show a] very different understanding of ‘risk’ and family violence ... [As well as] the complexities around protective parenting.”**

Participants in the Practice Inquiry noted a mismatch in the 'languages of risk' used by Child Protection and specialist family violence agencies. This need for a common language and process relating to risk has been reflected in recent research (Connolly et al, 2017): “[**We have] different priorities and empowerment framework[s]**”.

Most family violence practitioners reported having some collaboration with adult-focused services such as courts, sexual assault, housing and legal services, compared to no contact at all with universal children's services (such as maternal and child health services, kindergartens and schools). In instances where contact with these services was being made, at least one practitioner perceived that, “**the wait list is so long to link into services**”.

## **4.7 Cultural change is critical in successful implementation of major reforms**

Workplace culture is not always defined. For the purposes of this Practice Inquiry, an organisation's culture is understood as “what is valued, the dominant leadership styles, the language and symbols, the procedures and routines, and the definitions of success” (Masood et al, 2006, p.943). The importance of shared values and beliefs that guide how members of an organisation approach their work and interact with each other (that is, workplace culture) has been identified in a number of examinations of the family violence system, including the *Victorian Royal Commission into Family Violence*. Therefore, in order for responses to children impacted by family violence to improve, the culture within and between organisations must continue to improve.

Practitioners suggested that aspects of cultural change that could support improved responses to children may include:

- Encouraging formal and informal opportunities for specialists from various agencies to meet
- Provision of consistent training that is undertaken by practitioners from different agencies
- Receiving clear direction and practical support from management that specifies how and when to do things, rather than just being “told” about changes.

These practical measures could foster a sense of support for the work being done by family violence services and counter fatigue in the midst of rapid reform and significant community expectations. As suggested by practitioners' comments that there are “**huge expectations from the [Royal] Commission [into Family Violence], policy, DHHS, moving goal posts without proper management**”. Such measures could also address the feelings reported by practitioners through this Practice Inquiry of “**lacking confidence about assessing children, powerlessness [in] not being able to do anything for children and anxiety/responsibility for child's wellbeing**”.

This shift is underway. Some of the services that participated in this Practice Inquiry have since provided training for all family violence practitioners in topics such as conducting risk assessments for vulnerable children, with the expectation that all case managers are using relevant tools and guidelines to develop case plans that include the needs of children.

Despite the difficulties raised, practitioners also reported feelings of self-efficacy in successfully undertaking safety planning for children and making referrals as appropriate. Most practitioners said that they undertake safety planning with the little information they have, including about the children themselves, and also in the absence of clear guidelines and processes. As articulated by one practitioner:

**“[The police referral process is an] opportunity to be timely and at a crucial time ... it’s a valuable opportunity.”**



## 5. Conclusion

Solutions to some of the barriers discussed in this Practice Inquiry are emerging, such as the L17 online portal system and the rolling out of the Support and Safety Hubs model. The potential success of these and a range of other reforms will depend on the practice realities identified by frontline workers. Our findings highlight how important it is that the views of the practitioners on the ground continue to be heard as part of the broader sectoral reforms being undertaken.

Our findings are also reflected in the *Report of the Family Violence Reform Implementation Monitor as at November 2017* (State of Victoria, 2017f). Created to observe and check the progress of the government's delivery of its family violence reform package, the Monitor identified the overarching need for more planning and better coordination. Among other things, the Monitor found "...a lot of activity, without the aid of a live and up-to-date overarching schedule" (ibid, p.29). The findings and recommendations reported here similarly centre on the need for action around planning and coordination. These include: clearly delineated roles and responsibilities across the sector; targeted and tailored assessment and safety planning for adults and individual children; provision for practitioners to reflect on their work as well as support in developing practical strategies to address systemic issues; and funding and coordination of leadership roles to oversee implementation of guidelines to frontline workers.

With significant reforms underway to address family violence in Victoria and across Australia, there is an increased acknowledgement that children are impacted in their own right. It is hoped these insights gained from frontline workers can be used to help improve responses to children who experience family violence.

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