

# Submission: Monitoring the family violence reforms

February 2020

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The Centre for Excellence in Child and Family Welfare (the Centre) welcomes the opportunity to provide a submission on the impact of the family violence reforms, and on the COVID-19 response, for consideration by the Family Violence Reform Implementation Monitor.

The Centre is the peak body for child and family services in Victoria. For over 100 years we have advocated for the rights of children and young people to be heard, to be safe, to access education and to remain connected to family, community and culture. We represent over 150 community service organisations, students and individuals throughout Victoria working across the continuum of child and family services, from prevention and early intervention to the provision of out-of-home care. Many of our organisations work with children, young people and families where family violence is present.

In our submission we have responded to the three questions posed by the Monitor:

- how the family violence service system, and users' experience of it, has changed since the Royal Commission
- looking forward: what is still required in the family violence reforms
- the impact of the COVID-19 pandemic.

### **How the family violence system, and users' experience of it, has changed since the Royal Commission**

While there have been promising shifts in language and attitudes, this has not always been reflected in direct practice with clients.

The Family Violence Information Sharing Scheme (FVISS) and the Child Information Sharing Scheme (CISS) are critically important changes to come out of the Commission and this is reflected directly in on-the-ground work with service users. It is pleasing to see that children are increasingly seen as victim survivors in their own right. The CISS reforms have enabled workers to build a more comprehensive picture and history of a child or young person to inform decision making and risk mitigation, which directly impacts on the safety and wellbeing of children.

However there are still barriers to effective implementation of these reforms, including other services' understanding of the Schemes, confidence in sharing information with other services, and the additional paperwork that replaces the more informal information sharing that took place previously under the CYF Act or through verbal consent. In addition, the historical legacy of CISS as a separate piece of legislation following the introduction of FVISS has meant that this legislation continues to be seen by some professionals as 'lesser than' the FVISS, with agencies reporting reluctance on the part of some service professionals to seek or share information relating to children on the grounds that it could put at risk the privacy and confidentiality of the mother who is a victim survivor.

Cultural change takes a long time and the reforms are yet to be embedded to the point where there is consistent, practical, frontline change to client experience of the family violence system. The shift in practice to recognise the child as a victim survivor in their own right and to hold the perpetrator of violence to account has been slow. There is still reluctance by family violence services to adopt whole-of-family approaches (where it is safe to do so).

The shift towards engaging fathers who are using violence is also slow given the difficulty of engaging with men using violence and the lack of specialist programs available for men. This lack of availability has been particularly evident during the COVID-19 pandemic.

There is also concern about the implementation of MARAM. In its current form, the original intent of MARAM to have a cross-sectoral, shared understanding of family violence risk, is undermined when child protection and police are not using the MARAM as one of their tools.

Overall, while there have been positive gains as a result of the family violence reforms, there is still a long way to go in terms of embedding cultural change in organisations, particular in relation to children and young people, that translates into on-the-ground changes for service users. The peaks have a critical role to play in embedding the reforms. For example, the Centre is leading a project to develop a shared, cross sectoral understanding of adolescent family violence, including the drivers of adolescent violence in the home, the importance of earlier intervention and of evidence-informed approaches that work with young people and their families. We are also developing a MARAM Practice Guide for multiple workforces whose work intersects with adolescents using violence in the home.

### Looking forward: What is still required in the family violence reforms

The Royal Commission into Institutional Responses to Child Sexual Abuse highlighted the need for children to ‘participate in decisions affecting them and [to be] taken seriously’. Other recommendations reflect the need to involve children and young people in the strategic development, design, implementation and evaluation of initiatives, and to strengthen the capacity of carers, staff and case workers to support children and prioritise children’s safety and wellbeing.

Sector feedback in relation to the family violence information sharing reforms and MARAM framework, including associated training and practice guides, has highlighted the importance of maintaining the visibility of children and young people, collecting appropriate data, involving them in decisions about their future, intervening earlier with young people who are using violence in the home, and making sure that all prescribed agencies are familiar with their obligations under legislation in relation to children’s safety and wellbeing.<sup>1</sup>

The 2019 CCYP report, ‘Lost but not forgotten’, analysed the performance of Child First in relation to the suicides of 35 young people and recommended:

That the Department of Health and Human Services develop, resource and implement a set of standard analytical data sets for Child FIRST/The Orange Door and IFS to monitor and report on the timeliness and effectiveness of their engagement with children and families, including:

- time between initial assessment and commencement of case management
- rates of unsuccessful engagement
- referral outcomes
- re-referrals
- re-reports.<sup>2</sup>

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<sup>1</sup> Centre for Excellence in Child and Family Welfare, 2019, Strengthening the Orange Door: Suggestions to improve the wellbeing service response for children and their families gathered information in relation to the Orange Door

<sup>2</sup> Commission for Children and Young People, 2019, *Lost, not forgotten: Inquiry into children who died by suicide and were known to child protection*, Melbourne: Commission for Children and Young People, p. 22.  
<https://ccyp.vic.gov.au/assets/Publications-inquiries/CCYP-Lost-not-forgotten-web-final.PDF>

The Orange Door Annual Service Delivery Report released in early 2020, based predominantly on FSV's Client Relationship Management System (CRM) and supplemented by manual data for the 2018-19 period, is limited in its ability to show what is happening to children in the Orange Door and how service responses might be improved.<sup>3</sup> Much of the data about the 19,655 children who were provided with a response from the Orange Door in this period relates to gender breakdown, number of times children were referred to or sought support from The Orange Door, numbers of risk and needs assessments undertaken, and percentage of brokerage spend on child wellbeing in each Orange Door. There is so much that is not known about a child's journey through the Orange Door.

Research shows us that children are experts on and key informants in their own lives and have the right to participate in decisions that directly affect them.<sup>4</sup> It is also important to recognise that children's perspectives need not only to be captured and documented but that their perspectives, thoughts, wishes, beliefs need to be *attended to*: '[the] views of children ... are actively received and acknowledged as valuable contributions to decision-making affecting the children's lives'.<sup>5</sup>

Feedback gathered by the Centre from the child and families services sector through various network meetings and forums in 2019 identified the following key barriers to consistent child-focused practice that incorporates the voice of children and increases their agency to inform decisions that are made about them:

- *Workforce capacity*: We need to strengthen the capacity of practitioners to assess children's needs, particularly safety and wellbeing needs, inclusive of psychosocial needs, and to adapt practice without compromising children's safety
- *Family violence sensitive practice*: There has been a reluctance among some practitioners to ask questions of children. Different philosophic frameworks in the Orange Door, for example, mean different attitudes towards, and levels of confidence in, assessing, engaging and supporting children and their relationships. We need to provide micro skills for assessing children while maintaining the mother's sense of empowerment/agency.
- *Theoretical frameworks*: Not all workforces whose work intersects with children have knowledge and/or understanding of child development, attachment theory, Key Ages and Stages, and the Best Interests Framework.
- *Knowledge of universal services*: Not all practitioners understand the role of universal services in assessing children's safety and wellbeing needs and how these can be used to enhance decision making in the interests of the child.
- *Collaborative approaches*: Our consultation with Orange Door workers in 2019 indicated that practitioners in the Orange Door had different understandings of integrated practice and were not all comfortable with or confident in information sharing about children and family members.

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<sup>3</sup> Family Safety Victoria, 2020, *The Orange Door Annual Service Delivery Report 2018-19*, <https://www.vic.gov.au/orange-door-annual-service-delivery-report-2018-2019>

<sup>4</sup> See for example, Harris, P & Manatakis, H, 2013, *Children's voices: A principled framework for children and young people's participation as valued citizens and learners*. University of South Australia in partnership with the South Australian Department for Education and Child Development, Adelaide; McNaughton, G, Smith, K & Lawrence, H (n.d) *Hearing young children's voices: Consulting with children birth to eight years of age*, Centre for Equity and Innovation in Early Childhood, University of Melbourne for the ACT's Children Services Branch, Department of Education, Youth and Family Services

<sup>5</sup> Murray, J, 2019, *Hearing young children's voices*, *International Journal of Early Years Education*, vol 27, No 1, pp.1-5.

- *Data collection:* There is limited visibility of a child's journey through the Orange Door, which could be improved through better case notes and record keeping, and data collection and analysis.

If we are serious about children being recognised as victim survivors in their own right and participating in decisions that affect them, then we need to identify and embed evidence-informed ways of engaging with children so that their safety, developmental and wellbeing needs are appropriately met, and visibility is retained over their individual circumstances. Orange Door workers, child and family services, family violence case management services, men's services and other agencies that come into contact with children (e.g. mental health, homelessness services, AOD, community health services) could all benefit from:

- Content relating to maintaining children's voice, agency and visibility (What does this mean and why is it important?)
- Practice guidance (How do you work in multi-disciplinary ways to implement and maintain evidence-informed programs and practices to maintain child voice, agency and visibility?)
- Assessment of effectiveness (How can you tell if what you are doing is working?)
- A review of existing data collection fields (Are we collecting the right data to tell us what we need to know about children and young people?).

The family violence reforms need to go further than raising awareness or changing language or requiring compliance with legislation; they need to lead to direct practice change that tangibly benefits service users. There needs to be a whole of family response to violence in the home which means:

- Engaging early in need and early in life with the child, in ways that enable agency
- Maintaining the mother's sense of empowerment and agency
- Recognising the complex drivers of adolescent violence in the home and supporting the young person while keeping all family members safe
- Working with fathers to use parenting as a powerful motivator for change.

In relation to engaging with children, particular attention needs to be paid to the safety and wellbeing of children who are non-verbal or very young, who have developmental challenges, who have a disability, who are from a non-English speaking background, who are Aboriginal or Torres Strait Islander, who have a parent with a disability or mental ill-health, who identify as LGBTQTI, who use violence in the home.

### **The impact of the COVID-19 pandemic**

The Centre has been gathering data from our agencies during COVID-19, tracking the impact on children and families, workers and organisations over the course of the pandemic in Victoria as restrictions have become more severe.

During this period, there has been reduced community oversight of children and families. In Victoria, we have seen reduced face to face contact with caseworkers, universal services, child protection and specialist services.

Agencies have reported the following significant impacts:

- On families: Financial stress in families, reduced capacity to meet basic physical needs due to financial constraints; difficulty accessing basic supplies; tensions from being in lock-down together when family members would normally be out mixing with others; decline in mental health and wellbeing associated with social isolation and other COVID-19 impacts; mothers reporting high levels of anxiety and fears for their health and that of their children; many families struggling without physical access to their support networks; limited access to self-care strategies; remote learning has been challenging for families with low literacy levels
- On women: Reports of increased violence in the home, with perpetrators using COVID-19 to increase power and control; difficulty of leaving violent and abusive relationships; examples of some women not being able to access emergency accommodation; increased adolescent aggression in the home; increased elder abuse in families in multi-generational homes; police resources stretched enforcing COVID-19 restrictions
- On children: Reduced access to parent(s) in supervised visits and shared parenting arrangements; impact on children of not having school as their safe place, of not having face to face contact with friends; increased child safeguarding concerns relating to access to courts, complex referrals from child protection, closure of schools
- On men using or at risk of using violence: Reduced availability of men's behaviour change programs, including for men on court orders and men seeking assistance voluntarily during 'lockdown', and increased opportunities for violence from being confined with the victims.

Despite the challenges facing families, the child and family services sector in Victoria has been able to find ways to maintain service delivery to the families experiencing significant vulnerability and hardship. COVID-19 has encouraged creative workarounds and rapid responses to a dynamic external environment.

This includes undertaking home visits safely - using pre-visit screening and assessment questions, social distancing, wearing PPE - and using a range of technology platforms and apps to maintain visual contact with children and families. Agencies have used online care team meetings to coordinate supports for families, provided data packs and devices; organised delivery of supplies and materials for children; provided telehealth access, linked families to other services and monitored wellbeing through regular 'check ins' via phone or video.

### Final comments

The first two reports provided by the Monitor had little or no mention of the impact of the family violence reforms on children. Even the more recent report in early 2020, which noted that '[t]he consideration of children has been flagged as a future area of focus' (p.15), noted this in the context of the court system and how specialist family courts can respond to children and young people.<sup>6</sup> While the report recognises that '[i]t is a significant development that MARAM requires that children are recognised as victim survivors of family violence in their own right, with specific risks and needs' (p.24), the development of a screening tool to assess family violence risk to children specifically has taken far too long and does not screen for child wellbeing.

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<sup>6</sup> Report of the Family Violence Implementation Monitor, tabled February 2020, <https://www.fvrim.vic.gov.au/third-report-parliament-1-november-2019>

There is much still to be done if children are to be given agency in the decisions that affect them, supported as victim survivors in their own right, and if they are to benefit from the sharing of relevant information to maintain their safety and wellbeing. In 2017-18, there were 23,595 family violence incidents attended by police at which children were present.<sup>7</sup> What service responses did these children receive? What counselling, access to specialist expertise, follow up by schools or Maternal Child Health nurses or other service offerings did these children receive? State-wide, what is known about the type, frequency and nature of the support provided to children in families where violence is being used, and the timeliness of any support?

In its 2020 audit *Managing Support and Safety Hubs*, the Victorian Auditor General's Office identified the following factors as hindering the performance of the Hubs in relation to supporting children:

- there is no single tool, aligned with the Best Interests Case Practice Model, to consistently assess child wellbeing risk in hubs separate to family violence risk assessment tools
- child and family practitioners in hubs believe that hubs do not focus enough on child wellbeing
- community-based child protection staff have inconsistent roles at hubs, and there is a risk that other practitioners are not fully using their expertise
- due to limitations in its data collection, FSV cannot monitor and report on the timeliness and effectiveness of hubs' engagement with children.<sup>8</sup>

It is not only the Orange Door that has insufficient visibility of children and their journey through systems and services implementing the family violence reforms. The Centre welcomes the Family Violence Implementation Monitor's commitment to examining the impact of the family violence reforms on children and young people in future reports, including highlighting the data needed to be able to tell this story.

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<sup>7</sup> Ibid, p. 30

<sup>8</sup> Victorian Auditor-General's Office, *Managing Support and Safety Hubs*, May 2020, p. 14.

[https://www.audit.vic.gov.au/sites/default/files/2020-05/20200527-Support-Safety-Hubs-report\\_0.pdf](https://www.audit.vic.gov.au/sites/default/files/2020-05/20200527-Support-Safety-Hubs-report_0.pdf)