



# **Children's Protection Society's**

## **Submission to the Royal Commission Into Family Violence**

**May 2015**

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## INTRODUCTION

The Royal Commission into Family Violence has commenced an inquiry to provide practical recommendations on how Victoria's response to family violence can be improved.

The Children's Protection Society (CPS) welcomes the opportunity to comment on these critical matters.

The mission of the CPS is to ***Nurture, Support and strengthen the life chances for vulnerable children, young people and families***. Accordingly this submission focuses primarily on the Commission's Terms of Reference 1. b) and related provisions:

- *Early intervention to identify and protect those at risk of family violence and prevent the escalation of violence*

## BACKGROUND

### The Children's Protection Society

The Children's Protection Society was founded in 1896 and is one of the oldest and most experienced independent child welfare organisations in Victoria. The Agency holds a unique place in the history of Australian child protection.

We are a dynamic and diverse independent and voluntary child and family services organisation with no political or religious affiliations, governed by a Board of community members, servicing vulnerable children, young people and families. With Offices in Heidelberg and Thomastown, we provide a range of services across metropolitan Melbourne and in regional Victoria including family support, sexual abuse counselling, adolescent sex offender treatment services, fathers support services, support for grandparents raising their grandchildren and a child and family centre.

Our aims are as relevant today as they were when the Agency began: to protect children from cruelty and neglect; to advance the claims of neglected, abandoned and orphaned children to the general public; to co-operate with service providers and governments for this purpose; and to enforce the laws for the protection of neglected children and juvenile offenders.

Over the past 120 years, as political, social and economic times changed, so too have the needs of the community. CPS responds to these changes and provides innovative and targeted services that best serve the needs of the community and young people.

### Our Vision

All children and young people thrive in resilient, strong and safe families and communities.

### Our Mission

To nurture, support and strengthen the life chances for vulnerable children, young people and families.

### Our Values

**Hope** - That change is possible and achievable

**Respect** - For all people

**Empowerment** - Belief in the ability of all people to make positive changes in their lives

**Leadership** - Advocate for the rights and wellbeing of children and young people

**Integrity** - Our actions are underpinned by our beliefs

**Accountability** - In everything we do

## OUR SUBMISSION

The Royal Commission into Family Violence presents a unique opportunity to focus on one of the most critical issues facing Australian communities today, namely the rapid growth in reported incidents of family violence. CPS welcomes the opportunity to comment on the critical themes outlined in the Commission's Terms of Reference.

Our submission aims to assist the Commission in its intention to make recommendations that address the Terms of Reference.

## CPS SERVICES

All programs delivered by CPS work with a significant proportion of families that have experienced family violence. Analysis of the characteristics of parents involved in CPS programs clearly shows that family violence is the largest risk factor present, outranking drug and alcohol misuse, substantiated child abuse, mental health issues and intellectual and physical disabilities. Our focus is to work directly with families, usually in their homes or in group settings. This occurs through a comprehensive range of programs described below:

### Child FIRST/Integrated Family Services

CPS is the lead agency of the North East Metro Child and Family Services Alliance that provides the Child FIRST (Family Information Referral Support Team) service in the North East Metropolitan region of Melbourne.

Child FIRST supports parents and carers with children aged between 0-17 years (and pre-birth) residing in the municipalities of Banyule, Darebin, Nillumbik, Whittlesea and Yarra. This catchment comprises more than 566,000 residents and is growing rapidly. Child FIRST provides information and advice to families or professionals where there are concerns about a child's wellbeing. The aim is to ensure that vulnerable children, young people and their families are linked with community services and supports to ensure optimum outcomes.

The key objective of Child FIRST is to provide a timely and appropriate assessment and central referral point into Integrated Family Service programs in the local area and in doing so assist parents and their children with life's more difficult challenges. These range from concerns around parenting, family violence, physical or mental health issues, substance misuse and social isolation. Since its launch in May 2007, more than 2,000 clients have been referred by the Alliance to ongoing case work by an Integrated Family Services provider in the North East Metro Catchment.

Department of Health and Human Services funding for Child FIRST provides for the assessment of 719 cases with each assessment funded for up to 10 hours (7190 hours per annum). In addition Child FIRST receives a large volume of reports (referred to as *non-substantive referrals*) which do not attract funding. In 2013-14, CPS received 915 referrals and 1,732 non-substantive referrals. In the first six months of 2014-15 CPS Child FIRST received 606 referrals which if sustained over the rest of the financial year will produce a 32 per cent increase in referrals.

CPS also provides Integrated Family Services (IFS) in the North East Metro catchment. IFS is a casework based in-home support service operating with vulnerable children and their family in their home.

Key characteristics of Child FIRST/Integrated Family Services include:

- a network of coordinated community based services that share responsibility for service delivery in a defined geographical catchment<sup>1</sup>
- a mix of low, medium and high intensity services that are comprehensive and flexible
- an approach to service delivery with capacity for:
  - assessment of the needs of children and young people to determine an appropriate service response working with resistant and hard to engage families
  - focusing on working with parents to address children's needs.

As described in *A Strategic Framework for Family Services*<sup>2</sup>:

*Our increasingly complex social environment contains many families who face growing issues raising their children, including family violence, mental illness and alcohol and drug abuse. Ongoing social, economic and demographic changes place further burdens on families, making them more vulnerable due to a lack of support. Many human services are reporting an increasing complexity of clients accessing services, including individuals and families with multiple problems and needs. These families often have simultaneous contact with multiple services, which need a better integrated and coordinated service response. Outcomes for children, young people and families improve if services are integrated, coordinated and provided flexibly to meet individuals' needs. Methods to improve coordination and integration of services include the development of service networks, casework and planning approaches that involve all agencies working together, colocation of services to improve communication, single publicised entry points to the service system, and common assessment frameworks to improve identification of need and matching to appropriate service responses. The new Family Services strategic framework brings these factors together in one overarching approach.(p.2)*

Anna's Story below describes a typical intervention by CPS through its Child FIRST/Integrated Family Services program. The case study highlights the critical importance of ongoing support to woman and children who have been victims of family violence.

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<sup>1</sup> There are currently 24 Child FIRST/IFS catchments across the State that closely align with the 17 Department of Health and Human Services area catchments introduced in 2012

<sup>2</sup> Department of Human Services, 2007, *A Strategic Framework for Family Services*

### Anna's Story

Anna\* was referred to Family Services after personally contacting Child FIRST for advice and support. Her violent ex-partner (not her children's father) had recently moved out of the home. After months of verbal and emotional violence, an alcohol fuelled incident was the catalyst for Anna to end the relationship. Fortunately her two children Ben\* and Carla\* were visiting with their dad; nevertheless Anna took out an intervention order barring her ex-partner from the home and any contact with them.

Feeling that the protection of the intervention violence order was limited, Anna sought to find a safer house that was also closer to her children's school and her mother (for practical and emotional support). In addition to the trauma inflicted by her ex-partner, Anna was also coming to terms with her son's recent diagnosis of Autism Spectrum Disorder, and the challenges that entailed.

Anna was assisted in addressing the practical, short term needs associated with relocating the family and was subsequently found a suitable rental home. She was also linked with a local family violence service able to provide specific support, and broker relocation costs and financial assistance to pay rent in-advance. A Family Services worker advocated for Anna at the Victorian Civil Administrative Tribunal in relation to the bond which was in her and her violent ex-partner's name and assisted with access to the Department of Human Services' bond loan scheme for her new home.

Once relocated, the family and their case worker reflected on this time of change and struggle; relationships, the new household composition, their relocation, Ben starting school, the trauma associated with family violence and the strength Anna had shown. Family Services provided Anna and her family with emotional support; a shoulder to lean on and a non-judgemental ear that listened.

The family was referred to a number of community services, such as dental care for Ben and Carla, and therapeutic family violence counselling specifically for mothers and their children. Anna receives fortnightly respite care for Ben through her local council Home and Community Care. This gives her the opportunity to spend one-on-one time with Carla. Anna has been linked with a financial counselling service to assist her with longer-term financial management skills.

Additionally, a job service provider has funded her to study part-time. Through in-home visits, the family support worker helped Anna to re-establish stability and boundaries within the home and to rebuild confidence in her parenting abilities.

Family Services also worked with Anna to implement developmental support for Ben. For more practical ideas, the family support worker went with her to a workshop run by a specialist autism service provider. Ben now attends an Occupational Therapy and a Social Skills group through a local children's therapy service. With the support of his mum, a classroom aide, his therapists, school and family services, Ben has experienced a relatively smooth transition to kindergarten.

It was also recognised that a 'sibling support group' would be beneficial for Carla to help her connect with other peers who have a sibling with special needs. She also had 'time-out' with the family support worker to have a chat about her feelings and concerns and to do some fun activity work together.

Carla is now enjoying local dance classes as a means of social connection and to boost her self-esteem. At school she was recently awarded a prize for 'student of the week'.

\*Not their real names

## Fathers Support Service

The Fathers Support Service Team works with vulnerable men and their families to encourage, promote and enhance the positive parenting involvement of fathers and/or male carers. This team provides individual and couples counselling and group work that focus on family relationships.

The Service receives approximately 10 enquiries per month for individual or couple counselling, as well as requests for professional development with other associated parenting services and services that work with men and fathers. Over 500 dads were supported directly by the team during 2013/14.

A Dads' pilot project for fathers who have perpetrated family violence was funded for 12 months by ANZ Trustees. CPS worked with approximately 50 fathers to encourage less reactive, less violent and more thoughtful behaviour in the best interests of their children. CPS is currently exploring opportunities to further extend this important work with fathers and their families. CPS also facilitates "I'm a Dad" Antenatal Education Program for first time fathers who are registered at the Northern Hospital. Run fortnightly, these popular sessions are typically attended by around 15 dads. Apart from the practical advice about caring for their baby, the program also covers the importance of the dads involving themselves and bonding with their children from birth.

Fathers are strongly encouraged to provide peer support to each other and following the group work, participants are made aware of CPS's other services such as individual counselling and family services that they can access for additional support.

## Aboriginal Fathers Service

Working within the Fathers Support Program, our 'I'm an Aboriginal Dad' program provides practical assistance and support for the Indigenous community in our local area.

One to one support is provided in a range of areas such as;

- relationship difficulties
- exploring fatherhood; adjusting to changes in their life around parenting and taking a more positive role in supporting their partner
- separation and/or loss
- mental health issues
- anger management; supporting dads through appropriate men's behavioural programs
- drug and alcohol; working alongside other service providers to support AOD issues
- providing support and advocacy in Children's Court.

Support for new fathers is also provided at the Aboriginal Transition Clinic, Nangnak Baban Murrup (Nurturing Mothers Spirit) at the Mercy Hospital in Heidelberg, along with fathers who are currently undergoing treatment at Odyssey House. This gives Dads an opportunity to talk openly to a person that understands their cultural journey.

Supporting dads can take different forms and the program leverages assistance from both inside and outside the Aboriginal community, incorporating Back to Country group work and referrals for partners as required.

A Father's Group has also been established at the Minajalku Centre in Thornbury where dads support each other and share their stories to highlight the role of fathers and family.

## Mentoring Mums

*“...somebody coming and spending time with you and your children and caring about what is going on in your life and your world. A weekly visit makes a big difference when you are struggling and feeling isolated”.*

Mentoring Mums is an innovative volunteer program that helps new and expectant mothers. The aim is to reduce a mum’s social isolation and increase her connection to the community.

The program continues to grow with 17 new volunteers recruited in 2013/2014. Mentors are dedicated and empathetic women recruited from the community who are mothers themselves.

They assist new mums by:

- visiting them in their home
- accompanying mothers to various appointments, including immunisations and eventually linking them with a supported playgroup
- providing emotional support and encouragement in building confidence and developing parenting skills
- supporting connections to their local community and services.

In 2013-14 the Mentoring Mums program supported 47 new mums and their babies in the first few years of family life. Typically, mentors provided up to 124 hours per week of support, mentoring and unconditional time to aid the mother in her transition into parenting.

## Family Violence L17 Project

The issue of family violence is highly prevalent in our community and CPS is committed to working with other services to create a better way of supporting children and families who have been impacted by family violence. CPS partners with the Department of Human Services Child Protection, Victoria Police, Victorian Aboriginal Child Care Agency, Kildonan Uniting Care and Berry Street.

When police attend a family violence incident they are required to conduct a risk assessment and refer all parties involved to appropriate services. The aim of the Family Violence Project is to provide a more effective response to family violence incidents. By providing a collaborative and streamlined approach information is shared amongst all parties and appropriate interventions are identified to support the children and families that have been impacted by family violence.

CPS’s Family Violence Program attends the project partners’ twice-weekly meetings with responsibility for taking referrals that will be accepted for assessment and possible linkage to Family Services for family support. Since its inception in November 2012 the Family Violence L17 Project has triaged 2,419 cases, of which 679 were referred to CPS Child FIRST for further assessment.

The L17 Project is currently subject to an evaluation by the University of Melbourne.



## Early Years Child and Family Centre

The CPS Early Years Child and Family Centre is the only centre of its kind in Australia. It provides high quality care and education and playgroups for vulnerable children only aged 0-5 years old. It was the first centre in Victoria to receive an excellent rating by the Australian Children's Education and Care Quality Authority (ACECQA).

The Centre is subject to a randomised control research trial under an Australian Research Council grant in partnership with Melbourne University School of Economics. It will provide the first measure of the benefits of early year's education and childcare for Australia's most vulnerable children – those in and on the fringes of child protection.

The dual focus of seeking to address the consequences of abuse and neglect on brain development and to redress learning deficiencies has been recognised as internationally innovative. Participation in the program lasts for a minimum of three years or until a child reaches school age. The objective of the program is to ensure that children who participate realise their full potential and arrive at school developmentally and educationally equal to their peers. CPS has designed the trial to address both the lack of access to early education by vulnerable children (targeted), and evidence of the benefits of intensive high quality early education and child care for those children.

The model has the potential to substantially reduce intergenerational transmission of abuse and neglect, and the damage caused to children and their families. The trial being undertaken by CPS is quantifying its benefits to children and their parents, and to the community and government. The trial will therefore provide a major increase in knowledge of 'what works' in childcare and early years education in Australia.

## Therapeutic Services

CPS provides therapeutic counselling and support for children and young people up to 18 years of age who have been sexually abused. The service is one of two in Victoria who provides therapeutic counselling and support to children and young people who have engaged in sexually abusive behaviours under 17 years of age.

The Service also provides a range of training and development programs to other community organisations across Victoria in responding to sexual abuse and managing sexually abusive behaviours. A Therapeutic Specialist works in partnership with the Department of Human Services providing secondary consultations to out of home care providers and staff across the northern division – North East Melbourne, Loddon Campaspe and the Mallee in working with and managing children with sexualised behaviours in residential settings.

## North East Services Connect Trial

North East Services Connect (NESC) is a new way to access information and support from multiple local services to assist the needs of people. NESC uses one key worker and one individualised plan to help work towards achieving identified goals.

It is a two year Pilot program that has been funded by The Department of Health and Human Services. NESC can work with individuals or families, elderly people and young people who are willing and able to identify goals and work within the Services Connect framework. NESC is a "one stop shop" and offers varying levels of support for people.

The service is co-lead by CPS and Berry Street and is offered through a partnership of over thirty local services in the North East Melbourne area. We have links to help community members in the areas of: ageing, housing advocacy, family violence, health, disability, drug & alcohol, family support, education, employment, settlement, trauma, money problems and community connection.

## CPS RESPONSES TO COMMISSION'S QUESTIONS

Based on our extensive involvement in working with children and families affected by family violence we offer the following responses to a number of the key questions identified in the Commission's *Issues Paper*.<sup>3</sup>

### Introduction

Family violence reflects a range of norms and values in the community about the nature and conduct of relationships. There is clearly a gender and power dimension to family violence reflecting cultural views about the roles and behaviour of men, women and children in family relationships. Contributory factors include the effects of poverty and disadvantage, housing circumstances, drug and alcohol use, disability and mental health issues.

There is a wide range of gender, cultural, religious, gendered and familial characteristics that affect the incidence of family violence. Cultural, gender and religious factors include views about the roles of woman and men, attitudes to relationships, power and the use of violence within relationships and media and political portrayals of what constitutes acceptable and unacceptable behaviour. Familial characteristics can include the debilitating effects of poverty and unemployment, prior parenting experiences, mental health and drug and alcohol issues.

## SECTOR REFORMS

There has been a range of significant reforms over the past ten years across the child and family services sector which have established coordinated and collaborative service responses. These are outlined below and CPS believes they have the potential to be rethought and expanded to respond to the crisis that we face in the increase of family violence in our community.

### Family Services & Child First

Reforms to and new investment in Family Services between 2002 and 2007, resulting in the state-wide establishment of Child FIRST/Integrated Family Services in 24 catchments, marked a significant development in building a coordinated network of support services working with vulnerable children and families, including those families affected by family violence.

Commencing in 2002 in a series of pilots, the co-location of community based child protection practitioners in family services settings has been positively received and evaluated. Recognising that family services were often working with highly vulnerable children the co-location of community based child protection practitioners (out posted from the statutory child protection program) allowed family services practitioners to have easy access to the specialist knowledge of child protection practitioners. The evaluation of the reforms<sup>4</sup> observed that:

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<sup>3</sup> Royal Commission into Family Violence, *Issues Paper*, March 2015

<sup>4</sup> KPMG, *Department of Human Services, Evaluation of the Child and Family Service Reforms*, Stage 1A Final report, 2011. Accessed at:

[http://www.dhs.vic.gov.au/\\_\\_data/assets/pdf\\_file/0008/646820/childFIRSTandintfamservicesfullreport\\_09082011.pdf](http://www.dhs.vic.gov.au/__data/assets/pdf_file/0008/646820/childFIRSTandintfamservicesfullreport_09082011.pdf)

*Community Based Child Protection (CBCP) is adding to the capacity for collaboration between Child FIRST and Integrated Family Services and Child Protection. This role adds value in terms of referral between Child FIRST and Child Protection, offers secondary consultation and advice, undertakes joint visits and joint case management, participates in allocations meetings and educates Child Protection and Integrated Family Services staff about the relative roles and responsibilities of each sector.<sup>5</sup>*

This approach was incorporated in the mainstreaming of Child FIRST/Integrated Family services and community based child protection practitioners are now collocated with Child FIRST in all DHHS catchments across the State. The evaluation of the child and family services reforms<sup>6</sup> observed that:

*Since the introduction of Child FIRST and Integrated Family Services more families have been able to access community based earlier intervention services. Family Services are now targeting more vulnerable families, who without support may be at-risk of entry to the statutory Child Protection system. In general, families are now receiving more intensive support (of over 40 hours) to build parenting capacity, resilience and address their complex needs.*

*Family Services are also more visible and accessible to professional referrers. Since the reforms there has been a substantial increase in referrals from Child Protection and a range of professional sources, including schools, pre-schools and childcare centres mental health services and health services Practitioner capacity to work in children's best interests has been enhanced; workers have a stronger capability to apply child development and trauma informed practices, consider cumulative harm actively engage vulnerable families hold risk and engage directly with children in the context of their families. Increasing workforce sophistication is supporting earlier intervention.<sup>7</sup>*

Significantly, the evaluation also observed that many more families were now accessing more intensive support:

- *Over twice as many service hours were provided to families in 2010-11 compared to 2005-06.*
- *Families are demonstrating on average twice as many complex risk characteristics as before the reforms.*
- *Of the families involved with Child in the 12 months to March 2011:*  
*25 percent had Child Protection involvement, compared to 13 percent in 2005 – 06*  
*o 32 percent involved family violence, compared to 23 percent in 2005-06*  
*o 16 percent involved substance abuse, compared to 9 percent in 2005 – 06.*
- *More families received intensive intervention: over 41 per cent of cases now receive 40+ hours, compared to 25 per cent of cases in 2005-06.<sup>8</sup>*

The *Children, Youth and Families Act 2005*, introduced in 2007 with bi-partisan political support, established a sound legal architecture enabling Child FIRST and Integrated Family Services to receive referrals relating to concerns about a child's wellbeing. The Act also authorises certain professionals

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<sup>5</sup> Ibid. p.2

<sup>6</sup> KPMG, *Evaluation of the Child and Family Service Reforms, Phase 2 Final Report Summary*, 2011. Accessed at: [http://www.dhs.vic.gov.au/\\_\\_data/assets/pdf\\_file/0007/724759/Evaluation-of-C-and-FS-Reforms-Phase-2-Summary-attachment-1.pdf](http://www.dhs.vic.gov.au/__data/assets/pdf_file/0007/724759/Evaluation-of-C-and-FS-Reforms-Phase-2-Summary-attachment-1.pdf)

<sup>7</sup> Ibid. p.2

<sup>8</sup> Ibid. p.10

to share information with child protection and Integrated Family Services (including Child FIRST) about vulnerable children and families.

Sharing information is critical because effective service provision relies upon relevant information being accessible and available. Families often receive services from more than one agency and sharing information between these agencies invariably results in more informed interventions.

Information Guides produced by the then Department of Human Services helped address concerns from professionals and services about sharing information with Child FIRST.<sup>9</sup> Prior to this legal innovation, information sharing about vulnerable children (including those affected by family violence) with other services and professionals had been problematic for family services due to a number of legislative and privacy barriers.

An example of the utility of these provisions is a typical scenario where Child FIRST receives a referral about a family where there may be concerns about possible family violence or serious drug misuse. The 2005 Act enables Child FIRST to contact Victoria's child protection service to ascertain if there has been prior child protection involvement. As good practice, consent is always sought by CPS Child FIRST to seek such information (but under the 2005 Act can be provided without consent). After receiving such a request from Child FIRST the 2005 Act allows child protection to provide Child FIRST with the details of their prior involvement.<sup>10</sup>

The Andrews Government 2015 State Budget included a welcome \$48 million boost to funding for Child FIRST and Integrated Family Services. Once distributed, this new investment will increase available service capacity by approximately ten per cent within Child FIRST and Integrated Family Services, with improved capacity to work with victims of family violence.

The 2015 State Budget also provided additional funds to employ co-located Family Violence specialist workers in Child Protection. This initiative is positive but will require careful consideration regarding future service provision and reform. In the medium to longer term there may be merit in examining the potential for a more consolidated approach to intake involving the co-location of Child Protection, Child FIRST and Family Violence practitioners, supported by Victoria Police. A similar intake model was proposed by the Protecting Victoria's Vulnerable Children Inquiry<sup>11</sup>:

*The Inquiry considers that co-locating intake processes so that statutory child protection practitioners sit physically alongside their community service organisation Child FIRST intake counterparts would drive greater collaboration and knowledge-sharing about protective risk assessment. Such a change would, over time, evolve the current community based child protection practitioner function to area-based, co-located intake teams. The Inquiry recommends that a pilot approach be adopted for co-locating intake as a foundation reform.<sup>12</sup>*

## Victoria Police

The *Family Violence Protection Act 2008* was a positive reform introducing greater legal protections to women affected by family violence. Accompanying major cultural changes within Victoria Police produced significant improvements in the 'first response' to reports about family violence. As a result public recognition and awareness of family violence has improved immeasurably in Victoria in the last

<sup>9</sup> The Information Sharing Guidelines are available at: <http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/child-protection-information-sharing-guidelines>

<sup>10</sup> See s27-41, *Children, Youth and Families Act, 2005*

<sup>11</sup> Protecting Victoria's Vulnerable Children Inquiry Report, 2012

<sup>12</sup> Ibid, p.xliii

decade. However, this has not been matched by sufficient investment in services working with victims, including the children of family violence.

### Sexual Assault Multi-Disciplinary Centres

A further notable innovation in the last decade was the introduction of multi-disciplinary centres for victims of sexual assault, many of which occur in a family violence context. Child victims of sexual assault involving family members or victims subject to sexual assault in an out of home care setting typically encounter three separate service systems in the immediate aftermath of the assault – Victoria Police, Sexual Assault Services and Child Protection. At the instigation of local practitioners, a pilot multi-disciplinary centre involving these three services was piloted in the Frankston area in 2007. The pilot aimed to provide a collaborative investigative and support response to victims of sexual assault. A positive evaluation of the pilot by Deakin University<sup>13</sup> led to the provision of funding to establish multi-disciplinary centres in six locations. Currently three are operational (Frankston, Mildura and Geelong) with planning for the remaining three centres (Dandenong, Bendigo and La Trobe Valley) underway.

A common theme underpinning successful recent Victorian reform efforts has been the co-location of professionals in multi-disciplinary settings. Similar results and findings were evident in the UK Multi Agency Safeguarding Hubs (MASH)<sup>14</sup>. Key early findings from this UK study include:

*Whatever the precise set-up of local multi-agency information sharing models, all areas reported that they felt these new approaches had positive outcomes for their service and service users. These included:*

- *More robust decision making among professionals because decisions are made based on sufficient, accurate and timely intelligence. Professionals have said they are better able to step up and step down risk assessments allowing for better allocation of resources and more appropriate services for users.*
- *Working together avoids duplication of process across agencies. Greater efficiencies in process can mean re-allocation of resources to other areas i.e. Child Sexual Exploitation/Prevent.*
- *An increase in the uptake of the use of early help assessments, such as the use of the Common Assessment Framework (CAF).*
- *A reduction in repeat referrals and cases ending in ‘no further action’ through earlier sharing of information leading to earlier intervention in cases.<sup>15</sup>*
- *Better Information sharing across partners – enables better safeguarding of the children and young people involved as concerns which initially appear to be of a low level when seen in isolation, are sometimes recognised as part of a long standing pattern of abuse and neglect which needs a response when information is pooled together.*
- *Improved engagement of health partners – where involved – engagement of health partners had proved particularly valuable and beneficial across agencies, in helping to identify risks and intervene early.*
- *Improved knowledge management – partner organisations (and the staff within them) develop a better understanding of the work undertaken by each organisation.*
- *Reduces the risk of ‘borderline cases’ slipping through the net without any action being taken.*

<sup>13</sup> Powell, M and Hughes-Scholes, C. Evaluation of the Sexual Offence and Child Abuse Investigation Team (SOCIT) and Multidisciplinary Centre Pilot Program, Deakin University, 2012

<sup>14</sup> UK Home Office, Multi-Agency Working and Information Sharing Project, Early Findings, July 2013. Accessed at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/225012/MASH\\_Product.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/225012/MASH_Product.pdf)

<sup>15</sup> Ibid. p.4-5

There is potential to further expand this approach and build on positive progress in Victoria by funding co-located Victoria Police staff and experienced family violence practitioners from Family Violence services in Child FIRST. CPS considers this would be a major innovation that would strengthen the service response to vulnerable children and families.

Over the last decade Family Violence reform has primarily focussed on strengthening crisis responses. CPS consider this has been appropriate, however it is becoming clearer, given the serious impact of family violence, that there now needs to be a much stronger policy and reform focus on prevention and early intervention.

### Services Connect North East

CPS in partnership with Berry Street Victoria is piloting a Services Connect site across north Eastern Melbourne. The service is a partnership with agencies who have realigned their workers and targets to provide the service.

The team is multi-disciplinary with workers from across mental health, drug and alcohol, disability, housing, homelessness, youth justice, youth substance abuse, family support, community health and family violence. Clients are provided with one key worker who assists them in achieving their goals by navigating the service system and co-ordinating services to work together on one plan for the client. The service has been operating for 4 months and has to date had 140 clients referred

The team are located together 4 days per week in a hub model at Epping and are based at their home agencies one day per week within their intake service which allows for information sharing, secondary consultations and clear referral pathways between the services.

The strength of the service from workers perspective is that they have access to a range of information, knowledge and resources across a range of service systems by virtue of being a multi-disciplinary team. This then provides them with the ability to navigate a service system more effectively and efficiently for their client as well as developing their skill set as workers in working with a broad range of client needs that they otherwise would not have within their own agencies.

Further each worker is a champion back in their home agencies of the Services Connect model and this has proved successful with clear referral pathways established between the intake service points across the northern eastern area. Following is a case example of the model.

### Story

was referred to NESC by Family Violence Services Intake. She is a who lives with her husband and adult children had been subjected to surveillance as well as emotionally and financially abusive behaviour by her husband throughout the years of her marriage, at which time the family immigrated to Australia. identified that of her sons had also started to present with similar controlling and abusive behaviours towards her.

The key worker met with at a safe location, due to the potential concerns for her safety should her husband become aware of her engagement with NESC. During the initial meeting, the key worker utilised the Common Risk Assessment Framework to explore and discuss the risks with. identified that she was seeking help to find out her options if she chose to leave the family home, as well as support in relation to depression and anxiety.

With the support of her key worker, obtained information from Centrelink and the Women's Legal Service about her financial entitlements should she choose to leave. She was also supported to obtain information about making an application for an Intervention Order. and the key worker have developed a safety plan, should the risk at home escalate to physical violence. At this time continues to reside in the family home and presents as ambivalent about leaving, particularly due to her concerns for the welfare of her daughter if she makes this decision. The key worker has also met with daughter, who identifies she is concerned for her mother's welfare but does not believe that she herself is at risk at this time. continues to work closely with her key worker at NESC.

Though it is early days in the trial of this model it is has merit as an integrated and co-ordinated service response and could be built upon and expanded to work with clients who are victims and perpetrators of family violence. It provides an integrated multi-disciplinary approach that could meet the needs of victims in housing, financial counselling, legal services, substance abuse, mental health, disability, youth justice and homelessness with the support of one key worker and an coordinated and integrated single plan. High Risk clients could be triaged into the RAMP and specialist family violence services.

### L17 Family Violence Project

The L17 Family Violence Project, located across the North East Melbourne and Hume – Moreland Child FIRST catchments was a significant new reform introduced in 2012. The aim of the pilot is to support improved and more timely responses to Family Violence L17 referrals from Victoria Police to Family Violence Service, Child Protection and Child FIRST.

Police family violence incident reports (called L17s) currently go to child protection for daily assessment and bi-weekly review by participating agencies in the DHS North Division. The project is supported by a Project Steering Committee and an Operations Group. The former is convened by DHS and involves Berry Street (BS), Kildonan Uniting Care (the lead for Hume Moreland Child FIRST Integrated Family Services or HMCF), Children's Protection Society (or CPS, the lead for North East Child FIRST Integrated Family Services or NECF), DHS Child Protection (CP), the Victorian Aboriginal Child Care Agency (VACCA), and Victoria Police. The latter Operational Group involves the participating agencies. These agencies have been instrumental in developing the operating model, providing

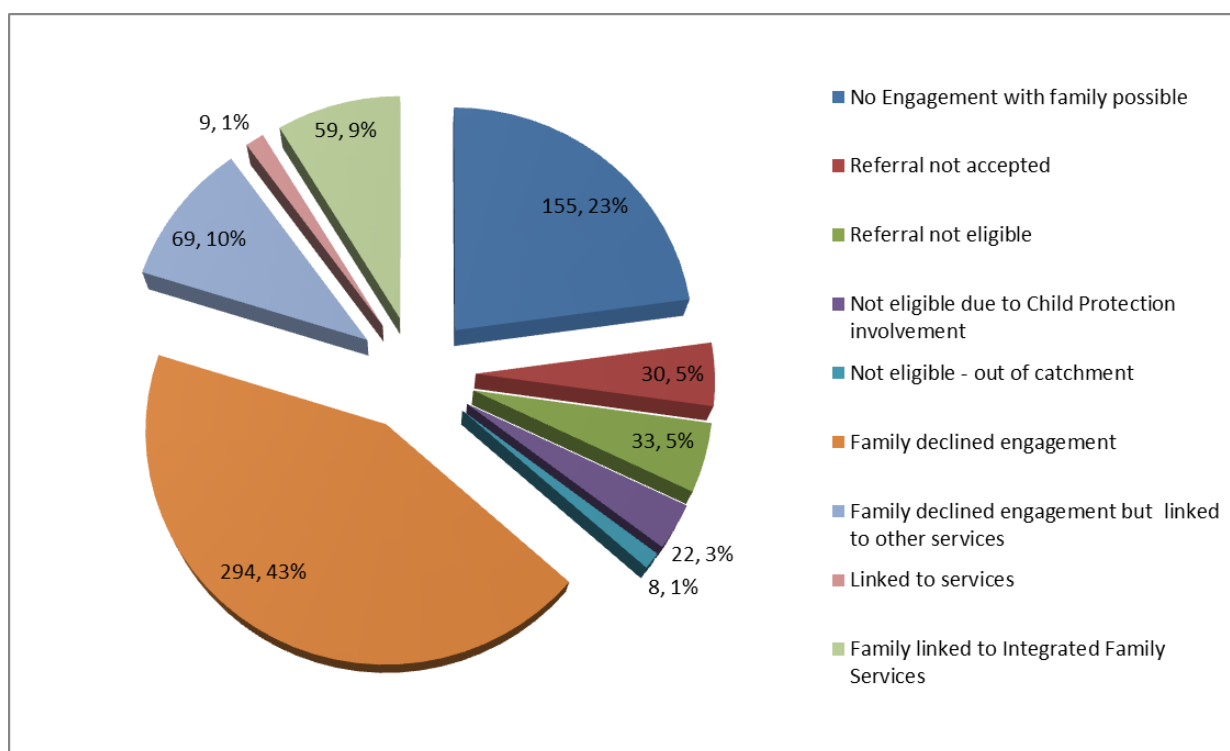
progress reports, and making recommendations to the Project Steering Committee about the operation of the triage model.

At present, a total of 2.2 EFT are funded by the DHHS North Division comprise of 1.0 EFT provided to Berry Street Family Violence service; 0.6 EFT each to the two Child FIRST agencies (CPS & Kildonan and no funds are directed to VACCA).

Representatives from all four services meet twice weekly with DHS and the Police to review and triage all incoming cases which are capped at 16 per meeting thus, up to a total of 32 cases are triaged per week. Through sharing information and the expertise of each service a timelier and smooth transition to the right service response is promoted. The development is in line with international practice particularly in the UK, where early, multi-agency information sharing is showing advantages similar to those stated above: diversion from child protection, fewer cases with 'no further action', earlier intervention, more accurate assessment of risks.

Analysis has been undertaken by CPS of the referral outcome of 679 cases<sup>16</sup> reported to CPS Child FIRST from the Family Violence L17 Project since its inception in November 2012. The data is shown in the Diagram 1 below:

**Diagram 1 Outcome of 679 L17 Cases Referred to CPS, November 2012 – March 2015**



Key findings included:

- 20 per cent of the referrals had what could be considered a positive outcome - either the family was linked to other services or referred to Integrated Family Services.
- In 66 per cent of cases no engagement with the family was possible or the family declined engagement.

The high rate of non-engagement reflects two factors.

<sup>16</sup> 'Cases' is the term used as some families may be referred more than once.



First, a combination of information gaps in the L17 referral documentation and delays between the initial incidents that led to Victoria Police intervention and the receipt of the referral at Child FIRST. In our experience the longer the time between the initial family violence incident and the actual referral for service, the greater the likelihood that the family will decline to engage with services. If fundamental issues within the family are not addressed further escalation is highly likely and will put family members at heightened risk of further violence. Missing or inaccurate information in the L17 referral can also lead to delay and CPS have experienced significant challenges in clarifying these information gaps with Victoria Police in part due to the shift arrangements in Victoria Police resulting in difficulties in contacting Police personnel involved in the initial family violence incident.

Further the information collected on the police VP form L17 highlights the need for ongoing training and improvement in police identification and recording of details about children who regularly reside at, or regularly access, the address of the family violence incident, regardless of whether the children are present or not at the time that the police attend. In addition, police skills need to be enhanced in relation to responding to children in these incidents and the narrative content communicated in the VP form L17.

Second, Child FIRST is legislatively obligated under s.61 (b) of the *Children, Youth and Families Act 2005* to prioritise services based on need. In common with most triage and intake systems, Child FIRST is required to assess referrals based on a needs assessment so that the families with the greatest level of need can be referred for service to Integrated Family Services.

The L17 data shows that nine per cent of referred cases were assessed by Child FIRST as ‘*Not Eligible*’ for service. This reflects the limited capacity within Integrated Family Services to accept referrals – even where there may be clear evidence of need. Since the program’s establishment in 2007 there has been very limited additional funding for Integrated Family Services to reflect growing population and growing demand assertive outreach is not feasible. This translates into a requirement for Child FIRST to manage incoming demand carefully and limit onward referrals to Integrated Family Services. As a result many families experiencing family violence that could potentially benefit from a family service intervention are unable to receive the services and supports they need.

There are a number of positive outcomes of the pilot initiative. Most importantly, it has enabled invaluable information-sharing to occur between the participating agencies and has diverted a significant group of families from the Child Protection pathway. The risks identified at the site of a family violence incident may differ from those discussed once women are able to talk confidentially with a trusted advocate. The role of Triage is to attempt to bring more information together earlier to address the paucity of information which may be available in the L17.

There is a need to strengthen links and partnerships with a number of relevant initiatives and agencies in order to maximise information sharing and avoid inefficiencies. These include the High Risk Response Conference operating in the North East, Services Connect, Regional Family Violence Committee, Corrections and Men’s behaviour change services.

Family violence training or skills development is required for participating agencies to reach a deeper understanding of intervention to balance the protection of children with the provision of holistic support to mothers, families and communities in complex circumstances where there is family violence. Such skills development needs to draw additionally on what participating agencies can learn from each other about working with families in culturally appropriate ways within the context of specific family and community dynamics.

The L17 Family Violence Project has produced important learning and should inform further reform of pathways between services working with victims and perpetrators of family violence. The project is currently subject to an evaluation by the University of Melbourne.

## PRIORITY ACTIONS

Given population growth, particularly in the growth corridors and the current rising trajectory in reports of family violence there will be an ongoing need to regularly review funding to reflect need in the community. Family Violence, Child FIRST, Homelessness and Family services all face very similar demand pressures and capacity constraints and we urge the Royal Commission to recommend any new investment by Government should respond to these demand pressures.

CPS has identified the following as possible Short and Medium to Long Term Priority Actions for consideration by the Royal Commission:

### Short-term

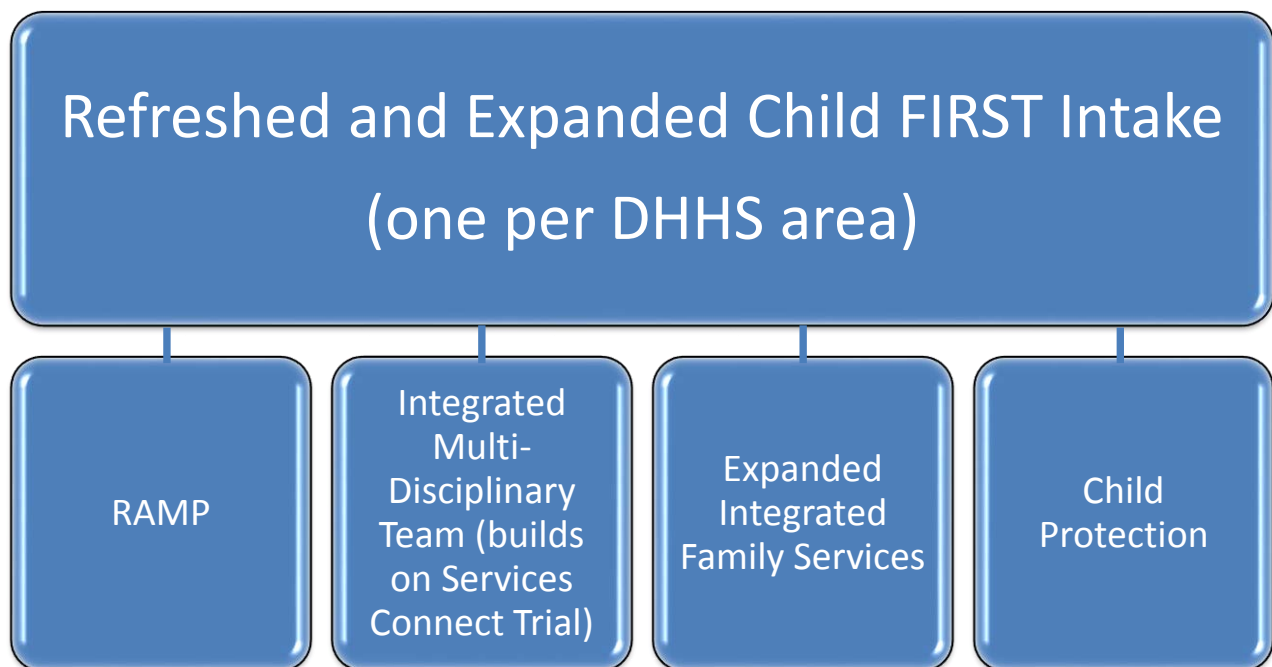
From the perspective of CPS there are some serious systemic, operational and service capacity challenges evident in current arrangements to respond effectively to incidents of family violence. While there have been significant improvements in the initial response to reports of family violence CPS data suggests that the steps and processes that follow the initial incident are less than optimal. We recommend that the following service model reconfiguration and re alignment occur:

- **Child FIRST** has well developed multiagency infrastructure in place and has the capability for a one door screening process. Expand Child FIRST to include co-located Aboriginal consultants (some already present), Specialist Family Violence practitioners and Victoria Police Family Violence team member. This expanded Child FIRST intake would provide a multi-agency pre-screen and rapid risk assessment utilising a family violence risk assessment tool and directly refer high risk cases to the high risk family Violence Conferences or RAMP and Child Protection Service and provide an initial assessment and triage of all remaining L17 referrals (estimated at 95 per cent of L17 referrals). Please note that Police would still refer directly to child protection or the Ramp/High Risk Initiative if the situation was urgent or life threatening.
- **Expand the capacity of Integrated Family Services** and other services working with families affected by family violence to enable the provision of more early interventions to families. The recent state budget announced 1 million to be provided for counselling and support services to women and children affected by family violence. There is merit that these services should sit within the integrated family services that already exist and are working with victims. This would provide a more streamlined and coordinated approach to the support of women and children and build on existing approaches within Integrated Family Services that are both family centred and child focussed. Further, these services are highly skilled and experienced in working with traumatised children and families and they are none stigmatised.
- **Expand the Multi-Disciplinary Centre Model** of responding to sexual assault to also include responding to the more serious family violence incidents reported to Victoria Police. This approach could form part of an expanded RAMP model that focuses on the highest risk family violence incidents and the Men's behaviour change programs could sit within this model as well. Staffing may consist of police family violence team, family violence services, child protection and mandated men's behaviour change programs. Such an approach could be trialled with social welfare professionals accompanying Victoria Police on selected family violence call outs that have been identified as high risk. This type of approach is very common

in Victoria's child protection system. When initially investigating serious sexual or physical abuse allegations Victoria Police will usually accompany child protection practitioners on the first visit to the family. Victoria Police focus on their law enforcement and evidence-gathering responsibilities and the child protection practitioner can focus on assessing the safety of the child or children. A small trial could examine the feasibility of such an approach and test whether it can lead to earlier engagement with support services and better outcomes for victims.

- **Expand and build upon the Services Connect trial sites** as a multi-disciplinary coordinated response to family violence at an early intervention point. Further expand services within the current models to include legal services and financial counselling services where they are not present.

The proposed approach is described in the diagram below:



Governance arrangements for this new system response should be drawn from all key stakeholders in each DHHS area.

CPS also recommends that the following also occur:

- **Services providing crisis and short term accommodation should review policies** that discriminate against and exclude the male children of family violence victims.
- **Additional training to Victoria Police** personnel to improve the quality of L17 referrals and police skills in relation to responding to children in these incidents and the narrative content communicated in the VP form L17.
- **Establishment of Police Liaison staff** to facilitate follow up enquiries regarding L17 referrals
- **Family violence training or skills development is required for community service agencies** to reach a deeper understanding of intervention to balance the protection of children with the provision of holistic support to mothers, families and communities in complex circumstances where there is family violence.

## Medium to Long Term

- **CPS recommends that the Commission consider adopts a broad public health approach** to understanding and guiding government and community responses to family violence. A similar approach underpins the Coalition of Australian Governments endorsed National Framework for Protecting Australia's Children<sup>17</sup> and there may be merit in extending this approach to family violence. Such an approach incorporates both early, preventive responses, through to early intervention, tertiary and legal responses.
- **Introduce legislative reform to improve information sharing between services** and professionals working with family violence victims and perpetrators, similar to the provisions introduced in the *Family Violence Act 2008* or the *Children, Youth and Families Act, 2005*.
- **One of the key deficiencies in the current service responses is the absence of a common language, an agreed practice framework and a set of practice principles that can bind and underpin service interventions.** The child and family services sector, the family violence sector, the homelessness sector and Victoria Police all have separate origins and have evolved their own distinctive approaches to victims of family violence. For child and family services the best interests of the child is the paramount consideration and this is enshrined in numerous provisions in the *Children, Youth and Families Act, 2005*. In contrast the family violence sector, with its origins in the feminist movement has traditionally viewed the needs and safety of the adult female victim of family violence as the primary consideration. In practice, effective practitioners in both sectors can in most circumstances successfully traverse and manage these contrasting paradigms. This is particularly the case when practitioners from each sector are physically co-located; differing perceptions and understandings can be worked through successfully on a case by case basis. However it is also evident that tensions can arise between services due to differences of opinion, emphasis and weightings placed on the respective needs and safety of the child and the adult victim in family violence situations.
- There could be merit in revisiting the potential for an **overarching set of legislative principles** that would apply to all services working with the victims of family violence, both children and adults. This would help forge a common language and shared paradigm among services working with family violence victims.
- **Invest in an Integrated Data System** that can be utilised and accessed by all services and professionals working with family violence victims and perpetrators.

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<sup>17</sup> National Framework for Protecting Australia's Children 2009-2020, *An Initiative of the Council of Australian Government April 2009*