

Towards Collaboration
A resource guide for Child Protection
and family violence services

Commonwealth of Australia 2003

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Foreword

There is an emerging body of national and international research that highlights family violence as a major risk factor for children. The Child Protection and Family Violence service sectors are looking for ways to share and draw upon their considerable practice wisdom to improve their work with, and outcomes for, children and their families experiencing family violence.

As our understanding develops of the far-reaching impacts of family violence, distinctions are drawn less frequently between the effects upon children of ‘witnessing’ family violence, as distinct from ‘actually experiencing’ it. Children who *witness* family violence *experience* family violence. When family violence occurs between adults, children are more likely to be at risk of physical and emotional abuse. We know that violence against women during pregnancy may harm the foetus as well as the mother. Infant brain development can be affected by exposure to violence in the home. Children may be physically and psychologically injured by violence towards their mother when they are being held or fed. Children see, hear and otherwise perceive violence and tension in the home and modify their behaviour or ‘act out’ in response. Trauma may result and school attendance may be disrupted.

The Victorian Government, through *Growing Victoria Together* has outlined its commitment to providing for safe streets, homes and workplaces. As a priority action, the Victorian Government has made a commitment to reducing family violence.

Towards Collaboration: A Resource Guide for Child Protection and Family Violence Workers will provide support and information for, and enhance, cross-sector collaboration. The development of the Guide represents an important collaboration between Community Care Division (Child Protection and Family Violence Prevention and Support) and the Office of Housing (Community Programs Group). The Resource Guide will provide a strong basis for regional development or reviewing of protocols between local services. Most importantly, it will lead to improved outcomes for those children and their families who have experienced family violence.



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The **Resource Guide Reference Group**

Victorian Women's Refuges and Associated Domestic Violence Services (VWRADVS)

Domestic Violence and Incest Resource Centre (DVIRC)

Immigrant Women's Domestic Violence Service (IWDVS)

No To Violence

Children's Welfare Association of Victoria

Rural Women's Network

Southern Family Life

Victorian Aboriginal Child Care Agency

VACSAL

Victoria Police

Department of Human Services, Child Protection

- Western Metropolitan Region
- Eastern Metropolitan Region
- Loddon Mallee Region

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Family and Community Support Branch

Child Protection and Juvenile Justice Branch

Office of Housing, Community Programs Group

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1. Introduction

1.1 The impact of family violence on children

Childhood exposure to family violence presents an obvious and grave risk to the safety and wellbeing of children of all ages. Research investigating the impact of family violence exposure upon the development of children and even infants in utero provides evidence of maladaptive changes in brain development in response to violence in the home (Fleischer, 2000; McIntosh, 2000). Other effects of family violence may include physical injuries, post traumatic stress disorder and/or symptoms including anxiety, trauma, developmental delay, depression and grief related issues.

Early experiences have an effect on emotional development, the organisation of behaviour and personality. Experience shapes brain functions, and early experiences shape the foundations of life's behavioural responses. Just because children cannot talk about their experiences does not mean that they cannot remember. Early intervention in trauma is not just for the child, or the parent: it is for the future too (Hewitt, 1999).

The family home can be a dangerous place for some children and for women.

- Victorian data which may indicate the magnitude of the problem are listed as follows: Victoria Police attended 21,618 family violence incidents in metropolitan Melbourne in 2000–01.

In Victoria for the same year, 12,188 violent offences against women were reported.¹

- The *Women's Safety Australia Survey 1996* conducted by the Australian Bureau of Statistics showed that over 80 per cent of violence against women is not reported to the police.
- An Australian Institute of Criminology study (Indemaur, 2001) has found that up to one quarter of children aged 12 to 20 years have witnessed physical domestic violence against their mother or stepmother.
- Child Protection figures demonstrate that family violence is a presenting factor at intake stage in 41 per cent (56 per cent for indigenous families) of notifications and 60 per cent of notifications made by police.² In Child Protection cases where abuse or neglect has been substantiated, 52% of those cases list family violence as a factor in the case.

Family violence affects many clients (including women and children) of medical professionals, community services, education and housing services, the legal system, even private enterprise; all are becoming more aware of the costs and dimensions of family violence in the community.

Research undertaken by *Partnerships Against Domestic Violence (PADV)* indicates that there are different issues for children, depending on age, gender, geographic location and ethnicity. For example:

- infants are unable to articulate their fear and concerns.
- young people are more likely to turn to peers for support.
- children and young people in isolated rural communities have more limited options for assistance and support, as do children from culturally and linguistically diverse (CALD) communities.

In a conference paper delivered in 2000, Christina Fleischer proposed that:

Another way forward may be for both services and by extension, the wider community, to develop a shared understanding of the links between child abuse and family violence. Shared understanding would include knowledge about the immediate and longer term effects of family violence on infant development... Both the theories of child development as effected by family violence and the use of the VRF (Victorian Risk Framework) are obvious areas of learning that lend themselves to joint training programs.

The inclusion of family violence services in child protection planning cannot be overemphasized. Too often case plans reflect the attention paid to the male in the family by way of prescribed anger management programs, counseling, etc. while not providing the mother with an advocate and support for herself to enable her to have space to make safe choices. Too often, case notes

¹ Produced and obtained from Victoria Police, Provisional Crime Statistics, 2001, 2002 (Statistical Service Division).

² *ibid.*

When women are victims of family violence, their capacity to protect their children may be diminished due to their own lack of safety and protection. Support and empowerment for mothers in family violence situations is therefore a necessary step to ensure that they are best placed to protect their children.

reflect that the male partner has not allowed the mother to be interviewed without his being present. Like the infant... the mother is also denied a voice to express her anguish.

...Two obvious issues for child protection workers include how to raise family violence issues that are suspected by (but) not acknowledged and how to develop realistic safety plans with women (Fleischer, 2000, p.83).³

Childhood exposure to family violence presents a risk to the safety and development potential of children of all ages. Children who witness violence in their home, particularly if the violence is severe and repetitive, are at risk in a range of ways. A common outcome of abuse is trauma. Beverly James (1994) defines trauma as:

Psychological trauma occurs when an actual or perceived threat of danger overwhelms a person's usual coping ability. The determination of trauma must be based on the context and meaning of the child's experience and not on the event itself.

James (1994) indicates that traumatic responses can include:

- a persistent fear state—fight, flight and freeze responses
- avoidance of intimacy—aversion to physical and emotional closeness
- poor regulation of affect—behaviours may present as oppositional, defiant, anxious, impulsive or depressed
- disorder of memory—flashbacks, dissociation.

Children who have been exposed to persistent fear from early in life may often find it difficult to form intimate relationships, and may present as guarded, hyperactive, controlling, or display adult-like behaviour.

Childhood experience of trauma also impacts on the quality of attachment formed between a child and their primary caregiver. Attachment is a reciprocal long-term relationship between a primary caregiver and a child, which meets the child's needs to grow and develop, and the primary caregiver's needs to nurture (Hewitt, 1999).

Perry, Pollard, Blakley, Baker and Vigilante (1995) in Hewitt, note that when children experience trauma, the most important factor is the presence of a healthy primary caregiver: *This presence can dramatically diminish the alarm response...in the young child.*

The results of this study were supported by Gunnar (1995 and 1997, cited in Hewitt) where the development of secure attachment to the primary caregiver acts as a buffer to the impact of stressful events later in life.

Insecure attachment patterns can develop when a caregiver is psychologically unavailable, as can be the case in situations of family violence. This can lead to more frequent and severe mental health problems in early adulthood (Sroufe, 1996, in Hewitt). Insecure attachment can also result in increased maladaptive patterns of functioning in

³ Fleischer, Christina (2000). Child Protection: Relationship between High Risk Infants and Domestic Violence. Published in conference proceedings, The Way Forward—Children, young people and domestic violence.

children, including avoidance of the primary caregiver, increased expressions of anger, non-compliance and sometimes increased dependency.

1.2 Victorian whole of government response to family violence

Throughout Victoria, related initiatives are also creating impetus for work between the family violence and Child Protection sectors. The Joint Child Protection and Family Violence Services Protocol Project (which has led to this guide) was identified as a priority by the Victorian Interdepartmental Committee (IDC) on Violence Against Women, which later became the Women's Safety Coordinating Committee. The work of this Committee culminated in the release of the *Women's Safety Strategy*, which was launched in September 2002 by the Minister for Women's Affairs, Mary Delahunty MP.

Related whole of Government initiatives which are set to improve strategic responses to family violence include:

- *Safer Streets and Homes: A Crime and Violence Prevention Strategy for Victoria 2002-2005*, Department of Justice
- *Review of Services to Victims 2002*, Department of Justice
- *Framework for the Development of the Victorian Indigenous Family Violence Strategy*, Aboriginal Affairs Victoria, Department of Natural Resources and Energy and Department of Human Services
- *Statewide Steering Committee to Reduce Family Violence*, jointly chaired by Victoria Police and the Office of Women's Policy.

The *Family and Domestic Violence Crisis Protection Framework*, released in February 2002, provides a comprehensive approach to addressing the needs of women and children experiencing family and domestic violence. Collaborative planning is a feature of this Framework, as is the development of area-based responses to Family Violence that allow women and children to remain connected to family members and services in their local area, where it is safe to do so.

Clear linkages and protocols between family violence and Child Protection at a local or regional level will be central to ensuring appropriate interventions for women and children experiencing family violence.

1.3 Language and definitions

Much debate, emotion and politics surround the language used to describe and define domestic violence.

The term 'family violence' is used throughout this Guide for a number of reasons. Family violence reflects the language and framing of Victorian legislation in the Crimes (Family Violence) Act 1987. Many indigenous communities prefer the term, as it describes the range and impact of violence where it occurs within kinship networks. Similarly, the term family violence is used throughout this Guide in recognition of the far-reaching

effects of violence in the home, the range of family relationships that can be characterised by violence, and most importantly, to specifically acknowledge the fact that violence and abuse between adult partners directly affects children in a number of ways.

This Guide uses language and concepts that reflect the most common form of family violence: that which is perpetrated against women and children by men known to them and is often referred to as domestic violence. The gendered origins of power and control in our society underpin the dynamic of family violence, making male to female violence the most frequently encountered family violence dynamic in the work of Child Protection and family violence workers. However, it is acknowledged that males, same-sex couples and their children may also experience family violence.

The *Partnerships Against Domestic Violence* Statement of Principles proposes the following definition of domestic violence:

Domestic violence is an abuse of power perpetrated mainly (but not only) by men against women both in relationships and after separation. It occurs when one partner attempts physically or psychologically to dominate and control the other. Domestic violence takes a number of forms. The most commonly acknowledged forms are physical and sexual violence, threats and intimidation, emotional and social abuse and economic deprivation.⁴

⁴ 'A substantial beginning to a new commitment—Annual Report 2000–2001', Partnerships Against Domestic Violence 2002.

Almeida and Durkin (1999)⁵ describe the dynamics thus:

Domestic violence is the patterned and repeated use of coercive and controlling behaviour to limit, direct and shape a partner's thoughts, feelings and actions. An array of power and control tactics is used along a continuum in concert with one another.

1.4 Aims of the Resource Guide

The Resource Guide provides strategies to support the move to common understandings across the Child Protection and family violence service sectors, with the aim of improving outcomes for children, young people and their families who are experiencing or have experienced family violence.

The Guide also aims to improve coordination and collaboration between the sectors, and promote non-blaming, informed case practice that promotes children's safety and supports protective capacities of mothers who are experiencing family violence. Specific outcomes of collaborative practice include:

- improved coordination to achieve more positive outcomes for client families
- increased clarity relating to respective roles, practice frameworks of child protection and family violence services
- positive exchange of knowledge and perspectives, leading to increased respect for colleagues in related service systems

- development of joint protocols between regionally-based or local services
- coordinated activities arising from networking
- well-functioning systems for the referral and coordination of cases between agencies
- improved mechanisms for information sharing and joint decision-making.

1.5 Principles of the Resource Guide

Safety, protection and wellbeing of children

The safety and wellbeing needs of children in family violence situations must be recognised, assessed and responded to in conjunction with, but separate from, the needs of the adults in the situation.

Empowerment of women and children

Women and their children who have experienced family violence should be treated with respect and supported to develop solutions.

Responsibility and accountability of men who use violence

Men who use violence will be held accountable for their actions and the impact of those actions upon both adults and children. They should be responded to with both criminal sanctions and an appropriate intervention.

Interagency collaboration

Best outcomes occur for families where an open, honest, coordinated, multi-agency response is employed.

Cultural sensitivity

A person's experience of family violence, and their understanding of service system responses, may be profoundly influenced by their culture. Cultural issues should be acknowledged and sensitively addressed, but not used as an excuse for family violence.

1.6 Structure of the Guide

This Guide is a resource for Child Protection and family violence services, including those funded under the Supported Accommodation and Assistance Program (SAAP) and the Family Violence Prevention and Support Program (FVPSP).

The components of the Guide are:

Chapter 1: Introduction—Provides a summary statement regarding the impact of family violence, background to the project, an overview of the Guide and language and definitions used therein, and the aims and principles on which the publication is based.

Chapter 2: Towards collaboration—Examines the shared motivation for collaborative approaches between the two service systems.

Chapter 3: Working with families—An examination of some of the key client and practice issues faced by each sector in developing a coordinated response to families.

⁵ Cited in University of New South Wales, Australian Domestic and Family Violence Clearinghouse Issues Paper 2.

2. Towards collaboration

Chapter 4: Systems issues—

An investigation of some of the systems issues that may arise in relation to case management, consultation, safety, information sharing and working cross-regionally.

Chapter 5: Child Protection: roles and responsibilities—

This chapter provides an overview of Child Protection, a service provided by the Victorian Department of Human Services. It summarises the specific responsibilities, processes and role of Child Protection in ensuring the safety of at-risk children in our community.

Chapter 6 Family violence services: roles and responsibilities—

Describes the range of agencies and services in the family violence sector, their roles and responsibilities, and how clients and workers may access the services.

Appendixes—Includes a list of Child Protection and family violence services, websites of interest, references, glossary assessment guides and other useful information.

Tools for collaboration—describes a range of tools which can be used to help develop and maintain collaborative relationships.

[In relation to Child Protection and family violence services]...each tradition brings knowledge, practice wisdom, and values that cannot easily be replicated by the other. The tension between their priorities is a useful tension (Fleck-Henderson, 2000).

2.1 Sharing the responsibility for protecting children

Responding to concerns about children and families may present dilemmas, particularly when the concerns are many and complex. However, sharing the responsibility is much more effective and less stressful than acting individually.

All professionals working with children and/or their families share in the responsibility of protecting children. A professional's ethical and legal responsibility, as well as their duty of care, will depend on where they are employed, where the service is located within a service system and the professional's role within that service.

Understanding the role of services within the system will help professionals understand what form their responsibility takes and how they can work cooperatively with each other to meet the needs of vulnerable children and families.

However, vulnerable children and families often have needs that do not fit neatly into categories. In order to work constructively and cooperatively with families and other services, professionals need to be knowledgeable about their own roles

and responsibilities and prepared to be flexible and responsive.

Responsibility for ensuring that the needs of children are met, and that they are safe within their families, is shared between the family, the community and the government. When adults who care for children do not meet their responsibilities, are abusive, or exploit their positions of power, then the wider child protection system becomes responsible for taking action.

2.2 Building a collaborative approach

The current focus on collaboration and integration builds on the processes of consultation, sharing information and networking. The aim is for organisations or groups to work together to achieve agreed outcomes. This is done through joint design, planning, implementation and funding. There are a number of important reasons for increased collaboration, including:

- the need to provide a holistic and client-focused response
- increasingly complex presenting issues that cannot be dealt with if program boundaries are rigid
- recognition that practice approaches which incorporate coordination and collaboration are conducive to achieving best outcomes for clients.

Collaboration may be distinguished from other working relationships by reference to the following table. It illustrates the increased investment required to achieve greater benefit through collaborative relationships.

Figure 1: Continuum of joint effort

	Cooperation**	Coordination	Collaboration	
<i>Key relationships and work</i>	Short-term informal relations that exist without any clearly defined mission, structure or planning effort characterise cooperation. Cooperative partners share information only about the subject at hand. Each organisation retains authority and keeps resources separate, so virtually no risk exists.	More formal relationships and understanding of missions distinguish coordination. People involved in a coordinative effort focus their longer-term interaction around a specific effort or program. Coordination requires some planning and division of roles and opens communication channels between organisations. While authority still rests with individual organisations, everyone's risk increases. Power can be an issue. Resources are made available to participants and rewards are shared.	A more durable and pervasive relationship marks collaboration. Participants bring separate organisations into a new structure with full commitment to a common mission. Such relationships require comprehensive planning and well defined communication channels operating on all levels. The collaborative structure determines authority, and risk is much greater, because each partner contributes its resources and reputation. Power is an issue and can be unequal. Partners pool or jointly secure the resources, and share the results and rewards.	
<i>Intensity (risk, time needed, opportunity)</i>	Lower Intensity	—————→		Higher Intensity

* Adapted from: **Collaboration Workbook**, Amherst H. Wilder Foundation, 1993.

** Different authors use 'cooperation' and 'coordination' interchangeably. This definition is from the work of Sharon Kagan and defines the least intense level as cooperation.

Collaboration helps define relationships, so that positive results are more likely to be achieved by working together rather than alone. Each organisation brings its own unique contribution and function to a joint effort, while continuing to provide individual services.

Collaboration requires effort, communication and commitment. Recognition of the need to work with other sectors to achieve better outcomes is just the first step. The development of protocols is a formal process that can underpin and reinforce collaborative approaches.

The foundation of any collaboration is the quality of relationships between the various parties. The cultures, philosophies and approaches of the

different sectors will help or hinder the collaborative process. These are the issues that require sharing and understanding.

Collaboration often produces better outcomes when organisations have a shared understanding of the desired outcomes, roles, responsibilities and processes.

Benefits of regional networks

Networks have the potential to:

- bring together workers from a broad range of services, who may not have the opportunity of meeting about non-client specific issues at any other time
- create an opportunity to build trusting relationships
- identify service gaps or barriers to collaborative practice

- advocate for or provide services to address service gaps
 - source or deliver joint training
 - provide a supportive forum for practice and policy issues to be debated and resolved
 - develop innovative local responses to meet clients' needs
 - pursue ongoing development and implementation of collaborative protocols and practice
 - inform service and policy development
 - include representatives with decision-making capacity, to ensure that network meetings can resolve issues as they arise
- A key task of networks or working groups is to comprehensively map the regional family violence and Child

3. Working with families

Protection services. Each Department of Human Services region has a family violence network in place. Currently, these networks are coordinated by a regional family violence networker (see Appendix -A3). Depending on the region, Child Protection may or may not be represented.

As part of the strategy to facilitate a collaborative approach, Child Protection should be invited to participate within these existing networks. Child Protection and family violence services could also establish a specific working group to develop and maintain a positive working relationship. This working group could organise best practice forums, joint training initiatives and develop regionally-based protocols.

This chapter looks at some of the issues that arise when Child Protection and family violence services are involved with a family. In particular, the discussion will focus on the following population groups:

- children
- women
- men who use violence
- indigenous families
- culturally and linguistically diverse (CALD) families
- complex families.

3.1 Working with children

Seven principles underpin Child Protection practice in responding to family violence:

1. Children living in a home where family violence occurs are potentially at risk of significant harm.
2. If the child's caregivers are unable to provide sufficient protection from abuse and harm to their child, Child Protection will intervene to ensure the child's safety.
3. When Child Protection are involved in investigating concerns of abuse and neglect, they will make every attempt to directly address the behaviour of the person who uses violence and ensure his accountability.
4. While the first priority of Child Protection intervention will always be to ensure the child's safety and wellbeing, every effort should be made to achieve this through enhancing the mother's capacity to protect her child.

5. Women should be supported and empowered to respond to their children's needs. They should not be blamed if unable, at a particular point in time, to do so.
6. Where family violence is occurring, stopping the violence and providing options to ensure the safety of the victims must be the first and paramount issue addressed.
7. People have a right to a safe and secure domestic environment. Maintenance of the family unit should not override the rights of the individual to be protected from violence.

Child Protection

When responding to family violence, Child Protection works within a defined legislative framework. Child Protection receives notifications from professionals and members of the community when they believe a child is at risk of child abuse. The provisions of the *Children and Young Persons' Act 1989* direct the way the Victorian Child Protection system responds to these reported concerns.

The Act includes detailed requirements relating to children who may be in need of protection. Three central provisions are found in section 64 (1), section 66 (1) and section 63:

Section 64(1)

Notification to protective intervener

- (1) Any person who believes on reasonable grounds that a child is in need of protection may notify a protective intervener of that belief and the reasonable grounds for it.

Section 66(1)

Investigation by a protective intervener

- (1) A protective intervener must, as soon as practicable after receiving a notification under section 64(1) or (1A), investigate, or cause another protective intervener to investigate, the subject-matter of the notification in a way that will best ensure the safety and wellbeing of a child.

Section 63 of the Act states that:

For the purposes of this Act a child is in need of protection if any of the following grounds exist –

- (a) the child has been abandoned by his or her parents and after reasonable inquiries –
- (i) the parents cannot be found; and
 - (ii) no other suitable person can be found who is willing and able to care for the child;
- (b) the child's parents are dead or incapacitated and there is no other suitable person willing and able to care for the child;
- (c) **the child has suffered, or is likely to suffer, significant harm as a result of physical injury and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;**
- (d) the child has suffered, or is likely to suffer, significant harm as a result of sexual abuse and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;

(e) **the child has suffered, or is likely to suffer, emotional or psychological harm of such a kind that the child's emotional or intellectual development is or is likely to be significantly damaged and the child's parents have not protected or are unlikely to protect, the child from harm of that type;**

- (f) the child's physical development or health has been, or is likely to be, significantly harmed and the child's parents have not provided, arranged or allowed the provision of, or are unlikely to provide, arrange or allow the provision of, basic care or effective medical, surgical or other remedial care.

The Victorian Child Protection system is designed to be a highly targeted system, identifying and responding to children at immediate and substantial risk. The statutory basis of Child Protection drives the way child protection concerns from the general public, family and professionals are processed and responded to.

The system is based on discrete episodes: notify, investigate, intervene or close. However a large number of cases are re-notifications, resulting in re-assessments and re-referrals. Due to the episodic nature of family violence, many re-notifications may involve reported concerns of the impact of the family violence on children.

Most of the increase in notifications over the past ten years is from the professional groups mandated to report physical and sexual abuse—teachers, doctors, nurses and police.

Despite the concerns of those notifying, families who are assessed as being at lower risk fall outside the boundaries of the legislation. These families are often recognised as vulnerable and are referred to other services, such as family support.

When a notification is made to Child Protection in which the dominant concerns are the impact of family violence upon the child, the Child Protection worker must determine whether the reported concerns fit within s63 of the Act. In general, reported concerns of the impact of family violence on children fit within section 63 (c) and (e), that is, a child exposed to family violence may be at risk of physical or emotional harm. If Child Protection determines that the reported concerns indicate the child is at risk of significant harm and that a parent has not been able to protect the child from that harm, they will accept the notification as one which requires a direct investigation of the concerns.

When assessing the risk of harm to a child who has experienced family violence, the Child Protection worker will use the Victorian Risk Framework (VRF) to determine the actual harm, the consequences of the harm and the likelihood of the harm reoccurring. The VRF also assists Child Protection workers to assess the parent's beliefs and attitudes to the harm and the pattern and history of harm. The Child Protection worker is required to develop a safety statement for the child, based on their assessment of the current and future risk to the child. It should also list strategies to address assessed risk.

It is helpful for the Child Protection worker who listens to and processes a notification of child abuse or neglect, to have the concerns for the child presented in response to the following questions:

What does the caller believe to be the actual harm to the child at this time?

What is the risk of harm in the future?

What are the parents' beliefs and attitudes about the possible or actual harm?

What has been the pattern and history of harm in this family?

Child Protection workers are particularly aware of the risks to infants. A baby exposed to severe family violence is at risk of both physical injury and emotional trauma. The Child Protection practice instruction for high-risk infants states that:

"In all cases of initial investigation following notification and involving serious parental mental illness, significant intellectual disability, family violence and/or substance abuse or gross parenting deficits, a case conference must be held prior to withdrawal of Child Protection Services involvement and always within 28 days of notification. In all cases involving a child aged 2 years or under, where one or more of the (above) parental characteristics identified is present, a Specialist Infant Protective Worker (SIPW) will attend the case conference or provide advice which is documented on the Client and Service Information System (CASIS).

A Child Protection direct investigation requires that the Child Protection worker sight a child and if the child is old enough, the worker will speak with them. To determine the level of harm to the child and to develop a safety plan, the Child Protection worker will make contact with other professionals who can inform this assessment of risk and harm. These professionals may include the birth hospital, the maternal and child health nurse, the child care centre, family support services and the kindergarten or school. As part of their work with a child and the family, Child Protection may refer the child and/or the child's parents for therapeutic counselling.

In general, Child Protection may remain involved with a family for up to three months if concerns for the child are substantiated. A Children's Court Magistrate must order involvement with a family beyond three months.

Family violence services

Recognising and responding to the grief, loss and trauma experienced by children is a focus of many family violence services. It is important to ensure that time and space is made available to assess and validate the experiences of children and young people who have experienced family violence. In situations of crisis, considerable effort is usually expended on meeting the needs of adults. It is important to be aware that the individual needs of children and young people also require a response.

Children's support workers, located in all women's refuges, provide a key role with respect to children's experience of violence. Many family violence outreach and family violence support services provide direct or consultation services to assist children, their families and other services to address the impact of family violence on children. Children in Homelessness resource workers are located in every region, providing information, consultation, referral and brokerage services. In addition to the services mentioned, there are often professionals within a region who may have expertise in relation to the needs of children, particularly, those affected by family violence.

3.2 Working with women

Child Protection

Child Protection workers are mandated to work with all members of the family when they investigate reported concerns of child abuse and neglect. As part of their assessment of the impact of family violence on children, Child Protection will take specific note not only of the perpetrator's potential to place the child at risk of harm or neglect, but also of the non-offending parent's capacity to protect the child from harm. Usually the mother is the non-offending parent, thus the Child Protection worker will assess the mother's capacity to recognise the actual or potential harm to the child and her strategies and capacities to respond to the child's needs.

Child Protection workers are aware that a woman's capacity to effectively parent her child can be significantly impacted upon when she is the victim of family violence. Her capacity to keep her children safe from the risks and harm can be affected by the perpetrator's manipulation of the mother/child relationship. A common feature within abusive relationships is the perpetrator's undermining of the maternal relationship as a form of power and control. He may undermine the mother's confidence and denigrate

her as a mother in front of her children, thus impacting upon her capacity to nurture and protect her children.⁶ Mothers who are victims of domestic violence may develop symptoms similar to those who suffer from post traumatic stress disorder. This may impact upon their parenting. They may become desensitised to the impact of the violence on their children and their judgement about protecting their children from exposure to violence or trauma may be impaired.⁷ Many women who experience family violence are terrified to admit that they are victims of violence, or that their children have witnessed it, for fear of losing care of their children.⁸

Child Protection workers will work with the woman to ensure that her parenting capacity is strengthened and respected and not further undermined by interventions, which may be perceived as blaming.

Child Protection can assess a mother's capacity to respond to their child's emotional and psychological needs, by watching the interaction between her and her child and working with the mother to assess her beliefs about the potential impact of the violence on the child. A parent who is aware of the actual or potential impact family violence may have on a child will:

- be able to offer words of comfort and support to their child
- offer physical comfort to their child through holding, feeding, stroking, cuddling and so on
- see their role with the child as extending beyond providing the basics of food, shelter, and clothing
- recognise that children are likely to be traumatised by exposure to violence
- believe that it is their responsibility to help the child recover from any adverse consequences of exposure to violence
- believe that children should not inadvertently take on the role of adult or protector
- take as much action as they can under the circumstances to minimise the impact of the violence on the child.

At times, when it is assessed that the child's safety cannot be assured by the child's caregivers, Child Protection will be required to use its statutory powers to take a child into safe custody. In these instances, Child Protection will issue a protection application and take the matter before a magistrate in the Children's Court.

This is a last resort option. Child Protection will seek to gain cooperation from one or both parents to provide the child with safety in the first instance.

⁶ Maternal alienation: mother blaming in abuse. Morris, A. Reprinted in *Domestic Violence: feminist approaches in the new millennium*. Conference Proceedings. September 1999.

⁷ Osofsy, J.D. and Fenichel, E. (Eds.) *Islands of Safety. Assessing and Treating Young Victims of Violence*. Zero to Three. Washington, DC. 1996.

⁸ *Effective Intervention in Woman Battering and Child Maltreatment Cases: Guidelines for Policy and Practice*. The National Council of Juvenile and Family Court Judges. Nevada 1999.

Key questions

What can family violence workers do to ensure that women they are working with understand the impact of family violence on their children?

How can Child Protection offer support for women within family violence situations, so that the women are better able to offer safety and protection to their children?

How can Child Protection and family violence services work better together, when a woman moves from her home to stay in a refuge in another region?

What role should family violence workers have in working with men who use violence?

Seeking cooperation may be perceived as coercive if the choice for the woman appears to be between taking the action Child Protection believes will ensure the child's safety, or having a protection application issued. Women may feel they have a false choice if they are told by Child Protection to leave the home where the perpetrator is, to apply for an intervention order restricting the perpetrator's access to the child, or to enter a refuge.

As Child Protection workers believe that it is in the child's best interest to be in the care of their primary caregiver rather than an out-of-home care arrangement, they may put pressure on a woman to act protectively. This pressure may be a source of disagreement between the mother and the Child Protection worker and subsequently family violence services with whom the mother is working. However, if it can be clearly explained that the assessment of the child's safety requires immediate protection from the perpetrator, and that the mother's cooperation with this immediate safety plan is essential, and that the situation can be reassessed once immediate safety for the child is established, then Child Protection may be more successful in seeking the true cooperation of the child's mother.

Family violence services

The family violence service system has been built upon a broadly feminist framework, focusing on client empowerment. A critical aspect of service delivery is therefore the voluntary nature of women's involvement.

Family violence workers aim to assist women with support, care, information and advocacy to maximise their opportunities for positive and lasting change. They do not aim to coerce women into particular choices or actions, or make decisions for them.

Women are free to leave refuge accommodation, or to disengage from a support relationship with a family violence worker at any time. Family violence workers generally make this explicitly clear with clients as part of any intake and case management process.

Often a woman's abusive partner may have used the threat of removal of her children by authorities as one element within a repertoire of controlling behaviour. If the woman finds that similar scenarios arise for her following intervention by Victoria Police and Child Protection in response to family violence, her perception of the services to which she and her children are subsequently referred may be affected.

The dynamic that arises when a woman reluctantly accepts a referral made on behalf of herself and her children to outreach services or refuge accommodation may fundamentally contradict the philosophy and case management principles of the family violence service, and undermine the potential for client engagement.

Further complications may arise if a woman identifies family violence services as being somehow part of the statutory system, rather than a service system with which she may voluntarily engage to gain supportive assistance.

Key questions:

In what ways do the differing philosophical positions of family violence and Child Protection services create barriers to full collaboration?

How can Child Protection workers support the empowerment of women?

How can family violence services ensure the safety of children?

What approaches are required to ensure both sets of goals are consistent?

In the majority of circumstances men are the perpetrators of violence within the family and it is critical that they are held accountable for their behaviour. It is important to reinforce that women and children are not responsible for the violence, as children often blame themselves or their mother for the violence and disruption to their lives.

Client's beliefs can be difficult to address or dispel, and this can create tensions where close collaboration is necessary between programs. It may give rise to complex dynamics that family violence workers must negotiate in order to work in an empowering way with their client. Family violence workers report that they themselves can become the targets of violence and abuse from a client who does not want their intervention.

However, the seemingly coerced referral of a woman and her children to a refuge or outreach support can sometimes result in positive outcomes. Empowering work can often emerge through the establishment of good communication, trust and clear boundaries around the expectations of the client and the role of the service.

3.3 Working with men⁹

Child Protection

For Child Protection workers assessing the impact of family violence on a child, working with the man who perpetrated the violence may be difficult and confronting. Workers may avoid contact with such men, possibly due to fears for their own safety. Men who use violence within their family can be adept at skilful evasion of contact with workers. As a result, the man becomes 'invisible' and the focus of the Child Protection intervention turns to the mother.

Child Protection can work with men who use violence by:

- Ensuring that the Child Protection investigation fully assesses the impact of his violence on the safety and wellbeing of the children in his care.
- Taking all possible steps to meet face-to-face with the man in a safe location.
- Explaining the impact of violence on the children and young people in his care and assessing his beliefs about the impact.
- Assisting him to seek professional intervention, either through an experienced family violence counsellor or men's behaviour change program.
- Ensuring that the man is involved with, and kept informed of, Child Protection's actions and the reasons for them.
- Involving police when appropriate.

Case planning principles outlined in the *CYPA 1989* require Child Protection workers to seek the views and the participation of both parents in the case planning process. This does not mean that both parents have to be present at meetings. In many circumstances, it may be more appropriate to hold separate meetings. However the case planning process occurs, both caregivers will be clearly informed as to the assessed risks to their child and invited to work with Child Protection to develop strategies to reduce that risk.

⁹ The term 'perpetrator' is not used by men's behaviour change groups, on the grounds that participants may experience it as jargon or as blaming language with which they do not identify. While some workers may feel such language is justifiable, it may be counter-productive to the aim of assisting men to take responsibility for their violence. Instead, the term 'men who use violence against family members' is generally used in this context.

Key questions:

- *How can Child Protection and family violence workers ensure women and children are kept safe, that men's violent behaviour is confronted and support for change is provided?*

Key questions

What strategies can Child Protection and family violence workers use to ensure that men who use violence understand the potential risks they place their children at?

What are the dilemmas in directly confronting men who deny that they use violence?

What are some strategies both Child Protection and family violence workers might use to assist men to change their violent behaviour?

When is it appropriate to instigate criminal or civil action in relation to men who use violence?

When should Child Protection consider referral to men's behaviour change programs?

Child Protection workers will consider the man's capacity for future violence as one component of their overall risk assessment. While a Child Protection worker may refer a perpetrator to a men's behaviour change program, they will be aware that involvement in such a program does not, in itself, ensure the safety of a man's partner or children. Participation in a behaviour change program will be assessed against the range of presenting factors that make up the overall risk assessment. Predictability of future violence is difficult to assess, given the nature of family violence, its frequent intersection with men's use of violence in other realms, and the incremental nature of change.

Family violence services

In Victoria, a range of programs is available to address male violence. The Men's Referral Service can assist men who want to change their behaviour by referring them to an appropriate service. The peak body that represents many of these services and operates the Men's Referral Service is called 'No To Violence' (NTV).

Men's behaviour change program leaders are not able to provide post-attendance assessments of program participants. Generally they will only be able to confirm attendance and make general comments as to the participant's commitment to the group, its processes and course content.

While family violence services for women do not work with male perpetrators of violence, increasingly the Family Violence sector is engaging with men's behaviour change programs

in response to requests from female partners for additional options to address their partner's violence. Referral links and even co-facilitation of Men's Behaviour Change Groups by Family Violence workers are examples of how the service system is broadening to co-ordinate holistic responses to family violence.

3.4 Working with indigenous families

One factor that has kept family violence thriving in our communities is other people's attitudes, attitudes that say, 'It's OK to bash', or 'It's blackfella's way', Family violence is not our way! (Sam, 1992).

Family violence is an issue of serious concern to indigenous families and communities in Victoria and throughout Australia. It is also recognised that family violence is adversely affecting the social and emotional wellbeing of indigenous people, families and communities.

Indigenous definitions of the nature and forms of family violence are broader and more encompassing than those used in the mainstream.

Whereas family violence is generally seen as an issue focused around abuse in spousal relationships, in an indigenous community context, family violence includes a wide range of physical, emotional, sexual, social, spiritual, cultural and economic abuses that can occur within families, extended families, kinship networks and communities. It extends to one-on-one fighting (same gender) as well as self-harm, injury and suicide. Family violence also includes elements of

what the mainstream refers to as ‘elder abuse’ and ‘child abuse’.¹⁰ Indigenous family violence encompasses a range of acts that are criminal under offences under the *Crimes Act 1958*, as well as non-criminal acts such as emotional abuse.

From an indigenous perspective, the causes of family violence are located in the history and impact of white settlement and the structural violence of race relations since then. These factors include:

- dispossession of land and traditional culture
- breakdown of community kinship systems and Aboriginal law
- racism and vilification
- economic exclusion and entrenched poverty
- alcohol and drug abuse
- the effects of institutionalism and child removal policies
- inherited grief and trauma
- loss of traditional Aboriginal male roles and status.

All of these factors are seen as contributing to the high levels of distress within indigenous communities, which are often demonstrated through destructive behaviours such as substance abuse, self-harm and violence.

Mainstream models which are premised on inequality within a spousal relationship and which give rise to a limited service response of refuges and criminal sanctions do not fully address the complex fundamental causes of violence in indigenous communities. In response to the unique historical context in which indigenous family violence occurs, Indigenous communities have called for a holistic approach to family violence that addresses the legacy of the past and seeks to heal individuals, families and communities.

There is widespread recognition that solutions to family violence lie within indigenous communities themselves and that an indigenous-led strategy is required for the development of an appropriate and effective response.

Within this context, government is seen as having a role in supporting, empowering and enabling communities to examine these issues and develop solutions appropriate to local conditions and needs.¹¹

¹⁰ It is noted that child abuse is defined in Victorian legislation by the *Children and Young Persons Act (1989)*, that the Department of Human Services has legislative responsibility for receiving and investigating notifications (reports) of child abuse, and where that abuse is substantiated, providing an appropriate response, which may include working with community-based organisations, including specialist Koori services. The department will continue to have responsibility for these activities and is currently developing policies to better respond to the incidence of child abuse within indigenous communities.

¹¹ (From: Framework for the Development of The Victorian Indigenous Family Violence Strategy—a joint initiative of Aboriginal Affairs Victoria, Department of Natural Resources and Energy and the Department of Human Services.

Given past personal and social histories, some indigenous people may be very wary of mainstream welfare services. In these cases, contact with an indigenous worker from a related service may ease this distrust and help them to feel supported.

Culturally appropriate responses

‘Every Aboriginal child has the right to have their cultural needs addressed’ (Department of Human Services, 1994). One important way to achieve this is to endeavour to provide or consult with culturally relevant services. Services should be aware of the existence and role of indigenous services in their region.

There should be an awareness and respect for cultural differences, but these should not be interpreted as a reason for family violence. In an attempt to avoid the historically high levels of intervention by child welfare authorities, there may also be a tendency when working with indigenous families to accept a higher level of violence as normal for those families.

Family violence and child abuse are not a traditional part of indigenous culture. These behaviours are not any more acceptable to the majority of indigenous people than they are to general society.

Cultural sensitivity is necessary when working with indigenous families in order to facilitate good practice. Indigenous children and their families are a distinct group of clients, requiring sensitivity in relation to the practice and procedures of professionals intervening in their lives. Workers should note that:

- Indigenous people may not wish to discuss sensitive issues at the beginning of the conversation, but require a ‘lead-in’ time of lighter topics (it can be argued that this would be the case for all clients).
- Extended family is equally as important to indigenous children as their nuclear family.
- Indigenous families who are isolated from their extended family network are especially vulnerable, as they do not have the support and resources that the extended family provides.
- Some indigenous people may feel uncomfortable with direct eye contact.

VACCA and local indigenous services are best placed to advise on indigenous child wellbeing and development issues, the best way of addressing them and training staff. VACCA has released the *Aboriginal Resource and Cultural Guide – Resource for Staff Working with Aboriginal Children and their Families* (2001) that provides clear guidance on these issues.¹²

The principles of good practice when working with indigenous families are applicable to not only Child Protection and family violence services, but to all services that encounter indigenous children and young people in situations of family violence.

Key questions:

- *Who are the partners that can support Child Protection and family violence services to be more effective in working with Indigenous families?*
- *What is the role of cross-cultural training for workers in these fields?*

¹² Copies of the *Aboriginal Resource and Cultural Guide – Resource for Staff Working with Aboriginal Children and their Families* (2001) can be obtained by contacting VACCA on (03) 9471 1855 or at www.vacca.org

WORKING TOGETHER WITH ABORIGINAL SERVICES: GETTING IT RIGHT

Many Aboriginal communities' experience of government and other mainstream services has been negative. Contact has often reinforced feelings of powerlessness and sought to marginalise their interests.

Non-Aboriginal services need to be proactive in developing a healthy working relationship with Aboriginal services. Good working relationships would be characterised by such features as preparedness to accept difference, engaging in new ways of doing business, meeting at Aboriginal work sites and, when appropriate, showing respect by engaging in robust discussions rather than being either patronising or walking away. Developing such a good relationship will enable you to check out ideas or assumptions and problem solve together.

Aboriginal values reflect everything that has occurred in the past. They have evolved over thousands of years of traditional life and over two centuries of colonialism. Aboriginal people, to varying degrees, still live their lives in terms of caring, sharing, love of, and obligations to the land and a sense of belonging to each other. The accumulation of material possessions did not and does not play a pivotal part in Aboriginal lives.

Aboriginal history, culture and spiritual belief teach the history of Aboriginal Australia and form the basis of Aboriginal being.

Integral to improving collaborative practice with Department of Human Services, community service workers and organisations is to have knowledge of the different value systems of Aboriginal people.

(Salamone, C., in collaboration with Cadd, M., VACCA)

3.5 Working with culturally and linguistically diverse families

Child Protection

A high proportion of women and children using family violence services are from culturally and linguistically diverse (CALD) backgrounds. Often this is reflected in their lack of alternative support systems such as family or friends, financial resources or general orientation to society, that they may otherwise draw upon in times of personal crisis. This group is therefore highly vulnerable in family violence scenarios, particularly when they are simultaneously involved with Child Protection.

As recognised in the principles of this Guide, *"a person's experience of family violence, and their understanding of service system responses, may be profoundly influenced by their culture"*. A cornerstone of cultural sensitivity is simply expecting and respecting difference, and pausing to consider culture and its influence on clients, our service systems, and ourselves.

For many women from CALD backgrounds the notion of a statutory Child Protection system is completely alien. Many clients from CALD backgrounds have a justifiable fear and mistrust of authority figures or institutions. It is important to provide interpreters to translate the concepts involved in family violence and Child Protection, the law and social expectations of this country, any statutory requirements and consequences, and the rights and options of women and children

experiencing family violence.

Explanations may be necessary on several different occasions, and workers should actively check with the client for comprehension by requesting the client relate back what they understand of the information given.

Child rearing is seen as a shared responsibility in many cultures; an extended family issue rather than the exclusive domain of the immediate parents. For women of many cultures, partnering and marriage means assimilation into their husband's extended family and their wider authority, sometimes causing disenfranchisement of the mother's parenting role. Some younger women, particularly the newly arrived, may struggle to parent alone without the support and guidance an extended family can provide. This is despite the violence that may have characterised the family from which they have escaped.

Cultural support is also central to working effectively with women, and can further ensure the protection of children in family violence scenarios. Workers from a woman's own or related cultural background can assist the client and mainstream workers to bridge the gap of understanding, avoid misinterpretation of parenting practices, and enrich communication.

The central resource providing cultural and linguistic support for women and children in the family violence service system is the statewide **Immigrant Women's Domestic Violence Service (IWDVS)**. An IWDVS worker should be introduced to clients using family violence services as a matter of course

Women and children from CALD backgrounds are a highly diverse group, with different cultural origins, journeys to this country, and stages of settlement and orientation. Different approaches will be necessary and appropriate in working with women and children who are newly arrived, refugees, longer established migrants and even Australian-born women of CALD backgrounds.

Key questions:

What are the resources and supports that family violence and Child Protection workers can draw from to assist with culturally and linguistically diverse communities?

Key questions:

- *What are the communication issues for Child Protection and family violence services in working with complex clients?*
- *What are the ways that family violence services and Child Protection workers can ensure that they work collaboratively when a family is involved with a range of service providers?*

early in case management. This enables the client to assess for herself the role and relevance of IWDVS' services to her and her children, and allows appropriate support to be provided in a timely fashion if required. Among a range of services, IWDVS can offer co-case management to mainstream family violence workers, and liaison with Child Protection, providing crucial support in a cultural context to the client family.

3.6 Complex families

Families experiencing violence may have other serious issues as well. Homelessness, substance abuse, unemployment, mental health and language or cultural barriers may also be present. Comprehensive risk assessment is very important in order to clearly identify all potential issues of vulnerability and risk.

Ongoing case management with these families will usually require collaboration across a number of service systems. For Child Protection, case conferences and case plan meetings become invaluable tools in the development of a comprehensive case plan.

Family violence services can take on an important role in linking women and their children to services that may assist in meeting the needs of the family. The voluntary nature of the relationship between women and family violence service providers places them in an ideal position to work positively with the family to bring about sustained change.

Family violence services work with women and their children across a range of issues impacting on the client. When coordinating practical assistance for the client relating to issues such as family law and custody, immigration or applications for housing, family violence workers must sometimes obtain letters of support from other services involved with the family. Accordingly, letters outlining protective concerns and broader client issues may be requested of Child Protection workers by family violence services.

It is important that such requests are responded to in the interests of addressing client needs in a holistic manner that achieves positive and lasting outcomes for these families.

4. Systems issues

This chapter considers some of the systems issues that need to be addressed, including:

- case management
- consultation
- safety
- information sharing
- working cross-regionally.

4.1 Case management

Common characteristics of case management include:

- case finding and referral
- assessment and selection
- care planning and service coordination
- monitoring
- case closure.

The case management process aims to ensure that the family receives the best possible treatment and support through the identification of needs, planning individual goals and strategies and linking to appropriate services to meet these needs. Case management may include the worker undertaking a range of casework activities. In relation to Child Protection, while case management includes planning and coordination functions, these are not useful if they do not also include direct service delivery capabilities (Department of Human Services 2000, p38). Case management works best when direct work is undertaken with children, young people and families to address issues that necessitate Child Protection and family violence services involvement (Department of Human Services 2000, p 35).

There are a variety of definitions and models of case management within child and family services. Where a child is subject to Child Protection intervention, Child Protection assumes a legislated responsibility for the management of risk in relation to the child's safety. However, it is recognised that other services may use a case management approach with client families. The case management approach adopted by family violence agencies will encompass the needs of the mother, as well as the child, in relation to many aspects of their wellbeing and safety.

All services involved with a family need to be mindful of each other's role and ensure that adequate communication mechanisms are established. To this end, it is important that family violence and Child Protection workers clarify their agency's role, boundaries and, in particular, the expectations of the other party. On a case-by-case basis, requests for assistance in managing the safety needs of a child or young person should be made absolutely explicit. Child Protection should not implicitly expect a family violence service to perform a case management task without prior negotiation and acceptance of this responsibility by the family violence service.

Child Protection is not able to delegate the responsibility of monitoring a child's safety, unless a case is specifically contracted to an agency via a signed contract agreement. Agencies can be contracted to provide all case management functions for children, except legal processes, or

Key questions:

- *What are the different understandings of case management across the various service systems?*
- *How can case management roles and processes be clarified?*

Key questions:

- *What are the formal and informal processes for communication and consultation between the regional Child Protection and family violence services in your region?*
- *How can communication and consultation be improved?*
- *In what ways can Child Protection ensure feedback to family violence services on specific cases?*
- *In what ways can family violence services ensure that they provide adequate information to Child Protection, to ensure that the safety and wellbeing needs of the child can be adequately investigated?*

they may be contracted to perform specific tasks only. Generally, case contracting occurs when children are placed out of their parents' care in agency managed residential or home-based care settings.

If monitoring the safety of the children is not formally agreed to by the family violence service, then Child Protection workers will visit the child in person, in order to continue their assessment and monitor their safety. The venue and time should be negotiated with the relevant worker within the family violence service.

4.2 Consultation

Child Protection and family violence services share the common aim of ending violence within families. Communication between the two sectors, at all levels, can enhance a sense of shared purpose and maintain valuable professional relationships to the benefit of clients.

As a matter of good practice, if family violence is a major risk factor for the child being assessed, Child Protection workers should invite family violence workers involved with the family to case conferences and case planning meetings. Family violence services have specialist knowledge of family violence—including its dimensions, stages, underlying dynamics, effective intervention techniques, and other issues arising from violence in the home. Family violence services can provide valuable insight and context regarding the dimensions of violence in the family's life, and share constructive and creative ways to integrate these sensitivities into case practice.

The question of secondary consultation regarding Child Protection is a vexed one, limited as it is by statutory requirements. Family violence workers sometimes express a desire to "check out" whether something they have noticed about a child constitutes a protective concern, and request secondary consultation with Child Protection to clarify whether or not something warrants making a notification.

Family violence workers wishing to discuss Child Protection concerns should contact regional intake workers and make a notification. Departmental guidelines do not allow for informal or secondary consultations in relation to a specific family's circumstances. However, in some regions, cross-sectoral forums or working groups such as Networks Through Innovation projects, meet regularly and provide a useful mechanism for general consultation on practice dilemmas. Forums such as these can help develop a good working knowledge of both sector operating frameworks, thereby fostering mutual understanding and practical skills.

4.3 Information sharing

Child Protection

When conducting an investigation into alleged concerns about a child or young person, Child Protection workers may make wide-ranging enquiries to develop a comprehensive overview of the child and its family. This information contributes to the overall risk assessment.

It should be explained to children and young people that if they provide information about risks to their own, or another's, safety, this information may need to be passed on to someone else. Reassure them, however, that they will be consulted as much as possible in relation to how, when and where the information will be passed on.

Information gathering may occur through telephone calls, face-to-face visits, case conferences or case planning meetings. Child Protection workers provide details of their assessments to other professionals on a strictly 'need to know' basis. In most circumstances, Child Protection workers will inform the family about such contacts.

Child Protection workers are not able to receive information 'off the record'. Family violence workers should be aware that the Child Protection worker might later use any information provided during the course of a conversation if it contributes to the child's safety.

In addition to the requirements to adhere to the information sharing guidelines contained in the Children and Young Person's Act 1989 and departmental procedures, Child Protection workers also must adhere to the Information Privacy Principles 1999.

Any information given to Child Protection may be recorded by the caseworker and become part of a formal report if it is relevant to the child's safety.

Court reports remain the property of the Court in which the matter is being heard. Child Protection workers may not give the court report to another professional without the permission of the Court. The Court will not provide such a report without the client's permission.

Family violence services

In family violence services, personal information and files are generally openly shared between the woman and her caseworker, subject to requirement of the Privacy Act. Services may, however, have internal policies governing the specific limits to confidentiality of client files pertaining to children, especially where protective concerns exist. For instance, a mother may not have automatic access to, or discretion to change, information kept about her children. Such issues should be clarified with the family violence child support worker if necessary.

4.4 Safety in family violence services

Women and children are particularly vulnerable to increased violence in the initial stages following separation. Perpetrator anger and violence is also frequently directed towards workers.

Most family violence services make provision for the unpredictable and volatile nature of family violence, with various security measures and practices designed to protect clients and workers. It is important for other services to understand and respect the necessity for such measures and to work cooperatively with the service.

The emphasis on secrecy of address and physical safety means that Child Protection workers who are involved with refuge clients should not expect to gain access to the woman's temporary place of residence in order to monitor or supervise the family. It may not be possible for Child Protection workers to attend the refuge premises or to have

The Family and Domestic Violence Crisis Protection Framework.

Many family violence services provide a mix of security models, and all services are working collaboratively to increase the range of service models, through the implementation of the Family and Domestic Violence Crisis Protection Framework (Department of Human Services, February 2002). This framework provides direction for future service delivery and enhancement of comprehensive and flexible crisis protection responses to women with and without children, who experience family violence. A move to area-based service responses is proposed as one of a number of enhancements that will provide a greater range of safe accommodation options that minimise the degree of dislocation for women and children where it is safe to do so.

Key questions:

- *What can Child Protection do to assist with maintaining safety in family violence services?*
- *How can Child Protection and family violence services ensure a knowledge of and respect for each others' specific case management requirements?*
- *What can family violence services do to ensure that Child Protection workers receive adequate information to complete their risk assessment when the child and mother are in a secure refuge?*
- *When exchanging information, how can regional family violence services and Child Protection ensure that this process is clearly articulated and transparent?*
- *When families move out of the DHS region which accepted the notification for investigation and assessment, how can both service systems work cooperatively to ensure that the family is not 'lost'?*

access to a direct phone number. Most refuges work via a pager or mobile phone to provide access to residents and workers.

Family violence refuges providing high security accommodation usually institute safety procedures including:

- placing women and their children in a refuge well away from their immediate neighbourhood
- having women cease work, to minimise the risk of being followed and located by the perpetrator.

Women who decide to contact their partner for reconciliation sometimes compromise security of address while in refuge. The likelihood of this happening may be higher if a woman has entered a refuge feeling coerced. Therefore, high security refuges may not be an appropriate option for women who have not yet reached a point where they are ready and willing to end their relationship with their violent partner.

4.5 Cross-regional collaboration

Women escaping family violence often need to go into hiding from their violent partner. The refuge system can facilitate this by referring families to a secure refuge in a safe area. However, Child Protection workers occasionally report 'losing' their clients after referral to high security refuges. Conversely, some refuge workers report having to 'track down' the relevant Child Protection worker, after intake of a new client family into refuge. Added difficulties can arise when women and their children have existing involvement

with Child Protection in one region, but are accommodated in a refuge in another region.

It is crucial that clear communication is maintained between all parties, to preserve important connections throughout the referral and placement process. Regular liaison between Child Protection workers and the Women's Domestic Violence Crisis Service (WDVCS) should be maintained to ensure that clients are not 'lost'.

Family violence workers should clarify what part of Victoria the family has come from and ring the corresponding regional Child Protection office (see Appendix A3 'Resources and Contacts'). Transfer of case management responsibilities to a new region can take some time. However, during this period the respective regional offices will negotiate responsibilities for the ongoing monitoring of a child's safety.

WDVCS protects women's privacy and safety by not acknowledging residents' existence within refuge or taking messages for them, unless callers are individuals specifically nominated by each woman and held on record by WDVCS.

It is, therefore, important to avoid confusion by establishing early on the appropriate procedures and means of contact with the client and her refuge worker.

5. Child Protection: roles and responsibilities

5.1 Child Protection in Victoria

The Child Protection system both reflects and shapes community values and expectations. As such, each part of the Child Protection system—families, the general community, community agencies, professionals working with children, police and government—has a significant role to play in ensuring that children are kept safe and well.

The legislation that empowers Victorian Child Protection workers to protect children and young people is the Children and Young Person's Act 1989. The principles upon which the Act is based are clearly defined in section 119 of the Act.

Contemporary government policies emphasise early intervention and acknowledge the role the broader service system has in contributing to the protection of children from abuse. This has led to a strengthening of the secondary service sector, and means that the role of Child Protection is a clearly targeted one.¹³

The role of Child Protection

Within the service continuum, Child Protection has a particular role prescribed by the *Children and Young Persons Act 1989*. Child Protection investigates notifications when it is assessed at Intake that the child or young person is at risk of significant

harm. This service only comes into play when services in the primary and secondary system are unable to ensure voluntarily the safety and welfare of the child, in collaboration with the family.

Child Protection provides child-centred, family-focused services to protect children and young people from significant harm as a result of abuse or neglect within the family unit. It also ensures that children and young people receive services to deal with the impact of abuse and neglect on their wellbeing and development.

Child Protection is guided by the principle that the child's safety and wellbeing is of paramount consideration and that the best protection for children is usually within the family.

The functions of Child Protection are to:

- receive notifications from people who believe, on reasonable grounds, that a child is in need of protection (36,966 notifications were made in 2000–01)
- provide a response to people who report such concerns
- investigate matters where it is believed that a child is at risk of significant harm (13,211 investigations occurred in 2000–01)
- refer children and families to services that assist in providing for the ongoing safety and wellbeing of children

- take matters before the Children's Court if the child's safety cannot be assured within the family (2,199 Protection Applications were applied for in 2000–01)
- Supervise children on legal orders granted by the Children's Court (4,975 at end of June 2002).

5.2 Defining and identifying child abuse

Abuse, neglect and maltreatment are generic terms used to describe situations where a child might need protection.

Child abuse or neglect is an act or omission by an adult that endangers or impairs a child's physical or emotional health and development. Child Protection also use the term 'harm' as well as 'abuse' as it helps to focus on the **effects** on the child, rather than the **actions** of the adults. This distinction becomes important when assessing the child's ongoing safety and wellbeing and the parents' capacity to protect the child.

The *Children and Young Persons Act 1989*, section 63, provides the legal definition of a child in need of protection. Interpretation of the parent's capacity and willingness to 'protect' is made with regard to the degree of community support and services available to assist the parent in this responsibility.

¹³ Note: This information has largely been derived from *Safe from Harm*, a professional development kit produced to assist professionals in protecting children and young people.

For the purpose of this Act, a child is in need of protection if any of the following grounds exist:

1. The child has been abandoned by their parent and after reasonable inquiries:
 - a) The parents can not be found; and
 - b) No other suitable person can be found who is willing and able to care for the child.
2. The child's parents are dead or incapacitated and there is no other suitable person willing or able to care for the child.
3. The child has suffered or is likely to suffer, significant harm as a result of physical injury and the child's parents have not protected, or are unlikely to protect, the child from harm of that type.
4. The child has suffered or is likely to suffer, significant harm as a result of sexual abuse and the child's parents have not protected, or are unlikely to protect, the child from harm of that type.
5. The child has suffered or is likely to suffer, emotional or psychological harm of such a kind that the child's emotional and intellectual development is, or is likely to be, significantly damaged and the child's parents have not protected, or are unlikely to protect, the child from harm of that type.
6. The child's physical development or health has been, or is likely to be, significantly harmed and the

child's parents have not provided, arranged or allowed the provision of, or are unlikely to provide, arrange or allow the provision of, basic care or effective medical, surgical or other remedial care.

It is useful for professionals to have some understanding of how 'significant harm' is defined by Child Protection, which may help them to make a judgement on when to notify.

A useful definition is provided by Bentovim (1991) cited in Daniel, Wassell and Gillian (1999): 'Significant harm is a compilation of events, both acute and long standing, which interact with the child's ongoing development, and interrupt, alter or impair physical and psychological development'.

5.3 Indicators of harm

People working with children and young people can help to prevent harm to a child by being open to noticing the signs or indicators of harm, and then taking appropriate action early. It is necessary to be attentive to:

Physical signs of physical, sexual or emotional abuse or neglect.

Behavioural signs of physical, sexual or emotional abuse or neglect.

Disclosures by the child or young person.

Physical and behavioural signs

There are both physical and behavioural signs or indicators that a child or young person is being abused or neglected, or is at risk. These signs can be observed, inferred from evidence, or disclosed by the child or young person.

Child Protection will take the following factors into account when assessing the degree of harm:

- *The degree of severity of the situation.*
- *The risk of harm to the child.*
- *The capability and willingness of the parents to protect the child from harm.*

Some indicators, especially behavioural ones, may be the result of problems other than abuse and neglect, such as being a witness to a traumatic event or having a particular health problem, and will require action such as contacting other relevant organisations or professionals (see Appendix A5).

Ultimately, it is the role of the Child Protection worker to undertake the risk assessment based on the information gathered from a notifier and determine whether significant harm exists.

Gathering information

Each situation will be different, requiring different responses. Some situations may well require several types of responses to be undertaken simultaneously. When trying to identify the most effective response to ensure the child’s safety and wellbeing, it is very likely that it will be necessary to gather information and facts.

Table 1.2 provides a summary of the indicators of harm. These are also referred to as warning signs, as they can signal to professionals that they need to take notice and consider what might be causing these physical or behavioural characteristics.

Child sexual abuse is difficult to detect because of the secrecy that surrounds it. The most common way sexual abuse is identified in the older child is through self-disclosure.

For the younger child or infant, physical indicators of sexual abuse are more commonly identified through a medical examination, or through observations when changing nappies or underwear.

Table 1.2 Summary of the indicators of harm

Physical abuse

Physical indicators:

- bruises
- burns
- scalds
- welts
- internal injuries
- shaking injuries
- strangulation.

Behavioural indicators:

- wary of physical contact with adults
- frightened of parent
- expresses little or no emotion when hurt
- unduly compliant, shy, withdrawn, passive, uncommunicative
- offers unlikely explanation for injuries
- nervous, aggressive, disruptive.

Sexual abuse

Physical indicators:

- injury to genital or rectal area—bleeding or bruising
- discomfort in urinating or defecating
- frequent urinary tract infections
- vaginal or anal bleeding or discharge
- sexually transmitted diseases
- pregnancy, especially in very young adolescents.

Behavioural indicators:

- child tells of abuse
- persistent and age-inappropriate sexual activity
- regressive behaviour—bed-wetting, speech loss
- delinquent or aggressive behaviour
- self-injurious behaviour—alcohol abuse, self-mutilation, suicide attempts, prostitution
- shows signs of depression.

Emotional abuse

Physical indicators:

The child or young person is:

- treated as a scapegoat
- emotionally rejected
- isolated
- verbally abused continually
- devalued
- exposed to family violence.

Behavioural indicators:

- compliant, passive, undemanding
- low self-esteem
- demanding, aggressive and angry
- antisocial and destructive
- depressed and suicidal
- attention seeking.

Physical neglect

Physical indicators:

The child/young person is not provided with:

- a safe environment
- food
- clothing
- shelter
- recommended/required medical care.

Neglect includes abandonment, rejection or forced eviction from home.

Behavioural indicators:

- indiscriminate with affection
- constantly miserable and irritable
- alienated from peers, withdrawn, pale, listless
- begs for food
- engages in delinquent acts
- poor social skills.

(From: *Safe from Harm*, Department of Human Services, 2001).

5.4 Consequences of harm

Children who are harmed through abuse and neglect are denied their basic right to a safe and secure childhood. All forms of abuse are likely to result in emotional problems for the child, in particular, a lack of self-esteem and a mistrust of adults.

The longer the abuse goes on, the more serious are the effects. Abused and neglected children are more likely than others to be self-destructive or aggressive, to abuse drugs and alcohol or become young offenders or ‘street kids’.

Sometimes abuse and neglect may result in permanent physical damage, and, in the most extreme cases, death of the child.

Treatment and counselling services for children who have been harmed can help in working through the trauma and in reducing the effects of abuse. The most serious effects are likely when no one takes action to stop the abuse or neglect and to protect the child.

5.5 Acting upon child abuse concerns

In terms of minimising the costs of harm to children and young people, it is far more effective to intervene at an early stage. Responding to concerns about the safety and wellbeing of a child or young person could mean implementing programs, engaging relevant services or reporting to Child Protection.

Children are vulnerable and dependent on adult care. They are usually powerless to stop abuse and need

adult assistance to intervene. It is important to remember that abusive and neglectful behaviour on the part of parents is not irreversible. There is substantial evidence that early intervention to improve parenting skills does work, especially if the underlying causes can be addressed.

Any person has the capacity to abuse and neglect a child if the circumstances are adverse and stressful, and especially if there are no models of positive, non-violent parenting available. When women are being abused or assaulted by their partner, their capacity to protect their children from physical or emotional harm is likely to be diminished.

Making a professional judgement

There are many different ways to respond actively to concerns: it is necessary to make a **professional judgement** of the available information to ensure that the response is appropriate to the situation.

The first step in ensuring the safety and wellbeing of children is to **put the child’s needs first**. In family violence situations, try to imagine the child’s experience of the adult-to-adult conflict. Consider whether the child is also being directly abused or neglected, as well as being in a home where family violence is occurring.

There are no clear-cut, black and white rules about how to respond appropriately, as every situation is different. The professional involved must be aware that observations can be influenced by beliefs and emotions.

Careful observations will need to be made and, ultimately, a professional judgement will be formed, based on:

- awareness of the high rates of co-occurrence of family violence and child abuse
- any warning signs of harm or potential harm observed or inferred from information (see Table 1.2 Summary of the indicators of harm)
- knowledge of child and adolescent development
- knowledge of any support currently being received by the family
- consultation with colleagues and professionals, who can help in forming a judgement about the situation or event
- a person’s professional obligations and duty of care responsibilities
- the protocol/processes of the professional’s employer/organisation
- mandatory reporting requirements.

Remember that making a decision regarding action may not be a one-off event. It may be necessary to make a series of decisions, based on the continuous monitoring of a situation that causes concern.

For example, a person may observe certain warning signs in a child’s behaviour, but decide there is no need for reporting to Child Protection. Then, at a later date, they might be confronted by more information, such as a crisis event, that tips the balance in favour of making a notification to Child Protection.

Responding to concerns about safety and wellbeing

Step 1: Responding to concerns

You may be concerned about a child because you have:

- received a disclosure from a child
- or
- you have observed warning signs (see Appendix I).

If the concerns are regarding serious physical injury or sexual abuse:

ThenGo to Step 5

OtherwiseGo to Step 2

Step 2: Gathering information

You need to consider doing some or all of the following:

- record your observations
- consult notes/records
- consult with colleagues
- follow organisational protocol
- speak with the child, if appropriate
- speak with the child, if appropriate
- consult with other support agencies
- attend or call a case meeting.

Are you wondering if your concerns need to be reported to Child Protection?

NoContinue to monitor and support child.

YesGo to Step 3

Step 3: Forming a belief

Ask yourself:

- Am I more likely to believe there is significant harm for the child or less likely to believe there is significant harm for the child?

Less *If your answer is this, you are less likely to believe there is significant harm, continue to monitor and support child (as in Step 2)*

More *If your answer is this, you are more likely to believe there is significant harm*
Go to Step 4

Step 4: Contacting other services

Ask yourself:

- Are there services involved that are supporting the child and family?
- Am I able to discuss my concerns with the service providers?

Yes *If after your discussions, you are satisfied that the services are addressing your concerns,*
 Continue to monitor and support the child as in Step 2

No or can't find outGo to Step 5

If you are in doubt about the child's safety and the parents' ability to protect the child
Go to Step 5

Step 5: Notifying Child Protection

See contact list for local office phone numbers in Appendix A3.

- notify regional Child Protection or After Hours Tel: 131 278
- allow at least 30 minutes for the call
- have notes ready with your observations and child and family details
- consider the level of immediate danger to child.

When you notify

The intake worker will ask you for certain information:

- the child or young person's name, age and address
- the reason for believing that the injury or behaviour is the result of abuse or neglect, or your reasons for believing a child is at risk of abuse or neglect
- an assessment of immediate danger to the child or children (information may be sought about the whereabouts of the alleged abuser/s)
- your knowledge of any pattern or history of harm to the child
- a description of the injury or behaviour observed
- the current whereabouts of the child or young person
- any other information about the family
- your relationship to the child
- specific cultural or other details that will help explain the needs of the child, for example Aboriginality, non-English speaking background or disability.

Ultimately, if someone is unsure whether they have reasonable grounds to notify, but have concerns about a child's safety, they should contact the local Child Protection office to discuss their concerns.

5.6 Notifying Child Protection

Section 64 of the Children and Young Persons Act, states that certain professionals must notify Child Protection when they have reasonable grounds to believe there is serious risk of harm **and** the parents cannot or will not protect the child or young person. The professionals are then legally obliged to notify Child Protection as soon as possible.

These professionals, known as mandated notifiers, are:

- primary and secondary school principals and teachers
- nurses
- doctors
- police.

Regardless of whether a person is required by law to notify of child abuse concerns or not, **everyone** in the community should take action to protect a child they are concerned about.

5.7 How to make a notification to Child Protection services

Contact your nearest Child Protection office and ask to speak to an intake worker. Contact numbers for all departmental Child Protection offices are included in Appendix A3.

Intake workers specialise in taking calls from people with child abuse concerns. All intake workers have access to computers that contain a statewide information database, commonly referred to as CASIS. The intake worker will talk you through the process of making a notification.

There is a crisis After Hours Child Protection Service (commonly referred to as AHS or just After Hours) that operates 24 hours and is toll-free (Tel: 131 278), if there is a need to notify after hours or at the weekend.

This service is a **crisis** service and if the matter is assessed as not warranting immediate action, it will be referred to the region in which the child lives, for follow up the next working day.

Child Protection deals with more than half of the notifications received, in ways other than direct investigation. Sometimes the calls are not matters that Child Protection is able to become involved in; sometimes there are supports or safety mechanisms in place that the caller was not aware of; at other times the caller is provided with advice and referral options.

Of the notifications that are directly investigated, approximately half again do not warrant an extended period of involvement by Child Protection. For example, services and supports may be put into place quickly enough to enable Child Protection to withdraw.

After a notifier has discussed their concerns, the prime issue for the intake worker, in consultation with a senior protective worker, will be to determine the urgency or immediacy of

the notification. This will include an assessment of the characteristics of the event, that is, how vulnerable the child is; how severe the event; the pattern and history of harm; whether there is someone present who can protect the child; and whether there is a history of violence and/or other known risk factors.

Child Protection prioritises the work that enters the service. Some regions, depending on their size, may receive more than 100 notifications per week, which are then prioritised in terms of the immediate safety of the child. Although some notifications require an immediate or urgent response, others can be responded to in a planned and flexible way. For example, at times unannounced visits are made to families, while at other times, families are telephoned and an appointment made to discuss reported concerns.

In cases where sexual or physical abuse has been alleged, the police will need to be involved in the investigation, and this also requires planning and timing.

5.8 After notification

After making a notification, the notifier's ongoing roles and responsibilities may include:

- acting as a support person in interviews with the child or young person or parent
- attending a case conference that could assist in determining the most appropriate investigation outcome
- participating in case planning meetings in relation to a child, young person or family

- liaising with other professionals and Child Protection workers in relation to a child or young person's wellbeing
- providing written reports for case planning meetings or court proceedings in relation to a child or young person's wellbeing or progress.

Case planning process

The case planning process begins with notification and includes all decisions made by a Child Protection worker through investigation and intervention. Within the case planning process, key meetings are held at various decision-making points.

After a notification is made, Child Protection workers from a response team investigate the case. If the abuse is considered more than likely to have happened, it is described as being **substantiated**.

After a case is substantiated, a Child Protection worker may work with the family for up to three months without applying to the Children's Court.

If Child Protection does not seek a Protection Order through the Children's Court, a protective planning meeting is held one month from the commencement of the investigation. Commonly referred to as the 28-day protective planning meeting, its purpose is to determine what changes need to occur and what supports will be offered to the family. Child Protection can refer the family to specialist support programs that will work intensively with the family. Family members attend this meeting, as do other key people involved, including family violence workers.

In a small number of cases, a Protection Order from the Children's Court is sought, to allow Child Protection to continue to work with the family to reduce risk factors that affect the child's safety. Protection Orders from the Children's Court are sought in approximately 5 per cent of all notifications.

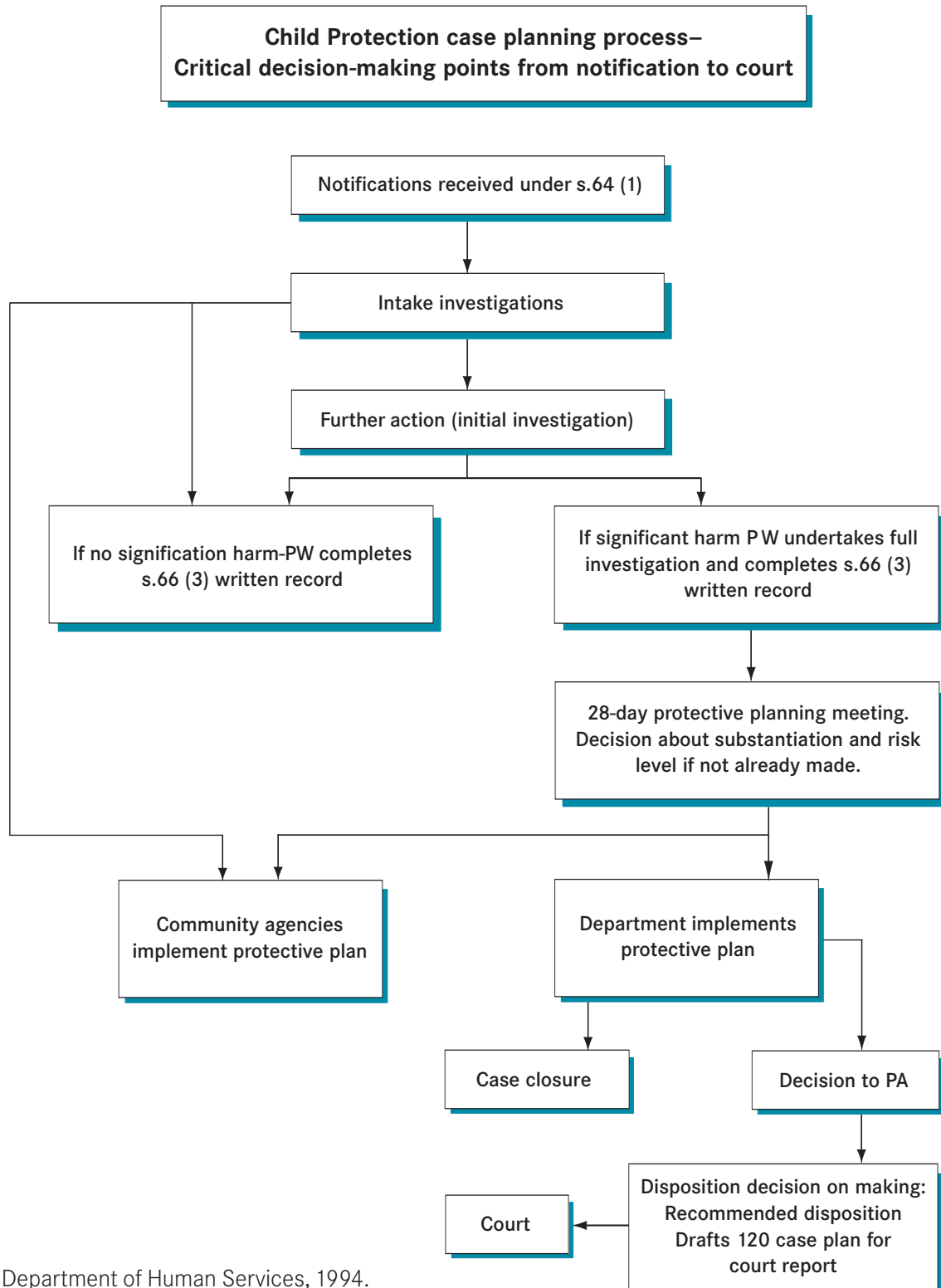
In applying for a Protection Order, the paramount consideration that the Children's Court must have regard to is the need to protect children from harm, to protect their rights and to promote their welfare. The Court may make the following range of Protection Orders:

- Undertaking
- Interim Protection Order
- Supervision Order (usually 12 months)
- Custody to Third Party Order
- Supervised Custody Order
- Custody to Secretary Order
- Guardianship to Secretary Order.

Under particular circumstances, the Court may also make Permanent Care Orders.

Post-court planning

Within six weeks of the Children's Court making a Protection Order, Child Protection must establish a case plan, based upon careful risk assessment undertaken by the Child Protection worker. The case plan must contain all significant decisions made by Child Protection concerning the present and future care and wellbeing of the child, including placement and access decisions. A meeting is usually held with the family, chaired by a case planning chairperson, to formalise a case plan.



6. Family violence services: roles and responsibilities

If there are issues of safety for any party, separate case planning meetings can be held. Case plan meetings should be held in a non-threatening venue for the parent(s).

The aim of the case plan is to:

- identify the key changes necessary to allow the child to live in a safe environment and to have their needs met
- identify the activities and tasks necessary to bring about changes identified in the case plan
- assign responsibility for activities and tasks
- ensure that intervention is targeted and tied to timelines.

Agencies involved in supporting the family may be invited to contribute to the case plan. Case plans are regularly reviewed to assess progress towards goals or to change goals.

Minutes are taken of all case planning meetings. The minutes should establish the role and responsibilities of Child Protection and other involved agencies. Should the recorded minutes contain inaccuracies, they should be sent back to the Department, with the inaccuracies noted.

In Victoria, the Department of Human Services funds family violence services through two separate divisions: Community Care, and Housing and Community Building.

Community Care Division has responsibility for funding and program management of the Family Violence Prevention and Support Program. Funded programs include:

- men’s behaviour change programs
- children’s support workers (individual and group programs)
- family violence networkers
- women’s support program
- after-hours family violence services.

The Office of Housing (OOH) funds a number of supported accommodation or outreach services and allied resource and referral agencies via the Supported Accommodation Assistance Program (SAAP). The aim of these programs is to assist people who are homeless or at imminent risk of homelessness to achieve the maximum possible degree of self-reliance and independence.

Programs funded by OOH to work with women and children affected by family violence include:

- Domestic violence outreach services
- Women’s refuges (incorporating children’s support workers)
- Immigrant Women’s Domestic Violence Service (IWDVS)
- Domestic Violence and Incest Resource Centre (DVIRC)
- Women’s Domestic Violence Crisis Service (WDVCS)

- Children in Homelessness Services Resource Positions
- Private Rental Brokerage

It should also be noted that generalist SAAP services also accommodate and work with many women and children experiencing family violence.

Individual agencies may variously use the terms ‘family violence’ or ‘domestic violence’ services to describe their programs.

6.1 Family violence outreach services

Family violence outreach services are located throughout Victoria. These services have evolved in acknowledgment of the fact that women experiencing family violence may be in many and varied accommodation settings, including their own homes, and require specialist support, information and referral around issues of family violence. This may be particularly true for women who are attempting to deal with family violence while choosing to remain within their current relationship.

Services provided by family violence outreach

Family and domestic violence outreach workers support individuals by providing information about the range of resources and options available to enable women to negotiate or re-establish their lives.

They assist women and children within a client-driven case management framework and are skilled in providing support, advocacy and referral across an extremely wide range of issues, such as:

- income support
- legal and immigration issues
- housing
- child care and parenting
- health
- material aid
- emotional support
- group work
- financial counselling.

Outreach services can also provide client assessments, direct referral to appropriate services, specialist information to other service providers regarding family violence and community education initiatives.

Some family violence outreach services provide or refer to complementary programs, such as support groups designed to combat women's isolation and to establish and maintain their support networks during or after family violence.

A number of family violence outreach services employ specialist children's support workers to address the impact of violence in the home upon children in the family. Outreach services may also have access to a range of emergency, crisis or transitional accommodation, and may have referral links with women's refuges.

Eligibility for family violence outreach services

Individuals experiencing issues with family violence may access domestic violence outreach services on a repeat and ongoing basis as required, for information, support and referral. A worker will respond and assess on a case-by-case basis as to whether a

woman requires more in-depth case management with a dedicated support worker.

Referrals to outreach

Family violence outreach services are generally located in discreet settings or co-located with a suite of other allied services, to allow clients to preserve confidentiality when attending. (See Appendix A3 for contact details.)

Some services maintain confidentiality of address, insisting upon initial phone contact and assessment with the client, in order to preserve a higher level of safety and security for clients and workers alike.

Other outreach services advertise their address and encourage drop-in contact. Women are generally encouraged, and in some cases required, to self-refer to domestic violence outreach services, although workers may contact the service on behalf of their client to explore referral options and services provided.

6.2 Women's refuges

Central to the family violence accommodation sector is a network of 27 separately operated SAAP funded women's refuges located across the state, providing safe accommodation for women and children escaping family violence.

Refuges maintain confidential addresses and medium or high security which may be characterised by a range of measures intended to preserve safety for clients and workers, particularly in scenarios of extreme violence and the likelihood of pursuit and tracking by the violent partner.

A woman does not need to leave her relationship, home or local area in order to gain assistance from domestic violence outreach services.

The Women's Domestic Violence Crisis Service (WDVCS) is the central referral agency into refuges, except where local arrangements exist. WDVCS may assist women at high risk of danger into a refuge well away from their point of origin. Therefore, where it is not possible or appropriate to gain referral into a refuge in the client's local area, dislocation from local services, networks, family, friends and other support may occur. This may also affect the continuity of Child Protection client case management. Such issues should be considered as part of the referral process.

Services provided

Each refuge provides supported accommodation in a graduated range of settings, from fully staffed communal care facilities (often in suburban houses), to unstaffed 'three-quarter way' houses and transitional properties. Support levels become less intensive as service users progress towards the goal of independent living.

A small number of refuges maintain a primary focus on service provision to certain target groups, such as indigenous women or those from culturally and linguistically diverse (CALD) backgrounds, although women from those client groups are, of course, able to access refuge vacancies across the board.

Refuge workers assist women and children within a client driven case management framework and are skilled in providing practical support, advocacy or referral across an extremely wide range of issues such as:

- income support
- legal issues and court support
- housing information and applications
- child care and parenting information
- health
- material aid
- emotional support
- financial counselling
- immigration.

In each refuge, a specialist children's support worker coordinates support plans for children who are residents of the refuge. This may include supporting the mother in her parenting role, providing information and resources to mothers and children on coping and recovery strategies, school liaison, supporting the child through any legal or protective processes, attending Child Protection case planning meetings to advocate on behalf of the child and making appropriate referrals.

Child support workers also have a role in providing informal counselling and support to children, assisting them to make sense of their experiences, debrief and realise the violence is not their fault.

Many refuges employ bilingual and bicultural workers and can cater for special dietary, cultural or religious needs. Bilingual and bicultural workers from the Immigrant Women's Domestic Violence Service (IWDVS) are available to provide ongoing cultural and linguistic support to women of CALD backgrounds and joint case management with generalist refuge workers.

Eligibility for refuge

Each refuge maintains its own eligibility criteria, although broad eligibility applies to women and children escaping an immediate threat of family violence. Special provision may be possible to accommodate different family groupings or other special needs.

A woman may seek refuge accommodation on as many separate occasions as necessary, and this is indeed a crucial factor in many women's eventual progress over time to a life free from violence.

Referrals to refuge

An initial assessment of the woman's need and suitability for refuge accommodation or other option is made by WDVCS intake staff, after which they can coordinate an appropriate referral.

In some areas, particularly in rural and remote regions, direct referral to a local refuge may be possible. WDVCS or family violence networkers can assist workers to identify the most appropriate local pathway for clients who require refuge.

6.3 Women's Domestic Violence Crisis Service

The Women's Domestic Violence Crisis Service (WDVCS) is a statewide, non-government organisation providing 24-hour, seven-day-a-week telephone crisis counselling, referral, information, support and advocacy to women and children experiencing family violence.

It is not generally possible for a worker to make a referral to refuge on behalf of a client. Assessment procedures require that the woman herself speak to intake staff at WDVCS to identify her own situation, needs and wishes.

WDVCS is the central contact and referral point for crisis accommodation for such families, primarily into women's refuges across the State. WDVCS also operates an interim crisis accommodation facility for women and children not able to be placed immediately in a women's refuge. The contact numbers for this service are: (03) 9373 0123 or 1800 015 188.

Services provided

WDVCS provides 24-hour telephone information, counselling and referral to women experiencing family violence. Their contact telephone numbers are (03) 9373 0123 or 1800 015 188.

An initial assessment will be made by WDVCS regarding the woman's need and suitability for refuge accommodation. WDVCS contacts suitable refuges with vacancies and outlines the referral. Often, refuge staff will also speak directly to the woman. If the referral is accepted, transport to the refuge and other arrangements can be coordinated.

It may be necessary for a woman to be placed in interim crisis accommodation or explore other options until a suitable vacancy is found. WDVCS runs interim crisis accommodation and can access a range of other short-term options pending the family's move to refuge.

Eligibility for WDVCS

Broad eligibility applies to women and children escaping an immediate threat of family violence. WDVCS holds more specific information on each refuge service, including their criteria, and will provide assessment and referral to a suitable refuge vacancy accordingly.

Referrals to WDVCS

Referral and assessment procedures generally require that the woman herself speak to WDVCS intake staff regarding her situation. Phone interpreters can be arranged. The intake worker will discuss the woman's situation with her at length, in order to identify key issues and assess

necessary safety measures and appropriate accommodation options.

The crisis line can be extremely busy at times, so callers may need to keep trying until they get through. Access may be easier after hours. There is also a free-call number for women in rural areas.

Workers may contact WDVCS via their administration line for information on the service or to pass messages to women in refuge. The crisis line number should *not* be used for this purpose.

6.4 Immigrant Women's Domestic Violence Service

Services provided

The Immigrant Women's Domestic Violence Service (IWDVS) provides:

- joint case management with relevant family violence services and other relevant services in Victoria to support women and children experiencing family violence
- information, support and referral for women in crisis
- secondary consultations to service providers.

Wherever possible, IWDVS will work jointly with a relevant service, either a refuge or an outreach service, to provide joint case management for the target group.

IWDVS will broker services into the domestic violence service system and work in conjunction with these services to provide support to the clients.

Eligibility for IWDVS

The Immigrant Women's Domestic Violence Service (IWDVS) aims to create and improve affordable, accessible and effective options for women facing family violence, whose origins are from countries where English is not the first language, who are experiencing or escaping situations of domestic violence and who are residing in Victoria.

IWDVS provide culturally appropriate support for culturally and linguistically diverse women and children experiencing or escaping domestic violence. IWDVS works in conjunction with refuges and associated domestic violence services in supporting mutual clients. In most instances, IWDVS is also able to provide support to women in their language of choice. It is a free service.

Referrals to IWDVS

Referrals can be made to IWDVS by contacting the service on (03) 9898 3145. The family violence worker will normally organise for an IWDVS worker to be linked in with the client family, however women escaping family violence can access IWDVS directly on this number, as can workers from other service sectors such as Child Protection.

The duty worker at IWDVS will explain in detail the types of support provided by IWDVS staff. If the woman is assessed as eligible for IWDVS support, the duty worker will make an appointment with the relevant worker for assessment and ongoing support.

6.5 Domestic Violence and Incest Resource Centre

The Domestic Violence and Incest Resource Centre (DVIRC) is a statewide information and resource agency that provides secondary consultations, training, publications and a resource library (available by appointment) on issues pertaining to family and domestic violence and incest. DVIRC may be contacted by calling (03) 9486 9866.

6.6 Children in homelessness services resource positions

In 2001, funded positions were created under the Supported Accommodation Assistance Program in each of the nine Department of Human Services regions in recognition of the needs of accompanying children of clients who access homelessness services.

The development of this initiative has led to the establishment of a variety of models focusing on the needs of accompanying children, such as:

- resource workers to provide information, training and secondary consultation on children's issues to workers in homelessness services
- brokerage funds to purchase recreation programs or counselling resources for children in homelessness services
- worker positions providing direct service and therapeutic intervention to accompanying children.

Further information and contact details for each regional model are available from SAAP agency liaison officers in regional offices. (See Appendix A3 "Resources and Contacts".)

6.7 Family violence prevention and support services

Family violence networks

Regional family violence networks are groups of local family violence service providers, supported by a family violence networker. The membership of the networks generally comprises a range of specific family violence services, for example, women's refuges and domestic violence outreach services, FVPSP funded services and other services that have contact with those affected by family violence, for example, police, court staff, child protection, sexual assault support services, mental health services and family support services.

Family violence networkers can undertake the following activities:

- encourage and facilitate links between service providers to improve service delivery to those affected by family violence
- coordinate professional training to family violence service providers
- coordinate local community education and development activities, including local and/or regional Week Without Violence activities
- develop and distribute newsletters or other publications providing information on issues related to family violence and on local services

- develop links with appropriate regional Department of Human Services personnel and collaborate in the development of responses to issues related to family violence
 - Coordinate regional quarterly meetings with agencies and other relevant stakeholders.
- telephone services, including the Men’s Referral Service, which provides information and referral services for men wishing to take responsibility for their use of violence and the Women’s Information and Referral Exchange (WIRE), an information and referral service for women on a range of issues, including family violence
 - agencies providing men’s behaviour change programs.

The Government has provided \$1.5 million additional funding through the Community Support Fund, to enhance family violence networks over three years beginning in 2002–03.

(See Appendix A3 ‘Resources’ for contact details of family violence networkers in each region.)

Family violence support services

The department’s Family and Community Support Branch provides just over \$1.4 million statewide to:

- agencies in every region, providing individual and group programs for women and children to support them through the effects of family violence
- the Victorian Court Information and Welfare Network, which provides information and support for women in relation to legal processes

6.8 After-hours family violence crisis services

Throughout most of Victoria, after hours responses are available to women and children experiencing family violence. Most, if not all, services are accessed via the WDVCS. Services can include crisis accommodation, counselling, advocacy and referral to appropriate services the next working day.

Appendixes

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A2. Further reading

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A3. Resources and contacts

Child Protection services contacts

Regional offices

If you are making a **notification** to Child Protection, please use the **Intake Unit** numbers.

For **all other enquires**, please contact the appropriate **regional office**.

Metropolitan regions

Eastern

Intake Unit	1300 360 391
Box Hill	(03) 9843 6000

Northern

Intake Unit	(03) 9471 1644
Fitzroy	(03) 9412 5333
Glenroy	(03) 9304 0799
Preston	(03) 9479 6222

Southern

Intake Unit	1300 655 795
Cheltenham	(03) 9581 2222
Dandenong	(03) 9213 2111
Frankston	(03) 9784 3100

Western

Intake Unit	1300 369 536
Footscray	(03) 9275 7000

Rural regions

Gippsland

Intake Unit	1800 020 202
Bairnsdale	(03) 5152 6244 or (03) 5150 4500
Leongatha	(03) 5662 4311

Morwell	(03) 5136 2500 or (03) 5136 2400
Sale	(03) 5144 4166
Warragul	(03) 5624 0600

Grampians

Intake Unit	1800 000 551
Ballarat	(03) 5333 6669
Horsham	(03) 5381 9777
Stawell	(03) 5358 4374

Hume

Intake Unit	1800 650 227
Benalla	(03) 5761 1222
Seymour	(03) 5793 6400
Shepparton	(03) 5832 1500
Wangaratta	(03) 5722 0555
Wodonga	(02) 6055 7777

Loddon Mallee

Intake Unit	1800 675 598
Bendigo	(03) 5430 2333
Mildura	(03) 5022 3111
Swan Hill	(03) 5032 4544

Barwon-South Western

Intake Unit	1800 075 599
Geelong	(03) 5226 4540
Portland	(03) 5523 1600
Warrnambool	(03) 5561 9444

Police

For urgent attention throughout Victoria, telephone: **000**

For non-urgent police assistance, contact your local police or the Police Sexual Offences Child Abuse Unit (SOCA) in your area.

Women's Domestic Violence Crisis Service

Provides support, information and referrals to refuge and other safe accommodation.

Tel: (03) 9373 0123 24 hours

Tel: 1800 015 188 country callers

Immigrant Women's Domestic Violence Service

Provides support and information to immigrant women in their primary language.

Tel: (03) 9898 3145

Monday to Friday 9.30 am–5.30 pm

Translating and Interpreting Service

Tel: 131 450 24 hours, Australia-wide

Tel: 1300 655 082 to book an on-site interpreter

Domestic Violence Outreach Services

(by Department of Human Services regions)

Barwon-South Western

Emma House Domestic Violence Services

Geelong 5224 2903

Warrnambool 5561 1934

Hamilton 5571 1778

Camperdown 5593 1370 (Wed/Thur)

Portland 5521 7937 (Thur)

Casterton 5581 2109 (Wed)

Eastern

Eastern Domestic Violence Outreach Service

Ringwood 9870 5939

Gippsland

Bairnsdale Koori Women's Shelter

Bairnsdale 5152 1863

Quantum Support Services

Warragul 5623 4168

Morwell 5134 1588

Gippscare

Leongatha 5662 4502

Grampians

Grampians Community Health Service

Horsham 5382 6669

Ararat/Stawell 5358 3700

W.R.I.S.C.

Ballarat 5333 3666

A/H: Contact 'SAFE' on 1800 015 188

Hume

Upper Hume Community Health Service

Wodonga (02) 6056 1550

Mitchell Community Health Service

Broadford 5784 1306

Goulburn Valley Community Health Service

Shepparton 5831 2012

Central Hume Domestic Violence Outreach Program

Wangaratta 5721 8277

Loddon Mallee

Mallee Domestic Violence Services

Mildura 5021 2130

Swan Hill 5033 1899

E.A.S.E.

Bendigo 5443 4945

Northern

Northern Domestic Violence Outreach Service

Coburg 9457 5087

Southern

WAYSS 9791 6111

Inner South Domestic Violence Outreach Service

St Kilda 9536 7720

Moorabbin 8537 3010

Western

Women's Health West

Footscray 9689 9588

Family violence networkers

Barwon-South Western – Colac Community Health Service

Tel: (03) 5230 0278
Fax: (03) 5230 0190

Eastern Metropolitan – Eastern Domestic Violence Outreach Service

Tel: (03) 9870 5939
Fax: (03) 9870 5604

Gippsland – Gippsland Women's Health Service

Tel: (03) 5143 1600
Fax: (03) 5143 1224

Grampians – Child and Family Services Inc.

Tel: (03) 5332 1434
Fax: (03) 5332 1724

Hume – Womens Health Goulburn

Tel: (03) 5722 3009
Fax: (03) 5722 3020

Loddon Mallee – Mallee Sexual Assault Unit Inc.

Tel: (03) 5025 5422
Fax: (03) 5025 5472

Southern Metropolitan – WHISE

Tel: (03) 9783 3211
Fax: (03) 9783 3212

Northern Metropolitan – Berry Street

Tel: (03) 9458 5788
Fax: (03) 9783 3212

Western Metropolitan – Womens Health West & Brimbank Community Centre

Women's Health West

(LGAs: Wyndham, Hobsons Bay, Melbourne, Moonee Valley, Maribyrnong)

Tel: (03) 9689 9588
Fax: (03) 9689 3861

Brimbank Community Centre

(LGAs: Brimbank, Melton)

Tel: (03) 9363 1811
Fax: (03) 9360 4851

Domestic Violence and Incest Resource Centre

Provides training, publications, library, consultation and regional telephone numbers for domestic violence outreach workers and parenting resources services.

Tel: (03) 9486 9866

Kid's Help Line

Provides a counselling line for children and young people aged five to 18 years.

Tel: 1800 55 1800 toll free 24 hours

Centres Against Sexual Assault (CASAs)

After Hours Telephone Counselling Service

Tel: (03) 9349 2466 or 1800 806 292

Ballarat CASA	5320 3933
Barwon CASA	5222 4802
CASA House	9344 2210
Eastern CASA	9870 7330

Gatehouse Centre	9345 6800
Gippsland CASA (for children)	5134 3922 9345 5522 (A/H)

Goulburn Valley CASA	1800 112 343
Loddon Campaspe	5441 0430

Mallee CASA	5025 5400
Northern CASA	9496 2240

South Eastern CASA	9594 2289
South Western CASA	5564 4144

Upper Murray CASA	5722 2203
West CASA	9687 5811

Wimmera CASA	5381 9272 5381 9111 (Hospital)
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Men's Referral Service (No to Violence)

Provides information and referral for men who are violent or abusive and want to change their behaviour.

Tel: (03) 9428 2899 or
1800 065 973 toll free

Monday–Friday 12.00pm–9.00pm

Parentline

Provides professional counselling, information and advice for parents with children aged 0–18 years.

Tel: 13 22 89

Maternal and Child Health Line

After Hours Telephone Service

Tel: (03) 9853 0844 Melbourne Calls
Tel: 1800 134 883 Country Calls

Monday–Friday 6.00pm–12.00am
Weekends and public holidays
12.00pm–12.00am

Court Network—Telephone and Referral Service

Tel: (03) 9603 7433 or 1800 681 614

Victim's Referral and Assistance Scheme (VRAS)

Provides support and information about services for people who have suffered physical injury, emotional trauma or loss because of a criminal act.

Tel: (03) 9603 9797 or toll free 1800 819 817

Victorian Aboriginal Child Care Association (VACCA)

Provides consultation to Child Protection on all notifications and investigation decisions made in respect to Aboriginal children and young people in Victoria, except the Mildura area.

Tel: (03) 9471 1855

Mildura Aboriginal Corporation

Provides consultation to Child Protection on all notifications and investigation decisions made in respect to Aboriginal children and young people in the Mildura area.

Tel: (03) 5022-1852

A4. Websites of interest

Aboriginal and Torres Strait Islander Women's Taskforce on Violence Report (2000)*
<http://www.qld.gov.au/publications/publicat.htm>

A Handbook for Health and Social Service Professionals Responding to Abuse during Pregnancy (Canada)
<http://www.hc-sc.gc.ca/hppb/familyviolence/wifeabus.htm>*

Partnerships Against Domestic Violence
<http://www.padv.dpmc.gov.au>

Domestic Violence Clearinghouse
www.austdvclearinghouse.unsw.edu.au

Domestic Violence and Incest Resource Centre
<http://www.dvirc.org.au>

Department of Human Services - Community Care Division
www.dhs.vic.gov.au/commcare

Future of Children
www.futureofchildren.org/

Home Office Domestic Violence site (UK)
<http://www.homeoffice.gov.uk/crimpol/index.html>

The Project for Research on Welfare, Work and Domestic Violence (US)
<http://www.ssw.umich.edu/trapped/>

The Way Forward: Children, Young People and Domestic Violence - Conference Proceedings, Melbourne, April 2000
<http://www.padv.dpmc.gov.au/publications/publicat.htm>

United Nations Children's Fund
www.unicef.org/vaw/

Women with Disabilities Australia (Includes information on family violence)
<http://www.wwda.org.au/>

A5. Indicators of harm

Research and experience has found that combinations of the following factors are commonly associated with heightened risk to children or young people. Any one factor, however, is only meaningful for a particular family when its occurrence can be demonstrated to affect the safety of the child or young person.

The purpose of this list within the Victorian Risk Framework (VRF) is to signal a warning to the worker; any identified risk factor must be explained within the protective worker's subsequent risk analysis.

Some indicators listed in the following tables are only identifiable through medical examinations. Please note that only doctors are qualified to undertake any physical examinations.

Physical harm: possible indicators

Physical indicators

- Bruises or welts on facial areas and other areas of the body including back, bottom, legs, arms, and inner thighs. Any bruises or welts in unusual configurations or which look like the object used to make the injury, for example, finger or hand prints, buckles, iron, teeth.
- Burns that show the shape of the object used to make them, such as an iron, grill, cigarette, or burns from boiling water, oil or flames.
- Fractures of the skull, jaw, nose and limbs, especially those not consistent with the explanation offered or with the type of injury probable/possible at the child's age and development.
- Cuts and grazes to the mouth, lips, gums, eye area, ears, external genitalia.
- Human bite marks.
- Bald patches where hair has been pulled out.
- Multiple injuries, old and new.
- Poisoning.
- Internal injuries.

Behavioural indicators

- The child states that an injury has been inflicted by someone else (caregiver or other) or offers an inconsistent or unlikely explanation or 'can't remember' cause of injury.
- Unusual fear of physical contact with adults, for example, flinches if unexpectedly touched.
- Wearing clothes unsuitable for weather conditions (such as long-sleeved tops) to hide injuries.
- Wariness or fear of a parent/caregiver, reluctant or reluctance to go home.
- No or little emotion when hurt.
- Little or no fear when threatened.
- Habitual absences from school without explanations (parent keeping child away until signs of injury have disappeared).
- Overly compliant, shy, withdrawn, passive and uncommunicative.
- Fearfulness when other children cry or shout.
- Unusually nervous or hyperactive, aggressive, disruptive and destructive to self and/or others.
- Excessively friendly with strangers.
- Regressive behaviour such as bed wetting or soiling.
- Poor sleeping patterns, fear of dark, nightmares.
- Sadness and frequent crying.
- Drug or alcohol misuse.
- Poor memory and concentration.
- Suicide attempts.

Physical indicators

Sexual abuse is more likely to be identified through the child or young person disclosing to someone that they have been abused, rather than by physical indicators. Most of the following physical indicators would only be observed through a medical examination.

- Injury to the genital or rectal area such as bruising or bleeding.
- Vaginal or anal bleeding or discharge.
- Discomfort in urinating or defecating.
- Presence of foreign bodies in vagina and/or rectum.
- Inflammation and infection of genital area.
- Sexually transmitted diseases.
- Pregnancy, especially in very young adolescents.
- Bruising and other injury to breasts, buttocks and thighs.
- Anxiety related illnesses such as anorexia or bulimia.
- Frequent urinary tract infections.

Behavioural indicators

- The child tells of abuse.
- Persistent and age-inappropriate sexual activity including excessive masturbation, masturbation with objects, rubbing genitals against adults, playing games that act out a sexually abusive event.
- Drawings or descriptions in stories that are sexually explicit and age-inappropriate.
- A fear of home, a specific place, a particular adult, excessive fear of men or of women.
- Poor or deteriorating relationships with adults and peers.
- Poor self-care/personal hygiene.
- Arriving early at school and leaving late.
- Complaining of headaches, stomach pains or nausea without physiological basis.
- Frequent rocking, sucking and biting.
- Sleeping difficulties.
- Reluctance to participate in physical or recreational activities.
- Regressive behaviour such as bedwetting or speech loss.
- Sudden accumulation of money or gifts.
- Truancy or running away from home.
- Delinquent or aggressive behaviour.
- Depression.
- Self-injurious behaviour including drug/alcohol abuse, prostitution, self-mutilation, attempted suicide.
- Academic performance declines suddenly, poor memory and concentration.
- Wearing of provocative clothing or layers of clothes to hide injuries.
- Promiscuity.

Emotional harm: possible indicators

Psychological or emotional abuse may occur with or without other forms of abuse. If a young person grows up in a climate of rejection and criticism, they can incorporate a negative self-image, which impedes development and prevents their full potential from being reached. They may develop personality or behavioural disorders, or become an adult filled with self-doubt and internalised rage, unable to form sustained and intimate relationships. There are few physical indicators, although emotional abuse may cause delays in emotional, mental or even physical development.

Neglect: possible indicators

Neglect includes all instances where a person has failed to take adequate precautions to ensure the child's safety and provide food, clothing and shelter for the child. Many cases of neglect require a welfare and family support response rather than a protective response, however, in cases where neglect has resulted in physical injury or emotional harm or health impairment, it should be considered as abuse.

Sexual harm: possible indicators

Physical indicators

- Speech disorders.
- Delays in physical development.
- Failure to thrive (without an organic cause).

Behavioural indicators

- Overly compliant, passive and undemanding behaviour.
- Extremely demanding, aggressive, attention-seeking behaviour.
- Anti-social, destructive behaviour.
- Low tolerance of frustration.
- Poor self-image.
- Unexplained mood swings.
- Age-inappropriate behaviours, for example, overly adult (parenting other children) or overly infantile (thumb sucking, rocking, wetting or soiling).
- Mental or emotional development lags.
- Fear of failure, overly high standards, excessive neatness and cleanliness.
- Depression, suicidal.
- Running away.
- Violent drawings or writing.
- Contact with other children forbidden.

Physical indicators

- Consistently dirty and unwashed.
- Consistently inappropriately dressed for weather conditions.
- Consistently without adequate supervision and at risk of injury or harm.
- Consistently hungry, tired and listless, falling asleep in class.
- Unattended health problems and lack of routine medical care.
- Inadequate shelter and unsafe or unsanitary conditions.
- Abandonment by parents.
- Failure to thrive.

Behavioural indicators

- Begging or stealing food.
- Gorging when food is available.
- Inability to eat when extremely hungry.
- Alienated from peers, withdrawn, listless, pale, and thin.
- Aggressive behaviour.
- Delinquent acts such as vandalism, drug and alcohol abuse.
- Little positive interaction with parent/caregiver.
- Appearing miserable or irritable.
- Poor socialising habits.
- Poor evidence of bonding, little stranger anxiety.
- Indiscriminate with affection.
- Poor or irregular school attendance.
- Staying at school long hours.
- Self-destructive.
- Dropping out of school.
- Taking on adult role of caring for parent.

A6. Frequently asked questions

Will my identity be protected if I make a notification?

The Children and Young Persons Act 1989, section 67, specifically prohibits disclosure of the identification of notifiers to Child Protection, and prescribes serious penalties. All notifiers to Child Protection are protected under this section, regardless of whether or not they are **mandated** notifiers.

Child Protection workers take this responsibility extremely seriously and are aware of the potential risks to professionals from families who may be notified to Child Protection. At times, however, the source of the notification becomes obvious to the family, because of the nature of the concerns raised by Child Protection workers.

Should I inform the family of my plan to notify Child Protection?

Sometimes it may be possible for the notifier to discuss the notification with the family, as this can be a helpful strategy in engaging the family in a resolution of their difficulties and may, in fact, reduce their hostility. Often this is not possible, or would further endanger a child's safety if the parent had prior knowledge that a notification was being made. If you have concerns that there may be repercussions for you from a family, it is advisable to plan a strategy with colleagues, or Child Protection.

Will my notification be investigated?

The Child Protection Service has developed a comprehensive risk assessment framework, the Victorian Risk Framework (VRF), which is used primarily in the **intake** phase (where decisions about notifications are made). It is also used at different times throughout the life of the case, to establish the severity of the risk of harm to a child and to determine whether the parent is willing or able to protect the child from harm.

The Child Protection worker will need to assess the information that you have provided, and may need to access other information from previous notifications or other professionals to determine whether the child has suffered, or is likely to suffer, significant harm. If you have any concerns about any aspects of the decision that is made regarding a notification, you should ask the Child Protection worker or supervisor.

Why are the police sometimes involved in Child Protection investigations?

Child sexual and physical abuse are criminal offences. The police have the prime responsibility for investigating criminal offences relating to the sexual or serious physical abuse of children.

A criminal investigation can be activated by a Sexual Offences and Child Abuse Unit (SOCA Unit) or the Criminal Investigation Unit (CIU), wherever reasonable grounds exist for believing that a child has been sexually or seriously physically abused. Their response will be undertaken in the

best interests of the child and will take account of the need for medical, counselling and treatment referrals.

Am I legally obliged to report to Child Protection if I am concerned about a child, such as a neighbour?

Mandated professionals are only required to make a notification to the Child Protection when they form a belief that a child is in need of protection from physical or sexual abuse in the course of practising their profession.

In other words, if you are a mandated notifier (that is a doctor, nurse, primary or secondary school teacher, school principal or police officer), you will not be legally obliged to report if you encounter abuse in your private life, or when working in a capacity that is not directly related to the professional affiliation under which you are mandated.

However, in such situations you have a moral or ethical obligation to report your concerns if you have reasonable grounds to believe that a child is at risk of harm.

What if I want to make a report to Child Protection, but my boss or another colleague tells me not to?

The legislation clearly states that mandated professionals have a legal responsibility to report their belief regarding child abuse and neglect to Child Protection, regardless of the views of colleagues. Often organisations have their own procedures or guidelines relating to reporting and making a notification.

It is important to note that if a mandated notifier passes on information concerning possible child abuse to another staff member who, due to the organisation's policy, has the responsibility for making notifications in that organisation, the individual must be satisfied that the other staff member has made the notification and that all of the reasonable grounds have been reported.

Furthermore, the individual must ensure that the report is made as soon as possible.

A7. Glossary of terms and acronyms

Abuse—emotional: Emotional abuse occurs when a child is repeatedly rejected, isolated or frightened by threats or the witnessing of family violence. It also includes hostility, derogatory name calling and put downs, or persistent coldness from a person, to the extent where the behaviour of the child is disturbed or their emotional development is at serious risk of being impaired.

Abuse—physical: Physical abuse consists of any non-accidental form of injury or serious harm inflicted on a child. Physical abuse does not mean reasonable discipline, though it may result from excessive shaking, burning and assault with weapons. Physical injury and significant harm to a child may also result from neglect by a parent/caregiver. The failure of a parent/caregiver to adequately ensure the safety of a child may expose the

child to extremely dangerous or life threatening situations that result in physical injury and significant harm to the child.

Abuse—sexual: A child is sexually abused when any person uses their authority over the child to involve the child in sexual activity. Child sexual abuse involves a wide range of sexual activity including fondling genitals, masturbation, oral sex, vaginal or anal penetration by a finger, penis or any other object, voyeurism and exhibitionism. It can also include exploitation through pornography or prostitution.

AHS: After Hours Service (Child Protection).

Belief: Legally, a belief is based on reasonable grounds as defined in section 64 (1b) of the Children and Young Persons Act 1989. The concept of 'forming a belief' is a thinking process, where a person is more inclined to **accept** rather than **reject** that there is significant harm for the child or young person.

CALD: Culturally and linguistically diverse.

Case conference: A meeting held with professionals and child protection representatives (the family can be invited where appropriate) to determine whether a notification requires further action to occur. A conference is usually called by a Child Protection worker, although other professionals can initiate one.

The purpose of a case conference is to:

- clarify the seriousness of the protective concerns
- share information and knowledge about the child and family
- determine whether the protective concerns will be managed by existing community supports, or whether further investigation by Child Protection is required.

Case planning: A formal process of planning for a child, the purpose of which is to:

- identify the key changes necessary to enable the child to live safely and have their individual needs met
- identify the activities and tasks necessary to bring about the key changes
- identify those responsible for the specific activities and tasks
- ensure that intervention is targeted and tied to timelines.

Child: The Children and Young Person's Act 1989, section 3, defines 'child' as:

In any other case, a person who is under the age of 17 years, or if a Protection Order continues in force in respect of him or her, a person who is under the age of 18 years.

Child protection: 'child protection' (lower case) is a term used to describe the whole community's approach to prevention of harm to children. It includes strategic action for early intervention, for protecting those considered most vulnerable and for responses to all forms of abuse.

DHS: Department of Human Services.

DVIRC: Domestic Violence and Incest Resource Centre.

Family support services: Support services that assist families to identify and reduce personal and social stresses that can lead to family breakdown and/or child abuse. They include in-home family support, counseling, and parenting support.

Family violence: Any act or behaviour of gender-based violence that occurs within the context of familial and domestic relationships and results in or is likely to result in physical, sexual or psychological harm or suffering to women (or children), including fear, threats of such acts, coercion or arbitrary deprivation of liberty. Family violence most often occurs where women and children reside, and includes violence perpetrated within their day-to-day living circumstances (United Nations Declaration on the Elimination of Violence Against Women, 1993).

FVPS: Family Violence Prevention and Support Program. Part of the Family and Community Support Branch, within the Department of Human Services.

Harm: The effect on a child from abusive acts by adults, as specified in section 63 of the Children and Young Persons Act 1989 (see also 'significant harm').

Indicators: Behavioural or physical signs that assist in the recognition of child abuse. Also called warning signs.

Intake: The intake phase is the initial assessment of a notification. The purpose of the intake phase is to establish whether the child or young person's described circumstances fall within the legal definition of a child in need of protection. Primary responsibility is to assess the risks to the child or young person and the level of urgency.

Intervention Order: *The Crimes (Family Violence) Act 1987* gives legal protection to victims of family violence by enabling them to obtain an intervention order to restrain the alleged perpetrator from threatening or committing further acts of violence.

Investigation: The phase following the intake phase, when Child Protection decides to investigate a report directly, to determine whether a child or young person has been or is likely to be at risk of significant harm.

Mandatory reporting: Section 64 (1c) of the Children and Young Persons Act 1989 lists those professionals who are obliged to notify Child Protection if they form a belief, based on reasonable grounds, that a child has suffered or is likely to suffer significant harm as a result of physical injury or sexual abuse, and the child's parents or caregivers have not protected or are unlikely to protect the child from harm of that type.

The professional groups legally obliged to report are:

- doctors (including psychiatrists)
- primary and secondary school teachers and principals
- nurses
- police.

Neglect: Neglect includes a failure to provide the child with an adequate standard of nutrition, medical care, clothing, shelter or supervision, to the extent where the health and development of the child/young person are significantly impaired or placed at serious risk. A child is neglected if they are left uncared for over long periods of time or abandoned.

Notification/report: A report made by any person who believes on reasonable grounds that a child is in need of protection. Section 63 of the Children and Young Persons Act 1989 defines when a child is in need of protection.

Notifier: A notifier is a professional or member of the community who makes contact with Child Protection in order to provide information in relation to a child/young person for whom they have safety concerns.

PADV: Partnerships Against Domestic Violence.

Protection Order: In the Family Division of the Children's Court, if the Court finds that a child/young person is in need of care and protection; or that there are irreconcilable differences between the parent/caregiver and child, then the Court can make any one of the following Protection Orders:

- Order requiring a person to give an Undertaking
- Interim Protection Order not exceeding three months
- Supervision Order
- Custody to Third Party Order
- Supervised Custody Order

- Custody to Secretary Order
- Guardianship to Secretary Order.
(Section 85 of the Children and Young Persons Act 1989).

Protective intervention: Protective intervention usually indicates that Child Protection is involved with a family.

Protective response: Also referred to as ‘acting protectively’. Action that will most effectively ensure a child’s safety and wellbeing.

Reasonable grounds: Section 64 (1b) of the Children and Young Persons Act 1989 defines reasonable grounds as: matters of which a person has become aware; and any opinions based on those matters. A person has reasonable grounds to notify when:

- a child tells them they have been harmed
- a child tells them that they know someone who has been harmed
- someone else tells them, such as a relative, friend, acquaintance or sibling of the child, that they know or believe that a child has been harmed
- observations of the child’s behaviour or development lead them to believe that child has been harmed
- they observe physical signs of harm.

SAAP: Supported Accommodation and Assistance Program.

Significant harm: Significant harm is a compilation of events, both acute and longstanding, that interacts with the child’s ongoing development and interrupts, alters or impairs physical and psychological development.

Statutory agency: An agency, such as Victoria Police or the Department of Human Services’ Protective Services, which has authority to perform certain functions granted by an act of either State or Federal law.

Substantiate: To give good grounds for.

Substantiation: Substantiation is the point at which a judgement is made in the Child Protection investigation process that harm has occurred, or is likely to occur in the immediate future. Child Protection involvement will continue until the child’s safety and wellbeing is addressed.

VACCA: Victorian Aboriginal Child Care Agency.

Victorian Risk Framework: The risk assessment model used by Protective Services. The framework provides a consistent and standardised model for the assessment of significant harm to children and guides Child Protection workers in the key activities of information gathering, analysis and judgement.

WDVCS: Women’s Domestic Violence Crisis Service.

A8. The Victorian Indigenous Family Violence Strategy

The Department of Human Services and Aboriginal Affairs Victoria, in partnership with Victorian indigenous communities, have developed a *Framework for the Development of the Victorian Indigenous Family Violence Strategy*. This framework establishes a ‘community-led’ approach to developing a Victorian indigenous family violence strategy.

Consistent with the Victorian Government’s policy commitment to work in partnership with Aboriginal communities, it has established an independent Indigenous Family Violence Task Force. The main role of the task force will be to support, empower and enable indigenous communities to examine these issues and develop solutions appropriate to local conditions and needs. This will occur through raising community awareness and understanding, building community capacity and engaging communities in the development of local responses, as well as recommending the content of a state-wide response.

The work of the task force will be complemented and supported by a range of community-based government working groups and initiatives. These include:

Local indigenous family violence action groups which will operate at a grass roots level, bringing together members of the indigenous communities to raise awareness and understanding, and develop local responses to family violence issues.

Local indigenous family violence support officers Nine Indigenous Family Violence Support Officers will be located within DHS regional offices, initially for 12 months, to provide support to the local action groups.

Indigenous Family Violence Community Initiatives Fund An indigenous family violence fund will be established for the purpose of supporting local capacity building and the development of local indigenous community-based initiatives that prevent, reduce or respond to violence.

An indigenous family violence working group The work of the task force will be complemented and supported by an officer-level working group, with responsibility for developing an integrated whole of government policy and program framework that responds to the recommendations of the task force.¹⁴

Protocol between the Victorian Aboriginal Child Care Agency and the Department of Human Services

In 1992, a protocol was established between the Child Protection Program, Department of Human Services (then called Community Services Victoria or CSV) and the Victorian Aboriginal Child Care Agency (VACCA). In 2001, DHS undertook consultations with regional Child Protection Services, Aboriginal Services and members of the Aboriginal Community for the purpose of reviewing the operation of the 1992 Protocol. One of the recommendations

from the review was the development of a new protocol with VACCA.

This new *Protocol between the Department of Human Services Child Protection Service and The Victorian Aboriginal Child Care Agency 2002* has been developed to facilitate contact between DHS and VACCA to ensure a culturally appropriate and effective response to protecting Aboriginal children from harm. The new protocol applies across all Local Government Areas of Victoria except Mildura. In the Mildura area, a Memorandum of Understanding between DHS Child Protection and the Mildura Aboriginal Corporation is based on the same guiding principles and provides the same response information.

The purpose of the protocol is to establish mechanisms for ensuring that the Child Protection Service is fully informed of all cultural needs and issues, including knowledge of extended family, in reaching decisions in regard to Aboriginal children. The protocol sets out broad roles and responsibilities of the Department and VACCA in responding to Aboriginal children notified to the Child Protection Service.

The Aboriginal Child Specialist Advice and Support Service (ACSASS) has been established to respond to notifications to the Child Protection Service regarding children across the state of Victoria.

Child Protection workers must consult with ACSASS on all notifications and investigation decisions made in respect to Aboriginal children and young people.

If an indigenous child requires an out-of-home placement, then the Aboriginal Child Placement Principle comes into effect. The Aboriginal Child Placement Principle states that:

1. Removal of any Aboriginal child must be a last resort.
2. In the event, after consultation with a community-controlled Aboriginal welfare organisation, removal of a child from its family is unavoidable, then the courts or authorities must have regard to the direction of the Aboriginal Child Care Agencies and the following criteria:
 - (a) The child must be placed within the extended family, or relatives.
 - (b) If the above is not feasible or possible after consultation with the community's welfare/child organisation, the child may be placed with:
 - (i) An Aboriginal family from the local community and within close proximity to the child's natural family;
 - (ii) As a last resort the child may be placed, after consultation with the local ACCA (ACSASS), with a non-Aboriginal family in close proximity to the child's natural family;
 - (iii) Any non-Aboriginal placement must ensure the maintenance of the child's culture and identity through contact with the child's community.

¹⁴ (From: Framework for the Development of The Victorian Indigenous family Violence Strategy – A joint initiative of Aboriginal Affairs Victoria, Department of Natural Resources and Energy and the Department of Human Services)

Tools for Collaboration

The tools in this section can be used to help develop and maintain collaborative relationships.

T1 Assessing the need for collaboration

The following questions will assist in thinking about the need for and value of a collaborative approach.

What will be the difficulties experienced by clients if collaboration does not occur?

What specific improvements would be achieved through collaboration?

What specific outcomes would be achieved for clients through collaboration that would not happen without collaboration?

Who else is involved, or should be involved in delivering this service/project/activity or in addressing this issue?

What are the potential cost/benefits from collaborating?

T2 Developing a base of understanding

Family violence and Child Protection services work from very different cultures and theoretical frameworks. Culture, philosophy, theories and values all influence the practice of workers. Collaboration will only be effective in the long term if there is clear understanding of and respect for the values and philosophies of others in the collaboration.

A prerequisite to sharing between family violence and Child Protection is for each sector to be clear on their own position.

- What are the key aspects of our culture? (values and expectations)
- What philosophies and values underpin and direct our approach?
- What explanations and/or theories inform our practice?
- What are the key aspects of our practice?
- How do the answers to the above questions impact on our capacity to work with other sectors?

The next step is to share these questions and answers with the other sector(s).

It may be that other key sectors need to be included in the conversations at some point—police, child and family welfare agencies.

Key Questions:

What do we have in common:

- about children?
- about women?
- about men?
- about the causes of family violence?
- about the need for child protection?

What are the key differences in:

- philosophy?
- approach?
- practice?

What are the potential barriers to collaboration?

What are the drivers for joint effort?

T3 Goals and objectives

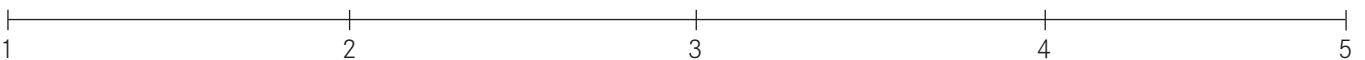
Collaboration works best when the intended outcomes and the strategies for achieving them are clearly defined and agreed. It is important that there are specific and limited aims. Projects with general aims such as ‘to cooperate’ do not produce tangible outcomes. It is also important that there is a ‘win’ for all the partners. Following are the agency characteristics, which assist collaboration:

- The need to be conscious of each other’s basis for involvement. For example, community involvement is not gained just through committee meetings, but by joint projects.
- The need for time to establish trust through forums and networks.
- The need for a culture which encourages taking risks and innovation.
- The importance of networkers—people who can make the connections.

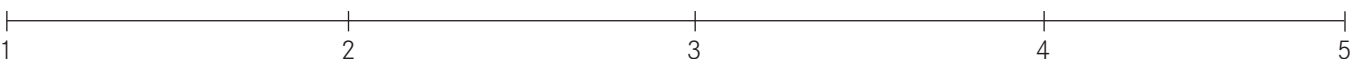
- The need to develop solutions to address common issues e.g. unmet needs.

Following is a set of statements which will assist when developing collaboration. Score your current position on each continuum:

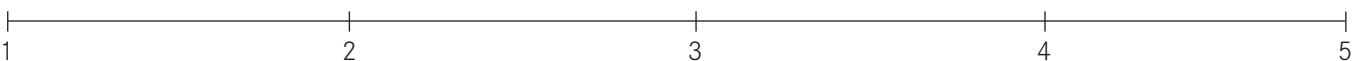
There is shared recognition that collaboration is needed.



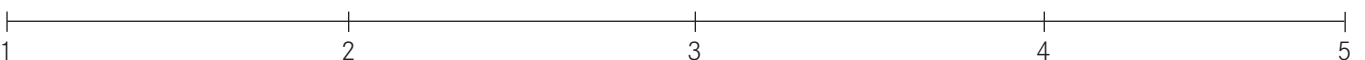
There is a mandate from government.



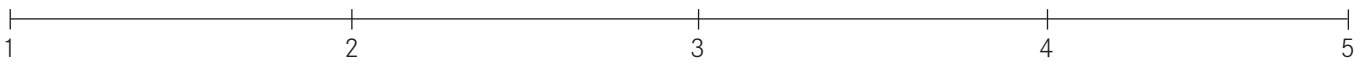
Formal structures exist at a central level and informal networks at a local level.



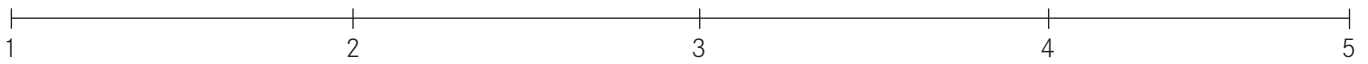
There is a shared philosophy of intervention—including a shared value base.



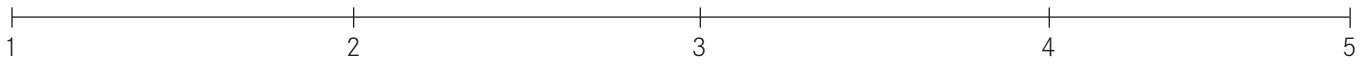
Organisational policies and procedures to support collaboration are in place.



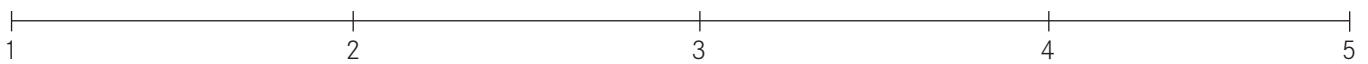
Multi-agency training is used as a catalyst for collaboration, as well as to generate collaborative skills.



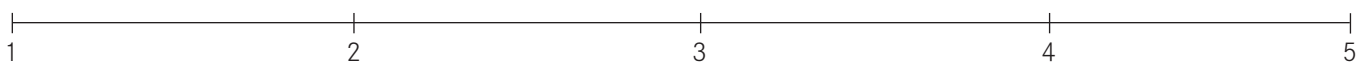
A wide range of appropriate services is/will be a result of the collaboration.



Appropriate quality assurance of processes are/will be engaged in as part of the collaboration.



There is/will be appropriate "staff care" for workers on the ground.



Suggested Strategies

- *Map the regional Child Protection and family violence service system. Include a brief description of each service including its target group, its location, referral criteria and contact details. Include statewide services.*
- *Circulate this information as widely as possible.*

T4 Mapping the system

A working knowledge of all the components of the regional service sector enhances the ability of individual workers and their agencies to work effectively within and across their respective service roles and responsibilities for the benefit of the client.

Understanding the decision making processes and operating frameworks of different services adds to a respectful understanding of the driving motivations and constraints others work under. This in turn can prevent misunderstandings and allow for more effective working relationships at the points where the services meet. In stressful work such as crisis intervention with families experiencing violence, it can sometimes be easy to forget our common goals, our shared responsibilities, and acknowledge each other's work accordingly.

Network map

Aim:

To map the range of services which exist in the community.

Suggested process:

Identify the various service sectors which work to support/protect women and children:

- Child Protection
- family violence services
- accommodation
- police
- men's programs
- education
- welfare.

Label each segment of the map with the type of services you are going to place in that segment.

Brainstorm the various organisations in each sector.

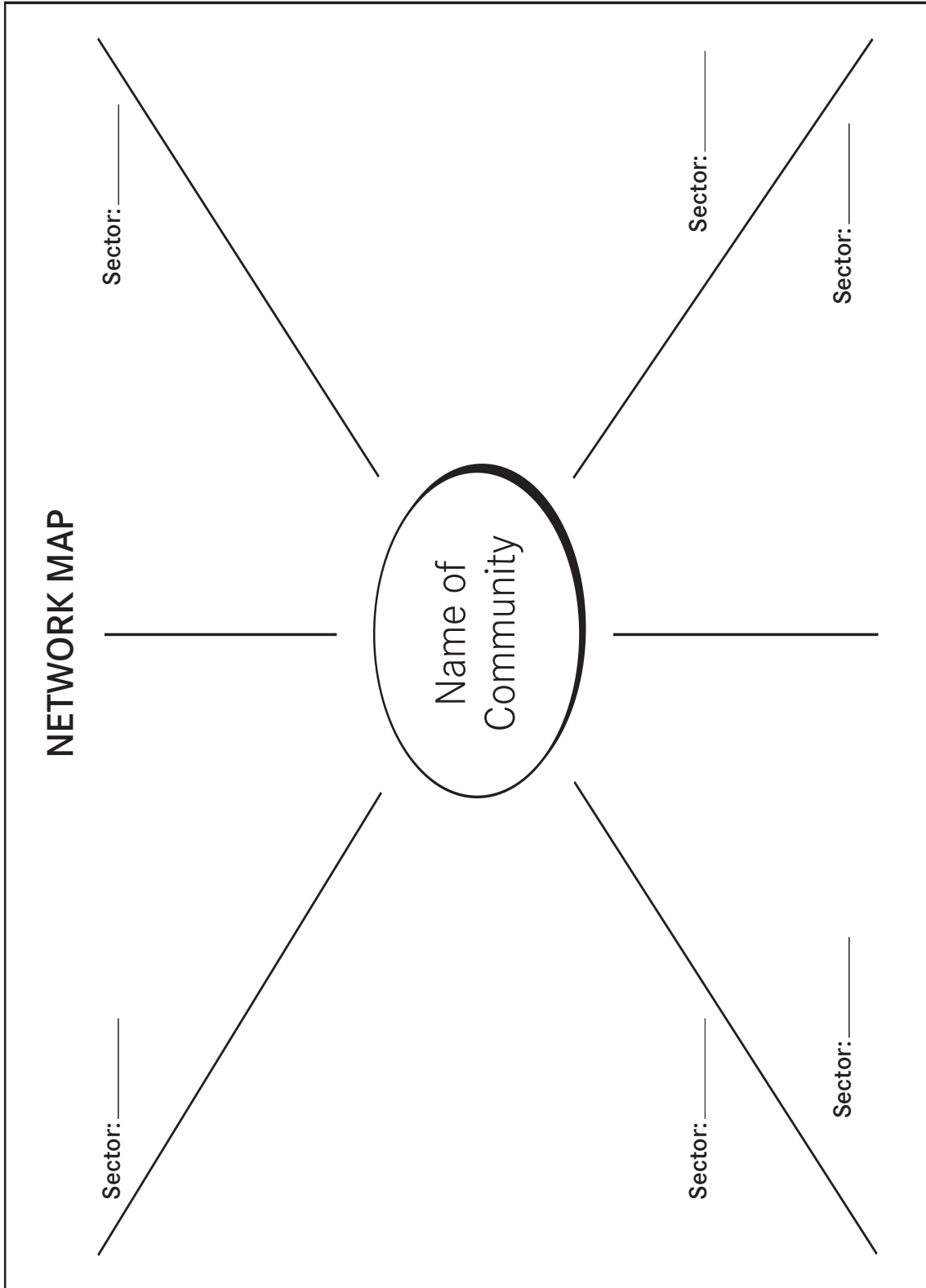
Place the organisations in the relevant segment on the network map with those who work most closely with protection issues near the centre. If the connection is looser, infrequent, or not strong, place it further out in the segment.

Ask the group to look at the map.

Identify any organisations critical to the success of the protection of children which are not on the map.

Which are far out, which need to be closer?

What action needs to be taken to engage key organisations? How will this happen?



T5 Practical steps to collaboration

For those wishing to engage in collaboration, the following steps can be used as a guide:

Stage 1: Relationship building

- bring people together
- enhance trust
- solidify mission
- specify results

Stage 2: Empower people

- confirm organisational roles
- resolve conflicts
- organise the effort
- support the members

Stage 3: Ensure results

- go to work
- create joint systems
- evaluate the result
- renew the effort

Stage 4: Ensure continuity

- create visibility
- integrate benefits
- change the system

T6 Develop, maintain and enhance regional protocols

Regional protocols can be as broad or as detailed as agreed. A regional protocol could include the following.

Who are the parties?

- The parties to the agreement should be clearly identified. A preamble may elaborate on what has brought the parties together. Knowledge of the local family violence services and networks will provide a guide as to the potential parties.
- Generally speaking, the more family violence services involved in the development of the regional protocol the better. A protocol involving the maximum number of family violence services with a consistent set of arrangements is likely to lead to less confusion than the existence of multiple protocols between Child Protection and individual family violence services in each region.
- Individual arrangements for a service or clusters of like services could be catered for within a regional protocol. In some circumstances it may be deemed to be more appropriate to have a different document servicing the needs of a particular grouping, for example, SAAP services.

What is the purpose of the protocol?

- The protocol should outline its aim/s and objectives.

Roles and responsibilities of the parties

- referral criteria.
- communication procedures—*how to contact each service, expectations in relation to returning calls and other issues*
- expectations in relation to case planning, meeting attendance, provision of information and confidentiality and so on
- joint training initiatives
- consultation processes.

Conflict resolution mechanism

- A conflict resolution procedure should be clearly outlined.

Protocol and relationship maintenance

- Regional protocols should be endorsed and signed by senior regional staff.
- The protocol should be regularly reviewed. A time and process for review should be outlined, for example: the parties will meet annually to consider the operation of the protocol, however quarterly meetings will occur to monitor our practices.
- Regional protocols should be made widely available to staff at all locations and at all levels.

Protocols will be enhanced by regular networks or working groups.

T7 Checklist

A collaboration involves an agreement covering:	Yes	No	In progress
• <i>Rationale—reason for collaboration</i>			
• <i>Vision—what will be created?</i>			
• <i>Mission—what will be achieved?</i>			
• <i>Goals/objectives—steps in the process</i>			
• <i>Key success indicators—measurement of change</i>			
• <i>Roles and responsibilities—who, where and when</i>			
• <i>Communication—keeping each other informed</i>			
• <i>Structure—managing the agreement</i>			
• <i>Process—measuring and providing feedback on the agreement</i>			
• <i>Evaluation—mentoring and reporting on outcomes (Lendrum, 1998).</i>			

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