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PATHways and Research Into Collaborative Inter-Agency practice: Collaborative work across the child protection and specialist domestic and family violence interface: The PATRICIA Project. *Final report*



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Acknowledgement of Country

ANROWS acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander elders past, present, and future; and we value Aboriginal and Torres Strait Islander history, culture, and knowledge.

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PATHways and Research In Collaborative Inter-Agency practice: Collaborative work across the child protection and specialist domestic and family violence interface: The PATRICIA Project: Final report

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This work is part of the ANROWS Horizons series. ANROWS Horizons (Research reports) are in-depth reports on empirical research produced under ANROWS's research program.

This report addresses work covered in the ANROWS research project 4.5 "The PATRICIA Project: Pathways and Research in Collaborative Inter-Agency working". Please consult the ANROWS website for more information on this project. In addition to this report, ANROWS Landscapes and ANROWS Compass papers are available as part of this project.

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Key definitions

Action research—participatory	An interactive, cyclical process of changing things in the process of studying them (Wicks, Reason, & Bradbury, 2008). In the case of the PATRICIA Project, it involved influencing or enhancing collaborative practice and exploring how to strengthen perpetrator accountability in the process of researching it. This was achieved through bringing together the “right” interested stakeholders to pose questions, reflect on findings, and prompt new directions in data-gathering, analysis, and reflection in participatory ways.
Authorising environment	Refers to the legitimising of processes within and across systems. Collaborations within an authorising environment have clear expectations mandated by bodies—government and non-government—to whom the collaboration is accountable. The term derives originally from the work of Professor Mark Moore of the Harvard Kennedy School in the US: <i>Creating Public Value: Strategic management in Government</i> (1995) published by Harvard University Press.
Child protection	The statutory child welfare authority in each state and territory that is responsible for providing assistance, investigation into allegations of child abuse (including domestic and family violence) or neglect, care, and protection to children suspected of or vulnerable to harm.
Coercive control	Non-physical forms of DFV, referred to as “coercive control”, dramatically impact adult and child victims/survivors’ lives and the functioning of a family (even a community) who fear for their safety or wellbeing. Perpetrators’ tactics may aim to instil fear by threatening violence, intimidating, humiliating, perpetually keeping victims under surveillance, isolating, and micromanaging the daily lives of victims. It is a relentless, ever-present form of violent and abusive behaviour that a perpetrator uses in order to constrain, manipulate, and diminish the lives of his victims.
Domestic and family violence—specialist DFV services	“Domestic and family violence” (DFV) is the term used in this report to encompass the range of violent and abusive behaviours—physical, psychological, sexual, financial, technology-facilitated, and neglectful—that are predominantly perpetrated by men against women and their children in current or past intimate or familial or kinship relationships. This is consistent with the Third Action Plan 2016-2019 of the National Plan to Reduce Violence against Women and their Children 2010-2022 (http://plan4womenssafety.dss.gov.au/). The phrase “specialist DFV services” is used in this report to refer to a range of diverse agencies that provide specific interventions for women, children, or men who have experienced DFV either as victims-survivors or as perpetrators. They include (but are not limited to) agencies with a dedicated purpose to address DFV; agencies with a focus on a particular population (for example, Indigenous or CALD families and communities); legal and health agencies with particular expertise or programs in supporting women, children, or men who are affected by DFV; and peak DFV bodies in the different state and territory jurisdictions.
Family law system	Used in this report to refer collectively to the Family Court of Australia, the Family Court of Western Australia and the Federal Circuit Court of Australia, and family law and post-separation services, including legal aid, private legal services, and family relationship services. This is consistent with the Family Law Council Report to the Attorney-General on Families with Complex Needs and the Intersection of the Family Law and Child Protection Systems: Final Report—June 2016 (https://www.ag.gov.au/FamiliesAndMarriage/FamilyLawCouncil/Pages/FamilyLawCouncilpublishedreports.aspx).
High standard for fathers who use violence	This term is used in the Safe and Together approach to child welfare. It refers to the need to explore and document the role of the father or male care-giver in the family and the impact of his parenting choices, including his use of violence, on family functioning and, in particular, on children. It is highlighted owing to the fact that mothers and fathers are often treated differently in systems. By setting higher standards for fathers as parents than is usual (for example, by assessing them on the same criteria that mothers are assessed), the aim is to develop a gender responsive service system.

Interface	Refers to the joining or working together of different systems supporting families, in this case domestic and family violence, child protection, and family law. There is a range of different terms that may be used to describe different aspects of systems, services, or professionals working together. Some terms are used interchangeably and some have different meanings. Examples of terminology that may be used to describe the interface between systems reported here are: joined up; interagency; multi-agency; multisite; multidisciplinary, co-located; linked; linkage; coalition; cooperative; collaborative; networked; integrated; partnership; streamlined; coordinated.
Model	In this report we use the term “model” to refer to practices, interventions, services, policies, reforms, or initiatives of interagency working.
Perpetrator accountability	The process of men as individuals, or as a collective (such as in the case of Indigenous communities), taking responsibility for their use of DFV. It also means that it is beholden on service systems—criminal justice, civil justice, and child protection systems, and non-mandated services—to hold perpetrators accountable to ensure that the impact of their responses are not complicit in the violence and abuse and do not perpetuate the conditions that create and perpetuate it. This collaborative approach has been referred to as a “web of accountability” (State of Victoria, 2016 Vol. III, p.254).
Pivot to the perpetrator—perpetrator pattern based focus	This term—and the related perpetrator pattern based focus—is used in the DFV-informed Safe and Together approach to child welfare to direct practitioners to shift their focus onto the DFV perpetrator’s patterns of behaviour as the source of safety and risk concerns as opposed to focusing on the relationship between the parents and whether, for example, they have separated or not. It involves documenting the harm posed to the child, the non-offending parent, and the mother–child relationship.
Service array	The label given to one of the components in the interagency working framework used in this report (see Table 1). It refers to revisions to the spectrum of services that are available for clients in order to remove insufficiencies including gaps or overlaps, level of services provision (universal/secondary/tertiary), life course considerations (services across age groups), and geographic location.
Victim-centred/ child-centred	Victim-centred refers to practices that put the needs of the victim/survivor first. Similarly, child-centred refers to practices that put the needs of the child first. In the context of collaborative work, it means that agencies coordinate their responses so as to avoid jeopardising the safety and wellbeing of victims, for example, through re-traumatisation.

Acronyms and abbreviations

AOD	Alcohol and Other Drugs
CALD	Culturally and linguistically diverse
CAMHS	Child and Adolescent Mental Health Services
CSO	Community Sector Organisation (interchangeable with NGO)
CP	child protection
DFV	domestic and family violence
DVPCGC	Domestic Violence Prevention Centre Gold Coast
FL	family law
FLC	Family Law Court
FSF	Family Safety Framework (South Australia)
FSM	Family Safety Meetings (South Australia)
FST	Family Safety Teams (Western Australia)
GCDVIR	Gold Coast Domestic Violence Integrated Response
LGA	Local Government Area
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer/ Questioning
MAT	Multi-Agency Triage (Victoria)
NOSPI	National Outcomes Standards for Perpetrator Interventions
NSW	New South Wales
NGO	Non-Government Organisations (interchangeable with CSO)
OOHC	Out of Home Care
Qld	Queensland
PAG	Project Advisory Group
SA	South Australia
Vic.	Victoria
WA	Western Australia

Executive summary

This Horizons report sets out the findings of the PATHways and Research In Collaborative Inter-Agency practice (the PATRICIA project). It is one of five publications by ANROWS related to the project. The PATRICIA project focused on the collaborative relationship between specialist community-based domestic and family violence (DFV) support services for women and their children, and statutory child protection (CP) organisations. The creation of a service system which responds to the safety and wellbeing of women and their children, alongside supporting accountability for those who perpetrate domestic and family violence (mainly, but not exclusively, male intimate partners and ex-partners), has been a circuitous journey. It is a complex system to negotiate, not only for the woman and children, but also for workers, managers, and policy workers in child protection organisations and community sector or non-government organisations (CSOs/NGOs) (Stanley, Miller, Foster, & Thomson, 2011).

The history of the relationship between these services has often been challenging, with organisations working independently in “silos” with little reference to each other. Marianne Hester (2012) described this siloing as organisations situated on different planets, where the service response to women and their children appeared to be highly dependent upon the planet on which they arrived rather than on their identified needs.

The patterns of siloing that continue to emerge between these organisations are persistent (Douglas & Walsh, 2010). The repeating nature of these problems suggests that there are structural barriers that go beyond the motivations of individual workers and that will therefore take significant creativity and policy re-design to overcome (Humphreys & Absler, 2011).

The PATRICIA project drew together participants from five states of Australia (New South Wales [NSW], Queensland [Qld], South Australia [SA], Victoria [Vic.], and Western Australia [WA]):

- a team of nationally and internationally recognised academics and researchers in the areas of domestic and family violence;
- child protection and children’s services, alongside community sector organisations with expertise in research, reviews, and research implementation; and
- DFV organisations, including Aboriginal and women’s legal services, peak bodies, and statutory child care departments represented as members of the project advisory group.

The overarching research question that focused all aspects of the project was:

What are the elements that facilitate differential pathways and appropriate service system support for the safety and wellbeing of women and children living with, and separating from, domestic and family violence (DFV) in an integrated intervention system, with a specific focus on child protection and specialist DFV services?

The PATRICIA project comprised five components of research set within an action research framework (see Figure 1). The action research approach facilitated a process of changing things in the process of studying the “problems” of developing collaborative work and strengthening perpetrator accountability (Wicks, Reason, & Bradbury, 2008). The project advisory group provided the structure for the action research process, meeting face to face on three occasions over the life of the project, as well as communicating through email and telephone. It comprised representatives from government, NGOs, and the research teams from each state (detailed in Appendix A). The five components (see Figure 1), each with their own methodology, are discussed in detail in the main part of this report. Briefly, the components were:

1. The state of knowledge study of collaborations involving CP, DFV, and family law.
2. The Pathways analysis of New South Wales, Victoria, and Western Australia child protection datasets.
3. The perpetrator accountability case reading of child protection practice.
4. Case studies of positive collaborations involving CP and DFV in New South Wales, Queensland, South Australia, Victoria, and Western Australia.
5. The development of the Collaborative Practice Framework for Child Protection and Specialist Domestic and Family Violence Services.

Exploring how to strengthen perpetrator accountability in the work of child protection through a case-reading process was supported by a training workshop on the Safe and Together approach to child welfare with US-based David Mandel. This element within the wider PATRICIA project resonated with other components, particularly the case studies collected in each state. In these states, there was often an already established development or interest in the Safe and Together resources (though not necessarily in the case study site), thus linking the attention to strategies for perpetrator accountability within the collaborations that were being explored.

The executive summary covers key findings to inform policy and practice, followed by a list of recommendations relating to policy, practice, and future research.

Key findings to inform policy and practice

Key findings and recommendations drawn from the five components of the project in order to inform policy and practice are presented below. Recommendations are outlined in the concluding section of this executive summary. The findings are presented under the following themes:

- governance;
- the Safe and Together approach: training, coaching, and policy development;
- collaboration;
- supporting and validating children's experiences;
- perpetrator interventions;
- worker safety;
- information sharing about the perpetrator;
- universal risk assessment and risk management;
- differential response;
- co-location or face-to-face working;
- family law; and
- child protection data systems.

Governance

The development of formalised governance arrangements that provide an authorising environment for collaboration between child protection and DFV specialist services ensures that the collaboration is built on more than particular personal relationships. This development also recognises that statutory services usually require formalised protocols to specify the ways in which collaborative practice can develop.

Other formalising elements can include funding agreements and job descriptions which support collaborative effort and provide the practice infrastructure which ensures that collaboration is not an add-on to sole agency working but a strong expectation of the job and the organisational funding agreements. Particular attention needs to be given to geographical location, so that governance arrangements and their infrastructure adequately meet the additional challenges relating to time, distance, and the availability of local expertise when working in remote, regional, and rural areas.

See Policy Recommendation 1.

The Safe and Together approach: training, coaching, and policy development

The strongest group of recommendations from the project advisory group related to the training and coaching of workers across statutory and non-statutory agencies using the Safe and Together model with families experiencing DFV. This approach to child welfare was developed and used by David Mandel & Associates in the United States and the United Kingdom.

The Safe and Together approach to child welfare represents a significant intervention for child protection and DFV professionals. It is designed to improve competencies and cross system collaboration in relation to the intersection of DFV and child abuse. In Safe and Together language, it “pivots to the perpetrator”, or shifts practitioners’ attention away from the tendency to assess the protective parent as the source of safety and risk concerns, as if she were in control of the violence and abuse through her decisions. Instead practice is re-focused specifically on the actions and patterns of coercive control that the perpetrator uses to harm the child (including the pattern of behaviour that harms the non-offending parent and the mother–child relationship itself). It involves:

- exploring the risks to the child which accrue from abusive fathering practices;
- building an alliance with the woman by exploring strategies that have already been undertaken by the child’s mother and other family members to promote the safety and wellbeing of the child; and
- ensuring that evidence of violence and its impacts are clearly documented in files (David Mandel & Associates LLC, 2014).

These are critical aspects of both specialist DFV-informed child protection practice and of specialist DFV practice.

The Perpetrator Accountability case reading project and case studies developed in New South Wales and Victoria drew explicitly on Safe and Together principles and explored the constraints and possibilities of embedding these principles in collaborative practice settings. The Perpetrator Accountability Case Reading project highlighted child protection practitioners’ inattention to the impact of the father’s use of violence on child and family functioning and thus the need to improve competencies in child protection practice where children are living with DFV. Despite severe levels of violence in the cases reviewed and the fact that many of the abusive fathers had direct involvement with children, there was a lack of comprehensive assessment and documentation of the pattern of coercive control, with consequent impacts on the formulation of cases. For example, cases involving near lethal DFV incidents such as strangulation were described in terms of “mutual combat”, “parental conflict”, or “arguments”, thereby diminishing the history and nature of the DFV and possible identification

of escalating violence and risks to adult and child victims.

It was evident that there was great interest and motivation to support a DFV-informed child welfare intervention, and the case-reading analysis pointed to areas in which development was already occurring. For example, there was evidence in many files that fathers who use violence were being seen and that workers were aware of the risks that DFV posed to the health and wellbeing of children. Members of the action research project advisory group could also point to states where further development was occurring beyond the completion of the case study fieldwork (e.g. Queensland and Western Australia).

It was recognised that training alone is not adequate and that practitioner coaching, which is central to the Safe and Together practice change model, is required.

Policy work will also be required to support the development and implementation of the Safe and Together framework. This includes providing and developing resources, practice manuals, supervision, alignment of risk assessment and risk management models (including for high-risk panels), worker safety protocols, and collaborative policy frameworks. The National Outcomes Standards for Perpetrator Intervention (NOSPI) (Australia. Department of Social Services, 2015) provide a national opportunity to embed principles and standards that could be recognised nationally.

See Practice Recommendation 1 and Policy Recommendation 2.

Collaboration

The state of knowledge scoping review's approach to assessing collaborations, in conjunction with the input from the project advisory group, provided the basis for the parameters for the case study research. Problems and possibilities were identified for the development of collaborative working in a range of key focus areas. These included: governance, management and operations, and quality monitoring. Management and operations included entry into the service system, service planning, service provision, and service array.

Strong patterns emerged from the exploration of the factors essential to collaboration, though no single magic bullet was evident. Rather, a complex matrix of factors in the DFV and CP arenas was developed into a Collaborative Practice Framework for Child Protection and Specialist Domestic and Family Violence (available as an ANROWS Compass publication). The framework was designed to build, maintain, and sustain collaboration where DFV involving children was identified. The Practice Framework pays particular attention to the safety of women and children and the complex array of factors which needs to be addressed to support collaboration between the DFV and CP sectors.

See Practice Recommendation 2.

Supporting and validating children's experiences

The experiences of children living with DFV have often been marginalised in DFV interventions, with attention largely focusing on responding to adult survivors and perpetrators (Katz, 2016). The PATRICIA project indicated that collaborative work must attend to children and the risks and impacts they experience from DFV. Recognising the significance of strengthening the relationship between mothers and their children is critical to this collaborative work, as it may involve not only individual work with the mother or child but joint work with them together (Humphreys, Thiara, Sharp, & Jones, 2015). The case reading project indicated that this area of work was currently underdeveloped.

The Pathways Project indicated that children's experiences of DFV, when compared to cases where there was no DFV, made little difference to child protection's decision as to whether a child was investigated or placed in out-of-home care. The case reading process found that even where DFV was the focus of the initial CP report, it was poorly addressed. For example, there was no link made between the abusive father's patterns of behaviour and the impediments they posed to healthy, daily functioning of the family. There was only limited evidence of case planning for child-specific specialist DFV services. Referrals were often inappropriate or too generalist, for example, to maternal and child health, disability, psychiatric, or physiotherapy services. Further, there was no documented linkage as to how such services might need to incorporate a response to traumatic events associated with DFV or assist children's mental health and wellbeing. As a result, the DFV tended to "disappear". The NSW Group Supervision case study found that although there was no universal DFV screening tool, the child protection risk assessment tools required them to assess whether DFV was an issue for the family. This was regardless of the issue that precipitated the report to child protection and at least indicated an embedded response to DFV. However, identification of DFV alone did not translate into an assessment of the impact of DFV on either the child or adult victims.

Findings synthesised across the PATRICIA project indicate either that there is a lot of unidentified DFV in the analysed administrative data or that there is a lack of differentiation between children living and not living with DFV. This means that DFV is not a primary factor in making decisions about whether to investigate or place a child in out-of-home care. A more definitive finding is not possible to make on the available evidence.

See Practice Recommendations 3 and 4.

Perpetrator interventions

A theme throughout the PATRICIA project was that practice and policy development is needed to strengthen the response to fathers who use violence. This is particularly given the fact that separation from the abusive father may not necessarily make children safer (Humphreys, 2007b). Moreover, while child protection workers are frequently required to investigate and engage with men who use violence in the home (as are family service workers and some specialist DFV services), few have been trained or are skilled in engaging with abusive men about their fathering (Mandel, 2014; State of Victoria, 2016).

The case studies and the Perpetrator Accountability Case Reading projects both pointed to this service gap, suggesting that there is a need for services, beyond criminal and civil justice responses, available for fathers who use violence. These would involve building expertise and capacity across a range of statutory and non-statutory services, such as a meaningful engagement with fathers who use violence by child protection workers; fathering programs for men who have completed, or are undergoing, a DFV perpetrator program; or an Indigenous healing or Indigenous men's program. That said, models that respond to fathers who use violence are still in the early stages of development and will need careful evaluation (Scott, Kelly, Crooks, & Francis, 2014).

This service gap represents both a policy and a practice challenge. It is a gap in the current service system that severely hampers the collaboration needed to enhance DFV interventions. Collaborative practice which supports perpetrator accountability and pivots to the perpetrator is undermined when there are few points of referral for men who use violence. Policy development in CP and the specialist DFV services offers a particular challenge for government and non-government agencies. These service systems continue to function independently without reference to each other. There are no clear expectations of collaboration by their authorising environment (as in legitimising processes within and across systems such as CP and DFV) and insufficient resources to support this development.

See Policy Recommendation 3 and Practice Recommendation 5.

Worker safety

Worker safety must be a primary consideration and underpins good practice where there is DFV, an issue highlighted in the CP document review (which was part of the case-reading work) and case-reading processes. The development of safety for workers is an important issue to be addressed in developing collaborative practice as well as practices within an individual organisation. Queensland and Victoria, for example, have well-developed guidelines within their child protection organisations which could be drawn upon to support a national response or a collaborative intervention framework.

See Practice Recommendation 6.

Information sharing about perpetrators

Information sharing provided a critical operational factor for collaborative action in terms of improving responsiveness to DFV. In particular, shared risk assessments leading to safety planning and risk management were crucial to stronger DFV intervention. However, investigation, case planning, and joint supervision all relied upon trust in sharing information. The focus of information sharing needs to be on perpetrator risk and history, not the issues associated with the child's mother. The blanket sharing of confidential and private information about mothers was considered inappropriate, potentially dangerous, and could close down help-seeking by the mother. It is therefore vital that informed consent is based on victim-centred practice so as to ensure that when a victim provides consent to share information, they have a clear understanding of what information will be shared, when it will be shared, and with whom it will be shared (Jones, 2016). Policy, protocols, and, in some jurisdictions, legislative change would be required to ensure that perpetrator privacy was not allowed to trump the safety of women and children.

See Policy Recommendation 4.

Universal risk assessment and risk management

Risk assessment and risk management tools assist practitioners to assess the type of intervention required to respond to a DFV incident. There has been an increasing move to align risk assessments across the statutory and non-statutory sectors, including child protection and specialist DFV services. However, the use of the same risk assessment and risk management procedures for DFV within each state was not evident. Participants in the PATRICIA project drew attention to the Structured Decision Making tools used by child protection in New South Wales and Queensland and the lack of detail on risk indicators for DFV. Other participants in the project drew attention to the ways in which the principles from Safe and Together could be incorporated as an accompaniment to standard or validated tools. The experience of high-risk panels, for example the Risk Assessment and Risk Management Panels in Victoria or Family Safety Meeting in South Australia, where there is a shared risk assessment procedure between organisations, was highlighted as an example of good collaborative practice because it ensured consistency of responses within and across responding services, minimised the risk of referral information being misunderstood or overlooked, and enabled collection and analysis of quality data about responses to DFV.

See Policy Recommendation 5.

Differential response

In the case of children affected by DFV, a differential response ensures that children who do not reach the threshold for a child protection investigation are referred to other services, specifically specialist DFV services. Such referrals require strong collaborative practice. The PATRICIA project found that several states (New South Wales, Victoria, and Western Australia) had established or were piloting a differential response; in other words, through a triage or other process, children were not automatically referred to child protection when found to be living with DFV, but could also be referred to other services. It was a strongly held view of the Project Advisory Group that providing alternative referral pathways for children was imperative; moreover, that taking children into child protection services only to immediately refer them on, or take no further action, undermines the trust of DFV victims/survivors in the service system.

Services in each state were interested to explore the processes through which children living with DFV and who did not reach the threshold for a child protection investigation could be referred or diverted to other parts of the service system, including specialist DFV services. While there was agreement in the project advisory group that this was an ethically important development, it was unclear from the PATRICIA project data whether diversion from child protection actually provided an alternative service pathway or effective intervention that supported the wellbeing and safety of children and the non-offending parent (usually the mother).

Synthesis of findings from the Pathways Project and the Victorian Multi-Agency Triage case study indicated that collaborative strategies to support diversion of children and women away from child protection to other parts of the service system required an authorising environment between organisations and agreements about risk thresholds—that is, how to consistently identify different levels of risk. See Policy Recommendation 6.

Co-location or face-to-face working

The case studies indicated that co-location or at least face-to-face meetings were highly valued in the development of collaborative practice. While sustainability of an initiative requires an authorising environment with protocols that go beyond the individuals involved, the relationships established, organisational empathy, and the potential cooperative case planning and working were facilitated by face-to-face meetings or co-location. Face-to-face working often overcame the problems associated with a “culture of referral”, in which there are often no feedback loops. Strong DFV intervention requires tight working relationships and communication between practitioners to ensure that the perpetrator (mainly, but not exclusively, male intimate partners and ex-partners) of violence cannot exploit

the gaps in the system to re-establish or maintain his power over the women and children involved. Co-location of multi-agency collaborators (or regular work face-to-face) was significant in tightening and sustaining working relationships.

Family law

Due to the nature of the service systems, the attention to family law alongside the CP and DFV that was originally envisaged for this project was given less focus than anticipated. The links to the family law arena (family relationships centres, family assessments, dispute resolution processes, Federal Circuit Court, family law court) were disturbingly absent from the collaborations between DFV and CP. The case studies and the case-reading process highlighted the disconnection of DFV and CP interventions from the family law system and the problems for protection of children and their mothers from ongoing post-separation violence and abuse. The lack of engagement with the family law system was a constant theme in the case studies and case-reading projects. The continued vulnerability of children to exposure to abuse following separation was often noted, but the collaborative processes that would be required to better connect the family law arena with DFV and CP interventions remained unexplored through the PATRICIA project. Evidence of the impact of violence and abuse on children was rarely recorded adequately in child protection files and the case studies noted that family law issues were rarely addressed in ways that would enable the protection of children from ongoing contact with an abusive father.

See Policy Recommendation 7 and Practice Recommendation 7.

Child protection data systems

There is considerable variation in each state’s legislation, CP systems, and data management systems. Different ways of defining DFV, whether DFV or exposure to DFV is subject to mandatory reporting, and the different ways and points of recording DFV across jurisdictions, for example, makes it difficult to undertake comparative analysis of changing rates of DFV in CP reports. To facilitate future research and thus better inform policy and practice, it is recommended that a foundation of evidence for the CP system be created so that there is accountability to children and their families. A comprehensive dataset is needed to allow for a complex understanding of children’s pathways through multiple systems.

This would include the development of data communication and linkages between systems, including police, CP, and DFV services. It also needs to be able to examine the impact of services in reducing re-entry into the CP system.

See Policy Recommendation 8.

Recommendations to inform policy, practice, and research

Policy recommendations

1. That the sustainability of collaboration between child protection and specialist DFV services be supported through formalisation of protocols; agreements about information sharing, shared risk assessment and risk management tools; and joint training. Additional support should be considered for sustaining collaborations in remote, regional, and rural areas.
2. That policy development align with the NOSPI and take account of developments (such as high-risk DFV panels) that would need to align with Safe and Together principles.
3. That the DFV intervention systems develop programs which engage fathers who use violence to address the impact of abuse on their children.
4. That appropriate policy and legislative changes be created to allow the sharing of information about the perpetrator of DFV within appropriate collaborative forums and based on an informed consent process that is victim-centred.
5. That common risk assessment and agreements about the strategies for the management of risk should be developed and implemented in all jurisdictions and that these frameworks, tools, and associated protocols be a fundamental requirement for effective practice between child protection and specialist DFV services.
6. That policy be developed and implemented for a differential response for children living with DFV. This will require investment in diversionary pathways to ensure that, where appropriate, children and their mothers receive services outside child protection.
7. That high-risk conferences and their members, child protection workers, and specialist DFV workers should develop policies that ensure that more-effective protocols are developed that have positive impact on the family court arena and mitigate post-separation child abuse.
8. That the CP database in each jurisdiction is further developed to allow more detail on the context in which DFV emerges and is managed by CP workers.

Practice recommendations

1. That child protection organisations, in conjunction with the NGO sector, continue to explore and implement practice training and coaching with (or based on) the principles and resources derived from the Safe and Together approach developed by David Mandel to respond to DFV.
2. That the Collaborative Practice Framework for Child Protection and Specialist Domestic and Family Violence Services be used to provide guidance for training and development of workers in partnerships between child protection and specialist domestic and family violence organisations.
3. That collaborative processes be informed by improved assessments of the risks and impacts of DFV on children and on the mother-child relationship. This entails separate assessments of risks being made in relation to the adult victim, child victim, and the mother-child relationship.
4. That appropriate policy and legislative changes be created to allow the sharing of information about the perpetrator of DFV within appropriate collaborative forums and based on an informed consent process that is victim-centred.
5. That practice developments be supported in order to widen the DFV service response to include intervention pathways for fathers who use violence, and that statutory and non-statutory workers be trained to support this service response.
6. That because risks to worker safety may be increased when attention pivots to the perpetrator and there is greater scrutiny and engagement with the perpetrator's behaviour, agreed safety guidelines and protocols should be developed within the collaboration between CP and DFV services.
7. That practitioners across sectors should be trained and supervised to document the impact on children of living with fathers who use violence to ensure that evidence is available to support the continued protection of children.

Research recommendations

A number of recommendations arose during the PATRICIA research project, which either indicate gaps in knowledge and thus in practice development, or else could represent the next steps in further research. These include the following recommendations:

1. That research is conducted about outcomes on a number of levels relating to the efficacy, efficiency, effectiveness, and ethicality of collaborative initiatives and perpetrator accountability.
2. That research is undertaken to explore the development of, and outcomes from, practice focused on fathers who use violence (“the pivot to the perpetrator”).
3. That national research on Indigenous children in child protection is undertaken.
4. That a research project with a particular focus on the interface between child protection and specialist DFV services and programs from the perspective of clients (adults and children) is undertaken.

Section 1: Introduction

The creation of a service system which responds to the safety and wellbeing of women and their children, alongside supporting accountability for those who perpetrate domestic and family violence (mainly, but not exclusively male intimate partners and ex-partners), has been a circuitous journey. It is a complex system to negotiate, not only for the woman and children, but also for workers, managers, and policy-workers in child protection organisations and community sector and non-government organisations (CSOs/NGOs) (Stanley, Miller, Foster, & Thomson, 2011).

The history of the relationship between child protection and CSOs/NGOs has often been challenging, with organisations working independently in “silos” with little reference to each other. Marianne Hester (2012) described this siloing as organisations being situated on different planets, where the service response to women and their children appeared to be highly dependent upon the planet on which they arrived rather than on their identified needs.

The patterns of siloing between these organisations are persistent (Douglas & Walsh, 2010). The repeating nature of these problems suggests that there are structural barriers which go beyond the motivations of individual workers and which will therefore take significant creativity and policy re-design to overcome (Humphreys & Absler, 2011). A number of issues are critical:

- the need to understand when and how to provide a differential response for children who are at risk of significant harm;
- agreements between services about how to manage the overwhelming nature of demand;
- the recognition in both the women’s services sector and child protection organisations that they are working with at least two victims—an adult and a child;
- the positioning of the service system in relation to justice, child protection, and non-mandated services for men who use violence;
- the interface with other services that respond to the complex needs (mental health, drug and alcohol, and gambling) of women, children, and men (Laing & Humphreys, 2013); and
- the contradictions demanded for women in being a “protective parent” in the child protection context and simultaneously a “friendly parent” in the family law context (Kaspiew, Gray, Qu, & Weston, 2011). Changes to family law legislation in 2012 provide opportunities for a shift in culture and decision-making in relation to DFV, but are yet to be fully understood and realised in practice.

While patterns persist, organisations throughout Australia are beginning to address these critical issues. For example (and as exemplified in the case studies presented in this report):

- new demonstration sites for integrated responses to DFV and CP are being created in all states;
- several joint training initiatives involving DFV, CP, and other frontline practitioners have been instituted;
- responses to women and their children at high risk of harm are being developed in each state;
- attention is being drawn to increasingly problematic practices in the family law area; and
- several states (notably Queensland with over 1000 child protection workers having received various levels of training) have engaged the US-based David Mandel and Associates to work towards adopting the Safe and Together approach to child welfare to improve practice in the area of child protection (CP) and domestic and family violence (DFV).

The **PATHways** and **Research In Collaborative Inter-Agency practice** (the **PATRICIA** project) focused on the collaborative relationship between community-based specialist DFV services which support women and their children, and statutory child protection organisations. The project adopted a participatory action research process to explore the evidence and strengthen the co-design of collaborative working between CP and specialist DFV services. The attention to perpetrator accountability in the context of collaborative work became a strong focus of the research, with the granting of resources to expand the project’s purview some months after it had started. The intended outcome was to use evidence to foster greater collaboration to support the safety and wellbeing of women and their children, and strengthen accountability for perpetrators of DFV.

The project drew together participants from five states of Australia: New South Wales, Queensland, South Australia, Victoria, and Western Australia. It included: a team of nationally and internationally recognised academics in the area of domestic and family violence (Professors Cathy Humphreys, Sarah Wendt, Patrick O’Leary, and Donna Chung; Associate Professor Lesley Laing; and Drs Menka Tsantfesi, Fiona Buchanan, Sue Heward-Belle, and Lucy Healey) and child protection and children’s services (Professors Marie Connolly, Aron Shlonsky, and Ilan Katz); alongside community sector organisations with expertise in research, reviews, and research implementation (Drs Robyn Mildon and Michelle

Macvean from the Parenting Research Centre and Dr Debbie Kirkwood from the Domestic Violence Resource Centre Victoria); and DFV organisations and peak bodies (DV Vic, No To Violence and Men's Referral Service, WA Women's Council for Domestic and Family Violence Services); other NGOs (Domestic Violence Resource Centre Victoria and Victorian Aboriginal Child Care Agency); and Women's Legal Services NSW and Victoria. Representatives from statutory child care departments in New South Wales, Queensland, Victoria, and Western Australia were also active members. Each component and state had a team of researchers who supported the research (see Appendix K).

Project structure and reports

This Horizons report is one of five types of publications by ANROWS related to the project. It is structured to present the results of each of the components of the PATRICIA project (see Figure 1). The five components were:

- 1) A state of knowledge study, which was a scoping review of evaluations of 24 models of interagency working involving child protection, DFV, and family law.
- 2) The Pathways research, which looked at the systems level interface between the CP and DFV systems using CP datasets from New South Wales, Victoria, and Western Australia.
- 3) The Perpetrator Accountability case reading of child protection practice, which involved a structured case reading of four child protection files per state (a total of 20 case files drawn from NSW, Qld, SA, Vic., and WA) guided by the Safe and Together approach to child welfare (this approach is discussed below).
- 4) Case studies of five positive collaborative initiatives involving CP and DFV in each state (NSW, QLD, SA, Vic., and WA). Summaries of the case studies appear in the appendices of this Horizons report (see Appendices F to J).
- 5) The development of a Collaborative Practice Framework for Child Protection and Specialist Domestic and Family Violence Services. This was informed by the findings of the previous components and by the expertise of the project advisory group provided during the third (and final) workshop in August 2016 and in subsequent written and verbal feedback in response to drafts of final reports circulated to the members of the project advisory group by the research team.

This report particularly concentrates on findings from the Pathways research; Perpetrator Accountability: case reading of child protection practice, using the Safe and Together resources to analyse case files (drawn from the five states); and the five case studies (each located in a different state). The latter endeavoured to identify the key issues in developing and sustaining strong collaborations between specialist services in DFV (provided by NGOs) and CP.

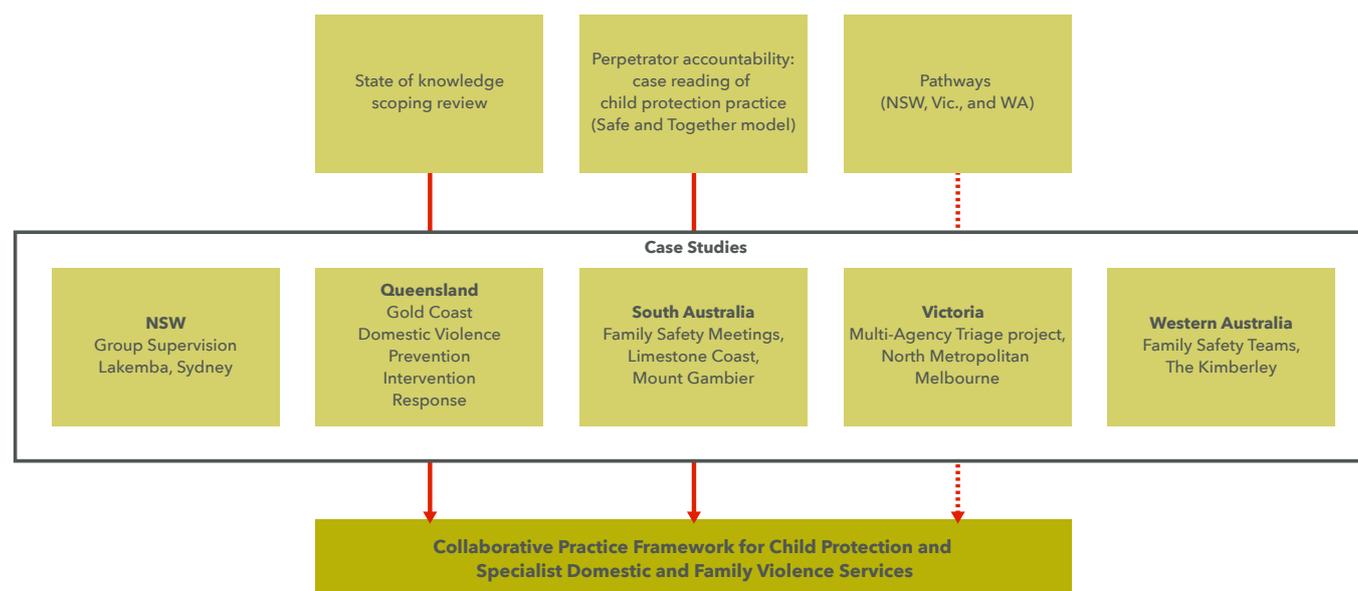
The four other types of publications for the PATRICIA project provide greater detail on each of the components of the project, specifically:

- Landscapes: the full scoping review of models of interagency working;
- Compass: the detail of the Collaborative Practice Framework for Child Protection and Specialist Domestic and Family Violence Services and a summary of implications for policy and practice of the full PATRICIA project; and
- Three briefing papers:
 - State of knowledge: a short summary of the Landscapes;
 - Pathways: further detail on the methodology, findings, and implications of the stream of research that examined the interface between CP and DFV systems;
 - Case reading: further detail on the methodology, findings, and implications of the structured case reading research component.

Taken together, the five types of resources provide a suite of publications that detail the full scope and implications of the PATRICIA project.

Figure 1 The components of the PATRICIA program of action research

ANROWS PATRICIA program of action research



Research aim and questions

The overarching research question, which focused all aspects of the project, was:

What are the elements that facilitate differential pathways and appropriate service system support for the safety and wellbeing of women and children living with, and separating from, domestic and family violence in an integrated intervention system with a specific focus on child protection and specialist DFV services?

The research aims were:

- 1) To provide a scoping review of the evidence specific to collaborative working in the fields of child protection, family law, and domestic and family violence.
- 2) To synthesise the evidence to identify the elements required to collaborate in working with child protection, DFV, and family law services.
- 3) To apply the identified criteria for collaboration across five case studies in different states of Australia to elucidate a rich understanding of the barriers and facilitating factors for collaborative working.
- 4) To use current data from state child protection systems to understand the differential service pathways for a diverse group of women and their children living with DFV and how these differ from cases where DFV is not reported.
- 5) To apply the Safe and Together case reading method to illuminate the strengths and problems in current statutory child protection practice where there is DFV.
- 6) To provide recommendations for policy, systems, and service delivery improvements at the interface of child protection, family law, and domestic violence systems.

Each research element was framed also by its own set of research sub-questions that will be identified at the commencement of reporting on that aspect of the research.

Methodology

An action research methodology underpinned the research design creating the framework through which a strong, collaborative research process was established. The project advisory group (see Appendix A) provided the structure for the action research process. They played a synthesising role, driving the project, realising the aims of the research and creating a vehicle for ownership of the research findings, developing recommendations, and the potential for implementation. Other parts of the project involved iterative action-learning processes. These included state-based workshops to feedback key findings from the case reading project and critical issues arising from the state-based case studies. Two of the case study sites (New South Wales and Victoria) also created an action research process within the site.

Participatory action research, particularly in the current context of potential systems' change across the CP–DFV nexus, involves “changing things in the process of studying them” (Wicks, Reason, & Bradbury, 2008). In doing so, it proceeds through iterative cycles, bringing together the “right” interested stakeholders, posing questions, gathering and analysing data, reflecting on findings and insights, and taking new actions with further data-gathering, analysis, and reflection (Wadsworth, 2010).

A mixed methods research design was also chosen to incorporate the different projects (Creswell, Klassen, Plano Clark, & Smith, 2011). The scoping review was undertaken using a systematic approach to the literature developed by Arksey and O'Malley (2005). The Pathways data analysts at the University of Melbourne purpose-designed their analysis of administrative data systems in consultation with the government data analysts and data technicians in each of the respective child protection agencies. The reason for this approach was that administrative data are not designed for complex, longitudinal analytics and require cleaning and restructuring in order to obtain results. All analysts worked closely together to sort through issues from data extraction to creating a working dataset for analysis.

The Perpetrator Accountability case reading project used the documentary analysis method developed by David Mandel & Associates (n.d.), while the case study sites used the multi-site case study approach developed by Stake (2006). The different projects with their varied data-gathering processes also provided scope for triangulation (Curtin & Fossey, 2007). In the summary and recommendations section of this report, attention is provided to relevant aspects of triangulation that contribute to answering the overarching research question.

Ethics approval was obtained through the University of Melbourne Human Research Ethics Committee for these components: The PATRICIA Project—Action Research Workshops (Ethics ID 1543684); the Pathways component (Ethics ID 1543840); and the case study and case reading components (Ethics ID 1545721). These applications were then registered with the relevant

organisations involved in the project, a process for multi-site research recommended under the NHMRC Ethical Guidelines (2007). While aspects of the research were organisationally sensitive, the PATRICIA project was not deriving data about individuals' lived experiences of violence. Steps were taken in the different elements of the research program to ensure confidentiality through the provision of synthesised reports across states rather than providing comparisons of one state with another. When files or administrative data were used, de-identification processes were implemented.

A valuable aspect of the ANROWS auspice was that state-based representatives to ANROWS and contributions from state departments provided significant interest and stake in the project. This ensured that permission for research within statutory child protection organisations had been agreed prior to the research commencing and thus the essential support letters to append to the ethics application were relatively straightforward to secure.

Insights from the scoping review

The state of knowledge study was a scoping review of evaluations of 24 models of interagency working with some degree of child protection involvement. Nine models were centred on domestic and family violence services, ten centred on child protection, and five were court-based models. Nine of the 24 models were Australian (Macvean, Humphreys, Healey, Albers, Mildon, Connolly, & Spada-Rinaldis, 2015).

Using systematic search and selection processes, the scoping review mapped out the evaluations in order to address the question:

What processes or practices do child protection services and specialist domestic and family violence services or family law engage in so that they can work better together to improve service responses for women and children living with and separating from family violence?

A framework for assessing interagency working was developed by the Parenting Research Centre, Social Policy Research Centre, and the University of New South Wales, drawing on the works of Foster, Stephens, Krivelyova, & Gamfi (2007), Lowell, Carter, Godoy, Paulicin, & Briggs-Gowan (2011) and Margolis et al. (2001). It examined aspects of interagency working with reference to seven criteria, distributed between infrastructure and service components (see Table 1).

Table 1 Interagency working components framework

Infrastructure components	Examples
Governance	Policy developments, revised goals and mission, reorganisation of departments, co-location.
Management and operations	Funding, staff development, organisational change processes, leadership
Service array	Spectrum of services addressing gaps or overlaps, insufficiencies in level of service provision, life course considerations, geographic location
Quality monitoring	Implementation assessment, monitoring processes
Service components	Examples
Entry into the service	Number of entry points, assesment/intake
Service planning	Formal or informal arrangements for working towards service goals, sharing resources and information
Service provision	Quality service to cater for individual or family needs, diverse populations

The overall finding was that there is little definitive data on interagency working with child protection involvement because of insufficient evidence about what works for the services and systems or individuals being served. For this reason, the review team was unable to assess effectiveness of collaborative initiatives, instead reporting aspects that were commonly used and contributed to collaboration. However, the review team noted a number of the models examined altered aspects of interagency working. From the most commonly altered component to the least, they involved changes to:

- management and operations, particularly relating to training in 19 of the models;
- service provision improvements to the quality of services for families in 19 models;
- service planning relating to formal and informal arrangements for joint working in 18 models;
- governance, such as policy revision and co-location, in 14 models;
- quality monitoring in 12 models; and
- the service array, relating to addressing gaps and overlap in services in nine models.

The review also noted that the models undertook a number of processes that may have specifically facilitated interagency working with child protection. These included the:

- development of formal agreements for working together and sharing information;
- use of operations manuals;
- shared theoretical frameworks, goals, and vision;
- co-location;
- shared data management and security systems;
- formation of committees;
- appointment of agency representatives and coordinators or liaisons;
- allocation of specific child protection funding;
- role clarification;
- shared intake and referral procedures;
- common risk assessments;
- agreements to include child protection in various aspects of services;
- training on interagency working; and
- cross-agency leadership.

Section 2: Insights from the Pathways Project

The Pathways component of the PATRICIA project examined the systems level interface between the child protection (CP) and domestic and family violence (DFV) systems using longitudinal, unit record data obtained from CP in New South Wales, Victoria, and Western Australia. The purpose of this analysis is to understand how CP systems deal with families where DFV is identified in an initial report, and how these cases differ from cases where DFV is not reported.

Aims and research questions

Two underlying issues drove the research questions. The first is the concern that DFV is not adequately identified or taken into account in the CP system. The second is the concern that the CP system is being inundated with reports involving DFV, many of which do not meet the threshold for significant harm, and these children are being inappropriately drawn into the CP system. The analysis is intended to inform policy and practice so that efforts to address DFV do not involve subjecting children and families to unnecessary or unhelpful CP investigations, assessments, or placement in out-of-home care.

The specific research questions driving the Pathways component of the project were:

- 1) How have rates of DFV in CP reports changed over time in the three states involved in the study?
- 2) What are the pathways through the CP system for families where DFV is identified in the initial report and how do these differ from families where DFV is not identified as a concern?
- 3) What other identified CP concerns tend to co-occur in families where DFV is identified?

Methodology

A longitudinal approach was undertaken to answer the key research questions. That is, rather than simply looking at the number of children receiving CP services, the analysis broadly considered: 1) How overall rates of CP reports have increased or decreased with respect to the documented presence of DFV; and 2) the likelihood that children would move deeper into the CP system, and whether this is associated with known DFV.

Sources of information

The analysis looks at all reports to child protection services from 2010-11 to 2014-15 in three Australian states: New South Wales, Victoria, and Western Australia. While cross-state analysis provides a big picture, there is considerable variation in legislation, the CP systems, and data management systems between jurisdictions. This requires the cautious interpretation of differences between states, given that state differences may be due to different data collection procedures as well as variation in CP policies. Table 2 outlines information about the data collected in the three states. For example, DFV is recorded differently in Victoria compared to the other two states. Thus the analysis does not compare the three CP systems in terms of their effectiveness in dealing with DFV. Rather they are illustrative of how different systems identify and respond to this issue.

Table 2 Comparing data from New South Wales, Victoria, and Western Australia

	New South Wales	Victoria	Western Australia
Reports included in analysis	Only reports meeting the threshold of risk of significant harm (ROSH)	All reports	Only reports with a child of concern identified
Definition of reported DFV included in data analysed	Reported primary or non-primary issue at time of report	DFV is identified as a concern for a child's safety at any stage during the course of involvement with CP and it is unclear at which point DFV is identified in the data without reading the detail of each report. For this reason, only data represented in DFV police reports referred to CP were analysed. This represents a substantial proportion of cases in which there is DFV	Reported issue at time of report
Definition of CP history	Previous ROSH report	Previous investigation	Previous investigation
Mandatory reporting	Mandated reporters must report sexual abuse and incidents where a child or youth who is "at risk of significant harm" of any abuse type (physical abuse, sexual abuse, emotional/psychological abuse, neglect, exposure to DFV). These reporters include: health care, welfare, education, children's services, residential services, and law enforcement workers providing services to children	All adults must report sexual abuse. Mandatory reporters must report physical abuse, which includes registered teachers or early childhood teachers, principals, registered medical practitioners, nurses, midwives, and police	Sexual abuse must be reported by doctors, nurses, midwives, teachers or boarding supervisors, police officers, and legal personnel. Court personnel, family counsellors or consultants, family dispute resolution practitioners, arbitrators, or legal practitioners are mandated to report that a child has been abused or is at risk of being abused (neglect, physical, or sexual abuse)

Study design

The Pathways Project used a purpose-designed database developed in consultation with the government data analysts and data technicians in each of the states. This was necessary in order to identify similarities and differences in the type, structure, and meaning of data elements used by each state in their management information systems (MIS). Data were harmonised where possible (considered and treated similarly) or were treated as state-specific constructs to be analysed separately.

The Pathways Project contained two separate analyses. The first, the full reports analysis (n = 428,880), which consisted of all reports to CP services in New South Wales (n = 232,962), Victoria (n = 149,394) and Western Australia (n = 46,524) that occurred between July 2010 and June 2014. Children included in this first analysis could have one or more reports (i.e. the report itself is the unit of analysis) and the analysis focused on:

1. The way in which rates of reports involving DFV over the study period (2010-11 to 2013-14) changed in the three states.
2. Which other reported CP concerns tended to co-occur in reports where DFV was identified.

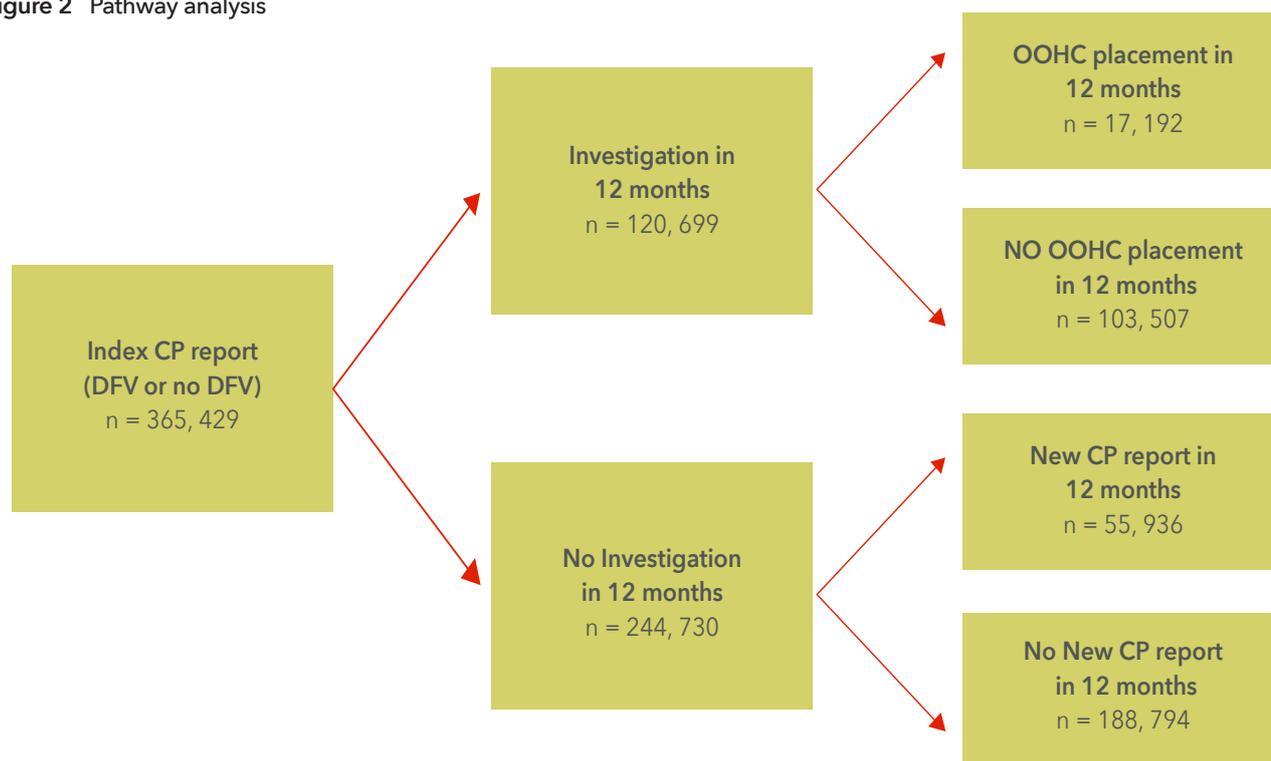
The second, pathways analysis, focused on children and families' typical course of involvement with the CP system. This includes the nature and extent of interactions from initial report of a

CP concern to whether this was followed by another report, a formal investigation, and placement in out-of-home care (OOHC). The pathways analysis used a unique approach to sampling that was designed to take account of the fact that children can encounter the CP system multiple times, and that each observed event (report, re-report, investigation, placement in OOHC) can be the child's first, next, or last such encounter. This reflects real-life CP practice, where workers have a mix of cases that include children who are new and not new to the system. The approach involved:

1. Taking the full report sample of children (all reports from July 2010 to June 2015).
2. Selecting only those reports that occurred between July 2010 and June 2014 in order to ensure that we could observe each child's pathway for at least 12 months.
3. From the selected reports, a single report for each child was randomly selected. This was called the index report.

The resulting pathways analysis sample (n = 365,429) consisted of all children from New South Wales (n = 183,887), Victoria (n = 136,118) and Western Australia (n = 45,424), each of them having a single "index" or focus report, which is where we started the pathway for each child.

Figure 2 Pathway analysis



Two major decision-making points were focused on in the pathways analysis (illustrated in Figure 2):

- which cases to investigate; and
- whether to place the child in out-of-home care (OOHC).

At each of the three stages (report, investigation or no investigation, placement in OOHC, or new report); analyses were conducted comparing children with index reports that involved DFV versus those who did not. Where possible, multivariate statistical analyses were used to isolate and describe the independent influence of DFV on the likelihood of moving down the CP continuum (i.e. report to investigation, investigation to placement in OOHC) while accounting for other known influences (e.g. child protection history, Aboriginal or Torres Strait Islander status).

Results

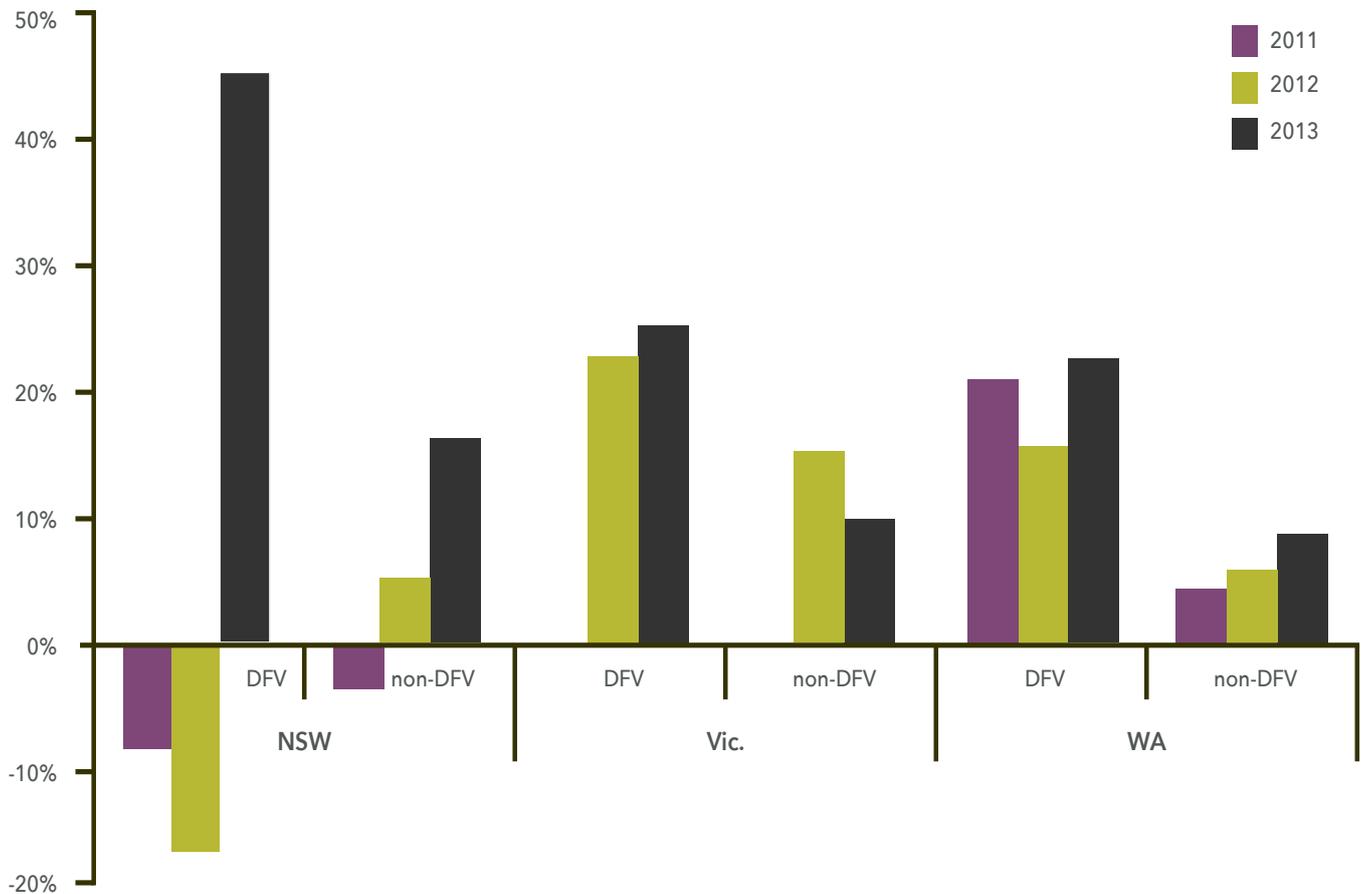
Key findings from the full report analysis

Broad trends within and between states

Across the three states, DFV accounted for about 16 percent of all child maltreatment reports for the years 2010-11 to 2013-14. Overall,¹ there was a net increase in CP reports across all states and maltreatment concerns. Western Australia had the highest proportion of DFV concerns in initial reports, comprising about 27 percent of all reported child maltreatment concerns between 2010-11 and 2013-14. New South Wales and Victoria were similar, with about 16 percent and 13 percent respectively over the same time period.

1. In Victoria only police reports to CP were included due to the way in which Victoria identifies cases involving DFV. The only certain way identifying DFV at the report stage (rather than identification at a later stage of involvement) was to limit the report sample to those referred to CP by police at report stage.

Figure 3 Yearly proportional change in reports by concern type in NSW, Victoria,^a and Western Australia, 2010-2014



Note: n = 428,880^b

a. Change from 2010-11 to 2011-12 in Victoria not shown, as DFV was not counted reliably at report stage prior to 2011-12. Victoria DFV reports in this analysis are limited to those referred by police. As a result, Victoria data presented here are a substantial undercount of maltreatment reports where DFV is a concern.

b. Numbers may differ slightly from previous reports as a result of ongoing improvements in data quality.

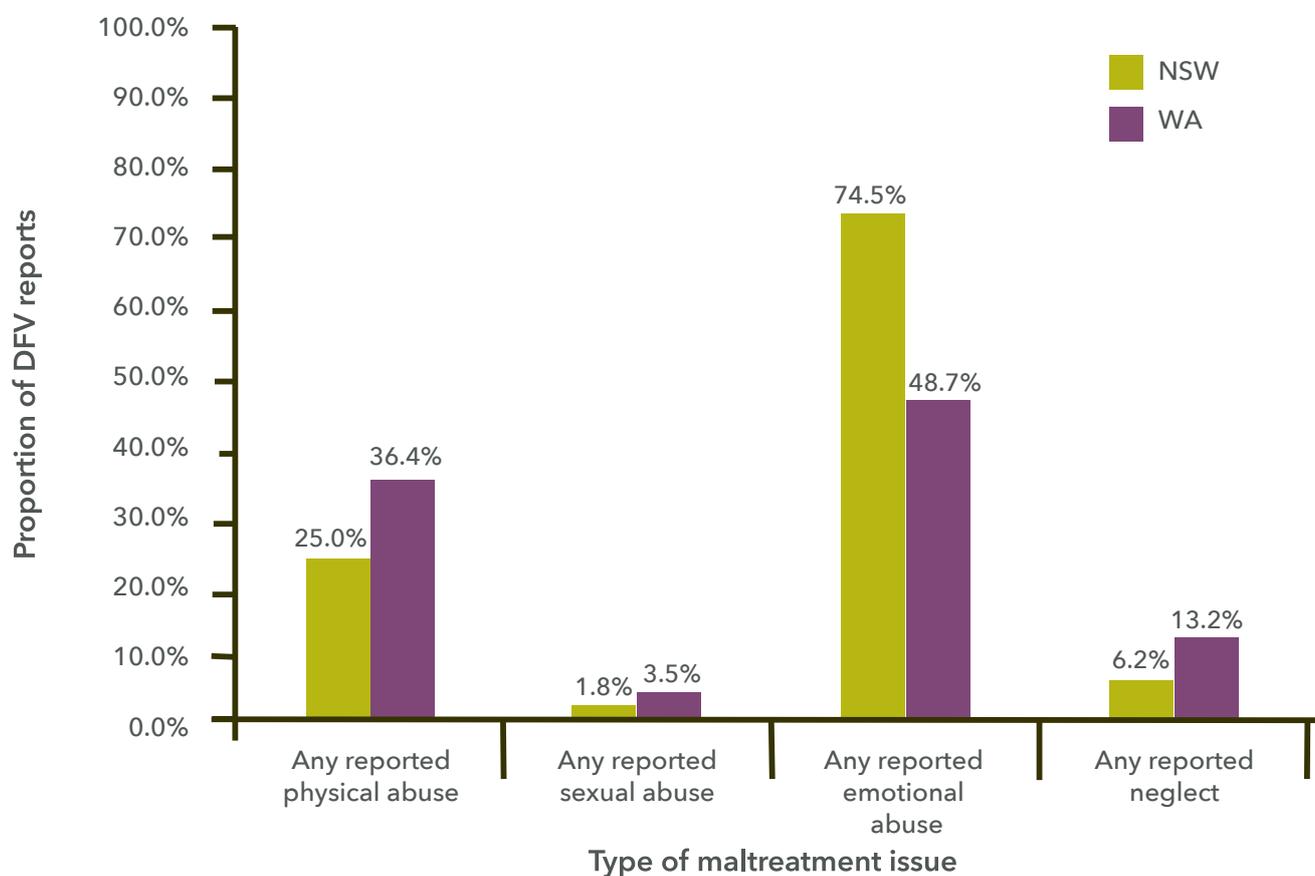
However, as shown in Figure 3, DFV reports increased far more quickly than non-DFV reports in Victoria and Western Australia:

- In Victoria, reports involving DFV increased by 52 percent while non-DFV increased by 17 percent between 2010 and 2014.
- In Western Australia, reports involving DFV increased by 70 percent while non-DFV increased by 19 percent between 2010 and 2014.
- In New South Wales, reports involving DFV increased by 11 percent while non-DFV increased by 17 percent between 2010 and 2014.

In Victoria's CP data system, DFV is considered a concern for a child's safety, in addition to one of four abuse types (physical, sexual, and emotional abuse and neglect). This concern is updated throughout the life of the case; in other words, without a close reading of each child's case file, it is not possible to determine precisely when DFV was identified. In this analysis, in order to isolate DFV at the report stage from

DFV identified at a later stage of child protection's involvement with a child or family, a report was categorised as involving DFV if it was referred to CP through a police DFV incident report. Therefore, the results from Victoria must be interpreted with caution, as these represent a substantial underestimate of DFV reports from other reporters, and increases in years are likely to be associated with this method of counting. For example, the greatest single increase in DFV reports was in Victoria between 2010-11 and 2011-12 (not shown). However, this was almost certainly attributable to changes in police standing orders to refer DFV incidents involving children to CP. In addition, the police code of practice for the investigation of family violence requires that police make a report to CP or Child FIRST (family services that are provided as an alternative to CP). However, in practice, the differential system of referrals is not working effectively and police most often refer cases to CP rather than Child FIRST, or to both services due to difficulty assessing where the referral should go (State of Victoria, 2016). Later years in Victoria have seen

Figure 4 Type of maltreatment issues reported with DFV in New South Wales and Western Australia, 2010-2014



Note: (n=48,429)

heightened public awareness of DFV due to several high profile incidents and inquiries, including the Royal Commission in Family Violence, which in turn has probably led to increased reporting to police and CP.

In New South Wales, one explanation for the lower trend in CP reports when compared to Western Australia and Victoria involves the implementation of Keep Them Safe (KTS), which increased the threshold for actionable CP reports and diverted a large number of cases to newly established child wellbeing units. This may have disproportionately affected DFV cases (i.e. a greater proportion of cases involving DFV was diverted than those not involving DFV). That said, the change from 2012 to 2013 in New South Wales is dramatic (34%), more than double the increase in non-DFV reports (16%).

Co-occurrence of DFV and other forms of concern in New South Wales and Western Australia

DFV does not tend to occur as the sole source of concern and is more often paired with another maltreatment concern if it is present (Figure 4). In Western Australia,² 27 percent of reports involved either DFV only (8.7%) or DFV and other concerns (18.2%), while New South Wales was lower both in overall reports involving DFV (15%) and whether DV occurred alone (2.5%) or was present with other concerns (12.9%).

Figure 4 shows the type of maltreatment issues reported with DFV in New South Wales and Western Australia. Across both states a majority of child maltreatment reports with DFV also involved other abuse and neglect concerns, with emotional abuse (74.5% in New South Wales, 48.7% in Western Australia) being the most common, followed by physical abuse (25% in New South Wales, 36.4% in Western Australia). Emotional abuse may be reported in conjunction with DFV as a matter of course rather than as a distinctly different maltreatment type. That is, when children witness DFV, caseworkers may also indicate that this is a form of emotional abuse experienced by children. Nonetheless, these reports suggest that maltreatment concerns often occur alongside DFV concerns and indicate that a substantial proportion of families with reports of DFV have challenging and complex needs that extend beyond DFV concerns. Moreover, it also suggests that households with DFV concerns may be involved in the CP system in similar ways as families with other concerns.

2. Only New South Wales and Western Australia were included in this analysis, as we were unable to isolate DFV-only reports in Victoria.

Key findings from the Pathways analysis

Detailed demographic and case characteristics of children reported for DFV

There were a total of 70,951 children reported for concerns involving DFV across the three states between 2010-11 and 2013-14, about half of whom were aged five and under (Table 3). Similar to other types of CP concerns, Aboriginal and Torres Strait Islander children were over-represented (16%) with respect to their numbers in the general population (4%; Australian Bureau of Statistics, 2014a; 2014b; 2015). Children were also characterised by previous involvement in the CP system, with almost 30 percent previously reported to CP at a risk level high enough to open a CP investigation.

Table 3 Characteristics of children reported for DFV in New South Wales, Victoria, and Western Australia, 2010-2014

Child characteristics	n	%
<i>Age</i>		
<1	10,129	14.3%
1 to 2	11,185	15.8%
3 to 5	13,738	19.4%
6 to 11	21,199	29.9%
12 to 15	11,259	15.9%
16+	3,236	4.6%
Unknown	205	0.3%
<i>Gender</i>		
Female	33,378	47.0%
Male	34,243	48.3%
Unknown	3,330	4.7%
<i>Indigenous status</i>		
Indigenous	11,334	16.0%
Non-Indigenous	59,617	84.0%
<i>Child protection history</i>		
CP history	20,079	28.3%
No CP history	50,872	71.7%
Total	70,951	100.0%

Note: n = 70,951

- New South Wales includes only ROSH reports
- Western Australia includes only reports with a child of concern identified
- In New South Wales and Western Australia, DFV is any identified DFV in a child protection report
- In Victoria, DFV comprises referrals to CP through a police DFV incident report
- CP history refers to previous reports at a risk level high enough to investigate

Analysis

The results of the Pathways analysis are summarised visually and include the likelihood of investigation and placement in OOHC (Figure 5) and likelihood of experiencing a re-report or “churn” if not investigated (Figure 6). Each stage of progression through the system is broken down into two groups by whether the initial (index) report for each child (n = 365,429) involved DFV or a different concern.

Reported concern

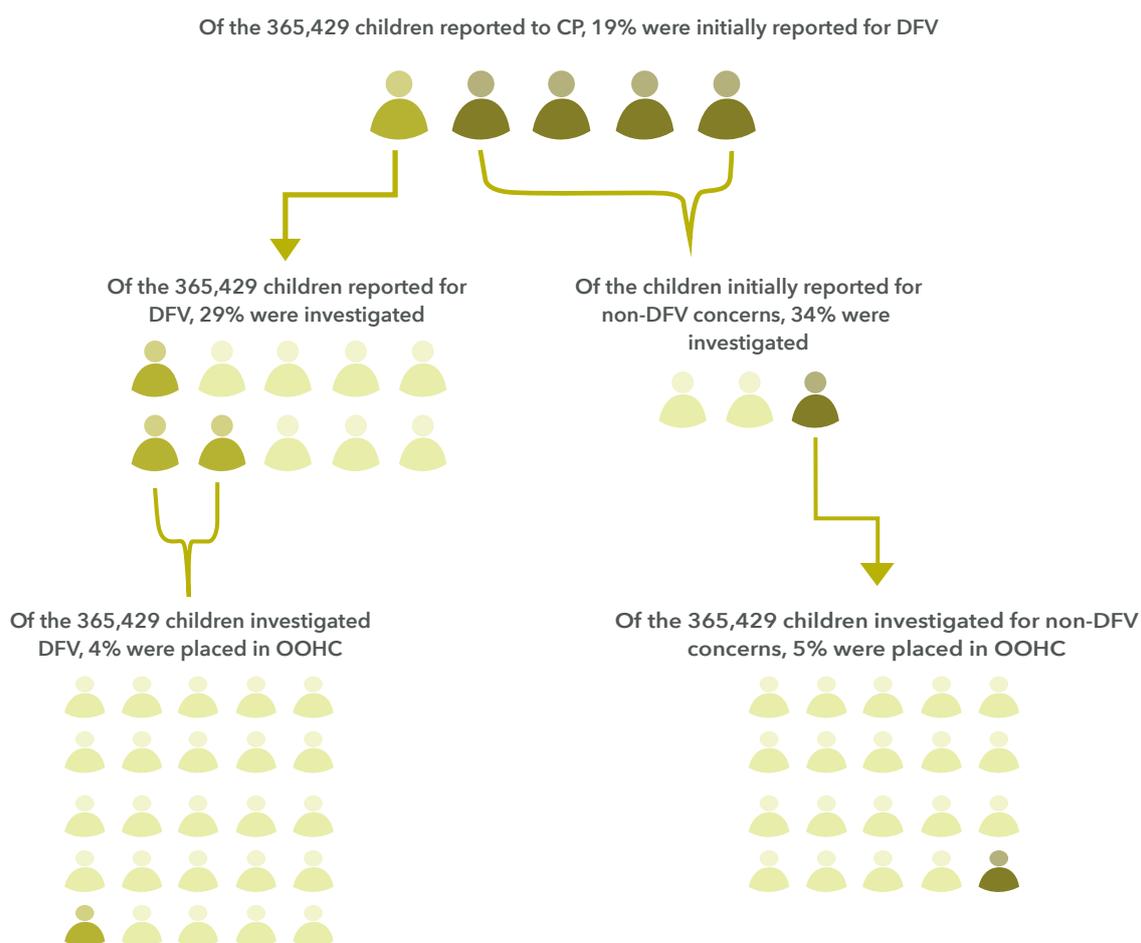
Between 2010 and 2013, almost one-fifth (19%) of all reports across the three states involved DFV compared to reports for other concerns (81%).³

Investigation within 12 months (Figure 5)

Overall, 33 percent of children reported to CP (n = 120,699) were investigated within 12 months.⁴ Children reported for DFV (29%) were slightly less likely to be investigated in comparison to children reported for other concerns (34%). When modelled statistically (i.e. isolating the independent effect of each available demographic and case characteristic),⁵ the following was observed:

- Children reported for DFV were less likely to be investigated in comparison to children reported for other concerns.
- A child’s history of previous reports (involving DFV or other concerns) was the most influential predictor of whether they would be investigated.

Figure 5 Pathways in CP for children reported and investigated in New South Wales, Victoria, and Western Australia, 2010-2014



Note: n = 365,429

3. Reminder: This analysis only includes police-reported DFV in Victoria and is an underestimate of the actual presence of DFV at initial report.

4. Comparisons between states on rates of investigation should not be made due to differences in how each system responds to child maltreatment concerns. For instance, as noted earlier, New South Wales has a two-tiered assessment procedure whereby ROSH cases are initially assessed (triage) and prioritised prior to a face-to-face assessment (investigation), while Western Australia has a high investigation to report ratio that may be related to its very active triage system. Figures are provided here for purposes of comparing how the states differ in terms of their response to DFV and other concerns.

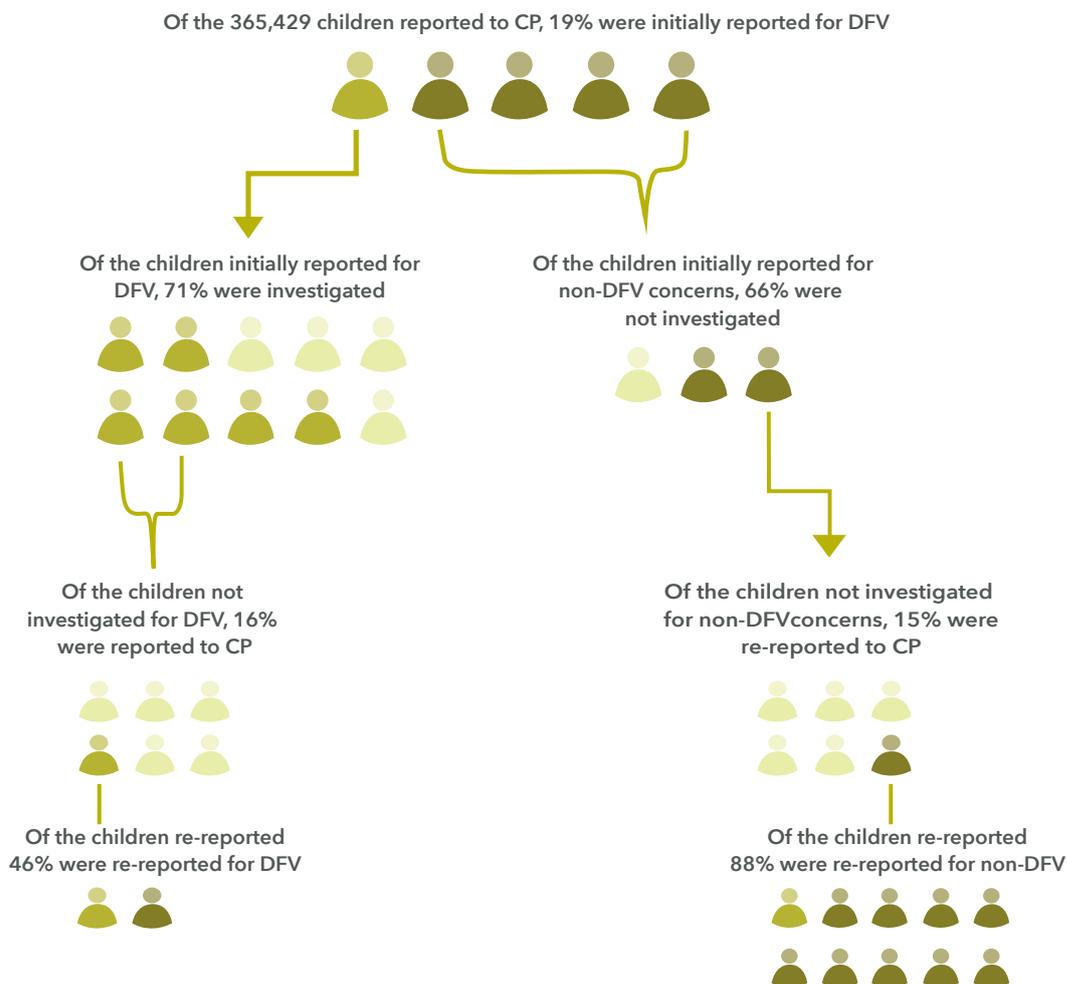
5. Statistical findings summarised in this report rely on logistic regression. Please contact the authors for further information on modelling and parameter estimates.

- The proportion of children previously involved with CP varied across the states. Children reported for non-DFV concerns were more likely to have experienced previous CP involvement than children whose reports involved DFV.
- Other predictors included a child's age and Indigenous status. Children aged 5 years and under and Aboriginal and Torres Strait Islander children were more likely to be investigated than children in other age groups and non-Aboriginal children.
- Similar to investigations, children with index reports involving DFV were slightly less likely to be placed in OOHC.
- Across states, the strongest predictor of placement in OOHC was age, with children 2 years and under being placed into care more often than older children.
- As with investigation, children with a child protection history were more often placed in care than children without a history.
- Aboriginal and Torres Strait Islander children were more likely to be placed in care.
- There was a strong trend towards fewer placements for older children.

Placement in OOHC (Figure 6)

Overall, about 5 percent of all children reported to CP were placed in OOHC following an investigation (n = 17,192). Placement rates varied slightly between states, but tended to be more similar than different. When modelled statistically, the following was observed:

Figure 6 Pathways in CP for children reported and not investigated in New South Wales, Victoria, and Western Australia, 2010-2014



Note: n = 365,429

New reports: churn (Figure 6)

Overall, amongst children who were not investigated within 12 months of their index report, approximately 23 percent were re-reported to CP. There were no major differences in the rates of re-report between children initially reported for DFV and children reported for other concerns. When considering the reason for return, children who were initially reported for DFV and then had another report were more likely to come back for DFV (46%) than children being re-reported who were initially reported for another concern (12%). When modelled statistically, the following was observed:

- There was almost no difference in the likelihood of a new report to CP amongst children reported for DFV and not investigated in comparison to children reported for other concerns.
- A child's history of previous reports was the most influential predictor of whether they would be the subject of a new report to CP, regardless of whether the initial report involved DFV or another concern.
- Aboriginal and Torres Strait Islander children were more likely to be re-reported, again regardless of whether the index report involved DFV or not.
- The likelihood of re-reports, both DFV and non-DFV, has increased slightly over time in all three jurisdictions.

Discussion

There are some important limitations to this analysis. Firstly, recording practices are different across states, which limited the number of reliable, valid indicators that could be used. Therefore, it is not possible to assess the extent to which differences in the pathways of children through the CP system are a result of different CP policies and practices or differences in recording or data quality. Secondly, the data only provide a high level indication of progress through the CP system; there is no consistent information about service provision or the nature of interventions offered to families

With these caveats in mind, the number of child maltreatment reports involving DFV has increased over the past 5 years in Victoria and Western Australia, but not in New South Wales, where a differential CP response pre-dates our study timeframe. However, the latest trends from New South Wales indicate that reports, especially ones that involve DFV, have increased. The increasing number of reports involving DFV, at least in part, fuelled the broader increase in total child maltreatment reports. That said, the results of the multivariate analysis indicate that it is factors such as the demographics of children and previous CP history, rather than the presence of DFV in the family, that have the greatest association with progressing through the CP system and with re-presenting to the system if an investigation is not conducted (an important

element of "churn"). Compared to these other factors, DFV was not as large an influence. Overall, the likelihood that children will progress through the CP system to investigation and OOHC, and to be re-reported, is far more influenced by a child's previous history of CP reports or placement in OOHC, if they are aged 0-5 years of age, or if they have documented Aboriginal and Torres Strait Islander heritage.

Implications

Overall, the results indicate that children are treated similarly by the CP system despite the specific, known aetiologies associated with each maltreatment type. A case can be made for future practice development where maltreatment concerns are treated differently, corresponding to what we know might work with each type and combinations of types of harm to children.

To facilitate future research and thus better inform policy and practice, it is recommended that a foundation of evidence for the CP system is created so that there is accountability to children and their families. Data communication and linkages between systems, including police, CP, and DFV services, should be strongly considered. In addition, more comprehensive information, including historical and real-time data, is needed. Specifically:

- More detailed information about the children and families or households who come into contact with the CP system, particularly about their caregivers (including mothers, fathers, and partners) and family members (e.g. cultural background, employment challenges, disability status, and history of CP and other systems involvement, including law enforcement and the courts) would provide a more holistic understanding of the environments in which children are being raised.
- Reliable or valid assessment of child and caregiver functioning and clearly specified, measurable outcomes related to service provision would facilitate better targeting of services and the matching of interventions with need.
- Detailed information on services provided to examine their capacity to prevent the progression of children and families through the CP system, as well as their re-entry, and would allow for far better management of risks and needs while involved with the CP system. This would include detailed service history (including type, quality, duration, and frequency) and linkages with other important service providers, such as family services, education, health, and justice.
- Reliable and valid measures of consumer satisfaction with services in order to ensure that such services are responsive to the expressed needs of clients.

Section 3: Insights from the Perpetrator Accountability project

The Perpetrator Accountability case reading project occurred in the five states that were participating in the case study component of PATRICIA. It entailed a case reading analysis of child protection practice using the Safe and Together Domestic Violence–Informed Child Welfare Organizational Assessment Case Reading Process, developed by US-based David Mandel and Associates (DMA). It was undertaken against a documentary analysis of legislative policy and practice documents in each state and territory that guides CP practitioners (David Mandel & Associates, n.d.).

These two, albeit linked, components of the Perpetrator Accountability project involved two distinct methodologies, purposes, and research questions. For these reasons, they are discussed separately, beginning with details about the documentary analysis, followed by a brief overview of the Safe and Together approach to child welfare, and then discussion of the case-reading analysis.

Documentary analysis

Aims and research questions

A documentary analysis of policy documents and resources used by child protection practitioners to guide their work with families and children where there was—or might potentially be—domestic and family violence was conducted (Bowen, 2009). This was undertaken in order to identify and provide an overview of the policy and practice contexts of intervention with perpetrators by child protection workers in the seven states and territories of Australia. The following research questions drove the analysis of documents.

1. What understanding of the nexus between domestic and family violence perpetrator behaviour, and child safety and wellbeing, guides child protection policy and practice?
2. What policy documents and practice resources guide child protection assessment and intervention with domestic and family violence perpetrators across all Australian state and territory jurisdictions?

Methodology

Publically available online documents that guided child protection practice in each state and territory were gathered from June to August 2015. A list of policy and practice

guidelines was constructed for each of the seven state and territory jurisdictions, including details of the statutory reporting authority, relevant legislation, and any background documents, such as discussion papers and recent reports. With assistance from our project advisory group members and ANROWS, an appropriate senior officer with whom we could check that we had the most current guiding documents was identified and approached. We sought to establish what resources were missing, if any had been superseded, if there were resources currently in development, and if jurisdictions could provide us with a copy of documents. This did not, however, include requests for specific information about memoranda of understanding that might guide practice between statutory bodies (for example between the Family Court and child protection agencies). This process was dynamic in the sense that the construction of the document list was dependent on the goodwill of an appropriately qualified policy and practice expert within each jurisdiction to review.

Key findings

A number of challenges emerged in undertaking a jurisdictional documentary analysis. These included:

- Some states and territories had minimal or no written resources available to guide child protection workers in working with families experiencing DFV or perpetrators.
- A number of jurisdictions were undergoing review and legislative reform, which impacted on the status and availability of confidential resources, notably Queensland, South Australia, Tasmania, and Western Australia.
- There are numerous policies, procedures, memoranda of understanding, and other resources available to child protection practitioners; however, these are not available to external agencies without formal written request (and thus beyond the scope and timeframe of the project).
- Online general resources, such as Victoria's child protection practice manual, were not included in the analysis.

Given these challenges, we identified the following as documents of significant importance because they contained good examples that could be the basis for future practice development. These could also be of potential use were standardised resources to be developed for national use.

- *Perpetrator accountability in child protection practice: a resource for child protection workers about engaging and responding to perpetrators of domestic and family violence* (Department for Child Protection, 2013) outlines good

practice in terms of guiding practitioners to: support the mother–child relationship; partner with the adult survivor; and make a thorough exploration of the father’s or male caregiver’s role in the family and of the impact his parenting choices and use of violence has on family functioning, regardless of whether he is living in the home or not. In the language of the Safe and Together model, this last theme refers to requiring a **high standard for fathers**.

- *Working with families where an adult is violent: best interests case practice model. Specialist practice resource* (Dwyer & Miller, 2014) encourages practitioners to work in ways that support the mother–child relationship. It indicates the need for a high standard for fathers, the need to support key population groups, and emphasises the need for universal screening and assessment for domestic and family violence.
- *Child Protection and family violence: guidance for child protection practitioners (incorporating the use of intervention orders)* (Victorian Government, 2005). Despite its publication date (earlier than Dwyer & Miller, 2014), this resource provides a high-quality, good practice discussion of working in partnership with the adult survivor.

Policy documents in relation to worker safety were available in all state child protection departments. These documents can provide a framework in which to support practice which encourages a focus on the perpetrator of DFV. For some states (for example, Western Australia), documents are comprehensive but not publicly available. A sample of relevant documents includes:

- *Child safety practice manual*, section 10.11 Staff safety and wellbeing (Queensland. Department of Communities, Child Safety, and Disability Services, 2016).
- *Child protection manual*, Worker safety checklist (Victoria. Department of Health and Human Services, 2016).
- *Staff safety in the workplace: guidelines for the prevention and management of occupational violence for Victorian child protection and community-based juvenile justice staff* (Victoria. Department of Human Services, 2005).
- *Child protection manual*, National policy history checks for worker safety (Victoria. Department of Health and Human Services, 2015).
- *Child protection Manual*, Joint visits for the safety of child protection practitioners (Victoria. Department of Health and Human Services, 2016).

The policy development in the area of worker safety suggests that the priority is of strengthening implementation for practice such that workers feel supported to engage in higher risk practice with perpetrators of violence.

The Safe and Together approach to child welfare

The Safe and Together approach to child welfare represents a significant intervention for child protection and specialist DFV professionals working in the complex area where DFV and child abuse intersect. Collaboration between statutory and non-statutory agencies has been particularly challenging, but the Safe and Together model is a field-tested model for good collaborative practice. The Safe and Together model was discussed in the scoping review for this project (Macvean et al., 2015).

The Safe and Together model is designed to improve competencies and cross system collaboration related to the intersection of DFV and child abuse. In Safe and Together language, it “pivots” (or shifts) practitioners’ attention away from the tendency to assess the protective parent as the source of safety and risk concerns, as if she were in control of the violence and abuse through her decisions. Instead, practice is re-focused specifically on the actions and patterns of coercive control that the perpetrator uses to harm the child (including the pattern of behaviour that harms the non-offending parent and the mother–child relationship itself). It involves:

- exploring the risks to the child which accrue from abusive fathering practices;
- building an alliance with the woman by exploring strategies that have already been undertaken by the child’s mother and other family members to promote the safety and wellbeing of the child; and
- ensuring that evidence of violence and its impacts are clearly documented in files.

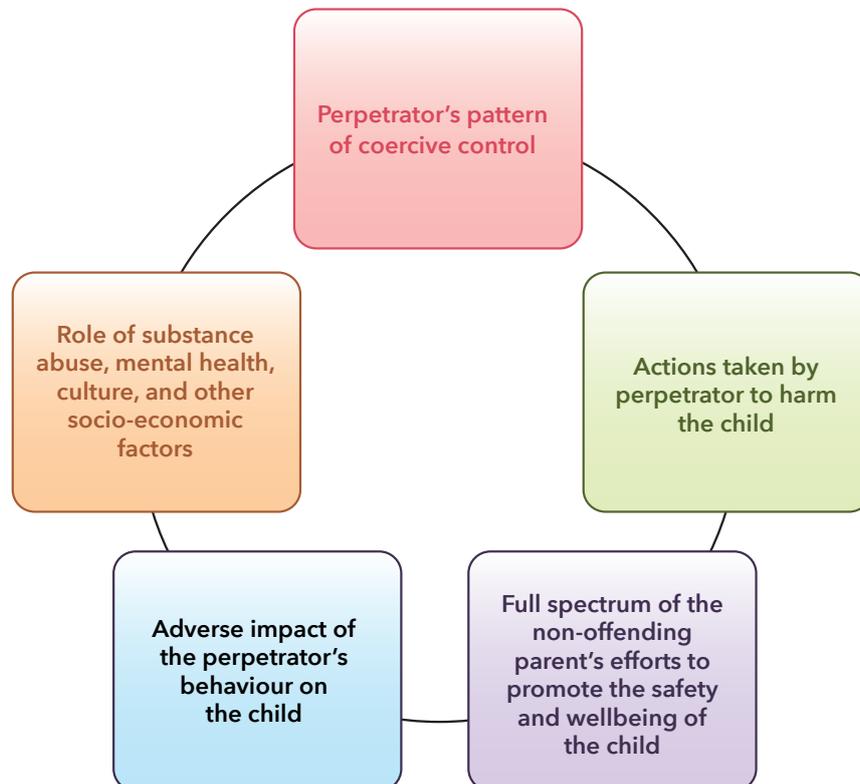
It is described as a perpetrator pattern–based, child-centred, and survivor strength–based model (David Mandel & Associates, 2014). Based on core principles (Figure 7) and critical components (Figure 8), its name derives from the assumption that children are best served when they are kept safe and together with the non-offending parent (the adult survivor). The model provides a tight framework for service providers to partner with the adult survivor and for intervening with the perpetrators to enhance children’s safety and wellbeing.

Figure 7 The Safe and Together principles



Source: David Mandel & Associates, 2014 (printed with permission)

Figure 8 The Safe and Together critical components



Source: David Mandel & Associates, 2014 (printed with permission)

The *Safe and Together* principles and critical components were translated into the Australian context and used to guide aspects of the project (for example, they were applied to the case study collection of data according to the PATRICIA Project case study report template replicated in Appendix E):

- 1) supporting the mother–child relationship, which aligns with the non-offending parent’s efforts to promote the child’s safety and wellbeing;
- 2) partnering with the adult survivor, which aligns with supporting the mother as a protective parent and as a victim/survivor of DFV;
- 3) collecting evidence for family law during risk assessment, which aligns with assessing the nexus between the perpetrator’s pattern and harm to children;
- 4) information-sharing protocol, including meaningful protocol between family law and child protection, which aligns with intervening with the perpetrator to reduce risk and harm to the child and accountability;
- 5) universal screening and assessment for DFV;
- 6) high standards for fathers, which is about assessing the father’s role in the family and the impact of his parenting choices, including his use of violence, on family functioning;
- 7) a differential pathway for children; and
- 8) supporting key population groups.

The case-reading process is one of a set of tools available in the larger repertoire of Safe and Together resources, which was developed and used by David Mandel & Associates (2014) in the United States and the United Kingdom. Statutory and non-statutory agencies in several Australian jurisdictions, such as Queensland and South Australia, are working with Mandel to develop their approach to child welfare in the context of DFV. Many of the resources have been evaluated internationally, thus providing a developing evidence base from which interagency work can be further refined.

Case reading

Aims and research questions

The aim of the case-reading process was to use the Safe and Together model to identify strengths, gaps, and needs, which can feed into policy, practice, training, supervision, services, and collaborations across statutory and non-statutory agencies and when working with courts. It thus has the potential to

build internal agency capacity through the practitioners who participate in the case-reading process. The case-reading process differs from a large-scale review of child protection in that it focuses on the quality of case practice as represented in the case record.

A number of research questions initially informed this component of the research:

- 1) What practices are developing in child protection intervention with perpetrators of domestic and family violence, including where perpetrators remain in the home, where there are high-risk perpetrators and where separation has occurred?
- 2) Are there ways in which the intervention varies depending on the assessment of risk, and whether or not the perpetrator is known to be remaining in the home?
- 3) Are there specific variables which can be identified that compromise child protection interventions with perpetrators?
- 4) What is the quality of screening for domestic and family violence and decisions made about child safety and wellbeing in cases referred to child protection where other issues, such as substance use and mental health problems, are present?

Methodology

A detailed case-reading analysis of practice being undertaken by child protection workers within the context of interagency working, as documented in selected case files, was undertaken. This intense analysis was undertaken in the five states in which the case study sites were located and provided an enhancement to the five case studies by analysing the nature and quality of intervention with perpetrators of DFV by child protection and other agencies involved in specific cases. The case-reading process, developed by Mandel as a part of the Safe and Together resources, was used by the research team as a method of analysis to examine and document the interventions with perpetrators of DFV (David Mandel & Associates, n.d.). Researching across different case sites in Australia is complex.

The case-reading process, however, is well defined and supported a consistent approach across the five participating states and thus contributed to the fidelity of the research. There were a number of advantages to working with the already developed Safe and Together resources:

- The case-reading process can be used for research or practice purposes and therefore could support the overarching action research methodology for the PATRICIA project.

The Safe and Together resources have been evaluated internationally, and several of the Australian child protection jurisdictions are working with Mandel to develop their approach to domestic and family violence intervention. This work is strength based, not mother blaming, focused on the perpetrator of violence and abuse, and actively explores the ways in which perpetrators undermine the mother–child relationship. At the same time, the approach acknowledges the importance of fathers to children and does not minimise the fact that women, at times, can be involved in DFV or child abuse.

- The case reading provided an enhancement or addition to the case study site component of the PATRICIA project by deep analysis of the intervention with perpetrators of DFV by CP and other agencies involved in specific cases.
- Embedding the PATRICIA project in the wider developments occurring in Australia through the Safe and Together approach means that those agencies involved in the PATRICIA project have a clear pathway for developing and building on the project by using the accessible Safe and Together resources. Case reading is only one of many resources available for quality assurance, review, reflection, and the development of a more complex and sensitive practice in the area of DFV.
- The results of the case-reading process are presented as themes, trends, and practices. The analysis is neither presented as an audit of individual practitioners' work nor in such a way that it identifies individual state jurisdictions.

The case-reading process involved nuanced, qualitative analysis of child protection case files in the five participating states using the Safe and Together case-reading tools and process. It requires an in-depth, qualitative focus on files that have been randomly selected. The close analysis of a small number of files provides rich insights into the quality of case practice as represented in the case files. In all, a total of 20 case files (four per state) were analysed by five state-based teams with each state providing a fifth case file used during the training workshop. The case-reading process involved the following tasks:

- a stratified sampling process of randomly selecting and de-identifying the case files (see Appendix B for details);
- building the case-reading teams so that experienced senior practitioners from statutory and non-statutory services were paired together, wherever possible;
- case-reading participants undertaking online pre-learning

modules prior to the training workshop;

- two days of face-to-face training using the Safe and Together tools by Mandel to a total of 30 practitioners and researchers in February 2016;
- on-site case reading of files and scoring in teams over 2 days (each team analysing two case files) followed by a debriefing or reflective workshop facilitated by the senior researchers;
- detailed analysis of completed scoring forms and preparation of individual state-based reports and a national overview report by Mandel; and
- feedback workshop in each state site to case readers, child protection, and specialist domestic and family violence managers and interested stakeholders.

Overview of case characteristics

The national sample represented 14 DFV cases and six no-DFV cases. The former were defined by the fact that DFV was a primary reporting issue. The latter were defined as cases where DFV was not the primary reporting issue. In some states, it proved too difficult to select “no DFV”. Of the 20 cases:

- Five cases involved Aboriginal families.
- All cases involved high levels of violence and coercive control—for example:
 - use of weapons (guns, knife, pipe, chain, frypan, guitar);
 - threats to kill or otherwise harm mother or children or both;
 - throwing objects at mother (chair, crate);
 - throwing petrol on mother;
 - abusive control over eating, exercise, and outdoor time;
 - standing over children, frightening, and yelling at them;
 - physically dragging children from mother's car at school;
 - exposing children to physical attacks against mother;
 - attempted strangulation of mother;
 - severe, potentially life-threatening trauma;
 - abduction of child at gunpoint in front of others;
 - smashing a wall with an axe;
 - sexual assault of partner; and
- notification of child protection by perpetrator (alleging mother's abuse of children).

Key findings

Overall the results in the Australian case-reading process were very consistent with results seen in recent case readings in the United Kingdom and the United States. The following explores the responses to key questions asked in the case-reading process and summarises national-level trends compiled from individual state reports by Mandel.

There were seven key areas in which questions guided the case-reading analysis of the 14 cases where DFV was identified as one of the reported issues and four key areas in which questions guided the case-reading analysis of the six cases where there was no DFV identified as one of the reported issues but which later came to light. Questions require a nuanced assessment of the evidence to be rated according to four categories according to the following specific guidelines:

- “no evidence” means the reader finds no documented indicators of the specific practice;
- “little evidence” means the reader found at least one indicator related to the practice;
- “some evidence” means the reader perceived a significant effort was evident and documented, involving multiple indicators of the specific practice; and
- “strong evidence” refers to something akin to “beyond a reasonable doubt”; the specific practice was clearly present and consistent through the life of the case.

Perpetrator’s patterns and nexus with child harm

This section explores the quality of documentation about the perpetrator’s pattern of behaviour and the nexus developed between those patterns of coercive control and risk, harm, safety, and danger to children. The rationale for this is that, without clear articulation, there will be many challenges to good DFV-informed practice in the case because the perpetrator’s pattern of behaviour is a defining feature of these cases. Two questions in this section asked for evidence of comprehensive and clear documentation of: (1) a pattern of coercive control and actions taken to harm the children, and (2) the nexus between the perpetrator’s behaviour and the harm to the children.

Key themes emerging were:

- Despite severe levels of violence in many of the cases and many of the perpetrators having direct involvement with children, there was a lack of comprehensive assessment of the pattern of coercive control documented with consequent minimisation of violence, impacting on the formulation of cases and consequent impact on adult and child victims. For example, multiple cases, including those involving near-lethal incidents such as strangulation, described the DFV as “mutual combat” or “parental conflict”, and in

one case as “*arguments* so history and nature/escalation of coercive control is missing” (emphasis added).

- Although there were cases where specific incidents of the perpetrator’s violence were well documented, such as chronicity information, there was almost no documented evidence of meaningful child welfare intervention with the perpetrator or partnering with the adult survivor.
- A major theme relates to the difference between identifying risk of harm versus actual impact on child and family functioning. It was apparent that workers are using “risk of harm” and “cumulative harm” as catch-all phrases instead of describing what the actual impact of the perpetrator’s DFV behaviour was on child and family functioning. There were similar problems with risk assessments being made that do not link the perpetrator’s violent and abusive patterns of behaviour and the impediments they pose to healthy, daily functioning of the family.
- In the few cases where there was family law involvement post-separation, CP seemed to avoid interventions to support the adult survivor and children. In one of these cases, the father had an extensive history of abuse (including threats to kill the mother and coercive and abusive control of children’s daily activity), was in possession of a weapon, and had a history of depression that was flagged as increasing the risk for homicide.

High standard for fathers

This section explores the extent to which the case file shows a thorough and clear examination of the male caregiver’s role in the family, and whether he is living in the home or not and in a relationship with the mother or not. It explores whether there is a clear approach to the perpetrator’s behaviour as a parenting choice and if there is acknowledgement of the father’s choices and influence on the family in the work undertaken by child protection—for example, if the case planning incorporates the father’s influence on the functioning of the family and whether he is directly involved in the case or not. The two questions in this section asked case readers to look for: (1) evidence of a strong and meaningful effort to find and engage fathers or male caregivers; and (2) if there was a clear and comprehensive assessment regarding the father’s parenting across domains of functioning.

Key themes:

- There was “no” to “some” evidence of strong and meaningful efforts to find and engage the perpetrator, however, despite multiple cases documenting efforts to do so, there was no necessary correlation with a change in behaviour for the father.

- Despite the fact that many of the cases were opened as a result of the behaviour and choices of the father, there were few instances, and sometimes no instances, of meetings with the father, even when his whereabouts were known.
- These cases highlighted the importance of perpetrator behaviour change and improved child and family functioning being explicit goals of child protection interventions and not merely perpetrator engagement and participation in services.
- Overall there was “limited” evidence of any assessment of the father’s role in the family and “little” evidence of engagement related to his violence, his treatment of the adult survivor, or his parenting. For example, there might be discussion about a father’s substance abuse impacting family functioning but nothing about his violence, suggesting the violence was seen as separate from parenting.
- There were inconsistent views of the standard fathers are held to as parents, with caseworkers unclear as to whether or not the father should be considered a main figure in the family or kept on the periphery, regardless of his actual role in the family functioning.

Nexus of protective efforts and child safety and wellbeing

This section measures the quality of documentation about the nexus between the adult survivor’s protective efforts and the safety and wellbeing of the children. It particularly focuses on what her actions and choices are in relation to promoting safety, stability, nurturance, and healing from trauma. The questions ask for evidence of clear and comprehensive documentation of: (1) the mother’s protective efforts; and (2) the nexus between the protective efforts and the safety and wellbeing of the children.

Key themes:

- There was “no” to “some” evidence of documentation of the adult survivor’s protective efforts.
- Some cases documented the adult survivor’s efforts from a “failure to protect” perspective with consequent emphasis placed on her decision-making and choices. In these cases, the mother was held responsible for what was happening to the family and children as well as held responsible for the perpetrator’s choices. For example, calling the police may be perceived as evidence of a “good” protective mother for as long as the effect of calling improves the situation but becomes evidence of a “bad” protective mother when it no longer helps and she stops calling police.
- Mothers’ concern for the safety of children in the context of family law cases undercut any assessment of the violence, with the issues constructed as one of “parental conflict” as opposed to ongoing DFV.
- There was “no” to “some” evidence of a documented nexus between mothers’ protective efforts or strengths and child safety and wellbeing.
- Case file notes did not appear to contextualise the “extra” work that mothers incur in looking after children in the face of fathers’ violence. As a result, opportunities to validate the strengths of adult survivors and partner with them around the safety and wellbeing of the children were missed.

Integration of other issues

In this section, the role of other factors in exacerbating the perpetrator’s danger to the family or the harm to the children and whether they make the adult and child survivors more or less vulnerable or trapped are explored. Factors such as culture and socio-economic status are explored for the extent to which they are protective, as is the intersection of the DFV with any weapon use, substance abuse, and mental health issues. Questions focus on whether there is clear and comprehensive assessment of: (1) the relationship of culture and socioeconomic factors and the DFV; (2) the intersection of substance use or abuse and DFV; (3) the intersection of mental health issues and DFV; and (4) the intersection of the perpetrator’s pattern with firearms or other weapons.

Key themes:

- Overall, there is “no” to “some” evidence of integration of socioeconomic status, culture, substance abuse, mental health issues, and intersection between DFV and the use of firearms or other weapons in case practice.
- The complexity and poverty of assessing for intersectionality was apparent. For example, the intersection of DFV and substance use or abuse includes the role of substance use or abuse in the perpetrator’s pattern of violence, how the perpetrator’s use or abuse impacts overall family functioning and his parenting, and the impact of the perpetrator’s violence on the adult survivor’s substance use or abuse. The layering of these assessments with other co-occurring factors (whether mental health, culture, possession of weapons, or socioeconomic status) was poorly evidenced in the case files.
- Cultural barriers were often identified as a challenge raising the question of whether or not caseworkers understand the significance of this for building rapport with the family. For example, there was an absence of documentation about the historical and cultural context of the DFV when working with Aboriginal families and no evident

discussion about fears relating to the removal of children by child welfare. Nor was there documented discussion about cultural values or practices that might be of value in strengthening the family or addressing the violence in cases involving Aboriginal or CALD families.

- There was “little” integration of socioeconomic issues with the DFV; for example, no connections were drawn between the coercive control of multiple men in the life of one mother and the poor financial situation, isolation, and increased risk of DFV for her and her children.
- There was “some” documented evidence of referrals for men to other services (such as Aboriginal, men’s behaviour change, mental health, or drug and alcohol services) but little evidence of feedback about engagement or progress was sought. However, there was more focus on following up on referrals relating to women, such as mental health.
- Weapons were a significant part of most cases but did not appear to impact documented case practice, and case readers found “little” evidence of integration of this information into case planning.

Partnership with adult survivor

This section assesses the evidence for and quality of documentation of the partnership efforts made by child protection with the adult survivor. It is based on the principle that the perpetrator is wholly responsible for the violence and that the partnership with the adult survivor is part of an efficient and effective effort to achieve child safety and wellbeing in DFV cases. Questions ask for clear and comprehensive evidence of: (1) a partnership approach related to engagement, interviewing, listening, and validation of the adult survivor’s protective efforts; and (2) a partnership approach related to services and case planning that is congruent with the needs and strengths of the adult survivor.

Key themes:

- Many cases provided at least “some” level of partnership with the adult survivor, although there was also evidence of no partnership.
- There was also “some” evidence of a partnership approach to services and case planning.
- Case readers noted examples of poor practice in relation to services and case planning; for example, not asking what services the adult survivor wanted, practitioners not documenting why a mother had failed to follow through on a service or explore whether the perpetrator’s coercive control had played a role in interfering with those efforts, and holding a family group meeting with the perpetrator

present with no evidence of a process having determined it was safe and useful for such a joint meeting.

- In two family law cases, mixed messages about child protection’s approach to the adult survivor were evident. In neither case was there documented evidence of practitioners partnering with the mother. This is in spite of practitioners’ acknowledgment of the mothers’ difficulty in managing the children, a consequence of their hyper-vigilance in relation to the fathers’ coercive and controlling parenting styles.

Interventions with the perpetrator

This section measures the quality of documentation about intervention efforts made by child protection with the DFV perpetrator. Questions ask if there is clear and comprehensive evidence of: (1) efforts to find, engage, and interview the DFV perpetrator; and (2) a range of interventions developed for the perpetrator.

Key themes:

- Overall, there was “no” to “some” evidence of engaging the perpetrator, leading to the possibility (albeit largely undocumented) that issues of worker safety were at play. In the one case where there was significant engagement with the perpetrator there was no specific addressing of his violence, substance abuse, or mental health.
- The lack of interventions with the perpetrators and lack of continuous integration of the perpetrator into the case formulation, especially post-separation, was striking given the high level of violence and coercive control in the cases and, in one case, a serious history of criminal involvement, including manslaughter.
- There was evidence of a range of referrals to services being made by child protection in some cases, including anger management, Aboriginal health, drug and alcohol, and mental health services, and men’s behavioural change programs, but no documented evidence of follow-up on progress or clear linkage made to the goals of the child protection intervention. These referrals amounted to “parallel interventions” rather than “coordinated interventions” (for example, between police and child protection), which might have had a positive impact on the progression of the case.
- The dearth of evidence of child protection engaging in assessments of men as parents, even where there is extreme criminal violence, suggests that accountability and interventions for perpetrators resides exclusively in the criminal sphere, thereby enabling perpetrators to avoid consequences, dominate from behind the scene, or overtly control situations in the family law and child protection arenas.

Interventions with children

This section explores the quality of documentation of the intervention and treatment efforts made by child protection with the child DFV survivors. It looks for clear and comprehensive evidence of: (1) age-appropriate efforts to engage, interview, and validate the views of child survivors; and (2) an appropriate plan for services for them.

Key themes:

- There was evidence that children were engaged using different tools and interviewed in all age-appropriate cases. There was also evidence in some cases of good interviewing practices with practitioners asking open ended questions, exploring home life, what the child wanted, the father's violence, and father's role in the family. However, there appeared to be a lack of exploration of the impact of incidents occurring over many years where cases were framed in terms of cumulative harm.
- There was "limited" evidence of appropriate planning for services, however, indicating either the dearth of child-specific specialist DFV services, or inappropriate referrals, or too generalist a referral (for example, to maternal and child health, disability, psychiatric, or physiotherapy services) with no documented linkage of how the provision of such service might need to relate to a response to the traumatic events of DFV and assist children's mental health and resiliency.

Screening and assessment

This section is designed to help the reader evaluate the quality of documentation relating to the screening for DFV in the case file when it was not identified in the initial allegation. Meaningful universal screening for DFV is one of the foundational principles of the Safe and Together model's DFV-informed child welfare practice, as it is frequently an active issue in cases presenting for other reasons. Posing nine questions to case readers, it looks for evidence of: (1) an appropriate level of hotline screening for DFV; and (2) if there is congruence between documented efforts and known best practice regarding universal screening for DFV in all child protection cases. For brevity's sake (and the fact that there were only six cases analysed in this category), a summary of responses across the nine questions relating to screening and assessment is outlined.

Key themes:

- There was "no" or "little" evidence of appropriate levels of hotline screening in any of the six cases. This suggests that screening processes focus solely on standard child welfare criteria and that screening and assessment might have been influenced by situations where the adult survivor

and perpetrator were identified as separated, which might include circumstances where the perpetrator was incarcerated or excluded from the home as part of an intervention order.

- Readers found "little" evidence as to whether existing DFV screening protocols or policy were followed in most cases, with the exception of reference to the Structured Decision Making protocol that is used in two of the five states. This suggests that either protocols or policies do not exist or that the practitioners were unaware of them.
- There was "little" to "some" evidence that separate confidential assessment interviews with children and caregivers occurred. However, the focus of interviews seemed to be on the incoming neglect allegation and not on integrating an assessment of the DFV, particularly in terms of the pattern of the perpetrator's behaviour, into the reported allegation. This was despite the high number of DFV reports in these cases.
- There was "no" to "some" evidence that each family member's interviews included questions or assessment for markers of coercive control.
- There was "no" to "some" evidence of review of criminal history, including probation and protection order records, for the presence of DFV. An example of excellent case practice included contact with a prison to determine the father's release date for early parole due to safety concerns for the mother.
- There was "no" to "some" evidence of efforts to find and engage the male caregivers. Separation of the mother and father appeared to impact engagement of the male caregiver, indicating that practice was driven by the assumption that separation equalled safety. Where attempts were made to find the male caregiver, there was no evidence to suggest that the engagement was consistent or meaningful.
- There was "no" to "some" evidence that the family assessment included the male caregivers' role, highlighting a lack of engagement or appropriate interviewing.
- There was "no" to "some" evidence of a supervisor reviewing work related to DFV. This constitutes a gap in practice, as senior level review and support is critical to encouraging positive practice.
- Despite a pre-existing history of ongoing violence and control of perpetrators, even when they were excluded from the home, evidence of ongoing screening for DFV ranged from "none" to "some".

Presence for prior domestic and family violence

This section looked for information that indicated prior identification of DFV in the family's case file. The criteria for prior history are one or both current parents or caregivers having some indicators of perpetration or victimisation in their history. Indicators include: arrest; prior reports involving DFV, even if unsubstantiated; interviews with any family member that cited physical violence or coercive control; and DFV history of a father of the children if not in the home or no longer in a relationship with the mother.

Key theme:

- Documented evidence of identification of prior DFV history ranged from “little” to “strong”.

Domestic and family violence-informed assessment of current allegation

This section looked for evidence that the significance of the prior DFV was integrated into the assessment and case planning in the current case.

Key theme:

- Case readers found “little” to “strong” evidence in case files for the presence of prior DFV but “no” to “little” evidence of integration of its significance into the assessment and case planning of the current cases.

Summary

There were examples of good practice but the overall practice was limited from a DFV-informed perspective. While good practice is always important, the quality of practice takes on a new level of significance when women and children are at heightened risk of harm due to the severity of violence and coercive control. These cases typify those that require statutory attention.

The readers found that it was common that domestic violence was perceived by child welfare as an issue of “mutual combat” or “parental conflict”. Even when the violence level was high and there was ongoing post-separation violence, there was evidence that child protection was less likely to consider it as part of their case. A structured, informed documentation of evidence about perpetrators' patterns of coercive control, and the impact their behaviour has on children and family functioning, is the first critical step towards developing interventions that might address the use of violence by fathers and thus begin to address the needs of the children in families living with DFV.

Analysis of the case reading of files indicated that CP seems to be struggling with:

- finding and engaging men and assessing their parenting role and its impact on children and family functioning;
- identifying adult survivors' protective capacities and their impact on their children; and
- integrating culture, substance abuse, socio-economic factors, mental health issues, and the use of weapons into their case practice.

The failure to link domestic and family violence with substance abuse and mental health issues was common to almost every case analysed. While it was common to list the co-occurrence of these issues in the case record, rarely did the documentation reflect how trauma, behavioural health, and substance abuse issues of the adult and child survivor were being shaped and influenced by the perpetrator's behaviour. This seemed to be true about other issues such as the failure to link the perpetration of DFV with housing instability. The readers also noted that while Indigenous services were sometimes documented as being accessed, there was no documented evidence of a cultural perspective informing CP's work with Indigenous families.

The “no domestic and family violence” cases uniformly had significant, easy-to-identify histories of domestic and family violence. This result is not at all surprising but is highly significant for policy-makers and case practitioners. Any DFV-informed child welfare system needs to be able to identify and respond to the presence of DFV in cases that come into the system for other reasons. The case-reading results across sites showed little to no integration of known prior DFV in the current case (when the current allegation was not DFV). This suggests that child welfare may be: misdiagnosing issues—for example, children's behavioural issues being blamed on the mother's failed parenting versus the impact of a DFV perpetrator's abuse; failing to address the barriers to assistance created by the DFV perpetrator, such as interfering with the mother going to substance abuse treatment; and failing to address safety issues or, in the worst case scenario, using interventions that can increase danger to the adult and child survivors. This may also lead to unnecessary removals or premature case closings, which may have further consequences in the future.

Section 4: Insights from the case studies

The case study project included five sites, each located in a different state: New South Wales, Queensland, South Australia, Victoria, and Western Australia (see Figure 9). Each of the five state-based research teams investigated a current, positive collaborative initiative involving child protection, specialist domestic and family violence services, and, wherever possible, family law. The sites were identified with support from members of the project advisory committee and through the researchers' professional networks and experience. In principle approval was provided by participating agencies to be the subject of a case study as part of the ethics application process.

This section first outlines the background to the case study research: aims, research questions, methodology, and a description of each collaborative initiative. More detailed information about the case sites appear in Appendices F to J. Secondly, it presents the key enablers and challenges of collaborative initiatives. This is essentially presented as top level findings synthesised from the five studies and illustrated through the use of quotations from research participants. Lastly, it summarises the pre-conditions that need to be in place for collaborative initiatives to be established and sustained.

Aims and research questions

The case study component involved applying the criteria identified for commonly used collaboration in the scoping review (further refined by the expertise of the project advisory group) to the analysis of the case study sites. The project explored the following questions:

- 1) How do identified commonly used aspects of collaboration elucidate an understanding of the enablers of and challenges for collaborative work across statutory child protection and DFV support services?
- 2) Which service pathway is relevant for which women and children who are living with, and separating from, domestic violence?

Methodology

The case study component involved multi-case site research with each participating state having a site-based team of two to four researchers and chief investigators working to a common case study protocol involving common preparation, parallel procedures, and methods (Stake, 2006; Thomas, 2011; and Yin, 2012). Whilst multiple investigators undertook specific case study research (as site-based teams in the five states), collectively they served on the one (large) research team with an overarching research coordinator ensuring continuity of methodology, focus, and analysis.

Criteria of a positive collaborative initiative

For the purpose of the project, a positive collaborative initiative included one or more of the following criteria:

- at minimum, involvement of specialist DFV services and CP services;
- at minimum, an existing protocol to guide joint collaborative practice (for example, for information sharing) and preferably the existence of a formalised partnership (through formal agreement or funding specifically for the collaborative initiative); and
- the existence of a collaborative service response or program.

The research action template

Data was collected according to a specific research action template as outlined in Appendix C. The template was a collaborative outcome of the second action research workshop held in October 2015. This template captured the domains identified in the state of knowledge scoping review's interagency working components framework (see Table 1, p.13). For ease of purpose, the original seven components were collapsed to three, namely, "governance", "management and operations", and "quality monitoring". "Management and operations" included "entry into the service system", "service planning", "service provision", and "service array".

Methods

A multi-method approach was used, involving: interviews (group, individual, or both) using a common interview guide that reflected the components of interagency working identified in the scoping review (relating to governance, management and operations, and quality monitoring, as outlined in Appendix C); secondary analysis of pre-existing

evaluation data or project reports undertaken; and action research or observation (for example, of the triaging of police family violence incident referrals in the case of Victoria, and of Group Supervision sessions, in the case of New South Wales). Practitioners were invited to provide policy and practice documents to researchers for analysis that explained the governance, management and operations, and quality monitoring of the collaborative initiative.

This project employed several strategies to increase validity of the findings, including data saturation, exploring alternative explanations, researcher reflexivity, and triangulation within each case study (Creswell, 2009). The case study analysis was site specific but differences and similarities across the states were identified. The researchers thematically analysed the data collected and sought multiple confirmations from the various sources of evidence to triangulate their findings and develop a rich understanding of the collaborative processes in the case study (Yin, 2009).

A particular challenge in the triangulation process lay in synthesising the findings across the different case sites. Individual case study reports were prepared following the case study report template (see Appendix E) that was developed by the research coordinator and verified with the principle investigators. The purpose of this approach was to ensure consistency of individual case study reporting and to assist in a further level of data analysis as represented in this report: namely, the synthesis of key findings from across the five sites into a single multi-case report akin to Stake's method (2006). This present report thus draws together findings, the uniqueness and transferability of cases for collaborative work, and discussion of the relevance of cases for key themes of the PATRICIA Project. Where relevant, the case study research gathered evidence of collaborative work in the domains of child protection, specialist domestic and family violence, and family law in the following areas drawn from the Safe and Together model:

- 1) supporting the mother-child relationship, which aligns with the non-offending parent's efforts to promote the child's safety and wellbeing;
- 2) partnership with the adult survivor, which aligns with supporting the mother as a protective parent and as a victim/survivor of DFV;
- 3) collecting evidence for family law during risk assessment, which aligns with assessing the nexus between the perpetrator's pattern and harm to children;
- 4) information-sharing protocol, including meaningful protocol between family law and child protection, which aligns with intervening with the perpetrator to reduce risk and harm to the child and increase accountability;
- 5) universal screening and assessment for DFV;
- 6) high standards for fathers, which are about assessing the father's role in the family and the impact of his parenting choices, including his use of violence, on family functioning;
- 7) a differential pathway for children; and
- 8) supporting key population groups (including, for example, with culture, substance use, and mental health issues).

The case study sites

The five case study sites are described briefly in this section, as are the reasons for why they were selected as positive examples of interagency working across CP and specialist DFV services. Further case site-specific briefing notes are provided in appendices (see Appendices F to J). For ease of reading, each of the case study sites will be referred to in the text in the following ways:

- Group Supervision (NSW)
- Gold Coast Domestic Violence Integrated Response (Qld)
- Family Safety Meetings (SA)
- Multi-Agency Triage (Vic.)
- Family Safety Teams (WA)

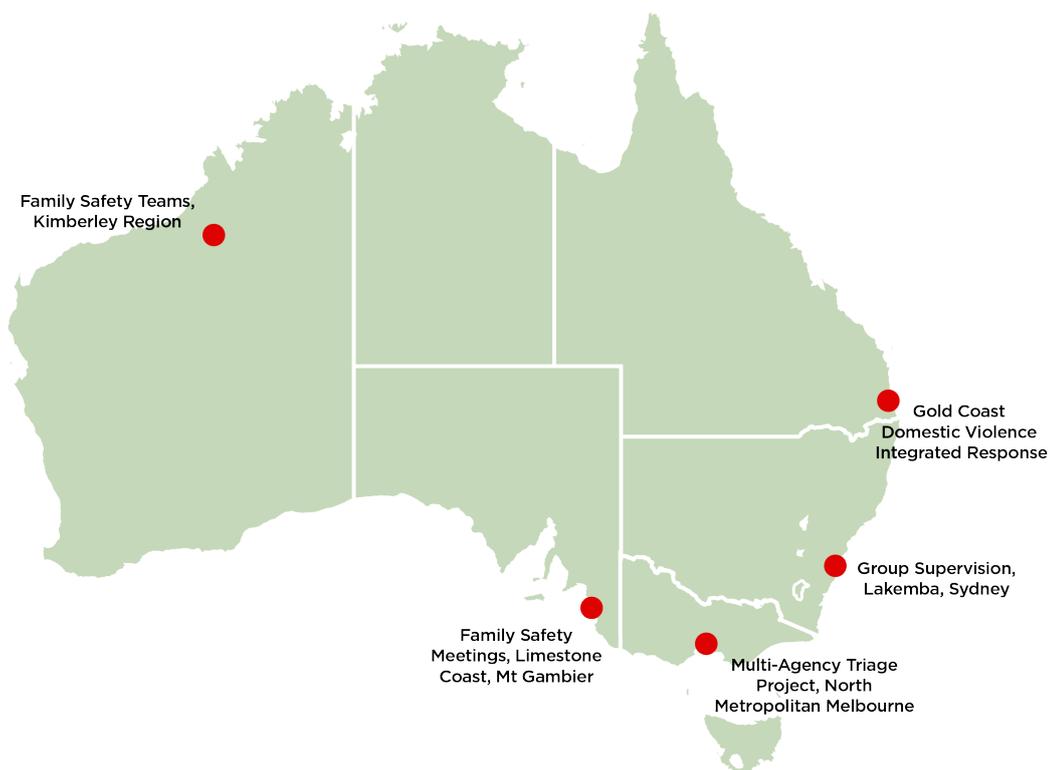
Lakemba, New South Wales: Collaborative Group Supervision sessions

The New South Wales case study used Group Supervision, an existing process under the Family and Community Services (FACS) Practice First practice model as an action research site to develop new, collaborative practice in cases involving child protection issues and domestic and family violence, including where there are family law issues (NSW Government. Family

and Community Services, 2015). Practice First provided a mandate for external agencies to be invited to participate in Group Supervision sessions with child protection staff and, as such, provided an entry point for engagement between child protection practitioners and specialist DFV services, including women's services, men's behaviour change programs, and legal services. The authorising environment for the case site was thus provided by the overarching FACS initiative that provided an operating framework and Practice First supervision guidelines, which supported Group Supervision and allowed for the participation of external agencies. Information sharing protocols were also in place (NSW Government. Family and Community Services, n.d.).

The Lakemba office of Family and Community Services is in south-western metropolitan Sydney and services 20 suburbs, located approximately 10-18 kilometres from the city centre, covering two local government areas. Many of the suburbs are of low socioeconomic status and it is an ethnically diverse area, with two-thirds of residents born overseas. The largest communities (based on 2011 census data) are Chinese, Lebanese, Greek, Vietnamese, and Bangladeshi (ABS, 2015-2016).

Figure 9 The geographic location of the case studies



Gold Coast, Queensland: the Gold Coast Domestic Violence Integrated Response

The Gold Coast Domestic Violence Integrated Response (GCDVIR) has grown from its inception in 1996 by the Domestic Violence Prevention Centre Gold Coast (DVPCGC) and is now comprised of 13 agencies on the Gold Coast. Its longevity as a dynamic, collaborative initiative marks it as a positive one.

The lead agency, DVPCGD (which runs the mandated behavioural change programs), the specialist DFV taskforce of Queensland Police, and Probation and Parole form the original, inner circle of the GCDVIR. It has been a process over the past decade for child protection to move into this inner circle through increased participation in GCDVIR activities and a primary focus on risk management in working with families experiencing DFV.

GCDVIR provides a regular forum for the shared management of risk, and increased safety and accountability to promote cultural change and improve responses and outcomes for families. Child Safety's involvement has brought greater attention to children and the statutory responsibilities involved, as well as increased sharing of relevant information. Twice-weekly triage meetings with core members respond to the management of high-risk cases. Two Child Safety offices from the five in the area attend alternate triage meetings.

Leadership is provided by the lead organisation, GCDVPC, which employs the manager of the integrated response. Importantly, DVPCGC provides training on DFV to founding member organisations (Queensland Police and Probation and Parole), and increasingly, to Queensland's child protection system (known as Child Safety) with the aim of promoting a shared approach to, and understanding of, DFV.

Based on the 2011 census, the proportion of Gold Coast residents who are Indigenous is lower than the overall state's Indigenous population. There is also a higher proportion of the Gold Coast population who were born overseas (a substantial proportion of whom were born in New Zealand) compared to the state average (ABS, 2015-2016).

Mount Gambier, South Australia: Limestone Coast Family Safety Meeting

The Family Safety Framework is an interagency approach to supporting women and children at high risk of serious injury or death from domestic and family violence. The Family Safety Framework (FSF) is a South Australian Government statewide initiative developed under the auspice of the South Australian Government Women's Safety Strategy and the Keeping Them Safe Child Protection Agenda. The site for investigation was the Limestone Coast Family Safety Meeting (FSM). This site was chosen in collaboration with the Office for Women, South Australian Government, as the site PATRICIA would investigate because the Limestone Coast is perceived to be a site where the FSM is working well to address the needs of the local community.

The Limestone Coast is a region in the south-east of South Australia which includes the towns of Bordertown, Keith, Millicent, Naracoorte, and Penola as well as several small coastal towns. Mount Gambier is the regional centre where the FSMs for the region are held and where most service agencies are located.

Participants in the Limestone Coast FSM include senior staff from: SAPOL, Victim Support Services, Domestic Violence Service, Families SA (child protection), Housing SA, Adult Mental Health Services, Community Corrections, Drug and Alcohol Services SA, Pandanya (Aboriginal Health Services), Child and Adolescent Mental Health Services (CAMHS), Disability SA, Yarrow Place (sexual assault service), and the Department for Education and Child Development. Other services participate as required and especially if they have submitted a RAF (a standardised, universal domestic violence form) to the FSM chair, which leads to a referral of a high-risk case. The universal assessment form and the Family Safety Framework practice manual, which informs practices of the FSM, underpin a joint understanding of roles and purpose while local administration of the FSM allows flexibility and local knowledge to guide practice (Office for Women, 2015).

The overarching statewide framework of Family Safety Meetings provides the authorising environment for the fortnightly-held Family Safety Meetings. The universal common risk assessment form and the online Family Safety Framework practice manual, which includes a framework for a positive action plan and informs practices of the FSM, underpin a joint understanding of roles and purpose, while local administration of the FSM allows flexibility and local knowledge to guide practice. Information-sharing procedures have been formalised and all information is held by a designated organisation.

Melbourne, Victoria: the Multi-Agency Triage project

The Multi-Agency Triage (MAT) project was established between family violence specialist services, family service networks, and child protection in Melbourne's Northern Metropolitan region in response to increasing police family violence incident referrals (L17 forms) to Child Protection. It was chosen as the focus of the Victorian case study because it represents a unique demonstration project involving the collaboration of statutory and non-statutory services in triaging family violence police referrals and the provision of a differential response to children living in family violence circumstances.

The Northern Metropolitan area of Melbourne covers seven local government areas and is culturally diverse, with five of the seven LGAs having a higher proportion of residents who were born overseas than the Victorian average (ABS, 2015-2016).

The MAT has operated since 2012 as a demonstration project and initially involved a twice-weekly multi-agency triage meeting chaired by Child Protection. From late 2015, a second stage model of triage developed so that, by mid-2016, a daily multi-agency rapid-risk screening of cases involving children was implemented. The MAT aims ultimately to provide a "single door" entry for all family violence incident referrals in a specific geographical region relating to adult and child victims and perpetrators. At present, however, referrals are still sent by police to three sources: women's and men's specialist DFV services (respectively, for adult victims and perpetrators) and to Child Protection.

The triage team convenes each morning of the working week at the specialist family violence agency that provides services to adult victims living or working within the north region. The participating agencies share the information they have contained in the police referral and from their respective databases and, guided by the Triage team leader, make a collaborative assessment of the risks posed by the perpetrator, the urgency of response required for adult and child victims, and determine an appropriate service referral for each.

The MAT creates a differential response whereby children are referred to family services rather than to Child Protection if they do not meet the threshold for protective investigation. The MAT thereof seeks to divert children affected by family violence away from the statutory child protection system when it is safe and appropriate to do so.

The authorising environment for the MAT is provided through the steering committee comprised of senior managers or CEOs from the participating organisations. Ongoing commitment and funding is provided by the regional Department of Health and Human Services office and participating partners are contracted through funding agreements to provide (and develop) the MAT as a demonstration action research project.

The Kimberley, Western Australia: Family Safety Teams (FST)

A number of initiatives have been released by the state government of Western Australia in recent years that recognise the importance of developing integrated service responses to domestic and family violence. One of these initiatives is the Family Safety Teams (FST), which were implemented in the Kimberley region in 2016. The FSTs build on a pre-existing collaborative response to DFV known as the Family and Domestic Violence Response Teams, which were introduced in 2013 in seventeen locations across WA. They are a partnership between the Department for Child Protection and Family Support, Western Australia Police, Department of Corrective Services, and community sector services for child and adult victims and perpetrators of DFV. The teams, ideally co-located, provide timely and early intervention following police attendance at a DFV incident.

The Kimberley region was chosen for the case study site because of its unique and complex geographical and cultural environment and the high prevalence of DFV (Government of Western Australia, Department for Child Protection and Family Support, 2015). Members of two teams participated in the research: those based in Broome (West Kimberley region) and Kununurra (East Kimberley region).

The FSTs meet daily to jointly assess and triage Western Australia Police Domestic Violence Incident Reports. Through this process, the FST determines the most appropriate and available referral pathway for the people identified in the report. Initial client responses may be conducted by a member of the Family Safety Team or via referral to key stakeholders, which include the safe houses located across the Kimberley region. Where a high-risk case is identified, the FST is responsible for convening multi-agency case management.

The Kimberley region of Western Australia (WA) covers a land area of 419,558 km². It is considered to be the most sparsely populated region in Western Australia, with residents living across six towns—Broome, Derby, Fitzroy Crossing, Halls Creek, Kununurra, and Wyndham—and 183 Aboriginal communities. Aboriginal people account for more than 40 percent of the Kimberley population (ABS 2015-2016).

Key enablers and challenges of collaborative work

Drawing from the findings from the five case sites, there was a relatively consistent core of factors that enabled or hindered the development or sustainability of collaborative initiatives. This was in spite of the different mix of agencies working together, the different geographic locations and policy jurisdictions, and the different nature of each of the collaborative initiatives. It cannot be said that there is any single “magic bullet” that accounts for success or failure (measured against each collaboration’s stated aim) but rather the presence or otherwise of a constellation of factors appears to tip the balance towards an enabling or a challenging context within which collaborative work is undertaken and set against the preconditions for sustainability as already outlined.

The following analysis provides an overview of the key factors that were identified as noteworthy in influencing the strengths and challenges of the collaborative initiatives by research participants across the five case sites. Research participants were specifically asked:

What are the major enablers and challenges when working collaboratively with other agencies on child protection and domestic and family violence (DFV) issues?

Figure 10 provides a point-in-time snapshot of the identified enablers and challenges (as represented by the green and blue circles, respectively) of collaborative initiatives. Key themes are listed around each circle: leadership, shared vision and commitment, authorising environment, information sharing, and formalisation of the model around the “enabler” circle; and perpetrator accountability, culturally appropriate, sustainability, resources, and cultural change around the “challenges” circle. Each of these themes represents other related themes (explained below) that research participants spoke of. The themes were identified as enablers or challengers at a single point in time in the research process, but it is recognised that there is no inherent positive or negative value for any of the themes. For example, at any time, leadership may tip from being a strong and stable enabling factor in a multi-agency partnership to being poor and directionless and thus a challenge for, or even an impediment to, collaborative work. Figure 11 thus represents the fluidity and dynamism inherent in collaborative initiatives as, over time, the policy and practice conditions and contexts within which they operate change.

Figure 10 Snapshot of case site enablers and challenges to collaborative initiatives



Figure 11 Fluidity in collaboration: a dynamic process



Leadership

Most research participants considered strong and stable leadership within the collaborations as a significant force in guiding the collaborative work. There was recognition of the importance of leadership roles, such as that of chair, having the requisite professional skills; for example, the chair of the Family Safety Meetings (SA) was appreciated as one who had the necessary authority, expertise, and respect for committee members. In the case of the Gold Coast Domestic Violence Integrated Response (Qld), the majority of interviewees regarded the lead agency (the Domestic Violence Prevention Centre Gold Coast) and to a lesser degree, Queensland Police Service, who belonged in the inner core of the partnership, as responsible for the longevity of the partnership and in setting the agenda for its continued development. There was also recognition of multi-level and cross-agency championing of collaborations, with strong leadership necessary within child protection or involvement of specialist domestic and family violence agencies or, ideally, both. For example, participants in Group Supervision (NSW) and the Multi-Agency Triage (Vic.) projects recognised the significance of strong managerial commitment in developing a climate of collaboration, which involved the legitimisation of the time and resource commitment of workers engaged in the frontline work of the collaboration. The support of senior level management, from multiple levels of authority, within and across the partner agencies, gave the collaborative work credibility and sent a strong message attesting to its importance.

...the more remote you get the more the communication needs to be intense because there's not the services and all the other infrastructure there; it's just a few services, a few people, and a lot of communication.

I think relationships are a strength; they're also a weakness because when people change... those relationships can fall down if they're not embedded systemically.

—Two interviewees from the Family Safety Teams (WA)

Governance mechanisms provide leadership and oversight of the implementation of the Family Safety Team (through monthly meetings of key agencies) and two forums, one of which involves bimonthly regional management meetings convened by child protection and police (the Child Safety Directors Group) and another involving regional managers and nominated Aboriginal community leaders (the District Leadership Group). In the Kimberley Family Safety Teams (WA), however, there was an emphasis on talking about strong working relationships

Child protection workers described the police chair of the Family Safety Meetings (SA) as:

A strong chair from 2011 with authority and expectations of professionalism (punctuality, follow-up, following protocols) while appreciating open communication, valuing members, and encouraging creative responses, as well as being serious and passionate about women and children's safety.

There's been senior level, CEO, and next layer down, and further layer down management support. At all levels there's strong desire for collaboration, and fundamentally people want to do things better for women and children.

—Interviewee, Multi-Agency Triage (Vic.)

(rather than leadership per se) between partner agencies and recognition that relationships in regional areas are very reliant on personal as opposed to professional connections. The context of the Western Australia collaboration may be an important factor. Like South Australia, the Western Australia case was part of a statewide policy implementation plan to introduce Family and Domestic Violence response teams, which was further refined by a regional policy plan to develop the Family Safety Teams under the Safer Families, Safer Communities: Kimberley Family Violence Regional Plan 2015-2020, otherwise known as the Kimberley Plan (Government of Western Australia, Department for Child Protection and Family Support, 2015). There are inherent challenges to implementing the Family Safety Teams and these are considered below. However, the challenges are compounded by the complexity of cultural and geographical considerations; for example, to what degree can local, even regional, leadership overcome these challenges and support effective and sustained collaboration between agencies?

Shared vision and commitment

Shared vision and commitment was identified as an essential factor to progressing the collaborative work by participants across all of the case sites. This was expressed in two ways. The first was in the partners being committed to tackling domestic and family violence and promoting safety for women and children generally. The second was in the partners sharing the vision—and commitment—about what was needed to achieve the specific collaborative initiative. The latter included acknowledging the importance of spending time in building relationships and holding to the vision and purpose of the collaboration, which, in turn, established a level of trust between agency workers. Most participants across the case sites commented on a high level of commitment from key members. A few participants reported variable levels of commitment, particularly during periods when agencies were operating under heightened capacity and demand constraints.

Many participants expressed the view that shared vision and strengthened commitment to the collaborative initiative was something that developed over time. Moreover, it was regarded as a result of having to work through tensions. These tensions might be born of the different and often conflicting paradigms of child protection and specialist DFV practitioners, or tensions born of unequal resource capacities and funding arrangements for the different agencies involved. These are further elaborated on in the discussion about “sustainability” and “cultural change”. Participants across many of the case sites demonstrated commitment to working towards a shared vision of the collaborative practice. They specifically identified listening respectfully, actively seeking to understand different perspectives on child welfare in the context of DFV, and the different challenges facing the partnership agencies—essentially, features that are instrumental in developing organisational or institutional empathy (Banks, Dutch, & Wang, 2008) as evidence of such commitment. Similarly, in the Family Safety Meetings (SA), the development of a shared understanding of DFV was regarded as having developed over time as members worked through cases during the meetings. The research found that this understanding was enhanced owing to the diverse range of agencies involved in the meetings who brought insights from their work with different client groups, whether they are families, adult and child victims, or perpetrators. Through participation in the meetings, senior workers learnt about each agency’s perspective on domestic and family violence, how they engaged with particular client groups, and how they were able to increase knowledge about diverse agency interventions by taking knowledge back to their own agencies.

Everybody learns from everybody, as well, so...I think the Family Safety Framework is a good avenue for people to learn...about how other agencies operate, how they assess things...it’s caused us to think broader [sic].

—Interviewee Family Safety Meetings (SA)

Authorising environment

On balance, the five case sites exist in an authorising environment that was generally supportive of their current existence, at least at the most local or regional levels of their operation. Each of the initiatives, to lesser or greater degrees, were timely. For example, the statutory child protection service in New South Wales was actively seeking to reorient to relationship-based practice and to increase collaboration with other agencies, the Family Safety Meetings (SA) were embedded in a community where primary prevention of DFV was already being addressed through the local Violence against Women Collaboration, and the second stage of the Multi-Agency Triage project (Vic.) had been unfolding during a period in which family violence and the risks posed to children had a high political profile. Royal Commissions have been held in two states into child protection (SA) and domestic and family violence (Vic.), and there was a major inquiry into child protection known as the Carmody Report (Qld). All of these factors have put pressure on statutory interventions in particular, but also on all agencies involved in responding to violence, in order to rectify the flaws in complex service systems. Two initiatives also had high level authorisation by virtue of the Family Safety Teams (WA) and Family Safety Meetings (SA) being outcomes of state-led reforms.

Formalisation of the model

Formalisation of the model upon which the collaborative initiative is built was identified in different ways as an essential enabling factor by participants across the case sites. It included modelling respectful communication and sharing the burden of responsibility for the work undertaken and for decisions made. This latter aspect was perhaps most pressing for the two triage initiatives in Western Australia and Victoria and in the Gold Coast Domestic Violence Integrated Response (Qld), where joint assessments of the level of risk posed to adult and child victims determined the next level of service intervention. The fact that decision-making was formalised as a joint process was also perceived to increase the quality of collaborative relationships and tighten the system's response in terms of safety and wellbeing (as illustrated by the quotation from a NSW participant).

It's also about joint decision-making...it's not just about you and your manager making that shared decision...It's all of you have made a decision about a child rather than just you and your manager.

—Focus group participant, NSW

Collective confidence in the value of the model (including risk assessment frameworks) driving the collaborative initiative not only fed shared vision and commitment but a level of trust between agency workers whereby problems associated with operational and governance aspects of the work could be addressed with a degree of confidence that a resolution would be reached. The level of trust that developed over time in the Family Safety Meetings (SA) meant that cases that would otherwise have gone unnoticed could be brought to the meeting and more efficiently explored by pooling information across agencies. This in turn resulted, participants thought, in a more effective intervention for families than might otherwise occur. One example related to an interstate family facing homelessness and potential, ongoing transience. As one participant said:

If we hadn't looked at them for housing, they would have just moved on elsewhere...child protection authorities wouldn't have eyes on those children and they wouldn't be attending school. The feeling was...if we can get them to put down roots, even briefly, then there's opportunities for intervention.

Information sharing

Across the five case sites, participants regarded information sharing as foundational to the collaborative initiatives (hence the isolation of this theme as a touchstone enabler in spite of it being a component of the formalisation of models or frameworks upon which collaborations are developed). Sharing information was identified as leading to improved service responses in terms of being able to assess risks posed by perpetrators to victims, adult and child alike, as well as to the mother-child relationship, and thus potentially leading to strengthened perpetrator accountability. For example, participants in the Gold Coast Domestic Violence Integrated Response (Qld) regarded information sharing as the most positive component of their collaboration, observing that it helped establish new initiatives. Similarly, those in the Family Safety Teams (WA) believed information exchange between agencies was leading to better outcomes for communities and improvements to the risk assessment process.

What I'm seeing as a big benefit from this is the assessment of risk and how to work with that in a family situation...being able to share this information and come from both...we know that's happening with this fellow, they know what's happening there...it gives a better blanket approach of how to...protect both parties in that situation.

—Interviewee Family Safety Team (WA)

High quality information is going to result in high quality assessment, which is probably going to result in high quality intervention.

—Interviewee, Gold Coast Domestic Violence Integrated Response (Qld)

It is, however, clear that across the states there are different understandings of what information can and should be shared between agencies. In Victoria, a significant challenge for the Multi-Agency Triage is the shortcomings in information sharing, particularly in relation to essential information about the perpetrator of DFV. The DFV women's service receives information from police about the victims (not the perpetrator), whilst the DFV men's service receives information about the perpetrator (not the victims). Thus, neither service is able to identify or link the victims to the perpetrator unless child protection (who receives the entire police family violence incident report) provides the information at triage or if police were available to provide information relevant to assessing risk themselves. Clearly, the triage would be most effective if police were involved and ensured that vital information was available for the joint rapid risk screening.

Perpetrator accountability

Across the case sites, participants from statutory and non-statutory agencies agreed that perpetrator accountability is a major gap in systems' responses, owing to the lack of services for men who perpetrate domestic and family violence and an overall lack of expertise in working with perpetrators.

The implications of this concept of perpetrator accountability are multiple and viewed differently by people depending on their role or place in the service system, or, indeed, the wider community (State of Victoria, 2016). They range from punishment and judicial monitoring for those in the criminal justice system, through an emphasis on individual responsibility and progress towards non-violence for practitioners running men's behaviour change programs, to the collective responsibility and cultural journey towards healing and reconnection to country and culture espoused by Indigenous communities.

These different views of perpetrator accountability notwithstanding, participants across very different case sites echoed each other's concern that the poverty of mechanisms to hold perpetrators to account and the paucity of services—statutory and non-statutory—available to engage meaningfully with men translated into women being the focus of agencies' interventions. The implication of this is that, by extension, collaborative initiatives also tend to focus on victims, not perpetrators.

Poor integration of DFV, CP, and family law remains a major impediment in holding perpetrators to account despite protocols guiding information sharing and decision-making in relation to Project Magellan.⁶ The lack of collaboration and mechanisms in place to facilitate communication inhibits meaningful information sharing about the significance of risks of ongoing post-separation violence on adult and child victims.

Data obtained from the 78 focus group participants in the New South Wales study indicates a ubiquitous culture of avoiding engagement with child protection when dealing with family law matters where there is a history of DFV. For example, not being mandated to report child abuse to the statutory service, it would be an "extremely rare event" for a lawyer to report to child protection. Some legal practitioners also expressed concern about the ethics of representing perpetrators, as illustrated in the quotation about not "...challenging them on their violence... [but merely] acting on their instructions".

A strong theme in the Western Australia interviews was the limited or lack of perpetrator accountability at service engagement and prosecution level. It was for this reason that the introduction of men's workers to specifically engage

Out of 13 services at our table, only two services work with fathers—attempt to engage him in interventions to increase child safety—but there's no legal mandatory requirements on the perpetrators. Their participation is optional. The emphasis and responsibility is still on the mother to keep herself and children safe.

—Focus group participant (NSW)

We might end up...[representing] the men, those men may be violent, but as lawyers we've got to act in their best interest...in that sense, we're taking an amoral approach. We're not necessarily—challenging them on their violence...at the end of the day we're acting on their instructions.

—Focus group participant (NSW)

Family law court [is] just another method for perpetrating violence by some males.

—Interviewee, Gold Coast Domestic Violence Integrated Response (Qld)

And having the police...one of the trials I went to they were on the phone giving a lot of information on corrections and criminal history. That makes a huge difference [to the assessment of risk to the adult and child victims].

—Interviewee, Multi-Agency Triage (Vic.)

with perpetrators of DFV, through proactive outreach at court or in the community, was heralded as a positive development of the collaboration in terms of assisting with perpetrator accountability.

In collaborative initiatives, perpetrator accountability is impossible to realise without information about perpetrators being shared in a timely and efficient way. This makes it imperative for collaborative initiatives to have the requisite agencies that work with perpetrators at the table. Community Corrections is seen as central in bringing information about sentences, progress, and release dates for "high-risk offenders"—and thus in enhancing perpetrator accountability and increasing the knowledge base on which to plan for women's and children's safety to the Family Safety Meetings (SA). Similarly, the fact that the chair of the meetings is a senior police officer ensures vital information is delivered to the meeting.

⁶ Project Magellan is an interagency collaborative model of case management in the Family Court of Australia. It is for cases where serious sexual or physical abuse of children are alleged in post-separation parenting matters (Higgins, 2007).

Limited information about the perpetrator was a source of ongoing frustration for the Multi-Agency Triage (VIC) team's daily rapid risk screening of police family violence referrals. This situation impacts on services across Victoria with the peak body for women's specialist family violence in Victoria (Domestic Violence Victoria) giving evidence to the Royal Commission into Family Violence that because police family violence incident referrals generate separate referrals for women, men, and children, family violence services perform risk assessments "without access to full information about the critical relational aspects of a woman's [and child's] experience of violence" (State of Victoria, 2016, Vol III, p.14). There have been extensive efforts to bring agencies with information about the perpetrator to the MAT table, including Victoria Police, Corrections, and the Men's Referral Service, as involvement of these agencies would ensure the visibility and accountability of the perpetrator.

Culturally appropriate

Developing collaborative initiatives that were informed in culturally appropriate ways and engaged with the cultural and social complexity of communities was recognised by many participants as an essential consideration but also as a challenging one given the spectrum of diverse communities. Representation of culturally appropriate agencies within the collaborative partnership is another important aspect of this element; for example, Indigenous, multicultural, sexual or gender identity, and disability services were observed to be not part of the Gold Coast Domestic Violence Integrated Response (Qld) (and there was little evidence of engagement with these populations). Most of the collaborative initiatives struggled at some level with engaging in culturally appropriate ways, despite evidence of some productive work. Responses from research participants were largely framed in terms of

...the pressure that victims have to not report and to keep the perpetrator from getting into prison because of the family pressures, threats of harm...

...there's been that outsider-insider kind of tension [between Aboriginal communities and government and non-government service providers]...one of the really good things that's been happening lately is a shift towards working more in partnership [with Aboriginal people, leaders and communities].

—Two interviewees, Family Safety Teams (WA)

We work with women who are still in relationships with the perpetrator. And even if they are in the home, we'll do the work in a safe way away from the home. But we still work with women in relationships with violent men, and we try and link the men into services if it's safe to do so.

—Interviewee from Aboriginal agency, Multi-Agency Triage (Vic.)

culturally appropriate inclusion of Indigenous communities and agencies, with less reference to communities and agencies associated with other population groups.

The difficulties facing multi-agency partnerships and thus their clients were most obvious where the proportion of Indigenous workers or agencies involved was not proportionate to the population and where collaborative initiatives had developed with little input from Indigenous people. There was widespread recognition of the need to incorporate a culturally responsive framework of practice to meet the needs of Aboriginal people in the Kimberley. At the same time, there was consensus that working cross-culturally was difficult. Participants perceived that Aboriginal people have different needs and understandings of DFV from non-Aboriginal people. They also recognised the difficulty in providing a diverse range of services. This was partly about capacity of services to respond across a large area but also the challenge of ensuring that the assessments and advice of Aboriginal people about the services they need are incorporated into developing responsive service models.

These difficulties were commented on by a number of participants of the Family Safety Teams (WA), as illustrated in the accompanying quotations. That said, the collaborations involved in the Family Safety Meetings (SA) led to closer ties between the local Aboriginal health service and statutory services (police and child protection). At the behest of Aboriginal health workers, police from the family violence unit were paying visits to Aboriginal families in plain clothes as a way of being less confronting, and workers from mainstream services were twinning with Aboriginal health workers on visits as a way of fostering trust and linkage to their services.

In the case of the Multi-Agency Triage (Vic.), a statewide Aboriginal service had been involved since the first stage of its development and operation. The agency participated in the triage of all police family violence incident referrals involving Aboriginal victims or perpetrators. In many instances, the police referrals failed to identify the Aboriginal and Torres

Strait Islander status of the parties involved, but the agency was able to check the full list of cases to be triaged and, on the basis of their community links and knowledge, are thus able to identify others. The agency has a holistic approach to family violence and links family members with other programs in their agency. There is, moreover, a legislative requirement that child protection consult with the Aboriginal team known as Lakidjeka. Lakidjeka is based in the Aboriginal agency and is involved in any core decision-making in child protection cases. In addition, the agency also has liaison officers who conduct secondary consultations with other non-statutory agencies (such as family and child services or the specialist DFV service for women) who may have received a referral involving an Aboriginal family from the MAT.

Those involved in the Family Safety Meetings (SA) articulated concerns about the lack of immigrant service engagement in the collaboration despite cases concerning migrant families occasionally coming to the attention of the FSM. There was an identified need to work with the local migrant service on the need to prioritise legal rights of women and children to safety over some cultural attitudes and practices about men's rights over women's (that "you can hit your wife", as one participant put it).

Resources

There were a number of concerns for most participants across the five case sites relating to insufficient resources to support the collaborative initiatives. These included: limited funding, balancing demand pressures, ensuring capacity for ongoing professional development and training opportunities, and ensuring adequate infrastructure (such as technology and office space). The practical reality of workers with demanding case loads being consistently available to attend Group Supervision sessions or daily triage was also challenging. In the face of rising demand, competition for funding between services creates tensions, making collaborative work difficult where perceptions of inequity in funding exist between collaborative partners.

Cultural change

Cultural change across the agencies involved in the collaborative initiatives was a significant theme in many participants' responses across the five case studies. This was mostly discussed in relation to three areas of often conflicting yet related perceptions of the work involved in the collaboration: firstly, in terms of perceptions of the client focus of the collaboration (adult and child victims and perpetrators); secondly, perceptions of an individual agency's mandate in relation to the collaboration; and thirdly, in approaches to

I think there is a shared vision that we want women and children to be safe. I think we conceptualise that work in very different ways.

One of the challenges, particularly around Child Protection and family violence and integrated family services is the different paradigms in which they work. People don't come at this from the same perspective. What's happening now in the Triage is that some of those challenges are starting to manifest a little more in how people perceive their roles and responsibilities around responding to victims of family violence.

So where does the focus for intervention fit? Am I there for the woman; am I there for the child; am I there for the mother and child? Across those three, I know it's different, and there are different reasons for that. But it is one of the challenges.

—Three interviewees, Multi-Agency Triage (Vic.)

child welfare in the context of domestic and family violence.

The Multi-Agency Triage (Vic.) case provided a good example of how members of partner agencies were concerned about whose interests they represented within the Triage team's work as opposed to the work they undertook within their agency. The different paradigms within which partner agencies operated created some barriers to cultural change. For example, women's family violence services focus on the mother as the victim of family violence, prioritising her safety in their work, and aiming to empower her to enable her to care for her children. Child Protection's focus is on the child, and their statutory mandate is to assess for a range of risks of harm to the children, family violence being one of them, and they thus focus their assessments on the mother's parenting and protective capacity. The family service agencies' focus on families and supporting family members with complex needs was yet another layer of difference. In addition, Child Protection may automatically assume that an application by a victim for a family violence intervention order or a victim's separation from a violent partner is an effective protective strategy and thus a reason to withdraw their involvement in the case. However, family violence services know from experience that separation or seeking police or court intervention may increase risk in the short term.

Participants reflected that it was difficult to effect cultural change regarding the approach to the work in the triage because of existing operational and philosophical frameworks. An example

of this would be in shifting the focus of attention to the risks posed by perpetrators to the adult and child victims of DFV when the non-statutory services do not receive information from police about the perpetrators and when none of the services (except for police) engage meaningfully with abusive fathers. Service agreements and organisational functions determined this to a large extent and participants noted that there were limits on their ability as workers to influence how child welfare could be improved without parallel changes in their service frameworks. In some instances, a change of approach would require legislative change (for example, in relation to information-sharing about perpetrators).

Those involved in Group Supervision (NSW) mirrored this dilemma where non-statutory workers perceived their client to be the parent, rather than the child, and statutory workers perceived their primary client to be the child. Observations of Group Supervision found that in the absence of non-statutory workers, the statutory workers focused more narrowly on the child and the child's safety than when advocates for adult survivors were present. One participant consequently concluded that there was a need for services to "work with the whole family".

Gold Coast Domestic Violence Integrated Response (Qld) participants attributed organisational cultural change involving re-focusing attention on perpetrators to the introduction of the Specialist Domestic Family Violence Taskforce in Queensland Police and the implementation of the Safe and Together approach to child welfare by child protection from early 2016.

In spite of participants across the case sites commenting on the good relationships that had been fostered as a result of the collaborative work, individual agency workers could still be concerned about the disjunction between what they perceived as their role in their agency's core business and that of their role in the collaboration.

Sustainability

Sustainability involves a number of elements. These include sustaining the quality of the collaborative relationships and systems, sustaining cultural change (attitudinal and cultural shifts), and sustaining resources (time, financial resources, workforce expertise, developing professional practice, and infrastructure). Aspects of these have been commented on already, but it is useful to summarise the various elements as they existed in the case study sites.

Two studies (notably NSW and Qld) indicated that reliance on a "champion" of the initiative was paradoxically and simultaneously a potential challenge to and enabler of

sustaining a collaboration, thus begging the question of how initiatives can be sustained without over-reliance on particular "personalities" or "allies". One important way to navigate this is to ensure that structures and processes are formalised and there are specific resources dedicated to an initiative that override any over-reliance on individuals or particular agencies within a collaboration.

...it's about what we've always done versus what can we do differently? Because the geography is not going away; it's not going to shrink down to Tasmania overnight.

—Interviewees, Family Safety Teams (WA)

Unique qualities of case sites

Cross-case synthesis required not only careful review of each individual case study for commonly identified themes of collaborative working but also exploration of the qualities that were unique or specific to the contexts in which the collaboration operated (Stake, 2006). This section looks at two such themes: geographic location and co-location of the multi-agency collaborators.

Geographic location

Geographic location was considered significant in the two rural case sites of South Australia and Western Australia. In both cases, interviewees regarded the limited population of service providers as making it easier to build and maintain collaborative relationships. They also considered stability of staff within country areas (even if they might move between agencies) as contributing to the strength of community networks. However, the challenges of travelling and vastness of the Kimberley region added to the complexity in responding to domestic and family violence in remote towns and small, isolated Aboriginal communities. It was for this reason that the Family Safety Teams expanded, placing workers in the more remote locations of Derby, Halls Creek, and Fitzroy Crossing.

Co-location

Co-location was identified as an important factor in achieving

So most of [the] time I'm talking to him [police member of FST] because he is walking past my desk...and I'm like, "...let's talk about this one...this woman is really scared of him...scared he's going to come back...scared he's going to breach". And that way, he can bring that up with the magistrate.

A big challenge that we're facing...is that responses aren't quick enough...they're delayed...and because we are not located together, we are drawn into our own agency's work...we've talked about this as a team and we think...if it [triage] was co-located that would be a bit of a guard against those things happening.

—Two interviewees from different Family Safety Teams (WA), one based in a co-located office, the other not.

cultural change in approaches to domestic and family violence by the Victorian interviewees who were involved in the Multi-Agency Triage collaboration. Unlike one of the Family Safety Teams in Western Australia's Kimberley region, members of Victoria's Multi-Agency Triage team were not working together within the one office in a permanent co-located model. Rather, they were meeting on the premises of one of the participating agencies in order to conduct the daily triage of police family violence incident referrals. Interviewed champions of Victoria's Multi-Agency Triage (at management and policy level), however, see great potential for triage teams to expand across the state and be incorporated into the proposed safety and support hubs. It was also viewed as an important enricher of relationships between partnering agencies by frontline workers involved in the family safety (triage) teams (WA). At this stage in Western Australia, it was only possible for one of the teams to work together all the time, because only one location provided an office big enough to house the team. Consequently, the other team members had to rely on phone and email consultations, which, they conceded, led to inevitable delays in response time. Interviewees saw being embedded with each other within a shared location as enhancing the immediacy of the frontline response based on up-to-date information. It also enabled them to build rapport through an improved understanding of each other's roles. It was evident that some team members had reservations about moving away from their core agencies, concerned that without appropriate infrastructure in place, they may have insufficient support.

Summary of pre-conditions for collaboration

All elements of the PATRICIA Project indicate that there are a number of pre-conditions that need to be in place for a collaborative initiative to be established and sustained. These include:

- the right governance model, in which decision rights of the partners involved are outlined (flowing from legislative requirements that enshrine accountabilities to agency-specific requirements), including review of the quality and relevance of the collaborative work undertaken and whether it is worth being done by this particular partnership of agency representatives through the particular structures devised (for example, whether the initiative depends on partner agencies being permanently co-located or simply meeting in a dedicated space and time);
- a culture of trust, collaboration, transparency, and learning amongst partner agencies and their representatives within the collaboration. Furthermore, there should be trust that workers within each organisation will respond appropriately to any clients referred;
- the right practices and protocols in place to undertake the collaborative work (for example, the appropriate shared risk assessment and risk management tools and information-sharing protocols being in place and observed in the collaborative work);
- the involvement of practitioners and managers with the appropriate qualifications, skills, and expertise to undertake the work involved; and
- appropriate resources in the form of infrastructure, finances, and number of people (with the right skills) to support the collaboration.

Conversely, when these preconditions are not in place, the quality of collaborative work is unlikely to be sustained.

Section 5: Synthesis and recommendations

Arising from the summary and synthesis of the projects are recommendations for practice, policy, and research. The workshop participants (members of the project advisory group and from government and NGOs, as well as the research teams from each state) had read a draft of the synthesis research report prior to the final workshop. In keeping with the action research framing of the research, they then contributed their thinking on the translation of the research into policy, practice, and research recommendations (Graham, Logan, Harrison, Straus, Tetroe, Caswell, & Robinson, 2006). A summary finding supports a recommendation and is derived from the various sub-projects and project advisory group workshops that contributed to the PATRICIA program of research.

Policy and practice findings and recommendations

Governance

The development of formalised governance arrangements that provide an authorising environment for collaboration between CP and DFV specialist services ensures that the collaboration is built on more than particular personal relationships. This development also recognises that statutory services usually require formalised protocols to specify the ways in which collaborative practice can develop.

Other formalising elements can include funding agreements and job descriptions that support collaborative effort and provide the practice infrastructure that ensures that collaboration is not an “add on” to sole agency working but a strong expectation of the job and the organisational funding agreements. Particular attention needs to be given to geographical location so that governance arrangements and their infrastructure are commensurate with the additional challenges relating to time, distance, and the availability of local expertise when working in remote, regional, and rural areas.

Policy Recommendation 1

That the sustainability of collaboration between child protection and specialist DFV services be supported through formalisation of protocols; agreements about information sharing, shared risk assessment and risk management tools; and joint training. Additional support should be considered for sustaining collaborations in remote, regional, and rural areas.

The Safe and Together approach: training, coaching, and policy development

The strongest group of recommendations from the advisory group related to the training and coaching of workers across statutory and non-statutory agencies using the Safe and Together model with families experiencing DFV. This approach to child welfare was developed and used by David Mandel & Associates in the United States and the United Kingdom.

The Safe and Together approach to child welfare represents a significant intervention for CP and DFV professionals. It is designed to improve competencies and cross system collaboration in relation to the intersection of DFV and child abuse. In Safe and Together language, it “pivots”—or shifts—practitioners’ attention away from the tendency to assess the protective parent as the source of safety and risk concerns, as if she were in control of the violence and abuse through her decisions. Instead practice is re-focused specifically on the actions and patterns of coercive control that the perpetrator uses to harm the child (including the pattern of behaviour that harms the non-offending parent and the mother–child relationship itself). It involves:

- exploring the risks to the child that accrue from abusive fathering practices;
- building an alliance with the woman by exploring strategies that have already been undertaken by the child’s mother and other family members to promote the safety and wellbeing of the child; and
- ensuring that evidence of violence and its impacts is clearly documented in files (David Mandel & Associates LLC, 2014).

These are critical aspects of both specialist DFV-informed CP practice and of specialist DFV practice.

The perpetrator accountability case-reading project and case studies developed in New South Wales and Victoria drew explicitly on Safe and Together principles and explored the constraints and possibilities of embedding these principles in collaborative practice settings. The perpetrator accountability case-reading project highlighted CP practitioners’ inattention to the impact of the father’s use of violence on child and family functioning and thus the need to improve competencies in CP practice where children are living with DFV. Despite severe levels of violence in the cases reviewed and the fact that many of the abusive fathers had direct involvement with children, there was a lack of comprehensive assessment and documentation of the pattern of coercive control, with consequent impacts on the formulation of cases. For example, cases involving near

lethal DFV incidents such as strangulation were described in terms of “mutual combat”, “parental conflict”, or “arguments”, thereby diminishing the history and nature of the DFV and possible identification of escalating violence and risks to adult and child victims.

It was evident that there was great interest in and motivation to support a DFV-informed child welfare intervention and the case-reading analysis pointed to areas in which development was already occurring. For example, there was evidence in many files that fathers who use violence were being seen and that workers were aware of the risks that DFV posed to the health and wellbeing of children. Members of the action research project advisory group could also point to states where further development was occurring beyond the completion of the case study fieldwork (e.g. Queensland and Western Australia).

It was recognised that training alone is not adequate, and that practitioner coaching, which is central to the Safe and Together practice change model, is required.

Policy work will also be required to support the development and implementation of the Safe and Together framework. This includes providing and developing resources, practice manuals, supervision, alignment of risk assessment and risk management models (including for high-risk panels), worker safety protocols, and collaborative policy frameworks. The National Outcomes Standards for Perpetrator Intervention (NOSPI) (Australia. Department of Social Services, 2015) provide a national opportunity to embed principles and standards that could be recognised nationally.

Practice Recommendation 1

That child protection organisations, in conjunction with the NGO sector, continue to explore and implement practice training and coaching with (or based on) the principles and resources derived from the Safe and Together approach developed by Mandel to respond to DFV.

Policy Recommendation 2

That policy development align with the NOSPI and take account of developments (such as high-risk DFV panels) that would need to align with Safe and Together principles.

Collaboration

The state of knowledge scoping review’s approach to assessing collaborations, in conjunction with the input from the project advisory group, provided the basis for the parameters for the case study research. Problems and possibilities were identified for the development of collaborative working in a range of key focus areas. These included: governance, quality monitoring, and management and operations. Management and operations included entry into the service system, service planning, service provision, and service array.

Strong patterns emerged from the exploration of the factors essential to collaboration, though no single magic bullet was evident. Rather, a complex matrix of factors in the DFV and CP arenas was developed into a Collaborative Practice Framework for Child Protection and Specialist Domestic and Family Violence (available as an ANROWS Compass publication). The framework was designed to build, maintain, and sustain collaboration where DFV involving children was identified. The Practice Framework pays particular attention to the safety of women and children and the complex array of factors which need to be addressed to support collaboration between the DFV and CP sectors.

Practice Recommendation 2

That the Collaborative Practice Framework for Child Protection and Specialist Domestic and Family Violence Services be used to provide guidance for training and development of workers in partnerships between child protection and specialist domestic and family violence organisations.

Supporting and validating children's experiences

The experiences of children living with DFV have often been marginalised in DFV interventions, with attention largely focusing on responding to adult survivors and perpetrators (Katz, 2016). The PATRICIA Project indicated that collaborative work must attend to children and the risks and impacts they experience from DFV. Recognising the significance of strengthening the relationship between mothers and their children is critical to this collaborative work, as it may involve not only individual work with the mother or child or both but also joint work with them together (Humphreys, Thiara, Sharp, & Jones, 2015). The case-reading project indicated that this area of work was currently under-developed.

The Pathways Project indicated that children's experiences of DFV, when compared to cases where there was no DFV, made little difference to child protection's decision as to whether a child was investigated or placed in out-of-home care. The case reading process found that even where DFV was the focus of the initial CP report, it was poorly addressed. For example, there was no link made between the abusive father's patterns of behaviour and the impediments they posed to healthy, daily functioning of the family. There was only limited evidence of case planning for child-specific specialist DFV services. Referrals were often inappropriate or too generalist, for example, to maternal and child health, disability, psychiatric, or physiotherapy services. Further, there was no documented linkage to how such services might need to incorporate a response to traumatic events associated with DFV or assist children's mental health and wellbeing. As a result, the DFV tended to "disappear". The New South Wales Group Supervision case study found that although there was no universal DFV screening tool, the child protection risk assessment tools required them to assess whether DFV was an issue for the family. This was regardless of the issue that precipitated the report to child protection and at least indicated an embedded response to DFV. However, identification of DFV alone did not translate into an assessment of the impact of DFV on either the child or adult victims.

Findings synthesised across the PATRICIA Project indicate either that there is a lot of unidentified DFV in the analysed administrative data or that there is a lack of differentiation between children living and not living with DFV. This means that DFV is not a primary factor in making decisions about whether to investigate or place a child in out-of-home care. A more definitive finding is not possible to make on the available evidence.

Practice Recommendation 3

That collaborative processes be informed by improved assessments of the risks and impacts of DFV on children and on the mother-child relationship. This entails separate assessments of risks being made in relation to the adult victim, child victim, and the mother-child relationship.

Practice Recommendation 4

That practitioners be supported to engage with and clearly document DFV when it emerges in their intervention, including at which point it is identified. The documentation required will need to include: evidence of appropriate DFV screening at the time of each report and of ongoing assessment for DFV, evidence that each family member (including children) has been questioned or assessed for markers of coercive control, evidence that criminal history and probation periods were reviewed for the presence of DFV, evidence of an effort to find and engage the male caregiver, evidence of an assessment of the father's caregiving role in the family or support for the mother's care, evidence of supervisory review of work related to DFV, and evidence that the significance of prior DFV was integrated into the assessment and case planning in current work.

Perpetrator interventions

A theme throughout the PATRICIA project was that practice and policy development is needed to strengthen the response to fathers who use violence. This is particularly so, given the fact that separation from the abusive father may not necessarily make children safer (Humphreys, 2007b). Moreover, while child protection workers are frequently required to investigate and engage with men who use violence in the home (as are family service workers and some specialist DFV services), few have been trained or are skilled in engaging with abusive men about their fathering (Mandel, 2014; State of Victoria, 2016).

The case studies and the Perpetrator Accountability case-reading projects both pointed to this gap, suggesting that there is a need for services, beyond criminal and civil justice responses, to be available for fathers who use violence. These would involve building expertise and capacity across the range of statutory and non-statutory services, such as the meaningful engagement by child protection workers with fathers who use violence and fathering programs for men who have completed, or are undergoing, a DFV perpetrator program, or an Indigenous healing or Indigenous men's program. That said, models that respond to fathers who use violence are still in the early stages of development and will need careful evaluation (Scott, Kelly, Crooks, & Francis, 2014).

This service gap represents both a policy and a practice challenge. It is a gap in the current service system that severely hampers the collaboration needed to enhance DFV interventions. Collaborative practice that supports perpetrator accountability and pivots to the perpetrator is undermined when there are few points of referral for men who use violence. Policy development in CP and the specialist DFV services offers a particular challenge for government and non-government agencies. These service systems continue to function independently without reference to each other. There are no clear expectations of collaboration from their authorising environment (as in legitimising processes within and across systems such as CP and DFV) and insufficient resources to support this development.

Policy Recommendation 3

That the DFV intervention systems develop programs that engage fathers who use violence to address the impact of abuse on their children.

Practice Recommendation 5

That practice developments be supported in order to widen the DFV service response to include intervention pathways for fathers who use violence and that statutory and non-statutory workers be trained to support this service response.

Worker safety

Worker safety is a primary consideration and underpins good practice where there is DFV, an issue highlighted in the CP document review (which was part of the case-reading work) and case-reading processes. The development of safety for workers is an important issue to be addressed in developing collaborative practice as well as practices within an individual organisation. Queensland and Victoria, for example, have well-developed guidelines within their child protection organisations that could be drawn upon to support a national response or a collaborative intervention framework.

Practice Recommendation 6

That because risks to worker safety may be increased when the attention pivots to the perpetrator, agreed guidelines and protocols should be developed within the collaboration between CP and DFV services.

Information sharing about perpetrators

Information sharing provided a critical operational factor for collaborative action in terms of improving responsiveness to DFV. In particular, shared risk assessments leading to safety planning and risk management were crucial to stronger DFV intervention. However, investigation, case planning, and joint supervision all relied upon trust in sharing information. The focus of information sharing needs to be on perpetrator risk and history, not the issues associated with the child's mother. The blanket sharing of confidential and private information about mothers was considered inappropriate and potentially dangerous, and could close down help-seeking by the mother. It is therefore vital that informed consent is based on victim-centred practice so as to ensure that when a victim provides consent to share information, they have a clear understanding of what information will be shared, when it will be shared, and with whom it will be shared (Jones, 2016). Policy, protocols, and, in some jurisdictions, legislative change would be required to ensure that perpetrator privacy was not allowed to trump safety.

Policy Recommendation 4

That appropriate policy and legislative changes be created to allow the sharing of information about the perpetrator of DFV within appropriate collaborative forums and which is based on an informed consent process that is victim-centred.

Universal risk assessment and risk management

Risk assessment and risk management tools underpin much of DFV intervention. There has been an increasing move to align risk assessments across the statutory and non-statutory sectors, including child protection and specialist DFV services. However, the use of the same risk assessment and risk management procedures for DFV within each state was not evident. Participants in the PATRICIA Project drew attention to the Structured Decision Making tools used by child protection in New South Wales and Queensland and the lack of detail on risk indicators for DFV. Other participants in the project drew attention to the ways in which the principles from Safe and Together could be incorporated as an accompaniment to standard or validated tools. The experience of high-risk panels, where there is a shared risk assessment procedure between organisations, was highlighted as an example of good collaborative practice because it ensured consistency of responses within and across responding services, promoted an equitable response to victims/survivors of DFV, minimised the risk of referral information being misunderstood or overlooked, and enabled collection and analysis of quality data about responses.

Policy Recommendation 5

That common risk assessment and agreements about the strategies for the management of risk should be developed and implemented in all jurisdictions and that the frameworks, tools, and associated protocols should be fundamental requirement for effective practice between child protection and specialist DFV services.

Differential response

A differential response, which ensures that children who do not reach the threshold for a CP investigation are referred to other services, specifically specialist DFV services, provides a strong rationale for collaborative practice. The PATRICIA Project found that several states (New South Wales, Victoria, and Western Australia) had established or were piloting a differential response; in other words, through a triage or other process, children were not automatically referred to child protection when found to be living with DFV but to other services. It was a strongly held view of the project advisory group that providing alternative referral pathways for children was imperative; moreover, that intaking children to child protection services only to immediately refer them on, or to take no further action, undermines the trust of DFV victims/survivors in the service system.

Services in each state were interested to explore the processes through which children living with DFV and who did not reach the threshold for a CP investigation could be referred or diverted to other parts of the service system, including specialist DFV services. While there was agreement in the project advisory group that this was an ethically important development, it was unclear from the PATRICIA Project data whether diversion from CP actually provided an alternative service pathway or effective intervention that supported the wellbeing and safety of children and the non-offending parent (usually mothers).

Synthesis of findings from the Pathways Project and Victorian MAT case study indicated that collaborative strategies to support diversion of children and women away from child protection to other parts of the service system required an authorising environment between organisations and agreements about risk thresholds.

Policy Recommendation 6

That policy be developed and implemented for a differential response for children living with DFV. This will require investment in diversionary pathways to ensure that, where appropriate, children and their mothers receive services outside child protection.

Co-location and face-to-face working

The case studies indicated that co-location or, at least, face-to-face meetings were highly valued in the development of collaborative practice. While sustainability of an initiative requires an authorising environment with protocols that go beyond the individuals involved, the relationships established, organisational empathy, and the potential cooperative case planning and working were facilitated by face-to-face meetings or co-location. Face-to-face working often overcame the problems associated with a “culture of referral”, in which there are often no feedback loops. Strong DFV intervention requires tight working relationships and communication between practitioners to ensure that the perpetrator of violence (mainly, but not exclusively, male intimate partners and ex-partners) cannot exploit the gaps in the system to re-establish or maintain his power over the women and children involved. Co-location of multi-agency collaborators (or regular work face-to-face) was thus significant in tightening and sustaining working relationships.

Family law

Due to the nature of the service systems, the attention to family law alongside the CP and DFV which was originally envisaged for this project was given less focus than anticipated. The links to the family law arena (family relationships centres, family assessments, dispute resolution processes, Federal Circuit Court, Family Law Court) were disturbingly absent. The case studies and the case-reading process highlighted the disconnection with the family law system and the problems for protection of children and their mothers from ongoing post-separation violence and abuse. A lack of engagement with the family law system was a constant theme in the case studies and case-reading projects. The continued vulnerability of children to exposure to abuse following separation was often noted, but the collaborative processes that would be required remained unexplored through the PATRICIA Project. Evidence of the impact of violence and abuse on children was rarely recorded adequately in child protection files and the

Policy recommendation 7

That high-risk conferences, child protection workers, and specialist DFV workers should develop policies that ensure that more effective protocols are developed which impact on the family court arena and mitigate post-separation child abuse.

Practice recommendation 7

That practitioners across sectors should be trained and supervised to document the impact on children of living with fathers who use violence to ensure that evidence is available to support the continued protection of children.

case studies noted that family law issues were rarely addressed in ways that would enable the protection of children from ongoing contact with an abusive father.

Child protection data systems

To facilitate future research, and thus better inform policy and practice, it is recommended that a foundation of evidence for the CP system be created so that there is accountability to children and their families. A comprehensive dataset is needed to allow for a complex understanding of children’s pathways through multiple systems.

This would include the development of data communication and linkages between systems, including police, CP, and DFV services. It would also need to be able to examine the impact of services in reducing re-entry into the CP system.

Policy Recommendation 8

That the CP database in each jurisdiction be further developed to allow more detail on the context in which DFV emerges and is managed by CP workers.

Research recommendations arising from PATRICIA findings and synthesis

A number of recommendations arose during the PATRICIA Project, which either indicate gaps in knowledge, and thus in practice development, or else could represent the next steps in further research.

Research about outcomes

The PATRICIA Project explored administrative data, case studies, and documentary analysis of files where children were living with DFV to understand the dynamics of perpetrator accountability and collaboration between statutory CP and non-government, specialist DFV services. The research was not designed to explore the outcomes of these processes. The project advisory group was unanimous in the view that an outcome study would provide an important next step in a research program. Several states were focused specifically upon whether the implementation of Safe and Together training and coaching for workers would make a difference. It was also recognised that achieving appropriate outcomes and how these might be measured is a complex process. The evaluation of complex systems practice may need to explore outcomes at a number of different levels (Checkland & Poulter, 2006). Humphreys provides a useful list of criteria to consider that could be applied to researching outcomes relating to collaborative initiatives and perpetrator accountability:

- efficacy (does it produce its intended outcome—a satisfactory management of the intake and intervention for children affected by domestic violence?);
- efficiency (does it do this with the best use of resources?);
- effectiveness (does it achieve a higher level or longer term aim—the safety and protection of children?); and
- ethicality (are the purposes of the system met in ways that are congruent with principles and values that promote respect and justice for children and others affected by domestic violence, usually women?) (Humphreys, 2007a, 2).

Research recommendation 1

That research be conducted about outcomes on a number of levels relating to the efficacy, efficiency, effectiveness, and ethicality of collaborative initiatives and perpetrator accountability.

Practice research focused on “the pivot to the perpetrator”

The case-reading project showed that a significant amount of intervention with men who use violence in relationships does not occur in specialised men’s behaviour change programs. More prevalent is intervention with men through CP and generic family services programs. The practices of workers in these areas are largely undocumented and not evidence-informed. What constitutes good practice or poor and dangerous practice is largely unknown. No standards and, with some exceptions, little guidance exist. A practice research project is recommended to explore the development and outcomes from practice focused on fathers who use violence.

Research recommendation 2

That research be undertaken to explore the development of, and outcomes from, practice focused on fathers who use violence (“the pivot to the perpetrator”).

National-focus research on Indigenous children in child protection

The Pathways Project, and the Western Australia case study in particular, drew attention to the specific issues that arise for Aboriginal families in which there is DFV. Aboriginal children living with family violence are over-represented in the CP and out-of-home care system. A project such as Taskforce 1000 (Commission for Children and Young People, 2016) used an innovative approach to exploring the issues for Aboriginal children in out-of-home care, most of whom had lived with DFV. A further project to explore this interface beyond Victoria would help interrogate and search for solutions for this group of vulnerable children.

Research recommendation 3

That national research on Indigenous children in child protection be undertaken.

Client perspectives

The PATRICIA Project held a particular focus on the interface between specialist DFV services and CP. The DFV intervention system is far more comprehensive than this “two organisation” interface. The particular issues that face adult services addressing the safety and wellbeing of children and their mothers in these service systems were not addressed in the PATRICIA Project but remain outstanding issues that require further exploration.

The PATRICIA Project, particularly in the case studies projects, focused on service system collaboration from the perspective of the workers in the CP and specialist DFV services. The perspectives of men, women, and children on collaborative initiatives that involve CP and specialist DFV services or programs were notably absent. A further project is required that ensures that the perspectives of women and children, in particular, are at the centre of the project.

Research recommendation 4

That a research project with a particular focus on the interface between CP and specialist DFV services and programs from the perspective of clients (adults and children) be undertaken.

Section 6: Conclusion

The PATRICIA Project explored processes of collaboration that focused on the relationship between statutory child protection organisations and specialist DFV community sector organisations. The particular challenges involved in creating policy and practice that attend to the accountability of the perpetrator of DFV were able to be addressed and linked to the exploration of collaborative work when the project was expanded with further resources granted in late 2015. The conclusions of this report are structured to take into account: (a) reflections on the parallel process of collaboration between the PATRICIA Project team and the research content; and (b) final comments on the project.

Research reflections

There is no such thing as "healthy" competition within a knowledge organization; all internal competition is destructive. The nature of our work is that it cannot be done by any single person in isolation. Knowledge work is by definition collaborative. (DeMarco, 2001)

The PATRICIA Project was itself a collaboration, albeit one with a focus on research rather than DFV collaboration. Some reflections on the project team's own parallel process of collaboration may also contribute to our knowledge of collaboration based on the team's experience of working together. We held our own circles of enablers and challenges in the collaborative research process and were not outside the experience. We were interested to "walk the talk" and understand our own processes of collaborative working (Blackmore, Ison, & Jiggins, 2007).

The project team consisted of: 12 academics; seven researchers; six NGOs, including peak bodies; and representatives from five state child protection organisations. Within the team were those who specialised in DFV and those who specialised in statutory CP intervention. Men were in a minority, but were nevertheless well represented. It will be for others to judge the quality of the success of the collaboration. It has, however, delivered the following: reports from each strand of the research (a state of knowledge scoping review of the literature on collaborations involving CP, DFV, and family law; the Pathways Project; the David Mandel-led Perpetrator Accountability case-reading project; and five case studies synthesised into one report); three workshops with an advisory group to support the action research process; and timely production of reports based on agreements with ANROWS. A significant group of the researchers and statutory organisations

involved in the PATRICIA Project designed and applied for a further grant to continue the collaborative approach in an area that emerged from the current project as a significant gap in practice and policy development. Researchers from the project will continue to work together and form writing teams to contribute the research findings from the PATRICIA Project to a special edition of *Australian Social Work*. These outputs could be interpreted as markers of a successful collaboration.

In reflecting on the dynamic process of collaboration (Figure 12) a number of elements were in place throughout the project: (a) **strong and stable leadership** provided by experienced chief investigators with a history of working together, no "churn" in the researchers on the project, a highly respected senior researcher who provided both task and process leadership throughout the project, and senior leadership support in state government departments; (b) **a shared vision and commitment** across the team, which saw the PATRICIA Project as an opportunity to contribute in a contentious but important area of practice and which championed that vision whenever possible; (c) **an authorising environment** provided by ANROWS contracts, memoranda of understanding and sub-contracts between universities, formal ethics agreements, formal letters of support from government organisations, and agreements to participate in an action research process; (d) judicious **sharing of information** to ensure that confidentiality was maintained where agreed, but, where early drafts of reports were shared regularly within and between projects, supported by regular research teleconferences across the five participating state researchers; and (e) **resources** to support the project to ensure that state-based researchers could be employed alongside a senior project officer, with an honorarium to recognise NGO contributions.

Other enablers were also present to support **cultural change** in this contentious area. These included: (a) a national context which was open to change in DFV intervention provided through the COAG agenda and the attention from 2014-16 across the life of the project to national and state advocacy on DFV; (b) some states where criticism of CP led to an openness to reform and evidence-informed practice in the DFV area; and (c) the access the PATRICIA Project provided to the high quality Safe and Together resources and training and support from Mandel. These elements were enablers in the collaborative process.

There were also challenges that, at times, were also enablers of collaboration. These included sensitivities for organisations, particularly, but not only, state CP organisations, in the

interpretation and documentation of the collaborative processes in which they were engaged. This was an issue of **information sharing** and **cultural change**. A number of strategies were used to address this issue: designing a project that built on innovative (good) practice case studies; ensuring that senior government policy workers were involved in the Pathways Project permissions, the advisory group, and reading drafts of the reports; researchers drawing on “institutional empathy” to understand and re-work language without losing meaning in the writing process, and workers in organisations recognising that evidence-informed practice (with qualitative and quantitative data) will sometimes raise challenges; providing national synthesis reports in which organisations (both NGOs and government) were generally not named in critical commentary; and recognising the importance of trust in the collaboration that identifies strengths while retaining the importance of independence and the need to be a critical friend if practice and policy is to progress.

Culturally appropriate and inclusive practice was a challenge for both the project team and the project content. An Aboriginal organisation was on the advisory group, and the case studies, Pathways, and case reading projects all had aspects that addressed issues for Aboriginal families or the organisational context of collaboration with Aboriginal organisations in the DFV context. There is nevertheless a future project yet to be led by Aboriginal organisations and researchers. Other aspects of cultural diversity were not greatly in evidence in this project. Sustainability and perpetrator accountability, while important to the research content, were not elements of strong relevance to the research project team. It could be said that as a team we all took responsibility for maintaining respectful relationships and we will continue to work on research translation to ensure that our findings are sustainable in spite of our 2-year contract as a team coming to an end.

Concluding comments

No “silver bullet” emerged as the one factor that made a difference to collaborative processes between DFV specialist organisations and child protection departments. Instead, a complex array of factors enabled or challenged the collaborative working. Some of these elements would be common across all collaborations; others were specific to the statutory and DFV context. A practice framework was developed to capture key elements that needed to be addressed in this specific context. Driving practice and policy change to focus on the perpetrator of DFV was the most striking shift in the current policy and practice context, but one

that research participants and the advisory group agreed required further development.

Enthusiasm, persistence, and commitment to making a difference to DFV intervention were evident in every aspect of the PATRICIA Project. The sense of hope that change is possible is an important enabler of the drive to build, maintain, and sustain collaborative relationships. The desire to create a safer environment for children that supports their health and wellbeing and that of their mothers, combined with the recognition that there needs to be consequences for violent and abusive behaviour, provided the ethical backdrop for this work. A further step would be to measure whether collaborative practice can achieve this aim. It is a step that would require a further turn in the action research cycle. It is a reminder that knowledge building, like collaboration, is an iterative process: complex, contentious, and never complete.

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Appendix A: Project advisory group

The project advisory group met with the multi-site research team members from the five participating states and project managers, based at the University of Melbourne, on three day-long workshops held at three strategic stages of the PATRICIA Project.

The purpose of the first workshop, held at the start of year one (27 February 2015), was to provide the participatory, research-informed modus operandi for the project's duration. Workshop two, held toward the end of year one (8-9 October 2015) was to feedback findings from the scoping review and Pathways strands, develop the research action template for data gathering during the multi-site case study research, and for participants to apply their expert knowledge to the preparation of work for the case study and case-reading components of research to be conducted in year two of the project. Towards the end of year two (26 August 2016), the last workshop focused on reviewing initial synthesis of the findings from all the sub-projects, developing recommendations and the elements of the Collaborative Practice Framework for Child Protection and Specialist Domestic and Family Violence aimed at strengthening the co-design of service systems.

In addition, project advisory group members and researchers consulted each other, as necessary, during the life of the project. Project advisory group members and their colleagues, particularly in the various child protection agencies, provided invaluable support for key work undertaken during the case study, Perpetrator Accountability, and Pathways sub-projects.

Table 4 Statutory and non-statutory agencies represented on the project advisory group by jurisdiction

Victoria	Department of Health and Human Services Child Protection
	Domestic Violence Resource Centre Victoria DV Vic.
	No To Violence
	Victorian Aboriginal Child Care Agency Women's Legal Service Victoria
New South Wales	Department of Family and Community Services
	University of Sydney
	Women's Legal Service NSW
Western Australia	Department for Child Protection and Family Support
	Women's Council for Domestic and Family Violence Services (WA)
Queensland	Department of Communities, Child Safety, and Disability Services
National	Parenting Research Centre

Appendix B: Case file selection process

The case reading analysis required the following processes:

Selecting and de-identifying the case files

A sorting process was developed by the research team in consultation with David Mandel with the aim of gathering the first 100 substantiated cases reported to child protection from an arbitrary date in which reports were made at the appropriate point. Selected cases had to be open for at least 3 months to be eligible for inclusion in order to yield sufficient depth of documentation with which to work. Cases were selected following a stratified sorting and sampling process whereby the most recent report included domestic and family violence as part of the reason why the case was reported or referred to the agency and those where no DFV was identified in the most recent referral. From this initial sort, further sampling was undertaken to ensure inclusion of at least one Indigenous case per state. Selectors were also asked to consider selecting, if possible, a case involving family law, a case involving a family from a culturally and linguistically diverse background, a mix of cases in which a child is under 1 year old versus a child or children old enough to articulate views, and a case involving disability (including mental health) in the family. Selectors used a random case selection protocol until the final five case files in each jurisdiction was reached. At this point, the final cases were de-identified.

Building the case-reading teams

The case readings were conducted by paired case readers made up of 4-6 people in total in the five states. Teams of two were recommended in order to increase the reliability of the review process. The inclusion of diverse team members drawn from statutory, non-statutory, and research backgrounds was considered beneficial in offering a broad perspective, balanced against the fact that for some jurisdictions it raised the issue of confidentiality and, more generally, the familiarity of external readers with child protection processes. The selection of team members was strategically and purposively undertaken in consultation with project advisory group members and each child protection agency. All case readers were experienced senior staff (for example, principal practitioners in child protection, or managers of domestic and family violence programs). Where possible, practitioners involved in the collaborative initiative that was the focus of the case study

research were invited to be case readers. A facilitation and quality monitoring role was played by a senior researcher over the 2 days of case readings, with the purpose of being ready to troubleshoot any issues that arose.

Pre-learning

Pre-learning modules were completed online prior to the face-to-face training workshop for case reading participants.

Training

Mandel trained the five state-based teams over a 2-day, face-to-face workshop in February 2016. Two Safe and Together tools were used as a method of analysis to examine and document the interventions recorded by practitioners in case files: the Domestic Violence in Current Allegation case-reading tool and the No Domestic Violence in Current Allegation case-reading tool. Training included a practice case-reading run with a case from each state-based team's jurisdiction.

Case reading and debriefing

Onsite case reading of files and scoring in teams of two persons over 2 days was followed by a debriefing and reflective workshop facilitated by the senior researcher involved.

Analysis of scoring sheets and preparation of reports

The scoring sheets were electronically cleaned and transferred by a secure electronic file transfer to Mandel for detailed analysis, and preparation of individual state reports and a national overview report focusing on trends and practices.

Feedback workshops

Feedback workshops in each state site for case readers, child protection and specialist domestic and family violence managers, and interested stakeholders were held where feasible in order to discuss potential for further development of training relating to working with families where there is DFV in the context of child protection.

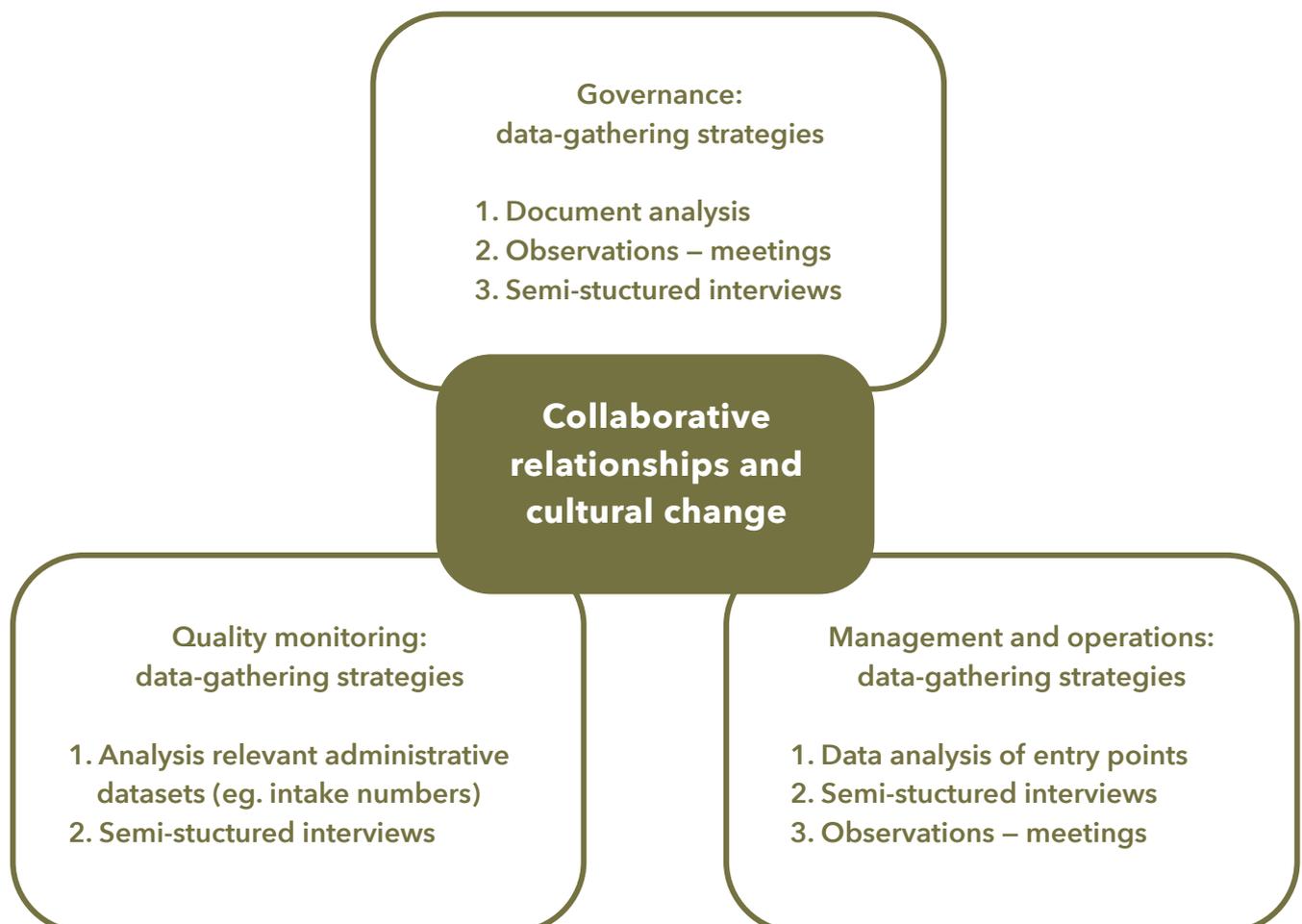
Appendix C: Research action template and data gathering strategies for case study

The research action template (see Figure 12) was a collaborative outcome of the PATRICIA Project's second action research workshop held in October 2015. It was developed to guide how the site-based teams gathered and analysed data consistently as well as guided how the case study coordinating researcher conducted the final cross-case synthesis (i.e. drew insights from the five individual case studies into a final analysis). It captures a number of domains within three key areas of governance, management and operations, and quality monitoring. Individually and collectively, analysis of data collected across these key areas provided insights into the barriers and enabling factors for collaborative work and cultural change across CP and DFV.

Governance

- Vision, mission, and strategies defined;
- shared concepts, views (for example, of DFV);
- defines roles and accountabilities across multi-agencies;
- policy development (for example, information sharing); and
- oversight function: that multi-agencies do what they say they'll do.

Figure 12 Research action template and data-gathering strategies



Management and operations

- Administrative functions that support multi-agencies' service delivery;
- finances and staffing budgets;
- data systems—about, for, and by whom?;
- manages communication and decision processes;
- manages staff development, performance, coaching, and training;
- manages leadership-focused activities;
- entry into service system (for example, entry points, eligibility criteria, and assessment tools such as common risk assessment);
- service planning (for example, identifying the most appropriate services for families given resources available);
- service provision (for example, quality of accessibility and immediacy of service provision, degree of individualisation, support for diverse populations, cultural competence); and
- service array or spectrum of services available to target group (for example, life course, geography, primary/secondary/tertiary level, service gaps/overlaps, evidence-informed).

Quality monitoring

- Independent of governance but reports to governance body (a function of governance).

Appendix D: PATRICIA Project semi-structured interview schedule for case study

These questions were guides to elicit discussion around the participant's role and views about the collaborative project on set topics.

Introduction

1. What is your current role in the collaborative project and what is the relationship of this role to the position you hold within the agency in which you are based/employed?
2. What are the major strengths and challenges when working collaboratively with other agencies on child protection and domestic and family violence (DFV) issues? (How do you see the two sectors working currently; over the last 5 years, has this changed; if so, in what ways, and if not, why not?)
3. If you have not raised the issues in relation to family law and the collaboration with those working in the family law system, then discuss the problems and opportunities you have experienced.
4. What do you see as the most important initiatives that could be taken to enable interagency collaboration for women and children involved in child protection and DFV services?
5. How do child protection and DFV agencies currently collaborate to develop accountability of perpetrators of DFV? (What does "accountability" look like in this context? What are the main gaps and challenges in doing this? What more could be done to improve this?)
6. How do child protection and DFV agencies currently work collaboratively to increase the safety of women and children? (What does "safety" look like in this context? What are the main gaps and challenges in doing this? What more could be done to improve this?)

Governance

1. How is DFV conceptualised or understood by each agency (e.g. is there a shared vision or purpose; what goals and values underpin the practices of each sector; is there a

shared theoretical framework and shared language used across agencies—e.g. "conflict" or "violence")

2. What formal arrangements support interagency working (memorandums of understanding, protocols, funding arrangements)?
3. Who provides leadership, where are they located within the structure of the project, and how do they provide leadership (examples)?
4. What is the history of the governance committee for DFV in this case site and who oversees the work (e.g. board of management, steering or implementation committee)?
5. How is information shared?

Management and operations

1. What is your view of the level of integration between child protection and DFV services?
2. What is the level of integration between these services and other sectors—for example, mental health, alcohol and other drug treatment, Family Court, criminal justice—when DFV is/has been present?
3. What actions or processes are undertaken to facilitate collaboration between child protection and domestic/family violence?
4. What, if any, new staffing models have been introduced to support collaborative practice?
5. What support have staff received to facilitate collaborative practice—for example, training—and what has this enabled staff to achieve? Are there plans for support in the future?
6. Who conducts risk assessment for DFV; at what points of contact with families (fathers, mothers, and children); to what extent are the same screening tools used across the different agencies (what are these tools?); are all victims (adult and children) and perpetrators assessed for risk; and who shares risk assessments across the multi-agencies involved?

7. Who contributes to service planning and how do they do so?
8. How are services organised to avoid fragmentation and duplication (or not)?
9. Is intake shared? Are there any shared referral forms?
10. To what extent are data systems integrated and who has access to them?
11. To what extent does the collaborative project plan for and incorporate appropriate and accessible services for diverse populations (Indigenous, CALD, disability, GLBTI)?
12. What difference does collaboration between child protection and DFV make to outcomes for families?
13. What difference does collaboration with family law make in relation to protection of children?
14. What differences are there in processes or outcomes among families receiving a differential response?

Quality monitoring

1. How is collaboration between child protection and domestic violence monitored for quality?
2. What systems are in place to improve responses?
3. Who oversees planning and implementation?
4. What capacity building has taken/is taking place?

Collaborative relationships and cultural change

1. What supports or drives cultural change?
2. What policy-related activities have been taken/are being undertaken to support change?

Any other comments or questions you would like to raise?

Appendix E: PATRICIA Project case study report template

The case	Description of collaborative initiative, context	1 p
Method	Background, aim, approach to research (data gathered), etc.	2 pp
Synopsis of case	Context and establishment/development of: <ol style="list-style-type: none"> 1. Governance (developing and strengthening shared understanding of the collaboration, aims and partnership, clarifying roles, decision-making, authority, agency representation) 2. Management and operations (of data systems, service pathways, consistent risk assessment and risk management and professional practice) 3. Quality monitoring (joint review and planning, evaluation and research) 	6 pp
Case findings	Note what works well and where improvements can be made for the collaborative work where possible for each finding: <ol style="list-style-type: none"> 1. Quality of collaborative relationships and systems 2. Cultural change, e.g. attitudinal and cultural shifts 3. Resources, e.g. time, financial, expertise/developing professional practice, infrastructure 4. Sustainability (in context of #1-3) 	10 pp
Uniqueness and transferability of case for collaborative work	Specific factors: <ol style="list-style-type: none"> 1. Principles 2. Learning 3. Action (to implement) 	1 p

Relevance of case for themes of PATRICIA Project (drawn from Safe and Together)	<p>How, if at all, is there evidence of collaborative work (in the domains CP, DFV, and FL) that involves:</p> <ol style="list-style-type: none"> 1. supporting the mother–child relationship, which aligns with the non-offending parent’s efforts to promote the child’s safety and wellbeing; 2. partnership with the adult survivor, which aligns with supporting the mother as a protective parent and as a victim/survivor of DFV; 3. collecting evidence for family law during risk assessment, which aligns with assessing the nexus between the perpetrator’s pattern and harm to children (for example, documenting the effects of the children witnessing DFV); 4. information sharing protocol, including meaningful protocol between family law and child protection, which aligns with intervening with the perpetrator to reduce risk and harm to the child and accountability; 5. universal screening and assessment for DFV; 6. high standards for fathers, which is about assessing the father’s role in the family and the impact of his parenting choices, including his use of violence, on family functioning; 7. differential pathway for children; and 8. supporting/working with key population groups (e.g. in terms of culture, substance use, and mental health issues). 	10 pp
Possible quotes		2 pp
Key insights into the collaborative process	<ol style="list-style-type: none"> 1. What are the top-level or key insights/factors that have led to the positive aspects of the collaboration? 2. What are the key negatives, in your view, to the collaboration and what are your thoughts about how to overcome them? 	<1 p
Conclusion		2 pp
Research at a glance (exec sum)	Study location, what we did, what we found, so what?	1 p

Based on PATRICIA Project Research Action Template; Safe and Together Principles and Critical Components; Healey, Humphreys & Wilcox (2013); and Stake (2006).

Appendix F: Group Supervision, Lakemba, New South Wales case study summary



Brief overview

This briefing note presents the key findings from the New South Wales case study, one of five in the national PATRICIA project. The New South Wales case study used Group Supervision, an existing process under the Family and Community Services (FACS)

Practice First practice model as an action research site to enhance collaborative practice in cases involving child protection issues and domestic violence, including where there are family law issues. Practice First provided a mandate for external agencies to be invited to participate in Group Supervision sessions with child protection staff and, as such, provided an entry point for engagement between child protection practitioners and specialist domestic violence services, including women's services, men's behaviour change programs, and legal services. The aim of this research was to engage practitioners in domestic violence, child protection, and family law services as co-researchers in a participatory process to develop and improve collaborative practice in cases involving child protection concerns and domestic violence. The working interagency components of the NSW case site were mapped according to the schema developed for the PATRICIA Project's state of knowledge paper. This identified the absence of a specific mandate for the collaborative initiative. Instead, a general mandate for child protection collaboration with external partner agencies was used, but this suffered from the limitation that there was a sole entry point, which depended on one agency (CPS) identifying relevant cases and issuing invitations for other agencies to participate. Nevertheless, the findings indicated the important role that collaboration between child protection and specialist domestic violence agencies can play, in combination with an internal child protection "champion" of new practices, in shifting child protection practice along the continuum of domestic violence-informed child welfare practice identified by David Mandel.

Background

This case study involved using Group Supervision, an existing process under the Practice First model as an action research site. The geographical site of the research was Lakemba Community Service Centre located in south-western Sydney. This FACS office services 20 suburbs, comprising three local government areas with a total population of 574,416 (ABS, 2011). Many of the suburbs are of low socioeconomic status, and it is an ethnically diverse area, with two-thirds of residents born overseas. The largest communities (based on 2011 census data) are Chinese, Lebanese, Greek, Vietnamese, and Bangladeshi.

Methodology

The research design comprised two stages. Firstly, five separate focus groups with 78 child protection, domestic violence, and family law service providers were held in two geographically diverse locations. These explored both opportunities for, and challenges in, collaboration in cases involving the intersection of child protection, domestic violence, and family law issues. The data generated was synthesised and fed into the second stage, action research. Action research is a method that facilitates the simultaneous production of knowledge and implementation of change through continuous, cyclical processes of planning, acting, systematic observation, and reflection. During the action research stage, data was collected from multiple sources, including: observation of Group Supervision sessions (using a data collection tool based on Mandel's framework); analysis of session transcripts, researcher reflections, anonymous surveys and interviews with participants in Group Supervision; participants' reflections on training with Mandel's Safe and Together model; and an interagency forum conducted as part of the action research.

As part of the action research cycle, researchers summarised data from anonymous surveys with participants at the end of each Group Supervision session about the identified barriers and successes of collaboration in the Group Supervision process, which were then explored at the next Group Supervision session. It was anticipated that identified barriers would be addressed and worked through to develop further learning around good practice with improved outcomes for children and families. This cyclical process continued over the five sessions. It is planned that the results from the Mandel case reading (part of the larger project implemented at each case

study site) will be fed back to the group in a similar process, inviting identification of focuses for further co-development of new practices.

The short time available to implement the action research was a limitation of the study, so that the collaboration was in its early stages, rather than being a mature collaborative initiative. No cases involving family law were presented for discussion during the time available for the action research process, so this aspect of collaborative practice was not addressed.

Key findings

- Strong managerial commitment (an authorising environment) is required to legitimate the time commitment of workers that is essential to building collaborative practice, particularly in the high-paced statutory child protection sector.
- Participants valued joint training opportunities, which they believed helped to strengthen their shared understanding of women's and children's experiences of DFV and enhanced the risk assessment process. Participants also expressed that the training provided a space to develop new ways of thinking about how to hold perpetrators of DFV to a higher standard as fathers and to consider opportunities for increasing the level of engagement with domestically violent men.
- Education and awareness raising about DFV are not in themselves sufficient to drive changes in practice in child protection cases involving DFV. Strong leadership from within child protection (a "champion") or involvement of external agencies with DFV expertise—and preferably both—are essential to developing new, collaborative practices.
- All participants demonstrated commitment to working towards developing collaborative practices through respectful listening and seeking to understand different perspectives and the challenges of the different agencies.
- Findings from focus groups highlighted that cases involving the family law system, child protection concerns, and DFV in which there is a risk of post-separation violence, are "falling through the gaps". That is, they are not generally seen as a priority among competing demands on statutory child protection services and legal practitioners perceived that there were complex ethical and practice issues, which impeded them from participating in meaningful collaboration with other agencies.

Implications for policy, practice, and research

The importance of an authorising environment

The Practice First initiative, with strong managerial endorsement, provided a strong authorising environment for child protection workers to make the time commitment required to collaborate with external agencies. The Group Supervision model provided a systemic framework, which embedded a standardised and predictable process to facilitate collaborative relationships.

Information sharing

Sharing information in order to make informed decisions about children's safety, welfare, and wellbeing was consistently cited as a vital outcome of collaboration. The importance of respectful communication when sharing information about clients who were the focus of Group Supervision was highlighted in numerous sessions observed by the research team.

A framework for exchange of ideas and diverse perspectives

Clear guidelines addressing privacy and confidentiality overarching the process allowed for a freer exchange of details about the families around the nature of the violence and other tactics of coercive control and its impact on family functioning. Perpetrator tactics of coercive control and the impact of these on a mother and child, which might not normally be documented or are unable to be documented owing to the recording structure that systematically edits out some of the rich discussion (e.g. there may be no room for this type of information in child protection risk assessments, safety plans, or case plans), were discussed. It was clear in the Group Supervision sessions, as well as through the interviews with workers, that workers saw this as key to facilitating effective working with families where there are DFV and child protection issues.

Sustainability

Paradoxically, the reliance on a "champion"—a skilled, passionate advocate with a desire to improve services to families where DFV is a risk factor for women and children—can be constructed simultaneously as a potential barrier or potential facilitator of sustained collaboration. The importance of the passion, skill, and enthusiasm of a number of "champions" at the case site was obvious to the researchers and to their colleagues. This raises an important question about how sustainability can be strengthened so that it is not so reliant upon particular "personalities".

Family law

The minimal cross agency collaboration in cases involving DFV, child protection concerns, and the family law system suggests that practice in cases involving post separation violence needs further development. Further research is required to identify ways to ensure that these cases, where the risk is often high, can be responded to more effectively through collaborative efforts across child protection, DFV, and family law services.

Conclusion

This local initiative harnessed an opportunity for cross agency collaboration through an existing process. Through the action research process, participants shared information, skills, and knowledge from their respective sectors, and began a process of collaboratively generating new practices consistent with the goals of enhancing the safety of women and children, assessing the risks posed by the perpetrators of domestic violence, and holding them to higher standards as fathers.

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Appendix G: The Gold Coast Domestic Violence Integrated Response (GCDVIR), Queensland case study summary



Brief overview

This briefing note presents the key findings from the Queensland case study, one of five in the national PATRICIA Project. Established in 1996, the Gold Coast Domestic Violence Integrated Response (GCDVIR)

provides a coordinated approach to women and children affected by domestic and family violence, and to men who perpetrate violence. The GCDVIR is led by the Domestic Violence Prevention Centre Gold Coast (DVPCGC). Members include domestic violence, justice, legal, health, and housing services, and Child Safety. The goal of the GCDVIR is to manage risk, increase safety and accountability, promote cultural change, and improve responses and outcomes for families. Thirty interviews were conducted with key staff from member organisations to better understand members' experiences of the GCDVIR's response to child protection. Of the total interviews, eight practitioners from statutory and non-statutory agencies had experienced some level of training in the Safe and Together model. This briefing reports the findings and outlines the implications for policy and practice.

Background

Two circles (see Figure 13) of membership in the GCDVIR were identified by researchers. The inner circle is comprised of founding organisations DVPCGC, Queensland Police Service, and Probation and Parole. Each organisation provides mandated responses to domestic and family violence (DVPCGC provides mandated men's behavioural change programs) and the most comprehensive approach to accountability for perpetrators. Child Safety (the statutory child protection agency in Queensland) began attending monthly GCDVIR meetings in 2010. An increase in domestic violence training and co-working has led to more embedding of child protection in the GCDVIR to the extent that Child Safety appears to be making its way into the inner circle. However, to date, only two Child Safety Service Centres are involved and only at a managerial level. Since the beginning of 2016, twice-weekly triage meetings have been held by the inner circle to manage high-risk cases. The outer circle includes the remaining members who, at times, are active in the inner circle level of collaboration. Child Safety attends alternate triage meetings. Organisations in the outer circle do not attend triage meetings.

The majority of workers within each organisation do not have much involvement with the GCDVIR. Integration is greater within the inner circle and is managed through key contact points with the power to make decisions; for example, the Director of DVPCGC and team leaders from Child Safety. The established history and foundations of the GCDVIR has allowed a number of recent innovations: the Domestic and Family Violence Specialist Court trial, the Queensland Police Service Domestic Family Violence taskforce, the twice-weekly triage meetings, and new levels of information sharing between the Specialist Domestic and Family Violence court and agencies providing men's behavioural change programs. These initiatives stem from inner circle leadership, which articulates a dynamic critique of current practice to improve responses.

Methodology

This research aimed to understand professionals' experiences and perspectives on the operation of an integrated response to domestic violence and child protection. The focus was on gaining insights and knowledge on how professionals navigate the complexities of an integrated response. Senior staff members were contacted at agencies participating in the GCDVIR to recruit research participants. Researchers also asked participants if they knew of colleagues interested in contributing to the research. This process yielded thirty interviews. Semi-structured interviews were transcribed, coded, and thematically analysed. Ethics approval for this project was granted by the University of Melbourne and Griffith University.

Key findings

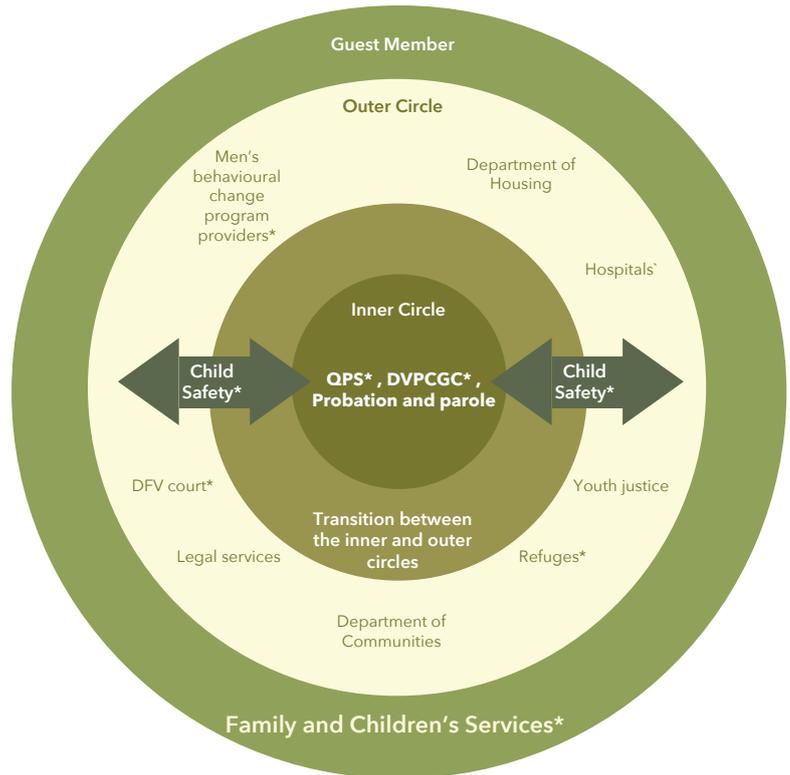
- All participants shared the view that collaboration within an integrated response made a significant difference to risk management and the safety of women and children.
- Child Safety's inclusion in the GCDVIR has increased awareness of the impact of DFV on children and the need to include this in service delivery.
- Effective collaboration and high level integration were most often reported at the managerial level rather than by workers engaged in direct practice.
- Philosophical differences, especially in relation to causes of DFV, responses to the needs of perpetrators, and definition of the client, pose barriers to collaboration.
- Substantial caseloads and under-resourcing further limit collaboration.

Figure 13 Membership of the Gold Coast Domestic Violence Integrated Response

Organisation outside of the GCDVIR



Members of the GCDVIR



*Agencies interviewed

- Information sharing was both a barrier and facilitator of collaboration. Where collaboration was formalised and trust was established amongst workers, information sharing helped ensure risk management and the establishment of new initiatives. Apprehension in sharing information was due to fear of the unintended consequences of disclosure, or misunderstandings about how information could be used.
- Leadership by DVPCGC was considered critical in conveying the passion and values necessary for engaging and motivating a range of organisations and for sustaining an integrated response.
- Organisational cultural change, with increased collaboration and focus on accountability for men who perpetrate violence, was evident in Queensland Police Service and Child Safety. This was attributed to training by DVPCGC in both organisations, to the introduction of the Specialist

Domestic Family Violence taskforce in Queensland Police Service and, from 2016, the implementation of the Safe and Together model in Child Safety.

- Child Safety has increased its engagement with men but the onus is still largely placed on mothers to protect children.
- Family Court matters are recognised as potentially a threat to the safety of women and children but there is minimal interaction between the Family Court and the GCDVIR.
- There is consistent recognition that mental health and substance use are common factors in cases involving DFV, but integration with relevant services is very limited.
- Indigenous, CALD, LGBTI, and disability services are not part of the GCDVIR and there was little evidence of engagement with these populations.

Implications for policy and practice

Risk assessment and safety of women and children

Because one agency can't manage risk on their own in regards to domestic violence.

(Italicised comments are quotations from interviewees.)

Managing risk is a core objective of the GCDVIR. Child Safety monitors domestic violence risks closely and collaboratively with police and DFV services. To ensure oversight and co-ordination, Child Safety compiles joint safety plans developed across agencies into one document. A common risk assessment tool has been developed by the GCDVIR for use in the Specialist Domestic Family Violence Court trial. However, agencies across the GCDVIR currently use their own tools to assess risk. While there are shared understandings of high-risk factors and risk assessment in general across the GCDVIR, regular use of a shared tool would increase integration.

Relationships between Child Safety and DFV Services

There is such a willingness and an openness to doing it now and to learning, to shifting that whole thing from "She has failed to protect the child" to "He's creating a dangerous environment, we need to focus on him and not the victim".

Relationships between Child Safety and DVPCGC were gradually forged through training and innovations in practice. Effective collaboration was also based on identification of "champions" for domestic violence in Child Safety. Child Safety's involvement with the GCDVIR gained momentum with the trial of the Helping Out Families model introduced in 2010. In Her Shoes training delivered by DVPCGC to Child Safety staff strengthened the relationship between these services and led to greater informal information sharing and, later, to case consults. Following the Carmody Report, managers from DVPCGC were asked to sit on Critical Friends panels which allowed DVPCGC managers to ask questions of Child Safety officers about engagement with perpetrators. This resulted in the Dual Response project, a collaborative model of working between DVPCGC and the Mermaid Beach Child Safety Service Centre. Participation in the GCDVIR has given Child Safety confidence and trust to be open to critique, which has further strengthened practice.

Information sharing

High-quality information is going to result in high-quality assessment which is probably going to result in high-quality intervention.

An effective integrated response requires that organisations have a clear and formal understanding of what information can be shared, the purpose of information sharing, and that information is exchanged in a timely manner. Some agencies, including Child Safety, have worked with the GCDVIR to examine the wording of legislation. This exercise facilitated relationship building and the development of trust based on understanding of how information will be used and the need for reciprocity in provision of information. While information sharing was generally described as positively contributing to the safety of women and children, on occasion it was withheld when there were concerns regarding how it would be used, particularly by Child Safety. Despite occasional reticence when trust between individual workers has not been established, Child Safety's participation in the GCDVIR has strengthened informal information sharing through hypotheticals and formal information sharing through joint management of case plans. The Safe and Together training has helped practitioners become more critically aware of risk factors in domestic violence. This enables them to better identify information they need to fulfil their specific role within an integrated response.

Regular, sustained, and supported contact

Where you find the gaps you are able to put in best practice... it shouldn't matter who the people are that are in positions at any given time because the best practice has been tested, you've got a structure in place that works, and it's not going to be reliant on any particular person to perform a role.

Regular contact by multiple workers across a range of agencies indicates the strength of the GCDVIR. Formalised structures and processes and specific resources that override reliance on individuals or informal relationships ensure sustainability. Having more Child Safety branches involved in the GCDVIR would be beneficial but will require further resourcing to support vital activities. These take the form of recognised specialist workers who coordinate the branch's involvement, specific attention in position descriptions and responsibilities, time allocated in workload to fulfil tasks, and resources for professional development and meetings. While Child Safety appears to be moving into the inner circle, organisations in the outer circle need to be formally identified, and, although engagement may not be as intensive as amongst the inner circle, it needs, nonetheless, to be regularly structured and adequately resourced.

Self-critique leads to improved integration

This can't be as good as it gets. And people giving you that feedback is how you keep moving.

Dynamism in leadership and advocacy are also important features in responding to the changing factors impacting on DFV and child protection. Participants from the inner circle are passionate about integrated responses but also have a high level of sophistication in their critique of the current model and system challenges. This self-critique is a strength which leads to continued growth and improvement and was likely developed through the GCDVIR's extensive experience. Key personnel are well-educated in contemporary knowledge on domestic violence related fields in child protection and gender-based violence, responding proactively to societal responses to domestic violence, and the safety of women and children. There are strong links to government leaders through Child Safety, Queensland Police Service, and Probation and Parole.

Integration with family law

Family Law Court [is] just another method for perpetrating violence by some males

Almost unanimously, participants expressed frustration and confusion about how to respond to family law issues when there are domestic violence and child protection concerns. Child Safety workers reported misconceptions by other services about Child Safety's ability to intervene in family law. Child Safety workers also reported confusion about whether child protection legislation overrides family law. All services reported little or difficult collaboration with Family Law based on lack of understanding of domestic violence by lawyers and magistrates. These findings indicate the need for better conceptualisation of how the Family Court and the GCDVIR can better collaborate.

Increasing engagement with diverse families and specialist adult services

...they don't come regularly to the IR [Gold Coast Domestic Violence Integrated Response], like the meetings and such.

There is a need to increase the capacity for the integrated response to respond to families from Indigenous and CALD groups, LGBTI communities, and women and children with disabilities. This requires greater integration with specialist services for these communities and a need to build skills and knowledge of workers across sectors. Numerous domestic violence cases have the coexistence of other factors, such as alcohol and other drugs, and mental health concerns. Addressing these issues in a congruent domestic and family violence and child protection integrated response requires a clear mandate and better collaboration with these services. While agencies offering services for these issues were not interviewed, participants advocated for their involvement in the GCDVIR.

Engagement with fathers who commit domestic violence

He goes away and she goes into a DV refuge and we work wholly and solely with her.

While the GCDVIR is united on understandings of perpetrator accountability, perceptions among Child Safety workers varied. Participants reported that accountability is enhanced when Child Safety brings statutory power to the table. The service refers fathers to mandated men's behaviour change programs, contributes to joint case plans, and supports risk management. However, other services suggested that while Child Safety is a strong stakeholder and facilitates connection between DVPCGC and mothers, the service nevertheless places onus for child safety on the mother and that engagement with men needs to include greater accountability measures. The Safe and Together model began to be rolled out in Queensland in January 2016; interviews for this project were completed in May. While Safe and Together supports engagement with fathers, DFV services argued there is need to include perpetrator risk assessment and to further increase accountability within the model.

Differential response

Most families would rather we [Child Safety] weren't involved and if our lack of involvement means that a family's more likely engaged, we're not opposed to that, as long as we can manage the risks safely.

Family and children's service workers (known as Child Safety, Family and Child Connect [FACC], and Intensive Family Services [IFS] in Queensland) reported better engagement by families with non-statutory services, as use of these services is less stigmatised than a Child Safety response. Introduction of FACC and IFS has led to Child Safety officers working exclusively on high-risk cases. While this shares the workload between agencies, Child Safety officers discussed the stress of only concentrating on high-risk cases. Concerns were also raised about training for FACC and IFS workers and failures of reporting pathways between these agencies, currently guests at the GCDVIR meetings, and others in the GCDVIR. Accountability training for FACC and IFS workers is currently being offered by DVPCGC. The embedding of specialist domestic violence workers in these services is hoped to improve practice and enable greater integration.

Conclusion

Three key factors were identified as enabling collaboration between agencies in the GCDVIR: a shared vision directed by the lead agency, well-established formalised relationships, and information sharing. Paradoxically, information sharing was also a key challenge to integration, along with mistrust between some agencies and workers, and risk to sustainability of engagement with the outer circle and the largely missing partners; alcohol and other drug treatment; mental health; and family law. Protocols and approvals should be in place so that when information is needed it can be seamless in its exchange. Trust could be further improved through greater understanding of each agency's remit, greater transparency between agencies, and the development of joint case plans. Differences in philosophical and value orientations across domestic violence and child protection services pose continuing challenges for integration. These complex issues point towards a balance between core epistemological and value understandings of domestic violence and child protection across all participating organisations. The longevity of the GCDVIR is evident in numerous participants' critique of how the delivery of services and justice responses need to be constantly evolving within a diverse set of philosophical and value orientations. To address sustainability, integration needs to become embedded in daily practice and to include key adult services and family law. Training, professional development, leadership, and research have important roles in addressing this complex, dynamic issue.

About the authors

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Appendix H: Family Safety Meetings, Limestone Coast, South Australia, case study summary



Brief overview

This briefing note presents the key findings from the South Australian case study, one of five in the national PATRICIA project. The Family Safety Framework (FSF) is a South Australian Government

statewide initiative developed as an interagency approach to supporting women and children at high risk of serious injury or death from domestic or family violence. Family Safety Meetings (FSMs) are chaired by the South Australian Police (SAPOL) with Victim Support Services providing administrative support. A range of government and non-government agencies attend fortnightly meetings to create a Positive Action Plan for individual families perceived to be at high risk.

This briefing paper outlines the key findings of research that investigated the FSF being used on the Limestone Coast, South Australia. Specifically, the research examined an FSM and considered the implications for policy, practice, and research. The Limestone Coast FSM was chosen because it has been identified as a site where the FSF is working well to address the needs of the local community through effective interagency collaboration.

Background

The Family Safety Meetings (FSM) on the Limestone Coast, as operated under the South Australian Government's Women's Safety Strategy and the Keeping Them Safe child protection agenda, exemplifies an interagency collaboration which endeavours to protect women and children at high risk of domestic and family violence and to ensure that perpetrators are held accountable. Established in 2011, the Limestone Coast site is one of 19 locations in South Australia where local agencies hold fortnightly FSMs to share information and create a Positive Action Plan (Office for Women, 2015, p. 16) for individual families perceived to be at high risk.

Methodology

This paper is based on a review of the FSM as operated on the Limestone Coast. Extensive documentation about the FSF, available online, was screened to provide information

about strategies, processes, purposes, and protocols of the statewide FSF. Semi-structured interviews were conducted with 11 members of the FSM and an FSM was observed. Criteria for analysis was prescribed by the agenda set by the PATRICIA project to identify effective collaboration and to elucidate understanding of the barriers and facilitating factors for collaborative work across child protection, women's DFV support services, and services provided in the family law area.

Key findings

- The FSM on the Limestone Coast is supported by a comprehensive manual which is available online and is provided to every FSM member.
- During the implementation phase in 2011 the FSM on the Limestone Coast was supported by face-to-face training and oversight from staff of the South Australian Government's Women's Safety Strategy.
- A universal assessment form (RAF) to assess severity of domestic violence is used across agencies to assess whether a case meets the criteria for inclusion on the FSM agenda.
- A chairperson from SAPOL, who has authority, experience, administrative skills, and commitment to addressing the safety of women and children, presides over the FSM on the Limestone Coast.
- Members of the FSM on the Limestone Coast are senior workers with leadership roles in their agencies. The members coordinate referrals from their agency to the FSM and prioritise and implement the actions that are recommended by the FSM.
- Regular fortnightly meetings of the FSM allow timely responses.
- Protocols that allow information sharing across agencies are in place.
- There are clear protocols for retention of information by member agencies.
- Limited confidentiality allows sharing of relevant clients' information across senior staff members in diverse agencies.
- The FSMs enable members to tailor creative responses which address needs in individual cases; for example, at times these responses ensured that child protection interventions were not necessary, as women's and children's safety was assured by other means.

On the Limestone Coast, the operations of the FSM is enhanced by:

- A stable membership over a number of years.
- A high level of commitment from key members.
- The existence of a limited number of established services.
- A rural setting with supportive community networks.

On the Limestone Coast, the following barriers impact on operations of the FSM:

- There is no direct contact between the Circuit Court, which attends to family law matters, and the FSM. This means that court orders sometimes counteract initiatives taken by the FSM.
- The growing burden of multiple copies of FSM cases to be kept on agency files is onerous.
- As only high-risk cases are brought to the FSM, women and children who have not reached the high-risk threshold are not necessarily afforded a timely, cross-agency response which might prevent an escalation of violence and harm.

Implications for policy, practice, and research

Clear structure and supported implementation

In establishing a collaborative interagency system to address domestic violence there is a need to provide clear direction. In the FSM this is provided through the Family Safety Framework (FSF) Manual which provides an overview of the strategies, processes, purposes, and protocols of the statewide FSF. Initial training and support during the implementation phase is also imperative. This should be followed up with periodic consultation and training sessions to ensure newer members are clear of the purpose and expectations of the FSM.

Strong collaboration and clear protocols

Strong collaborative relationships are a mainstay of FSM. There are several components of the FSM, as it operates on the Limestone Coast, that support purposeful collaborations. Firstly, there is strong leadership from an authoritative and committed chairperson who has held this position from the inception of the FSM on the Limestone Coast. Secondly, the FSM is embedded in a community where primary prevention of DFV is addressed through initiatives undertaken by the local Violence Against Women Collaboration. Thirdly, membership

of the FSM is made up of senior staff from a broad range of agencies who have a role in decision-making in their agencies. The sharing of information about cases crosses the boundaries of confidentiality which are usually imposed on interagency collaborations. This means that the senior staff members take relevant information from other agencies back to their agencies and ensure that appropriate action is taken.

The importance of stability and senior staff involvement

Clearly defined purpose, structure, and content contribute to agencies' ability to develop trust and commitment so that there is ongoing networking and collaboration outside the meetings. The level of trust that is built through meetings means that relationships are fostered that assist cooperative relationships across agencies which result in efficient and appropriate service delivery. It is critical that members hold senior roles in their agencies so that they can influence practice and decision-making in their agencies.

Universal instruments

A standardised domestic violence Risk Assessment Form (RAF) used across agencies ensures that any agency staff member who receives an initial contact from a domestic violence victim can assess if the risk is high and necessitates a referral to the FSM.

Attitudinal and cultural shifts

FSM increases understanding in domestic violence services (DVS) and Child Protection (CP) which has led to attitudinal changes within both services. Apart from a closer relationship between DVS and CP, collaboration across a range of agencies leads to innovative and creative responses from services working together so that Child Protection may not need to take action, as a situation is de-escalated through alternative intervention that addresses women's and children's safely.

As a federal rather than state-based agency, the Family Law Court (FLC) is not involved with the FSF. Information gathered through the FSM is only used by CP to inform the FLC when CP are seeking orders from the Court. When DFV is present in general residency and visitation decisions there is a need for the FLC to be conversant with information about the family which has been gathered through agency collaboration at the local level. Currently FLC decisions sometimes contradict local initiatives to maximise safety in cases of severe risk.

Resources

Financial costs, in terms of worker time, are borne across agencies with no additional resources allocated, except for the Victim Support Service, which receives a small allocation of funds for administering the FSM. However, preparation for fortnightly meetings and follow-ups from the meetings represents a substantial commitment from key agencies.

Expertise, development of professional practice, and sustainability

Expertise across agencies is enhanced through combining knowledge about practice and sharing perspectives across different domains. The initial training provided by the Office for Women was highly valued and participants who had been involved from the start of the FSMs on the Limestone Coast were clear about their remit and the principles underlying the collaborative approach to reducing threat and addressing the safety needs of high-risk clients. However, there is a need to provide some formal training to newer members.

The quality of collaborative relationships in the Limestone Coast FSM has developed and been sustained over time. One of the strengths is the shared use of the Referral Assessment Form (RAF). The RAF is a useful learning tool which enhances understanding of DFV across agencies as well as gauging risk. Familiarity with the assessment tool enables a wide range of service providers, from police patrol officers to mental health workers and numerous non-government agencies to better comprehend the scope and severity of DFV.

Conclusion

The Limestone Coast FSM provides a strong example of collaborative practice. There is a shared vision and understanding about domestic and family violence which has developed over time. The understanding of DFV is enhanced by input from a wide range of agencies who deal with different client groups. The combination of a skilled and authoritative chair person, commitment from a range of professional senior staff from diverse agencies, shared understanding of the cause and effect of domestic violence, and a level of trust enable creative responses from a wide net of agencies. The FSF manual and the Referral Assessment Form give clear and comprehensive information and guidance that is adhered to and underpins the operational functioning of the FSM on the Limestone Coast. Reporting to the Office for Women in Adelaide ensures oversight of how the meetings are progressing and accountability is afforded while local integrity is maintained.

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Appendix I: Multi-Agency Triage Project (MAT) Northern Metropolitan Melbourne, Victoria, case study summary

Brief overview



This briefing note presents the key findings from the Victorian case study, one of five in the national PATRICIA Project. It outlines the key findings of the Victorian case site, the Multi-Agency Triage Project (MAT). The MAT was established between family

violence specialist services, family service networks, and child protection, in Melbourne's Northern Metropolitan region, in response to increasing police family violence incident referrals to child protection. It represents a unique demonstration project involving the collaboration of statutory and non-statutory services in daily triage of DFV police referrals. The MAT aims to provide a "single door" entry point to a multi-agency rapid risk screening process for all police family violence incident referrals (L17 forms). The model aims to create a differential response in which children and their families are referred to family services when it is safe and appropriate to do so, and are only referred to child protection if they meet the threshold for protective investigation. This paper highlights the key factors that have either facilitated or acted as a barrier to the effective collaboration between family violence services and child protection in the MAT.

Background

The MAT was developed in response to increasing police family violence incident referrals to child protection. For instance, in Victoria between 2013 and 2014, police reported that children were present in 34 percent (n = 22,376) of family violence incidents (State of Victoria, 2016, p. 36). The MAT aims to provide a single entry point for police referrals to a multi-agency collaborative rapid risk screening. Using information immediately available in the L17 form and each agency's respective database, the team determines the level of risk posed by the perpetrator and the urgency of response required for women and children who have experienced family violence, in order to refer to an appropriate service point for a service response. The MAT thus seeks to create a differential response to assessing risk by diverting children affected by family violence away from the statutory child protection services when it is safe and appropriate to do so. The triage model is underpinned by four criteria:

- efficacy (does it produce its intended outcome—a satisfactory

management of intake and intervention for children affected by domestic violence?);

- efficiency (does it do this with the best use of resources?);
- effectiveness (does it achieve a higher-level or longer term aim—the safety and protection of children?); and
- ethicality (are the purposes of the system met in ways which are congruent with principles and values which promote respect and justice for children and others affected by domestic violence?) (Humphreys, 2007a, p. 2)

The triage team consists of specialist family violence services (including a specialist Aboriginal service), child protection, and Child FIRST (Child and Family Information, Referral, and Support Team) agencies. A men's family violence specialist service joined the triage team towards the end of the research period and there was potential for Community Corrections and Victoria Police to join in the future. The DHHS North Division has led the development and implementation of the MAT, supported by a University of Melbourne research team, since its inception.

Work on the MAT commenced in November 2012 in the wider context of reform in Victoria's family violence service system. In December 2015 a second stage was developed as a potential demonstration project to manage referrals into the family violence system. Stage 2 involved a series of trials of a co-located triage point for all family violence incident referrals from Victoria Police to assess and refer children and other family members. A steering committee and an operations group were established for the governance of the MAT, and an action research project manager was appointed (with funding from the Department of Health and Human Services [DHHS]) to oversee the development and implementation of the MAT.

Methodology

The aim of the PATRICIA case study was to investigate a collaborative initiative involving, at minimum, child protection and specialist domestic and family violence agencies working together, using multiple sources of information, to respond to women and children affected by family violence. The research question was:

How do identified criteria for effective collaboration elucidate an understanding of the barriers and facilitating factors for collaborative work across statutory child protection, women's domestic and family violence support services, and services provided in the family law area?

A multi-method approach was used in the study, involving semi-

structured face-to-face interviews with triage participants (team members, managers, and policy-drivers); observation of triage sessions, workshops, and meetings; policy and practice document analysis; secondary analysis of project data and reports; and action research. Ethics approval for the project was granted through the University of Melbourne's Human Research Ethics Committee (ID 1545721).

Key findings

- Strong cross-agency leadership, particularly by the agency providing a dedicated meeting room and IT support, together with support from the DHHS and an external project manager (supported by the university research team), facilitated collaboration and assisted to streamline administrative processes.
- The increasing concern in the Victorian community and the high political profile of family violence and the risks it poses to children reinforced the commitment by the partner organisations and assisted to sustain the project over time.
- David Mandel's Safe and Together model provided a useful framework to develop the rapid risk-assessment processes of the MAT (particularly the aide-mémoire) and direct the focus to assessments of the family violence perpetrator's pattern of behaviour of coercive control and behaviour.
- Barriers to sharing and accessing information about the family violence perpetrator limited the full potential of the rapid risk screening process.
- Different operating paradigms and levels of authority between services involved in the MAT impacted on approaches to family violence, creating challenges for effective collaboration.
- The MAT provides a model that could be drawn on in the establishment of the safety and support hubs in regions across Victoria.

Implications for policy and practice

Shared vision and commitment

The overriding impetus for the MAT has been the shared vision to develop and implement a multi-agency approach to improve outcomes for vulnerable children and their families experiencing family violence.

One of the key factors that facilitated the collaborative work of the MAT was a high level of commitment to the project by the participants, which has been sustained over a long period of time. This enabled the development of strong relationships, respect, and a shared sense of responsibility for the project

among partner agencies.

Formalised structures

The structures developed for both the governance and operation of the triage model supported the collaborative work. The triage and risk screening was undertaken through a clearly defined and facilitated step-by-step consensus decision-making process, which enabled the sharing of information from each of the services.

Meeting face-to-face on a daily basis (Monday to Friday), in a dedicated space with appropriate information technology access and infrastructure to undertake the triage process, assisted the development of shared understandings of family violence risks among the triage team members. "Co-location" (as participants described the meeting room in the specialist women's family violence agency) was also identified as a significant factor for achieving organisational cultural change in developing approaches to family violence. The MAT participants shared their knowledge about their own operational paradigms, which assisted to break down some of the barriers created by the traditional "silos" in service provision.

Strong leadership and management support

Strong leadership and multi-level management support from within the agencies involved in the MAT was an important factor for sustaining the project over time. The process also involved a substantial commitment of resources in terms of time, expertise, and infrastructure.

Leadership and continuous active involvement from the regional office of DHHS gave the project credibility and gave participants some confidence in the potential for future funding and sustainability of the project. A senior manager from DHHS provided valuable oversight, practical assistance, and championing of the project.

The external and independent involvement of the project manager and the University of Melbourne provided expertise to the project and assisted to balance potential differences between the agencies. The project manager also provided valuable resources for the MAT, such as organising triage sessions and committee meetings, and overseeing the development of the triage steps and risk assessment process.

A high level of expertise and experience in family violence of those involved at all levels of the project enhanced the collaborative work. A number of those involved had extensive experience in both family violence services and child protection, indicating how critical it is for team members to be appropriately trained in family violence risk assessment and management. This facilitated greater understanding of the constraints in

which child protection operate.

Strong political profile of family violence reform

The Victorian Government's commitment to family violence reforms provided a supportive context for the MAT. Community concern about the death of Luke Batty, killed by his father in 2014, and advocacy by his mother Rosie Batty around the impact of family violence led to increased awareness of the risks to children and prompted the Royal Commission into Family Violence in Victoria (State of Victoria 2016).

A clear philosophical and practice framework

The agencies involved in the triage worked collaboratively to develop a rapid risk assessment process to guide the triage risk assessment. The model was based on Victoria's Common Risk Assessment Framework (CRAF), and introduced elements of David Mandel's Safe and Together model by asking separate questions in the step-by-step process about the impact of the perpetrator's behaviour on the women and on the children, the impact on the mother-child relationship, and the strengths in the mother's efforts to protect the children and ensure their safety and wellbeing. This supports a shift towards a focus on the perpetrator's pattern-based behaviour. While this has been effectively implemented, it has at times been hampered by the limited information available about the perpetrator and by child protection's focus on the primary carer for assessing risks to children.

Consistent information and involvement from Victoria Police

Police referral processes created a number of challenges for the triage process. There was a lack of consistency in the extent and quality of information provided on police L17 forms, and inconsistent patterns in relation to which organisations they were sent to. For instance, the L17 form may omit information that the victim is Aboriginal or that children were present at the incident.

Police have access to important information about family violence incidents and in particular the perpetrators of family violence, which has significance for effective risk assessment. However, despite strong interest and recognition of the importance of police being involved in the MAT at the regional level (based on records of their own observations of the worth of their involvement in a few triage trials), there was difficulty in engaging Victoria Police in participating in the triage process.

Legislation and infrastructure for information sharing

Constraints on information sharing, due to organisational concerns about breaching privacy legislation, impacted on the information that could be shared about the perpetrator of family violence. Each of the triage participants had different databases for record keeping which also created challenges for information sharing.

Allocating resources to meet demand

Demand pressures impacted on all the partner organisations and their capacity to work collaboratively. While the triage process assisted organisations to respond to demand, reduce duplication, and enhance responses, the practical reality of having workers consistently available to attend the sessions was challenging at times for some organisations.

Balancing different operating paradigms and levels of authority

The partner organisations had different frameworks for operating based on the funding arrangements that determine their service delivery. The different approaches had an impact on their philosophical understanding of family violence and their focus for intervention. For example, child protection is child-focused and may view a mother's separation from her violent partner as a protective factor. Family violence services are focused on the family violence victim and view separation as a time of heightened risk for woman and their children.

Triage practitioners have only a limited ability to shift their approach without parallel changes in their service frameworks. Statutory bodies such as Child Protection carry greater authority than non-statutory agencies such as family violence services. This creates a power differential between the partner agencies involved in the triage, and at times impacts on decision-making processes and effective collaboration.

Conclusion

The MAT has involved the successful collaboration of agencies responding to police family violence referrals involving children. The MAT participants have been actively involved in both the design and implementation of the model. Despite often overwhelming demand pressures, divergent operating paradigms and the challenges of reaching consensus, the collaborative project has been sustained for 4 years and is now fully operationalised.

The model has developed an interagency rapid risk screening process which has enhanced a shared understanding of family violence risk factors. Further work can be done to strengthen the risk assessment process. More active and consistent involvement from agencies with information about family violence perpetrators, such as Victoria Police, the men's family violence service, and Corrections Victoria is critical to the further development of the project. Continuing to develop shared understandings across the triage team about family violence and risks to children is also important.

There has been remarkable goodwill across the agencies in the MAT. However, the sustainability of the model requires a supportive authorising environment in which legislation, service agreements, protocols, and guidelines align to support collaborative information sharing, risk assessment, and referral. While there has been funding for some of the agencies to participate in the MAT, ongoing funding for all the participants will need to be secured to ensure the sustainability of the model. The development of a shared database and improvements in access to technology at the triage table would also support the project.

The MAT was intended to be a demonstration model for a multi-agency approach that would have potential for replication across the state. There are now opportunities for the model to inform development of practice in the support and safety hubs that will be implemented by the Victorian Government in light of the recommendations from the Royal Commission into Family Violence in Victoria. The Roadmap to Reform identifies that—as a priority—area-based triage, risk assessment, and needs assessment models for family violence and child and family responses will be implemented as part of the roll-out of the new hubs (Victorian Government, 2016, p. 25).

About the author

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Appendix J: Family Safety Teams in the Kimberley region, Western Australia, case study summary



Brief overview

This briefing note presents the key findings from the Western Australia case study, one of five in the national PATRICIA Project. The Family Safety Teams (FSTs) commenced implementation in the

Kimberley region in 2016. They are a partnership between the Department for Child Protection and Family Support (DCPFS), Western Australia Police, Department of Corrective Services, and community sector services (CSOs) for child and adult victims, and perpetrators. The role of the FST is to provide timely and early intervention following a police call out to an episode of domestic and family violence (DFV).

At the heart of the FST model is a process of joint assessment and triage of Western Australia Police Domestic Violence Incident Reports (DVIRs). The triage process involves police, child protection, and a women's family violence service. The purpose of this process is to conduct preliminary risk assessment with the information at hand and make an initial decision about whether a further response is required, including who may be best suited to provide this follow-up. This decision-making process enables consideration of the most appropriate (and available) pathway for the people identified in the DVIR. Beyond the triage process, FST members may provide single, coordinated, or collaborative responses to families. In cases where there is a high risk of serious harm, the team is responsible for convening multi-agency case management involving relevant services or agencies in the community.

The FST model is built on an understanding that improved safety for child and adult victims, and accountability for perpetrators, often requires coordinated and collaborative responses between agencies. The FST model recognises that the collective capacity of the partner agencies working together is far greater than the individual effect or impact that could be delivered by any of the agencies on their own. This paper highlights the key factors that were found to influence collaboration between the FST partner agencies.

Key findings: three main areas

Partnership practices

- Strong relationships and partnerships between individuals, agencies, and the broader service system are fundamental to the overall success of the FSTs.
- Regional and remote responses necessitate collaborative practice.
- Information sharing is the foundation of collaborative practice.
- Co-location enhances partner agency relationships.

Workforce aspects

- Workforce sustainability and development enhances collaborative practice.
- Workers' attitudes, skills, and understandings of DFV and working in partnership are key to effective collaboration.

Enhanced service provision

- An increased and coordinated focus on perpetrator interventions within the broader service system is needed.
- Incorporating a culturally relevant and appropriate framework of practice within the Family Safety Teams is imperative to meet the needs of Aboriginal people.

Methodology

This research is part of a larger national project funded by Australia's National Research Organisation for Women's Safety (ANROWS) and led by the University of Melbourne. The study research questions were:

1. How do commonly used aspects of collaboration elucidate an understanding of the enablers of, and challenges for, collaborative work across statutory child protection, women's DFV support services, and services provided in the family law area?
2. Which service pathway is relevant for which women and children living with, and separating from, domestic violence?

The Kimberley region was the selected study site due to its unique and complex environment and the high prevalence of

DFV. Including a regional and remote site was also important to test how service responses largely designed to operate in metropolitan and large regional areas adapt to local conditions.

Qualitative, semi-structured interviews with nineteen participants, all with past or present involvement with the FSTs located in Broome (West Kimberley region) or Kununurra (East Kimberley region) were held in June and July 2016. They included managers, policy-makers, funding and contracting staff, consultants, and frontline practitioners. A qualitative design was used because it enabled a descriptive picture of the participant's views and experiences of the FSTs to be ascertained.

Analyses of key documents (including reports and plans) and key informant interviews with three Perth-based practitioners at Anglicare (one of the participating CSOs) and the DCPFS Family and Domestic Violence Policy Unit were conducted prior to data collection commencing to assist with understanding the management, structure, and operation of the FSTs. The information provided a valuable insight and grounding from which the case site study could progress.

Background

The FSTs build upon a pre-existing collaborative response to family violence, involving police, child protection, and women's family violence services (referred to as the Family and Domestic Violence Response Teams or FDVRT). These teams, introduced in 2013, were based in seventeen locations across Western Australia. They are a co-located model that involves joint assessment and triage of police DVIRs to determine whether a further service response is required and to identify the agency or agencies best placed to offer the service or intervention.

Under the Safer Families, Safer Communities Kimberley Family Violence Regional Plan 2015-2020 (known as the "Kimberley Plan"), Action 4.1 proposed an expansion of the Broome and Kununurra FDVRTs, with the addition of the Department of Corrective Services and new community sector men's and women's DFV workers. The aim of the expansion was to increase capacity for initial service response following triage, particularly opportunities to engage and respond to perpetrators through the partnerships with men's family violence workers and Corrective Services; and the "out-posting" of women's and men's family violence workers across the Kimberley (Derby, Fitzroy Crossing, and Halls Creek) to be available and responsive to the people in the towns and surrounding communities. The "expanded FDVRTs" are herein referred to as FSTs.

Implementation of the FSTs commenced in 2016 and is guided by a memorandum of understanding, operating procedures, and a shared client data base that supports joint assessment and triage. The funding agreements for the community sector partners specifically define their roles and responsibilities in relation to the FST model.

At the time the interviews were conducted, the commencement of the men's and women's family violence workers was in its infancy, with most positions recently filled, and recruitment still underway for Halls Creek.

Implications for policy and practice

Relationships between partner agencies and other key services

Participants with long-term experience in dealing with DFV in the region described long-held views that they had to work closely with other agencies to do their jobs. Some participants noted that the development of FDVRTs and then FSTs was consistent with their perspectives on working together in partnership. Therefore, strong working relationships between the partner agencies was viewed as central to the successful operation of the FSTs, and this had to be mirrored more widely beyond the FST partners to other key services or interventions operating in the Kimberley region, such as safe houses, courts, legal support, and hospitals, to enable the most comprehensive responses to DFV. In this sense, the intended way of the FST operation rippled beyond the partners. This was underlined as particularly important in the region, because there were not the array of specialist and mainstream services available as could be found in metropolitan areas. These collaborative relationships were a means through which community needs could be adequately and efficiently addressed, particularly where distances or transport could be barriers. Remote human services work more generally was perceived as relying on strong collaborative relationships to maximise impact on communities. The essence of remote work was captured as being a combination of being highly "self-reliant", as there were few workers, and ensuring that you worked well with other remote workers, as you depend upon one another for support in practice.

The FSTs built on existing collaboration between partner agencies (and other key services) and participants felt that formalising these, as the FST model requires, has enhanced DFV responses in the region. Reported improvements included: a renewed focus on improving and refining practice, dedicated funding and resources, increased sharing of information, and restoring hope in promoting safer community outcomes.

This further affirms the rationale for the implementation of the FST model and the importance of service collaboration as part of a DFV response.

On a daily basis, professional relationships were linked to and affected by the quality of the personal relationships within the team, such that difficult or fractious relationships between team members could have a significant negative effect on the level and quality of collaboration that occurs; the trust and confidence team members place in one another; and the level of anxiety, stress, and dissatisfaction that workers feel about their role and the demands placed upon it. This can feel magnified for remote workers, as their numbers are much smaller compared with metropolitan counterparts. Partnership working can be more susceptible to erosion in remote areas where, if a relationship is difficult or discontinues, there may not be another worker in the agency to take on that role. This indicates a potential vulnerability of collaborative working in remote areas that may not be found in more populated areas.

The interplay of personal and professional relationships and its effect on collaboration is also affected by the stability of team members and the ability to recruit and retain skilled and experienced staff. Although all roles in the FSTs are specifically resourced or funded, work in the Kimberley can be characterised by high turnover of staff and time lags in recruiting, training, and supporting new and existing people.

Information exchange

Information exchange was considered to be the foundation of collaborative practice. In the FSTs, information exchange is supported by a range of mechanisms, including clear legislation, memoranda of understanding, operating procedures, and a shared database for accessing DVIRs and recording joint assessment and triage. Participants commented that information exchange led to a more informed and thorough process for risk assessment, greater focus on perpetrators, and, ultimately, better outcomes for communities. However, they noted that it was not always easy or straightforward to make a professional judgement about what is “risk relevant” and what to share (or not) with other members of the team, suggesting the importance of ongoing professional development in this area. Some teething problems were experienced in advancing the FST work related primarily to the practicalities of a shared database across diverse agencies in multiple locations and were being identified and addressed at the time of data collection.

Sharing the burden of responsibility

Sharing the burden of responsibility for managing and responding to family violence was identified as an important enabler of collaboration in the FSTs. Recognising the impact

of daily exposure to DFV on workers was an area of concern, with many of the participants identifying the influence this can have on both practice and staff retention. Significant challenges inherent to the client group and operating context, such as complex community need, relentless demand, high levels of violence, repeat victimisation and perpetration, and limited services or interventions in the region, were factors recognised as threats to worker wellbeing that to some extent were buffered, or had the potential to be buffered, by the nature of the ongoing working relationship between FST partner agencies. The participants’ voices pointed to how the remote context and associated level of responsibility weigh heavily on workers in such locations.

Individuals and agencies having a genuine commitment

Collaboration in the FSTs was found to be greatly enhanced by genuine commitment to the model by staff and the agencies they represented and a shared understanding of what they are trying to achieve. Commitment and shared vision were important for enhancing collaboration and moderating or buffering against potential barriers to collaboration such as breakdown of work processes, staff turnover, or conflicting demands.

Service co-location

Participants described service co-location as a factor supporting FST collaboration. Whilst relatively strong pre-existing relationships between agencies was evident, there was agreement that co-location of key agency representatives has been (or will be) a critical factor in cultivating and enhancing collaboration within the team. Particular benefits of co-location identified include increased awareness and transparency about respective agencies’ roles and responsibilities, leading to improved understanding, greater opportunity to develop personal and professional relationships, increased face-to-face exchange of information, and enhanced ability to orchestrate immediate client responses where required. Participants attributed these features as leading to improved quality of responses to family violence. Some important practical considerations with co-location include ensuring there is adequate access to infrastructure and space—for example, they can access their agency database offsite. Whilst this is practical, it can set the tone for future working relationships.

Another important issue in co-location identified was that some reservations were expressed about locating workers away from their agencies and direct colleagues. As staff are removed from their line managers and peers on a daily basis, consideration is required in its management.

Maintaining hope for change

The shared vision mentioned above is related to and affected by the extent to which FST members believe they can make a difference. There was a sense that whilst the FSTs are working to their capacity, maintaining hope and optimism can be challenging, as there are such high levels of need, complexity, and demand, and complications of distance. While workers expressed that the size and scope of DFV in the region could be overwhelming, there was also a strong sense of hope that the FST model could and would make a positive difference. Collaborative practice is an evolving process that takes time and is subject to external influences outside the control of the workers and their agencies, including staff turnover as well as the attitudes and values of workers in other agencies and community members. The constantly evolving work in progress of collaboration requires workers to be perpetually shaping their practice as more is learned.

The impact of the wider service system on collaboration

A significant factor affecting collaboration in the FST expressed in multiple ways in the stakeholder interviews was the FST's dependence on the wider service system to deliver outcomes. This is not unique to the location or the model; rather it is a characteristic of DFV practice everywhere—that is, safety outcomes depend on the work of multiple agencies working in alignment. Where challenges or issues arise or remain unresolved in the service system, such as the limited intervention options for perpetrators of family violence, this can influence the outcomes that the FST can achieve. Responses can be impacted in a number of ways, such as workers not having access to the full range of possible interventions, or other parts of the wider service system may not prioritise the safety of women and children or understand risk in the same way as the specialist services. Examples are summarised below.

Complex client need

Although family violence is a priority area for action in the Kimberley, it is not the only issue affecting the region and its residents. At the time of the interviews, the Kimberley was subject to action plans and attention related to alcohol misuse, substance misuse, child abuse and neglect, suicide and self-harm, intergenerational trauma, homelessness and overcrowding, chronic physical and mental ill-health, and foetal alcohol syndrome (to name a few). Managing the incredibly complex lives of clients and their families within a system constrained by resources, funding, and services was an area participants recognised as being challenging, particularly where the presenting issues of the client were beyond the scope of the FST or the available services in the town or community.

Geography

The vastness and diversity of the Kimberley region was identified by most participants as a significant challenge for the FST and other services and agencies to effectively respond to family violence. Distance between towns and the time taken to travel was a major factor for workers trying to respond in a timely manner and the number of clients and family members they could work with face to face in a day compared with their metropolitan counterparts. The majority of the 183 Aboriginal communities in the Kimberley do not have resident support services on offer or 24-hour policing. Services are usually provided to these places on an outreach basis, which can make monitoring and managing risk a very difficult task.

Lack of perpetrator accountability mechanisms

Limited availability of perpetrator interventions in the Kimberley and, at times, a lack of accountability and suitability of civil and criminal justice processes, was identified as a constant impediment to promoting women's and children's safety. Women and children were largely the subject of interventions and the perpetrator often “invisible” to the system. Perpetrator intervention was identified by all interviewees to be a critical component of the overall service system response to family violence, but predominantly thought of as “someone else's” job or as a “task” that was secondary to a focus on women and children due to a lack of time and resources. The inclusion of the men's family violence workers in the FSTs is an important step towards increasing capacity for, and attention to, perpetrator intervention. However, it must work alongside a range of interventions that are required to reduce or manage risk posed to child and adult victims of family violence. It is therefore worth considering how other FST practitioners could increase their focus on perpetrator intervention, in the form of engagement initially.

Working across cultural spaces

A culturally responsive framework of practice to meet the needs of Aboriginal people was strongly supported. There was also consensus amongst participants that working across cultural spaces was difficult. Participants had a general perception that Aboriginal people have some different needs and understandings around DFV to non-Aboriginal people and that service models were stretched to cater for a variety of responses. The challenge is to continue having Aboriginal people advising and evaluating responses in ways that aid in supporting nuanced responses. Given that DFV responses include well recognised and newer ways of working, they

are a work in progress requiring monitoring and feedback. FSTs incorporating culturally relevant and appropriate interventions will support the commitment of the model to providing adequate and effective service responses that meet client needs.

Workforce sustainability and development

The availability of and consistency of retaining key workers was also identified as a significant and ongoing challenge in regional and remote locations. This challenge has multiple facets, including recruitment, retention, and turnover of staff (tenure); skills; and workforce development.

Conclusion

This study coincided with the establishment of the FSTs in the Kimberley region and therefore provided a unique insight into the benefits and challenges associated with establishing collaborative practice in a remote area. Whilst early in its life, the translation of the principles into practice in this locality and the learnings gained through this research reveal that the multi-agency partnership between the government and non-government sectors, underpinning the FST model, is an exciting concept that supports and enhances current ways of remote practice. An ongoing challenge nationally, which is even more difficult in remote locations, is increasing the accountability of perpetrators for their actions and widening the means by which to cast a net of engagement and intervention. This is on the agenda of the FSTs, through which collaborative efforts are most likely to bring about progress. Some anticipated outcomes of the FSTs include: the increased accessibility of services and support in remote areas, a timelier and targeted response to victims and perpetrators of DFV, and greater coordination and consistency amongst agencies addressing DFV in the region. This is accompanied by a strong perception that further funding and resources are required to address the often long-term problems and multiple needs that accompany those affected by DFV. To better address these multiple concerns, further layers of partnership working with a wider range of services, such as alcohol and other drugs (AOD) and mental health, is required to break down silos of practice and extend opportunities for earlier intervention with perpetrators and victims and address the long shadow of effects cast by DFV. Whilst challenges in remote areas can seem overwhelming, there is also a real strength of remote practice that is focused on problem-solving and aided by workers being known to each other. Their capacity to “try things” is impressive; it is this capacity which can support existing FST arrangements and bring about wider collaborative working into the future with less traditional partners.

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Appendix K: Members of PATRICIA's research teams

Component of PATRICIA	Research team
Project oversight	Cathy Humphreys, Marie Connolly, Lucy Healey (University of Melbourne)
Victoria case study and case reading	Debbie Kirkwood (Domestic Violence Resource Centre Victoria); Cathy Humphreys, Lucy Healey (University of Melbourne)
South Australia case study and case reading	Sarah Wendt (University of Flinders); Fiona Buchanan (University of South Australia)
Western Australia case study and case reading	Donna Chung, Damian Green, Sarah Anderson (Curtin University)
New South Wales case study and case reading	Lesley Laing, Susan Heward-Belle, Cherie Toivonen (University of Sydney)
Queensland case study and case reading	Patrick O'Leary, Menka Tsantefski, Amy Young, Tracy Wilde (Griffith University)
Pathways analysis	Aron Shlonsky, Jennifer Ma, Christine Eastman, Colleen Jeffreys (University of Melbourne); Ilan Katz (University of New South Wales)

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