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System reform for children and young people in statutory child protection exposed to domestic and family violence

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ACT Government

Children and young people's exposure to domestic and family violence (DFV) is a prominent policy issue across Australia. According to many practitioners working in statutory child protection systems, we need to understand more deeply how the service system is responding to children and young people.

To understand these issues in more detail, the Australian Government Department of Social Services commissioned the ACU Institute of Child Protection Studies to investigate service system responses for families involved in child protection in the context of domestic and family violence. The aim of the project was to understand the nature of services, the case-management approach and the service system pathways for children and young people exposed to DFV and who were also engaged with the child protection system.

In this Research to Practice issue, we explore the implications of the findings from our study of the current practice of Child Safety Officers (CSOs) in Queensland and non-government (NGO) practitioners in the South West region of Queensland who work with children and young people in the child protection system who have also experienced domestic and family violence. Our study details the levels of engagement from CSOs and practitioners with children and young people in their case management processes. This document provides a useful reflection framework that is relevant for CSOs and practitioners across Australia.

For further information on the study, read the full report:
Supporting children and young people exposed to domestic and family violence: Implications for statutory child protection system reform

Overview of findings

Our study revealed elements of barriers and enablers to supporting the unique needs of this specific cohort of children and young people.

Barriers

- inconsistent application of child-centred approaches
- poor communication (lack of information sharing) between services
- lack of specialist child and youth services
- lack of staff skill and expertise to work directly in a therapeutic way with children and young people in the statutory child protection system

The study also revealed actions or strategies that can be used to remove or reduce barriers. These actions enable frontline staff to apply 'best practice' to support the needs of children and young people.

Enablers

- sharing of information between service providers
- collaborative practice amongst all service providers
- child-centred and child focused practice
- therapeutic responses

Characteristics of child protection cases involving domestic and family violence

- Alcohol and drug use was one of the highest family risk factors in all households involved with the Department.
- Most of these cases were from non-Indigenous households.
- Young parents (aged 14-19 years) were more likely to have DFV identified as a risk factor than older parents (aged 20+).
- There were regional variations in the number of families at risk of DFV (rural, metropolitan etc.).
- The number of children in a household did not appear to be a significant differentiating risk factor.

- Quantitative data covered all of Queensland, shown in pink.
- Qualitative data collected from participants in South West region indicated with circle.

How we defined domestic and family violence

All cases we examined featured DFV as a historical or current area of risk in an intimate partner relationship or family dynamic. The domestic violence incidents included acts of violence (physical, verbal and other forms of abuse) from parent to parent, parent to child, and child to parent.

Quantitative data

The Queensland Government Department of Child Safety, Youth and Women, supplied the quantitative data tables for this report. These provided a picture of the intersection between DFV and child protection across the state of Queensland and are not specific to the South West region where the study was conducted.

We analysed and highlighted the key characteristics of children and families reported to the South West Queensland child protection service with issues of DFV in the period between 1 July 2015 – 31 December 2016.

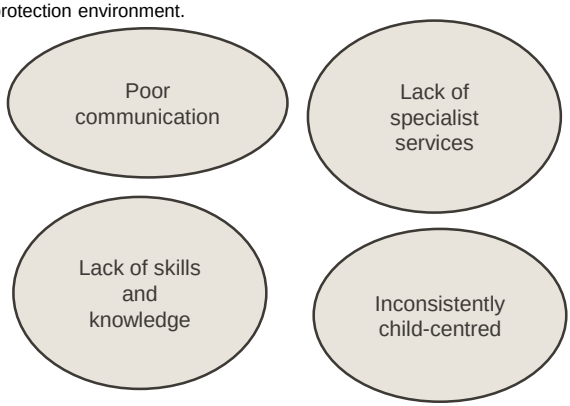
Qualitative data participants

We conducted individual phone interviews with 28 CSOs, and 7 NGO practitioners in the South West region of Queensland (see map below left) who provided service support to children, young people and their families

- 28 child protection workers in the statutory system (CSOs) in the South West region of Queensland
- 7 practitioners in NGOs to whom the CSOs make referrals in the South West region

Barriers to good practice

CSOs and NGO practitioners shared their thoughts and concerns during telephone interviews. A recurring theme was the barriers they faced when working with children and young people in a child protection environment.



Lack of information sharing

> I think the biggest - the most important thing - is the sharing of information, and current information. And look, everybody's busy. But the key to providing that background service delivery is, I think, is for everybody to be on the same page.
>
> *(Service provider 4)*

Lack of child-centred practice

> The emotional and verbal abuse [of the children] … aren't really addressed by CSOs probably for fear of escalating the parents or carers … it is … unfortunate [that this is] almost swept under the rug, that's sort of typical. [The Department doesn't] want to raise it for fear of upsetting [the parents] but I think [this has an] impact on the children quite significantly.
>
> *(Service provider 5)*

Lack of specialist services

> When you do refer to other services, sometimes they have a long waiting list. Sometimes there are no other agencies in the area.
>
> *(Participant)*

Other barriers related to practice-based beliefs and the ideals of workers. We found that workers focused mainly on the needs of the parents and carers and rarely identified the needs and concerns of children and young people.

Service inclusion requirements

Several CSOs expressed concern that services were not age appropriate or specific to children and young people. Service providers also indicated that some of the available services had service inclusion requirements that meant referrals were only relevant in very particular circumstances. For example, the family had to be involved with child protection to access the services provided and once child protection was no longer involved the support services were removed.

Lack of referrals to child-centred programs

Our research showed that many CSOs did not generally make referral for services specific to children and young people. We had anticipated that referrals would have been made to child-centred therapeutic services such as supported playgroups, childcare, or other services to address trauma and other needs of children and young people. But in the majority of cases this was not the case.

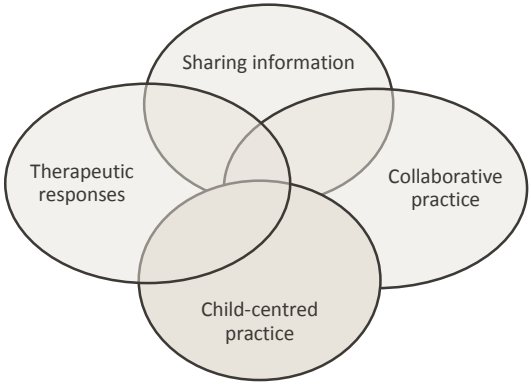
We found that referrals to child-centred programs or services were most likely made for older children and young people aged 12 years or over). Typically, the referrals for the older age group related to school refusal and mental health concerns.

Significantly most of the cases in our sample of files related to children aged under 12.

Enablers – implications for future practice

The image below represents four enablers to effective child-focused and child-centred case management. For the purpose of this paper, we have addressed each enabler individually. However, we acknowledge that in practice, all these enablers work most effectively when used *together* to strengthen effective case management for children and young people.

Enablers of good practice



To support practitioners in applying the enablers into everyday practice, the following pages of this paper recommend key actions and reflective questions.

The **key actions** are based on a combination of practice wisdom, evidenced-based research and the findings of our study.

The **reflective questions** are based on child protection 'practice standards' used across many jurisdictions.

ACT practice standards

Guidelines produced by the Australian Capital Territory (ACT) Community Services are one of the key sources of recommended practice standards. This document provides a useful reflection framework that is relevant for all CSOs and practitioners, not only in the ACT but across all states and territories.

You can use this resource as a stimulus for discussion in staff groups, for one-on-one mentoring sessions or to engage staff in self-reflection.

Download:
Our Practice Standards - Child and Youth Protection Services

1. Sharing information

Information sharing is critical to effective case management. This was the first key finding in the literature review which was affirmed by our interviews. Most CSOs and practitioners at NGOs agreed that case management worked best when all stakeholders shared information with each other. Sharing information enabled all service providers to establish a consensus view on the risk and protective factors for families.

Key actions to support information sharing

1. **Understand practice models of other professionals.** Spend time with other services to understand the conceptual models (their key concepts, theoretical framework, or worldviews) that inform their service provision for children. Finding common ground can help build a solid foundation for practice that meets children's emotional, psychological, safety and therapeutic needs.

2. **Consider other safety perspectives**. Consider the perspectives of other services in terms of supporting the safety of other members of the family. For example, explicitly address where both services could more effectively work together to support the non-violent partner who has experienced violence. This approach strengthens the protective parent relationship**.**

3. **Get skilled up collaboratively.** Be involved in cross-sectoral, multi-discipline professional development. Consider informal and formal opportunities for inter-professional training about the interrelationship between child protection and domestic violence services. Studies have shown that training significantly improved knowledge and understanding of the role and responsibilities of professionals working in different organisations and increased the ability of all professionals to recognise and identify signs of DFV.

4. **Broaden your understanding of information sharing protocols and rationales.**
    - Explore how each service provider shares information.
    - Find out what kind of information needs to be shared to ensure the best outcomes for all family members.
    - Establish data sharing protocols among services to include detailed service history (including type, quality, duration, and frequency).
    - Create formal links with other important service providers (family services, education, health, justice) to allow for better management of children's risks and needs.

Adapted from: NSW Department of Justice (2014); Stanley & Humphreys (2014); Stanley, Miller, Richardson-Foster, Thomson (2011); Szilassy, Carpenter, Patsios & Hackett, (2013)

Reflecting on information sharing practice

As a practitioner, have I done the following?

- Understood the legalities of information sharing – what can be shared?
- Worked collaboratively with our partner agencies and other professionals involved with the child or young person and family and clarified roles and responsibilities?
- Shared relevant information and explained our decisions with other agencies?
- Collaborated with colleagues in other agencies to draw upon their knowledge?
- Listened to the views of partner agencies and other professionals and explored dissenting views?
- Shared data and data analysis to inform service improvement across our jurisdiction?
- Listened to the views of children and young people?

Adapted from ACT Our Practice Standards 2017

2. Service collaboration

Multi-agency collaboration that facilitates and provides better identification of risks, needs and service strategies is an important indicator of best practice for working with children and families affected by family violence (Humphreys & Absler, 2011, Zannettino & McLaren, 2014). Service integration is critical given that the safety of children is interwoven with that of the adult victim. The safety, welfare and wellbeing of children and adult victims/survivors therefore needs to be considered in all decisions.

Children and families involved with the child protection system experience complex, interlinked problems that accumulate and reinforce negative outcomes. As a result of this, Australian and international researchers have increasingly called for a strong focus on improving how different systems can work together to increase children's safety (Buckley, Whelan, & Carr, 2011; Connolly, 2009; Hester, 2010; Humphreys, 2007; Stanley & Humphreys, 2014).

Good collaborative practice

Multi-disciplinary teams enable information sharing and collaborative care. The PATRICIA (PAThways and Research in Collaborative Inter-Agency practice) project identified three domains that are critical to facilitating good collaborative practice. The domains include - integrated service focus, democratising practices, and partnership-supportive collaboration.

The focus on integrated service emphasises the importance of specialist expertise, including collaboration between child protection and specialist family violence services at a minimum. Collaboration may additionally include family support, mental health, drug and alcohol, disability, Aboriginal or Torres Strait Islander services and Culturally and Linguistically Diverse (CALD) services (Humphreys & Healey, 2017).

Understanding the perspectives of other services

Numerous studies have cited differences in the ideology and service delivery priorities held by child protection and family violence staff. These broad differences are summarised in the table below.

Child protection agencies	Family violence agencies
Government services with statutory authority	Have no coercive power
Work with involuntary clients	Disclosure is usually voluntary
Prioritise children's rights and safety	Focus is on empowering women and ensuring the woman's safety
Respond to risk	More likely to consider the broader implications of family violence on children's emotional wellbeing
Support separation of mother and child from the violent male perpetrator	More focus on the responsibility and tactics of the person who uses violence

Adapted from: Buckley et al. (2011); Davies & Krane (2006); Fleck-Henderson (2000); Hester (2011); Potito, Day, Carson & O'Leary (2009); Rogers & Parkinson (2017)

Service collaboration (cont.)

The ideological, structural and practice differences between the child protection and family violence sectors may hinder effective information sharing and collaboration (Potito et al., 2009).

As a result, families' experiences with both sectors can be disconnected, confusing or even conflicting. Services are most effective when working together on a common goal and with a shared understanding of their approaches and world views.

Key actions to increase collaboration

1. **Get focused.** Provide a safe, empathic space for all members of the family to engage in the work:
    - the child or young person who is the target of the safety concern or notification
    - the protective parent
    - the parent who uses violence.
2. **Create a team.** Where possible, establish multi-disciplinary teams to enable collaborative care. CSOs and service providers felt that effective teams supported integrated service responses because the teams bought key stakeholders together, in one place. It facilitated 'wrap around' or holistic support for children, young people and their families.
3. **Work differently … together.** Consider new ways of collaborating and working. Engaging the protective (or non-offending) parent and their children is important. Allow them to speak openly about their concerns and potential fears. Identify and support the non-offending parent's existing coping strategies. Acknowledging what they have done to protect themselves and their children helps to return control to the victimised parent.

Adapted from: Cahill, Stewart & Higgins (2020); Rogers & Parkinson, (2017)

Reflecting on collaborative approaches

As a practitioner, have I done the following?

- Agreed upon the responsibilities of all stakeholders to reduce risk and promote the child or young person's safety and wellbeing?
- Ensured the best interests of the child or young person are at the centre of all decisions?
- Encouraged and supported colleagues when they need assistance to think through risk issues?
- Created and used reliable, valid measures of consumer satisfaction with all services to ensure they are responsive to the expressed needs of clients?

Adapted from ACT Our Practice Standards 2017

Service collaboration (cont.)

A systems approach – collaboration in practice

CSOs spoke confidently about the referrals they made to support services for parents. CSOs were able to easily identify the needs of the mother and/or father, and the services that they required to address the child protection concerns. However, they often had not identified the service and referral needs of the child or young person.

Parents who use violence were referred to services set up to address problem behaviours, including behaviour change programs. The effectiveness of such programs is enhanced when implemented as part of a systems approach. A systems approach involves agencies such as child protection, family services, police, courts and corrections working together to place restraints around the perpetrator's behaviour. It also encourages him to see the benefits of change for himself and his family (Dwyer and Miller, 2014).

A culturally sensitive approach

Family group conferences represent another process for responding to family violence. They originated in New Zealand in response to the over-representation of Maori children in the child protection system. The strengths-based approach actively involves the family, alongside the professionals, in decision-making about children in the family.

Operating from a restorative justice philosophy, the approach also includes the perpetrator in the sessions to encourage them to understand and take responsibility for their actions.

3. Child-centred practice

Our study uncovered some instances of effective child-centred practice that involved children and young people aged 12 years and over. While not common practice, they shared **three common features of child-centred practice**:

- open, regular and ongoing communication with children and young people
- needs and wishes identified in a collaborative process
- children and young people involved in case management process.

Open, regular and ongoing communication
The CSOs and practitioners from NGOs highlighted the effectiveness of open, clear and regular communication with the child or young person throughout the case-management process. They described their efforts to build trust and rapport by taking time to listen to them about their lived experiences. When children and young people had limited language skills, practitioners used observation to learning more about their needs.

Needs and wishes identified in a collaborative process
The CSOs engaged with children and young people to better understand their needs from their perspective. This helped them identify what would be the appropriate referrals and service supports.

Children and young people involved in case-management process
Child-centred practice for CSOs and practitioners from NGOs included consistent involvement (or opportunities for involvement) with children and young people. Their intent was to keep children and young people fully informed about decisions made about them and encourage them to participate in decision-making processes, where possible.

Key actions to support child-centred practice

Building on the first two enabling factors, child-centred practice involves both information sharing and collaboration with the child at the centre of the case-management process.

1. **Normalise it through formalising it.** Make child-centred practice the 'norm' through formal organisational processes and procedures, such as establishing referral pathways for children and young people as clients in their own right.

2. **Make it part of the culture.** Create a culture of child-centred practice to ensure child-centred practice is embedded in words and actions.

3. **Get trained-up.** Attend child-centred practice training such as Keeping Kids Central or download other resources from the ICPS website. You could also ask a manager or peer to be your mentor to help you maintain focus on child centred practice.

Adapted from: Department of Child Safety, Youth and Women's Domestic and Family Violence Prevention Strategy 2016-2016

Reflecting on child-centred practice

As a practitioner, have I done the following?

- Built a relationship with the child or young person?
- Listened to what the child or young person is saying?
- Ensured the child or young person is aware of what is happening and has been provided with the opportunity and necessary support to express their views and wishes?
- Placed the experiences of children and young people at the centre of actions, decisions or plans?
- Considered the likely effect on the child or young person of changes to their circumstances, including separation from a parent or anyone else with whom they have been living?
- Seen the child or young person on their own and been vigilant to parental resistance to requests to see and speak to their child?
- Put myself in the shoes of the child or young person and family to support my understanding of their context?
- Ensured that all children, young people and family members can contribute to decisions?

Adapted from ACT Our Practice Standards 2017

4. Incorporating therapeutic approaches

Campo (2015) acknowledges the need for integrated therapeutic responses that address the needs of both the protective parent and the child. **Therapeutic responses to children exposed to DFV should include working with the protective parent** and other siblings. This type of support strengthens attachment, increases emotional support and leads to improved outcomes (Smith et al., 2015). Therapeutic responses can be offered in supported playgroups or childcare settings.

Safety is best achieved by also assessing and addressing risks associated with violent behaviours from the offending parent. Risk mitigation should include:

- clear referral pathways for individuals who use violent and controlling behaviour
- clear intake processes - incorporating those for referral, assessment and waitlist management
- behaviour change work undertaken in a skilled and systemic way (Dwyer & Miller, 2014).

Key action: Protective-parent relationship strengthening

Prioritise ways to strengthen the relationship between children and young people and their non-abusive or protective parent.

A 10-week program from the United Kingdom, Domestic Abuse Recovering Together (DART), focuses specifically on strengthening the mother-child relationship after the abuse has ended and supporting other aspects of recovery.

Adapted from: Smith, Belton, Barnard, Fisher, Taylor (2015)

Reflecting on incorporating therapeutic approaches

As a practitioner, have I done the following?

- Considered that relationships and parenting patterns may have developed in the context of trauma?
- Empowered the child or young person and family to understand their strengths, skills and potential?
- Incorporated cultural consultation into my practice and used the knowledge of a Cultural Services Team?
- Acknowledged and understood the unique experience of children or young people and families from culturally and linguistically diverse, refugee and detention backgrounds?
- Identified how the parent's problems may be affecting their parenting capacity, relationship with the child or young person and capacity to provide for their needs?
- Tried to understand the situation and recognise that clients may behave in a range of ways in response – for example, people who are afraid may appear reluctant to engage?
- Persevered to engage with the family even when there is some resistance?

Adapted from ACT Our Practice Standards 2017

Summary

Ideas on how to learn from children and young people about the impact of domestic and family violence

- Determine the specific supports or services that can be put in place to support the child and young person.
- Hear the voice of the child or young person.
- Listen to how the violence has impacted on them.
- Support their thoughts and opinions on how their future safety can be achieved.
- Involve them in all discussions and decisions which are made in relation to the DFV and ensure their ongoing safety.

Adapted from ACT Our Practice Standards 2017

The case management of children and young people exposed to DFV and who have had substantiated child protection concerns is an extremely complex process. Our study identified both the barriers and the enablers to effective case management. Having identified the barriers, we then developed key actions to help practitioners work towards actions that enable positive outcomes and improve service provision.

A current practice example of how the enablers identified in this study have been put into practise can be found in the current ACT Child and Youth Protection Service Practice Standards (see page 4).

Practitioners can be reassured that best practice responses that emphasise collaboration and child-centred work is at the heart of what we do.

About the Institute of Child Protection Studies

The Institute of Child Protection Studies (ICPS) at the Australian Catholic University aims to enhance outcomes for children, young people and families through quality research, evaluation, training and community education.

ICPS research strengths include promoting children's participation, strengthening service systems and informing practice, and supporting child-safe communities.

The ICPS Research to Practice Series is supported by a grant from the ACT Community Services Directorate. The grant assists to enhance outcomes for children, young people and families through enhancing the skills and practice of the workforce, increasing awareness in the community, and contributing to evidence-based policy outcomes.

References: download full details.

www.acu.edu.au/icps — Visit our website for more information about ICPS research and professional staff

Contact us

The Institute of Child Protection Studies has offices in Canberra and Melbourne, and staff also working from Sydney and Brisbane.

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