IN THE MATTER OF THE ROYAL COMMISSION INTO FAMILY VIOLENCE

ATTACHMENT SW-6 TO STATEMENT OF SCOTT JAMES WIDMER

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This is the attachment marked '**SW-6**' produced and shown to **SCOTT JAMES WIDMER** at the time of signing his Statement on 21 July 2015.

Before me: [redacted]

An Australian Legal Practitioner within the meaning of the Legal Profession Uniform Law (Victoria)

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human services

Assessing children and young people experiencing family violence

A practice guide for family violence practitioners

State Government Victoria

Assessing children and young people experiencing family violence

A practice guide for family violence practitioners

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Acknowledgement

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Introduction

Children: our shared responsibility

This practice guide aims to support family violence professionals to assess the safety and needs of unborn children, infants, children and young people affected by family violence.

As a professional in the integrated family violence system, you are in a unique position to understand the impacts of family violence, and to work with other professionals (including those in universal services) to meet the needs of vulnerable children and young people.

Family violence is a form of child abuse, whether children experience the violence directly or not. It affects the safety, stability and development of unborn children, infants, children and young people, and causes them developmental, neurological, relational, physical and emotional harm. The level, nature and impact of this harm depends on their individual experiences of family violence, on their own needs and strengths, and on the care, support and healing opportunities they are offered by adults, including professionals in the service system.

> "We need to ask the hard questions in relation to children and family violence. Of course we need to do that sensitively, but we absolutely have to do it."
>
> *Family violence practitioner*

Children who come into contact with the family violence system (or whose mothers or caregivers do) require a response that directly engages with *their* needs, including their relationship to the perpetrator, their familial context and circumstances, their culture and identity, their risk and trauma response, and their stage of development. This cannot happen without holistic, systematic assessment of their safety and needs, regardless of how they enter the system.

The responsibility for ending violence in a family ultimately rests with the perpetrator. Minimising its effects and supporting a child or young person to heal are responsibilities shared by the child or young person's mother, other significant adults in their life, their community and the service system.

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About this practice guide

Purpose

Stakeholders in the integrated family violence system have made significant advances in systematising risk assessment and risk management work with women, and have developed strong organisational policies, procedures and practices to ensure the consistency and quality of that work. A similar effort is now required for children, in the interests of their safety, stability and development.

The guide will assist family violence professionals to:

- structure, streamline and enhance their organisation's practice to support the safety, stability and healthy development of every child, and
- strengthen their collaboration with colleagues in family services and child protection in line with the objectives of the *Children, Youth and Families Act 2005* (CYFA).

Who the guide is for

This practice guide is intended for family violence professionals:

- working within **specialist family violence services for women and children**, in: intake; assessment; telephone-based information, counselling and support; outreach; crisis response; case planning; case management; counselling/recovery work; intensive case management for women
- working within **specialist family violence services for men**, in: men's behaviour change programs; enhanced men's behaviour change intake services; case management for men, including specific programs for Aboriginal men; telephone-based information, counselling and support; Aboriginal healing and time out services
- working in assessment roles in **specialist family violence courts**.

The guide must also be read by managers of these services, as it has implications for resourcing, systems, policies and procedures.

Adapting assessment work to your context

All providers in the integrated family violence system need to uphold the principles for assessment of children (page 13). *How* your organisation does this will depend its role in the service system. This practice guide provides a comprehensive description of all aspects of assessment, from which your organisation should develop the practices, policies and processes applicable to its context.

The chapter Organisational development discusses how to embed assessment of children in your organisation.

Related models and frameworks

This guide utilises a gendered understanding of family violence and recognises children's additional vulnerabilities in the context of such violence. It is informed by a number of other models and frameworks. These must be applied in ways that give primacy to the best interests and safety of children, given their significant vulnerability to family violence.

The *Family Violence Risk Assessment and Risk Management Framework* (CRAF) provides the foundations for specialist family violence assessment of women. The CRAF encourages and supports individual assessment of children, and this guide provides the detailed support family violence professionals need to undertake such work. While some aspects of a child's assessment will be concurrent with their mother's assessment, it is critical that their needs and risk are also assessed individually, as these will be different to those of their mother.

The DHS publication *Men's behaviour change work: comprehensive assessment of men* provides a structure for assessment of men wishing to enter men's behaviour change programs. Although the tool includes questions about children and parenting, these are proposed as ways to explore men's narratives about their violence and motivations to change. There is increasing recognition in the field that men's services share responsibility for assessing children's safety, stability and development, just as they do for assessing and responding to women's risk and needs. If you are working with perpetrators of family violence, this guide provides a structure for you to assess children in the context of that work. You should assess children alongside perpetrators and their (former) partners.

This practice guide provides a structure for you to assess children in terms of their safety, stability and development. These three dimensions also form the foundations of the *Best Interests Case Practice Model* (BICM) used by Child Protection and integrated family services. This consistency aims to promote communication and collaboration across the service system.

This practice guide is also consistent with the roles and responsibilities articulated in the *Integrated Family Violence System Client Response Model* (known as Strengthening Risk Management, or SRM).

In Aboriginal communities, family violence requires a holistic, healing approach, which is based around family and Indigenous community strengthening, collaborative approaches, appropriate resources and flexible program and service delivery arrangements.[1] Your work should be informed by the Aboriginal Cultural Competence Framework, developed by the Victorian Aboriginal Child Care Agency (VACCA) and published by the Victorian Government.

Using the practice guide

Contents

The practice guide includes:

- information and ideas to structure your thinking and practice in family violence assessment of unborn children, infants, children and young people
- a set of recording templates
- information to assist in developing whole-of-organisation approaches to family violence assessment of children
- a set of practice resources to guide implementation of the practice guide.

Family violence work with children can be difficult and upsetting. Ensure you have adequate workplace supports when reading and considering the ideas in this guide (see Safe and healthy work practices on page 46).

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Using the practice guide

The practice guide steps you through four stages of assessment: information gathering, analysis, action and review. It describes features of the approach and provides tips for good practice. It also suggests reflective questions that you might consider now, to provide a baseline for future reflection.

Although the practices described in the guide are appropriate to all children and young people in terms of risk assessment, the process of working through assessments may vary according to age or developmental stage or because the child is from a particular vulnerable group such as Aboriginal or CALD communities. These variations are marked by the following icons:

Aboriginal

CALD

Young person

Using the recording templates

The practice guide contains a set of recording templates to structure your documentation and analysis of information. The forms have many components and might need to be tailored to the context of your work.

It is critical that the templates are **never** used as interview schedules or checklists. Your conversations with clients should be primarily led by them.

The templates should *never* be completed by clients.

There are more detailed notes on using the recording templates on page 47 of the practice guide.

Using the practice resources

Family violence professionals and organisations have varied experience working with children. The practice resources at the end of this practice guide provide a range of suggestions to support implementation of the practice guide.

Key terms

Family violence

For the purposes of this guide, family violence is defined as an issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends self-harm, injury and suicide. In the case of Aboriginal families, family violence also includes one-on-one fighting and abuse of Indigenous community workers.

Victoria's *Family Violence Protection Act 2008* has its own definition of family violence that is used to frame legal responses.

Unborn children, infants, children and young people

This practice guide applies to assessment of the safety and needs of unborn children, infants, children and young people from prior to birth to age 18. Where it uses 'children' or 'children and young people' only, this refers to all unborn children, infants, children and young people unless otherwise stated.

Aboriginal and Torres Strait Islander

This guide uses the commonly accepted Commonwealth definition, in which an Aboriginal or Torres Strait Islander is a person who:

- is of Aboriginal or Torres Strait Islander descent; and
- identifies as being of Aboriginal or Torres Strait Islander origin; and
- is accepted as such by the community with which the person associates.

The term Indigenous was initially endorsed by the Indigenous Family Violence Partnership Forum and is reflected in the Indigenous Family Violence Strategy; however many in the community prefer to identify as Aboriginal. In this guide, the term 'Indigenous' is used in relation to that strategy and published research; the term 'Aboriginal' refers to people and communities. It is important to recognise that Victoria has a number of rural and/or relatively isolated Aboriginal communities.

Aboriginal cultural support worker

An Aboriginal and/or Torres Strait Islander person who provides advocacy for a client and advises a non-Aboriginal worker about the cultural dimensions of working with that client. Professionals who may be able to provide this form of support in the context of family violence assessment include Aboriginal workers in family violence programs, Aboriginal health workers, Aboriginal social and wellbeing workers, and other staff from Aboriginal Community Controlled Organisations (ACCOs). Some ACCOs have specialist family violence workers.

Services differ between regions and you should identify which organisations and workers are most appropriate to consult with in your area.

Culturally and linguistically diverse (CALD)

Cultural and linguistic diversity refers to the wide range of cultural groups that make up the Australian population and Australian communities.[2] This practice guide uses 'CALD' to describe people whose sense of identity encompasses a specific cultural, racial, religious or linguistic affiliation other than the majority Anglo-Celtic culture or Aboriginal or Torres Strait islander cultures. This sense of identity might arise from their own or their parents' or caregivers' place of birth outside Australia, or their ancestry, ethnic origin, religion, preferred language or language/s spoken at home.

Infant

This refers to children from birth until age three.

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Mother

For non-Aboriginal families, the term 'mother' is used to refer to any female parent, not only biological or birth mothers. In this context, it is mothers who most often have first contact with the family violence system.

Motherhood is a cultural construct and when working with Aboriginal families, you should be guided by them in who they see as the child's mother. In some Aboriginal communities, the child's mother's sisters (aunties) play an active and recognised role and are also considered the child's mothers.

Father

For non-Aboriginal families, the term 'father' refers to any male parent, not only biological fathers. It is important to note that there is some evidence that children are more likely to be abused by a step-father.

Fatherhood is a cultural construct and when working with Aboriginal families, you should be guided by them in who they see as the child's father. In some Aboriginal communities, the child's father's brothers (uncles) play an active and recognised role and are also considered the child's fathers.

Perpetrator

This practice guide primarily uses the term 'perpetrator' for the person using violence, which in this context is most often the child's father or step-father and/or (former) partner of the mother.

Some women also offend against children, as do siblings. There are prompts to explore this in the course of assessment; however, for the sake of clarity, 'perpetrator' refers only to the male user of violence.

In Aboriginal families and communities, it is important to recognise the role of state and other institutions in perpetrating violence.

Caregiver

The primary caregiver for some children and young people is an adult other than a parent or step-parent. Most often, children and young people come into contact with the family violence service when they are in their mother's care. This practice guide primarily uses the term 'mother' in this context, but also uses 'caregiver' to mean to any person in a parenting-type role.

Family

This guide defines family as those people who consider themselves a family (whether or not they are related by blood or marriage). In many CALD families, grandparents or others often provide primary care. Aboriginal children are born into a broad community of care that consists of immediate family, extended family and the local community.[3]

Facts about children and family violence

More than one million Australian children are affected by domestic violence.[4]

Almost one quarter of young people have witnessed physical domestic violence against their mother.[5]

There were 35,720 recorded family violence incidents in Victoria during 2009–10 (some of these incidents may have involved the same families). In 40 per cent of these cases children aged under 16 witnessed the violence.[6]

Around 64,800 children — or 16 out of every 1,000 Australian children — accompanied a parent or guardian to a SAAP agency in 2006–07. These children were either homeless or at risk of becoming homeless.[7]

The rate of co-occurrence of Australian children experiencing *physical* abuse and being exposed to domestic violence, and experiencing *sexual* abuse and being exposed to domestic violence has been estimated at 55 percent and 40 percent respectively.[8]

More than half of women who experience partner violence in their lifetime will be caring for their children during the time they are in the relationship.[9]

Studies have found that:

- one third of women who experienced violence from a partner continue to experience it when they are pregnant For 15 per cent of those women, the violence commenced during pregnancy[10]
- forty-two per cent of Indigenous young people reported witnessing violence against their mother or stepmother, compared with 23 per cent of all children[11]
- children who had experienced family violence continually reported a need to talk with someone about those experiences[12]
- children experienced significant risks in shared parenting arrangements when the arrangement involves substantial shared time with the violent parent[13]
- three quarters of Australian women who had experienced domestic violence and ended their relationships, subsequently experienced post-separation violence and reported that child contact arrangements were their most consistent point of vulnerability to post-separation violence[14]
- women were eight times more likely to hurt their children while they were living with a violent partner than when they were safe from violence[15]
- women who were abused were at least twice as likely to physically abuse their children; with depression playing a major role in whether they did so.[16]

Extensive reviews of published research have found that children who are affected by domestic violence experience significant negative impacts to their physical, psychological, emotional, social, behavioural, developmental and cognitive well-being and functioning.[17]

Child assessment in the IFVS

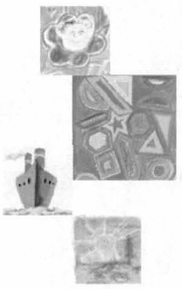
This chart provides an overview of child assessment in different contexts within the IFVS. Your organisation needs to decide what information to gather and how to gather it.

Key: ☎ Telephone interview 💬 Face to face interview 👁 Observation

	Telephone intake	Crisis response	Outreach or support	Case management	Other
Form of assessment	Initial assessment	Initial assessment	Comprehensive assessment	Comprehensive assessment	Comprehensive assessment
Service context	Women and children's crisis intake Men's behaviour change intake	Women and children's crisis response	Women and children's family violence outreach services Men's behaviour change program	Intensive case management for women Intensive case management for men Intensive case management for Aboriginal women and children Intensive case management for Aboriginal men Aboriginal healing and time-out services	Counselling or other recovery work for women and children Parenting after violence perpetrator program
Purpose of assessment	Identify immediate risks to child's safety and mobilise an appropriate service response	Identify risks to child's safety Identify immediate needs and ensure an appropriate service response	Identify risks to child's safety Identify information, referral and support needs	Identify risks to child's safety Identify immediate and projected needs and ensure an appropriate service response	Identify risks to child's safety Identify counselling needs (women and children) Identify parenting needs (women) Identify parenting needs (perpetrators)
Primary information sources and methods for gathering	Mother ☎ Child or young person* ☎	Mother ☎ Child or young person* ☎ 💬 👁 Infant 👁	Mother 💬 Child or young person 💬 👁 Infant 👁 Perpetrator** 💬	Mother 💬 Child or young person 💬 👁 Infant 👁 Perpetrator** 💬	Mother 💬 Child or young person* 💬 👁 Infant 👁 Perpetrator** 💬
Professional information sources (professionals)	Police	Police Hospital School counsellor	The child's general practitioner, school, kindergarten, childcare provider or MCH nurse # Other specialist services that provide care, treatment or support to the child or the child's family member/s, such as drug and alcohol services #		
Extra information sources	Unlikely to be used	Unlikely to be used	Any of the child's other attachment or parenting figures *** #		

* If appropriate to the child's age and level of maturity
** Only in the context of service delivery to the perpetrator, such as a men's behaviour change program, men's case management or Aboriginal specific men's services
*** For Aboriginal families or families from CALD communities, these people might include extended family or other significant members of the child's community
# Consent is required from the child's parent for information to be collected or shared from other family members or professionals (other than Child Protection or Child FIRST)

Underpinnings



Principles for assessing children

This practice guide recognises that family violence is most likely to be committed by men against women, children and other vulnerable people. It is based on the principles that:

- Children's best interests are always paramount
- Children's wellbeing is about much more than the absence of risk
- Every child has a unique experience of family violence and their own specific needs
- Children can contribute to their own assessment — directly and/or via a professional's observation
- Children have a right to be involved in decisions that affect them, in ways appropriate to their capacity
- Children might need support to have their voices heard within their family and the service system
- Children's views and needs change; therefore their assessment is an ongoing process
- Children's silence is not a reason to stop listening to them. Children must be allowed their own time, space and trusting stable relationships, to talk when they are ready and to communicate in any way that suits them
- Children must be assessed individually, with significant reference to their family context
- Children's cultural, spiritual, gender and sexual identities must be respected and affirmed
- A secure primary attachment is critical for all children
- Children thrive when they have strong, positive relationships with their family members and other significant people
- Parents might need support to reach decisions and take actions that are in children's best interests
- Children are service users in their own right and organisations require appropriate policies, procedures and practices to ensure they receive quality services
- Children's needs are best met by a whole-of-system response, involving universal, specialist and tertiary services as required
- All adults share responsibility for working towards children's best interests.

Thinking and talking points:

To what extent does my current practice reflect these principles?

What are my priorities for enhancing my practice?

What needs to change in my organisation so that I can work to these principles?

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Legislative context

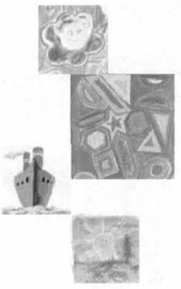
Victoria has a strong set of principles, frameworks, legislation and resources to inform assessment of unborn children, infants, children and young people who might be affected by family violence. Chief among these is CYFA, which provides a legislative framework for family services, child protection and placement services to work together and in partnerships with parents, professionals (including family violence professionals) and communities to:

- meet children's needs through better prevention and earlier intervention
- promote children's best interests in all assessment, planning and action to protect their safety and help them reach their full potential
- achieve better outcomes for Aboriginal children, ensuring they remain connected to their community and culture
- provide better support to families, tailored to the individual needs of each child and family
- provide a high quality care system to deliver better assessment and treatment, stable relationships and improved outcomes for children in care.

Children's rights to safety and wellbeing are also recognised in the Victorian Charter of Human Rights and Responsibilities and the UN Convention on the Rights of the Child.

Reflective question:

How does the CYFA inform our policies, procedures and work practice?



Service context

In recent years, considerable progress has been made towards service integration in the relevant sectors, including initiatives in strengthening risk management, work through the regional family violence committees, and establishment of Child and Family Services Alliances in each Child FIRST catchment involving all funded family services (including Aboriginal family services) and Child Protection. There are Partnership Agreements are in place across Integrated Family Services, DHS Child Protection and family violence services in each region.

Unborn children, infants, children and young people affected by family violence have a very diverse range of safety needs, requiring differing responses from the service system. Some require state protection or highly specialised therapeutic intervention; many others need a community-based response.

An integrated response to the safety and needs of children and young people affected by family violence can be understood within a 'public health' framework, involving:

- universal services, such as maternal and child health, GPs, schools, kindergartens and childcare services
- specialist services, such as family violence services, integrated family services, and child and adolescent mental health services
- tertiary (or statutory) services, such as Child Protection and Placement Services, police and justice services.

Universal services often have the most pivotal and enduring connections with children and their families, making it critical that family violence professionals work with them as part of an integrated response.

Reflective question:

What links does our agency have with universal and specialist children's services?

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Victoria's Best Interests Framework

Victoria's Best *Interests Framework* (see Figure 1) looks at three dimensions of a child's experience — their safety, stability and development — taking into account their age, stage, culture and gender. The *Framework* structures family violence assessment of unborn children, infants, children and young people in this guide, ensuring that assessment considers all of a child's needs, not only their safety from violence. This also maximises consistency with the language, frameworks and assessment practices of Child Protection and integrated family services.

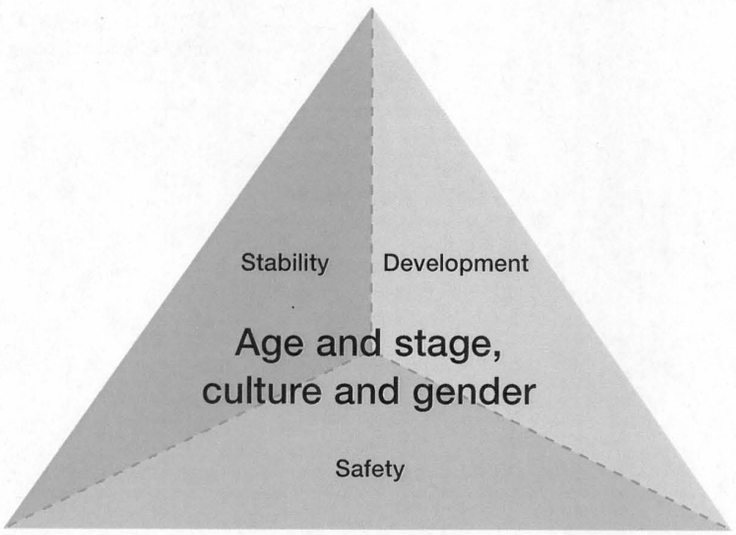
In the Best Interests Framework:

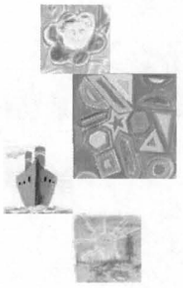
- safety refers to physical, emotional, sexual, cultural and spiritual safety
- stability refers to connections to family, friends, community and culture, as well as financial and housing security
- development refers to health and growth, education and learning, identity, and social, emotional, spiritual and behavioural development.

These dimensions are viewed with consideration to the interlinked factors of:

- the child's **age**, and the physical, social, emotional and behavioural developmental milestones they might be expected to have attained (children who are affected by family violence are often delayed in reaching these milestones; specific milestones should be adjusted for children with a disability or developmental delay, however caused)
- how the child's and family's **culture** might impact on their experience of family violence, parenting practices, perceptions of child development and child raising, and the roles and responsibilities of children at different ages
- the different ways that girls and boys are **gendered** by society, and the impacts this might have on how they express their feelings, their development and their relationships.

Figure 1: The Victorian Best Interests Framework





Family violence and children's best interests

Children's vulnerability to harm

Childhood and adolescence are the most formative periods of a person's life. Depending on their age, capacity/functioning and developmental stage, a child is likely to rely on their parents/caregivers to provide the preconditions for their stability, safety and development. Children who are affected by family violence are especially vulnerable to:

- direct harm from experiencing family violence, such as:
  - death or injury
  - trauma, which might be a single, sudden and unexpected event that renders them temporarily helpless and breaks down their ordinary coping and defences, or a response to long-standing repeated events that are frightening or terrifying
  - disrupted attachment (see below)
  - disrupted development (see below)
- harm from the consequences of experiencing family violence, such as:
  - leaving their home, friends, school, neighbourhood to live in greater safety
  - not having access to favourite or familiar toys, clothes, books, or treasured possessions if they leave home
  - living in a refuge or temporary accommodation (and all the difference of experience and hardship that this entails)
  - being left behind by their mother if she flees seeking safety
    being separated from their family due to safety concerns
  - being stigmatised among peers (for example, because they cannot invite friends home)
  - their mother's parenting capacity being compromised by the violence.

These wide ranging impacts of violence indicate that a child might be harmed by family violence even if they do not experience trauma. The term 'cumulative harm' refers to the effects of patterns of circumstances and events in a child's or young person's life that diminish their sense of safety, stability and wellbeing. Cumulative harm is the existence of compounded experiences of multiple episodes of abuse or 'layers' of neglect.[18]

The unremitting daily impact of trauma and cumulative harm can be profound and exponential, covering multiple dimensions of a child's life.[19] The extent of their impact will depend on many factors, including the nature of the trauma experience, the response of their primary attachment figure to the trauma, their family context, their formal and informal support, and their personality and temperament. Their stage of development when the violence occurs is also critical.[20]

> **"Children often lose the ability to play when they are traumatised by family violence. We need to encourage parents to actively engage their children in play."**
>
> *Children's family violence counsellor*

Babies and toddlers who are affected by family violence often cry excessively and show signs of anxiety and irritability. They frequently have feeding and sleep difficulties. They are often underweight for their age and have delayed mobility. They often react to loud noises and are wary of new people. They might be very demanding or very passive.

Preschool children lack the cognitive maturity to understand the meaning of what they observe and the verbal skills to articulate their feelings. They exhibit their emotional distress by 'clinginess', eating and sleeping difficulties, concentration problems, inability to play constructively and physical complaints. Immature behaviour, insecurities and reduced ability to empathise with other people are common for this age group. Frequently, children have adjustment problems, for example, difficulty moving from kindergarten to school.

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As they get older, children start to observe patterns or intentions behind violent behaviour. They often wonder what they could do to prevent it, and might attempt to defend themselves or their mother. Pre-adolescent school-aged children have the capacity to externalise and internalise their emotions. Externalised emotions might manifest in rebelliousness, defiant behaviour, temper tantrums, irritability, cruelty to pets, physical abuse of others, limited tolerance and poor impulse control. Internalised emotions might result in repressed anger and confusion, conflict avoidance, overly compliant behaviour, loss of interest in social activities, reduced social competence and withdrawal, or avoidance of peer relations. Overall functioning, attitudes, social competence and school performance are often negatively affected, and children often have deficits in basic coping and social skills. The low self-esteem engendered by experiences of violence is exacerbated by these other effects.

Adolescents who have experienced family violence are at increased risk of academic failure, dropping out of school, delinquency, eating disorders and substance abuse. They frequently have difficulty trusting adults and often use controlling or manipulative behaviour. Depression and suicidal ideation and/or behaviours are common. Adolescents are also at greater risk of homelessness and of engaging in delinquent and/or violent behaviour.

Common impacts of family violence on children that you might observe are summarised in Practice resource 2.

For information on common developmental milestones and age-specific indicators of trauma, see the Victorian Trauma Guides (www.cyf.vic.gov.au).

Trauma can often contribute to developmental delays and difficult behaviour in children. Consider assessment by a paediatrician or Early Childhood Intervention Services, but do not defer other forms of action.

Family violence as an attack on the mother-child relationship

Many perpetrators of family violence use tactics involving children, in order to directly or indirectly targeting women in their mothering role. A wide-ranging literature review on women's parenting in the context of family violence found that perpetrators commonly use tactics such as:

- making their child witness the violence or otherwise involving them in the violence, as a means of deliberately adding to women's distress and trauma
- attacking women's confidence in their capacity or effectiveness as mothers
- undermining women's actual and felt relationships with their children
- dominating women's attention and time so that they have little to spend with their children
- making women physically or psychologically unavailable to parent
- harassing women via child contact and financially exhausting them by pursuing repeated family court appearances
- repeatedly denigrating women's character and worth as a mother–to her and/or to her child
- undermining women's felt and actual parental authority (for example, by constantly over-ruling them in front of the child)
- using the family law and child protection systems against women (for example, by threatening to expose them as 'bad mothers' or to report them to child protection).[21]

Other research has found that perpetrators of family violence often retaliate against the non-abusive parent for her efforts to protect the child. If, as a consequence, she ceases her protective behaviours over time, the child might come to believe that she no longer cares about them and/or that the violence is their fault.[22]

It is common for perpetrators of family violence to involve children directly in violence, for example, by demanding they monitor and report on their mother's movements or disclose where she is. Sometimes perpetrators of violence encourage children – explicitly or implicitly – to participate in verbal or physical abuse of their mother.[23]

Some fathers target direct abuse at particular children within the family, in order to create alliances against the mother.[24] Other ways of creating divisions within the family include the use of favouritism and manipulation to escalate sibling conflict or familial tensions.[25]

Many of these tactics have deep and longstanding effects on mother-child relationships. They can undermine trust so that the child does not confide in or seek support from their mother. They might result in the child having a distorted view of their mother (for example, as irrational, unloving, incapable or evil). For young children, they might prevent or hinder the establishment of a primary attachment (see below).

For all of the above reasons, family violence that involves children must be conceptualised as an attack on the mother-child relationship.[26]

Disrupted attachment

Evidence shows that positive attachment relationships between children and their parents and caregivers are crucial to their development.[27] Sensitive, responsive care giving from the primary attachment figure (usually the mother) builds a secure child—caregiver relationship, promoting optimal physical, behavioural, social and emotional development. From there, children form attachment relationships with other people with whom they have an ongoing relationship and experience as a source of safety and nurture.[28]

Benefits of a strong attachment for children include greater capacity for emotional regulation, coping skills and positive social interactions. Attachment relationships are most often discussed in the context of infancy and early childhood, but they continue to influence development into adolescence and beyond.

Secure attachment is more likely to be achieved when a parent:

- is emotionally available to their child
- assists the child to regulate or talk about their emotions
- responds empathically to their child
- comforts their child
- teaches their child
- plays with their child
- sets limits
- responds and interacts in predictable ways.

Family violence disrupts a child's attachment to their mother in many different ways (see above). A child's attachment to a father figure who perpetrates violence against them or their mother is an area requiring further research.[29] Because attachment is a developmental imperative, a child might still attach to a man in these circumstances; however, research (see page 20) indicates that men who use violence are unlikely to display the parenting characteristics required for secure attachment.

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It is not your role as a family violence professional to assess attachment (instead refer concerns about caregiver-child interaction to a specialist service such as CAMHS). However, it is helpful to be aware of the most common forms of disrupted attachment:

- avoidant attachment, in which the child shows little emotion or actively or passively avoids their parent, perhaps because the violence has made them unable to provide a secure base from which the child can explore (for example, the parent is unable to be welcoming, comforting or reassuring when they return)
- ambivalent attachment, in which the child indicates distress and reaches for comfort, but is not easily or willingly comforted by their parent, perhaps because she or he is unpredictable in responding to their cues
- disorganised attachment, in which the child combines ambivalent and avoidant behaviours or behaves erratically, perhaps because they perceive their parent as both comforting and frightening (in the case of their traumatised mother, this might be because she looks fearful).[30]

Disrupted or insecure attachment between a child and either parent does not mean there is an absence of love or even affection. Thus, a child might express feelings of love for a parent, while also displaying disrupted attachment. It is not uncommon for children to have deeply ambivalent or confusing feelings towards both their mother and the perpetrator.

> **"As adults we have trouble making sense of violence towards women. This is even more difficult for children. During assessments it is important to continually allay the child's unspoken fears — to tell them, you can love your Dad but hate his behaviour... to tell them, you are not alone."**
>
> *Children's family*

Not all children experience family violence in their early years, and not all children who are affected by family violence in their early years have disrupted attachment to their mother. Research indicates that secure attachment (usually to their mother) can be a factor in the resilience of children who are affected by family violence.[31]

Research has shown that when abuse stops, a child's attachment to their mother improves.[32]

Disrupted development

Development is a dynamic process that continues throughout the lifespan. It is cumulative, with early developmental tasks providing critical skills or traits that form the foundation for later, more complex tasks.[33]

Children's developmental needs must be met in an ordered, sequential manner if they are to thrive. If early basic needs are not met, neural pathways and brain development are compromised, preventing higher-order cognitive, emotional and social learning, healthy growth and development.[34]

Extensive research has shown that family violence, especially in the early years, significantly disrupts children's development, largely because it:

- disrupts attachment
- over-develops regions of the brain involved in anxiety and fear responses, and causes other physiological limits to development
- limits children's opportunities for interaction and play-based learning.

Family violence can also disrupt children's development via its effects on school attendance, housing security, social connectedness and educational or social factors.

Parenting capacity

A child's safety, stability and development are affected by their parents' capacity to act and make decisions in their best interests. Thus, assessment must consider parenting capacity, both in the current context of family violence, and in the future. Issues for attention include parents' attitudes to the child; their capacity for meeting the child's needs; their attitude to the harm that has occurred; their supports; and their ability to solve problems. Family violence and other forms of child abuse often co-exist, so it is critical to consider the disciplinary strategies that parents use to set limits, and the consistency with which these are applied.

It is critical to recognise that a family's beliefs, attitudes and practices in relation to parenting are deeply affected by culture. Practice tips for cross-cultural assessments of parenting capacity are included on page 26.

Women's parenting capacity

Women's parenting capacity needs to be framed carefully. Women are generally regarded as having primary responsibility for children's health, wellbeing and development. This social expectation creates a concurrent expectation that women deliver the conditions of safety needed to achieve these outcomes. Thus, blame for a child being unsafe can fall on a woman for 'failing' to leave the relationship or protect the child, rather on the perpetrator for using violence. This relieves men of accountability for the effects of their behaviour on children. By contrast, women can face intense pressure to take responsibility for children's exposure to violence, whether by leaving their relationship, or on the other hand, by facilitating a continued relationship between a child and their father.

The community needs to achieve a balance between ascribing too much or too little responsibility to women for their parenting practices. When sole responsibility is assigned to women, they might feel shamed, marginalised or punished; the effects of the violence they themselves have experienced can be trivialised or minimised. Yet when the responsibility women *do have* is denied or removed, it risks '[making] them too small as individuals and [reinforcing] the passivity that was inherent in the experience of victimization'.[35]

Thinking and talking points:

To what extent do I achieve a balance between holding women responsible for their children's interests, and recognising what is and is not within their control?

Where do I situate men's responsibility for the impacts of family violence on children?

What do I find challenging in this aspect of practice? What might help me to achieve more balance, more often?

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Men's parenting capacity

Research shows that in *two-parent, heterosexual couples*, fathers' engagement — in the form of play, reading, outings or care-giving activities — positively affects the social, behavioural, psychological and cognitive outcomes of children.[36]

Most children who are affected by family violence will continue to have contact with the perpetrator of the violence, at the time of assessment or in the future. Thinking about his capacity to keep the child safe, and even to help them heal, is an important task in family violence assessment.

Children can be an important motivating factor for some men to seek help to stop using violence. However, it is important that professionals are cautious about accepting men's claims about the nature of their relationships with the children in their lives. The experience of Victorian men's behaviour change professionals is that many perpetrators go to great lengths to present themselves as 'good fathers', and this is often an important part of their identity. Yet in reviewing relevant research, Hunt[37] and Bancroft[38] found men's construction of love and care for their children to be based largely on their own needs, not the children's, and that men often represented their child as their possession or 'investment'. In the research, men who used violence tended to not acknowledge its impact on children, would often prioritise their right to contact over consideration of the child's potential trauma, and often had a romantic notion of their children's unconditional love for them. Furthermore, although men in the research considered violence against children less acceptable than violence against their (ex)partner, they were unaware that the latter also constitutes abuse towards their children.

Hunt's and Bancroft's reviews also found that men saw abuse, violence and force as sometimes acceptable features of good parenting, largely because they expected rigid compliance with their rules and expectations, and focused on their own needs, with the needs of their children considered secondarily or not at all. They were generally uninvolved in parenting, expecting mothers to take responsibility for day-to-day care.

There is a continuum of more or less harmful parenting practices amongst perpetrators. Research[39] has identified a number of characteristics often found in the parenting styles of men who use violence:

- **authoritarianism**: expecting to be obeyed; being intolerant of children's behaviour or needs; being unwilling to accept feedback or criticism from family members (these factors appear to contribute to increased risk of child abuse)
- **under-involvement, neglect and irresponsibility**: being less physically affectionate; leaving childcare and knowledge of the child to their mother; unrealistic expectations about children's behaviour; and inconsistent involvement and/or interest (lack of attention to the child is seen as a risk factor for child abuse)
- **undermining of the mother**: being contemptuous during arguments with her; insulting, degrading and ridiculing her; overruling her parenting decisions
- **self-centeredness**: being unwilling to modify their lifestyle to accommodate children's needs; insensitivity to children's feelings and experiences; a lack of emotional boundaries with the child; theatrical displays of his own distress; taking credit for the children's successes and blaming 'failures' on the mother
- **manipulation**: creating confusion in children about who is responsible for the violence
- **being able to perform under observation**: behaving in a gentle, caring and attentive manner in public and during supervised access.

These findings suggest that assessment of men's parenting capacity requires considerable care and must be significantly informed by their (ex)partners and children. They also highlight the importance of a continued focus on parenting within and beyond men's behaviour change programs.

Thinking and talking points:

How do we gather information about the perpetrator's parenting capacity?

How do we privilege the information about the perpetrator's parenting capacity that we gather from women and children?

How do we ensure a nuanced understanding of the perpetrator's parenting capacity?

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Family context

Everything about a child's family context impacts on their safety, stability and development. Issues for consideration include:

- who is in the family, their significance in the child's life, where they are presently
- the child's place in their family and the degree to which their needs inform what happens in the family
- strengths such as:
  - warm and supportive relationships among family members
  - connections to community
  - strong, positive cultural and spiritual identity
  - housing, food and financial security
  - provision of healthy food and opportunities for physical activity
  - a culture of education and learning
  - myriad positive opportunities for social, emotional and behavioural development.

> **"There was one boy recently who talked about how his family moved four times, every time their father became aware of where they lived. He said, 'What if dad finds us again?' He felt like he was continually looking over his shoulder. The kids were worried for themselves, but they were even more frightened for their mum."**
>
> *Family violence practitioner*

Family context also influences a child's vulnerability to family violence and their caregivers' parenting capacity. These are often interlinked, and frequently attributable to systemic issues such as barriers to access.

Assessment of children provides an opportunity to identify and respond appropriately to strengths and vulnerabilities in their family context. Specific vulnerabilities to explore during assessment are listed on page 25.

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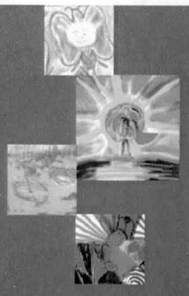

Assessment practice

Overview

The purposes of assessment

Family violence work is never easy and work with children can be especially draining, difficult and frustrating. Yet your assessment can make a difference to a child's life:

- It is an expression of interest in them and in what happens to them.
- It offers a chance for their story to be heard.
- It opens a gateway to support, resources and services within and beyond the family violence sector.

These are the key purposes of child assessment.

Stages of assessment

Assessment is a cycle, rather than a static process, with four basic stages: information gathering; analysis; action and review.

Review often leads to further information gathering, and thus the cycle begins again.

The breadth and depth of each stage will differ according to context. Some intake processes, for example, might focus almost exclusively on immediate safety. Others will also address immediate needs. The matrix *Child assessment in the IFVS* on page 9 summarises common assessment contexts, identifying the purpose of assessment, information sources and modes, and the range of actions likely to arise.

Family violence assessments in relation to other assessments

Assessments using the CRAF

Almost all family violence professionals working with infants, children and young people will also work with their mothers, the main exception being counselling work with children and adolescents.

In any work with a family, the best interests and safety of the child are paramount. There needs to be significant attention to the child's needs and risk in the course of their mother's assessment using the CRAF; however, the child's risk and needs also require individual assessment as they will be different to their mother's.

Assessments by Child Protection and Child FIRST

For some children, an assessment of their immediate safety will indicate a report to Child Protection. In these circumstances, you should make this report but also continue to assess the child's safety, stability and development. You can assist Child Protection by providing them with a copy of the child's completed assessment form and action plan, as well as copies of assessments of their parent/s.

If you know that another professional has made a report to Child Protection — for example, if a Victoria Police member has indicated this on the L17 form — you should only make a report yourself if you gather additional or new information relevant to the child's need for protection.

Families being referred to Child FIRST also require a full assessment before referral.

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One family, many assessments?

In a family where violence has occurred, each child has their own experiences and needs, and requires their own assessment. Some information might be transferable from one child's assessment to another; however, remain alert and responsive to points of difference between siblings.

There are three sections of the assessment form that may be completed once and copied to the files of all children in the family:

- Family details
- Family genogram or eco-map
- Initial assessment.

If the family has been subject to assessments by other professionals, it is preferable that these also inform your assessment. With the consent of the client, you can arrange for summaries of their records to be sent to you. It is your responsibility to judge the currency and relevance of other professionals' records.

Stage 1: Gathering information

What information to gather

The amount and nature of the information you gather depends on the purpose of your assessment. There are prompts in the sample assessment form to indicate what information you might require. Practice Resources 6 to 8 offer suggestions about how you might enquire about these issues when working with women, men, children and young people.

The assessment form provides prompts about parenting capacity under each dimension of the *Best Interests Framework*. Always ensure you consider protective factors as well as risks; strengths as well as needs.

Demographic data

Always enquire about and record the language, culture and identity of each child and adult family member. Never assume you know these, or that they will be the same for each family member.

This information must inform *all* of your subsequent data gathering. See page 43 for information and practice tips relevant to assessing an Aboriginal child or family. See page 44 for information and tips relevant to assessing a child from a CALD community.

Family context

Obtain a clear picture of who is in the child's family — the assessment form includes fields for family members' names, and space for a genogram or eco-map. Always ask whether there are absent family members who are important to the child (such as siblings from whom the child is separated).

Explore the family's circumstances in regard to:

- access to services
- financial security
- employment
- housing security
- social and community connections
- whether any family members have a chronic illness, disability or serious mental illness
- whether any family members have an addiction
- whether there is a history of family members using other types of violence or criminal activity
- whether any family members experience marginalisation or discrimination
- whether all family members' residency in Australia is secure
- whether any Aboriginal family members have experienced trauma — for example, in relation to the stolen generation or community violence
- whether any family members have experienced torture or trauma outside Australia
- whether the family lives in a rural area.

Parenting capacity

Assess the capacity of all adults in parenting roles. Give significant consideration to the mother's capacity to meet the child's need for safety, stability and development, paying close attention to ways that the perpetrator has attacked the relationship between child and mother.

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If the perpetrator is likely to have a continuing role in the child's life (as in most families), try to get insights into his parenting capacity from information provided by the child and mother. If your role includes perpetrator contact, seek evidence of his parenting capacity in your interview(s) with him, keeping in mind the potential for him to exaggerate his relationship with the child or otherwise overstate his capacity (see page 20).

In some contexts, you might also need to enquire about the capacity of a third adult. For example, this might include the child's biological father if he is not the perpetrator of the violence (for example if the child's mother has re-partnered, and that person is the perpetrator), or another primary caregiver. In many Aboriginal families, grandparents or other extended family members are primary caregivers. This is also the case in some families from CALD communities.

It is essential to be reflective about your own beliefs regarding parenting, and genuinely open to the possibility that beliefs and practices vary enormously. Every culture has its own range of values, priorities and practices in child rearing. Furthermore, 'Every area which defines a child's best interests has a cultural component. Your culture helps define how you attach, how you express emotion, how you learn and how you stay healthy."[40]

Some areas of parenting practice in which cultural differences might be evident include:

- gendering of roles and responsibilities, including care of children and older people
- the age or stage of development at which a child might assume some, many or all 'adult' roles and responsibilities
- the age at which boys and girls are expected to develop particular abilities or are given access to particular knowledge or information
- who is seen as having responsibility for decision-making and in what spheres (this might include grandmothers, aunties or other family members having particular authority in relation to children)
- acceptable ways to communicate with relatives, an Elder, or someone of the opposite sex
- acceptable ways to express feelings such as love, anger, sadness, fear, disagreement or bereavement (sorry business)
- choices around family size and structure
- who a family might turn to for information and support.

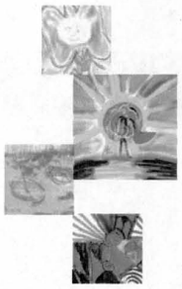
Parenting practices are also affected by other factors that interact with culture, such as experiences of racism, migration or colonisation, education, acculturation and personal history.

Thinking and talking points:

How do I ensure that my assessment of children — and particularly of parenting capacity — is culturally responsive?

How do I ensure that my assessment of Aboriginal children — and particularly of parenting capacity — is respectful?

How do I actively recognise and recover from cultural mistakes?



When assessing a mother's parenting capacity, focus on the child's best interests while also:

- keeping in mind your knowledge of how the family violence has impacted on the mother herself
- considering how the family violence has affected her capacity to parent, and her parenting practices
- considering her own experiences of abuse or trauma in childhood
- being mindful that she might have taken a range of actions to try to resist the impact of the violence
- considering whether and to what extent her parenting might be different without the violence
- identifying what she might need to strengthen her capacity to parent
- being realistic about what is and is not within the her control.

Make sure you enquire about a mother's values and beliefs regarding parenting and children's developmental needs, especially in terms of the role she ascribes to the perpetrator.

The child's safety, stability and development

For all assessments other than those that are exclusively focused on immediate safety and needs, gather information about the child's situation and their parent's capacity in relation to each of the three dimensions of the Best Interests Framework: safety, stability and development. The assessment form provides detailed prompts for information to gather for each of the three dimensions. These are summarised below.

Safety

Consider the child's physical and emotional safety and any signs of neglect.

The assessment form includes two tools for recording safety information:

- immediate safety — for use when you have limited time (for example during phone intake)
- short, medium and long term safety — for assessment in all other contexts.

Violence perpetrated by mothers

Although an adult male perpetrator of the violence has been identified via the child's mother's assessment, do not assume that he is the only perpetrator of child abuse. A significant number of children are also abused by their mothers. Sometimes this reflects an attempt to prevent a greater harm from the primary perpetrator of violence in the family. Yet women do use violence under other circumstances, which might be interlinked with but not conditional upon their own experiences of family violence.

Children can also be abused by a sibling (see page 28) or another family member.

Thinking and talking points:

How open am I to the possibility that a child might also have been abused by their mother?

What are policies and procedures apply when a child has also been abused by their mother?

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Stability

Family violence can make every aspect of children's lives unstable and insecure. As such, it is important to consider the dimension of stability very broadly.

Many of the factors you address here also link to safety. For example, understanding how an adolescent might react to not being able to connect with their friends while in refuge has implications for safety planning. The prospect of homelessness might be a key factor in a woman's decision to leave her or stay in a relationship.

In gathering information about stability, look at:

- connections to family
- connections to friends
- connections to community
- connections to culture
- housing, food and financial security
- other factors in the child's environment that contribute to their sense of stability or instability.

The assessment form provides space for you to document strengths and areas of need for the child's stability, as well as relevant issues relating to parental capacity.

Development

Development and wellbeing are very broad concepts, and assessment cannot explore them in depth. Rather it covers some basic indicators of the child's health and growth, education and learning, and social, emotional and behavioural development.

The assessment form provides space for you to document strengths and areas of need in relation to the child's development, as well as relevant issues relating to parental capacity.

If a child or young person does not have a developmental delay or disability, age is the most appropriate reference point. If they do, you must take into account specific nature of their developmental delay or disability; consultation with early childhood intervention and other disability specialists are important in this context.

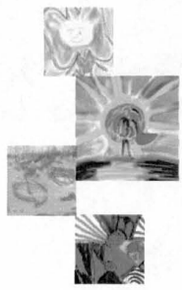
Victoria's *Child development and trauma specialist practice resource* provides a useful reference if you have doubts about the age-appropriateness of an aspect of a child's development. See **www.cyf.vic.gov.au**

Practice resource 3 documents risk and protective factors for children; use as a reference when gathering and analysing information.

Remember that development is heavily influenced by culture. Take into account what the child's adult family members see as normal for children in their community.

Reflective question:

To what extent does my assessment of children consider their stability and development, as well as their safety?



Information about immediate needs

In the urgency of attending to a family's safety needs, children's other immediate needs sometimes take less priority. In the days after a crisis, these needs can emerge as significant factors in women's choices, especially (but not only) when they and their children have left the family home in search of safety.

If you are assessing in a crisis, you should enquire about and plan to meet a child's immediate needs. Depending on age and stage of development, you might need to check that the child has:

- appropriate food and drink, and any equipment that would be helpful (a highchair, bottle, bib)
- an appropriate place to sleep (including for daytime naps if required)
- toys, space and opportunity to play, including physical activity
- their toileting needs met (fresh nappies, wipes, a potty)
- other hygiene/cleanliness needs met (several changes of clothes, fresh towels, bathing facilities they feel safe in, pads or tampons for adolescent girls)
- support to attend childcare, kindergarten or school if it is safe to do so (school should continue uninterrupted if this is possible and safe), or options for other daytime activities if not
- safe and appropriate childcare for times when their mother cannot care for them
- access to schoolwork, uniforms and an appropriate place to do schoolwork (homework and study for tests).

When these basic needs are met, mothers are more likely to be able to focus on working towards their own and their children's safety.

Information about the family's engagement with the service system

Explore the family's past and current engagement with the service system. This will help you and the family to identify potential partners in any care team, and provide a basis for you and the family to overcome barriers to their engagement and uptake of any referrals.

Use of violence by children and young people

Children and young people who are affected by violence often use it themselves — as a learned behaviour and/or an expression of grief, loss and trauma. Their violence might be frightening, challenging and dangerous; however it is important that it is not perceived, characterised or understood as the same as their male parent's — even when it evokes his behaviour. Violence from a child or young person who has been affected by family violence may be a fear reaction, an attempt to impose control in a chaotic environment, a call for help, a test of an adult's love and commitment, or another reaction to a present or past experience of family violence. It may also be a means of controlling family members.

It is important to remember that young people who experience family violence are also impacted by trauma – this may affect their capacity to regulate emotion, deal with stress, delay impulse control and a range of other adaptive behaviours. While the experience of trauma is not an excuse for violent behaviour, it is important to acknowledge how it may have impacted on the developing child.

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The challenge for family violence professionals in assessment is to uphold the right of all family members to live in safety and without fear while exploring ways to strengthen family connections and address the individual needs of each family member. In this, it is critical to probe deeply any intimation that the child or young person might be using any form of violence (including intimidation or manipulation) against their mother, father, sibling or other relatives.

When assessing or managing risk for children and young people who use violence, you need to acknowledge their vulnerability (their experience of violence, their developmental needs, their lack of power) while not accepting their use of violence and intimidation against others.

Make safety plans for all family members, including the young person. Safety planning for the latter may include addressing mental health issues, alcohol and other drug use and other concerns. A trusting relationship with professionals around these issues establishes foundations for later work to address the violence, if it is still occurring.

Hopes and fears for the future

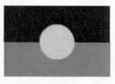
As in all family violence work, enquire about the family's hopes and fears for the future, including for a future without violence. Here, you might explore what the family sees as barriers to fulfilling their hopes, as well as their values or belief systems (such as those regarding the role of fathers).

Methods for gathering information

Information might be gathered via:

- informal or formal discussions with women, children and other informants
- deliberate observation of children, especially in their interactions with their mother
- documentation or information from other sources
- meetings.

While it is preferable that your assessment is informed by direct contact with children, in some contexts you might assess a child without ever coming face to face with them.



If you are assessing a child or parent who identifies as Aboriginal, you should offer the option of support from an Aboriginal cultural support worker.

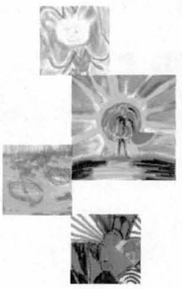
If you are assessing a child or parent whose culture or identity is different to your own, you should offer the option of support from an appropriate bicultural worker.

Discussions

Family violence professionals are skilled at discussing complex and difficult subjects. However, they vary in the level of experience they have in working directly with children, and talking with parents about their child and their parenting.

This practice guide includes suggested questions to guide discussions with women (including talking with pregnant women about their unborn child), perpetrators, and children and adolescents.

> **"Children love the one on one attention during assessments. They are able to express themselves eloquently through artwork and play. They have a great ability to heal through creativity."**
>
> *Children's family violence counsellor*



These cover:

- introductory questions
- questions regarding each of the dimensions of the *Best Interests Framework*
- questions regarding service use and service needs.

These questions are provided as examples only; you might wish to ask additional or alternative questions.

Whatever you ask, your questions should not be asked one by one as if you are taking a questionnaire. Rather, treat the questions as prompts for a natural, two-way conversation. Explore each question in detail if a response is ambiguous or unclear or does not give you much information — 'Can you tell me more about that?' or 'Could you explain that a little more for me?'

When talking with a child, be realistic about what you can cover in a single assessment session. Make provisions for breaks and appropriate light relief. Few children can dwell on difficult subjects for long, so pausing to make a warm drink or play a game can help children manage the intensity of the conversation. It can help to work out with an older child or adolescent how they might signal that they need a break.

You should seek a child's parent's permission before interviewing them.

Observing

Observation can play a key role in assessment, but it is important to recognise its limitations. When children are in an artificial situation, unwell, stressed, interacting with someone they do not know, or have not had their basic needs met, their behaviour is affected and is unlikely to be typical for them. Seek information from other sources about how the child *usually* is in a range of situations — for example, in the aftermath of violence, when they are feeling more relaxed or when they are worried. Adults in the child's life can also provide valuable contextual information that might explain, add to or enrich your observation.

> **"If children are overly quiet or compliant, this may be a coping strategy that they have learnt to keep themselves safe amidst violence. Invisible children are often those who are the most traumatised."**
>
> *Children's family violence counsellor*

It is helpful to observe a child's interactions with their mother and other significant adults in the child's life.

Some of the behaviours you might observe in children are included in **Practice Resource 2**.

Thinking and talking points:

What is my experience of using observation to gather information to inform assessment of a child?

How comfortable have I felt in the role of observer?

What do I need to know or do to strengthen my observation practice?

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Documentation or information from other sources

Before assessing, consider all the available documentary information. For example:

- if the family has been formally referred by Victoria Police, there will be information relating to the child in the L17 form
- if the family has previously had contact with your agency, consult their file/s before your assessment.

In assessment for case management or counselling, you might ask the family's permission to contact other professionals who know their situation and/or who are working with them, or who might do so in future (for example, because you might refer to them). These professionals might include teachers, general practitioners, drug and alcohol workers, social workers, maternal and child health nurses, and childcare workers. With the exceptions of reports to Child Protection, referrals to Child FIRST and other specific circumstances, you must obtain the parent's consent and (if appropriate) the consent of the child or young person themselves, before collecting any information from another professional in a universal or specialist service, or sharing information with them. The following provide useful guides to sharing information about children:

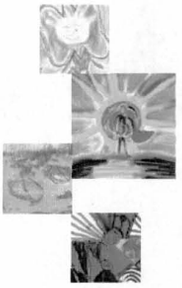
- *Providing support to vulnerable children and families: Information sharing authorised by the* Children, Youth and Families Act 2005: *A guide for Family Violence Service managers and workers in Victoria*
- *Providing support to vulnerable children and families: An information sharing guide for authorised Information Holders or professionals employed by Service Agencies in Victoria according to the* Children, Youth and Families Act 2005.

Meetings

If a family's situation is complex and/or an integrated response is likely to involve multiple agencies or professionals, a face-to-face meeting or phone linkup of all relevant professionals helps ensure that all relevant information is available to the assessment and action plan.

It is usually desirable for the parent (and, if age appropriate, the child or young person) to participate in all or part of a meeting (this is usually referred to as care team). Consider what support the parent (and child) might need to genuinely participate in the meeting. Talk through the process beforehand and invite them to bring along a trusted friend or an advocate.

In some cases, it is either impracticable or not desirable to involve the parent. Consent is not required for professionals to meet and discuss a family's needs, but it is good practice to advise the parent that a discussion will take place.



Stage 2: Analysing the information

You need to analyse all available information to arrive at a course of action that is in the best interests of the child. The assessment form provides prompts for you to systematically consider a range of issues, including:

- needs that must be addressed immediately to ensure the child's safety or immediate wellbeing
- patterns and issues that might affect the child's safety, stability and development
- issues that you or another professional might need to address to ensure that the child and their family get the best outcomes from their engagement in the service system
- strengths and protective factors that the family can build on.

In weighing up information, first consider risk to the child, and second, the child's needs and rights.

In considering **risk**, you must look at:

- the pattern and severity of harm
- the child's vulnerability (taking into account age, stage, culture, temperament, personality, physical or intellectual disabilities, socio-economic and familial factors)
- strengths and protective factors (including how these are sustained)
- the likelihood of future harm.

Refer to the checklist of risk and protective factors in **Practice resource 3**.

Many of the child's **needs** are likely to be inseparable from those of their family, and some will be met by support work with their mother/caregiver. However, it is also possible that a child's needs might appear to (or actually) conflict with those of their mother or another family member.

If a child's mother does not believe — even after questioning through the assessment process — that there are risks to her child's safety, and if the findings of your assessment suggest otherwise, you need to support her to understand these risks. Your role is to help women recognise the seriousness and impact of family violence on themselves, and also on their children.

Ultimately, if neither parent is willing or able to act on their child's safety, stability and development needs, you need to consider the risk of harm that arises and take appropriate action to report to Child Protection or refer to Child FIRST.

A child's **rights** include not only their rights to safety and wellbeing, but also to have their views and opinions taken into consideration in decisions which affect them.

Your assessment might reveal that a young person is using violence against their mother or sibling/s. This is an increasingly common presentation to women's family violence services. At such a relatively young age, it is helpful to understand the use of violence as an impact of family violence, for which the young person needs an empathic service response. Seek advice from a service that specialises in working with young people who use violence. Also consider convening a care team (see page 35)

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Stage 3: Acting on an assessment

Planning a course of action

The best interests of the child are paramount in determining what actions you will take.

It is not the responsibility of the integrated family violence system to meet all of a child's needs. Unborn children, infants, children and young people affected by family violence require a response from the whole service system, not only the IFVS. Your role is to provide services appropriate to your service context, and refer where your agency cannot meet a child's needs. In many instances, your referral will be for a child's mother — in order to strengthen her parenting capacity.

> "Relationships between mother and children are often eroded through family violence — we need to assist them to reconnect, have fun and play together. This is crucial to the wellbeing of the child."
>
> *Children's family violence counsellor*

In planning a course of action, you should consider:

- what actions (by whom, within what time frame) would make a difference to the child's safety and immediate needs in the short term
- the extent to which your agency can facilitate these and what your agency's role might reasonably be
- which other professionals and/or agencies might be able to offer resources, skills and practice wisdom to provide a holistic response to the child and family, and what might facilitate or inhibit their involvement.

In some assessment contexts, you might also look at the child's supports within their extended family and community.

After arriving at a conclusion about risk and a possible course of action, it is preferable to check this with the child's mother, and the child and other family members as appropriate

If you are having difficulty making a judgement about a course of action to take, or if you and the child's mother (and/or the child) have a difference of opinion, consider seeking input from colleagues or prospective members of a care team (see page 35)

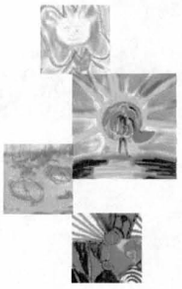
You may seek advice from Child FIRST to inform your decision making (**see Practice Resource 10**)

Reflective questions

What informs my decision making about a course of action to take for a child?

To what extent are women and children involved in the process?

How do I check that women and children have understood what we have offered and all the options available to them?



Options for action

There are many options for action to meet children's needs for safety, stability and development:

- develop a safety plan
- make arrangements to address immediate needs
- meet the required needs directly
- develop a case plan
- convene a care team
- refer to a universal or specialist service
- refer to a specialist in child trauma
- advocate on behalf of the child
- develop a therapeutic plan
- report to Child Protection
- refer to Child FIRST.

Each of these is detailed below.

If there is no or a low risk to the child's safety, stability and development and the child's mother is satisfactorily linked into the service system, it is possible that minimal action will be required beyond a safety plan. An example of this might be if a woman's new partner (not the father of her child) used violence against her and she immediately ended the relationship.

Keep in mind that children of all ages need opportunities for play, positive connections and normal development. Children who are affected by family violence will almost certainly also need opportunities for renewed connections with their mother.

Develop a safety plan

All children who have experienced family violence require a safety plan:

- for unborn children, infants and younger children, this might be contained within their mother's plan
- older children and young people require their own safety plan, given their potential for independent mobility and action.

> **"We know children feel safe when they can play and go to sleepovers and parties when they know there mother is safe and they are not needed to protect her."**
>
> *Children's family violence counsellor*

Safety planning must be informed by a detailed consideration of parental capacity. Where other agencies are involved or likely to be, safety planning should also involve them.

Practice resource 9 provides detailed guidance on safety planning for children.

Make arrangements to address immediate needs

As noted, infants, children and young people in crisis often have immediate practical needs that should be attended to efficiently. If you cannot meet these, work with the child's /caregiver to establish priorities and a course of action.

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Meet the required needs directly

Whether and how your agency is involved in addressing the child's needs directly depends on your agency's role in the integrated family violence system. Some agencies can work with children on a counselling or long term basis; these are beyond the brief of others. If your agency is not currently clear on its role — especially in relation to supporting parenting capacity and working directly with children — it is important to clarify this now.

Develop a case plan

Children require a case plan after comprehensive assessment, even if they are being referred to Child FIRST or Child Protection. In some instances, their case plan might be largely similar to that of their mother and/or sibling(s), with specific provisions to address their unique issues, such as their engagement with school, particular developmental needs or requirements for further assessment.

A case plan can be very basic or very detailed. Some agencies have the capacity for intensive case management or longer-term engagement with families, which would require a more detailed, long-term case plan.

At a minimum, a case plan should:

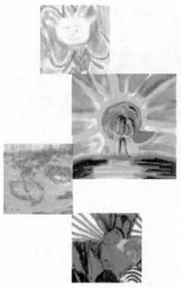
- start with the child's and mother's goals (stated in their own words and 'SMART': specific, measurable, achievable, related to the assessment findings, and timely)
- identify ways that the child and mother will know if goals have been achieved
- document all actions: who will do what, by when, and how (including referrals or reports)
- identify resources needed to ensure the case plan is implemented effectively
- document agreed upon roles, actions and responsibilities — including those of the family
- specify dates and processes for reviewing the plan.

The case planning process should model support for children's rights, and empower them and their family. In practice, this means explicitly building on the child's and mother's existing and emerging strengths, connections and capacity, and making decisions *with* them, not for them.

Where there is an existing plan for the child or mother, planning to address safety and recovery from family violence should sit within that broader plan.

A case plan might be comprised entirely of actions to enhance the mother's/caregiver's parenting capacity, or strengthen the parent—child relationship. Work to assist a child to recover from family violence does not always include direct work with the child, unless that is specifically part of your agency's brief.

> Mothers should always be involved in planning. Children and young people should be involved in planning in ways appropriate to their age and stage of development, and the level of risk involved.



Convene a care team

Care teams can help to ensure that infants, children and young people and their primary caregivers receive coordinated, integrated support, and can involve any configuration of services. They are typically provided in the context of a broader case management approach, but can also be valuable in other circumstances.

A care team if might be particularly valuable if:

- there are multiple agencies involved in supporting the child and family
- the family has complex needs in addition to family violence (such as drug and alcohol issues)
- the child is soon to make a significant transition, such as from kindergarten to school
- an adolescent is using violence against another family member or engaging in significant risk taking behaviour.

It is preferable to involve all professionals currently providing services to the child and/or family.

Refer to a universal or specialist service

Only a relatively small proportion of infants, children and young people need to be referred to Child FIRST or have a report made to Child Protection. Likewise, not all children need a highly specialised trauma response. Many specialist and universal services are well placed to address the needs of infants, children and young people and their primary caregivers affected by family violence, as described in Practice Resource 12. Universal services carry less stigma and might be more accessible for many families.

The mother and child or young person (if sufficiently mature) should be involved in discussions and decisions about referral. It is always preferable that the mother, and child or young person consent to the referral. By law, the consent of one parent is required, unless referring to Child FIRST or reporting to Child Protection.

To make a referral:

- complete referral forms in conjunction with the child and their mother whenever possible
- share information with the agency receiving the referral (preferably by providing a copy of the completed assessment form)
- contact the agency receiving the referral, to ensure it is appropriate and to ascertain any waiting times
- discuss roles and responsibilities with the service receiving the referral and develop a case management protocol if required.

If you are referring the child's parent to an adult service, ensure that this service is aware of the child-focused reasons for referring, and discuss how outcomes for the child will be achieved and measured.

If a family is in crisis, or it has been difficult to discuss the impact of family violence on the child, it is preferable not to overwhelm the child's mother with referrals. Work with her to select one or two priority issues for referral, and provide information on others that she might follow up later. Complex referral needs often indicate a need for case management.

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Refer to a specialist in child trauma

A relatively small proportion of children require a specialist therapeutic response to deal with entrenched issues arising from the violence. Referral might be indicated if a child has been in a supported, secure and safe environment for some time and there appears to be no change in their behaviour or presentation over that time.

Keep in mind that sometimes new behavioural issues emerge when a child develops a sense of safety. This might not indicate a need for a specialist trauma response; however, seek a secondary consultation and possible referral if issues continue to escalate or become entrenched.

In general, it is preferable to intervene earlier with young children, as the pace of their development is so much faster.

Advocate on behalf of the child

Just as professionals in the education, health and human services sectors have expertise that can inform your own work with children, you can play an important role in helping those professionals to understand and respond to the impact of family violence on children.

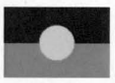
For example, you might assist them to:

- ensure that their safety practices are tailored to the specific risk situations of the unborn children, infant, child or young person
- respond sensitively and appropriately to the impacts of family violence on children (including on children's behaviour and development)
- respond sensitively and appropriately to children with a developmental delay or disability that might be linked to family violence
- engage with the child and family empowering, respectful ways
- understand the gendered nature of family violence, and its dynamics
- understand the impact of the violence in the child's cultural context
- develop a nuanced understanding of mothers' roles in protecting and supporting their child in the context of family violence
- engage with the perpetrator of the violence (if they have contact with him) in ways that do not collude with, minimise or otherwise support his use of violence.

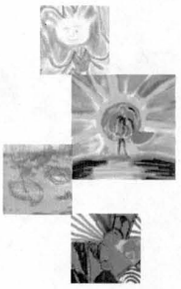
Develop a therapeutic plan

A therapeutic plan might focus on strengthening the child—mother relationship, strengthening parenting capacity, recovery and healing work directly with the child. Some, but not all children will require highly specialised counselling approaches.

It is important to consider the timing of ongoing therapeutic work with mothers and children. This is a matter of policy for individual agencies and may have implications for the level of assessment workers undertake.



In Aboriginal families, it is preferable to work towards holistic healing, incorporating a range of culturally appropriate programs and interventions. Because healing services are developed by local Aboriginal communities, each is different. You should establish partnerships with Aboriginal organisations in your local area to support access to holistic healing for Aboriginal children.



Report to Child Protection

Always make a report to Child Protection if you believe that a child is in need of protection. A child is deemed to be in need of protection when he or she has suffered, or is likely to suffer, significant harm from sexual abuse, physical injury, emotional or psychological harm, neglect or abandonment, and where the parents have not protected or are unlikely to protect them. A report should be considered in any of the following circumstances:

- serious physical abuse, non-accidental or unexplained injury to a child
- a disclosure of sexual abuse by a child or witness, or a combination of factors that suggest the likelihood of sexual abuse — the child showing concerning behaviours, for example, after the child's mother re-partners or where a known or suspected perpetrator has had unsupervised contact with the child
- serious emotional abuse or ill-treatment impacting on a child's development
- persistent neglect, poor care or lack of appropriate supervision, where there is a likelihood of significant harm to the child or the child's development
- serious or persistent family violence or parental substance misuse, mental illness or intellectual disability, where this is likely to lead to significant harm to the child or the child's development
- a child's actions or behaviour places them at risk of significant harm and the parents are unwilling or unable to protect the child
- a child appears to have been abandoned or the child's parents are dead or incapacitated, and no other person is caring properly for the child.

Registered psychologists, teachers and people with a post-secondary qualification in youth, social or welfare work who work in the health, education or community or welfare services field are mandated reporters under the CYFA (section 182)

Practice resource 11 provides further information regarding reporting to Child Protection.

If the child is Aboriginal or Torres Strait Islander, ensure this information is contained in the report. This ensures that the Aboriginal Child Specialist Advice and Support Service (ACSASS) is notified and that cultural supports are put in place.

Refer to Child FIRST

Make a referral to Child FIRST if you have a significant concern for the wellbeing of an unborn child, infant, child or young person. Consider making a referral if one or more of the following factors are evident AND the child's immediate safety is not compromised (which would require a report to Child Protection):

- the child's parents exhibit significant lack of parenting capacity that might be affecting the child's safety, stability or development
- the family is under pressure due to a family member's physical or mental illness, substance abuse, disability or bereavement
- the child's parents are young, isolated and/or unsupported
- the family is experiencing significant social or economic disadvantage that may adversely impact on a child's care or development.

Practice resource 10 provides further information regarding referring to Child FIRST

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Stage 4: Reviewing assessment

Follow up and review of outcomes

Your assessment will generate actions that require follow up. In some circumstances — especially if the family remains within your agency — they might also generate further information, perhaps triggering changes in safety plans, new referrals or a re-evaluation of risk.

The point at which you follow up on and review outcomes depends on the child's and family's circumstances and your agency's policies and procedures. The family's input is critical in the review process.

Questions you might ask include during review include:

- Is the child safe? If not, what further action is required?
- To what extent have the child and their family been engaged with services?
- What has changed in the child's and family's situation?
- What happened as a result of the actions we planned?
- What has limited the effectiveness of the actions we planned?
- Have we done all we could to overcome barriers and inhibitors?
- On reflection, what could the agency or service system do differently?
- Have we appropriately documented our work?
- How will we continue to monitor the child's and family's needs?

If you made a report to Child Protection or a referral to Child FIRST and have not been informed of the outcome of the intake assessment outcome, follow up to check the status of the case.

If a child or parent was referred to a specialist or universal service, try to ascertain the outcomes of the referral (ask the parent first if possible, but if they have given their permission for the service to share information with you, you can ask the other service provider directly).

If a case plan has been developed, the person delegated with responsibility for overseeing its implementation should keep all other stakeholders informed of progress.

Your practice approach

Your practice needs to:

- be well informed
- be engaging
- be empowering
- build relationships
- support partnerships with the child's family and with other providers in the service system
- demonstrate cultural respect and empathy for Aboriginal families
- be responsive to families from CALD communities
- be safe and healthy for you as a worker
- be informed by continuous reflection.

These are discussed below. Your practice approach should also:

- take into account the circumstances of the child and family — for example, if they live in a rural area, or if a family member has an addiction, mental health issue or disability
- identify, value and build on the child's and family's strengths (for example, take opportunities to highlight ways that they have resisted the impact of the violence)
- consider the child's current situation, and try to foresee the impact of likely changes
- build towards working partnerships with universal and specialist services from the outset.

Engagement

Engaging infants, children and young people

Family violence professionals have varying experience engaging infants, children and young people who have experienced family violence.

Children and young people engage on their own terms and in their own ways. Their maturity, development, trauma responses, feelings of safety and temperament all impact on how they engage with you. Yet positive engagement arises from creating a rapport; your approach and attitudes (including non-verbal communication) are critical. Try to be authentic in relating to a child or young person. Older children and teenagers are less likely to relate to someone who tries to be 'cool', while even infants will pick up on uncertainty or reluctance to engage on your part.
Age appropriate play is always a positive place to start engagement.

> **"Children often need someone to listen to their painful feelings and reassure them that feelings are experiences that come and go."**
>
> *Children's family violence counsellor*

It is easy to ignore children who are quiet or detached; make a conscious effort to engage such children. Likewise, children who appear highly disregulated or disinhibited are likely to benefit from being engaged directly.

Practice tips for engaging infants, children and young people are contained in Practice resource 5. Practice tools for working with children are contained in **Practice resource 14**.

Thinking and talking points:

What are my strengths in how I relate with infants? With children? With adolescents?

What do I find challenging about working with infants? With children? With adolescents?

What might infants, children and adolescents find challenging in the assessment process? How do I try to make things easier for them?

What might help me to meet these challenges successfully?

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Engaging adults

Professionals in the integrated family violence system are highly skilled in engaging adult clients. However, some issues that arise in the context of children's assessment can challenge even very experienced workers:

- concerns about exacerbating trauma
- parental shame
- concerns about child removal
- family members (and potentially workers) feeling overwhelmed by the complexity of problems facing them.

Each of these is discussed below.

Concerns about exacerbating the trauma

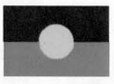
Many adults are concerned that talking with a child about violence or its aftermath might exacerbate its effects. When parents express this concern, it is often accompanied by denial about the degree of violence the child has experienced and how much it has affected them. In these circumstances:

- explain that children are affected by family violence even if they don't see or hear it, and that these effects can be deep and long lasting
- explain that research and your experience shows that talking about family violence does not re-traumatise children when done sensitively, and that it can even help with healing
- consciously model talking to the child sensitively about their experiences of violence; this gives the parent or caregiver appropriate language to use in talking to the child themselves
- ensure that adults understand that the purpose of assessment is to ensure children's future safety, and meet their ongoing needs for help and support.

Talking about trauma experiences can be especially difficult for people who have experienced intergenerational trauma. Acknowledge the difficulty of this and ensure that the client has a high level of control over how much to talk about, and when and how to talk.

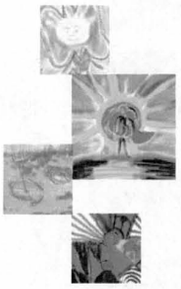
> "Don't be afraid to ask children what the experience of witnessing family violence was like. They are often able to express themselves well through drawing, play or movement. Just watch and listen and then reflect back on the difficulties of their experience."
>
> *Children's family violence counsellor*

> "As a worker, I get anxious about how these conversations will impact on the kids. I feel worried about retraumatising them. But in our recent group, while there were a couple of boys who were a little bit reticent, the others opened up quite willingly. I actually think we could have started the conversation earlier."
>
> *Family violence practitioner*



The trauma experiences of Aboriginal families are often especially complex, given their experience of colonisation. Aboriginal families must be offered the opportunity to have an Aboriginal cultural support for every discussion, as well as links into healing or other support services.

Consider seeking support from Foundation House when assessing people from refugee backgrounds who have survived torture or war related trauma.



Parental shame

A parent's sense of guilt and shame (about experiencing or perpetrating family violence) might have a significant impact on their ability to engage with you and the assessment process. For the purposes of assessment, you need to be able to draw on parents' knowledge of their child in ways that do not reinforce guilt and shame or reduce their engagement with the process. Both women and men can tend to minimise the impact of violence on a child — although for different reasons.

Your role is to assist them to take a calm and objective look at the child's experience, feelings and needs. It can help to:

- acknowledge any shame that the parent might be feeling
- emphasise the child's vulnerability, and the importance of all of the adults in the child's life contributing to their safety
- ask the parent to consider stepping into the child's shoes or seeing the situation through their eyes
- locate responsibility for the violence with the perpetrator (if speaking with an adult victim)
- locate responsibility for the violence with the perpetrator (if speaking with him), while connecting with and building on his own hopes for the child and the child's future safety
- emphasise the need for the child to be safe and supported, and briefly outline what might be needed for this to happen (assessment being a key step in this process).

Shame can arise any time while you are talking. Indeed, as an the discussion progresses, the enormity of the impact of family violence on a child might become more apparent to the parent. Take care to maintain engagement by being vigilant to signs of shame.

Concerns about child removal

Many women who have experienced family violence fear having their child taken from their care by child protection services. This fear might be particularly potent for Aboriginal women, women with a disability or serious mental illness, women who are not permanent residents, and women who were either removed themselves or have had children removed previously. It is not uncommon for perpetrators of violence against these women to use threats to have children removed from them.

You should directly acknowledge a woman's fears and to be clear about your agency's processes regarding duty of care issues. It is helpful to use a strengths-based approach, in which you affirm the woman's attachment to her child, and work towards establishing your shared commitment to the child's wellbeing.

A woman with a disability might benefit from additional specialist support or advocacy in this context. Contact Women with a Disability Victoria for secondary consultation.

Secondary consultation with or direct involvement (with the client's permission) of an Aboriginal worker could help you to understand and respond sensitively to the depth of child-removal concerns held by Aboriginal women, children and families. This is an important aspect of cultural safety.

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Feeling overwhelmed

It is not uncommon for children and adults who experience violence — and sometimes the workers who assist them — to feel overwhelmed by a family's problems and difficulties. Yet children and adults who experience adversity have usually developed a range of personal strengths and coping strategies.

> "I always get amazed to hear these kids talking – it's a little disconcerting that they can talk in such a matter of fact way about the violence."
>
> *Family violence practitioner*

A strengths-based approach to assessment acknowledges the positive aspects of a family and looks for things that members value about their family's traditions, relationships or connections. Practice resources 6 to 8 suggest questions to help you explore:

- what family members do despite problems
- how family members have tried to overcome their problems
- what family members do well
- what family members aspire to and hope for.

This does not mean avoiding difficult conversations — for example, about discrepancies in family members' accounts of events or challenges the family faces. However, identifying protective factors and strengths is an important part of both risk management and case planning.

Thinking and talking point:

What do I find challenging about talking with women [and men if that is part of your role] about the cumulative harm of family violence on the physical, behavioural, psychological and social development of children?

Empowerment

Family violence is founded on fear, and undermines children's and women's sense of what is possible for themselves and their families. You need to take great care not to perpetuate these dynamics, instead taking an empowering approach — working in partnership with women and children and affirming their value and strengths.

Your approach is more likely to be empowering if you:

- are respectful and empathic
- refrain from judging family members — overtly or implicitly
- clearly communicate your role and the reasons for the assessment (be prepared to re-state these as needed)
- outline the assessment process — at the beginning and at each key stage
- are upfront about the limitations of your role and the assessment process (such as time constraints)
- clearly outline your agency's policies on confidentiality, including regarding Child Protection reports
- give women and children a high degree of control over the process — for example, choosing when and where to talk.

Your assessment will be more accurate and complete if children and young people have direct input. For example, you might note the presence of a range of apparently supportive adults in a child's life. However, the child themselves is best placed to tell you about whether they sees these people as supportive, and the degree to which they feels warmth about and trust in them.

For Aboriginal people, colonisation, dispossession, and past policies and practices have resulted in a deep mistrust of people who offer services based on concepts of 'protection' or best interest. Be attuned to how thoughts and feelings of these experiences translate into actions and perceptions. Mediate power imbalances and speak to these perspectives.

Thinking and talking points:

How do I understand my duty of care to women and to children? How do I explain it to them?

How do I ensure the limits to confidentiality are clearly understood by women and by children of different ages?

Relationship building

In assessment, the relationship you establish with the family is crucial to their ongoing engagement with your agency and the service system more broadly. The quality of your encounter with the child and family might make a significant difference to whether or not they use the services of the integrated family violence system and take up the referrals you offer.

You are more likely to facilitate this if you:

- are informed, professional and communicate well
- are genuinely open and curious without being invasive
- value the strengths of and connections between family members
- are respectful of the culture and identity of the child and their family members
- are respectful and courageous in addressing apparent differences of opinion or interest between family members.

Working in partnership with the family

The child is the focus of the assessment, but the process should involve their family members, as appropriate to the service context. This ensures a more informed assessment, and values the family's knowledge of the child, relationship with the child and responsibility for the child's safety, wellbeing and development.

To do this effectively you might:

- consider information from the child's perspective (for example, ask yourself and the family, 'What did this look like to the child?', 'How might the child have interpreted that?')
- look for convergences and differences of opinion or interest between different family members

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- seek ways to achieve outcomes that are safe and acceptable to all family members, but give ultimate priority to the child's needs for safety, stability and development.

Older children and adolescents might have different perceptions, needs and wants to their parent, and you might feel a tension in supporting both parties. If your agency does not have a children's worker, consider asking a youth worker to support and advocate for a young person.

Partnering with other professionals

The CYFA explicitly provides for partnerships between a family, their community and the wide variety of professionals that support them. Other professionals in universal and specialist services can be involved in preliminary assessment and *should* be involved in comprehensive assessment. Some might be able to contribute specialist opinions or knowledge, even if they have had no prior contact with a family or will have no direct contact with them.

In working with other professionals:

- be clear about your legal and ethical responsibilities regarding privacy and consent for information sharing
- discuss roles and responsibilities
- talk openly about resource constraints that either organisation has, and identify how to work around these
- report back on outcomes

Agencies in the integrated family violence system are parties to a range of partnership agreements and protocols; it is of course important to understand and work within these.

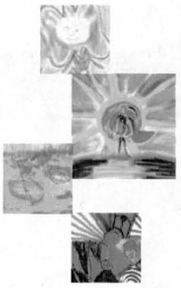
Partnering with other professionals is discussed further in Care teams on page 35.

Thinking and talking points:

What are my experiences of advocating for children to professionals whose core business is not family violence? What can I learn from those experiences?

What other professionals inform my assessment practice? With all children? With Aboriginal children? With children from CALD communities? With children with a disability?

To what extent is secondary consultation part my assessment practice? How would my practice benefit from increased use of secondary consultations?



Working with Aboriginal families

It is essential that you provide appropriate, culturally respectful responses to Aboriginal family violence that recognise the strengths and the social, cultural and historic contexts of Aboriginal communities. The legacy of dislocation from kin, culture and country as a result of forced child removal policies and practices, and the institutionalised abuse and neglect suffered by many removed children, continues to impact on Aboriginal and Torres Strait Islander families.[41]

It is also important to recognise the strength and resilience of Aboriginal people and culture in the face of this adversity. Kinship systems and connection to spiritual traditions, ancestry and country are all important strengths and protective factors. The role of family is critical; Aboriginal children are more likely than non-Aboriginal children to be supported by an extended, often close family.[42] This is especially valuable given the impact of forced child removal on many survivors' parenting capacity.

Assessment of Aboriginal children must take into account the risk of loss of culture. Bamblett and Lewis have commented:

Cultural identity is not just an add-on to the best interests of the child. We would all agree that the safety of the child is paramount. No child should live in fear. No child should starve. No child should live in situations of neglect. No child should be abused. But if a child's identity is denied or denigrated, they are not being looked after. Denying cultural identity is detrimental to their attachment needs, their emotional development, their education and their health.[43]

Thus, assessment processes must be respectful and inclusive of Aboriginal families and culture. For example, it is particularly important not to assume who is 'family' or 'community' to a child, but rather to ask the family who should be involved in the assessment and any subsequent actions.

It is important to:

- consider the historical context of colonisation and the impact of policies that results in the Stolen Generations for the child and family you are working with
- consider the child's educational, physical, emotional or spiritual needs holistically, in the context of their culture
- consider the child's significant relationships as potentially encompassing a community wider than their immediate family, perhaps including Elders, Aunties and Uncles
- seek the views of Elders and other significant community members, particularly in relation to education and the maintenance of culture
- work with key Aboriginal organisations that may be able to broker relationships between clients and agencies and/or that have significant dealings with and knowledge of Aboriginal families.

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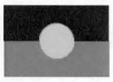
When developing a case plan for an Aboriginal child and their mother, consider:

- whether the language of the risk assessment is relevant and appropriate for them
- whether they might be minimising or denying violence for cultural/community reasons
- how to maintain their confidentiality
- the sources of safety in their community
- whether they have safe and secure (lockable) accommodation
- how effective mainstream interventions or 'safety measures' (such as Intervention Orders) are likely to be
- whether your referrals are culturally appropriate and relevant for their needs
- whether they are at risk of family retribution or ostracism from the community if statutory or legal intervention is initiated.



The joint VACCA/DHS Aboriginal Cultural Competence Framework is a key resource to guide all of your work with Aboriginal children in the integrated family violence system. While the framework does not specifically address family violence, the thinking and practices it proposes are critical to ensuring cultural safety.

Also refer to the Indigenous Family Violence ten year plan Strong Culture, Strong Peoples, Strong Families — Toward a safer future for Aboriginal families and communities.

Indigenous Family Violence Regional Action Groups and the Indigenous Family Violence Regional Coordinators are useful sources of advice and information when working with Aboriginal families. They are responsible for developing local solutions and community based responses to Aboriginal family violence.

Thinking and talking points:

What is my organisation's policy and procedure for assessing Aboriginal children?

What processes should I use to locate and contact an Aboriginal worker/organisation to inform (or conduct) assessment of an Aboriginal child?

Working with CALD families

Victoria's population is culturally diverse; it is important that your practice recognises and responds to the ways a family's culture and immigration status might impact on their experiences of family violence.

It is good practice to openly acknowledge the culture of a family you are working with in a positive and welcoming way. Your assessment of children from CALD families is more likely to be culturally response if it:

- is informed by a good understanding of cultural values in relation to children and child-rearing
- mobilises and draws upon the child's and family's narratives and values
- provides a space for the child and their family to contribute their perspectives on what will work for them, in their cultural context
- uses cultural concepts and language familiar to the child and family
- provides space for people to talk about their experiences of racism, racist violence and cultural stereotyping
- addresses barriers that the family might have encountered in using the service system.

Families who have had limited access to information about Australian laws and services might need support to understand the context for service providers expressing concerns about their children's safety, stability and development. You must spend time explaining how the system works, in ways that engage with parents' hopes for their child.

Cultural responsiveness requires you to be alert to your own or other professional's potential cultural stereotyping. Cultures are continually evolving and each person lives culture in a different way. Always invite families to help you understand the cultural significance of their parenting practices. Secondary consultation or partnership with a bicultural worker can be very valuable. Strive to be curious and open to how culture might interact with other factors in the family's context that impact on both the child and their family.

Always use an accredited interpreter for *any* interaction with someone who shows hesitation or difficulty in understanding and communicating in English, or who requests an interpreter. Always explain that an interpreter is bound by a code of conduct that includes confidentiality. Request an interstate telephone interpreter if a person remains concerned about confidentiality in their community.

InTouch can help you to understand and take into account how a child's or parent's culture, context or migrant or refugee experience might be impacting on a child's safety, stability and development. InTouch has the capacity to provide secondary consultations and case-management to address cultural complexities. Its staff can also provide counselling and information direct to women to complement the services of mainstream family violence services and universal services.

Thinking and talking points:

What is my organisation's policy and procedure for assessing children from CALD communities?

What is my organisation's procedures for obtaining and using interpreters?

What processes should I use to locate and contact a bicultural worker to inform (or conduct) assessment of a child whose culture is different to my own?

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Safe and healthy work practices

All work with families affected by violence is difficult; most professionals report finding work with children especially so. Self-care skills are critical — for you and for those you work with. It is important to:

> **"Children are able to make me laugh, cry and marvel at their abilities to get on with life after family violence."**
>
> *Children's family violence counsellor*

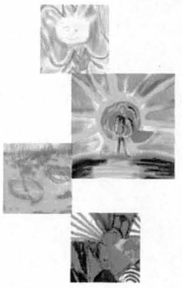
- have regular, frequent clinical supervision with a supervisor who has relevant clinical experience with infants, children and young people
- debrief after critical incidents
- have and use workplace supports (such as team meetings) for times when you encounter challenges or problems
- alert your manager to issues that require a system or whole-of-organisation response
- strive to recognise strengths in your practice, as well as areas for further improvement
- have strategies that enable you to leave work behind when you go home
- know the signs of vicarious trauma and be alter to them in yourself and your colleagues[44]
- be attentive to your own emotional and mental health, and seek support early.

Thinking and talking points:

How do I know if my work is overwhelming me?

What are my strategies for managing the effects of working with infants, children and young people who have experienced family violence?

[For workers new to work with children] What do I think will be different in terms of Occupational Health and Safety in working with infants, children and young people?



Continuous reflection

Professionals can significantly improve outcomes for children and families if they regularly reflect on what they do and why, and use this knowledge to improve their practice. A conscious, strategic approach to reflective practice can also greatly improve work satisfaction.

For these reasons, reflective practice is a key element of practice in Domestic Violence Victoria's *Code of Practice for specialist family violence services for women and children*, and is also implied in No To Violence's minimum standards for men's behaviour change program providers.

Reflective practice asks you to question how your assumptions and values inform your work, and examine how power operates in the relationships between you and those you work with. There are many resources available to support reflective practice and critical reflection. It is helpful to have a set of general questions that can be used to obtain an overall picture of how your thinking impacts on your work. One approach drawing on social theory and action research, Australian early childhood researcher Glenda McNaughton suggests six questions that professionals might use to create positive change:

- How have I come to do things this way?
- How have I come to understand things this way?
- Who benefits from how I do and understand this?
- Who is silenced in how I do and understand this?
- How many other ways are there to do and understand this?
- Which of those ways might lead to more equitable and fair ways of doing and understanding things?

These questions could structure reflective practice in teams, pairs, journaling or other activities.

Recording templates

Tailoring the recording templates to your organisation's needs

You may use these recording templates in their entirety or adapt them to your organisation's context. There are five templates, each of which is described below.

Family details (dark blue)

It is preferable that every child have their own file; the family details pages could be photocopied and included in each sibling's file, with annotations specific to the child.

This section includes a page for a genogram or family eco-map.

Practice resource 13 contains as simple guide to creating genograms with family members.

Initial assessment (orange)

Children of women who are accessing crisis services require a brief assessment of their immediate safety and needs. This template may be used to document an initial assessment of this nature. While the comprehensive assessment template (see below) is for individuals, the initial assessment may be used to record details of all children in a family, with a copy being placed on each child's file.

Comprehensive assessment (green)

Children who are not in a crisis situation require a comprehensive assessment of their safety, stability and development. This template may be used to document an assessment of this nature.

It may be used for initial and comprehensive assessment. It contains sections to record:

- information about the child's safety, including risk and protective factors and issues related to parental capacity
- information about the child's stability, including strengths, areas of need, and issues related to parental capacity
- information about the child's development, including strengths, areas of need, and issues related to parental capacity
- details of Child Protection involvement, court orders and current engagement with other services

Analysis (purple)

Analysis is the process of thinking critically about the information gathered, in order to make sense of what is now known about the child or young person's situation, including the likelihood of future harm, the needs of the child or young person and the strengths and protective factors that can be built on within the family. The completion of this template should be be informed by your collaboration with the family and other professionals. It should be based on your professional judgment and the integration of the relevant evidence base.

Consents, action plan and review notes (red)

These may be used with either the initial or comprehensive assessment template.

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Using the templates in assessment practice

These templates should be used to structure your notes, thinking and decision making after gathering information.

It is critical that the templates are **never** used as interview schedules or checklists. Your conversations with clients should be primarily led by them.

Some sections of the comprehensive assessment template – such as the safety, stability and development pages – can be completed in the presence of a client and/or shared with them. It is also often useful for a client to actively participate in the process of developing a genogram for their family.

Other sections of the comprehensive assessment template — in particular the section for recording your analysis — are more likely to be completed after you have met with a client, when you have had time to collect all available information and make a structured professional judgement.

If you are considering sharing the completed comprehensive assessment template (or a part thereof) in your clinical practice with a client, only do so if:

- you judge it is likely to be beneficial to them, and
- they have the capacity to read and understand what you are sharing with them, and
- you are confident that sharing the document will not adversely affect your rapport and relationship.

The templates should never be completed by clients.

A client has a legal right to see all of their file. In all record keeping, you should maintain a respectful tone, discriminate between facts and your interpretation and avoid speculation.

You must always inform clients of why you are collecting information and how it will be stored, used and shared.

Family details

Family contact details

Current address			
			Postcode ☐☐☐☐
Phone contacts	Home	Primary caregiver work	Primary caregiver mobile
Email address			
Good times to call			

Adult victim's details

Name	Family name	Given name	Other names/nicknames
Language and culture	Country of birth	Preferred language	Interpreter required (specify languages/dialects)
			☐ No ☐ Yes
Aboriginal identity	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither		
Disability or developmental delay	☐ No ☐ Yes	(specify nature of disability and/or developmental delay)	

Perpetrator's details

Name	Family name	First name	Other names/nicknames
Language and culture	Country of birth	Preferred language	Interpreter required (specify languages/dialects)
			☐ No ☐ Yes
Aboriginal identity	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither		

Details of children in the family

Family name	Given name(s)	Adult victim's relationship to child	Perpetrator's relationship to child	Age in years	Gender

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Family genogram or eco-map

Complete one genogram or eco-map for the family and insert a copy in the file of each child family member.

Practice resource 13 contains a simple guide to completing genograms with family members.

Child's details

Name

Family name	First name	Second name	Other names/nicknames

Special needs

Diagnosed disability or developmental delay
☐ No ☐ Yes (specify nature of disability and/or delay)

Language and culture

Country of birth	Preferred language	Interpreter required (specify languages/dialects)
		☐ No ☐ Yes

Aboriginal identity – Contact details (complete only fields that are different to the family contact details sheet, for example, child may have a mobile phone)

☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither			
Current address			
			Postcode ☐☐☐☐
Phone contacts	Home phone	Own work phone	Own mobile phone number
	Name and phone number of emergency contact		

Details of child's other parent (if they are not the perpetrator).

Copy this section of the matrix to record details of other significant adults in the child's life if required.

Name	Family name	First name	Other names/nicknames
Current address			
			Postcode ☐☐☐☐
Phone contacts	Home	Work	Mobile
Email address			
Good times to call			
Status in regard to parenting and/or guardianship			
Language and culture	Preferred language	Interpreter required (specify languages/dialects)	
		☐ No ☐ Yes	
Aboriginal identity	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither		

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Initial assessment

Child's name	Date of birth	Where is child now, and with whom?	Risks indicators	Impact of the violence on the child/ren

Child Risk Indicators			
A	Child is unborn and mother is at risk of physical violence	H	Child has experienced physical abuse
B	Perpetrator has made threats against child	I	Child has directly intervened in the violence
C	Perpetrator physically abused mother while she was holding the child	J	Child has unsupervised contact with male perpetrator of the violence
D	There is a likelihood of unsupervised contact with male perpetrator in coming weeks	K	Parent's addiction or mental health issue affects their ability to keep the child safe
E	Child is isolated — has no or little contact with another adult who can observe their safety, stability and development	L	Parent leaves infant or young child unattended for any period of time
F	Child has significant injuries that have not been attended to	M	Mother has left relationship but is unsure about the future
G	Child is self-harming	N	Child is under 6 or has a disability or significant developmental delay

Capacity of adults in the family to keep the child safe	
Mother	Other adults (might include perpetrator)

Level of risk to adult victim

Date of assessment: ...../...../..... Assessor:.....

Level of assessed risk: ☐ Requires immediate protection ☐ Elevated risk ☐ At risk

Notes:

Overall risk to child/ren, including likelihood of future harm and factors influencing that

Any immediate needs

Action

What	Who	When

Comprehensive assessment

Details of court orders and agencies involved

Court Orders	
Details of any current Intervention Order(s)	
Details of any current Children's Court Order	
Details of any current Family Court Order(s)	

Child Protection Involvement	
Current	Report made: ☐ Yes ☐ No ☐ Not known Source of report: ☐ Police via L17 ☐ Other: Current status of report (if known):
Past history of involvement by Child Protection	☐ No involvement ☐ Involvement (provide details)

Agencies Currently Or Recently Engaged With Child		
Name of agency	Name and contact details of worker	Nature and status of services provided

Status of current contact with perpetrator

Frequency, duration, location, supervision. Include phone and email contact. Also note any concerns regarding this contact – for example, the child's presentation afterwards.

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Engagement in the service system

Child's and family's prior experiences of engagement with the service system

Safety

Nature, pattern and history of the child's exposure to violence (including name of perpetrator, any injuries sustained)

How, if at all, are this child's experiences of violence different to those of their siblings, and why?

Impact of the violence on the child

Evidence of suicidal ideation, self-harm or harm to others by the child

Tactics of violence that the perpetrator has used to directly or indirectly harm the child's relationship with their primary attachment figure

Violence experienced by the child from another perpetrator (such as a sibling, mother, uncle, school bully) — provide details of who, what, when

Adults' roles in maximising the child's safety and minimising the impact of violence on the child	
Mother	Perpetrator/other

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Stability

- Connections to family, friends, community and culture
- Housing, food and financial security

Strengths	Areas of need

Development

- Health and growth
- Education and learning
- Social, emotional and behavioural development
- Meeting the child's developmental needs

Strengths	Areas of need

Prompts

Engagement in the service system

What, if any, universal, specialist or tertiary services is the family currently using, and their experiences of those services

The family's previous experiences with the family violence service system

Any issues that arise in terms of the family's uptake of universal or specialist services (including barriers to using services)

The family's fears regarding the service system, and in particular, of tertiary services

The child's current and past contact with relevant universal services, such as MCH

Use of community based services such as libraries, childcare, after-school care, school holiday programs, school breakfast clubs

Where the family turns for advice and information

Any services that the family has wished to use but been unable to access due to waitlists.

Adults' role in minimising the impact of violence on the child

Acknowledgement of the impact of the violence on the child, and what they observe in relation to this

What they do to try to minimise the impact of violence and/or keep the child safe

What, if any, strategies they use to try to support the child's emotional wellbeing — generally and in relation to the violence

Include here the impact of any issues such as addiction, current mental illness or an intellectual disability

Stability

Connections to family

The child's relationships with each member of their family, including extended family or 'family-like' figures and the perpetrator of the violence

Relationships between these people

Any significant prior relationships, and the impact of the loss of these on the child and family

The potential role of extended family, as well as disengaged or absent family members.

Connections to friends

The child's connections with other significant adults in their life — such as kin and community Elders (in Aboriginal families), close family friends, or foster carers

The degree to which the child has the emotional capacity and social opportunities to develop and maintain friendships with other children, and the current status of these friendships.

Connections to community

The child's engagement with childcare, cultural or faith-based groups

The parent's patterns of family and community interaction

Connections to culture

Strengths that stem from family and cultural traditions

The degree to which the child's Aboriginal or other cultural identity is valued, affirmed, and respected, and conversely, the impact of any experiences of discrimination or violence linked to these aspects of their identity

The degree to which the child has opportunities to learn about, express and live out their cultural or Aboriginal identity and maintain their connections with their culture

Housing, food and financial security

The security and appropriateness of the child's housing

The security and level of the family's income

Financial hardship

Food security.

Other

Factors in the child's current environment or situation that might contribute to their sense of stability or instability

Transgenerational patterns, such as a parent or caregiver being a member of the Stolen Generation

The child's history and experience of out-of-home care, including any contact they continue to have with previous carers

Development

Health and growth

The child's general health, nutrition, physical activity, opportunities for rest and sleep, dental hygiene and lifestyle

Education and learning

Attendance and participation in formalised schooling or kindergarten

The age-appropriate opportunities the child has for stimulating and engaging play, learning and education

The degree to which the child is meeting age-appropriate developmental milestones (adjust for any disability or developmental delay)

Social, emotional and behavioural development

Whether a child might have a developmental delay or disability

The degree to which the child's emotional capacities are consistent with those expected for their age and stage of development (adjust for any disability or developmental delay)

The child's social presentation

How the child is treated by peers (check for bullying)

The degree to which the child displays age-appropriate self-care skills (adjust as required)

The degree to which the child's gender identity and sexual identity are respected and affirmed within their family, and the impact of any experiences of discrimination or violence related to these (within their family or the community)

(For each parent) Their parent's capacity for meeting the child's developmental needs

How they talk about meeting their responsibilities for the child and the child's development and wellbeing

What they report doing to promote the child's learning and development and wellbeing

Their ability to identify and prioritise the child's needs

How they describe responding to the child when s/he uses difficult or challenging behaviours

How they provide limits, guidance and boundaries for the child, and the degree to which this is developmentally appropriate

The degree to which they are consistent and reliable in their response to the child.

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Analysis

Likelihood of future harm, including factors that influence that likelihood

Needs that must be addressed immediately to ensure the child's immediate safety or immediate wellbeing	Prompts
	Child's vulnerability and level of risk Child's immediate needs for: Food and drink Appropriate place to sleep Toys/books/craft materials Opportunities for physical activity Toileting needs Personal hygiene Daytime activities Childcare requirements

Summary of needs related to the child's short, medium or long term safety, stability and development	Prompts
	Safety **Stability** Connections to family Connections to friends Connections to community Connections to culture Housing, food and financial security **Development** Health and growth Education and learning Social, emotional and behavioural development

Strengths and protective factors that can be built on	Prompts
	Current and potential positive and protective connections Names, contact details and roles of any professionals who have been able to build a good working relationship with the child and family and the extent that they might be mobilised on this occasion
Patterns and themes that are affecting the child's safety, stability and development	**Prompts**
	Assistance the child requires to have safety, stability and development Barriers to the child's parents providing a safe and stable environment
Issues that need to be addressed to ensure that the child and their family get the best outcomes from the service system	**Prompts**
	Patterns in previous contact with the service system Factors implicated in these patterns Consider the extent to which the system response has become part of a repeating pattern Note systemic factors such as barriers to access

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Consents

Parental consent

I, ... consent for information about myself and (name of child) to be shared with relevant professionals who are currently or potentially involved in providing services to our family.

Signature: .....

Date: ...../...../.....

Verbal consent obtained: ☐ Yes ☐ No

Child or young person's consent

I, ... agree that information about me can be given to other professionals who are providing services to me or my family now, or who might do so in the future.

Signature: .....

Date: ...../...../.....

Verbal consent obtained: ☐ Yes ☐ No

Action plan

Safety plan

☐ Child included in adult victim's safety plan

☐ Separate safety plan attached

Actions required

Record task allocations below for all actions required (including in-house referral). Update as further information comes to hand.

Goal (the need/issue we are trying to address)	Action	Person/agency responsible	Date to be achieved	Expected outcome (how we will know that change has happened)

Review notes

Actions arising and referrals should be listed in the action and referral matrices above

Date of review	Issue

Organisational development

Organisational development

The importance of a whole-of-organisational approach

As discussed in the guide's introduction, assessment of children requires a whole-of-organisation approach. Every organisation is different, and most will need to undertake a thorough audit of their current ways of working with children, their resources and capacity before commencing work to commence assessing children or deepen their assessment practice. Some organisations might need firstly to work towards achieving clarity regarding their role in both assessing and providing services to children.

Below are some of the key organisational requirements that managers and governance bodies might need to consider.

Capacity of staff to work with infants, children and young people

Within most organisations in the integrated family violence system, implementing the practice model will require new thinking, approaches and ways of working. This means that staff will require:

- professional development in implementing the model, and potentially to work directly with children
- supervision from a professional with relevant experience working with infants, children and young people in the context of family violence
- ample time for structured reflective practice — whether in teams, pairs or through other processes.

Time

Working in child-focused ways means considering how time is allocated to work with infants, children and young people, and where that work is done. Depending on their age and developmental stage, children might take longer to assess than adults, and will likely need breaks for play, rest or sleep. This has implications for caseloads, travel time, and resourcing.

Policies and procedures and related documentation

The practice model needs to be supported by a range of policies and procedures tailored to the organisation's context. These might include:

- description of responsibilities regarding work with children in all relevant position descriptions
- inclusion of child assessment in all organisational flow charts and decision trees
- guidance for decision making when there are differences of opinion or interest between family members
- policies and procedures for off-site assessment practices
- policies and procedures regarding consent required for child assessment and information sharing
- waitlist management for children's services
- referral pathways for families awaiting services
- off-site safety and security, especially in relation to home visits.

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Organisational cultural responsiveness

Organisational cultural responsiveness is beyond the scope of this guide, but is critical to engaging and supporting Aboriginal families and families from CALD communities. Agencies that have not yet developed and implemented plans in relation to cultural responsiveness to Aboriginal communities should contact their Indigenous Family Violence Regional Coordinator for assistance.

Integration

All agencies in the integrated family violence system are party to partnership agreements with Child Protection, Child FIRST and Family Services. In general, a more integrated service response to children, means ensuring that within your organisation:

- professionals clearly understand each other's roles in the system's response to the child
- information is routinely shared (with appropriate consent) between all services engaged with the child and/or family
- formal referrals are the primary mechanism for the child to move through the service system, with protocols ensuring that referrals are accompanied by detailed, relevant information
- there are agreed processes for convening care teams or case management meetings.

Information for children, young people and families

Organisations should provide information to children, young people and families to support their understanding of the assessment process. This might include plain-English statements about:

- the role of workers who undertake assessment
- confidentiality, duty of care and the organisation's obligations under the CYFA
- the aim of and steps in the assessment process
- the impact of family violence on unborn children, infants, children and young people.

Staff need to be skilled to explain these verbally.

Consider how your organisation meets the information needs of family members who do not read English.

Capacity to meet children's immediate needs

Organisations that provide crisis responses should make provision for meeting the immediate needs of mothers and infants, children and young people in crisis situations. This might include:

- a store of basic supplies for children (such as baby food, nappies, infant formula, clothes, towels)
- a list of local playgrounds and parks
- a collection of good quality and engaging toys and books.
- It is also helpful to have props to facilitate talking with children (for example, play dough, drawing materials and puppets).

Child-inclusive facilities and spaces

Spaces that are inclusive of infants, children and young people make life easier for children, parents and professionals. They also signal a genuine welcoming of children and a commitment to making them feel at the centre (rather than the periphery) of service delivery.

Features of child-inclusive spaces include:

- a collection of good quality, appropriate toys and books, including for children of all abilities and different cultural and language backgrounds
- clean and good quality child-sized furniture and play equipment
- refreshments for children
- posters and other resources that reflect the diversity of the Victorian community
- private spaces for children and young people to retreat to
- a warm and private space for breastfeeding (and posters that support public breastfeeding)
- provision of a child toilet seat and/or potty
- an outdoor play area
- room for a pram or wheelchair
- a conscious attempt to create a space where children can be safe and play freely, for example by keeping items such pamphlets and water coolers out of children's reach and providing safe options for climbing.

Some aspects of physical space are hard to change, especially with a limited budget. Often problems arise because nobody really has responsibility for ensuring the amenity of work and consultation spaces. Delegate responsibility for establishing and maintaining family and child-friendly spaces; this might include having a staff member tidy up several times each day.

Of course, it is equally important to ensure that staff are responsive to children's needs, and are not punitive or judgemental. Administrative and reception staff should be trained to understand the impact of family violence on children and young people, and skilled in providing warm, calm and appropriate responses to children — including when children's behaviour is of concern.

Involvement of children in ensuring service quality

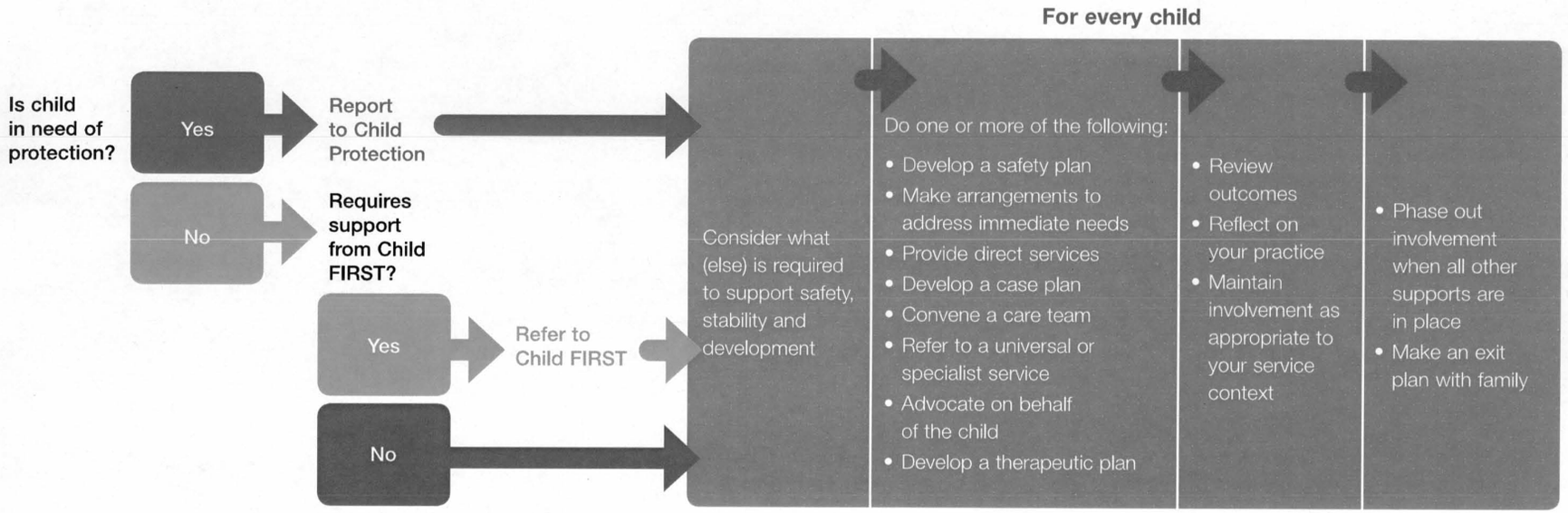
Children are service users in their own right. They should be consulted in the design of services and have the right to comment on the quality of service delivery. Deliberately and systematically seeking their views is an important part of the development of support to children.

Practice resources

1. Family violence assessment of children: an overview

1. Family violence assessment of children: an overview

Action planning in family violence assessment of infants, children and young people



Criteria for child in need of protection:

- There is or has been harm or risk of harm that has a serious impact on the child's immediate safety, stability or development
- There is persistent and entrenched harm that is likely to have a serious impact on the child's safety, stability and development
- The child's parents cannot or will not protect the child or young person.

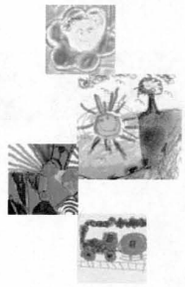
Criteria for requiring support from Child FIRST:

Presence of any of the factors below that might have a low-to-moderate impact on the child:

- The child's parents exhibit significant parenting problems that may be affecting the child's development
- The family is under pressure due to a family member's physical or mental illness, substance abuse, disability or bereavement
- The family is young, isolated and/or unsupported.

Seek advice from Child FIRST if you require assistance with determining a course of action

2. Observable impacts



2. Observable impacts

Below are some impacts of family violence that are commonly observed in unborn children, infants, children and young people. A number of these behaviours/issues might be observed in children who have not experienced trauma or cumulative harm, but not usually to the same degree.

Victoria's *Child development and trauma specialist practice resource* provides a useful reference if you have doubts about the age-appropriateness of an aspect of a child's development. It also summarises additional clinical indicators of trauma.

Maternal and child health nurses can provide additional information about what is 'normal' for an infant or child under six years. Teachers, school nurses and CAMHS staff can provide information on developmental stages for school aged children and young people.

Any child who is affected by family violence:

- might appear to 'regress' to an earlier stage of development in response to a trauma experience
- might exhibit symptoms similar to post-traumatic stress disorder in adults, including re-experiencing events, heightened fear, numbing and increased arousal.

Unborn child	Baby (under 18 months)	Toddler
Poor growth and neural development caused by rushes of maternal adrenalin and cortisol Injuries sustained via injury to mother or by the perpetrator targeting the unborn child directly (such as inflicting blows to mother's abdominal area)	Excessive crying Excessive passivity Underweight for age Significant sleep difficulties Significant feeding difficulties Reactions to loud voices or noises Extreme wariness of new people No verbal 'play' (such as imitating sounds) Frequent illness	Excessive irritability Excessive compliance Underweight for age Significant sleep difficulties Significant feeding difficulties Reactions to loud voices or noises Extreme wariness of new people Poor language development Frequent illness

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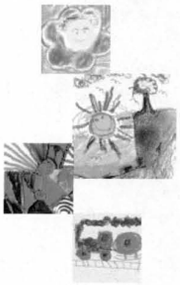
Pre-schooler	Primary school-aged child	Adolescent
Extreme clinginess Significant sleep difficulties Significant eating problems Poor concentration in play Inability to empathise with other people Frequent illness Poor language development Significant use of 'baby talk' Aggression towards others Adjustment problems (for example, significant difficulties moving from kindergarten to school)	Rebelliousness Defiant behaviour Temper tantrums Irritability Cruelty to pets Physical abuse of others Limited tolerance and poor impulse control Avoidance of conflict Overly compliant behaviour Excessively oppositional or argumentative behaviour Lack of interest in social activities Poor social competence Poor school performance Poor coping skills Few or no friends Bed wetting Frequent illness	As for primary school aged children, and also: • School refusal/avoidance • Criminal or antisocial behaviours • Eating disorders • Substance abuse • Depression • Suicidal ideation • Risk taking behaviours

3. Protective factors and indicators of concern

3. Protective factors and indicators of concern

Protective factors	Indicators of concern	Indicators of significant concern
Should be affirmed to family members and nurtured	Require action: * Develop safety plan and action plan * Provide services or refer as required Refer to Child FIRST if required	Require immediate action: * Report to Child Protection or refer to Child FIRST **AND ALSO** * Develop safety plan and action plan
There is a court order in place that prevents unsupervised contact by the perpetrator (this might include an exclusion order) Perpetrator is incarcerated or otherwise prevented from contact Child's basic needs are met Child's family life is stable Child's family has financial, housing and food security Primary parent: • acknowledges how the violence has affected the child and is able and willing to work with the child to address these effects • can describe their worries for the child or provides rational reasons for not being worried • responds attentively to the child • is knowledgeable about child's interests, relationships and qualities • has appropriate supports to fulfil their parenting role Child has access to a network of supportive adults Child has positive connections with peers and other children Child has a sense of belonging in their school and local community Child has positive cultural identity If Aboriginal, the child has cultural pride and a strong sense of Aboriginal spirituality and community	**Indicators that might apply to any child** Parent • does not demonstrate a strong connection with the child • is unresponsive to the child • appears unable to provide for the child's basic physical, emotional and developmental needs • has an addiction that affects their capacity to respond to the child's needs • reports being unworried or unconcerned about the child • cannot describe ways that they have tried to support the child's emotional wellbeing in relation to the violence • is largely unsupported or has unreliable or unconstructive supports • uses harsh, inconsistent or age-inappropriate strategies to set limits and boundaries for the child Child • does not seek comfort or affection from caregivers when needed • has limited relationships beyond their immediate family • has high level of fear for self, mother or siblings, pets or possessions • is cut off or marginalised from their culture • has compounded or unresolved experiences of loss and grief • does not appear to meet age-appropriate developmental milestones • is frequently ill, or has poor diet or nutrition or obvious dental decay • has unmet basic hygiene needs • has emotional capacities that are not consistent with their age Family's life is chaotic Family has financial, housing or food insecurity **Indicators that might apply to an unborn child** Mother has had no antenatal care Mother will be isolated after birth **Indicators that might apply to an infant** Parent uses unsafe infant sleeping practices **Indicators that might apply to a school age child or adolescent** Child or adolescent is: • truanting, refusing to go to school, or having difficulties at school • being bullied by peers • using risk-taking behaviours that have severe or life-threatening consequences (for example, substance abuse, train surfing) Adolescent is pregnant	Child continues to be in presence of perpetrator of the violence OR Mother has left relationship but considered likely to return to it AND (any one or more of the following) Child has been injured, harmed or sexually abused by the male perpetrator Child has been injured, harmed or sexually abused by their mother, an older sibling or another person in the family environment Perpetrator has made threats against the child Child has experienced sexual abuse Mother does not acknowledge the impact of the violence on the child Child is unborn and mother is at risk of physical violence Child is under six or has a disability or significant developmental delay Child has directly intervened in the violence Child is isolated — has no or little contact with another adult who can observe their safety, stability and development Child is self-harming Child has significant injuries that have not been attended to Parent leaves infant or young child unattended for any period of time Parent's addiction or mental health status poses an immediate safety risk to the child and/or is currently affecting their capacity to respond to the child's safety needs

4. Tips for crisis situations



4. Tips for crisis situations

In crisis situations, safety and immediate needs are your first considerations.

When you speak with the child's mother, you might ask:

- Where is the child now?
  - Explore safety associated with that person/place
  - If you have concerns regarding the child's current safety, explore these with the child's mother and jointly decide what needs to be done to achieve immediate safety
  - Consider an immediate report to Child Protection if the child is in need of protection (see page 91)
- What do you think the child is feeling right now?
  - Briefly explore how to help the child with those feelings
  - What are your plans for [child's name] for the next 24 hours?
  - What immediate needs does [child's name] have?

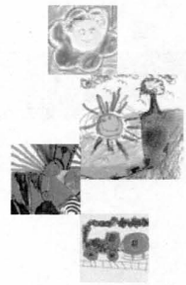
If an older child or adolescent is present when you speak to their mother, consider asking to speak with them. You might ask:

- How are you feeling right now?
  - Explore any fears they have for their immediate safety and, if possible and appropriate to their situation, provide realistic reassurance as best you can
  - Explore any concerns they have about pets, treasured possessions
  - Talk about what might help them with their feelings
- What do you feel like you need right now?
- [If the conversation takes place at night] Would you like me to tell you a bit about what might happen tomorrow?
- Is there anything you want to ask me or tell me right now?

Be alert to any indicators of increased risk (see **Practice resource 3**)

Reassure both mother and child that there will be opportunities to talk at length in the days to come

5. Engaging children



5. Engaging children

Engaging infants

Play is the chief way to engage infants, and infants usually communicate a great deal about themselves through their play. When you communicate with an infant:

- observe closely to see their reactions, and modulate your approach accordingly
- remember that sudden moves and loud voices may be re-traumatising for infants, even if they are intended to be fun and engaging
- where possible, sit at the child's level (often this means on the floor) and play alongside them
- remember that infants understand more than they can express verbally — talk about what you are doing as you are doing it
- acknowledge what the child seems to be feeling, consciously modelling ways to validate both the emotions that the child has, and their expression of them
- remember that no amount of toys can replace active engagement by an attentive and responsive adult.

Eye contact is desirable in many cultures but not all. In the latter case, even young infants will have absorbed their parents' cultural practices in this regard. However, babies generally look away if they feel overwhelmed.

Engaging children and young people

Location of discussion

Where you have your discussions can impact on engagement. Discussions about initial safety often take place in sub-optimal conditions; in further assessment, you might have more choice about where to meet with a child.

Alternatives to clinical settings include the child's home, playgrounds, parks and cafes. Sometimes settings that provide limited eye contact, movement and something neutral to look at can make it easier for children and young people to communicate. You could also talk while playing or walking with the child.

Children and young people are more likely to engage with you at your office if the space is welcoming and inclusive of them (see the chapter on *Organisational development* for tips on creating child-friendly spaces).

Activities

Children and young people also tend to engage through age-appropriate play. Children and young people might struggle to find words to describe their experiences and label their feelings. Consider using age-appropriate communication aids such drawing, dolls, puppets, or feelings or strengths cards. It is preferable to seek advice or training on how to incorporate these into your practice.

Talking about your role

If a child is old enough to speak with you, talk to them about your role as appropriate to their age and development. A very young child might be content for you to explain, 'I am here to help you and mummy.'

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To an older child, you might say, 'I know that there have been some scary things happening at home. I'm here to help you and your mum work out what to do.'

To an adolescent, you could say, 'It seems like you might have been through some difficult and frightening times at home. My role is to talk with you and your mum about what's been happening, and to work out some next steps.'

All children need to know that you want what is best for them. Avoid telling children that you are 'on their side', as you may ultimately need to take a course of action that they do not like. Some of the perpetrator's tactics might also mean that a child identifies more with his 'side' than their mother's.

Charting the course of the assessment

Practice resource 8 provides examples of questions you could ask children and young people. It is very important to let the child or young person be the expert in their own world — be open to them telling you the story in their own way, rather than according to these questions or your schedule. They should set the pace.

If a child becomes fearful or teary, remain calm, warm and patient with them. Explore gently what they are feeling or thinking, paraphrase and reflect it back to them. Leave silence and room for them to enlarge on the topic if they wish.

It is usually important not to focus on 'hard' topics for too long. You can also talk about 'normal', 'safe' things, but keep in mind that some of these might not be uncomplicated for the child.

Overcoming communication difficulties

If the child has a disability or developmental delay that affects their communication or cognition, consult with their primary caregiver and/or a relevant professional about what processes and communication practices might be most suitable.

Additional tips

The matrix on the following page contains some additional tips for communicating with a child or young person.

Figure 2: Tips for communicating with a child or young person

Tips for communicating with a child or young person	Examples
Ask for permission to share your views	'Is it okay to tell you what I am thinking?' 'Tell me if I got it wrong'
Respond to non-verbal cues	'Is this the wrong time to be having this conversation?' 'It looks like this is getting a bit too hard for you. Would you like to take a break?'
Talk about the 'talking about' — help the child or young person to have a sense of control about the timing and pace of a difficult conversation	'If we were to talk about what your dad did last night, what would be bad about talking about it? What would be good about talking about it?' 'I wonder if you might think that if we talked about the bad stuff and the violence at home, it would feel ok or it would feel even worse'
Try not to ask direct questions — use observations and give space for the child or young person to respond.	'Some kids hate talking about the bad stuff, but then they find that they sleep better' 'Seems like there's a lot of stuff bottled up inside you that just boils over'
Acknowledge children's distress, giving words to describe their feeling states.	'You look really sad at the moment. I wonder if you are finding talking about this really tough?'

6. Assessment questions directed to women

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6. Assessment questions directed to women

These questions are indicative of the kinds of questions that might be used by specialist family violence practitioners working with women. They are not intended to be asked in any specific order, and they are not to be used checklist style.

Questions about the perpetrator's role in the family

What role does X play in the family?

What role does X play with the children?

Does X see himself as a father to the children?
(if the perpetrator is not their first or only father figure)

What role does X play in the running of the household/of the family?

What are the good things about X as a father?

If the woman is pregnant:

Was the pregnancy planned, and was the conception consensual?

How did you feel when you found out you were pregnant?

How do you feel now?

What was X's response to finding out that you were pregnant?

What role are you expecting X will take in this baby's life?

Do you think that he will follow through with this?

Questions about safety

What effect has X's violence against you had on your experience of being a mother?

Has X used physical violence against [name of child]? (prompt if necessary)

Has X used other forms of violence or abuse against [name of child]? (prompt if necessary)

Has [child's name] seen or heard X's violence against you? (prompt if necessary)

What are the things you have done to try to protect [child's name] from being exposed to the violence?

Has [child's name] or their siblings ever done anything to try to protect you from the violence?

Have you talked with [child's name] about the violence?

What, if anything, has [child's name] asked or said about the violence?

Have you used physical violence against [name of child]? (prompt if necessary)

Have you used other forms of violence against [name of child]? (prompt if necessary)

Would [name of child] tell me that you sometimes get angry with them, yell, swear at them or hit them?

How do you think [child's name] would describe life at home?

Have you noticed how [child's name] is after X has been violent toward you?

How do you think [name of child] is coping with things at home?

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What sort of behaviours are you noticing in your children?

What changes do you think [child's name] would like to see happen?

Do you have any safety concerns about [child's name]'s lifestyle?
(Prompt for age-related issues such as drug use, risk taking)

If the woman has issues that impact on her parenting, such as alcohol or drug abuse or gambling, enquire about the impact of these on her parenting, for example:

Where is [child's name] when you are drinking/taking drugs?

What do you do when you're drunk/affected by drugs?

What do you imagine is your children's experience of you when you are drinking/taking drugs?

Are there times when you cannot remember what has happened because you have been drinking/taking drugs?

Are there other adults in your home using alcohol or drugs, whether they are visiting or live with you?

If the woman is pregnant:

Has X ever hurt you in ways that made you think he was trying to hurt the baby?
(prompt for tactics such as blows or kicks to abdominal area)

Would you describe X as jealous of you and the baby?

Have you ever wanted to hurt your unborn baby?

Questions about stability

Connections to family

Who are the people that [child's name] feels most attached to?

Where are those people, and does [child's name] have contact with them?

Could you describe the ways that [child's name] relates to each of the people in your family? (Prompt for extended family or 'family-like' figures)

What are relationships like between these all of these different people?

How is the violence affecting the child's relationships with these people, and the relationships between these people?

What do you think [child's name] would say is special to them about your family?

What is special to you?

Has [child's name] lost anyone special in their life — for example, by them leaving or dying? When? How do they feel about that? How have you helped them with their feelings?

Does your extended family play much of a role in your life? Would you like this to be different? Are there ways you think they could help out?

Connections to friends

Tell me about [child's name]'s friends? (Prompt for names, how they know each other, frequency of play, what they do together?)

How does [child's name] play with other children? (Prompt for patterns in play such as being exclusive or inclusive, bullying or being bullied)

Does [child's name] have any significant relationships with adults outside your family?

What do you think has been the impact of the violence on [child's name]'s friendships?

Connections to community

How is [child's name] involved in activities outside your home? (Prompt for childcare, culture- or faith-based groups, sport, playgroup, classes, extracurricular activities)

Are you working or studying, or are you involved in activities outside of your family? (Prompt for community activities, culture- or faith-based groups, classes, volunteering)

Connections to culture and religion

What cultural or religious community do you see yourself as part of?

Does [child's name] see themselves as part of this community in the same way?

What are the most important cultural or religious traditions, practices and celebrations to you and your child/ren?

What are some of the most positive things about the way that people in your culture bring up children?

Housing, food and financial security

Is there anything about your current housing situation that makes you worried for [child's name]?

Do you have money to cover the family's basic needs?

Has there been a time recently when you haven't been able to afford food? Is there a chance that might happen again?

What are your plans for living on a limited income? (If the woman is in the process of leaving the relationship)

Other factors in the child's current environment or situation that might contribute to their sense of stability or instability

Has [child's name] ever been in out-of-home care? What were the circumstances? Do they still have contact with their foster parents? How do they and you feel now about that? What has been its impact on [child's name] and on you?

How do you think [issues such as living in the country, the migration to Australia, life as a refugee] has been impacting on [child's name]?

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If the woman is pregnant and has other children:

Connections to family and friends

What are your plans for labour? (prompt for support, getting to hospital, care of other children)

Who do you think will be there for you when the baby is born? How will they help out?

How are the other children feeling about this baby?

Housing, food and financial security

Do you have money to cover the baby's needs?

What are your plans regarding maternity leave, work or childcare?

Questions and observations about development

Health and growth

How is [child's name]'s health generally? Do they have any health issues that are causing them problems?

Are there any health issues that might be made worse by the stress related to the violence?

How is [child's name] sleeping? Do you have any worries about her/his sleep patterns?

What physical activity does [child's name] do?

Education and learning

How do you play with [child's name]? What kinds of things do you do together?

How is [child's name] going at childcare/kindergarten/school?

Are there ways that you are trying to help them out with their education?

How often does [child's name] miss going to school/kinder, and why?

Social, emotional and behavioural development

Do you feel like you know where [child's name] should be in terms of their development? (Connect this to the child's disability if this is a factor)

What is your sense of where [child's name] is now in terms of their development? (Prompt for self-care, emotional development, education)

Has anyone ever commented to you about [child's name]'s development? (Such as MCH nurse, family member)

How do you think you would know if [child's name] needed help to support her development?

What does [child's name] do when they are frustrated? Relaxed? Angry? Upset? Scared? Excited?

What do you do when you're feeling challenged by [child's name]'s behaviour? Do you always do the same thing?

How are you feeling about the possibility/reality that [child's name] will start or is having relationships? (for adolescents)

Do you have any (other) concerns regarding [child's name]'s development?

If the woman is pregnant:

Enquire about drug use, alcohol use, smoking, nutrition, antenatal care

7. Assessment questions directed to perpetrators

7. Assessment questions directed to perpetrators

These questions are indicative of the kinds of questions that might be used by specialist family violence practitioners working with men. They are not intended to be asked in any specific order, and they are not to be used checklist style.

It is critical to be alert to ways that men might invite collusion in any discussion regarding their parenting. Ensure you have read the discussion about men's parenting in the context of family violence on page 20 before interviewing men about their child and their parenting.

Introductory questions

What role do you play with the children?

Do you see yourself as a father to the children? (If the perpetrator is not their first or only father figure)

What role do you play in the running of the household/of the family?

What do you think are the good things about you as a father?

Questions and observations about safety

Have you used physical violence against [name of child]? (prompt if necessary)

Have you used other forms of violence against [name of child]? (prompt if necessary)

Are your children scared of you? How do you know this?

What indirect ways do you think [child's name] has been exposed to the violence? (prompt if necessary)

Are there things you have done to try to protect [child's name] from being exposed to the violence?

How do you think [child's name] would describe life at home?

Have you noticed how [child's name] is when you have been violent to [woman's name]?

Have you talked with [child's name] about the violence?

What, if anything, has [child's name] asked or said about the violence?

How do you think [name of child] is coping with things at home?

What changes do you think [child's name] would like to see happen?

Do you have any safety concerns about [child's name]'s lifestyle? (Prompt for age-related issues such as drug use, risk taking, sexual activity)

Questions and observations about stability

Connections to family

Who are the people that [child's name] feels most attached to?

Where are those people, and does [child's name] have contact with them?

Has [child's name] spent any extended time away from you? What was the reason? (prompt for court older, goal, relationship separation)

Could you describe the ways that [child's name] relates to each of the people in your family? (Prompt for extended family or 'family-like' figures)

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What are relationships like between these all of these different people?

How do you think the violence is affecting the child's relationships with these people, and the relationships between these people?

What do you think [child's name] would say is special to them about your family?

What is special to you?

Has [child's name] lost anyone special in their life — for example, by them leaving or dying? When? How do they feel about that? How have you helped them with their feelings?

Does your extended family play much of a role in your life? Would you like this to be different? Are there ways you think they could help out?

Connections to friends

Tell me about [child's name]'s friends? Names, how they know each other, frequency of play, what they do together?

How does [child's name] play with other children? (Prompt for patterns in play such as being exclusive or inclusive, bullying or being bullied)

Does [child's name] have any significant relationships with adults outside your family?

What do you think has been the impact of the violence on [child's name]'s friendships?

Connections to community

How [child's name] involved in activities outside your home? (Prompt for childcare, culture- or faith-based groups, sport, playgroup, classes, extracurricular activities)

Are you working or studying, and are you involved in other activities outside of your family? (Prompt for community activities, culture- or faith-based groups, classes, volunteering)

Connections to culture and religion

What cultural or religious community do you see yourself as part of?

Does [child's name] see themselves as part of this community in the same way?

What are the most important cultural or religious traditions, practices and celebrations to you and your child/ren?

What are some of the most positive things about the way that people in your culture bring up children?

Housing, food and financial security

Is there anything about your current housing situation that makes you worried for [child's name]?

Do you have money to cover the family's basic needs?

Has there been a time recently when you haven't been able to afford food? Is there a chance that might happen again?

Other factors in the child's current environment or situation that might contribute to their sense of stability or instability

Does your child have pets, special toys, comforters or other things that are special that we can help keep safe for them?

Has [child's name] ever been in out-of-home care? What were the circumstances? Do they still have contact with their foster parents? How do they and you feel now about that? What has been its impact on [child's name] and on you?

How do you think [issues such as living in the country, the migration to Australia, life as a refugee] has been impacting on [child's name]?

Questions and observations about development and attachments

Health and growth

How is [child's name]'s health generally? Do they have any health issues that are causing them problems?

Are there any health issues that might be made worse by the stress related to the violence?

How is [child's name] sleeping? Do you have any worries about her/his sleep patterns?

What physical activity does [child's name] do?

Education and learning

How do you play with [child's name]? What kinds of things do you do together?

How is [child's name] going at childcare/kindergarten/school?

Are there ways that you are trying to help them out with their education?

How often does [child's name] miss going to school/kinder, and why?

Social, emotional and behavioural development

Do you feel like you know where [child's name] should be in terms of their development? (Connect this to the child's disability if this is a factor)

What is your sense of where [child's name] is now in terms of their development? (Prompt for self-care, emotional development, education)

Has anyone ever commented to you about [child's name]'s development? (Such as MCH nurse, family member)

How do you think you would know if [child's name] needed help to support their development?

What does [child's name] do when she is frustrated? Relaxed? Angry? Upset? Scared? Excited?

What do you do when you're feeling challenged by [child's name]'s behaviour? Do you always do the same thing?

How are you feeling about the possibility/reality that [child's name] is or will start having relationships? (for adolescents)

Do you have any (other) concerns regarding [child's name]'s development?

8. Assessment questions directed to children and young people

8. Assessment questions directed to children and young people

Introductory questions

Younger children

Can you tell me a little bit about you? What do you like to do [on the weekends/when you're not at school]?

What are some things you like to do with mummy?

Are there things you like to do with daddy?

Older children/adolescents

How do you see X? Is he someone you think of as a father, or like a father? What would you like me to call him? (If the perpetrator is not their first or only father figure)

I know from talking to your mum that things have been pretty bad at home. We will need to talk about those, but I'm curious to know if there good things about your life right now. (This provides a safe and potentially neutral place to return thoughts and conversation to later if necessary)

What are some things you like to do with your mum?

Are there any things you like to do with X?

Questions and observations about safety

These questions in the following sections are useful for both children and adolescents, although you will probably use a different tone, and perhaps more explanation of key words and questions with younger children.

What makes you feel safe?

Are there times that you feel unsafe or scared?

When you feel unsafe, how unsafe do you feel? Can you answer this as a number out of ten, if 1 is a little bit scared, and 10 is very very scared? (you could explain ratings out of 10 with several less emotionally loaded things, such as how much the child likes ice-cream or chocolate or homework)

Are there people in your family that you feel nervous or scared around? Who?
Do you feel that way all the time or just sometimes? When?

What is usually happening when you feel frightened? What do you feel frightened about? (prompt for fears for self, mother, siblings or other family members, possessions, pets)

What sorts of things does [Daddy/X] do that make you feel frightened? (this question is optional, if you already know a lot about what the child has experienced, you might not ask it)

When [Daddy/X] does those things, what do you do? Did that help you feel better?
What do you think might help if he does something like that again?

Have you ever needed to keep yourself or other people safe? What did you do?

Do you feel that your parents care about you?

Do you ever get left in the house alone? When has that happened?

Do you feel relaxed when you are around your family? When? What is it that helps you to feel relaxed then?

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Questions and observations about stability

Connections to family

Could you tell me a bit about people in your family? How do you get along with them? Who do you trust/feel comfortable with? (Prompt for extended family or 'family-like' figures)

Has being hurt or scared made a difference to how you feel about any of those people?

What are relationships like between these all of these different people?

What is special to you about your family?

Have you lost anyone special in your life — for example, by them leaving or dying? When? How do you feel about that?

Does your extended family play much of a role in your life? Would you like this to be different? How?

Connections to friends

Do you play with children at school? If no, how do you feel about that?

Could you tell me about your friends? (Names, how they know each other, frequency of play, what they do together, who they trust/feel comfortable with)

Have another child ever hurt you or been mean to you?

Do you have any adult friends? (Names, how they know each other, frequency of contact, what they do together, who they trust/feel comfortable with)

Connections to community

How do you feel about [activities that parent has identified]? Do you enjoy it? (If parent has identified activities)

Are there things you would like to be doing when you're not at school? (If parent has not identified activities)

Connections to culture

What cultural or religious community is your family as part of?

Do you feel like you are part of that community in the same way?

What are the most important cultural or religious traditions, practices and celebrations to you and your family?

What are some of the most positive things about your culture?

Housing, food and financial security (only if parent has identified insecurity in these areas)

Do you ever feel worried about there being enough food in your house?

Do you ever feel worried about anything to do with your house, or where you live?

Other factors in the child's current environment or situation that might contribute to their sense of stability or instability

Can you tell me about when you were in foster care/away from your mum and dad?

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Who was looking after you? Do you know why you were there? How did you feel at the time? How do you feel about it now?

Is there anything about [issues such as living in the country, the migration to Australia, life as a refugee] that are making things hard for you?

Questions and observations about development

Health and growth

Do you get sick much?

Do you go to the doctor? Who takes you?

What do you do to keep your body healthy? (use age-appropriate prompts for food, exercise, healthy behaviours, smoking, drug use, contraception and sexual health)

Education and learning

How do you play with your mum? What kinds of things do you do together?

How are you going at school?

Do you enjoy school? What do you like about it? Are there things you don't like? What do you find easy/hard?

Have you been in trouble at school?

Do you miss much school?

Social, emotional and behavioural development

What do you do when you are feeling frustrated? Relaxed? Angry? Upset? Scared? Excited?

What does mummy/daddy do when you do something they don't like? How do you feel about that?

9. Safety planning

9. Safety planning

Safety plans for unborn children

Pregnancy is a time of heightened risk, so all pregnant women need to plan for the safety of their unborn child — regardless of their stage of pregnancy. Issues to address with a woman include:

- access to antenatal education and support if the violence includes isolation or withholding of services
- strategies for physical protection in pregnancy (especially from falls and blows to their abdominal area)
- escape plans in late pregnancy.

Safety plans for infants and young children

If an infant or very young child is always in their mother's presence or in a safe place without their parent (such as childcare), the mother's safety plan should also cover safety concerns about and needs of the child. It is not possible to plan for every eventuality; however, discussing some scenarios might help women to think concretely about actions they will take to protect the child.

Examples of scenarios to plan for:

- protection of the infant or young child
- safekeeping of security/comfort toys, blankets or other items that are highly significant to the child
- keeping in touch with the people that are special to the child if safe to do so
- what to do if the mother and child are fleeing violence
- what to do if the perpetrator is being violent and has the child in their possession
- the perpetrator having unsupervised access to the infant or child
- prevention of abduction.

Safety plans usually include a list of important items to have packed or ready to go. For mothers of infants and young children, this list might include:

- security/comfort toys, blankets or other items that are highly significant to the child (these are possibly the most important items to take, as they are irreplaceable and their loss can be further traumatising to children)
- documents that prove the child's identity (passport, license, birth certificate)
- Family Court orders or parenting plans
- dummy/bottles
- nappies
- favourite toys or books
- several changes of clothes for the child
- any disability aids or essential medication that the child needs.

Any professionals who regularly care for the child should be informed about the risk situation. If the perpetrator is not permitted contact with the child, or to collect the child from care, the professionals should be aware of this. Encourage women to provide a photo of the perpetrator to professionals who do not know him by sight.

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Safety plans for school-aged children

Older children and young people require their own safety plan, given their potential for independent mobility and action.

Plans developed with the consent and participation of both the mother can help to develop a 'safety alliance' between the mother and child.[44] It is always desirable that women's and children's safety plans are congruent. Although children do not need to know all elements of their mother's safety plan, they might feel reassured to know she has made plans to keep their pet or special possessions safe, and to keep in touch with special people.

Discussing plans for safety

Whether and to what extent older children and young people are involved in safety planning depends on their maturity and the situation. It is possible that safety planning could increase their sense of anxiety and/or increase risk, by making the child feel safer or more in control than they really are (it is also possible that the child could come to distrust safety planning if a plan 'fails').

When discussing safety with children and young people, always allow them space to articulate their feelings, observations and concerns about having to have a safety plan. Many children have deeply ambivalent or confusing feelings towards both their mother and the perpetrator, and may need assistance from a more neutral person to understand these as normal and understandable reactions. Understanding a child or young person's attachment to their father is critical here, as it has consequences not only for their recovery, but also for safety planning. Often, children nominate their father as a 'safe' person, particularly in the context of his physical strength. This needs to be explored further with the child. Children need to know that having a safety plan is not the same as taking responsibility for the violence, and that having a safety plan is not a betrayal of their father.

People are safer when others know about the dangers they face. Thus, another important element of safety planning is helping older children and young people to work out how to talk to others about the violence.

Issues to address in safety planning for children and young people

Safety planning with a child or young person might include:

- establishing how they would get help quickly and safely
- establishing how they might respond in unsafe situations — at home, outside the home, or in different situations (such as on contact visits with their father)
- teaching them skills such as using a telephone, making emergency calls, using public transport, or calling a taxi
- teaching them skills and making provisions for online safety (with them and their mother)
- helping them to identify people they can talk to
- helping them to develop harm minimisation skills such as avoiding confrontation, keeping calm and maintaining self-control, knowing how to 'read' others' feelings and anticipate reactions
- discussing how they might feel and what they might do when their mother is being hurt — this is especially important if there is a risk that a child or young person might step in to stop the violence

- discussing how they can maintain their friendships and relationships safely — this is especially important for older children and young people, who might otherwise prioritise their social connections over their own and others' safety.

The template over page, *Things that make me feel safe*, is one of a number of resources produced by Kids Central at Australian Catholic University that can be used to facilitate safety planning. See **www.acu.edu.au/253710**

Maximising the chances that children and young people will implement their safety plans

Depending on their emotional maturity and intellectual capacity, children or young people are likely to need repeated opportunities to practice or rehearse their safety plans. Encouraging children to discuss 'what if' situations can provide insights into their sense of safety, and also help to identify contingencies that might otherwise not be planned for. For example, you might talk with a child about:

- 'What if you felt scared?'
- 'What if someone was hurt and you had to call an ambulance?'
- 'How would you know if Daddy is getting really angry? What would you do?'.

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Safety plan for older children and teenagers

These things might help YOU to be safe

This is your own safety plan. Remember:

- You are not to blame for the abuse.
- Don't put yourself in danger.
- Abuse is against the law.
- If you don't feel safe, go to your safe place if you can.
- You are not responsible for your mum's safety, but you might be able to get help for her.

If you can get to a phone in your own house, a neighbour's house, or a pay phone, you can call for help.

Here's what to do when you call:

Dial **000**

They will say: 'POLICE, FIRE, AMBULANCE'

You answer: Police

Then say: .....

My name is .....

I am ..... **years old.**

I need help. Send the police. Someone is hurting my mum.

The address is .....

.....

The phone number I am calling from is .....

It may not be safe for you to stay on the phone. If it is not safe, tell the person that and then just put the phone down. DO NOT HANG UP. If you hang up, the police might call you back.

10. Child FIRST

10. Child FIRST

Referring to and sharing information with Child FIRST are prescribed by the CYFA, and you should be aware of your responsibilities, rights and roles in these regards. Below are answers to some of the questions commonly asked by family violence professionals.

Do you need a family's consent to refer them to Child FIRST?

It is always good practice to discuss a referral to Child FIRST with family members. This increases the likelihood of the family positively engaging with Child FIRST by assisting them to focus on the issues they need assistance with, rather than on trying to find out the source of the referral.

Legally, you may refer a family to Child FIRST without their permission. Your identity as a referrer cannot be disclosed to the family without your consent.

Do families have a choice about whether to accept Child FIRST's assistance?

Yes. Families may accept or reject an offer of service from Child FIRST, or from a family service to whom it might refer them.

The process of assessment and planning is the same regardless of whether the family was referred by a professional or self-referred.

What happens when I refer to Child FIRST

Upon receiving your referral, the Child FIRST team will conduct further assessment of the family. In this assessment process, Child FIRST may:

- contact you for further information
- contact other service providers to request information from them
- consult an experienced community-based Child Protection practitioner.

The family does not need to consent to disclosure of information in any of the above circumstances.

Child FIRST's assessment may lead to the involvement of a local family services organisation or referral to another appropriate universal or specialist service provider. In most circumstances, Child FIRST will inform you of the outcome of your referral.

If a Child FIRST team or a registered family services organisation forms a view that a child or young person is in need of protection, they must report the matter to Child Protection.

Can I seek advice from Child FIRST?

You may seek advice from Child FIRST about a course of action to take in relation to a child's wellbeing.

11. Child Protection

11. Child Protection

Consent and disclosure issues

Reports to Child Protection are prescribed by the CYFA, and you should be aware of your responsibilities, rights and roles in this regard. Below are answers to some of the questions commonly asked by family violence professionals.

Can I report to Child Protection?

Yes. Some professionals working in the integrated family violence system are mandated to report a belief that a child is in need of protection. Section 183 of the CYFA, however, states that **any person** who believes on reasonable grounds that a child is in need of protection may report their concerns to Child Protection.

When should I report?

A report must be made as soon as practicable after you have formed the belief that the child might be in need of protection, and on each occasion that you become aware of any further reasonable grounds for your belief.

Do I have to tell the family that I am reporting?

It is always good practice to discuss a report to Child Protection with family members. This increases the likelihood of the family positively engaging with Child Protection by assisting them to focus on the issues they need assistance with, rather than on trying to find out the source of the referral.

If you choose not to tell the family that you are reporting, the CYFA prevents disclosure of your name or any information likely to lead to your identification of a person, except if:

- you consent in writing to your identity being disclosed
- a court or tribunal decides that it is necessary for your identity to be disclosed to ensure the safety and wellbeing of the child
- a court or tribunal decides that, in the interests of justice, you are required to attend court to provide evidence.

Information that you provide during a protective investigation may be used in a court report if the risks to the child or young person require the case to proceed to court. In these circumstances, you may be required to provide evidence to the court.

If Child Protection decides that the report is about a significant concern for the wellbeing of a child, they may refer the report to Child FIRST. However, the CYFA provides that neither Child Protection nor Child FIRST may disclose your identity to anyone else (including the family) without your consent.

Am I liable if I make a report?

If your report is made in good faith:

- it does not constitute unprofessional conduct or a breach of professional ethics on your part
- you cannot be held legally liable in respect of the report, including for the disclosure of otherwise confidential information.

This means that if you make a report in accordance with the legislation, you will not be held liable for the eventual outcome of any investigation of the report.

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Should I report if I am aware that another professional has already done so?

If you are aware that another professional has reported to Child Protection — for example, a Victoria police member has indicated this on the L17 form — you should only report to Child Protection if you gather information relevant to the child's need for protection that is new or additional to the information provided in the professional's notes.

Should I continue to assess and plan if I have reported to Child Protection?

Yes. Given that you are currently providing services to the child and/or their mother, you should continue to assess and plan action. You can assist Child Protection by providing copies of the completed assessment and action plan.

Processes that occur when you report or refer

What happens when I report to Child Protection?

When you report a child to Child Protection, an intake process will be used to make a decision about whether to investigate. You can assist this process by providing a copy of the assessment form and your case notes.

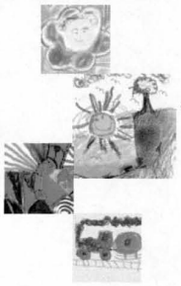
At the conclusion of the intake process, Child Protection might take one or more of the following actions:

- advise you about a possible course of action to
- advise and assist the child or the family of the child
- refer the matter to a community based child and family service agency to provide advice, services and support to the child or the family of the child
- proceed to investigation.

If the report proceeds to investigation, there are a number of potential outcomes (see Figure 3).

Figure 3: Possible outcomes of a direct investigation into a report of a child in need of protection

Outcome of investigation	Risk assignment	Response
Alleged harm or risk of harm is not substantiated	No significant concerns	Close
	Significant concern for wellbeing	Refer to Child FIRST
Alleged harm or risk of harm is substantiated	Risk of significant harm — child in need of protection	Issue Protection Application
	No further risk of harm	Refer (as necessary) and close
	Risk assignment deferred — further protective intervention/ assessment	Develop Best Interests Plan
Period of further intervention and assessment required	Risk of significant harm — child in need of protection	Issue Protection Application
	No further risk of significant harm	Refer and close



When can I share information with Child Protection?

When a report has been received, Child Protection may contact you (in writing or via telephone) to request information relevant to the protection and development of the child. You are authorised by the CYFA to disclose this information, regardless of whether the family has consented to the disclosure of information.

If the Child Protection practitioner is contacting you in relation to a report made by another reporter (for example, a member of Victoria Police), the practitioner is authorised to disclose to you the name of the child and the nature of the concerns.

Must I share information with Child Protection?

It is good practice to share with Child Protection all information pertaining to a child's safety, stability and development. Information sharing is voluntary in a legal sense; however, your agency may have policies governing when and how to share information.

For information on information sharing with Child Protection please see *Providing support to vulnerable children and families — an information sharing guide for authorised Information Holders or professionals employed by Service Agencies in Victoria according to the Children Youth and Families Act 2005*

What feedback should I expect to receive in relation to a report I have made?

Child Protection intake is required to make reasonable attempts to contact you by phone, to inform you of the outcome of the report, unless there are exceptional circumstances or it is not in the child's best interests. This should occur in a timely manner (usually within two days of the classification of the report).

Child Protection will generally provide you with information about the intake outcome (or classification). You will not be informed of what assistance Child Protection has offered, the outcomes of any referrals that Child Protection has made, or the findings of an investigation. Exceptions to this are when the child or their parent consents to that information being shared with you, or when you are actively involved in the child's ongoing protection.

12. Services for children outside the integrated family violence system

12. Services for children outside the integrated family violence system

Below are some sources of support for families outside the integrated family violence system. These might be used in addition to, or instead of, specialist services. Many services will also provide advice and support to you as a professional.

If no contact details are provided in the contact column, this is a local or regional service. Links to your local service are usually easily found via the internet, and you should note contact details of services in your own area.

Service type	Range of possible ways that professionals in this service might assist a child or family	Contact details
Health services		
Community health service	Services vary between agencies and might include: • Generalist counselling • Family violence counselling • Dietetics (nutritional advice, child obesity) • Speech pathology • Occupational therapy • Physiotherapy • Social work • Family support workers • General practitioners • Dental and oral health services • Supported playgroups	
General practitioner	Health and wellbeing issues Contraception and sexual health for adolescents Immunisation Referrals to paediatricians and other medical specialists	
Directline	24 hour counselling and referral service for alcohol and other drugs services	**1800 888 236** 24 hours, 7 days
Support for parenting		
Kids Helpline	Assists young people across Australia to develop strategies and skills that enable them to more effectively manage their own lives. Kids Help Online is a separate online counselling service for young people aged 5 to 18 years. It is free, anonymous and confidential.	**1800 55 1800** 24 hours, 7 days

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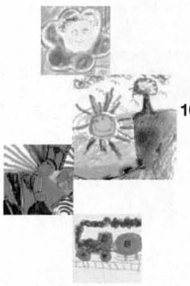
Parentline	Provides a telephone advisory and information service for parents and children in Victoria.	**13 22 89** (local call) 8 am – 12 am, Monday – Friday 10 am – 10 pm Saturday – Sunday
Childcare	Family Day Care: Caters for young babies through to pre-teens and can offer care during standard hours, before/after school, during school holidays and, in some circumstances, overnight and weekends Long Day Care: Provides centre based quality child care, generally operating for at least 40 hours per week, 48 weeks per year. Occasional Care: Provides flexible care for children from birth to school age. Families can access occasional care regularly or irregularly Out of School Hours Care: Provides services to cater for the needs of primary school aged children and their families before school, after school, during non-teaching days and during school holidays. Programs are generally provided within school facilities.	For information about childcare options in Victoria, contact the Child Care Access Hotline on **1800 670 305**
Association for Children with a Disability	Information, support and advocacy organisation for children with a disability and their families Can provide links to disability specific advocacy organisations and services	**9818 2000** **1800 654 013** (rural callers)
Children's contact services	Provide safe, neutral and child-focused venues for supervised visits and changeovers to occur between children and their parents and other significant persons in the child's life. Children's Contact Services (CCS) aim to minimise a child's exposure to conflict or unsafe situations when parents are separating or have separated.	



Mental health		
Child and Adolescent/Youth Mental Health Service	For children and adolescents experiencing significant psychological distress and/or mental illness Secondary consultations to family violence professionals Intensive mobile youth outreach support services Crisis assessment Case management Individual, family and group therapy Parent or carer support Day programs Acute inpatient services	
Children of Parents with a Mental Illness	Website of information for family members of a parent with a mental illness.	**www.copmi.net.au**
ARAFEMI	Helpline provides free, confidential information, support and referral for family, carers, and friends of people with a mental illness. Health professionals and other interested groups may also use this service to find out about supporting families and carers in the community.	**1300 550 265** 9am – 5pm, Monday to Friday
Sexually abusive behaviour treatment services	Work therapeutically with the child or young person, their family, carers, school and community services to provide a developmentally appropriate response. Services are provided by Centres Against Sexual Assault and some specialist children's services.	Contact local CASA
Early years of parenting		
Maternal and child health service	For children aged 0–6 years and their parents Key ages and stages of development Feeding and sleeping issues Health checks Hearing and vision testing Parenting support and information New parents program Postnatal depression screening Immunisation	Service locator available at: **www.education.vic.gov.au/findaservice/Home.aspx**

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Maternal and Child Health Line	Available to Victorian families with children from birth to school age. Provides information, support and guidance regarding child health, nutrition, breast feeding, maternal and family health and parenting.	**Tel 13 22 29** (local call) 24 hours, 7 days
Early Parenting Centres	Provide families with children birth to 4 years with support on a range of parenting issues including feeding, settling, early childhood routines and more. Families can stay at the Parenting Centre or attend a day stay program.	O'Connell Family Centre (Canterbury) **8416 7600** 9 am – 5 pm Monday – Friday Queen Elizabeth Centre (Noble Park) **9549 2777** 9 am – 5 pm Monday – Friday Tweddle Child and Family Health Service (Footscray) **9689 1577** 8.30 am – 5 pm Monday – Friday
PANDA (Post and Antenatal Depression Association)	Provides confidential information, support and referral to anyone affected by depression and anxiety during pregnancy and after childbirth (perinatal depression and anxiety)—including partners, family members and friends.	Helpline: **1300 726 306** Admin: **9481 3377** 9 am — 7 pm Monday to Friday
Playgroup Victoria	Links to playgroups across Victoria, including playgroups provided under the Supported Playgroups and Parent Groups Initiative. Playgroups provide opportunities for positive and supportive social interaction for babies, toddlers and pre-schoolers and their parents or caregivers.	**1800 171 882**
Early Childhood Intervention Services	Support children with a disability or developmental delay from birth to school entry and their families. Provides special education, therapy, counselling, service planning and coordination, assistance and support to access services such as kindergarten and child care.	Contact DHS central intake on **1800 783 783** and ask for Early Childhood Intervention Services

Kindergarten and school years		
Early start kindergarten	Funded places for • 3 year old children known to Child Protection (including those referred directly from Child Protection to Child FIRST) • 3 year old Aboriginal and Torres Strait Islander children	
Preschool Field Officers	Provide practical advice, consultancy and support for the inclusion of children with additional needs into state funded kindergarten programs.	
Primary school nursing program	Nurses visit all state primary schools to undertake health assessments; and to provide information and advice about healthy behaviours and links to community based health and wellbeing services. All children are assessed in their first year of school. Thereafter, assessment is by referral via the school and may be requested by a teacher or parent.	
Teachers	All aspects of a school-aged child's development and learning, including their social development	
Secondary school nursing program	Secondary School Nurses are employed through Regional Offices of the Department of Education and Early Childhood Development (DEECD), with most nurses allocated to two secondary schools. Many but not all state secondary schools participate in this program. Nurses can help to coordinate school and community based health and support services. Their clinical role includes assessment, care, referral and support for primary health matters.	

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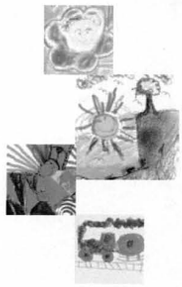
Services for Aboriginal families		
Victorian Aboriginal Child Care Agency (VACCA)	Provides assistance and support to Aboriginal children and families who are experiencing social and economic problems which may contribute to a breakdown in the family structure.	**8388 1855**
Aboriginal Child Specialist Advice and Support Service (ACSASS)	ACSASS provides assistance and advice to Child Protection on all notifications on Aboriginal children and young people. In most parts of the state, ACSASS is provided as a program of VACCA. In Mildura, it is provided by the Mildura Aboriginal Corporation.	Lakidjeka ACSASS (VACCA) **8388 1855** Mildura ACSASS (MAC) **5022 1852**
Victorian Aboriginal Health Services	Provides a comprehensive range of medical, dental and social services.	**9419 3000**
Victorian Aboriginal Legal Service	Provides legal advice and representation for the Koorie community. Services include: • information, initial legal advice, minor assistance and referral • duty lawyer assistance – Legal casework services including representation and assistance, covering criminal law, civil law and family law matters.	**www.vals.org.au** **1800 064 865**
Koorie Education Coordinators and Koorie Engagement Support Officers	Support Aboriginal families to access a broad range of services and supports for Aboriginal children from birth to the time they complete school.	
Services for families from CALD communities		
VICSEG New Futures	Provides a range of activities to recently settled migrant refugee families around developmental opportunities for their children and teenagers	**9383 2533**
Bicultural Kindergarten Workers Program (FKA Children's Services)	Supports children from CALD communities to: settle into a children's service; maintain and develop their first language through stories, songs and play; and develop pride in their own culture and language. Can also assist families, for example, during parent interviews and orientation for kindergartens.	**9428 4471** or talk with kindergarten staff



Justice services		
Victims of Crime Helpline	Provides advice and referral to local and relevant support services in order to assist victims manage the effects of crime. Whilst some victims may simply wish to talk to someone about their experiences, others may want more detailed information about available counselling or legal processes. Helpline staff can refer people to a local service for the most appropriate assistance based on individual needs.	**1800 819 817**
Victims Assistance and Counselling Program	Provides a range of practical and emotional support for victims of crime. Services are provided on a regional basis and vary between regions. Contact the Victims of Crime Helpline to locate an appropriate service.	**1800 819 817**
Child Witness Service	Offers specialised support and practical preparation to assist children and young people who are required to give evidence in court. The service is staffed by social workers and psychologists and provides a child-friendly environment for learning about court processes. The Child Witness Service provides remote witness facilities so that the witness may not have to give their evidence in the courtroom in front of the accused person.	**(03) 9603 9266** **1300 790 540** (Free call)

13. Simple guide to genograms

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13. Simple guide to genograms

A genogram or family tree is a useful tool to gather information about a child's family. This visual representation of a family can help you to identify patterns or themes within families that may be influencing or driving the child's current behaviour.

Most children and their parents really enjoy the opportunity to talk about their family history, and it can work as a good tool to build trust and rapport in a working relationship. However be aware that some clients may find seeing a visual picture of the state of their relationships confronting, particularly within the context of family violence. Use this tool sensitively and in cases where you think it may be useful to promote healthy change and the development of more positive relationships in a child's life. A copy of the genogram should be recorded in each child's file.

Developing a genogram with the child

- Aim to gather information about three generations: the child's generation, their parent, and their grandparents.
- Include significant others who lived with or cared for the family
- Start with drawing the family structure, who is in the family, in which generations, how they are connected, birth/marriage, deaths etc.
- You may ask them to tell you a bit about each person.
- As the child tells you about family members and relationships, make a note alongside the name.
- Ask about relationships between family members
- Who are you closest to?
  - What is/was your relationship like with...?
  - How often do you see...?
  - Where does...live now?
  - Is there any one here that you really don't get along with?
  - Is there anyone else who is very close in the family? Or who really don't get along?
- Ask about characteristics or habits of family members, particularly those relevant to your role: health issues, alcohol/ drug use, physical and mental health, violence, crime/trouble with the law, employment, education.
- Ask about family values, beliefs and traditions.
- Try to explore patterns and themes.
  - Who are you most like?
  - What is...like? Who else is like them?

WIT.3011.001.0489_R

Symbols for drawing the genogram or family tree

Female symbol — name, age

Male symbol — name, age

Unknown gender

Married — add the year or ages

De facto relationship — commencement date or ages

Separation — date or ages

Divorce — date or ages

List children in birth order and put names and ages either within the symbol or underneath.

Death — a small cross in the corner of the symbol (record date if known)

Dotted circle — this can be used to enclose the members living together currently, for example, who the young person is living with.

Conflictual relationship

Very close

Distant relationship

Source: http://www.strongbonds.jss.org.au/workers/families/genograms.html

14. Practice tools for working with children

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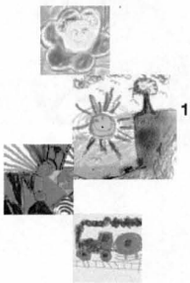
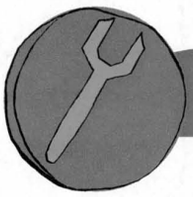


14. Practice tools for working with children

'Kids Central' tools and child centred principles

Principle one: Children and young people's safety and wellbeing are of primary importance

KEEP ME SAFE



TOOL 1D: THINGS THAT MAKE ME FEEL SAFE

LINKED TO:

- This tool can be used in all situations where you might engage children directly about their feelings
- Sections 1.4, 1.5, 1.6 & 2.1 & 2.11,

WHY?

- To introduce the topic of safety to children
- To hear from children about the things that help make them feel safe
- To help with safety planning for individual children
- To help families understand what each child needs to feel safe

WHO WITH?

- Children as individuals, in groups or as a family
- 5 – 10 year olds

TIME?

- 15-25 minutes

YOU'LL NEED?

- Template
- Coloured pencils / textas

Kid's Central was developed by Tim Moore and Megan Layton at the Institute of Child Protection Studies at the Australian Catholic University

WIT.3011.001.0492_R

Principle one: Children and young people's safety and wellbeing are of primary importance

KEEP ME SAFE

WHAT TO DO:

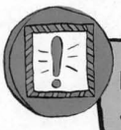
- Start by explaining the metaphor of the blanket 'I love lying in bed with my blanket. I feel warm and safe and I can hide from the world if I like. On this girl's blanket there are things that make her feel safe: people in her family, her animals, places she can go'.
- Ask children what feeling safe means to them: What does it feel like? When do they feel most safe? What are some of the things that they need to feel safe?
- Get the kids to decide in which of the domains the 'things that make me feel safe' best sit. The domains include: people in my family, other people, animals, places, feelings, things I know, things people can do

SOMETHING DIFFERENT?

- Kids might feel more comfortable cutting images, words or pictures from magazines; using stickers; sculpting answers from plasticine
- If you have time and are working with a creative child why not make your own safety blanket using the domains identified and patchwork pieces representing the things that help this particular child feel safe

TO THINK ABOUT:

- Some kids don't have many spaces or things that make them feel safe: be mindful of this and don't assume anything.
- Help create some spaces for kids where they can feel safe, being mindful that they need to be sustainable (ie its OK that there is a safe space in your refuge but this needs to be recreated at their new flat etc).

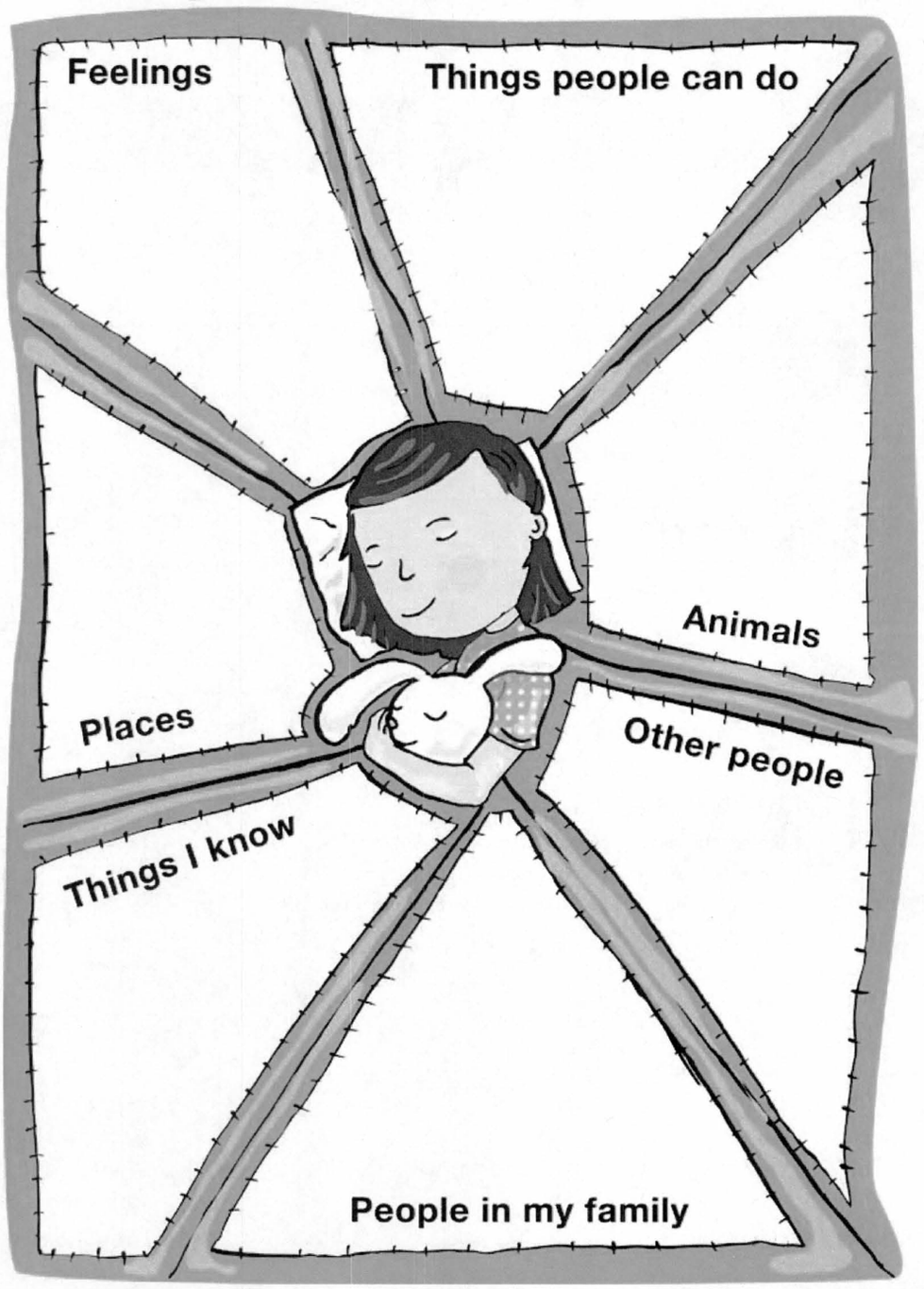


HAZARD ZONES:

- Be aware that kids might want to disclose information about times when they've felt unsafe. It's important that you have made it clear about how you might deal with these messages (see 1.6) and that you've created a space where they know that it's OK to talk if they need to.

Principle one: Children and young people's safety and wellbeing are of primary importance

Things That Make Me Feel Safe



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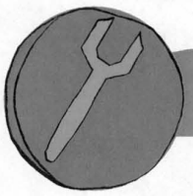
Principle two: each child is unique and special

I'M ONE OF A KIND



TOOL 2B: 'I'M A STAR'

LINKED TO:

- Sections 2.1, 2.2, 2.3, 2.4, 2.5, 2.10, 2.11 & 4.9

WHY?

- To find out a bit about individual children: their needs and wishes
- Building rapport
- Identifying strengths and wishes

WHO WITH?

- This activity can be completed one-on-one, with a parent and child or in groups depending on the individual child and their situation
- This activity can be completed with children from 4 years and up

TIME?

- You'll need at least 20 minutes to complete this activity

YOU'LL NEED?

- Template (preferably copied onto cardboard)
- Coloured textas, pencils or crayons
- Stickers, stars, coloured wool, sparkles etc for decorating

WIT.3011.001.0495_R

Principle two: each child is unique and special

I'M ONE OF A KIND

WHAT TO DO:

- Copy enough copies of the template for all potential participants.
- Explain to the child/ren that every kid is different and that it's these little differences that are special and that make them one of a kind. Ask the children to think about and maybe identify some of the things that make people different from each other.
- Explain that you're going to take a look at some of the things that are important to them and things that make them special.
- Hand out the templates and work your way through each of the questions. Children might choose to write words or draw a picture in each box. Let them know that if they don't want to fill in a space, that's OK – you might leave it blank or come up with some ideas together.
- Have a discussion about some of the key questions and answers. While you're doing this, children might want to continue working on their stars or begin decorating them.
- At the end of the discussion, ask children if they'd be happy with you putting the star up in a communal space or getting them to hang it in their room – you might hole punch the top of the star and hang from the ceiling!

SOMETHING DIFFERENT?

- For kids who aren't keen on writing or drawing, grab some magazines, scissors and glue sticks and suggest they find words or pictures that describe the answers for them

TO THINK ABOUT:

- Older children often get fixated with how good their artwork looks (as do some younger children and adults!). Give kids the opportunity to do a draft before beginning.

HAZARD ZONES:

- Some kids might find it difficult to answer the questions about their strengths: without taking over, gently give them some ideas about things that they might include. Alternatively, maybe get other children or their families to come up with some ideas.

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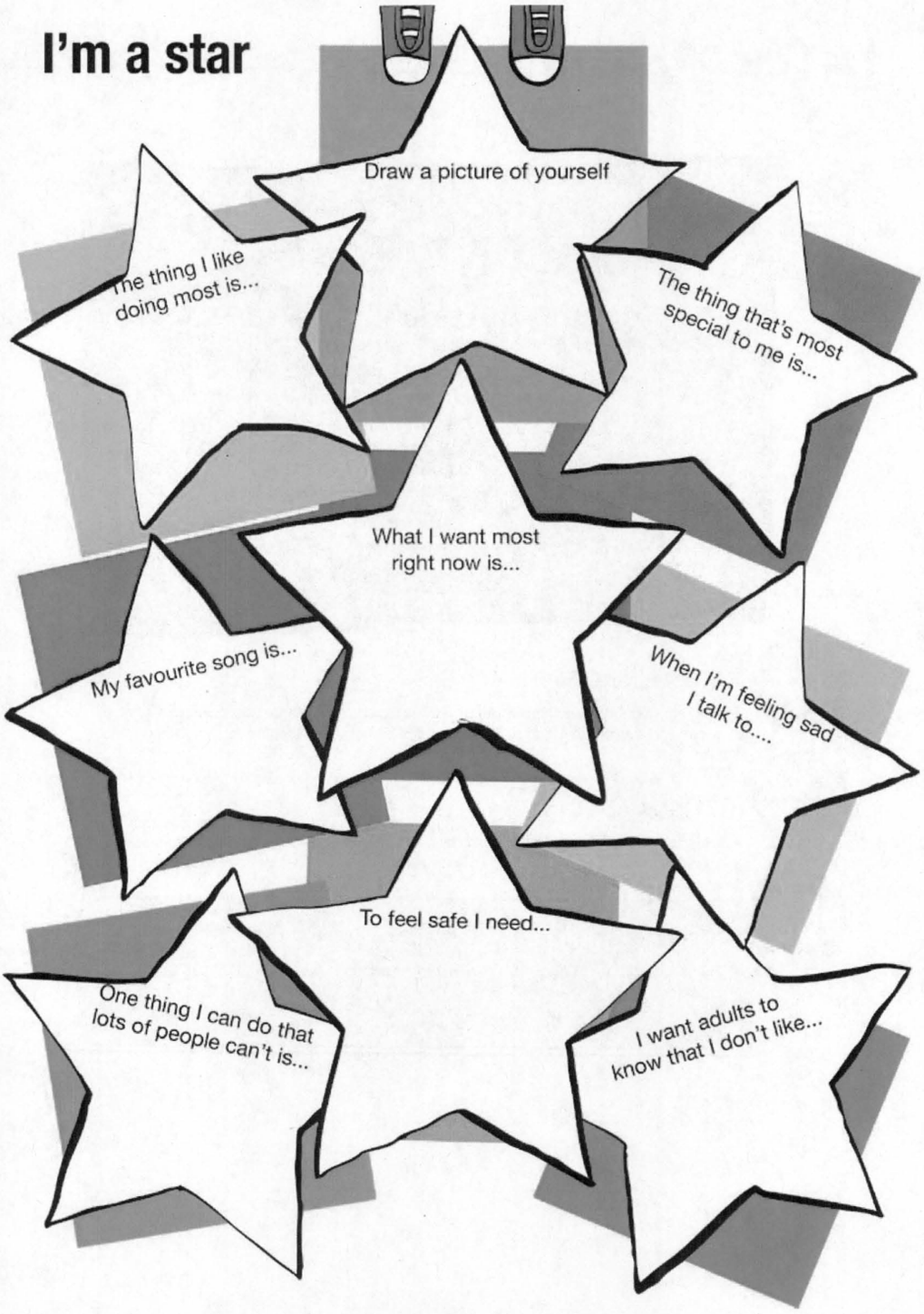
Principle two: each child is unique and special

I'm a star



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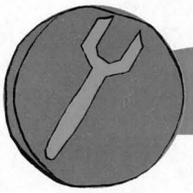
Principle two: each child is unique and special

I'M ONE OF A KIND



TOOL 2C: 'IT'S ALL ABOUT ME'

LINKED TO:

- Sections 2.1, 2.2, 2.3, 2.4, 2.5, 2.10, 2.11 & 4.9

WHY?

- To find out a little bit about how children see themselves, their talents and gifts

WHO WITH?

- Children aged 6 to 12 years either as individuals, in groups or with their families

TIME?

- 15-30 minutes

YOU'LL NEED?

- A copy of the template (handout) for each participant
- Coloured pencils and textas

WIT.3011.001.0498_R

Principle two: each child is unique and special

I'M ONE OF A KIND

WHAT TO DO:

- Tell the kids that all of us have talents and gifts.
- Point out some of the things that you've already noticed about them: the things that you admire about them and the things that you've already seen that they can do.
- Give the children a copy of the handout and tell them that you are interested in knowing a little bit about how they're feeling and what they'd like to have happen.
- Ask the children for permission to ask some questions about what they've drawn and gently get them to explain some of the key questions

SOMETHING DIFFERENT?

- If working with groups of kids or family groups, ask them to identify strengths and 'good things' about other children as suggestions

TO THINK ABOUT:

- There are some wonderful stickers available from organisations like Innovative Resources in Bendigo. These can be used in lieu of pictures when appropriate..

HAZARD ZONES:

- Some kids find it difficult to talk about their strengths – particularly in groups. It's important to set up a safe space and to have some rules about how kids talk to each other. We often do this when talking about sensitive issues – but in an activity like this where kids are feeling vulnerable even when talking about positive stuff its equally as important.

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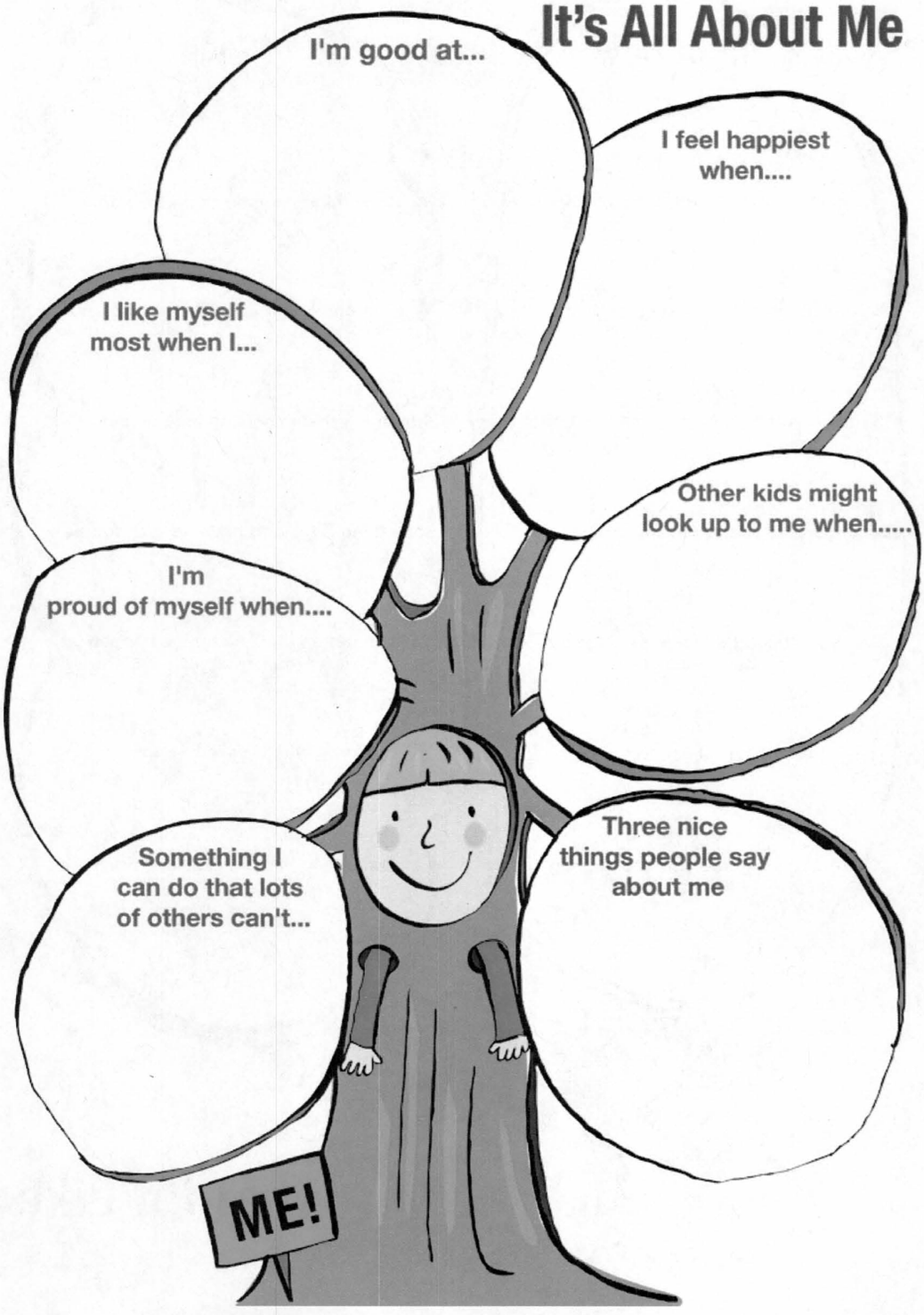
Principle two: each child is unique and special

It's All About Me



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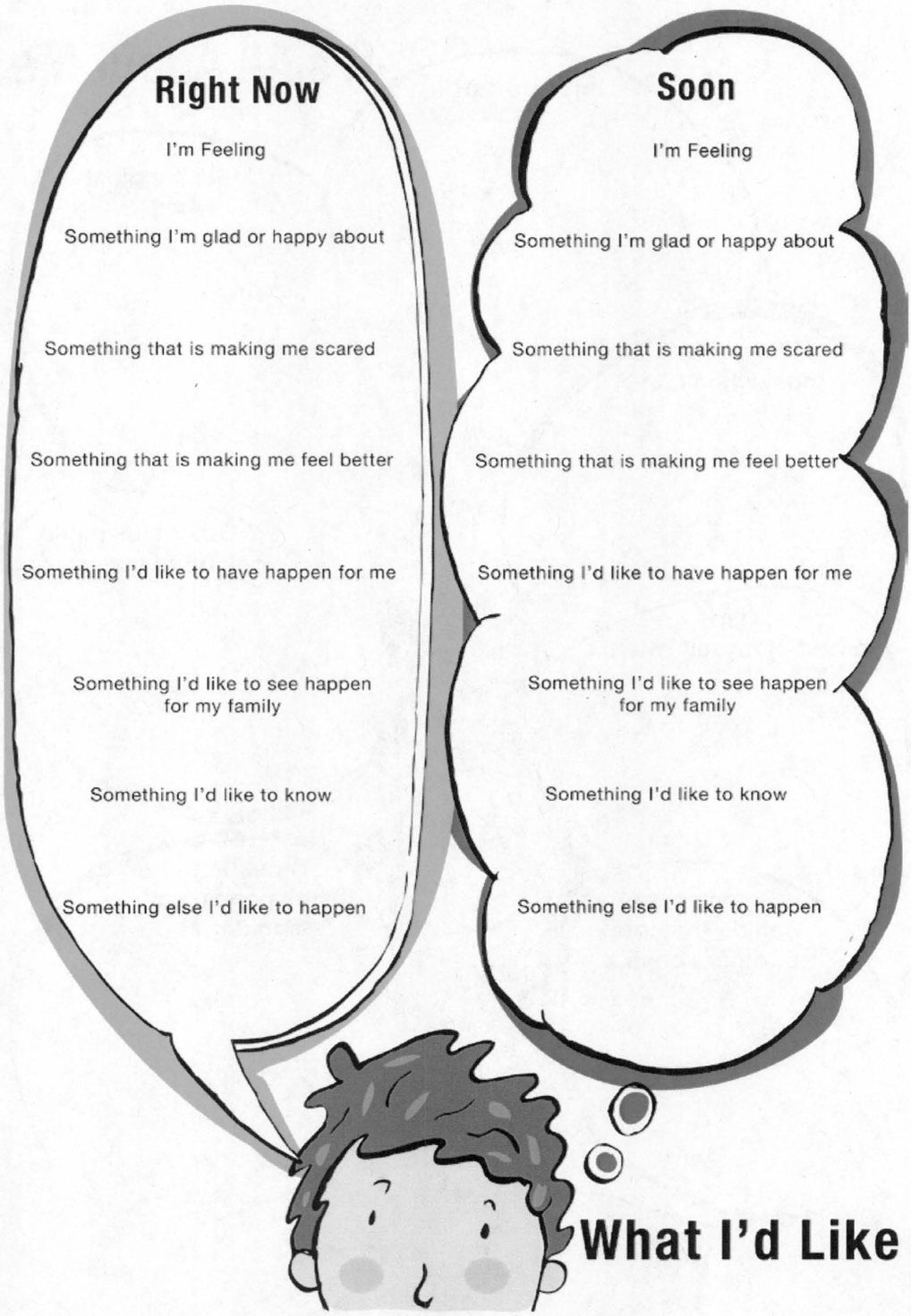
Principle two: each child is unique and special



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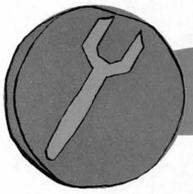
Principle two: each child is unique and special

I'M ONE OF A KIND



TOOL 2E: 'HERE AND THERE'

LINKED TO:

- Sections 2.10, 2.11, 3.6, 5.13 & 6.9

WHY?

- To find out about some of the things that children are wanting and to identify how they might be effected

WHO WITH?

- Children aged 6 to 12 years

TIME?

- 10-30 minutes

YOU'LL NEED?

- A copy of the template (handout)for each participant
- Coloured pencils and textas

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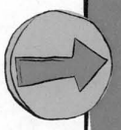
Principle two: each child is unique and special

I'M ONE OF A KIND



WHAT TO DO:

- Give the children a copy of the handout and tell them that you are interested in knowing a little bit about their hopes and wishes now and into the future
- In the first column, ask the kids to draw a picture of how life is for them right now. They might like to draw / write words that describe:
  - Their family
  - Where they're living
  - Their school
  - Their friends
  - Their other relationships
  - How they feel
- In the third column, have them draw a picture / write words that describe how they would like their lives to be in 1 month, 3 months or 1 year's time using the same prompts as before
- In the middle section, on the bridge, workshop ways that they (and you) might work to get them from where they are to where they'd like to be
- For older children, identifying some of the challenges that they (and you) might encounter can be helpful – do this by drawing some rocks/water under the bridge and discuss how you might deal with these challenges if they were to arise.

SOMETHING DIFFERENT?

- Instead of doing this activity as a writing or drawing task, try it using drama. Get a group of kids to act out what life is like for kids in their situation in the here-and-now and another in there where they'd like to be. Have a discussion about how we might be able to get kids from where they are to where they'd like to be.

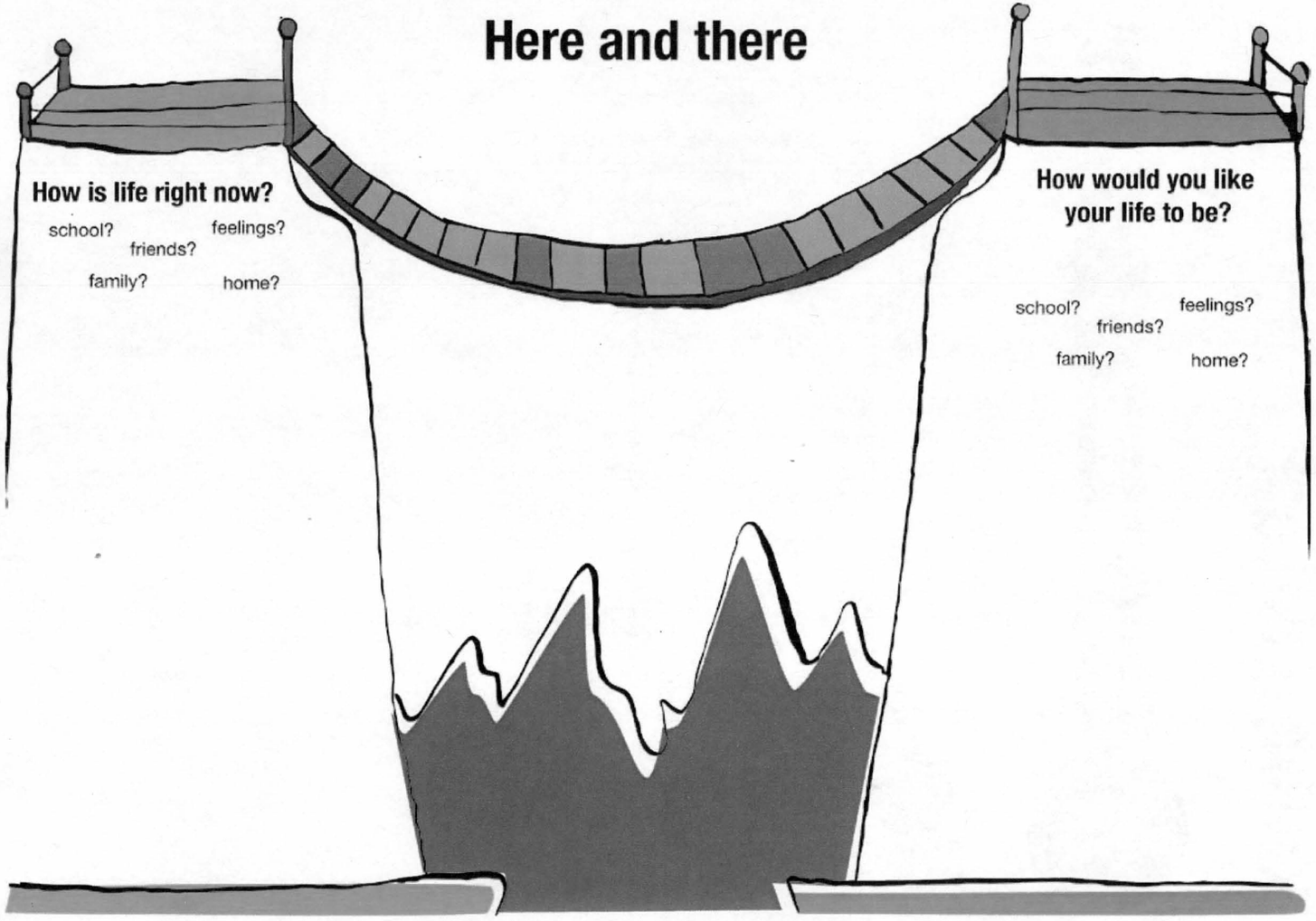
TO THINK ABOUT:

- Children will often believe that their family's circumstance is because of something that they or their family did wrong. This activity should gently challenge this and provide them some hope for the future rather than focus on their family's problems or weaknesses. Take some time considering how things out of their family's control can come into play in situations like these.

HAZARD ZONES:

- As with all activities in this resource, workers should adopt a strengths based approach when running this exercise with children. Sometimes there will be difficulties that children will encounter that they don't believe are resolveable – this is OK. Giving children the opportunity to be hopeful is important.

Here and there



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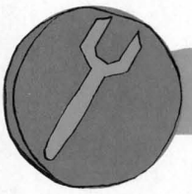
Principle five: keep me in the loop

KEEP ME IN THE LOOP



TOOL 5C: WHAT I WANT

LINKED TO:

- Sections 2.1, 2.2, 2.3, 2.4, 2.11, 5.9, 5.13 & 6.9

WHY?

- To develop a quick understanding of a child's immediate needs
- Good for inviting children into a conversation about their needs and wishes

WHO WITH?

- Literate children aged 6 to 12 years

TIME?

- 5-30 minutes depending on how involved you and the child get

YOU'LL NEED?

- Copies of the template
- Coloured textas/pens

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Principle five: keep me in the loop

KEEP ME IN THE LOOP

WHAT TO DO:

- Ask the child to fill out the proforma using either words or symbols to answer the questions. Some kids will prefer to complete the form themselves while others may want or need some prompting and gentle encouragement.

SOMETHING DIFFERENT?

- Kids might find it fun to answer the questions as an interview: explain that you're a reporter and are interviewing the world's expert on them. Run through the questions, probing a little as you go.

TO THINK ABOUT:

- This type of activity should be repeated so that you can have an up-to-date idea of how children are travelling. Repeating the exercise and drawing on past versions helps you and the child map growth and change and affirm that you have taken the child's wishes into account.

HAZARD ZONES:

- Kids may want to talk about pressing issues so make sure that you have the time and skills to be able to respond to any problems or concerns that may arise.
- If kids share things that you find difficult to work on, be honest with them and ask if it's OK that you talk to someone else on your team

WIT.3011.001.0506_R

Principle five: keep me in the loop

What I want

My name is

If I'm worried about something I'd like to...

If I can't talk to my mum or dad I'm most likely to talk to...

If an adult wants to talk to me they should...

I don't want to talk about...

Something that I'd like to talk about is...

A place I like to be is...

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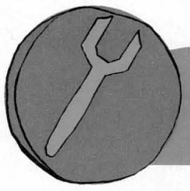
Principle six: who else matters?

WhoELSE MAtteRS?



TOOL 6A: PEOPLE IN OUR LIVES
TOOL 6B: PEOPLE IN MY LIFE

Based on Bronfenbrenner's ecological model as used by Reclaiming Youth International

LINKED TO:

- Sections 1.6, 2.11, 6.1, 6.2, 6.3, 6.4, 6.5, 6.6 & 6.9

WHY?

- To help identify important others in the lives of families and children
- Identifying resources and supports

WHO WITH?

- Children, parents and families

TIME?

- 5-15 minutes

YOU'LL NEED?

- A copy of the template/s

WIT.3011.001.0508_R

Principle six: who else matters?

Who ELSE MATTERS?

SOMETHING DIFFERENT?

- Have families / kids cut write all the people they get support from on small discs and then stick them into the circles. This allows a bit more creativity and for all family members to participate when in groups

TO THINK ABOUT:

- Rather than just mapping these supports, it's important for services and workers to consider how they enable children and families to capitalise on these important resources. Spend some time considering how these important people in the lives of children and families might be best assisted to support them while involved in your service and beyond (can you provide transport so that kids can stay involved with their sports teams, can your service allow sleep overs or babysitting, can you support parents to talk to teachers about how they might best help the kids at school?)

HAZARD ZONES:

- This activity can highlight children's loss and can bring feelings of grief to the fore. Allowing children to feel these emotions is important as is working with parents to maintain and reconnect children to those who helped them in the past. When relationships are maintainable, working with kids to form new relationships (with new friends, supportive adults etc) is also essential.

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Principle six: who else matters?

People in our lives

Who do you receive help from?

What might keep the family from staying connected with these supports?

What might the service do to help them maintain/reconnect with these supports?

How might these supports be used to meet other challenges in the long run?
Babysitting? Parenting advice? Respite? Information about support? Fun time?

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Principle six: who else matters?

People in my life

Family that lives with me?

Family that doesn't live with me?

Friends of the family? Teachers? Counsellors?

Friends? Class mates?

Anyone else?

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