domestic violence SERVICE MANAGEMENT

sightlines
clear pathways to outcomes

Do You See Me?
Do You Hear Me?

Responding to children and young people affected by domestic and family violence.

July 2017

About our heritage

Domestic Violence NSW Service Management (DVSM) was created as a non-profit company registered under the Australian Charities and Not For Profits Commission Act 2012.

DVSM recognises the many years of important work already established and achieved through the NSW Women's Refuge Movement since 1974. DVSM also recognises that there are many organisations working diligently and proactively to prevent, respond to and redress violence in society.

About our values and principles

DVSM has an established set of values and principles which are outlined on our website. The headings for our principles are outlined below:

- Violence is never acceptable or exclusive or excusable.
- Our approach is person centred.
- We uphold an individual's dignity.
- Respect and equality is critical.
- We are committed to the design and delivery of effective services.
- We respond justly.
- We collaborate.
- We work with integrity and excellence.
- We foster a supportive environment for staff wellbeing.
- It is necessary for all of us to take responsibility for making change happen.

About this Resource/Document

DVSM is committed to continuously learning and improving its work through enquiries that draw from communities, professionals and organisations to gather insight and to build new understanding. We capture and document our learning wherever we can for our own self-reflection and for the purpose of contributing to wider conversations that could assist in improving system and service design over time.

DVSM would like to acknowledge NSW Family and Community Services as a key funder of the programs through which this learning has been explored. The views, information, or opinions expressed within this resource are solely those of the individuals involved and do not represent those of NSW Family and Community Services.

We recognise that the work recorded in this resource represents only our 'point in time' knowledge and understanding which will grow and move through further learning and the contributions from others. The information contained in this resource is provided on an "as is" basis and is provided with no guarantees.

The purpose of making this resource available to others is to share our learning as a contribution toward wider progress and planning in addressing complex social issues. None of the authors, contributors, administrators, or anyone else connected with DVSM, in any way whatsoever, can be responsible for your use of the information contained in or linked from this resource.

Contact Us

Domestic Violence NSW Service Management (DVSM) welcomes interest and enquiries about this thinking and resources. To get in touch please contact us on (02) 9251 2405 or via our website www.dvnswsm.org.au.

Executive Summary

This project was undertaken to explore how DVSM ROAR works with children who have been affected by domestic and family violence (DFV). The project had three aims:

- To better understand the needs of children affected by DFV;
- To better respond to children's wellbeing needs; and
- To build processes and practices to invite and listen to children's voices.

The project's methodology is based on the Centres for Disease Control (CDC) Violence Division guidance on making evidence-based decisions using three sources of information and evidence: the literature; the views of stakeholders; and the agency context. [i]

What does the literature tell us?

The research is clear that children experience **serious emotional, psychological, social, behavioural and developmental consequences as a result of DFV**; many have traumatic symptoms and some meet the criteria for PTSD. However, around one-third of children do as well or better than children unaffected by DFV. Researchers are increasingly seeking children's views and experiences, and this work shows that children talk about feelings, responsibilities and coping strategies, rather than conditions and behaviours. There is a significant literature on the undermining impact of DFV on mothering and more recent focus on fathering. There is consensus that both children and women can recover from the impact of DFV. A number of pieces of work discuss children as resilient and active, but only one piece of work focussed on children's resistance.

The evidence largely focuses on therapeutic interventions delivered by clinicians. There is relatively little evidence on effective responses in non-clinical settings, but **some of the strongest evidence of effectiveness is for therapeutic interventions that work with both mothers and children to strengthen their relationship**.

The literature suggests that many staff in statutory and non-government agencies do not feel confident and equipped to work directly with children affected by DFV. However, there are many well developed and creative approaches to work with children in Australia, the US and the UK, and a wide range of tools and resources to support work with children and parents. **The literature also suggests that a whole-of-agency approach is required to embed and support best practice and continuous learning**.

What did stakeholders tell us?

- All women at ROAR have observed reactions to DFV in their children and other children in the refuge. Most commonly observed are anger, aggression, confusion, sadness, fear, anxiety, shyness and withdrawal**. Most of the women said that their child doesn't talk to them about their experience of DFV, either because they are too young to do so or because they choose not to**.

- **Most children don't talk to their mother about the DFV because they worry that she will get too upset**. They have felt scared in the past, know that the refuge is not forever and are worried about what's ahead. Going to the same school for a reasonable period of time is a new and positive experience. They miss their dad but worry that he knows where they live

and that their mother may go back; they hope one day their dad will get better. When given an opportunity to talk about DFV, children talk openly and comfortably.

- Case managers and team leaders at ROAR describe children as *all so different*. They see fear, anger, aggression, children acting out the perpetrators' behaviour, withdrawn children, children clinging to workers, children with developmental delays, children being parentified. They also describe children's resistance and resilience, and the speedy progress children make when they are safe in the refuge and going to childcare or to school**.**

- **The staff team consistently observe children's safety and wellbeing**. This practice has developed informally from the collective experience of staff and is not captured in policy and procedure. The team has varying levels of confidence in talking to children and to mothers about their children.

- Other agencies advised that children need counselling and practical supports around the chaos caused by DFV. Mothers need supports around safety and practical issues, support to recover from trauma and parenting support; in a context of limited funding, parenting support can be de-prioritised. Women need these supports in a DFV-informed environment.

What does this mean for DVSM's work with children and parents?

Funding documents provide general high level guidance, reinforce compliance obligations and do not include requirements for services to be provided for children. Other than existing legal obligations for mandatory reporting and information sharing for child protection and for compliance as a Child Safe Organisation, there are no specific contractual and service obligations for DVSM and its services relating to children. The focus is on the adult as the client of the service. DVSM's context allows significant discretion for the agency to make strategic choices about how it wishes to work with children and parents, taking account of its strengths. As such, a spectrum of approaches, rising in resource-intensiveness and complexity, is open to the organisation:

- Deliver contractual requirements, focussing on children's safety through women's safety;
- Embed current practice with children across the ROAR team and adapt it for MOMO and the Wilcannia Safe House;
- Assess children's safety and wellbeing in partnership with children and their parents;
- Strengthen the bonds between children and their mothers that are weakened by a DFV;
- Strengthen parenting by delivering parallel women and children's DFV groups;
- Contribute to system capacity; or
- Build local community capacity.

For many approaches, ongoing practice support and a whole-of-agency approach are required. For more intensive approaches, additional funding and partnerships are required.

Recommendations

1) It is recommended that Phase II of this Project includes:
    - Whole-of-agency reflection on the Project Report and Rapid Evidence Assessment, designed to take account of learning styles and reading preferences;
    - The co-design of a case review framework to explore practice with children and parents, building on key findings, and capable of supporting ongoing reflection through DVSM core concepts and Level 3 Conversations;

- Piloting the case review framework in MOMO, ROAR and WSH and analysing what this tells us in terms of where DVSM is, where it can develop, and what it needs to develop;
- The General Manager leading the Senior Leadership Team in a Level 3 Conversation about agency approach and culture, using one of the self-assessment tools in the REA; and
- From this work, making a whole-of-agency, practice-informed decision about where on the spectrum of possible approaches the agency is, where it would like to move to in the short-term, and where it would like to reach over time, using the benefit/risk matrix.

2) We recommend that DVSM holds a roundtable to share the findings and questions from this project with other DFV agencies, and test out the appetite for partnership.

3) We recommend that DVSM builds on the REA with specific focus on children from Aboriginal and Muslim communities.

Acknowledgment and Appreciation

Domestic Violence Service Management would like to acknowledge and thank the following people and organisations for their contribution to this learning and work:

Report Authors
- Dr Morag MacSween
- James McDougall

DVSM Contributors
- Teresa Luccitti
- Ann-Marie Ellott
- Sarah Eberhardt
- Clients and staff at ROAR

Contributing Organisations
- Rosie's Place
- Moving Forward
- DV NSW

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About DVSM

Domestic Violence NSW Service Management (DVSM) is a registered charity (ABN: 26-165-400-635) which aims to prevent and support recovery from domestic and family violence (DFV) and homelessness. DVSM also provides professional services to the community services sector and client service delivery.

Our Vision is a world where women, families and communities live free from violence, have equal rights, opportunities, and the freedom to reach their potential.
Our Purpose is to empower clients to make positive, permanent changes that improve their safety and wellbeing.
Our Values are demonstrated in our day-to-do work. These values are:

Person Centred	Excellence	Respect	Integrity
We listen and embrace diversity to support our clients to achieve their self-defined goals.	We exceed expectations with our professionalism and evidence based products, programs and services.	We remain open minded and non-judgmental.	We are ethical, transparent and accountable.

DVSM Client Services

Wilcannia Safe House
Wilcannia Safe House supports people who are experiencing DFV and/or experiencing or at risk of homelessness.

The service operates in Wilcannia and has these priority target groups:

- Young People between 16 and 25
- Women over 25
- Families with children including those escaping DFV
- Aboriginal clients

Wilcannia Safe House provides crisis accommodation at the safe house, supports clients in transitional properties, and provides outreach support.

Moving Out Moving On (MOMO)
MOMO supports women with or without children in the City of Sydney who have experienced/are experiencing DFV and who are homeless or at risk of homelessness.

MOMO is a mobile service which is located in different areas across the inner city of Sydney providing mobile outreach support.

Refuge Outreach Action Response (ROAR)
ROAR supports people who are experiencing DFV and/or experiencing or at risk of homelessness.

The service operates in Blacktown and the Hills area and has these priority target groups:

- Women with children who are escaping or experiencing domestic and/or family violence
- Women with children who are leaving institutions
- Fathers with accompanying children
- Other family groups

ROAR provides crisis accommodation at the refuge, supports clients in transitional properties, and provides mobile outreach support.

Domestic Violence After Hours Service (DVAHS)
DVAHS provides a 24/7 response for women, and women with accompanying children who are escaping DFV.

DVSM Shared Services

Organisational Services
The Organisational Services team provide the cross-organisational infrastructure and supports relating to Finance, Human Resources, Quality Assurance and Compliance, Projects and Administrative Supports.

Sightlines Professional Services
Sightlines is the Professional Services division of DVSM. The Sightlines team work across DVSM's services supporting a culture of continuous quality improvement. The team contribute to the development of frameworks, policies, projects and tools and build workforce capacity. They build and test evidence through reflective practice and facilitate staff members, clients and community to participate in service design.

Sightlines also provides consultancy services to Specialist Homelessness Services peers through contracts and/or Joint Working Agreements, and to the sector more broadly.

Project background

The Child Wellbeing Project is looking at how DVSM ROAR works with children who have been affected by domestic and family violence (DFV): what we do well; where we could do better; what lessons we can share.

The project has three aims:

- To better understand the needs of children affected by DFV;
- To better respond to children's wellbeing needs; and
- To build processes and practices to invite and listen to children's voices.

Project methodology

The project's methodology is based on the Centres for Disease Control Violence Division guidance on making evidence-based decisions using three sources of information and evidence (see Figure 1) [ii]:

- A rapid review of what the research evidence tells us about how DFV affects children, the evidence-base for interventions, and for managing the impact of the work on staff;
- Interviews with ROAR clients, ROAR staff, managers of other DVSM services, and Rosie's Place[iii]; and
- Reviewing the legislation, policy, funding agreements, standards and sector approach that shape DVSM's work.

Figure 1: Sources of information and evidence

Project overview

This report follows the structure of the project's methodology.

- **Section 1** outlines the key findings of **the rapid evidence review**: the impact of DFV on children; key interventions and their evidence-base; and worker capability and wellbeing. It also considers children's rights.

- **Section 2** shares what was learnt from **interviews** with clients, workers and managers. Rosie's Place Manager shared her insights on children at ROAR.[1] [iv]

- **Section 3** takes us through the **context** within which DVSM works: the legislation; guidance; policy; and standards. DVSM's core concepts are described, and the views of their partner agencies are summarised.

- **Section 4** analyses our **findings** and makes **recommendations** for short-term improvements achievable within current resources and longer-term improvements that need additional capacity or capability.

- **Section 5** concludes with **observations** from the Report authors.

The full rapid evidence will be available on the DVSM website from August 2017.

What the literature tells us

1. Domestic and Family Violence and Children

What does the literature tell us about the impact of DFV on children?

There have been multiple literature and research reviews and meta analyses of the large body of research into the impact of DFV on children. There are four main caveats about the evidence: much of the research relies on mother's accounts; it is limited in relation to perpetrators as fathers; it often focuses on children in refuges; and children's perspectives are often omitted. However, **there is an accumulating body of evidence on the harmful effects of DFV on children's development and wellbeing**. The key issues can be summarised as:

- Children experience serious emotional, psychological, social, behaviours and developmental consequences as a result of DFV; many have traumatic symptoms and some meet the criteria for PTSD; however, one-third of children do as well or better than children unaffected by DFV;
- This body of knowledge has been widely disseminated and awareness of the harm DFV can have on children is increasing; this can cause parents to be reluctant to acknowledge and children to be reluctant to disclose as both can fear social services intervention;
- There is some evidence that infants are especially at risk but less conclusive evidence about how age, gender, length of exposure and type of violence shapes impact;
- There is evidence of disproportionate exposure to DFV for Aboriginal children and that children from refugee and immigrant communities may experience heightened risk as the impact of DFV coincides with existing problems such as social isolation;
- Children affected by DFV are significantly more likely than other children to also experience physical violence and neglect; child sexual abuse co-exists with DFV; and DFV is associated with child deaths;
- It is difficult to disentangle the impact of DFV from the impact of other issues which often accompany it such as substance misuse, homelessness or mental health issues;
- There are consistent linkages between childhood exposure to DFV and future perpetration or victimisation found in longitudinal, meta-analytical and population-based studies;
- Perpetrators often attack the mother-child relationship and use children in committing violence, including threats to harm the children; research into the impact of DFV on fathering is scant;
- Children continue to be at risk from the effects of violence during and after parents' separation; children experience significant risks in shared parenting arrangements when the arrangement involves substantial shared time with the violent parent; and
- Children's reactions vary depending on a range of factors; children may have strong and immediate reactions, delayed reactions, or reactions that seem to be unrelated to the violence; they may pretend that the violence never happened.
- **Research cannot tell us how any individual child will react**. [v]

It has become increasingly apparent that children's involvement in domestic violence is intimate and central rather than peripheral.

Stanley 2011

Are children's voices heard?

Most of the literature is written from the perspective adults, but there is a small and growing body of research which focuses on children's voices. [vi] Stanley's review of research produced up to 2010 which did seek children's views and experiences shows that **children talk about feelings and responsibilities, rather than conditions and behaviours**.

Children's accounts:

- Emphasise high levels of fear and anxiety;
- Highlight the way in which anticipating violence *infuses their lives with the tension resulting from unpredictability…walking on eggshells…a state of being constantly on the alert;*
- Talk about their anxiety about others, particularly their mothers and siblings, and about taking on adult tasks and responsibilities;
- Tell us about the impact of secrecy and perceived stigma around DFV, feeling *that they were all happy families or whatever and I was kind of like the outcast* and that *bottling up your feelings (*means*) you kind of feel very alone;* and
- Talk about anger and resentment – *just angry and then like you'll take it out on your mum and things.* [vii]

How does DFV impact on parenting capacity?

Many researchers and practitioners argue that perpetrators actively undermine women's parenting by directing children to insult their mothers; criticising a woman's parenting; punishing women for spending time with their children; and disabling her physically or emotionally.[viii]

The negative impacts of DFV on mothering include:

- Mothers being less physically and emotionally available for their children;
- Mothers being less able to tolerate the normal stresses of parenting;
- Discipline and routines which are either too lax or too strict; and
- Children taking on a parentified role.

However, women are also noted *actively working to compensate for the negative effects of the violence on their children.*[ix]

In *The Batterer as Parent* Bancroft and Silverman summarise research on how domestic violence perpetrators parent, noting fathering styles which are controlling/authoritarian or under-involved and techniques of undermining the mother's parenting, using the children as weapons. Perpetrator fathers also have *a limited sense of age-appropriateness,* can see children as possessions, and rarely improve after separation. They demonstrate positive parenting when under observation. [x]

In a small qualitative study of children's perspectives on their father's violence, Lamb found that children want their fathers to make reparation, and to be included in how their fathers are held to account. Lamb recorded some of the young people's stories digitally for use in perpetrator programs and described them as *bursting to be heard and make a difference.*[xi]

ANROWS released a state of knowledge paper on domestic violence and parenting in 2015 and the full report of its mixed methods study of impact and support needs in June 2017. The key findings of the paper and the study are that:

- Intimate partner violence is associated with poor mother and child outcomes;
- The early stages of parenting, including pregnancy, and separation are times when violence can emerge or escalate;
- It is a struggle for women experiencing domestic violence to parent effectively, but attachments improve over time after the violence has stopped;
- Fathers who are domestic violence perpetrators use control and denigration of women's parenting as a common domestic violence tactic; they can also impose unrealistic demands on children and use finance and systems such as Family Law as ways of perpetuating their control;
- Children's continued relationships post separation with their fathers are likely to be harmful unless the violence and abuse have ceased;
- Strengthening the mother:child relationship should be a more common response than it is;
- There is a strong need for the development of interventions and evaluation of their impact on parenting and parent:child relationships;
- Women did not experience a focus on rebuilding their parenting and recovery from DFV in their interactions with child protection; and
- Women mostly described family violence and refuge services positively, but noted that they needed support and therapeutic support over a longer term than is usually available. [xii]

> *Engagement with family violence and refuge services …was mostly described in positive terms, particularly where therapeutic support for restoration of parenting capacity and trauma recovery was offered as part of the refuge service for women and children.*
>
> **ANROWS 2017**

We consider interventions focussed on parenting further below.

Is children's resistance recognised?

The project found a number of pieces of work which discuss children as resilient and active, but found only one piece of work which named and focussed on children's resistance: *Understanding Agency and Resistance Strategies: Children's Experiences of Domestic Violence* 2015.

Children described:

- Carefully managing what they say, and who they talk to, to control what is known about their family;
- Redefining who counts as family to exclude abusers and include trusted non-relatives;
- Creating dens and hideaways to go to with their siblings when violence was active;
- Thinking of *alternative worlds, fantasy spaces* and *fantasised futures;*
- Making a game of hiding, reclaiming childhood; and
- Physically resisting.

The authors contrast children's own accounts with the understanding of children which they argue is held by what they describe as *the rescuing professional:* children as *passive recipients of the abuse experience* who are *doomed to be damaged.*

Whenever people are abused, they do many things to oppose the abuse and to keep their dignity and their self-respect. This is called resistance.

Calgary Women's Emergency Shelter 2005

Is there consensus in the literature about giving parents information about the impact of DFV on children, and ways to support children?

The project found a number of pieces of work advocating for work with parents to support them to listen to their children's experience of DFV and support them to understand it better, including work about assessing parental readiness to listen to children. The project found no work suggesting that it is unhelpful to give parents information or assist them to support their children. This stance aligns with the strong consensus in the literature that children need to talk about the violence, that repairing the mother:child relationship is a critical component of children's recovery, and that all children have feelings about, and many continue to be in contact with, their fathers.

There were no evaluations found of these approaches. However, the Institute for Safe Families *Parenting After Violence*: *a guide for Practitioners* was developed using empirical evidence: structured interviews with children; with abusive and protective parents; and with adult survivors of childhood domestic violence.

This and the National Child Traumatic Stress Network's *Domestic Violence and Children* and *Parenting After Violence* were the most useful pieces of information found. Domestic Violence and Children is a short plain English summary of the key issues, and Parenting After Violence is a comprehensive guide to intervention.[xiii]

Children…may take parental silence as a signal to keep silent themselves or to feel ashamed about what happened in their family…As a domestic violence advocate, you may be in the position of speaking to children yourself. If not, you can support the parents in breaking the silence.

National Child Traumatic Stress Network 2010

Domestic Violence and Children notes that parents can misunderstand or minimise the impact of domestic violence on their children and avoid talking to their children, assuming they are too young to understand or it is best to move on. Parents who do talk and listen to their children can struggle with how much information to give their children, and how to talk to children about the abusive parent. Domestic Violence and Children gives practical guidance on:

- The key messages parents – and domestic violence workers – should give to children;
- How to gauge how much information is enough, but not too much;
- How to help children process their mixed emotions about the abusive parent;
- How mothers and domestic violence workers can shield children from adult information;
- How parents can manage their children's mixed emotions about the non-abusive parent;
- Core positive parenting strategies following domestic violence; and
- How to determine when a child needs more or specialist help.

Parenting After Violence begins with children's, parents' and adult survivors' views on how domestic violence impacts on children, on parenting and on family relationships. It then:

- Uses trauma and stages of change theories to develop a model of the stages of parental readiness to listen to children where the parent has herself been traumatised;
- Outlines *listening partnership* and *listening tools* for practitioners to model with, and teach to, parents;
- Proposes an approach to educating parents about domestic violence and how to create an environment in which children can heal; and
- Considers key issues for working with victims/survivors, including how to manage feelings of guilt and how to safety plan with children; and
- Reviews the impact of perpetrating on fathering, and considers key issues for working on *restorative parenting* with perpetrators who commit to ending violence.

> *If we provide them with the opportunity to be heard themselves, and teach them skills to be better listeners to and for their children…many parents…can set aside their own hurts and make themselves available for the kind of deep listening and relationship that is necessary for their children's healing.*
>
> **Parenting After Violence**

Parenting After Violence is not a groupwork manual but provides comprehensive background material, overview of key topics and useful tools.

DVSM is likely to find the tools *Readiness for Change When Working With Domestic Violence Survivors/Victims* and *Readiness for Change: Accepting Impact of Domestic Violence on Children and Talking to Them* particularly helpful. The tools set out:

- How the client is likely to present;
- The approaches practitioners should adopt;
- What workers may hear the client say; and
- How workers can respond

…at each phase of readiness for change – pre-contemplation, contemplation, preparation, action, relapse and maintenance.[xiv]

Also useful are handouts for parents on the impact of domestic violence on children overall, by stages of development and over the longer term, and the one-page wheel diagram on creating a nurturing environment for children.[xv]

2. Interventions with Children

Is there consensus in the literature on why services for children are needed?

The need for services for children appears to largely be taken as self-evident; the strong evidence for impact making the argument for service provision. Attachment 1 *Interventions* lists the wide range of interventions offered by DFV services noted in the literature. Four significant arguments around intervention are made:

- **A child protection response has become the dominant response** to the needs of children [xvi];
- Children should be seen as **victims in their own right** and/or there should be a mindset shift to seeing **children and women as equal priorities** for women's services;
- **A refuge stay is a key opportunity** for assessment of needs and the start of support and treatment; and
- Interventions are needed for children **in refuges, in the community, transitioning from refuges into the community, after separation and after a return** to the abusive partner.

What evidence is there of effectiveness?

The Australian Domestic and Family Violence Clearinghouse and the University of New South Wales concluded in their 2011 review that i*n addition to the lack of documentation and evaluations of specialised programs, there is a lack of Australian guidance or policies outlining best practices and standards.* [xvii] The Australian Institute of Family Studies agree that there is relatively little literature on effective responses, but comment that **some of the strongest evidence of effectiveness is for therapeutic interventions that work with both mothers and children to repair the damage to their relationship caused by domestic violence**.[xviii] Howarth et al's review of interventions for children affected by domestic violence in the UK *Improving Outcomes for children exposed to domestic violence: an evidence synthesis* concluded that the evidence base is underdeveloped and characterised by some breadth but little depth. They state that **psychoeducation, parenting skills and advocacy in combination** represent the ***best bet*** given the state of the evidence.[xix]

This review was unusual among those found, in that it analysed **children's, parents' and practitioners' perspectives on domestic violence interventions**. Perceptions are summarised at Attachment 2.

> *Many of the earliest programs serving children exposed to domestic violence grew out of grass-roots efforts…funding to evaluate has been limited…decades of field experience have informed some of the best practice…the best evidence of an intervention's efficacy may be a combination of research and practice.*
>
> ***Futures Without Violence 2013***

Rizo et al identified common characteristics of interventions evaluated as effective, barriers to implementation and core principles [xx]: These are set out in Table 1 below.

Table 1: Effective Interventions: characteristics; barriers; and principles

Characteristics	Barriers to implementation	Principles
Combined home and centre-based interventions	Attrition and retention of parents	Safety and wellbeing first
Multi-modal treatment approaches	Mandatory reporting	Trauma-informed and trauma-specific care
Parent-child dual approach	Parental motivation & expectations	Addressing parents' substance misuse and mental health needs
Parent training/psycho-educational services	Lack of evidence in practice	Formal and informal support for parents
Developmentally and culturally appropriate services		Strong connections across and between services Staff from minority groups

Nicky Stanley, the Australian Domestic and Family Violence Clearinghouse/University of NSW and ANROWS note the Royal for Children's Hospital Melbourne's parallel programs **Parents Accepting Responsibility that Kids are Safe** (PARKAS) and the **Peek a Boo Club** as programs demonstrating *promising results.* [xxi]

The Peek a Boo Club was developed into BuBs (Building up Bonds) On Board, a groupwork model for women's refuges trialled in five of the six women's shelters in Tasmania in 2008. Pre- and post-evaluation found [xxii] :

- Positive shifts in mothers' attachment with their children and a reduction in feelings of hostility;
- Infants in the pilot had *significant and pressing relational difficulties…*(and)*...mental health needs*;
- Interactions between mothers and children in the group were similar to common interactions observed by staff in daily life in the shelter; women demonstrated concern and love for infants but underestimated the impact of violence on their children, themselves and their relationships, and had little insight into the impact their own behaviour had on their children's difficulties; and
- Refuge staff rated the intervention highly, particularly in terms of capacity of mothers and staff to understand and reflect on children's realities in what is normally an *adult centric* environment.

These programs sat within the Addressing Family Violence program for which funding was discontinued in 2011.

Interventions for fathers and families

Perpetrator programs are increasingly addressing men's role as fathers. A 2015 review of programs in the UK found decreased exposure of children to violence, increased awareness of the impact on children and decrease in children's fear of the perpetrator and fear for their mother for programs where there was direct work with children and women as well as men. [xxiii]

Whole-of-family programs are now being discussed. Stanley and Humphreys describe the emergence of a range of programs in the US, Europe and Australia which work with mothers, children and fathers, based on the recognition that some families don't separate and that domestic violence can continue post separation. There are a wide range of program types, this approach is *at the early stage of development* and there are risks to the less powerful family members which need to be carefully managed.[xxiv]

> *Extensive…contact with fathers who use violence has often placed children in the situation where they are the ones left unable to leave an abusive relationship. Finding ways to work with families who still wish to stay together but without violence, or pursue post-separation arrangements without violence, is an ongoing challenge.*
>
> **Stanley & Humphreys 2017**

Learning from the evidence

While there is some evidence for parallel programs, no evidence was found of the impact of casework. However, meta analyses and professional judgement in the US has identified the key components of an effective response [xxv]:

Agency/staff	Children	Mothers	Children & Mothers
Understand the impact of DFV on children from infancy to adolescence and evaluate needs as they change	Tell children violence is not their fault and it is not their job to intervene	Establish a respectful and trusting relationship between worker and mother	Let mothers and children know that it's OK to talk if the child chooses to
Disruptive behaviour often indicates feeling out of control and having no other way of expressing feelings	Foster self-esteem through activities they enjoy and succeed in	Coach mothers to tell their children violence is not their fault and it is not their job to intervene	Incorporate culture and encourage families to use their culture as a source of strength
Understand the distinct needs of teenagers	Create a welcoming environment and help children know what to expect through routines, structure and information	Encourage mothers to provide physical and emotional comfort	Involve mothers in conversations with their children about the children's view of the abuse
Build collaborative relationships with partners, particularly child protection	Model and encourage good friendship skills	Discuss child development with mothers	Foster bonding with mother, siblings, peers and supportive adults

Engage community leaders in supporting non-violence	Use emotion words to help children understand feelings and responses	Help mothers teach their children how to label their emotions	Develop safety plans
	Teach & model non-violent conflict resolution skills	Support mothers to take care of themselves and learn to manage their stress and their child's behaviour	
	Explore children's relationships with their parents	Support mothers to extend their own and their children's support networks	

3. Agency and staff issues

What qualifications, training, supervision & support are recommended?

The project team reviewed job adverts and job descriptions for DFV children's workers in Australia available on a single day in April 2017. None required formal qualifications; what is required is **experience in working with children and/or knowledge of the impact of domestic violence on children**. [xxvi]

We found one example of a stance on the experience, knowledge, support and supervision required for staff working with children affected by DFV and their parents [xxvii]:

- Experience in working with children, young people and families;
- Values about the work which align with those of the agency;
- Knowledge of trauma-informed approaches;
- Awareness of cultural diversity;
- Training in child development, child advocacy, nonviolent discipline and supporting parents;
- Training in how trauma affects the developing brain and trauma-informed services; and
- Supervision which allows staff to reflect on the inherent challenges of this work.

Two training courses were found focussing specifically on DFV and children. [xxviii]

One example was found of a stance on **safe and healthy work practice** for practitioners working with children*:*

- Clinical supervision with a supervisor who has relevant clinical experience with children;
- Debrief after critical incidents;
- Use workplace supports (e.g. team meetings) to unpack challenges and problems;
- Tell managers when issues need an organisational or systemic response;
- Recognise practice strengths as well as development issues;
- Develop strategies to leave work behind at home;
- Be aware of the signs of vicarious trauma and be alert to them; and
- Think about your own emotional and mental health and seek support early. [xxix]

There are extensive literatures on trauma-informed practice and on supervision and support for staff working with clients who have experienced trauma to help them maintain their wellbeing and quality of service. [xxx]

> *Secondary trauma is not a sign of weakness or lack of skill. It is a normal response to working in the field of domestic violence advocacy.*
>
> **National Child Traumatic Stress Network 2010**

What tools and resources exist to support work with children affected by DFV?

We found an enormous range of tools and resources to support work with children, with parents, and with families:

- Tools to assess risk to and needs of children;
- Information for children, how and from where to seek help;
- Information for parents on the impact of DFV on children, and how to talk to children;
- Tools to help practitioners support children and their mothers;
- Guidance and tools to help DFV services assess their child and family-friendliness, deliver best practice and work in partnership to create communities of practice;
- Data collection and evaluation information sheets, guidelines and sample templates;
- Sample safety plans for children; and
- Groupwork manuals and evaluation tools.[xxxi]

Tools and resources are described in detail in the rapid evidence assessment available on DVSM's website from August 2017.

What challenges do services encounter in working with both adults and children?

The key challenges noted are:

- Misalignment of parent understanding and pace of change with children's need to talk, to be heard, and to have explanations for what has confused them;
- Acknowledging perpetrator responsibility for violence, their attacks on mothering *and* women's parenting responsibility and parenting choices;
- Being a victim of DFV does not mean that a mother will not abuse or neglect her child;
- The confidence and capability of DFV workers to talk directly to children about DFV and to talk to mothers about parenting;
- Conflicting needs between women and children and conflicting perspectives on risks between women and workers;
- Low awareness of strategies for managing behaviour, improving parenting skills and identifying psychological or developmental needs and the services to support them among workers;
- An equal focus on children represents a significant shift in practice and philosophy; and
- Lack of resources and insecure funding sources. [xxxii]

Carefully paced and trauma-informed approaches, additional compensatory support to children and transparency around duty of care appear to be the main responses to these challenges.

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 victimisation.

Red Tree Consulting 2013

4. Children's rights

The Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child provides an internationally recognised framework for assessing and addressing both the impact of violence on children and responses to it.

It was the first international treaty to incorporate all civil, cultural, economic, political and social rights as well as rights that recognize the vulnerability of children and their need for special protection.

The rights of the Convention are to be interpreted and implemented to allow for the child's evolving and developing capacities. And the Convention recognises government, community and parents as duty bearers who share responsibilities for children.

The Convention is guided by four principles that underpin each of the rights that it enshrines:

- **Non-discrimination:** No child should be discriminated against for any reason, particularly their race, gender, religion, opinion, national or social origin, property, birth or other status.
- **The best interests of the child:** Any decision that affects a child should consider the circumstances of each child at that time and be made in the best interests of that child.
- **Ensuring survival and development:** It is the responsibility of decision-makers to ensure that the child is provided every opportunity to develop physically, mentally, spiritually, morally and socially.
- **Participation:** Children are experts in their own lives and should have their say in decisions that affect them.

It is the most widely ratified human rights treaty in the world. Since its launch in 1989, the Convention has been ratified more quickly and now by all countries (except the United States).

Child Rights and DFV: International Context

Article 19 of the United Nations Convention on the Rights of the Child gives attention to the experience of DFV on children and calls for all necessary measures to protect children from all forms of violence, abuse, neglect or exploitation while in the care of parents, guardians or carers. These measures are to provide prevention, protection, support, reporting, referral and follow-up.

The impact of DFV has been recognised as an emerging child rights issue for some years internationally. In 2006 the World Report on Violence against Children commissioned by the United Nations Secretary General was presented to the United Nations General Assembly and identified children's exposure to family and domestic violence as a human rights issue. [xxxiii]

The United Nations Committee on the Rights of the Child has called for greater attention to the protection of children who are exposed to and witness family and domestic violence. [xxxiv]

Child Rights and DFV: Australian Context

When the United Nations Committee on the Rights of the Child last reviewed Australia's implementation of the rights of children in 2012, it expressed grave concern at the high levels of violence against women and children and children's exposure to family and domestic violence. [xxxv]

Since then, the Australian National Children's Commissioner has examined and reported on the issue in successive annual reports. In 2014, she noted the clear links between suicide and self-harm and experiences of family and domestic violence for children and young people. [xxxvi]

In 2015 the National Children's Commissioner conducted a national investigation into the impact of family and domestic violence on children and reported on her findings and recommendations in her report to Parliament that year. [xxxvii]

Many are consistent with the findings of the project research review and include:

- Significant work is required to ensure consistent and comprehensive data collection of children's experience of DFV;
- Factors and interventions that enhance children's resilience and ability to cope with experiences of DFV are not yet well researched;
- Efforts to understand children's experiences are complicated by the range of other factors which include poverty, parental substance abuse, mental health and experiences of discrimination and marginalisation; and
- The effects of DFV differ depending on the developmental stages of the child.

The Commissioner's report also noted that there is no coherent public policy approach to children affected by family and domestic violence. This has often resulted in uncoordinated and poorly directed responses. For example, child protection systems have not always been designed to take sufficient account of the experience of a parent as a victim of domestic or family violence.

The report also noted the over-representation of Aboriginal and Torres Strait Islander children as victims of physical and sexual assault, the emergence of awareness of sibling violence, and family and domestic violence experienced by female children aged 15 to 17 years as areas where further research is needed.

National Policy Responses to Child Rights and DFV

There are two national policy measures that seek to address the impact of DFV on children: the *National Framework for Protecting Australia's Children 2009-2020*; and the *National Plan to Reduce Violence against Women and their Children 2010-2022*. Both measures recognise DFV as key risk factors in the incidence of child abuse and neglect. [xxxviii]

However, the development of measures to address the impact on children has largely occurred in the context of each separate sector, child protection and domestic violence services. There has been very little coordinated or connected policy development or practice initiatives at a government level.

Recent Developments

There have been developments in recent years that have focused government and community attention on the impact and responses of services and agencies to children's experiences of violence. These have occurred not only in the context of the family but also in other settings in which protection and safety for children had been assumed but not realised in practice.

In Victoria, there have been two landmark public inquiries that are leading to substantial and ongoing reforms in addressing experiences of violence and abuse including those of children. The first was the *Betrayal of Trust Inquiry* [xxxix] that examined the handling of child abuse allegations within religious and other non-government organisations and reported to the Victorian Parliament in late 2013. The second was the *Royal Commission into Family Violence* which tabled its report in the Victorian Parliament in March 2016.[xl]

Although these two inquiries were held and have resulted in legislative reform in Victoria, they have also contributed to national debate and scrutiny. At a national level, there was also been the establishment of the *Royal Commission into Institutional Responses to Child Sexual Abuse*. [xli] Since 2013 the Royal Commission has undertaken extensive inquiry and investigation and is due to deliver its Final Report in December 2017.

All these inquiries and reports have contributed and will continue to contribute to greater awareness and attention to the impacts of violence and abuse on children. This includes ongoing efforts by governments to regulate and monitor to improve both the prevention and responses to the incidence of violence and abuse to children.

There are three areas in which legislative and policy development may affect non-government organisations and service providers such as DVSM. They are: the monitoring of organisations to be child safe; the requirement for more effective reporting of suspected abuse of children; and the more effective coordination of information sharing between responsible agencies working with children.

Each of these regulatory activities already exist in NSW legislation and policy. However, it is anticipated that each area will be reviewed for efficacy in the next few years. The coverage and the rigour of these activities may be extended or strengthened. There is a value for DVSM to prepare its services and processes to ensure compliance with the regulatory frameworks and to inform and support the further development of these and similar activities.

Child Safe Organisations

As will be discussed in the context of its contractual and funding obligations, DVSM is already required to be a child safe organisation. The most developed and rigorous of the current legal requirements for a child safe organisation is through the operation of and compliance with the Working with Children Check. [xlii]However, there are also Guidelines provided by the Office of the NSW Children's Guardian that identify eight key principles and a checklist is available to assist.[xliii]

It is anticipated that these guidelines and their enforcement will be reviewed in response to the recommendations of the Royal Commission into Institutional Response to Child Sexual Abuse. This will likely include consideration of developments elsewhere in Australia. However, the existing key principles already offer a useful framework for organisational development.

A child safe organisation:

- *Develops child safe policies*
- *Has a child safe code of conduct*
- *Ensures effective staff recruitment and training*
- *Understands privacy considerations*
- *Has a plan for managing risk*
- *Encourages children and young people to participate*
- *Effectively deals with concerns or complaints about behaviours towards a child*
- *Supports child safe organisation training*

Office of the NSW Children's Guardian

A more comprehensive guide is available from the Commission for Children and Young People in Victoria[xliv] . This includes additional information on issues such as cultural safety, screening and supervision of staff, processes for internal reporting and the development of a child safe risk management approach. The Victorian Government has legislated to require organisations to comply with Child Safe Standards and from 2017 the Commission for Children and Young People will have a regulatory role in ensuring compliance with the Standards [xlv]

These principles and the guidelines also offer a valuable framework for developing a broader and more integrated approach to developing effective support services for children alongside support for their mothers and other family members.

Reportable Conduct

The NSW Reportable Conduct scheme was established in 1999 and is administered by the Office of the Ombudsman. The intent of the scheme is to provide external and independent oversight of the handling of child abuse and neglect allegations against employees of government and non-government agencies.

In Victoria, an equivalent scheme is under development and the overall regulatory function is to be undertaken by the Commission for Children and Young People (alongside the monitoring of Child Safe Standards). Part of the intent of each scheme is to bolster the effectiveness of the preventative character of the Working with Children checks by developing more comprehensive information and intelligence around the conduct of individuals who engage in predatory behaviour towards children.

The scheme in NSW and any future strengthening of its operation may not directly affect the services of DVSM. However, once again there is an opportunity to develop more effective skills and knowledge around the protection of children in community settings by greater awareness by staff and the organisation of the scheme and its intent.

Information sharing for Child Safety and DFV

One of the issues that has been examined in each of the inquiries referred to above is the failure on the part of agencies and organisations (and individuals with authority and responsibility within the organisation) to share information about the abuse of a child or the risk of further abuse to the same or another child. This issue is often complicated by concerns for the protection of privacy for the individuals affected (family members, perpetrator and victim).

Workers and services find themselves in this situation daily in assessing and managing the circumstances of a family and in addressing the needs of a woman and her children. In developing greater awareness and giving greater attention to the needs, wishes and issues for children as well as their mothers, this will provide opportunity for the development of better practices around information sharing for child safety and protection as well as reducing the risk of DFV.

Child Rights Principles for Best Practice

Developing a child rights / human rights framework for DFV services can offer a range of additional opportunities for better practice and inform advocacy for children as well as women and their families. Some of the principles that should be considered include:

- **The best interests of the child:** Any decision that affects a child should consider the circumstances of each child at that time and be made in the best interests of that child.

  This principle offers a guide to decision making in the context of case management. It does not preclude decisions that will give immediate priority to the needs for safety and support for mothers (or others) but it allows a reference point for hearing and considering the impacts and opportunities for children involved.

- **Ensuring survival and development:** It is the responsibility of decision-makers to ensure that the child is provided every opportunity to develop physically, mentally, spiritually, morally and socially.

  Developing an understanding of child and adolescent development will guide decisions and the most effective supports to be provided. This includes recognising the different needs of infants, toddlers, children and teenagers.

- **Participation:** Children are experts in their own lives and should have their say in decisions that affect them.

  Involving children in decision making in a way that recognises their developing capacities (again as infant, child and teenager) can offer insights and resources for problem solving in providing support for women, children and families.

- **Non-discrimination:** No child should be discriminated against for any reason, particularly their race, gender, religion, opinion, national or social origin, property, birth or other status.

Understanding culture and barriers to participation can also provide for developing more appropriate solutions and offer connections to communities that might not otherwise be considered.

The child rights framework also offers the chance to review and consider a child's right to health, education, care and protection, freedom of association and opinion, culture and to play.

What DVSM told us

1. Children at ROAR

What insights do children at ROAR share?

Rosie's Place offers individual counselling to children and women at ROAR, and runs a group for children. The project sought feedback on children's perspectives from Rosie's Place. One of the early findings of the project was that women at ROAR, in common with mothers everywhere, rarely discuss the DFV with their children, and that they would need support and preparation to overcome the barriers to talking. Against that background, we thought it would not be helpful for the project team or for ROAR case managers to make a special – and unusual - point of talking to children. We sought children's views through the workers from Rosie's Place, who shared the key insights they have heard from children.

Workers from Rosie's Place advised that children at ROAR talk about:

- Their resistance and resilience - their story of how they managed;
- About the refuge as if they belong there - *I love where I live, I love this place;*
- Knowing that the refuge is not forever but not knowing what's ahead;
- Going to the same school for a reasonable period of time as a new and positive experience;
- How they relate to the ROAR workers and how well they know them - *I've gone and shown* (case manager) *my picture;*
- Times they felt very scared, and how they've dealt with worries before;
- Why they've come to this group – *because dad hit mum;* and
- Their current worries - missing their dad but worried he knows where they live, hoping maybe one day dad gets better, with their mum - *I'm worried mum might go back.*

Children talk openly and comfortably in the group - *once you give them an opening they talk*. However, **most of the children don't talk to their mother because they are worried that she would get too upset** - *children are very aware of their mum's emotional state.*

> *I underestimated the impact for children on having a refuge – as a place for them to live, but more than that, it's a refuge in terms of security, predictability, privacy, basic needs, not being subjected to ongoing violence. It has a huge impact - a safe place but broader than a safe space in a physical sense.*
>
> **Rosie's Place**

What insights did women at ROAR share?

For this project it was decided that, on balance, it would be best for adult clients to be interviewed by their case manager, as someone they have an ongoing relationship with. Case managers and the Children's Champion interviewed 13 of the current clients from the ROAR services.

All women have observed reactions to DFV in their children and other children in the refuge. **The most commonly observed reactions are anger, aggression, confusion, sadness, fear, anxiety, shyness and withdrawal**. Women also commented on children having a lack of appetite, feeling insecure, being unsettled, hyperactive and mimicking the abuse they witnessed. One woman talked about the impact on her child of seeing other children leave the refuge. Two women talked about their child being anxious that they would return to the perpetrator. One woman said her children *are more relaxed because I feel more relaxed and less anxious since leaving.*

> *(Children need) a place to stay that feels safe, love and affection, routine.*
>
> **Adult client**

Most of the women said that their child doesn't talk to them about their experience of DFV, either because they are too young to do so or because they choose not to. Two women said their child was not affected because s/he was too young. Three women described talking to their older children, with one saying that her child needs to talk about it *just like adults*. One woman said *I sheltered them and thought they didn't know about the DFV. Now I realise they did know*.

Women identified a range of supports that children need to recover from DFV. The most commonly mentioned were play/playgroups/being with other children, a safe, stable and normal environment and love, affection, patience and understanding. Also mentioned were counselling and play therapy for children, learning what is right and what is wrong, childcare, school, sport and seeing their friends, and help/counselling for mothers to deal with their stresses.

In terms of what women need as parents to help them support their children, the most commonly mentioned was a wish for **more groups, workshops and courses for women held at the refuge, for residents and outreach clients**. Women talked about groups as an opportunity to learn new things, to have distraction from their worries and to be able to talk to others who have had similar experiences. Four of the women specifically mentioned parenting groups: protective behaviours; guidance around parenting, bonding and relationships; strategies to manage children's behaviours. Women also mentioned practical supports – *a safe home and a steady income.*

Feedback from the women about ROAR's services was positive. Most women talked about case managers as supportive, listening, providing information and advice and linking them into community services. For example, one woman described ROAR as *understanding, don't judge, provide support, listen,* and (provide) *programs*. One woman said that the service varied depending on the knowledge and experience of the worker, and another suggested that staff should communicate with parents if they have concerns for their children – *be honest and transparent with their thoughts* . The most commonly requested change was more groups in the refuge. Two women said more play equipment for younger kids is needed.

What insights did ROAR staff share?

ROAR Case Managers, Team Leaders and the Children's Champion participated in a group interview, representing all ROAR services. [xlvi] The Service Manager and Children's Champion described the group interview as *a really lovely group experience (*which*) built on group cohesion* and described staff as *happy, engaged and positive…everyone is on board and interested in improving service.* The key insights from ROAR staff are:

- The staff team consistently observe children's safety and wellbeing;
- This practice has developed informally from the collective experience of staff and is not captured in policy and procedure;
- The team has varying levels of confidence in talking to children and to mothers about their children;
- The team agree that working with children and with women as parents is and should be part of their practice;
- The current team culture is the strongest factor helping good practice with children and women as parents;
- Lack of training around children and parenting is the strongest factor hindering good practice;
- There are mixed views on the benefits of having a dedicated Children's Support Worker, but strong consensus that all workers need to build their knowledge and capacity; and
- There was great enthusiasm for additional targeted training, and for a toolkit developed from the Rapid Evidence Assessment.

Interactions with children

At the refuge, children are seen daily and there are frequent short interactions and some longer interactions. At the outreach service, children are living in the home; if children aren't there when workers visit they make a point of going later or earlier to be sure they can observe the children. In the out-of-hours service, children are in temporary accommodation (TA) with their mothers; these interactions are shorter, but workers take activity packs for the children. Observation of children isn't a policy requirement but a practice which has evolved.

> *We notice and observe - are kids wearing long sleeved jumpers on hot days? Are they on their own unsupervised? Are they eating only chips and twisties? Are they dirty? Are they hungry? Are they over attaching to you? We look at interactions between children and their mothers, what does the bonding look like? We look at interactions between the children themselves.*
>
> **ROAR team**

Workers describe children as *all so different*. They see fear, anger, aggression, children acting out the perpetrators' behaviour, withdrawn children, children clinging to workers, children with developmental delays, children being parentified. They also describe children's resistance and resilience, and the speedy progress children make when they are safe in the refuge and going to childcare or to school:

- *When children go into childcare and school, they really improve. It gives the mums a break, the children socialise with other children, they learn to play, they're in a safe environment, they don't have to worry about mum, they don't have to look after their younger siblings.*
- *Even living here with other people, they feel safe, they see their mum relax, the kids relax.*
- *In the first week we see a visible change in the children.*

Working with children

Each child is on the system as part of a family unit but they are seen as a client by ROAR staff.

Children do not usually have their own case manager. Where there's conflict between the mother and the child where the mother is *directing everything* and where the child needs a voice, a separate case manager is allocated for the child. Otherwise referrals are made for children in response to their mothers' concerns. Staff see this as *a case plan for the child* and in line with service philosophy*: Children's support needs are as determined by mum – we're client directed.* Again, the decision about a case manager/case plan for the family or a case manager/case plan for the child is not defined in policy and procedure, but determined by professional judgement.

There is strong agreement that the team would like to work more with children. To some extent the lack of agency guidance and direction acts as a barrier, but more significant are the varying levels of knowledge, skill and confidence case managers bring to their roles. Staff training in relation to children is limited to child protection training, and workers said:

- *I don't feel confident working with children, so I'm very cautious.*
- *I would like to have more tools to assess and work with children and especially to work with mums to help them help their children.*
- *It can be difficult to communicate confidently without second guessing and doubting yourself.*

That being said, the team described practice which is considered creative and collaborative:

- *We did a group safety plan with the children; we were concerned about two of them after an incident, but didn't want to single them out, so we did a group plan and they responded really well.*
- *If a woman doesn't see a concern, you chip away at it; at some point it will click, and she'll be ready to hear it.*
- *When we're going in and helping to clean, cook, sort, get the kids ready we're role modelling – if you can't verbalise, we show in our actions – we don't blame women, we help them have a go.*
- *We don't get basic op shop clothes, we get the proper, shoes, bag, uniform so they look like all the other kids, they're not any different, they can have pride in themselves.*

They are resilient – but they also need the things they've lost or not had, coming out of the trauma and getting that nurturing back, coming into play.

In discussion, the team agreed that observation of children is a consistent feature of practice:

- *We're vigilant and observant (of what's going on with the children) we're very familiar with the mother's reactions.*
- *Workers are on the same page with monitoring children, if we see something that concerns us we bring it to the table daily, we help each other out to find solutions, but not everyone is able to take it to the next step.*

…that raising issues with women is not done consistently:

- *How do you say that* (that you have concerns) *to a mum? If FACS has been involved, she's heard that* (about those concerns) *for years.*
- *There's a gap between what we say to women and what we've heard from children.*

…and that children's voices are not routinely heard:

- *It has been great that Rosie's Place has been coming in to do groups but as staff we don't hear much from the children.*

Women's different responses and capacity to hear impact on raising concerns about their children with them, as does the house dynamic:

- (It's challenging) w*here there's a lack of attachment, we're trying to build it up but she's not there, unavailable or unwilling.*
- *He was very close to staff; essentially he grew up in the refuge. There were stages where she was more of a victim than a mother, and stages when she was more of a mother than a victim, it fluctuated.*
- *Sometimes the child can move faster than the mother.*
- *We factor in the other mothers in the house, we're highly mindful of the characters mothers play, we're highly sensitive to it, all the team, everyone knows.*

Workers are also very aware of potential negative impacts for children:

- *That won't change anything… they won't behave in a different way, some women are so traumatised, a couple of nice things won't change them, they have to…*(work through)*…the trauma if there's going to be real change.*
- *Children in the refuge become attached to adults and other children, then they leave; Children meet new people, other mothers are like aunties, people are important in their lives and then bang they're gone - it's a continuous trauma, losing people.*

What insights did the ROAR Service Coordinator share?

The ROAR Service Coordinator sat in on part of the group interview with staff, and also had a 1:1 interview with one of the project associates. She supported the views expressed by the staff team and added her own perspective.

Good practice

The Service Coordinator told us that *there is really good practice in the team*. Her conclusion from observation of child:mother and worker:mother relationships is that the most successful responses to children happen where there is awareness of the totality of relationships for that particular child.

- *The best work is when I've heard stories of where they're really attentive to the impact on the kids of what's going on with mum and are able to support the child through it.*

- *It's really good when they collaboratively brainstorm - the trauma-informed themes come through.*
- *It's very easy to be reactive to difficulties you have to manage…(residential work)… it's a difficult situation to manage, behaviours impacting on others.*

"Last Friday a mum was struggling and her worker put two loads of washing on for her, and (we brought in a) childcare worker to give her a couple of hours respite – the kids were ill and couldn't go to child care- that's what we needed to do to get her over the weekend – that's really meaningful brokerage."

ROAR Service Coordinator

Working in DVSM

For the ROAR Service Coordinator DVSM's flexibility as an organisation is a real strength. DVSM has broad eligibility criteria, and allows women to stay in the service on a needs basis.

DVSM is also committed to being person centred, an approach which recognises that historically clients have had to fit into agencies' models of service.

The brokerage budget, and the creativity with which it can be used is another strength: *we're lucky that we do have a brokerage budget and…spending money on children is money well spent (as long as it's not on) things that mum can't keep on sustaining - but if it gives some value to that child I'm going to approve it.*

Key challenges

As the workers noted, the impact of where the mother is at physically, emotionally and mentally on the child can be really difficult: (when) *their parenting for very valid reasons is really struggling, you see or have to deal with the impact on the kids and have to deal with their behaviours within the group dynamic – when the mother has no capacity to do any more than she's doing*.

This is where being person centred can be challenging: where there are two clients, the mother and the child; and where *you're living with them and seeing consequences for the children.*

Working in DFV and in residential work has inherent challenges: *The reality is we sit in that space of frustration with systems, with services, sometimes with our clients. The culture that I keep pushing – I have no problems with people venting, I'm a big venter – but we have to come back to what's gone on for these families?*

Working with children

Participating in the project has highlighted the opportunities ROAR has for working with children. For example, one of the case managers who interviewed clients for the project told the Service Coordinator *it's been so interesting talking to the women about their children, we don't do that.*

Acknowledging that children don't currently have a strong voice at DVSM has fed directly into the work DVSM managers are doing on client feedback, with children identified as central to work on hearing clients' voices more consistently.

Workers reflecting on their best practice has also been useful, as has acknowledgement that it emerged through practice rather than through policy direction. She concluded that *consistency in response to children needs to be built into DVSM's systems.*

> *The more this is seen as and becomes what we all do the better…there are times children's work does get forgotten and lost (but) the opportunity is to make best practice day-to-day practice for everyone, take the strengths to build on and share across the team and document good practice.*
>
> **ROAR Service Coordinator**

What insights did the ROAR Children's Champion share?

The ROAR Children's Champion sat in on part of the group interview with staff, and also had a 1:1 interview with one of the project associates.

The Children's Champion has already been at the forefront of developing practice that is more responsive to the needs and issues for children. She has noted a value in developing: understanding of the stages of child development; appreciating the impacts of trauma on mothers and children; and taking into account the culture and background of the child and the family. Gender and culture can present challenges, as male children may seek to take on traditional cultural roles or act out the oppressive behaviours of male family figures including perpetrators.

She has already considered the issue of working with a child as a stand-alone client and has expressed a preference for working with children in the context of case work for mother and family. She has noted that a case management approach that connects the information necessary for each family member is more able to address challenging issues, such as the mother's ongoing need for support and her sense of responsibility for the family unit. This approach is less likely to set up conflicting responsibilities for case managers. It also offers a platform for supporting women as parents with tailored responses that focus on empowerment, reduce shame and build self-esteem.

There is more scope for developing a mother's understanding of her own experience and the behaviours of her children, her trust in staff and for consistent modelling of protective and positive parenting behaviours. There is still plenty of scope for working with children and in appropriate circumstances for separate case planning for children, for example for teenagers. The Children's Champion has supported the development of these practices already within ROAR and DVSM more generally and considers that they can be incorporated into practice and the service model.

The Children's Champion also noted the importance of the development of a child's experience of a safe environment. This is a key factor in the development of resilience but also a child's ability to return to routine such as school and play and in turn to support and reinforce a mother's healing. She noted that the partnership with Rosie's Place had been very important in the development of supports for children.

In terms of further development in support for children, the Children's Champion suggested 'welcome' packs for children and intake forms designed for children. Measures such as these would assist the development of more effective services to children in the context of the demands of crisis support.

2. Children at DVSM

Although the primary focus of the Child Wellbeing project was ROAR, DVSM intends to share learning across all of its services. As well as ROAR staff, we interviewed the MOMO and Wilcannia Service Coordinators and DVSM's Operations and Contracts Manager. This gave us additional insights into the culture and direction around working with children.

Children at MOMO

MOMO has very little direct contact with children as the service relationship and contact is with the parent and happens during office hours when most children are at school. Children remain in the background and the opportunity to provide support services to children only occurs if sought by the mother. This rarely occurs and parents will often minimise discussion of their children.

The contact with or awareness of children noted by the Service Coordinator usually involved older children who were playing a visible role in supporting (or even challenging) the mother to access housing and support or as carers themselves.

> *We often hear from parents that the children are doing well or any possible impact is generally framed in a way that shifts focus away from circumstance. Such as when children are expressing anger or concerning behaviours, this is often attributed to other factors such as school pressure or physical health issues.*
>
> **MOMO Service Coordinator**

The Service Coordinator reflected that in circumstances where there is a strong rapport and secure relationship with the parent, it could be valuable to be able to offer services specifically for the children, such as playgroup sessions or joint training or support sessions for parents and children. But whilst there is some scope for working more closely with these children, this remains in the primary context of providing support to the parent to successfully access appropriate housing and related support services.

Children at Wilcannia Safe House

Wilcannia Safe House staff come into daily contact with children accompanying their mother.

The Manager advised that care is taken not to undermine the mother's relationship with her children, and most interactions are undertaken with the active involvement and guidance of the mother. However, service responses for children can include programs, games and events designed for the children and referrals that address issues raised by the parent for the child: support in ensuring school attendance; arranging counselling; or assistance in brokering referrals to parenting or maternal health services. The service will also undertake referrals to Family and Community Services where required and provide support and planning including family mapping when removal of the child is contemplated.

With this regular contact, workers have observed the impacts of DFV on the children in the Safe House. These include **tension, lack of trust, behavioural problems (including older children acting out), low self-esteem, anger, sadness, fear, anxiety, shyness and withdrawal**. They also see resistance.

The child resisted [his violent father] by promising never to commit violence to his partner and children.

Wilcannia Safe House Manager

The Manager considers that generally the Wilcannia team provide consistent role modelling for children and parents, and although they do not provide services directly to children, workers seek to build personal rapport with the children.

The Service Manager recognises the challenge that is posed by the parent and the child each dealing with the impacts of violence at the same time. If a parent is not willing to acknowledge or address a child's separate need for support (such as counselling), the workers are required to work carefully and creatively to support the child without undermining the parent.

There was a keen desire to offer more programs: on parenting; child safety; women's and children's rights.

In terms of casework and planning, the Manager described a range of flexible and innovative practises that were developed in response to the circumstances of each child and parent. The responses were persistent but patient. Time was taken to identify and address trauma. The Manager concluded: *we work at the pace of the client; no pushing and shoving*.

DVSM Contracts and Operations Manager

The DVSM Contracts and Operations Manager supervises the Service Coordinators/Managers. As such, she stands removed from the daily work of each service but has an overall perspective on the professional engagement with children by workers and of the systems that underpin the services.

Her view is that while there is sincere and consistent commitment to considering children, practice is less consistent. She noted that:

- Observations by workers of children's safety and wellbeing were usually of high-end and obvious needs;
- The primary and more developed relationship was with the mother and needs were usually identified through the mother;
- Children were more often considered as a category rather than as individuals;
- Service responses depended on the available skills of workers on the team; and
- Case plans were less likely to involve children and to address their needs.

In these circumstances, children that were more withdrawn or have already developed coping mechanisms might be less likely to receive support and attention. The Contracts and Operations Manager noted that there were opportunities for observations through interactions between children and with other families that could complement the interactions with the child and the parent, and the child and the worker. It was also important to note the limitations of the setting. Behaviours might be observed but causes could not be known.

The Contracts and Operations Manager saw the potential for broader and more comprehensive support for children in services. This could be through not just training and professional development but through process and system improvements. In her view, there are few constraints in terms of DVSM's funding agreements and program guidelines to the development of more flexible approaches, lateral thinking and problem solving.

She noted two key opportunities:

- To look at a child's experience and needs more holistically and more comprehensively – to consider emotional and social developmental needs as well as physical, as well as health and education. This can sit comfortably in most cases through the family's case plan development and management and in exceptional circumstances with a separate case plan for a child; and
- More consistent and coordinated efforts to involve a child in decision making, including discussions about safety and design of parenting programs. This could also provide sensitive opportunities to deal with a mother whose resilience or recovery from trauma is less developed or alternates with that of her child.

Partnerships with other agencies and services should play a key role in developing more comprehensive and flexible responses to children.

DVSM in Context

1. DVSM: key information

What the data tells us

The Australian Institute for Family Studies analysed four community-based studies which estimated how many children in Australia are exposed to DFV. The studies were based on self-reported exposure, and estimates ranges from 4% to 23% of children, with lower estimates found when a single question was asked and higher estimates when multiple questions were asked. The report further notes that Australia is one of the only developed countries where there has not been methodologically rigorous study of prevalence and incidence of child abuse and neglect more broadly.[xlvii]

Violence against women: key statistics[xlviii] notes that 61% of women who experienced violence from an ex-partner had children in their care when the violence occurred, 48% of whom said that the children has seen and heard the violence. We were unable to find data on the number of child clients in DFV refuges or outreach services in Australia.

In the UK, Women's Aid's last available annual survey of women's refuges found that in 2013-14:

- 6,163 women stayed in refuges, accompanied by 6665 children; and
- 74,500 women used outreach services, accompanied by 13,701 children.[xlix]

Between March 2016 and February 2017 the ROAR service worked with 390 adults and 400 children. There is likely to be some duplication between the out of hours, refuge and outreach services. The Wilcannia Safe House worked with 50 women and 60 children, and the MOMO services worked with 155 women and three children.

DVSM collects and reports data on child service users by age, gender and culture. It is not required to report on service provision to children, and there are currently no reports on data on children available, unless developed manually.

Strategic planning

DVSM is developing its upcoming three-year Strategic Plan. This project will shape strategies for children.

Core concepts

DVSM has recently developed a suite of tools to capture and clearly express fundamental concepts which inform their practice. They have also embarked on organisational training on the concept of Conversational Intelligence. It is considered that it will be helpful to use these familiar concepts and approaches when considering how to improve DVSM's responses to children.

The Safety Trio

The Safety Trio (see Figure 2) represents DVSM's understanding of the three interdependent aspects of safety. A well-considered safety assessment alone does not automatically result in high quality safety strategies or an increase in a person's safety awareness. Any focus to improve personal safety needs to be

Figure 2: The Safety Trio

- Informing: The person has learned more, or has new information around why and how some indicators are a proxy for more serious threat.
- Empowering: The person has engaged in benefit/risk thinking, and developed safety strategies around the choices of how they want to shape their life.
- Enduring: The person's growing safety awareness can be used beyond the point in time of assessment when accessing a service. Their growing safety awareness can be used to inform their ongoing self-assessment about their own safety.
- This project would support application of this understanding to children's safety.

The Practice Dashboard

The Practice Dashboard (see Figure 3) represents the four perspectives which DVSM staff hold in mind in their practice. There are complex issues and dynamics to hold in mind when considering children's experience of DFV, in particular the often different pace of recovery from trauma between women and children, the delicate balance in discussing parenting in the context of DFV, and the challenges of working directly with children while not inadvertently intruding on women's parental responsibility. The familiar concept of viewing situations through a range of lenses will be helpful in this context.

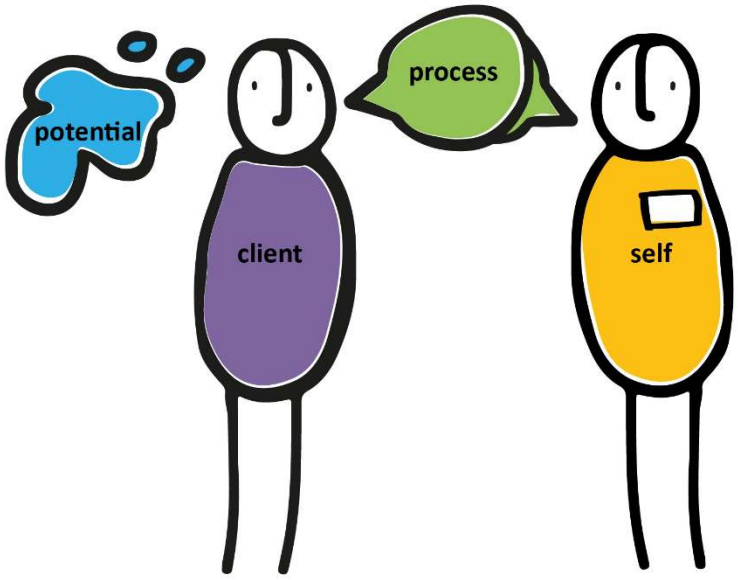
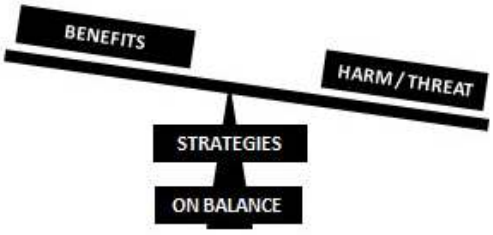


Figure 3: DVSM's Practice Dashboard

The Benefit/Risk Matrix

The key component of the element called 'process' in the Practice Dashboard (described earlier) is DVSM's benefit/risk matrix (see Figure 4). This is a tool for decision-making at all levels. Again, this tool will be helpful both in direct client work with children and with women as parents, and for DVSM as it considers the recommendations of this project.



I have an idea about what I want to do next.

BENEFITS	HARM / THREAT
If I do this, what will be the **benefits** for me?	What **harm** or **threat** would that be to my safety and wellbeing?
STRATEGIES	**ON BALANCE**
In what **ways** (strategies) could I reduce the risk of harm without losing the benefits?	On **balance**, do I need to decide now? What are my next steps? Who could help me with these?

Figure 4: DVSM's Benefit/Risk Matrix

Conversational Intelligence

Conversational Intelligence is a concept developed by Judith Glaser. It builds on learning from neuroscience about the way the brain experiences social threat, and how that shapes conversations, relationships and culture.[I] DVSM staff are in the early stages of engaging in training in conversational essentials, an approach informed by conversational intelligence. This includes the techniques of *listening to connect* - focussing on understanding what the other person is thinking without filtering their words through the lens of our own agenda – and *priming for trust* – ways to establish the trust and rapport needed to co-create solutions.[Ii] Conversational Intelligence recognises three levels of conversation, with 'Level 3 conversations' defined as those which create the conditions for resolving questions for which there are no obvious answers through a process of discovery and joining perspectives.[Iii]

We use the concept of 'Level 3 conversations' in Recommendation 1 of this Report.

2. The Contractual Context

As a service provider with core funding provided by the NSW Government, DVSM has a range of contractual and service obligations. These obligations may provide some parameters or constraints on DVSM's ability to develop or make fundamental changes to its service delivery. This section examines those obligations.[liii]

The key documents considered are:

- Funding Deed between DVSM and the Department of Family & Community Services
- Program Level Agreements for each of the DVSM services
- Accompanying Service Descriptions (with Special Conditions attached to some services)
- Specialist Homelessness Services (SHS) Program Guidelines
- Specialist Homelessness Services (SHS) Practice Guidelines

The Funding Deed

The deed is the key contractual document that governs the relationship between DVSM and its principal funding body. The deed does not define in detail the services that are to be provided. It creates broad obligations in relation to funding and management. It does introduce the term 'client' – in referring to the 'client group' to which services are to be provided.

In terms of management, the contractual obligations are for effective risk management, appropriate ethics, principles and standards and to provide accredited, trained and experienced staff. In terms of respect for the rights of their clients and the public generally, obligations include providing access without discrimination (addressing language and disability) and obligations in relation to clients' rights to assistance, privacy and dignity.

In terms of obligations from the Deed relevant to children, the agency's staff are to have the necessary Working with Children Checks and the agency's records are to include details of any children in out-of-home care. The agency's record keeping must comply with relevant provisions prohibiting the unauthorised disclosure of information. As such **these obligations do not relate to services provided to children but are compliance obligations largely in relation to child protection**.

Program Level Agreements (and related documentation)

There are currently four Program Level Agreements; three as Specialist Homelessness Services:

- Refuge Outreach Action Response (ROAR), Women Escaping Domestic Violence and Other Families – Blacktown and the Hills Shire
- Domestic Violence After Hours Support – Western Sydney
- Wilcannia Young People, Women's & Families Homelessness + Housing Support Service; and
- Moving Out Moving On, under the category of Other Homelessness Program: Inner City Rapid Rehousing Response for Women Experiencing Domestic Violence/Family Violence (Restoration) – South East Sydney

Broadly these Agreements are similar in detail with descriptions and differences set out in separate documents as Service Descriptions. Each Agreement specifies that services are to be delivered in accordance with the same set of documents: the Funding Deed; the Program Level Agreement; Service Descriptions; Program Guidelines; and Practice Guidelines. **None of the Program Level Agreements contain specific mention of children**.

The Service Description documents provide detail as to the nature of services to be provided including geographic coverage and target client group (including number of clients, case mix). At this level there is reference to a requirement that the service be a *child safe organisation*: *Service Providers that work with children must be a Child Safe Organisation as defined by the NSW Office of the Children's Guardian*.

These documents refer to children in the context of the services to be provided but with an implied understanding that the adult is the client. So, *client-centred services build service responses around the needs of individual clients … based on the circumstances of each client, their experiences and their choices. … A client centred response also considers the needs of the family … including … considering the needs of children*.

Some specific requirements refer to children in the context of the target client groups. **The Blacktown and Hills Specialist Homelessness Service is described as for women with children escaping DFV but the service is also to support women with children leaving custody or other institutional settings and men with accompanying children.**

The specific requirements for each of the services recognise that ***accompanying children may require individual responses that are separate to the response for their parents/caregivers***.

However, for the Blacktown and Hills service, the descriptions of its service responses of rapid rehousing, crisis and transition and intensive responses for clients with complex needs **makes no reference to children**. For the South-East Sydney Inner City Service, requirements for rapid rehousing response and intensive responses for clients with complex needs **make no reference to children**.

The Wilcannia service documentation shares the limited references to children that are set out for the other services. However, as well as a more detailed focus on Aboriginal women and families with children, the service is to support young people between the ages of 16 and 25.

In summary, these documents provide general high level guidance, reinforce compliance obligations and do not include requirements for specific services to be provided for children. While the documents refer to children, there appears to be an implied understanding that it is the accompanying adult that is the client.

Specialist Homelessness Services Program Guidelines

The Program Guidelines provide guidance as to the purpose, parameters and appropriate use of funding for the design of services. It is expected that the NGO providers will design services within these guidelines. The program purpose is to provide homelessness services. The program is not designed exclusively for those who are experiencing DFV. However, it is recognised that this is one of the main reasons for the need for assistance.

So, **families are just one client group that the program assists**. Young people, single men and single women are also referred to as client groups for the program. Additionally, **the Program does not consider children (as distinct from young people) as a separate client group in need of program assistance**, either because of DFV or because of homelessness.

The Program also has its own Quality Assurance System. This system is still in development and contains a mixture of self-reporting, peer review and external oversight. Presently this system adds

no further requirements for compliance with direct relevance to the care of children. Similarly, the Program has a Performance Measurement that **does not contain any specific reference to data or outcomes directly relating to children**.

Specialist Homelessness Services Practice Guidelines

The Practice Guidelines are more detailed and are based on the Specialist Homelessness Service Delivery framework. The Guidelines are delivered as five modules:

- Service delivery responses;
- Streamlined Access;
- Quality Assurance system;
- Brokerage funding guidelines; and
- Policy for unaccompanied children under 16 years.

Apart from the policy for unaccompanied children under 16 years, it is the module addressing service delivery responses that provides the most detail. However, **the status of children remains ambiguous and largely peripheral**. For example, the guidelines for the use of a client centred approach instruct that policies and procedures should ensure **all case-managed clients have an individualised case plan, including children accompanying adult clients**. Whilst there are extensive directions as to the nature, content and detail of the policies and the plans and the obligations and entitlements of the adult client, **there is no specific guidance as to the case plan for the child** other than this should be carried out in consultation with the parent/caregiver.

Guidelines as to Rapid Re-housing and as to Crisis and Transition contain no specific references to children. The importance of safety is identified but no detail as to the characteristics of a safe place. **There is no examination of what safety might look like for children**. Although there is considerable detail as to the nature of accomodation available, there is no consideration of whether it might include child-friendly or appropriate spaces or what they may constitute. The guidelines for the development of intensive responses for clients with complex needs make **no reference to the discrete needs of children.**

Families

The Practice Guidelines include a section on Women and Children experiencing DFV and a section on Families. The Guidelines reinforce that a service model for this group should comply with mandatory reporting of child abuse and neglect and recognise that accompanying children are likely to require individual responses which are separate to their mothers/care givers, noting that the service will either have the expertise to provide these responses or have partnerships with appropriate services to facilitate referrals.

The Families section stresses the importance of understanding the dynamic, complexity and vulnerability of the homeless family. It highlights the impact of homelessness on children in terms of education, health and development. It calls on the service to ensure that the needs of every individual in the family are met but at the same time [to] recognise their identity as part of a family and the role of parents as experts on their family. There is no further detail relating to children.

Children and Young People

There is a marked difference between the detail provided in the Guidelines in relation to younger children to that provided for young people. **Module 5 sets out the Policy for Unaccompanied Children Under 16 Years Accessing Specialist Homelessness Services** and includes guidance for working with this group of children as to:

- Being a child safe organisation;
- Using trauma informed practice;
- Delivering client-centred practice;
- Collaborating with other services for the client;
- Providing continuity of care for relationships with the young person;
- Assessing and reporting concerns of possible abuse or neglect;
- Using family level interventions where appropriate to address homelessness;
- Using early intervention approaches to support engagement and address homelessness; and
- Maintaining contact after formal support.

Module 5 refers to the National Framework for Protecting Australia's Children. It identifies the safety and wellbeing of an unaccompained child seeking assistance from a homelessness service as a paramount consideration. It sets out a comprehensive child safety policy framework [liv] that includes child protection steps, duty of care responsibilities, becoming a child safe organisation and addressing child welfare and wellbeing. There is guidance as to case management and transition planning for different categories of children and young people within the client group.

The module concludes with an appendix of relevant evidence and research and a map of responsibilities.

3. The Reform Context

National plans relevant to children affected by DFV were discussed above in relation to children's rights. There are two relevant NSW reforms:

- The *NSW Domestic and Family Violence Blueprint for Reform 2016 – 2021: Safer Lives for Women, Men and Children* does not contain initiatives specific to children or to parenting. The development of quality standards, system-wide performance metrics and data collection and embedding evaluation into all Government funded domestic and family violence services are however all areas where a focus on children would be helpful.[lv]
- The *NSW Strategic Plan for Children and Young People 2016-2019* involved 4,000 children and young people in the process of developing the plan. It includes indicators to increase the proportion of children and young people permanently rehoused from Specialist Homelessness Services by 10% and decrease the proportion of domestic violence offenders re-offending within 12 months by 5%. Again this Plan provides broad context rather than specific guidance on work with children affected by domestic violence.[lvi]

There is further discussion of the reform context in NSW in the next section when the insights of partner agencies will be outlined.

4. Insights of partner agencies

The project team presented at the two DFV interagency networks in Western Sydney, and interviewed one service suggested by the Peak, Domestic Violence NSW (DV NSW), and the Peak itself. Members of the Western Sydney DV Network and the Blacktown DV Interagency were asked to share their views as individual services, and five took up this option. Partner agencies were uniformly positive about DVSM looking in depth at working with children affected by DFV and sharing their learning.

What work does your agency do with children affected by DFV?

The main service provided by the agencies we spoke to is counselling, for children and women/the non-offending partner, either as individuals or in groups.

Counselling for children focuses on children referred by FACS, children in Out Of Home Care, and children with behavioural problems. One service also offers psychological intervention, occupational therapy and speech therapy, and runs protective behaviours and respectful relationships programs in schools.

Counselling for adults can include 1:1 attachment style parenting courses as well as general support.

Three agencies work within a trauma-informed framework and one within a feminist perspective. One agency told us they use a neuro science approach and an understanding of the developing brain.

One agency has a dedicated children's place space where children are supported to play while their mother is with her case manager.

DV NSW is developing best practice guidelines which include work with children and young people affected by DFV.

> *We've funded a couple of magical fitness classes called Happy Feet with a fitness instructor who runs the class for mums and children. We see this boosting attachment, we support 'cuddle time' and doing things together.*
>
> **Service provider**

What support do children affected by DFV need?

Agencies told us that children need:

- Therapy and counselling;
- Explanations for the DFV, what their mother knew and did not know; for many children, this is about conversation, not therapy;
- Practical supports around the chaos caused by DFV;
- Counselling and education for parents on how their actions affect their children;
- Safety, practical support and therapeutic support from collaborative services;
- To be made visible in terms of the impact of DFV, to understand what their mother did and did not know;
- Family counselling if there is sufficient safety;
- Children's groups;

- Play therapy and creative play opportunities that support brain development;
- Mentoring, particularly positive male role models for boys/young men;
- Educational support; and
- Support for their parents.

Shifting the story of their family that's been developed by the by the perpetrator.

Service provider

What support do mothers need?

Agencies told us that mothers need:

- Their safety and practical needs addressed to make it possible for them to notice and respond to the impact of DFV on their children;
- To be able to talk about the DFV in a DFV informed environment;
- Education and support about talking to their children about DFV;
- Parenting education to help parents understand the effects of DFV on their children and build understanding, capacity and attachment;
- Support outside the child protection system;
- Attachment therapies to repair parent-child relationships impacted by violence;
- To understand the impact of trauma on the brain and the importance of play for children's recovery and development;
- Circle of Security delivered in a group situation and one to one if needed;
- Capacity building with parents to help them overcome their trauma so they can be effective carers;
- Supported playgroups for mothers who have experienced DFV;
- Links to legal advice and assistance about their rights as victims;
- Sibling/family groups;
- Mentoring, education and support; and
- Household management and logistics.

It's a careful dance to build parents' awareness of how domestic violence affects children.

Service provider

What helps and what hinders effective work with children affected by DFV?

The helping factors agencies noted were:

- Working within a clear clinical framework which understands DFV as trauma;
- Investment in staff training and development so that they are confident and relaxed in working with adults as parents and with children, can act as children's advocates and offer a therapeutic service; and
- The Women's Refuge Movement Access and Equity Manual 2003 contains extensive material on the impact on children affected by domestic violence and child-focussed work.[lvii]

The hindering factors noted were:

- Limited services for men who use violence, a lack of clinicians with suitable training and experience to work with them, eligibility criteria which exclude perpetrators, the perception that they are a group which needs a very different approach;
- Parents facing many issues with needs complex beyond any one service, in a context where service coordination is challenging;
- Most counselling services will not work therapeutically with a child until the child is safe, and violence can continue post separation;
- Superficial understanding in the human services and justice sectors of how DFV operates and impacts on families, on parenting and on parenting decisions;
- DFV funding which and acknowledges the impact of DFV on children and the risk of them being invisible *but when they talk about clients, then children disappear;*
- In contrast with perpetrator programs where there is a strong evidence based (and feminist) framework which shapes funding decisions and therefore consistent evidence-based practice, the framework and the funding to develop, test and sustain good practice for children's (and women's) services does not exist, and this results in good practice being lost;
- The practical issues that confront families – time and money;
- The absence of a dedicated funding program for services to children and young people affected by DFV leaves service without the capacity to work with children as clients in their own right or go *beyond the basics*;
- Family Law Court exclusion of mothers from attending counselling with their children, termination of children's counselling where there is an allegation of potential evidence contamination, decisions that mothers should supervise father's contact with children, leading to loss of psychological safety;
- Women returning with their children to perpetrators. We were told that for women facing barriers to their immigration status a return to the perpetrator can be the only way to remain in Australia. We were also told that some women compartmentalise their partner's parenting and his violence towards them - the *he hits me but he's still a good dad* viewpoint;
- Ongoing stigmatisation of DFV and parents' shame…(which)…affects their willingness to seek help;
- Parents' distress which impacts on their parenting and their capacity to live *organised lives*;
- Parental lack of awareness of the impact on children of witnessing DFV.

The DFV sector has been supporting children and young people affected by DFV for forever and a day. Children and young people have been seen as clients in their own right and at the centre of our work…The funding climate has meant services for children and young people … have not been invested in. It seems as though the governments are relying on the 'goodwill' of the DFV sector workers to support children and young people.

Policy Manager, DV NSW

What approach does the NSW DFV sector take to work with children affected by DFV?

The agencies spoken to as part of this project expressed mixed views on what DFV services do for children, and what they should do. A range of views were heard on what services should do: focus on women's safety; work with perpetrators; provide services for children; and provide ongoing support.

An equally broad range of views were heard on the current approach, ranging from the view that providing a secure base for women is all services can do, to over-servicing women by doing for rather than building capacity, to new services with a different politics around DFV reverting to individual blaming approaches.

The history of children's support work in the DFV sector was also discussed. In the past each refuge had a children's worker, and an advocate in the Children's Court for children affected DFV. Children's workers formed a network of around 100 staff across the State. While good practice remains, the view was expressed that the Going Home Staying Home reforms of 2013 resulted in much of the children's workforce leaving refuge work, support work with children being absorbed into case management, and loss of knowledge and skills.

The depth of the discussion is illustrated by the following quotes:

- *The sector prioritises work with women and does not work with men perpetrating violence, partly as a result of funding pressure – no-one wants to take services away from victims – and partly due to ingrained old-school ways of thinking; the only way to create safety is to stop the behaviour at the source…we will only go on to have more victims as the same men go on to perpetrate violence against their next partner;*
- *The sector does really positive work with women to help them get stable, and a stable parent is more able to meet the child's emotional needs, so they are already doing all they can;*
- *DFV services, and particularly refuges, provide physical, psychological and emotional safety for women and children. The critical need for this secure base to rest, recover and stay away can be underestimated, but should not be. Refuges can also practice therapeutically and use that safe space for women and children to have safe conversations - with workers, with other women, with other children;*
- *The refuge model is a bit flawed in that communal family living causes a range of complications; for example for some Muslim women they would not be able to be unveiled with young men in the environment, thus unable to relax in what should be a 'home' environment. A better design would be individual units that prioritise keeping families together, particularly when there are older teenage boys in the family;*
- *There is over-servicing, doing for women rather than building capacity even though the rhetoric is about capacity building; that feeds the problem, and can lead to a new crisis every time a woman is ready to leave; how to work with women in a way that doesn't further disempower women already disempowered by the DFV is a real challenge;*
- *There's not enough services which focus on children as victims of DFV; those that do exist focus on short-term coping rather than trauma resolution and holistic development;*
- *Services stop when the family leaves the refuge;*
- *The sector has shifted to almost corporate business approaches; some agencies that work in that way may not have the political understanding of DFV and over time this can take them back to punitive individual blaming positions which are quite detrimental;*
- *In the sector children used to be seen as part of the mother's story; some services would not even know the children's names;*

- *We need support for parenting before families are at crisis and facing homelessness… rather than alienating her with child protection processes that may only encourage her to hide some of the issues she is coping with;*
- *We need to commit to collective outcomes for children, young people and women who have experienced DFV*; and
- *Much can be learnt from the work done in Aboriginal communities and healing and yarning circles*.

Findings, Recommendations and Reflections

Findings

1. The rapid assessment of the literature focussed on three questions:
    - What is the impact of DFV on children?
    - What is known about the effectiveness of interventions with children?
    - What agency and staff characteristics support best practice?

    An enormous literature on impact was found during this project, with a growing focus on seeking the direct voice of children and an emerging focus on the impact of DFV on parenting. A significant literature was found on the effectiveness of therapeutic programs delivered by clinicians, but much less evaluation of programs delivered in refuge-like settings, and none on the impact of the most significant service experience of children, day-to-day casework. A fair amount of material was found on agency culture, some on staff characteristics and there is a wealth of tools and resources.

    It is concluded that **DFV research and evaluation are fast paced and growing areas which are challenging for practitioners to keep up with and absorb**. Within the time available, the project team were not able to focus as we would have liked to on issues specific to children from Aboriginal and CALD communities.

2. Child rights principles provide an international framework for assessing the impact of DFV on children, measures to prevent violence, and measures to reduce its impact. This approach has particular significance for addressing the impact of family violence on Aboriginal women and children. Until recently Australia has lagged in both awareness of the issue of violence against children and in nationally coordinated responses. By developing its service responses with reference to the framework of rights, DVSM can contribute to critically important national (and international) knowledge and practice.

    Key child rights principles for DFV services include:
    - The best interests of the child: any decision that affects a child should consider the circumstances of each child at that time and be made in the best interests of that child; this is consistent with the development of a client-centred approach for children;
    - Ensuring survival and development: developing an understanding of child and adolescent development will guide decisions and the most effective supports to be provided; this includes recognising the different needs of infants, toddlers, children and teenagers;
    - Participation: children are experts in their own lives and should have their say in decisions that affect them; and
    - Non-discrimination: understanding culture and barriers to participation can provide solutions and offer connections to communities that might not otherwise be considered.

3. There is currently considerable policy development in the monitoring of organisations to be child safe, including reporting of abusive conduct and information sharing between agencies responsible for working with children. **There is a value for DVSM to prepare policy and process for child safety**. The organisation should consider the guidance provided by the Office of the NSW Children's Guardian. Additional guidance as to cultural safety, screening and supervision of staff, processes for internal reporting and the development of a child safe risk

management approach is available from the Commission for Children and Young People in Victoria.

As workers and services daily assess and address the needs of a family, giving attention to children as well as their mothers will provide opportunity for family support services and for child safety and protection, as well as reducing the risk of DFV.

4. Effective support for children should be shaped by **recognition of children's rights, of child safety and of the whole of the impact of DFV on children:**
    - The negative impacts;
    - Children's resilience and capacity for recovery;
    - Children's coping strategies and resistance; and
    - The damage to, and potential in, their relationships with both their parents.

5. A threshold question in the research, and for DVSM, is **whether women/adults are the priority and primary clients, whether children are seen as clients in their own right, or whether children and women/adults are equal priorities**. There are both opportunities and challenges in explicitly considering children as clients for the current understanding of client-centred practice. The stance the agency adopts will inform:
    - The outcomes it seeks to achieve or contribute to;
    - Whether there is a need for re-articulation of its client-centred approach to recognise dual clients;
    - Principles, processes and practice which shape its work with children and with parents; and
    - What is shared, and what is distinct, in the approach to work with children across DVSM services.

6. Our review of the literature found **a spectrum of possible approaches to work with and for children** in the NGO DFV sector, independently or in partnership. The spectrum adapted for DVSM is at Attachment 3.

7. **The literature provides a wealth of material on core issues**: outcomes; principles; key characteristics of effective responses; staff capability and support; and agency culture. This material can support:
    - Agency self-assessment;
    - Establishing a baseline for monitoring and evaluation;
    - The basis of a change and implementation plan; and
    - Adaptations to selection criteria, recruitment approach, training, and support and supervision systems.

    The adult learning evidence is clear that training alone will result in 5-15% transfer of knowledge and that linked ongoing support is required to embed learning into practice. Best practice and continuous learning will require whole-of-agency commitment and approach.

8. In terms of formal programs, **parallel programs with children and mothers are currently the most promising practice**. There are a range of programs in the US and UK, and one in Australia which has been tested in the refuge environment. The literature strongly suggests that agencies embarking on these programs build in evaluation to contribute to the evidence base. Whole of family interventions are an emerging practice.

9. **Working simultaneously and explicitly with children as victims/survivors, women as victims/survivors, and women as parents is relatively new ground**. While the challenges have been broadly articulated there is the opportunity to: build on what is known about this work; choose to work with men as parents; and add to the knowledge base.

10. There are strong and positive relationships at ROAR between workers and children, workers and women, and the service. The team culture is a key asset. It has developed and supports consistent observation of children's safety and wellbeing, and a collaborative approach to finding solutions to practice challenges. Women at ROAR are clear that DFV has impacted on their children. The Lego Group run by Rosie's Place has given children a place to talk openly about DFV. Rosie's Place provides a depth of clinical expertise and experience to ROAR. Taken together, these factors provide **a strong foundation for enhanced support to children.**

11. **DVSM's flexibility as an organisation is a real strength**. DVSM has broad eligibility criteria, welcomes families that other refuges do not, and allows women to stay in the service on a needs basis. This means that staff support a broad range of clients with particular needs and that development of work with and for children will need to take this into account.

12. **Momentum from the project can be maintained by** whole-of-agency work to reflect on the learnings from the project and the Rapid Evidence Assessment, including case reviews to explore those learnings in depth and against real practice.

13. We encountered **significant interest in partner agencies in work with children and with women as parents**. Concerns were expressed about the capacity of the funding regime to sustain, share and develop the good practice around children's needs which has existed and continues to exist across the sector. It was noted that outcomes frameworks have been and are being developed at State and Commonwealth levels for male behaviour change/perpetrator accountability programs, with no parallel work in relation to children or indeed women. In this context, there is an opportunity for DVSM to lead or contribute to sector development and/or advocacy around working with children affected by DFV. In particular, DVSM may be able to influence the development of the NSW Government's human services outcomes framework, data collection, service provision and reporting requirements in relation to children affected by DFV.

14. The National Plan for the Prevention of Violence Against Women and their Children and the NSW Domestic and Family Violence Blue print for Reform provide **general rather than specific guidance on work with and for children**. There is likely to be more direct material as the National Plan Children and Parenting Working Group develops its agenda. In this context, DVSM has discretion to adopt the stance which best fits its organisational culture, vision and priorities.

15. Other than existing legal obligations for mandatory reporting and information sharing for child protection and for compliance as a Child Safe Organisation, **there are no specific contractual and service obligations for DVSM and its services relating to children.** The principal focus appears to be on the adult as the client of the service. There is no specific guidance as to when a service should provide a tailored response for a child accompanying an adult.

Recommendations for DVSM

The project team have used the framework of DVSM core concepts and conversational intelligence to shape our recommendations.

1. It is recommended that Phase II of this Project includes:
    - Whole-of-agency reflection on the Project Report and Rapid Evidence Assessment, designed to take account of learning styles and reading preferences;
    - The co-design of a case review framework to explore practice with children and parents, building on key findings, and capable of supporting ongoing reflection through DVSM core concepts and Level 3 Conversations;
    - Piloting the case review framework in MOMO, ROAR and WSH and analysing what this tells us in terms of where DVSM is, where it can develop, and what it needs to develop;
    - The General Manager leading Senior Leadership Team in a Level 3 Conversation about agency approach and culture, using one of the self-assessment tools in the REA; and
    - From this work, making a whole-of-agency, practice-informed decision about where on the spectrum of possible approaches the agency is, where it would like to move to in the short-term, and where it would like to reach over time, using the benefit/risk matrix.

2. It is recommended that DVSM holds a roundtable to share the findings and questions from this project with other DFV agencies, and test out the appetite for partnership.

3. It is recommended that DVSM builds on the REA with specific focus on children from Aboriginal and Muslim communities.

Reflections

Morag MacSween – Sightlines Associate

- ROAR and DVSM are impressive in their commitment to children, awareness of the impact of DFV on children, honesty, openness and commitment to improvement.
- There is a wealth of research on the impact of domestic and family violence on children, a wide spectrum of approaches, tools and resources and expertise and equal commitment in partner agencies.
- Taken together, this makes up a strong platform for enhancing support to children, to mothers and children, and to the knowledge base on what works.
- There is a real opportunity for DVSM to contribute to an equal focus on children, their needs, their insights, their rights and their voice within the policy and evaluation environments.

James McDougall – Sightlines Associate

- DVSM has demonstrated by its inclusive and culturally sensitive approaches and its commitment to collaboration and continuous learning, a willingness to improve its work with children. Within the organisation and its services, there is already considerable insight into the needs of children.
- There is a strategic opportunity for DVSM to be at the forefront of the development of best practice in services to women *and* children.
- The highlight of my learning from DVSM and its staff has been to understand how attention to cultural context and safety can allow for critical support and space to a family. In some circumstances this can help to reduce the need for child protection intervention.

Attachment 1: INTERVENTIONS

Children and Young People

- One-to-one sessions
- Groups: children specific groups, young people specific groups, empathy groups for pre-school children, after school clubs, holiday play schemes
- Skill building e.g. self-soothing for children
- Homework support/ educational activities
- Specialist children's workers
- Children's welcome packs
- Information on DFV
- Safety planning

Women

- Safety planning
- Skill building e.g. problem-solving, court preparation
- Information & knowledge e.g. impact of DFV
- Increasing access to social support/creating or expanding networks

Mothers

- Parenting programs/ addressing women's needs as mothers
- Individual mother-child focused support sessions for mothers

Families

- Mother and children groups
- Parallel (reparative) programs for mothers and children
- Perpetrator programs that focus on the perpetrator's role as a father
- Whole-family interventions
- Family holidays

Community

- Community education programs
- Individual and group counselling/therapy
- Increasing access to community resources/community connections
- Community change and systems change work
- Advocacy with external services
- Participation in prevention programs in schools

General

- Crisis and outreach support
- Offering encouragement, empathy, and respect

Referral to external services

- Individual and group counselling/therapy
- Parenting programs

Attachment 2: PERSPECTIVES

Howarth et al's review of interventions for children affected by domestic violence in the UK **Improving Outcomes for children exposed to domestic violence: an evidence synthesis** analysed what can be learned about children's, parents' and practitioners' perspectives on domestic-violence interventions they had participate in or been involved in. [2]

Children's perspectives on DFV programs

Personal readiness was important for children, and had three components:

- Children entering programs are already engaged in significant change – in where they live, in their relationships and in their thoughts and feelings – and they will be engaged in a process of adaptation to those changes which will impact on how they engage with a program;
- Their willingness to break the secret of DFV, which can shift as the program progresses and trust builds; and
- Their level of understanding of DFV and capacity to acknowledge it, to *de-normalise* abuse.

Benefits for children identified by children, mothers and practitioners included: spending time with their mother; realising that they are not alone; fun and friendship; learning a *violence vocabulary*; learning safety planning; increased capacity to self-manage their behaviours; developing emotional intelligence and resilience; and enhanced self-esteem and empowerment.

Barriers, tensions and challenges for children included: overcoming concerns that the program would be difficult; managing conflicting feelings about their fathers; the pain of remembering the past; safety planning raising the possibility of risk in the future; discomfort for some children in learning about sexual abuse; changing family dynamics, particularly around keeping secrets; understanding what to share, when and with whom; and group dynamics mirroring dynamics of power and control experienced during DFV.

Parents' perspectives on DFV programs

For parents, readiness included not just readiness to participate themselves, but also readiness to allow their children to participate. Fathers had to be ready to acknowledge DFV, and parents had to be able to:

- Recognise that DFV had affected their children;
- Look beyond their own needs to their child's needs; and
- Be sufficiently recovered from trauma to be able and stable enough to create time to participate.

Benefits for parents included: realising that she is not alone; increased understanding of DFV and its impact on children; increased parenting skills and understanding of themselves as mothers; increased capacity to manage their emotions; improved relationships and communication with their children; and the positive impact of a strengths-based approach.

Barriers, tensions and challenges for parents included: tension about the inclusion or exclusion of the perpetrator: the pain of hearing their children's experiences and reactions: relationships altering

[2] Howarth E, Moore THM Welton NJ Lewis N, Stanley N MacMillan H Shaw A Hester M Bryden P Feder G *Improving Outcomes for children exposed to domestic violence: an evidence synthesis* Public Health Research N 4.10 Chapter 10

as children became empowered; confidentiality from which parents were excluded; anxiety around sharing the secret; and practical barriers to participation.

Practitioners' perspectives on DFV programs

Practitioners emphasised the same readiness issues as parents, noting being *beyond the crisis* and living away from the perpetrator as key components of readiness. One refuge worker noted her own role in assisting mothers to participate in programs, and the change for one woman from a minority ethnic community:

> *Because she's never been able to be a mother when she was at home, living with the in laws, and to come to this environment and suddenly she has to be a mother.*

Workers in refuges described *priming* women and children to prepare and orient them to participation in programs by providing information about content and process and reassurance about confidentiality. Confidentiality was of particular concern to women from minority ethnic communities.

Workers also talked about organisational readiness, including: thinking through how delivering programs impacted on existing roles and procedures; organisational stability; planning training and implementation; and strong managerial support and buy-in. Personal readiness and skills to deliver programs which can involve more personal and intimate conversations than those in practical support work, and the time to fit facilitation into busy work weeks were also mentioned.

Practitioners noted barriers, tensions and challenges as: delivering planned programs with parents who often experienced crises; managing children's and parents' expectations i.e. the program *fixing* their child; cultural barriers; managing mothers' concerns about agency confidentiality; and children being at risk if they participate in a program which includes the perpetrator.

Attachment 3: SPECTRUM

Possible approach	Why?	Activities:	Needs:	Could include:
Deliver contractual requirements	Supporting mothers is among the most effective strategies to support children	Adaptation of The Safety Trio	Staff briefing	Safety & wellbeing assessment, strategies & awareness for children
Go beyond compliance	There is established and developing thinking on child rights and child safe organisations	• Assess policy and practice against child rights • Develop child safety strategy	• Policy development • Staff training	Enhanced child safe organisation approaches used in Victoria
Embed current practice	ROAR staff advise that *not everyone is able to take it to the next step*	• Capturing current practice • Building the knowledge base	• Staff training • Ongoing practice support	• Considering similarities & differences for MOMO and WSH • supporting parents to address concerns • Whole of agency support
Assess children's safety *with children*	Children's risks and needs are different; children want a voice	• Development of child risk, needs and strengths • assessment tool • Child safety planning • Child case planning • Policy on separate or integrated plans • Building the knowledge base	• Staff training • Ongoing practice support • Whole of agency support	Safety & *wellbeing* assessment, strategies & awareness for children & parents
Build relationships	Attacking the mother:child relationship is a key coercive control tactic	• After-school, homework, holiday & play activities • Children's self-esteem building • Building the knowledge base	• Staff training • Ongoing practice support • Whole of agency support	• Mummy and me time • Bedtime story library • Children's arts & craft groups

				• Women's confidence building
Recover bonds	Parallel interventions with mothers and children is currently the best evidenced approach	• Parallel children's and mothers' groups • Information for mothers • Information for children • Building the knowledge base	• Staff training • Ongoing practice support • Whole of agency support • Additional funding • Partnerships/s	• Discussion about parenting capacity • Parenting goals in case plans
Support family safety	Whole of family interventions are emerging practice; they recognise that some families will stay together and that violence can continue post-separation	• Working with mothers, children & fathers • Managing risks • Information for mothers • Information for children • Information for fathers • Building the knowledge base	• Staff training • Ongoing practice support • Whole of agency support • Additional funding • Partnership/s	
Build system capacity	Agency partners told us *there isn't a strong framework across the state about what best practice should look like…you see a reinvention or loss of really good stuff*	• Shared principles & outcomes • Whole of agency support • Building the knowledge base	• Whole of agency support • Additional funding • Partnership/s	• Using promising practices & 'best bets' • Shared evaluation strategy
Build community capacity	Services to individual will not create safe communities or influence violence-tolerant attitudes	• Community partnerships • Community education • Building the knowledge base	• Whole of agency support • Additional funding • Partnership/s	Community advocacy

Attachment 4: INTERVIEW QUESTIONS

Topic	Questions	Interviewee
EXPERIENCE What does the evidence tell us about children's voice in and experience of services? Is children's resistance recognised?	I'd like to spend some time hearing about the best experience you've had working with a CADV and the most challenging experience. (Using AI approach) Prompts: • What did this tell you about how children resist DFV? • What did this tell you about fostering resilience? • What did this tell you about the support CADV need following a traumatic event?	ROAR clients ROAR staff Rosie's Place DVSM managers
INTERVENTIONS What are the main interventions DFV services provide to CADV? What interventions do DFV services refer CADV to? What evidence is there of the effectiveness of those interventions? Is there consensus in the literature on why services for CADV are needed?	Tell us about the contact you/your agency/the sector has with children affected by DFV. Do you think the DFV sector has a role in working with children as clients in their own right? How do you work with CADV? *Prompts:* • Informal/day to day, formal programs/interventions? • What led you to choose that way of working? • What's your approach to giving children information about the impact of DFV and where to get support?	Rosie's Place ROAR clients ROAR staff DVSM managers Interagencies DV Peak
	What do you think you do well, and where would you like to develop your work/the work of your team/the work of your agency/the work of the sector? What are your observations of how the DFV sector in NSW works with CADV? What's been the history of the work?	

	Do you think the DFV sector has a role in working with adults as parents? *Prompts:* • Do you think children's voices are routinely heard? What could we do to hear from children more often and more effectively? • What benefits and challenges might there be from giving children a louder voice?	
	In an ideal world, with a blank cheque, how would you like to work with CADV? Thinking about the difference between now and the ideal, what do you think are the absolute must dos? *Prompts:* • Ideal world for others not just you • How could DFV services foster resilience in CADV? • What do CADV need following a traumatic event?	
WORKERS/AGENCIES What qualifications, training, supervision and support are required to provide services to CADV? What tools and resources exist to support work with CADV?	What helps you/your team/your agency/the sector do good work with CADV? What hinders? *Prompts:* • Qualifications, training, supervision, support, tools, resources? • What do you use, what do you need? • How do you create a culture which prioritises children's needs and child safety?	ROAR staff Rosie's Place DVSM managers Interagencies DV Peak
MULTIPLE CLIENTS What challenges do DFV services encounter in providing services to	Does the DFV sector have a role in working with women/adults as parents?	Rosie's Place ROAR clients ROAR staff DVSM managers Interagencies

both parents and children? How do services address those challenges? *What information do we/should we give parents/children (impact/what to watch for/how to support) (impact/strategies)*	How do you/your team/your agency/the sector work with women/adults as parents? *Prompts:* • Do you think the DFV sector has a role in giving parents information about the impact of DFV, what to look out for, and ways to support children? • What are the benefits and challenges of working with women both as victims of DFV and as parents? • What are the benefits and challenges of working with women alongside working with children as clients in their own right? • How could we hear from children more often and more effectively?	DV Peak

Attachment 5: CONTRACT ANALYSIS

As a service provider with core funding provided by the NSW Government, DVSM has a range of contractual and service obligations. These obligations may provide some parameters or constraints on DVSM's ability to develop or make fundamental changes to its service delivery. Or these obligations may provide opportunities and guidance for development. This section examines those obligations for the direct and indirect impact that the contractual and service context creates for DVSM as it considers how it may better understand and support the children that come into contact with its services.

The key documents considered are as:

- Funding Deed between DVSM and the Department of Family & Community Services
- Program Level Agreements for each of the DVSM services
- Accompanying Service Descriptions (with Special Conditions attached to some services)
- Program Guidelines
- Practice Guidelines

The Funding Deed

The deed is the key contractual document that governs the relationship between DVSM and its principal funding body. The deed does not define in detail the services that are to be provided. It creates broad obligations in relation to funding and management. In terms of service provision, it does include some general obligations as to the way members of the public who are to receive services are to be treated. It does introduce the term 'client' – in referring to the 'client group' to which services are to be provided.

In terms of management, the contractual obligations are for effective risk management, appropriate ethics, principles and standards and to provide accredited, trained and experienced staff. In terms of respect for the rights of their clients and the public generally, obligations include providing access without discrimination (addressing language and disability) and obligations to clients' rights to assistance, privacy and dignity.

In terms of obligations from the deed relevant to children, the agency's staff are to have the necessary Working with Children Checks and the agency's records are to include details of any children on out-of-home care. The agency's record keeping must comply with section 76 of the Community Welfare Act, section 45 of the Child Protection (Working with Children) Act, and section 254 of the Children and Young Persons (Care and Protection) Act which are all provisions prohibiting the unauthorised disclosure of information. As such **these obligations do not relate to services provided to children but are compliance obligations largely in relation to child protection**.

Consideration of the deed does raise the possibility of obligations on the part of DVSM as a service provider to respect the rights of children if they are categorised as clients of the service. **Whether children are to be considered clients is not clear from the Deed.** We will return to this issue later in this section.

Program Level Agreements (and related documentation)

There are currently four Program Level Agreements covering DVSM services.

Three are described under the Program category of Specialist Homelessness Services. These are:

- Refuge Outreach Action Response (ROAR), Women Escaping Domestic Violence and Other Families – Blacktown and the Hills Shire
- Domestic Violence After Hours Support – Western Sydney
- Wilcannia Young People, Women's & Families Homelessness + Housing Support Service

Under the category of Other Homelessness Program, there is an agreement for:

- Moving Out Moving On, Inner City Rapid Rehousing Response for Women Experiencing Domestic Violence/Family Violence (Restoration) – South East Sydney

Broadly these agreements are similar in general detail with descriptions and differences for the different types of service provided set out in separate documents, Service Descriptions. Each Program Level Agreement specifies that these services are to be delivered in accordance with the same set of documents: the Funding Deed; the Program Level Agreement; Service Descriptions; Program Guidelines; and Practice Guidelines. Service-specific detail is provided in the Service Delivery schedule, Service Descriptions and within the relevant material for client groups in the Program Guidelines and Practice Guidelines.

None of the Program Level Agreements contain any specific mention of children.

The Service Description documents are richer in detail as to the nature of services to be provided and include:

- Specialist Homelessness Services Program Overview and Background
- Deliverables
- General Service Requirements (such as *deliver client-centred services* and *collaborate with other services*)
- Specific Service Requirements (*intervening to prevent homelessness*; *rapid rehousing response*; *crisis and transition response ;*and *intensive responses for clients with complex needs*)
- Geographic coverage
- Target client group (including number of clients; case mix)
- Performance Measures and monitoring methods
- Budget and contract duration

More of the specific detail is contained in the Special Conditions attachments to the Program Level Agreement. These set out the Service Delivery schedule and the Service Package Description. These documents also set out some additional requirements for some services.

At this level is reference to a requirement that the service be a *child safe organisation*:

> *Service Providers that work with children must be a Child Safe Organisation as defined by the NSW Office of the Children's Guardian*.

These documents refer to children in the context of the services to be provided but with an implied understanding that the adult is the client. So, *client-centred services build service responses around the needs of individual clients … based on the circumstances of each client, their experiences and*

their choices. … A client centred response also considers the needs of the family … including … considering the needs of children.

The specific requirements may include reference to children in the context of the target client groups. **The Blacktown and Hills Homelessness Service is described as for women with children escaping DFV but the service is also to support women with children leaving custody or other institutional settings and men with accompanying children.**

The specific requirements for each of the services *recognise that* ***accompanying children may require individual responses that are separate to the response for their parents/caregivers and would be able to undertake specialised responses or facilitate referrals in order to access the appropriate services***. There is also a requirement for a service response that is *intervening early to prevent homelessness* to *work … closely with 'first-to-know' services (such as … schools … child and family services …) to identify people at risk of becoming homeless*.

For the Blacktown service, its service responses of rapid rehousing, crisis and transition and intensive responses for clients with complex needs make no reference to children at this level. **For the South-East Sydney Inner City Service, rapid rehousing response and intensive responses for clients with complex needs make no reference to children**.

The Wilcannia service shares the limited references to children that are set out in the documentation for the other three services. However, as well as **a more detailed focus on Aboriginal women and families with children, the service is also required to support young people between the ages of 16 and 25**.

In summary, these documents provide general high level guidance, reinforce compliance obligations and do not include requirements for services to be provided for children. These documents refer to children but with an implied understanding that it is the accompanying adult that is the client.

Specialist Homelessness Services Program Guidelines

The Program Guidelines are principally designed to provide guidance as to the purpose, parameters and appropriate use of funding for the design of services. It is expected that the NGO providers will design services within these guidelines. The overarching program purpose is to provide homelessness services. As set out in the Program Level Agreements, these services are to:

- Intervene early to prevent homelessness;
- Rapidly rehouse clients;
- Provide crisis and transitional responses where appropriate; and
- Provide intensive responses for clients with complex needs.

The assistance that is provided by these services includes a range of support and referrals to meet living and personal needs. Critically it includes the provision of crisis and medium-term accommodation and assistance to secure long-term housing. Those eligible for program assistance are those who are homeless or at risk of homelessness. The program is not designed exclusively for those who are experiencing DFV. However, it is recognised that this is one of the main reasons for the need for assistance.

So, **families are just one client group that the program assists**. Young people, single men and single women are also referred to as client groups for the program. Additionally, **the Program does not consider children (as distinct from young people) as a separate client group in need of program assistance**, either because of DFV or because of homelessness.

However, the experience and impact of DFV is given dedicated attention through the identification of services within the program and through the nature of the service delivery responses that the Program provides.

The Program does highlight the importance of the coordination of services with the broader service system. These other services include child protection as well as long term housing, health, education, employment, justice, mental health, drug and alcohol family support and income support. This coordination includes a 'no wrong door' approach.

The Program also has its own Quality Assurance System. This system is still in development and contains a mixture of self-reporting, peer review and external oversight. **Presently this system adds no further requirements for compliance with direct relevance to the care of children** beyond the existing contractual requirements addressed in this section. Similarly, the Program has a Performance Measurement regime that requires data collection and reporting against core client outcome indicators. **Currently this system does not contain any specific reference to data or outcomes directly relating to children**.

Specialist Homelessness Services Practice Guidelines

The Practice Guidelines are more detailed but follow the Program Guidelines and are based on the Specialist Homelessness Service Delivery framework. The Guidelines are delivered as five modules:

- Service delivery responses;
- Streamlined Access;
- Quality Assurance system;
- Brokerage funding guidelines; and
- Policy for unaccompanied children under 16 years.

Apart from the policy for unaccompanied children under 16 years, it is the module addressing service delivery responses that provides the most detail. However, **the status of children remains ambiguous and largely peripheral**. For example, the guidelines for the use of a client centred approach to service design instruct that policies and procedures should ensure ***all case-managed clients have an individualised case plan, including children accompanying adult clients***. Whilst there are extensive directions as to the nature, content and detail of the policies and the plans and the obligations and entitlements of the adult client, there is no specific guidance as to the case plan for the child. Elsewhere in the Guidelines, there is some recognition that accompanying children may require their own case plan and that this should be carried out in consultation with the parent/caregiver. It is clear that all case managed clients are to have a case plan.

Several of the featured examples in the Guidelines (called 'Spotlights') refer to children. The value of the trauma-informed practice model is reinforced by reference to the trauma that may be experienced in childhood because of events such as DFV. The 'Spotlight' on Staying Home Leaving Violence services refers to the enabling of more comprehensive assessment of risk for women and children, familes to maintain support networks and stability in arrangements for education and child care for children.

There are further references to consideration of the needs of children accompanying women experiencing homelessness. The importance of collaboration within a broader service system includes the need for protocols for referrals to child and family services including family support, child protection and early childhood services.

Guidelines as to Rapid Re-housing and as to Crisis and Transition contain no specific references to children. The importance of safety is identified but no detail as to the characteristics of a safe place. **There is no examination of what safety might look like for children**. Although there is considerable detail as to the nature of accommodation available, there is no consideration of whether it might include child friendly or appropriate spaces or what they may constitute.

The guidelines for the development of intensive responses for clients with complex needs offer a matrix framework for services that distinguishes between responses based on definitions of low, medium and high effort. The matrix acknowledges complexity of client needs, the importance of other services' roles and of meeting the needs of families. It makes no specific reference to the discrete needs of children.

Families

The Practice Guidelines include a section on Women and Children experiencing DFV and a section on Families. The first section notes that children who experience DFV and homelessness have a greater risk of becoming homeless later in life but offers no strategies to address this. The Guidelines reinforce that a service model for this group should:

- Comply with mandatory reporting of child abuse and neglect; and
- Recognise that accompanying children are likely to require individual responses which are separate to their mothers/care givers, noting that the service will either have the expertise to provide these responses or have partnerships with appropriate services to facilitate referrals.

Interestingly the examples of family members that should be referred because they cannot be directly supported by the service are *male family group members over the age of 16 or family pets*.

The Families section stresses the importance of understanding the dynamic, complexity and vulnerability of the homeless family. It highlights the impact of homelessness on children in terms of education, health and development. It calls on the service to ensure that the needs of every individual in the family is met but at the same time (to) recognise their identity as part of a family and the role of parents as experts on their family. There is no further detail relating to children.

Children and Young People

As noted earlier, there is a marked difference between the detail provided in the Guidelines in relation to younger children to that provided for young people.
Generally it seems that 'children' are under 12 years of age and 'young people' are over 12 years and up to 24 years. However, Module 5 sets out the Policy for Unaccompanied Children under 16 years Accessing Specialist Homelessness Services. The guidance for these service models includes:

- Being a child safe organisation;
- Using trauma informed practice;
- Delivering client-centred practice;
- Collaborating with other services for the client;
- Providing continuity of care for relationships with the young person;
- Assessing and reporting concerns of possible abuse or neglect;
- Using family level interventions where appropriate to address homelessness;
- Using early intervention approaches to support engagement and address homelessness; and
- Maintaining contact after formal support

As well as outlining the key homelessness services to be provided to this group (general and intensive support, accommodation, re-housing and advocacy and coordination) it is more detailed in both the regulatory framework and in the early intervention support and strategies. It explains the objectives and strategies of the Going Home Staying Home reforms.

Module 5 refers to the National Framework for Protecting Australia's Children. It identifies the safety and wellbeing of a child seeking assistance from a homelessness service as a paramount consideration and sets out a comprehensive child safety policy framework. The framework includes child protection steps (one page), duty of care responsibilities and guidance (one page), the process of becoming a child safe organisation (half a page) and details for addressing child welfare and wellbeing (one page). There is a statement of the relevant approach to case management and transition planning for different categories of children and young people within the client group (one page) and a statement of the respective roles and responsibilties (one page). The module concludes with an appendix of relevant evidence and resarch and a map of responsibilities.

This information could be relatively easily adapted for use by a generalist homelessness service or DFV service to create the framework for a Child Safety Policy.

The remaining modules contain a range of direction about the function and requirements of relevant regulatory, reporting and information sharing systems based on legislation and policy. Module 2 Streamlined Access details the requirements of information sharing and information management to facilitate mandatory reporting for child welfare and as contemplated by the Domestic Violence Information Sharing Protocol. This includes critical steps in risk assessment and coordination.

As a compliance and regulatory function, there is no guidance as to how the day-to-day activities of providing services to women, children and families will offer insights and opportunities for assessment of risk. More crucially there is no guidance for early intervention and support for those circumstances that might otherwise give rise to the need to report

Summary

Other than existing legal obligations for mandatory reporting and information sharing for child protection and for compliance as a Child Safe Organisation, there are no specific contractual and service obligations for DVSM and its services relating to children.
The principal focus is on the adult as the client of the service. There is no specific guidance as to when a service should provide a tailored response for a child accompanying an adult.

End notes

[i] Puddy RW Wilkins N *Understanding Evidence: Part 1: Best Available Research Evidence* Centres for Disease Control and Prevention 2011; Centers for Disease Control and *Prevention Best Available Research Evidence Module Summary; Contextual Evidence Module Summary; Experiential Evidence Module Summary*

[i] Puddy RW Wilkins N *Understanding Evidence: Part 1: Best Available Research Evidence* Centres for Disease Control and Prevention 2011; Centers for Disease Control and *Prevention Best Available Research Evidence Module Summary; Contextual Evidence Module Summary; Experiential Evidence Module Summary*

[iii] We used the same set of questions to explore the evidence and the views of stakeholders. The question matrix is at Appendix 4.

[iv] Rosie's Place offers counselling to women and children in ROAR, and runs a Lego Group for the children. We decided not to interview children directly but to gain their perspectives from those who have been working with them.

[v] *Exposure to Domestic Violence: a meta-analysis of child and adolescent outcomes* Evans SE Davies C Di Lillo D Aggression & Violent Behaviour 2008; *Child Witness to Domestic Violence: a meta-analytic review* Kitzmann KM Gaylord NK Holt AR Kenny ED Journal of Consulting & Clinical Psychology Vol 71 No 2 2003; *Children Experiencing Domestic Violence: a Research Review* 2011 Stanley N; *The Impact of Domestic Violence on Children: a Literature Review* 2011 , the University of New South Wales and the Australian Domestic & Family Violence Clearing House; *Children affected by domestic and family violence: a review of domestic and family violence prevention, early intervention and response services* 2014 Australian Institute of Family Studies

[vi] Buckley H Holt S Whelan S *Listen to Me! Children's experience of domestic Violence* Child Abuse Review Vol 16 Issue 5 2007; Mullender A Burton S Hague G Imam U Kelly L Malos E Regan L *Stop Hitting Mum! Children Talk About Domestic Violence* Young Voice 2003; Mullender A Hague G Imam U Kelly L Malos E Regan L *Children's Perspectives on Domestic Violence* Sage 2002; Spence Coffey D *Parenting After Violence: a guide for practitioners* Institute for Safe Families 2009

[vii] Stanley op cit

[viii] For example Humphreys C Healey L Diemer K *Briefing Paper No 4 on Responding to children: strengthening statutory (child protection) and non-statutory work with victims (women and children) and perpetrators in the context of family and domestic violence* Melbourne Research Alliance to End Violence Against Women and their Children Submission to the Royal Commission into Family Violence Victoria 2015

[ix] Department of Community Services NSW *Domestic Violence and its Impact on Children's Development* 2002

[x] Bancroft L Silverman JG *The Batterer as Parent* 2002; this work is discussed extensively and used as a basis for work with fathers in Parenting After Violence

[xi] Lamb K article 2016 based on PhD within the *Fathering Challenges Research Project*, University of Melbourne, not yet published

[xii] Hooker L Kaspiew R Taft A *Domestic and Family Violence and Parenting: Mixed methods insights into impact and support needs: State of Knowledge Paper* ANROWS 2015; Kaspiew R et al *Domestic and Family Violence and Parenting: Mixed methods insights into impact and support needs: Final Report* ANROWS 2017

[xiii] The Institute for Safe Families *Parenting After Violence : a guide for Practitioners* the National Child Traumatic Stress Network's *Parenting After Violence*

[xiv] *Parenting After Violence* Appendix A & Appendix C

[xv] *Parenting After Violence* Appendices F – I

[xvi] Rivett M Kelly S *From awareness to practice: children, domestic violence and child welfare* Child Abuse Review Vol 15 Issue 4 2006

[xvii] The Australian Domestic and Family Violence Clearinghouse and the University of New South Wales for The Benevolent Society *The Impact of Domestic Violence on Children: a Literature Review* 2011

[xviii] Australian Institute of Family Studies *Children affected by domestic and family violence: a review of domestic and family violence prevention, early intervention and response services* 2014; Humphreys C Thiara RK Skamballis A *Readiness to change: mother-child relationship and domestic violence intervention* British Journal of Social Work Vol 41 N 1 2011; Graham-Bermann, SA Lynch S Banyard V DeVoe ER Halabu H *Community-based intervention for children exposed to intimate partner violence: an efficacy trial* Journal of Consulting and Clinical Psychology Vol 75 2007; the latter randomised control trial with 212 children and found that children's behaviour and attitudes were most likely to improve in the parallel program, with no difference noted between the children-only and waiting-list groups

[xix] Howarth E, Moore THM Welton NJ Lewis N, Stanley N MacMillan H Shaw A Hester M Bryden P Feder G *Improving Outcomes for children exposed to domestic violence: an evidence synthesis* Public Health Research N 4.10 Chapter 10

[xx] Rizo, CF Macy RJ Emmentrout DM & Johns NB *A review of family interventions for intimate partner violence with a child focus or child component* Aggression and Violence Behaviour Vol 16 2011

[xxi] Op cit

[xxii] Bunston W *BuBs On Board: Family violence and mother/infant group work in women's shelters* 2008

[xxiii] Kelly L Westmarland N *Domestic Violence Perpetrator Programmes: steps to change* 2015

[xxiv] Stanley N Humphreys C *Identifying the key components of a 'whole family' intervention for families experiencing domestic violence and abuse* Journal of Gender Based Violence Vol 1 No 1 2017

[xxv] DeBoard-Lucas R Wasserman K McAlister Groves B Bair-Merritt M *16 Trauma-Informed, Evidence-Based Recommendations for Advocates Working with Children Exposed to Intimate Partner Violence* Futures Without Violence & Wisconsin Coalition Against Domestic Violence 2013; Edleson JL Nguyen HT Kimball E *Honour our Voices: a guide for practice when responding to children exposed to domestic violence* Minnesota Center Against Violence and Abuse 2011

[xxvi] Position Descriptions available on a snapshot day: Refuge UK; Mary & Martha's Refuge Brisbane; Women's Health West; Child Support Worker, Save The Children; Child Support Worker West Connect; Children's Support Worker, Refuge

[xxvii] www.promising.futureswithoutviolence.org

[xxviii] www.salvationarmy.org.au/Find-Us/Tasmania; www.kidssafe.com

[xxix] Red Tree Consulting *Assessing children and young people for family violence: a guide for family violence practitioners* produced for the Victorian Government 2013

[xxx] McLean S *The effect of trauma on the brain development of children: evidence-based principles for supporting the recovery of children in care* Australian Institute of Family Studies 2016;
Rape & Domestic Violence Services Australia *Information for Service Providers: Stages of Trauma Recovery ; Skills for Supporting Recovery from Trauma* includes support activities if you have 5 minutes, 15 minutes or more than 15 minutes, and templates My Plan for Managing Trauma and My Social Support Map;
The Multiplying Connections Initiative *Trauma Informed and Developmentally Sensitive Services for Children* Health Federation of Philadelphia 2008 outlines professional competencies and agency capabilities;
Wall L Higgins D Hunter C *Trauma-informed care in child/family welfare services* Child Family Community Australia paper No 37 2016 aims to define what trauma-informed care means in the Australian child and family

welfare sector; its key messages on the state of the evidence base and challenges to adopting a trauma-informed approach (p2) may be particularly useful.
Minnesota Association for Children's Mental Health *Supporting Staff in Working with Families in Trauma* 2016 outlines professional, personal and agency strategies;
The National Child Traumatic Stress Network's *Domestic Violence and Children* (op cit) includes a section Maintaining Personal Health and Well-Being; Skills for Supporting Recovery from Trauma includes agency and staff strategies around trauma literacy, skills, supervision, reflection, role clarity and self-care;
Jones MA *Trauma Informed Supervision* School of Social Work San Diego State University;
Badeau S *Reflective Supervision as Trauma-Informed Care: one agency's experience* Multiplying Connections Initiative www.multiplyingconnections.org;
Van Berckelaer A *Using Reflective Supervision to Support Trauma-Informed Services for Children* Multiplying Connections Initiative ww.multiplyingconnections.org;
Berger R Quinn L *Supervision for Trauma-Informed Practice Traumatology* December 2016

[xxxi] Tools and resources are described and referenced in the accompanying Rapid Evidence Assessment

[xxxii] Domestic Violence Resource Centre op cit; Red Tree Consulting op cit; Center for Child and Family Health op cit; Child and Woman Abuse Studies Unit *Review of the position of and provision for children in English refuges* 1995; Domestic Violence Resource Centre, Victoria *Bad Mothers and Invisible Fathers: parenting in the context of domestic violence* Discussion Paper No 7 2009

[xxxiii] https://www.unicef.org/violencestudy/

[xxxiv] Committee on the Rights of the Child, *General Comment No. 13: The right of the child to freedom from all forms of violence*, 56th session UN Doc CRC/C/GC/13 (18 April 2011) para 21 € and 72(g)

[xxxv] Committee on the Rights of the Child, *Concluding Observations: Australia, 60th session*, UN Doc CRC/C/AUS/CO/4 (28 August 2012) para 46

[xxxvi] Australian Human Rights Commission, *Children's Rights Report 2014* (page 66); Australian Crime Commission *The Final Report of the National Indigenous Intelligence taskforce 2006-2014* (2014) (page 11)

[xxxvii] Australian Human Rights Commission, *Children's Rights Report 2015* (chapter 4)

[xxxviii] *National Framework for Protecting Australia's Children 2009-2020* (page 21); *National Plan to Reduce Violence against Women and their Children 2010-2022* (page 7)

[xxxix]
www.justice.vic.gov.au/home/safer+communities/protecting+children+and+families/betrayal+of+trust+implementation

[xl] www.rcfv.com.au/

[xli] www.childabuseroyalcommission.gov.au/about-us

[xlii] www.kidsguardian.nsw.gov.au/child-safe-organisations/working-with-children-check

[xliii] www.kidsguardian.nsw.gov.au/child-safe-organisations/become-a-child-safe-organisation

[xliv] ccyp.vic.gov.au/assets/resources/ChildSafeGuide.pdf

[xlv] ccyp.vic.gov.au/assets/resources/ChildSafeGuide.pdf

[xlvi] Workers who were not able to attend had the opportunity to respond to the interview questions in writing, and all workers were able to contact the Associate if they wanted to provide further information.

[xlvii] Australian Institute of Family Studies The prevalence of child abuse and neglect 2017

[xlviii] Our Watch & ANROWS Violence against women: key statistics

[xlix] Women's Aid op cit

[l] Glaser JE *Conversational Intelligence: how great leaders build trust and get extraordinary results* Bibliomotion 2014

[li] Abbott N *Conversational Essentials* Conscious Presence 2017

[lii] Glaser 2014 op cit

[liii] A full version of the analysis can be found as Attachment 5

[liv] This information could be relatively easily adapted for use by a generalist homelessness service or domestic and family violence service to create the framework for a Child Safety Policy. This information could be relatively easily adapted for use by a generalist homelessness service or domestic and family violence service to create the framework for a Child Safety Policy.

[lv] NSW Ministry of Health *The NSW Domestic and Family Violence Blueprint for Reform 2016 – 2021: Safer Lives for Women, Men and Children* 2016

[lvi] Office of the Advocate for Children and Young People *The NSW Strategic Plan for Children and Young People 2016-2019* 2016

[lvii] NSW Women's Refuge Working Party *An Open Door: NSW Women's Refuge Movement Access and Equity Manual* 2003

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