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The PATRICIA Project: PAThways and Research In Collaborative Inter-Agency working: *State of knowledge paper*

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Key definitions

Child maltreatment	Child maltreatment refers to any non-accidental behaviour by parents, caregivers, other adults or older adolescents that is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm to a child or young person. Such behaviours may be intentional or unintentional and can include acts of omission (i.e., neglect) and commission (i.e., abuse). (Bromfield, 2005; Christoffel et al., 1992; Australia. Australian Institute of Family Studies, 2012).
	The Commonwealth's Family Law Act (1975, s.4) states that abuse, in relation to a child, means:
	• an assault, including a sexual assault, of the child; or
	• a person (the first person) involving the child in a sexual activity with the first person or another person in which the child is used, directly or indirectly, as a sexual object by the first person or the other person, and where there is an unequal power in the relationship between the child and the first person; or
	• causing the child to suffer serious psychological harm, including (but not limited to) when that harm is caused by the child being subjected to, or exposed to, family violence; or
	• serious neglect of the child.
	Witnessing family violence has also been classified as a unique and independent subtype of abuse or a special form of emotional maltreatment. (AIFS, 2012)
Child protection	Child protection involves services that provide assistance, care, and protection to children who are suspected of or are vulnerable to being neglected or harmed.
	In Australia, state and territory governments are responsible for the operation of child protection services. Departments of child protection organise investigations into allegations of child abuse or neglect to then determine the level of involvement and intervention that is required to ensure the safety of the child in question.
	(Australian Institute of Health and Welfare 2015)
Coordinated Community Response	A coordinated community response (CCR) is an interagency intervention strategy webbed through a "system of networks, agreements, processes and applied principles" (Pence & McMahon, 1999). Among others, it brings together law enforcement agencies, health care providers, child protection services, community organisations, educators and advocates. In the sector of domestic violence, a coordinated community response involves all community members in responding to domestic violence and works to hold perpetrators accountable for their acts. At the core of its mandate lies the responsibility to protect the victims of domestic violence (Domestic Abuse Intervention Programs, 2011; Pence & McMahon, 1999).

Domestic and family violence	Domestic abuse occurs when one person in an intimate relationship attempts to dominate and control the other. Domestic violence includes much more than physical abuse; it can take many forms including emotional, economic, social, spiritual and sexual. Domestic and family violence occurs in all age ranges, ethnicities, socio economic strata, and can occur in heterosexual or same sex relationships.
	The Federal Circuit Court of Australia states common forms of violence as: • spouse/partner abuse (violence among adult partners and ex-partners); • child abuse/neglect (abuse/neglect of children by an adult); • parental abuse (violence perpetrated by a child against their parent); and • sibling abuse (violence between siblings). (Australia. Federal Circuit Court of Australia, 2015b)
	The term "family violence" is used to identify the experiences of Aboriginal and Torres Strait Islander people as it includes the range of kinship relationships in which violence may occur (Council of Australian Governments, 2013) and is the preferred term in use in Victoria. Victoria also recognises the possibility that people in "family like relationships", such as carers providing intimate care in an ongoing relationship, might be perpetrators of family violence (see *Family Violence Protection Act 2008* (Vic)).
Family law	Family law "helps people resolve the legal aspects of family relationship issues, including relationship breakdown" (Australia. Attorney-General's Department, n.d.). One important role of family law is to defend the rights of children and ensure that each parent fulfils their responsibility towards their child.
	The Federal Circuit Court of Australia lists the following matters as pertaining to family law: • separation and divorce; • parenting (mostly in the case of separations); • missing children; • court orders; • property and finance; • family violence; and • child dispute services. (Federal Circuit Court, 2015a)
Interface	The term "interface" used in this report refers to the joining or working together of different systems supporting families, in this case, domestic 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. While the term "model" would typically suggest the involvement of multiple components, to be inclusive of varying degrees of interagency working, this review also includes single component models.
Outcome	An outcome is defined as a measurable change or benefit to a child or other family member. It may be either an increase in a desired behaviour (for example, improved parenting practice) or a decrease in an undesired behaviour (such as reduced child protection notifications). Outcomes may be focused on the child, parent, whole family or the service providers and system.
Service array	"Service array" is the label given to one of the components in the interagency working framework used in this report. 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.

Executive summary

Overview

This paper details a review conducted by the Parenting Research Centre (PRC) and the University of Melbourne at the request of Australia's National Research Organisation for Women's Safety (ANROWS). It forms part of a broader project – **PAT**hways and **R**esearch **I**n **C**ollaborative **I**nter-**A**gency working, or the PATRICIA project – led by the University of Melbourne with partners from five universities, three government departments and eight community sector organisations which specialise in domestic and family violence (DFV).

The PATRICIA project focuses on the relationship between statutory child protection, family law, and community-based services which seek to support women and children exposed to domestic violence.

This review aims to address the following research question:

What processes or practices do child protection services and specialist domestic 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?

Methods

This review used a scoping methodology to identify models of interagency working between child protection and/or family law. This included multiple component models and single component models. Scoping reviews are used to map out fields of study when there is little known about a topic (Arksey & O'Malley, 2005). A systematic search was conducted of academic databases and key organisation websites. Documents from experts and reference lists of included studies were also screened. Studies were included if they reported on models of interagency working that involved child protection and reported an evaluation with outcomes. The primary focus of this review was on male violence perpetrated against women. As such, studies that did not include these populations, at least in part, were excluded. For the purpose of this review, domestic and family violence where there was no child involved was not in scope.

A framework of interagency working was used to help identify the types of interagency components involved in each model. This framework included infrastructure and service components (see *Interagency working components framework*). The framework was developed in a previous review by the PRC and colleagues, based on the work of Foster, Stephens, Krivelyova, and Gamfi (2007), Lowell, Carter, Godoy, Paulicin, and Briggs-Gowan (2011) and Margolis et al. (2001).

Also considered in this review were the processes taken to support or facilitate the interface with child protection.

Interagency working components framework

Infrastructure components	Examples
Governance	Policy development, revised goals and mission, re-organisation of departments, co-location
Management and operations	Funding, staff development, organisational change processes, leadership
Service array	Addressing gaps or overlaps, insufficiencies in level of service provision
Quality monitoring	Implementation assessment, monitoring processes
Service components	**Examples**
Entry into the service system	Number of entry points, assessment/intake
Service planning	Formal or informal arrangements for working toward service goals, sharing resources and information
Service provision	Quality service to cater for individual/family needs, diverse populations

Key findings

This review identified 24 models of interagency working involving some degree of child protection involvement (see *Models of interagency working included in review*). Nine of these were centred on domestic and family violence services, ten centred on child protection and five were court-based models. There was a mixture of models focused on perpetrators and victims, and level of risk within the populations varied. Some models took a whole-of-government and large systems approach to change, while others were more practice and case coordination oriented. Evaluation designs were not sufficiently rigorous to make determinations about model effectiveness, with only five studies using non-randomised comparison groups or data. The remaining evaluations relied on pre and post comparisons of results, post intervention only data, or case studies. Findings were predominantly based on descriptions of survey, interview and focus group data.

Models of interagency working included in review

Armadale Domestic Violence Intervention Project, Western Australia

Domestic Violence Prevention Programme, United Kingdom

Multi-Agency Risk Assessment Conferences (MARACs), United Kingdom

Independent Domestic Violence Advocacy schemes (IDVAs), United Kingdom

Family Safety Framework, South Australia

Green Valley Liverpool Domestic Violence Services (GVLDVS), NSW

Breaking the Cycle, Queensland

Safe at Home, Tasmania

Northern Crisis and Advocacy Response Service (CARS), Victoria

The Greenbook Initiative, United States

Bridgeport Safe Start Initiative, United States

Child Advocacy Centers, United States

Multi-Agency Safeguarding Hubs (MASH) London, United Kingdom

Reclaiming Social Work, United Kingdom

Safe and Together, United States

Child and Family Services Reforms, Victoria

Project Magellan, Victoria

Ada County Family Violence Program, United States

Integrated Domestic Violence Court, United Kingdom

Joondalup Family Violence Court, Western Australia

Dependency Court Intervention Program for Family Violence, United States

One Day and Fellows training programs, United States

Interagency and interprofessional training, United States

Cross-disciplinary training, United States

The degree of interagency working varied in the 24 models. Management and operations (primarily training) and service provision were the most frequently used by 19 models, followed closely by service planning (18 models) and entry into the service system (16 models). Governance changes were involved in 14 models and quality monitoring in 12. Nine models referred to attending to the service array. Refer to Appendix D for a matrix of interagency working components and to *Interagency working components framework* for explanation of the components.

In these models, several processes were undertaken when joining up with child protection, or with child protection and other agencies. These processes have not necessarily been found to help the interface. Instead, they were measures taken to bring agencies together. *Processes undertaken to facilitate the interface with child protection* highlights these processes undertaken to facilitate the interface with child protection.

Processes undertaken to facilitate the interface with child protection

- Development of formal agreements for working together.
- Development of information sharing agreements.
- Operations manuals.
- Shared theoretical framework.
- Shared goals and vision.
- Co-location.
- Data management systems.
- Security systems for shared data.
- Formation of committees and boards.
- Appointment of agency representation of committees.
- Regularly scheduled meetings.
- Provision of funding to support child protection involvement.
- Appointment of a coordinator, liaison between agencies, or key contact.
- Clearly defined roles.
- Shared intake and referral procedures.
- Common or agreed risk assessments.
- Agreement to include child protection in assessment processes.
- Agreement to include child protection in service planning.
- Agreement to include child protection in case closure.
- Training on collaboration and interagency work.
- Cross-agency leadership.

Recommendations and conclusion

While it seems logical that working together towards similar goals for families would help improve processes that reduce fragmentation, gaps, overlap and redundancies in service provision, there is currently insufficient evidence to suggest that these changes improve outcomes for children and families. The primary findings of this scoping review are that currently, there is little evidence to make clear suggestions for specific directions in the development of interagency working. There are several key recommendations outlined in *Key recommendations arising from this review* that can be drawn from the review which point towards areas of development. These are expanded upon in the discussion section of this paper.

This review presents the first step in the process of determining the nature of the interface between child protection and DFV services or family law. While little regarding effectiveness can be gained from this review, it does highlight some of the underlying practices that have been used in the past. In particular, some of the steps taken to work with child protection have been identified.

The key recommendations arising from this review are to invest more funding and support into evaluation and implementation of models, and consider the evidence for models outside this field where there may have been more rigorous evaluations.

These findings, in conjunction with the analysis of administrative databases and case studies, will be used to inform decisions regarding how agencies can better work together to support the wellbeing and safety of women and children.

Key recommendations arising from this review

- A stronger knowledge base is needed, including more rigorously designed evaluations, which report on the impact of interagency models on child, parent, service and system outcomes.

- In order to continuously assess the quality and contribution of interagency collaboration in the field of child protection and DFV or the courts, initiatives to establish or change these processes should be monitored for their implementation and outcomes.

- Determining the effectiveness of the practices used in the clinical work with children and families is equally important as determining the effectiveness of the way agencies work together.

- Further consideration should be given to the function, form and content of formal agreements and ways in which they can support interagency joining up.

- The role of formal agreements in interagency working is of particular importance when engaging with the courts, due to the legalities of information sharing.

- Models of interagency working ought to involve more than just training as training is not sufficient to bring about change.

- When joining up, services should pay considerable attention to how the infrastructure (e.g. governing structures, management and operations, quality assurance of services) surrounding the interagency collaboration may support this work.

- Where children are involved, particular attention should be paid to the involvement of child protection in DFV services.

- Evidence for interagency working in other sectors, such as health, could be considered as a possible source of rigorous evaluations.

Background

This paper details a review conducted by the Parenting Research Centre (PRC) and the University of Melbourne at the request of Australia's National Research Organisation for Women's Safety (ANROWS). It forms part of a broader project – PAThways and Research In Collaborative Inter-Agency working, or the PATRICIA project – led by the University of Melbourne with partners from five universities, three government departments and eight community sector organisations which specialise in domestic and family violence (DFV).

The PATRICIA project focuses on the relationship between statutory child protection, family law, and community-based services which seek to support women and children exposed to domestic violence. Women's pathways to services are examined using New South Wales and Victorian administrative datasets. The findings, together with this scoping review, will be synthesised through a participatory action research process to strengthen the co-design of the service systems in New South Wales, Victoria and Western Australia. The intended outcomes are to develop mechanisms to enhance greater cross-sector collaboration to support the safety and wellbeing of women and their children and strengthen accountability for perpetrators of DFV.

This section of the scoping review begins with terminology, a contentious area in DFV intervention where constant clarification is needed, as the extent of the problem is determined by the definition. A background section summarises the impact of DFV on children, and the third section sets out the methodology used in this review. The next section outlines the current service system response. This context setting is a necessary precursor to the review's focus on the complexities of the interface between child protection, family violence services and family law. The final section addresses the scoping review's key question and scope of the review.

Domestic and family violence

There is no consistent, international definition of domestic and family violence (Campo, Kaspiew, Moore, & Tayton, 2014; Tomison, 2000). However DFV typically refers to violence of an interpersonal nature that occurs in the home or within family or intimate partner relationships. DFV is more often, but not exclusively, perpetrated by males towards females and can occur in ex-partner relationships as well as current partner relationships (Flood & Fergus, 2008). DFV can involve various forms of abuse including sexual, emotional, physical, economic, verbal, social and spiritual (Campo et al., 2014). Some definitions of family violence include adolescent violence towards their mothers, fathers and siblings as well as elder abuse and carer abuse (*Family Violence Protection Act 2008* (Vic)); areas which are not the subject of this more focused review.

DFV is a significant problem in Australia and internationally. According to the World Health Organization (2014), 30 percent of women who have had a relationship indicate that they have experienced sexual or physical violence by a partner and 38 percent of murders of women are perpetrated by intimate partners. Australian rates of DFV towards women are similarly high. A 2012 Personal Safety Survey conducted by the Australian Bureau of Statistics (ABS) reported that women were more likely than men to experience an assault in their home, with 62 percent of women compared to eight percent of men indicating that their most recent physical assaults occurred in the home (Australian Bureau of Statistics, 2013). One in six women compared to one in 19 men are reported to have experienced violence by their intimate partner (ABS, 2013) and the Australian Institute of Criminology (2015) indicated that three quarters of intimate partner murder victims were women.

DFV can have a lasting impact on women, affecting them psychologically, physically and sexually (World Health Organization, 2014). Women's financial circumstances can also be impacted by DFV (Kurz, 1989), as can their health (World Health Organization, 2014). Furthermore, social and family relationships are often affected by DFV (Levendosky et al., 2004; Levendosky & Graham-Bermann, 2001; Levendosky, Leahy, Bogat, Davidson, & von Eye, 2006), with the effects of violence negatively impacting other significant people in the life of the woman, such as her children (e.g. see Flach et al., 2011).

The impact of domestic and family violence on children

DFV can be considered from a social-ecological perspective, with a range of interrelated factors influencing the occurrence of violence. These can include individual, relationship, family, community and societal factors. Similarly, harm to children has long been thought of as influenced by a range of social and ecological factors within the individual (ontogenic development), family (microsystem), community (exosystem) and the broader culture (macrosystem), as described by Belsky (1980) who built upon the work of Bronfenbrenner (1977) and Burgess (1978). The ecological framework of the aetiology of child maltreatment aims to integrate these different levels and therefore take into consideration on interactions between the various systems. For example, Levendosky and Graham-Bermann (2001) find support for the ecological model investigating the relationship between parenting and DFV. The model has been further developed by Aboriginal services to emphasise the different dimensions of culture and identity embedded within the ecological model (Secretariat of National Aboriginal and Islander Child Care, 2010). This social-ecological approach recognises that what happens to one member of a family or within one family relationship does not occur in isolation.

Australian statistics (ABS, 2013) indicate that 54 percent of women experiencing violence perpetrated by their current partner were caring for children at the time. Thirty-one percent of these women further indicated that their children either heard or saw the violence. For women who reported experiencing violence by ex-partners, the rates of child involvement were higher, with 61 percent of women indicating they were caring for children at the time, and 48 percent reporting that the children had witnessed the violence.

Exposure to DFV is now often considered to be a form of child abuse (Richards, 2011). Being a witness to violence and living in a family where there is violence, places children at risk of ongoing emotional, behavioural, health, cognitive and social problems (Bedi & Goddard, 2007; Chan & Yeung, 2009; Flood & Fergus, 2008; Margolin & Vickerman, 2011; Nguyen & Larsen, 2012; WHO, 2014). For example, a meta-analysis by Kitzmann, Gaylord, Holt, and Kenny (2003) concluded that children who were exposed to inter-parental violence exhibited significant depreciations in psychosocial outcomes compared to non-exposed peers. These findings are in line with the results by Evans, Davies, and DiLillo (2008) showing statistically significant effects of child exposure on behavioural

and psychological/emotional problems. Some research suggests that the impact of family violence on children may differ by age cohorts, although overall conclusions are mixed (see Sternberg, Baradaran, Abbott, Lamb, & Guterman, 2006). For example, exposure to DFV appears to also have health and socio-economic impacts in adolescence such as increased likelihood of unemployment, poor family relationships, alcohol and drug use (Ellonen, Piispa, Peltonen, & Oranen, 2013; Yates, 2013). Infants are also a group where the profound changes in brain development may heighten the impact of DFV on their physical, emotional and psychological development (Enlow, Egeland, Blood, Wright, & Wright, 2012).

Further to this, being in a household where there is violence, places children at increased risk of maltreatment, including physical, sexual and emotional abuse (Holt, Buckley, & Whelan, 2008). Child maltreatment in the DFV context may take various forms. For example, a single perpetrator may exhibit violent behaviour towards mother and children, children may suffer injuries or incur lifelong disabilities during incidences of inter-parental violence, or abused parents may themselves expose their children to maltreatment (Humphreys et al., 2001; Laing, 2003). Co-occurrence of child maltreatment and neglect within families where there is DFV is usually estimated to occur in 30 to 50 percent of cases (for example, Australian Law Reform Commission, 2010; Bedi & Goddard, 2007; Hartley, 2004). Evidence indicates that the co-occurrence of DFV and child maltreatment magnifies the detrimental effects of exposure to domestic violence on children's emotional and behavioural outcomes (for example, Ellonen et al., 2013; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). The impact of co-occurrence of child abuse and DFV is potentially confounded by small sample sizes of available data. This complicates the precise estimation of effect sizes of child exposure to DFV and evidence of the effect of co-occurrence is mixed (Holt et al., 2008; Sternberg, Baradaran, et al., 2006; Sternberg, Lamb, Guterman, & Abbott, 2006).

The research by Finkelhor, Ormrod, and Turner (2009) is taking this field forward with studies of poly-victimisation, which explore the vulnerability of particular groups of children who are exposed to a range of different forms of abuse. This literature on poly-victimisation shows a linear relationship between the number of childhood adversities, such as domestic violence, peer bullying, property crime, child physical and sexual abuse, and the level of adverse outcomes for children (Finkelhor et al., 2009). Domestic violence leads to the largest increase in lifetime victimisation scores for children under 18 years of age, although issues such as child sexual abuse are weighted more heavily in terms of their impact on the long term mental health of children and young people (Finkelhor et al., 2009).

It is also worth noting that in any sample, typically a third of children identified as living with DFV are doing as well as or better than children in the control group, who are not identified as living with DFV (Kitzmann et al., 2003; Margolin & Gordis, 2004). This may be defined as "resilience", which suggests an individual trait. However, it may be more accurate to draw on ecological models which point to children living in a variety of different contexts of protection, severity and vulnerability (Laing, Humphreys, & Cavanagh, 2013).

It becomes clear that the magnitude of the problem of DFV affects the context of the whole family. As such, this presents service delivery considerations where support systems need to cater for women experiencing or leaving violence, and their children, and also the perpetrators.

Supporting families exposed to domestic and family violence

Supporting families exposed to DFV is a complex matter with the involvement of multiple family members, often with multiple issues in addition to exposure to violence. A range of service systems can potentially become involved in cases of DFV. These may include: law enforcement, family courts, legal services, child welfare/protection, children's and family services, housing services, corrections, maternal and child health services, disability services, perpetrator programs and out-of-home care services. No one service "owns" or is responsible for DFV intervention and hence there are numerous injunctions to collaborate across the service system. However, organisations may see DFV through their own lens and may frame the problem variously as a gender-based violation of human rights grounded in social inequalities, a crime, a health problem, a child protection issue, or a personal/family relationship issue. This diversity brings both benefits and challenges to multi-agency working (Laing et al., 2013).

Previous reviews into interagency working have identified a lack of high quality research investigating the impact of integrated versus fragmented service delivery models (Statham, 2011; valentine, Katz, & Griffiths, 2007; White et al., 2010). Also, there appears to be little available evidence for measurable causal effects of interagency collaboration on child and family outcomes, even if an interagency model is implemented (Statham, 2011; valentine et al., 2007; White et al., 2010). However, where evidence is available, findings suggest that interagency working improves service accessibility and reduces access costs for families in terms of waiting times. Additionally, interagency working appears to have positive effects on practitioners' understanding of clients' needs, practitioners' job satisfaction, and practitioners' career development, as well as systemic benefits in the form of increased efficiency, community involvement in service delivery (Statham, 2011) or even service quality (valentine et al., 2007). A recent unpublished review of interagency work by the PRC and colleagues similarly found little evidence regarding interagency work, and where it existed, most evidence related to service and system outcomes, rather than child and family outcomes.

Essential to understanding multi-agency working in the context of DFV is recognition that collaboration is not a goal in itself, but rather a means of enhancing the safety and wellbeing of women and children and increasing the accountability of the perpetrator for the violence and abuse (Stanley, 2015). Multi-agency working is therefore a potential vehicle for constructive changes, but the equivocal evidence base in this area suggests that it is not a guarantor of successful outcomes (Allen, 2006).

Within the more general multi-agency intervention in DFV, there are a particular set of issues in the collaborative processes between statutory child protection services and other services. In particular, relationships with community services that specialise in DFV and the services and courts in family law provide specific challenges. There is a long and at times contentious history in which particularly problematic patterns of intervention and collaboration reoccur when intervening with children living with DFV (Douglas & Walsh, 2010; Humphreys & Absler, 2011). Collaboration between organisations in this area has a number of challenges to overcome. Challenges include:

- existing jurisdictional gap and the different remit and thresholds in addressing the issues for children (Australian Law Reform Commission, 2010; Campo et al., 2014; Higgins & Kaspiew, 2008);

- fear of consequences of mandated child protection referrals (child removal) (Humphreys, 2007a, 2008; Jacob & Fanning, 2006);

- differences in organisational philosophies (Hester, 2011; Humphreys, 2007a; Ross, Frere, Healey, & Humphreys, 2011; Stanley & Humphreys, 2014);

- differences in risk assessment (Stanley & Humphreys, 2014);

- problematic child protection practices such as the omission of DFV perpetrators from child protection intervention (Ferguson, 2012) and the issues arising from focusing on mothers and assessing them in relation to their "failure to protect" (Lapierre, 2010); and

- absence of appropriate governance and administrative structures (Healey, Humphreys, & Wilcox, 2013; Potito, Day, Carson, & O'Leary, 2009).

A number of risks can arise in the DFV intervention system when services are unable to work together. These include: fragmentation of services (Ross et al., 2011); gaps in services, overlapping services and gaps in jurisdiction (ALRC, 2010); low reporting rates and service uptake by victims (Barnett, 2000; Mulroney, 2003); a failure to consider relevant risk factors and interactions between those factors, which may then result in increased risks to mothers or children (Humphreys, 2007b; Potito et al., 2009); increased costs of service uptake (for example, information costs to identify potential services, multiple intake procedures) for clients and carers (Victoria. Department of Human Services, 2011); and an insufficient client focus which may result in formal and informal pressures on mothers from different service

systems responses (Hester, 2011). These issues can create inadequacies in service provision and negatively impact the effectiveness of the service system response (Victoria. Department of Human Services, 2011; Humphreys, 2007a).

According to the Munro (2011) report into the child protection system in the United Kingdom, "coordination and communication" (p. 14) between the many agencies and professionals working with children exposed to abuse and neglect is "crucial to success" (p. 14). Healey et al. (2013) note that a coordinated response is essential to an issue as complex as DFV. Given the complex interrelated social-ecological influences on DFV and child maltreatment, it follows that approaching service provision in this field in a way that integrates systems and ways of working may be beneficial, as responses by different sectors will have an impact beyond their intended target (see Campo et al., 2014).

As noted earlier, there is currently no clear evidence from reviews that an improvement in coordination between sectors leads to improved outcomes for children and families. Previous reviews, however, have not focused on the interface between child protection, DFV and family law. This is the topic of this review and the PATRICIA project more generally.

Research question

This review aims to address the following research question:

What processes or practices do child protection services and specialist domestic 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?

Methodology

This review used a scoping methodology to locate evaluations of models in which child protection, DFV services and family law collaborate and examined the ways they worked together. This included multiple component models and single component models. Scoping reviews are typically used to map out areas of study where little is known about the topic (Arksey & O'Malley, 2005). Unlike systematic reviews, the research questions may not be as well defined or the field of study designs may be broad (Arksey & O'Malley, 2005). Like systematic reviews, scoping reviews employ rigorous methods to search for and select studies and require transparency of reporting. Unlike systematic reviews, scoping reviews may not involve an assessment of the quality of the evidence.

Relevant literature was located through four methods (see Appendix A for details):

1. A systematic search of academic databases.
2. A systematic search of key organisation websites and clearinghouses.
3. Requesting and screening literature recommended by expert colleagues.
4. Searching the reference lists of included papers for additional studies to include, once the previous methods were completed.

Academic databases were searched using terms associated with DFV, child protection and interagency working. Terms designed to identify studies and evaluations, as opposed to opinion pieces and other non-research literature, were also used.

Studies were included if they reported any type of evaluation of models in which child protection services and DFV services or family law worked together. Any type of study design was acceptable, however studies needed to report the impact of interagency working on some form of child, parent, family, service provider or organisation outcome.

Studies were not included if they were not reporting on a model. For example, a study assessing the interface or extent of collaboration between sectors/services/providers, without an identified arrangement for interagency working, was excluded. Models were excluded if there was no clear indication of child protection services' involvement. Evaluations that did not report outcomes were not included in the review, as no inferences about the effectiveness of models can be made in the absence of such outcomes.

The primary focus of this review was on male violence perpetrated against women. As such, studies that did not include these populations, at least in part, were excluded. As the key focus of this review is the interface between domestic violence and child protection, DFV where there was no child in the family or home was considered out of scope.

Elder abuse, carer abuse, sibling abuse and adolescent violence towards parents were also out of scope. Although these are forms of DFV, the service interface challenges are different from those relating to dependent children living with DFV and post-separation violence.

Information about the models, components of interagency work, populations and study findings were extracted and collated from all included papers. To identify the elements of interagency working involved in the included models, a framework established in a previous review conducted by the PRC was employed. Acknowledging that there is usually a range of components involved in interagency models, the PRC operationalised common components, as identified in the key literature. Table 1 describes the focus of the component (infrastructure or service component) and provides a description of each component.

While the purpose of this review was not to conduct a detailed assessment of model effectiveness, various strengths and weaknesses of the evaluations have been highlighted.

Table 1 Interagency working components framework

Infrastructure component	Service component
Governance The governing structure around the service system presented in the study was revised/reformed, for example in the form of: • policy development (e.g. information sharing policy); • revised goals, visions, missions or strategies; • shared concepts, views, definitions (e.g. of DFV); and • re-organisation, such as structural integration of previously freestanding departments under one administrative authority OR creation of new administrative authorities to support new policies, or co-location.	**Entry into service system** Improving processes and activities related to families' initial contact with the service system was a focus of the study presented, for example: • number of entry points and the systems accessibility for families; and • mechanisms to assess families' eligibility for services including assessment structures such as agreed or common risk assessment tools.
Management and operations The study included a revision of administrative functions and activities that support multi or joint agency service delivery through capacity building, including factors such as: • funding structures (structural revision of, for example incentive/stimulus/approval mechanisms, builds on additional funding – either time-limited for project only or permanent); • staff development (cross-sector or multi-agency training, supervision, coaching, consultation); • organisational change processes (administration, data systems and management, communication and decisions processes etc.); and • leadership-focused activities.	**Service planning** The study presented covers mechanisms to improve and adjust the planning of services for families such as identifying the most appropriate services for families, or regularly revising their service plans within and across service sectors through: • Service integration: "a formal arrangement in which service providers from two or more programs or agencies serving a common clientele agree to service goals and to find ways of sharing resources and coordinating activities in order to realize these goals" (Packard, Patti, Daly, & Tucker-Tatlow, 2013, p. 357). • Interagency collaboration: "a broad concept that encompasses relationships, formal and informal, between programs in an agency or across agencies in which the parties share or exchange resources in order to achieve common goals" (Packard et al., 2013, p. 357). This may include formal or informal sharing of information or resources for service planning.

Infrastructure component	Service component
Service array As part of the study, the spectrum of services available to the target group was revised in order to remove insufficiencies, such as: • gaps or overlaps in relation to service types or client problems, levels of provision (universal, secondary or tertiary), life course (antenatal, postnatal, infancy or preschool) and geography; and • lack of evidence-informed or evidence-based services through for example implementation of target group focused outcome measures or evidence-informed. **Quality monitoring** As part of the streamlining process, mechanisms of quality assessment and quality improvement were built into the service system presented in the study, such as: • implementation assessment and monitoring processes; and • outcome assessment and monitoring processes.	**Service provision** The study addressed the issue of "quality of service provision" such as: • accessibility and immediacy; • degree of individualisation; • support for diverse populations such as Indigenous, culturally and linguistically diverse, people with disabilities; • family focus and involvement; • community-based development and implementation; and • degree of "cultural competence".

Note: Components drawn from Foster et al. (2007), Lowell et al. (2011) and Margolis et al. (2001).

Results

A systematic search of all sources identified a total of 24 models of interagency working, evaluated in 44 papers or reports (see Appendix C for flow chart). This review is organised according to the initiating driver of interagency work: domestic and family violence services centred models; child protection services centred models; and family law centred models. Several of the models cross over multiple sectors, most notably The Greenbook Initiative, which recommends collaboration between all three of the key sectors in this review.

The 24 models are described below within the three model groupings, with **gold headings**. Each model description has a subsection describing processes that were intended to facilitate the interface with child protection (and possibly also other sectors). Note that these processes were not necessarily evaluated as being helpful for facilitating the interface; instead they formed part of the description of the elements involved in interagency working in the papers.

Domestic and family violence services centred models

One of the most well-known, longest running and most frequently drawn upon coordinated community response (CCR) models in the DFV sector is the Duluth Model, or the Domestic Abuse Intervention Project, originating in Duluth, Minnesota (Pence & Paymar, 1993). The Duluth Model aims to stop violence by coordinating responses from varied sectors involved in cases of domestic and family violence, bringing together key players from the justice system (police and courts), human and social services, housing services, advocacy programs, and education programs for perpetrators (Nancarrow & Viljoen, 2011). Through a well-established interagency protocol, information sharing and referrals are facilitated to create a fluid and thorough response that places the victim's safety at the core of all recommendations (Domestic Abuse Intervention Programs, 2011; Nancarrow & Viljoen, 2011). The approach is victim centred in that it prioritises the voices of survivors in all programs and policies. In doing so, the blame moves away from the victim, all the while keeping them safe (DAIP, 2011).

Significant controversy has arisen regarding the implementation of the Duluth Model and the outcomes of evaluations which purport to adhere to the Duluth Model (Gondolf, 2004, 2007). At the centre of the Duluth Model is the CCR mentioned above which recognises that not only victim safety, but also perpetrator accountability, is required by all organisations participating in domestic and family violence intervention. This approach includes a strong focus on the need for perpetrators to change. An element in the Duluth Model has been the development of group work programs for men who use violence. However, a flawed understanding of the Duluth Model frequently narrows the approach (and evaluations) to the form or the curriculum used in the men's behaviour change programs or batterer programs (Dutton & Corvo, 2006). What is preferred is a broader understanding of the way in which these programs connect to other parts of the system such as justice, child protection and police to strengthen the accountability of individual men for their perpetration of violence and abuse. To this end, Gondolf has coined the phrase, "the system matters" (Gondolf, 2002).

The group work model that evolved from Duluth consists of helping perpetrators of violence understand the situations in which they resort to violence, the methods they use for control

and domination, and to develop positive alternatives to these behaviours (Skyner & Waters, 1999). The curriculum consists of a 28-hour psycho-educational group for perpetrators (Pender, 2012). The program is based on the power and control paradigm, illustrated in the power and control wheel. The wheel represents different tactics used by perpetrators of domestic violence to "intentionally control or dominate his intimate partner" (DAIP, 2011). The group sessions are divided into eight weekly themes, with each theme a segment in the model's power and control wheel (Pender, 2012). The power and control wheel is taught alongside the equality wheel which presents healthier, non-violent alternatives to each abusive tactic.

There is currently some evidence for the effectiveness of Duluth Model programs in predicting DFV cessation (Eckhardt et al., 2013), and that program effectiveness depends substantially on the intervention system of which the program is a part (Gondolf, 2004).

In Victoria, the Safety and Accountability in Families: Evidence and Research (SAFER) research team took the idea that the level of integration of men's behaviour change (MBC) programs into the wider DFV intervention system is just as important as the group work program for men (Diemer, Humphreys, Laming, & Smith, 2015). Men's behaviour change programs in Victoria had been provided with funding to improve coordination between domestic violence services (Wilcox, 2010) and to integrate MBC with other DFV services including child protection. While information about the individual MBC programs is not available, it is evident that, at a minimum, the Victorian reform process involved the interagency components of governance (reform process) and management and operations (provision of funding to support the reform).

Of the 29 MBC programs in Victoria that were funded as part of the reform, 23 were able to fully participate in a survey conducted by Diemer et al. (2015) who found that feedback loops between agencies which enabled reporting on attendance, breaches of intervention orders, changes to the risk assessment, and progress at formal review points, were relatively undeveloped. This included links to child protection which were the source of many referrals. Elements

of formal engagement within domestic violence regional committees and with the police were more developed. Diemer et al. (2015) stated that the MBCs showed "relatively poor collaborative processes" with "other sectors" (p. 81), as might be expected at an early stage in the reform process.

This review found that the original Duluth Model perpetrator program and its evaluations do not identify the interagency work with child protection as an important part of the programs. While not included in this review for this reason, the original Duluth Model, which has a strong focus on perpetrator accountability and community responsibility, has been influential in the development or adaptation of several other DFV services centred models of interagency working. In this section, nine models of interagency working that are centred on DFV services are discussed, commencing with those that indicated being based on the Duluth Model.

Armadale Domestic Violence Intervention Project, Western Australia

In 2007 the Western Australian Government commissioned an institutional audit, led by Dr Ellen Pence, of the Armadale Domestic Violence Intervention Project (ADVIP) based in Western Australia. The purpose of the audit (Pence, Mitchell, & Aoina, 2007) was to assess interagency working in ADVIP and make recommendations for planning interagency working in domestic violence services. Adopted in 1996, ADVIP was based on the Duluth Model and Ellen Pence was invited to hold a conference in the early days of its inception. The main objectives of the model are to protect victims and to hold perpetrators of DFV to account.

ADVIP is a whole-of-government approach which involves child protection services as well as other relevant agencies including the police, the courts, health services, corrections, refuges, family violence services, offender programs, Aboriginal services and legal services. It has a group with representatives from several agencies who assess and discuss cases of DFV, coordinate interventions and refer to suitable services. Within ADVIP, there are several programs available for perpetrators and victims, some run and funded by ADVIP, and others referred out from ADVIP. The interagency components involved in this model are in Table 2 and the processes undertaken to facilitate the interface with child protection are in *Processes undertaken by ADVIP to facilitate the interface with child protection*.

Processes undertaken by ADVIP to facilitate the interface with child protection
• Signing of a Commitment Statement by all agencies (not just child protection) to acknowledge membership, agree to adhere to principles, and have a shared understanding of power and control and the impact of DFV on the whole family.
• Establishment of committees and groups of representatives from all agencies to consider policy within each agency and how that relates to ADVIP and to provide a forum for collaboration and information sharing.
• Appointment of a coordinator to liaise between agencies and committees.

The evaluation

The week-long audit involved post intervention interviews and focus groups with service providers, as well as observations of work routines. Case files were also reviewed. The audit report provided extensive detail on the audit development and processes, with the aim of establishing processes that can be used in the future for assessments of interagency work. Detailed recommendations were also presented.

The audit identified a range of problem areas that required addressing in ADVIP. Findings of the audit indicated that information sharing was not adequate in order to achieve the objectives of ADVIP. Information gathering was not objective or complete and it did not take into account the informational requirements of other agencies involved in the system. Another identified problem was victim blaming

Table 2 Interagency working components of ADVIP

Infrastructure component	Service component
Governance • revision and reform on interagency work • establishment of a board and committee to support and oversee the work	**Entry into service system** • none identified
Management and operations • provision of funding structures to support interagency work • provision of some training for service providers	**Service planning** • none identified
Service array • identification of service gaps with the view to address gaps	**Service provision** • none identified
Quality monitoring • monitoring of agency responses	

which was said to often increase risk for victims rather than improve safety. Actual changes in risk for victims were not reported. The system's lack of accountability for victim safety was also found to be a problem area. Another problem area identified was that ways of reporting and talking about cases were laden with service and sector-specific assumptions, theories and language, which can sometimes be conflicting. The final problem area identified by the audit was that ADVIP focused on cross agency cooperation at the level of individual cases, and missed opportunities for broader systemic interchange.

Strengths of the evaluation

- Detailed information was provided regarding the set-up of the audit.
- Lengthy consideration was given to areas for improvement as well as recommendations.

Weaknesses of the evaluation

- No quantitative or statistical change data were presented.
- No standardised measures were used.
- There was no comparison group.
- Measures were taken at post intervention only.
- Findings from qualitative interviews were not presented, only the summarised problem areas.
- Consideration was not given to aspects of the model that were working well.
- Family outcomes were not presented.

Domestic Violence Prevention Programme, United Kingdom

Skyner and Waters (1999) reported on an evaluation of the Domestic Violence Prevention Programme based on the Duluth Model and adapted for the United Kingdom context in consultation with Ellen Pence. The program, based in Cheshire in the United Kingdom, is a partnership between Cheshire Probation Service and the National Society for the Prevention of Cruelty to Children (NSPCC), in which representatives of both agencies conduct assessments and deliver programs together. Central to this perpetrator program was the need to collaborate with "an agency responsible for the protection of women and children" (Skyner & Waters, 1999, p. 47) so that the program focused on victims as well as perpetrators. Initially the program was court-mandated, however some voluntary attendees were later accepted. The objective of the program is to make offenders understand, control and stop abusive behaviours, thereby protecting women and children. The program provides 15 months of cognitive-behavioural therapy. Representatives from both agencies conduct assessment and programs. The power and control wheel is central to the program.

In addition to the perpetrator program, partners, ex-partners and children receive support in parallel to offenders. Information about the perpetrator program is provided, as well as resources and options to help ensure their safety. The interagency components involved in this model are in Table 3 and the processes undertaken to facilitate the interface with child protection are in ***Processes undertaken by the Domestic Violence Protection Programme to facilitate the interface with child protection***.

Processes undertaken by the Domestic Violence Protection Programme to facilitate the interface with child protection
• Inclusion of a representative from agencies for the protection of women and children at assessments and in service delivery.

The evaluation

Limited evaluation details and findings were reported in the paper by Skyner and Waters (1999). There were some demographic details, participation rates (21 male completers), and some comments regarding participants' experiences of the program. The authors reported that an internal evaluation was built into the program from the start, with questionnaires completed at the beginning and throughout the program, however it is unclear if the questionnaires completed at the beginning were pre intervention commencement. An additional external evaluation was referred to which suggested

a statistically significant improvement in offender attitudes and acceptance of responsibility. It was not indicated when these changes were observed so it is not clear if these changes were from pre to post intervention. The authors indicated that the external evaluation confirmed the positive findings of the internal evaluation. Skyner and Waters (1999) also indicated that the external evaluation found improvement in men's attitudes toward women, and that the women also reported improvements in the men's behaviours. Further to this, the authors reported that a 2 year reconviction study found that few program participants had re-offended (3 participants) or been reconvicted (2 participants). The number of participants in the reconviction study was not reported, however it was less than the original 21 participants. No details were reported regarding the design or data sources of this re-conviction study.

Strengths of the evaluation

- There were few strengths to highlight, other than the brief mention of statistically significant change in offender attitudes and acceptance of responsibility.

Weaknesses of the evaluation

- There was poor reporting of study design, methodology, data sources and measures.
- There was very limited and selective reporting of findings.
- There was a small sample size.

Table 3 Interagency working components of the Domestic Violence Protection Programme

Infrastructure component	Service component
Governance • none identified	**Entry into service system** • joint assessments
Management and operations • none identified	**Service planning** • none identified
Service array • none identified	**Service provision** • family focus • involvement of support for women and children
Quality monitoring • none identified	

Multi-Agency Risk Assessment Conferences (MARACs), United Kingdom

Multi-Agency Risk Assessment Conferences (MARACs) are meetings held by representatives from various voluntary and statutory agencies involved in very high-risk cases of DFV. The objective is to conduct coordinated risk assessments and service planning to increase victim safety (Cordis Bright Consulting, 2011). MARACs form part of a CCR to DFV. They may involve child protection when needed, which is when the case under consideration is a family or individual with a child. This review identified four papers reporting evaluations of MARACs: Cordis Bright Consulting (2011), Robinson (2004), Robinson and Tregidga (2007) and Steel, Blakeborough, and Nicholas (2011). The interagency components involved in this model are in Table 4 and the processes undertaken to facilitate the interface with child protection are in *Processes undertaken by MARACs to facilitate the interface with child protection*.

Processes undertaken by MARACs to facilitate the interface with child protection
• Protocols indicating who will always be invited to conferences (includes social services).
• Conferences to provide a forum for information sharing between agencies and shared perspectives (for example, social services provide information about children's issues and child protection).
• Key contacts were identified within agencies to facilitate information sharing.
• Protocols for operations and protocols for information sharing.
• The use of a common risk assessment.

The evaluation

Robinson (2004) reported on a process and outcome evaluation of MARACs in Cardiff, Wales. Interviews with ten key informants and site visits were conducted and analysed in conjunction with interviews with 27 victims and police data. The evaluation was conducted at post intervention only. Findings from interviews indicated that participants valued the MARACs and that they enabled agencies to better assist victims. MARACs were reported to aid information sharing and improve victim safety. Police data indicated that 60 percent of women had not been re-victimised since their MARAC.

Strengths of the evaluation
- The evaluation was a process and outcome evaluation.
- Quantitative outcome data from police records was used.
- A multi-methods approach was used.
- The evaluation reported considerable detail regarding agency involvement in MARACs and MARAC processes and cases.
- There were reasonable sample sizes in interviews with women.

Weaknesses of the evaluation
- There was no baseline measure or comparison group.

Robinson and Tregidga (2007) conducted an assessment of the rate of re-victimisation among women who had cases in a MARAC. Data were obtained from police records for 102 women over a 4 month period, with follow-up of these women 1 year later. Nine women were also interviewed. All data were obtained and interviews were conducted post intervention, that is, after involvement in a MARAC, with baseline measure. Repeat victimisation according to police reports was lower at the 1 year follow-up, with 42 percent reporting no further victimisation. About five of the women

Table 4 Interagency working components of MARACS

Infrastructure component	Service component
Governance • none identified	**Entry into service system** • joint assessments
Management and operations • none identified	**Service planning** • formal arrangements for sharing information • co-planning of services for victims
Service array • none identified	**Service provision** • aiming to improve service provision for victims
Quality monitoring • none identified	

had other unofficial complaints of violent re-victimisation according to the police records.

Interview data indicated that victims thought the MARAC process was useful for information sharing and providing support. However some victims indicated that they needed to be better informed. The victims indicated that the responsibility for ending violence resulted not only from the support they received from the multi-agency work, but also because of their own "strength and determination" to no longer "put up" with violence (Robinson & Tregidga, 2007, p. 1144).

Strengths of the evaluation
• Quantitative outcome data from police records was used.

Weaknesses of the evaluation
• There was a small sample size in interviews.
• There was a lack of baseline measures and comparison group.

In the evaluation conducted for the Home Office (Cordis Bright Consulting, 2011), there was a survey of MARAC chairs, coordinators and representatives with 603 respondents. A case study with four MARACs was also conducted with 47 stakeholders. Responses were taken at post intervention only. Several aspects of the MARAC process and personnel were reported, as well as the contribution of MARACs to multi-agency responses. Respondents also indicated their perceptions of MARAC effectiveness. According to this evaluation, MARACs are mostly police-led. When asked about agency attendance at MARACs, only about half (52%) of the respondents indicated that children's and young people's services always attended. Likewise, adult services and adult mental health services were poorly represented on MARACs, yet their attendance was reported to be important. The majority indicated that the MARAC was fairly effective or very effective, but there was room for improvement in the areas of "increasing successful prosecutions for domestic abuse incidents" and "improving responses to dealing with perpetrators" (Cordis Bright Consulting, 2011, p. 76). Further to this, 97 percent of the service providers indicated that they felt MARACs were fairly effective or very effective at improving outcomes for victims. With regards to the effectiveness of MARACs linking to other agencies, just under two thirds of respondents reported that this was fairly or very effective.

Strengths of the evaluation
• The evaluation used multiple sources of data.
• The evaluation reported considerable detail regarding agency involvement in MARACs and MARAC processes and cases.
• The evaluation provided extensive qualitative input from respondents.

Weaknesses of the evaluation
• The measures were taken at post intervention only.
• There was no comparison group.
• There was a lack of quantitative, subjective measure of outcomes.

Steel et al. (2011) reported on the findings of a review of MARACs. This involved an analysis of existing MARAC evaluations, analysis of performance monitoring data from 208 MARACs, analysis of quality assurance assessment data of 83 MARACs, a national survey of MARAC chairs, coordinators and service providers, structured interviews with 13 members of the National MARAC Steering Group and structured interviews with 47 representatives from a range of agencies involved in four purposefully selected case study sites. MARACs were found to facilitate information sharing and provided a forum for agencies to work together, as well as a way to engage victims in the process. Several areas for development were also discussed.

Strengths of the evaluation
• Qualitative interviews provided in-depth data on the perspectives of a wider range of agency representatives.
• The evaluation presented details on the MARAC processes and outcomes.

Weaknesses of the evaluation
• The national survey selectively targeted specific MARAC roles and cannot therefore be considered representative of all MARAC agencies.
• There was a lack of information about impact on child or family outcomes.
• There was a lack of baseline data.

Independent Domestic Violence Advocacy schemes (IDVAs), United Kingdom

Independent Domestic Violence Advocacy (IDVA) schemes form part of a CCR to DFV and are part of several different interagency models. This review identified two separate evaluations of IDVA schemes: Coy and Kelly (2011) and Howarth, Stimpson, Barran, and Robinson (2009). Coy and Kelly (2011) acknowledged that while CCR was pioneered in the Duluth Model, IDVA schemes have since been adapted to the CCR process.

Both reports referred to the Co-ordinated Action Against Domestic Abuse (CAADA) definition of IDVA. This states that the aim of the IDVA is to ensure the safety of victims of DFV and their children by providing a primary contact person (IDVA), assessing risk, assessing service and support options and developing short and long term safety plans. Criminal and civil courts are also involved in the process, as well as housing and other support services. Assessment is provided through MARACs and because of their role at MARACs, IDVAs are recognised as part of a multi-agency response to high-risk DFV (Howarth et al., 2009).

IDVAs are advocates that work around women experiencing violence. It is not about bringing agencies together or bringing the woman to the service, but instead IDVA schemes are about bringing the services to the woman and managing her case. Child protection may not always be involved with IDVAs, as IDVAs are for women experiencing DFV whether or not they have children. However in the evaluation reported here, there were over 3600 cases in the sample of victims that included children. The interagency components involved in this model are in Table 5 and the processes undertaken to facilitate the interface with child protection are in *Processes undertaken by IDVA schemes to facilitate the interface with child protection*.

Recent enhancements have been made to IDVAs to accommodate children's advocacy programs (KIDVAs). These programs are currently being piloted and the early results from the process evaluation provide promising feedback from workers and children. Referrals were not accepted where child protection issues were the focus, though the KIDVA liaised closely with the child protection worker to make appropriate referrals where there were concerns for the child's safety (Westwood & Larkin, 2015).

Processes undertaken by IDVAs to facilitate the interface with child protection
• The interface with child protection in this model is only evident through the role that IDVAs play as representatives on MARACs, as described above.

The evaluations

The evaluation by Howarth et al. (2009) was designed to assess the delivery and impact of seven IDVA services for female victims experiencing DFV who were at high risk of serious harm or death. The IDVA services in this evaluation were from rural, urban and suburban locations in England and Wales. Using a pre to post-intervention design, the evaluation mapped out the interventions and services provided as part of the scheme, the demographics of the victims and examined effectiveness. Demographic data were gathered at entry to the services. Data regarding interventions and supports received were collected either approximately 4 months later or at case closure. Exit interviews were also conducted, where possible. A small group of women were contacted for follow-up interviews 6 months later.

Table 5 Interagency working components of IDVA schemes

Infrastructure component	Service component
Governance • none identified	**Entry into service system** • one point of contact and one stop person and the use of multi-agency assessments
Management and operations • provision of funding to support the scheme.	**Service planning** • use of coordinated planning of services
Service array • none identified	**Service provision** • tailoring of services depending on level of risk
Quality monitoring • none identified	

In addition to providing details of the victims and services received, Howarth et al. (2009) reported qualitative data (412 cases) and quantitative data (1247 cases) from case closures. Statistically significant improvements were observed from entry to exit on a range of factors including frequency of all forms of abuse (from 87% to 18%), frequency of severe abuse (reductions in the range of 66% to 75%), and frequency of other risks including victims fear for harm to the child (76% reduction). Victims also demonstrated statistically significant increases in feelings of safety for themselves and their children, and had statistically significant improvements in their coping strategies. More intensive support was found to produce better outcomes for victims. Follow-up data 6 months later were unfortunately only available for 34 women; however, most of these women indicated that they had not experienced any further abuse.

Strengths of the evaluation
- There was a large sample size.
- Baseline data were included.
- Quantitative measures were included.

Weakness of the evaluation
- There were no comparison group data, as noted by Howarth et al. (2009).
- There were missing data at exits, which may have affected the findings.

The aim of the evaluation by Coy and Kelly (2011) was to determine what type of contribution the IDVA schemes make to CCR by assessing the outcomes, impact and merits of four London IDVA schemes: existing DFV services within a police station; existing DFV services in a hospital emergency department; a women's organisation; and a DFV service within a community centre. The last two IDVAs were newly established within two existing services. This evaluation used a post intervention only design and a mixture of database case analysis, interviews and questionnaires with service users, and interviews with stakeholders, IDVAs and managers. Notes from field observations and MARAC meetings were also reviewed.

Interviews with 73 service users post intervention indicated that women were positive about the IDVAs, that IDVAs enabled them to feel safer and more knowledgeable of services and systems and encouraged them to contact agencies for support when needed. The role of IDVAs within CCR was described in conjunction with interview data from the IDVAs. The role of IDVAs within MARACs was also discussed, with the conclusion drawn that few were referred to MARACs because the IDVAs were already fulfilling that function. Where MARACs were involved, the IDVA role was valuable, however there were concerns raised about the function of MARACs. It was also noted in this evaluation that social services (child protection) sometimes failed to deliver on responsibilities. Child protection did not feature much in the IDVA model, despite the large number of women with children in the sample.

Strengths of the evaluation
- Experiences of the participations provided insight into process and perceptions of services.

Weaknesses of the evaluation
- There was a lack of baseline data.
- There was a lack of quantitative objective measures of impact on outcome.

Family Safety Framework, South Australia

One evaluation of the Family Safety Framework (FSF) was included in this review: Marshall, Ziersch, and Hudson (2008). FSF aims to increase victim safety, reduce victimisation, and increase perpetrator accountability by providing coordinated, consistent and appropriate responses. Services are directed at women, children and young people at high risk, who have been exposed to DFV. FSF was launched in three regions of South Australia: Holden Hill Local Service, South Coast Local Service and Far North Local Service Area. Central to this model is the use of consistent, collaborative response by community agencies, government and non-government agencies. Agency representatives come together in meetings to discuss cases, assess risk, develop plans to address risk, support the family, improve safety, and support agencies and staff involved with families.

This model involves the police, Department of Families and Communities, Attorney-General's Department, Department of Health, Department of Correctional Services, Department of Education and Children's Services, housing services, and various non-government DFV services. Risk assessments are typically undertaken by the agency that is in first contact with the family or responds first to an incident. It is that agency's responsibility to pass the assessment to the FSF coordinator for distribution to involved agencies, who then meet to discuss the case. The initial trial of FSF saw the police department responsible for coordination and administration of FSF and chairing of meetings. The interagency components involved in this model are in Table 6 and the processes undertaken to facilitate the interface with child protection are in *Processes undertaken by the Family Safety Framework to facilitate the interface with child protection*.

Processes undertaken by the Family Safety Framework to facilitate the interface with child protection
• Development and signing of a formal agreement for how each agency will work to best support women and children.
• Scheduling of regular meetings involving representatives from each agency to discuss and develop plans for high-risk cases and to share information.
• Use of common risk assessment tools.
• Development and signing of a protocol for information sharing.
• Designation of a person who is responsible for reported cases of child abuse.
• Roles of agency representative are clearly defined in an agreement.
• Development of a practice manual to guide service provision.
• Appointment of a coordinator to facilitate information exchange between agencies.
• Establishment of an implementation committee for project oversight.

The evaluation

The evaluation of FSF aimed to assess the implementation and outcomes of the model. This was a multi-method evaluation that was largely based on post-intervention data, with no use of a comparison group. The evaluation design also reportedly involved pre to post comparisons made using criminal justice data obtained for offending men. The evaluation involved interviews with 50 agencies representatives, the FSF committees and five women referred to FSF. Meeting minutes and other

Table 6 Interagency working components of the Family Safety Framework

Infrastructure component	Service component
Governance • agreement for working together • protocol for information sharing	**Entry into service system** • common risk assessment tools
Management and operations • training for staff	**Service planning** • formal integration of services from various sectors • shared information
Service array • none evident	**Service provision** • focus on the whole family; women, children and also accountability of men
Quality monitoring • ongoing monitoring • implementation evaluation	

documentation were also reviewed. Meetings were observed and data relating to children involved in FSF were analysed. In addition to reporting number and demographics of referrals, outcomes of meetings and process information, the evaluation reported the outcomes of 46 referrals involving 34 children. These 46 families were followed-up 3 months after referral.

According to the evaluation authors, the FSF achieved most of its goals, including improved response to women and children. One objective was to provide a coordinated, consistent and appropriate response, and it was reported that the FSF was implemented as intended for women and children, although some areas for improvement were noted. Responses across different agency were also reported to have improved but only at the local level, within the immediate team. Stakeholders and women reported improvements in responses, with several positive case and interview examples provided. The authors went on to say, however, that FSF did not achieve an improved response to men who use violence. While there were indications of reduced re-victimisation, with police reports indicating that 75 percent of women had not been exposed to further violence in the 3 months following referral, agency representatives all agreed that the model did not increase perpetrator accountability and little change was made in the responses to men who use violence.

Strengths of the evaluation
- The evaluation used multiple sources.
- There was some use of police reports and child protection notification which may be a more reliable, objective measure than self-report interviews and case studies.
- The evaluation included an evaluation of implementation.

Weaknesses of the evaluation
- There was a small sample size.
- The evaluation relied heavily on case examples and qualitative interview data.
- There was a lack of quantitative data.
- There was a lack of reporting of significance data.
- The evaluation indicated that data from pre to post FSF for offending men was used, however the use of this in the evaluation was not clear.
- The evaluation did not use standardised assessment measures.

Green Valley Liverpool Domestic Violence Service (GVLDVS), New South Wales

This review identified two evaluations of the Green Valley Liverpool Domestic Violence Service (GVLDVS) in New South Wales, Australia: one for the pilot project called the Green Valley Domestic Violence Service or GVDVS (Laing, 2005) and one evaluation of the expanded service (Laing & Toivonen, 2012). The objective of GVDVS is to improve responses to DFV in a high-risk population through community partnerships between the health, community services, housing and various non-government organisations in NSW. The service involves fax back to police, and specialised services including DFV court advocacy, counselling, child protection and substance abuse services. Fax back refers to a system in which contact details of consenting people are faxed directly from the police to the GVDVS to facilitate assistance within 48 hours (Laing, 2005). The service also involved a brokerage fund for the purchase of necessary items and services for women, such as new locks, groceries, education courses and childcare. The interagency components involved in this model are in Table 7 and the processes undertaken to facilitate the interface with child protection are in *Processes undertaken by GVLDVS to facilitate the interface with child protection*.

Processes undertaken by GVLDVS to facilitate the interface with child protection
- Inclusion of child protection representatives on the team. - Funding for a counsellor located with child protection. - The project overseen by an interagency group (steering committee) with representatives from multiple agencies.

The 2005 evaluation of the GVDVS used interviews with women, staff, other senior agency representatives and personnel in other agencies in contact with GVLDVS. Files were also audited. Findings indicated that the service was a "catalyst for improving interagency responses" (Laing, 2005, p. 7), and helped to drive change and to coordinate agencies. Partnerships with housing and the police were reportedly successful, with improvements in interagency responses noted. Policy level change was slower than at the service level. Appointment of a specialist caseworker from the NSW Department of Community Services to improve services for children was not successful. However the authors reported that children's needs were being addressed by the GVDVS (Laing, 2005).

The GVDVS was re-funded following the pilot and the service was expanded (GVLDVS) to involve additional locations receiving services, more staffing, including domestic violence counsellors, and governance. Services provided to women and children included counselling, support, advocacy, therapy,

information, referral and brokerage (Laing & Toivonen, 2012). GVLDVS works closely with other NSW Government funded DFV services in the area. These include Staying Home Leaving Violence, the Homelessness Action Plan (HAP) and Domestic Violence Support Western Sydney Service (Liang & Tiovonen, 2012). All programs are funded by the NSW Department of Family and Community Services. Day-to-day functions of the GVLDVS are run by the South Western Sydney Local Health District.

In addition to interviews with women, service providers and related agencies, the evaluation by Liang & Tiovonen (2012) involved a review of documents and data associated with the service. All measures were taken at post intervention only.

The evaluation

Findings indicated that services received were client-centred and delivered in partnership with the women. The women reported that staff were able to assist them and improve their safety. The women valued the support for the children. The women also stated that they received helpful referrals. Working between agencies such as information sharing was successful and according to service providers, referrals were also successful. The service was limited by some resource and funding concerns.

Strengths of the evaluation
- A multi-methods approach was used.
- Detailed interview data from a range of participants and stakeholders were used.
- There was information about model processes.

Weaknesses of the evaluation
- There was a lack of baseline measures.
- There was a lack of quantitative, objective measures of client outcomes.

Table 7 Interagency working components of GVLDVS

Infrastructure component	Service component
Governance • new case management models including representatives from various DFV services to oversee the coordinated response	**Entry into service system** • use of fax back to facilitate referrals from police
Management and operations • funding structures • training for staff • community development	**Service planning** • formal integration of services from various sectors, with health as the lead agency • formalisation of a case management meeting
Service array • aim to increase the number of suburbs receiving services • aim to increase the number of full time staff	**Service provision** • objective to improve safety outcomes for women and children • fax back to increase immediacy of response
Quality monitoring • some evaluation of the activities undertaken by GVLDVS	

Breaking the Cycle, Queensland

Nancarrow and Viljoen (2011) reported on the evaluation of an integrated whole-of-government response to DFV called Breaking the Cycle. This model involves the police, the courts, legal aid, child safety services, and other community services in Queensland, Australia. It provides a case coordination team with a statutory child safety officer, police officer and specialist DFV worker, intensive case management, specialised court program for DFV, a perpetrator behaviour change programs, legal services and supports for both perpetrator and victim, and also attends to child safety. The case coordination team conducts assessments based on information shared amongst the team members and develops plans for referring the clients to the array of services for women, men and children. Breaking the Cycle also involves coordination of responses from Queensland Police, the Magistrates Court, Legal Aid Queensland and child safety services as well as other community services (Nancarrow & Viljoen, 2011). The interagency components involved in this model are in Table 8 and the processes undertaken to facilitate the interface with child protection are in *Processes undertaken by Breaking the Cycle to facilitate the interface with child protection*.

Processes undertaken by Breaking the Cycle to facilitate the interface with child protection
• Inclusion of statutory child safety officer in the case coordination team. • Co-location of statutory child safety officer with representatives from other agencies. • Case coordination team (with child safety officer) conducts risk, security and needs assessment together. • Case coordination team prepares a response and safety plan. • Development of an information sharing protocol.

The evaluation

In a post intervention only design, interviews were conducted with six women and three men in order to ascertain their perspectives of the service (Nancarrow & Viljoen, 2011). Responses were generally positive, with participants indicating that Breaking the Cycle provided them with the help and support they needed. Two participants indicated they experienced problems with information sharing. Participants indicated that their health and wellbeing improved or was the same as before their involvement with Breaking the Cycle.

Strengths of the evaluation
- There was detailed thematic analysis of interview data.
- There was some quantification of findings.

Weaknesses of the evaluation
- Comparison of perceptions of abuse before and after the trial were collected at the same point in time, after the trial, therefore, there was no true baseline measure.
- There was a lack of objective measure of impact on outcomes.
- There was a small sample size.

Table 8 Interagency working components of Breaking the Cycle

Infrastructure component	Service component
Governance • creation of the case coordination team in charge of assessments and referrals	**Entry into service system** • case coordination team becomes a single entry point
Management and operations • staff training	**Service planning** • development of an integrated specialised court • agreements for referrals and information sharing
Service array • none identified	**Service provision** • involves perpetrators, victims and children • assesses individuals and refers to services based on individual circumstances
Quality monitoring • none identified	

Safe at Home, Tasmania

Safe at Home is a whole-of-government, integrated response to DFV in Tasmania, Australia (Tasmania. Department of Justice, 2009). The objective of Safe at Home is to reduce DFV, improve safety for victims, and change offender behaviour. The model involves input from Tasmania police, the Department of Justice, the Department of Health and Human Services and the Department of Premier and Cabinet. Tasmania police were responsible for operating a referral telephone line to assess risk and refer individuals as needed, including referrals to children and family services as needed, response teams to provide case coordination and minimise risk and prosecution of perpetrators. The Department of Justice was responsible for managing the integrated case coordination teams, offender programs, court support and legal aid services and services for child witnesses. The role of the Department of Health and Human Services was to provide counselling and support to all family members, accommodation brokerage for offenders and liaison services for substance abuse issues. Finally, the Department of Premier and Cabinet set up an Aboriginal advisory group. High-risk cases were prioritised and provided with ongoing case management. The interagency components involved in this model are in Table 9 and the processes undertaken to facilitate the interface with child protection are in ***Processes undertaken by Safe at Home to facilitate the interface with child protection***.

Processes undertaken by Safe at Home to facilitate the interface with child protection

- Scheduling of weekly integrated case coordination (ICC) meetings attended by agencies including child protection.
- ICC is supported by a database linking all systems data for information sharing.
- Joint ICC member decisions regarding course of action for cases.
- Case closure requires unanimous ICC member agreement.
- ICC process has an operations manual.

The evaluation

The evaluation of Safe at Home involved consultations, public submissions, interviews, and focus groups in a post intervention only design (Tasmania. Department of Justice, 2009). Evaluation data was collected over 4 years. Positive themes emerging from the evaluation were: increased public awareness of DFV; improved legal recognition for DFV; and improved police responsibility for DFV rather than the victims needing to drive the response. Also of value were the use of integrated case coordination meetings and the court support liaison acting as a "conduit" (Tasmania. Department of Justice, 2009, p. 32) for victims in legal processes. Family violence and counselling services were reported to enable victims to be more involved in processes. The use of the database for maintaining Department of Justice data that can be accessed by multiple agencies was

Table 9 Interagency working components of Safe at Home

Infrastructure component	Service component
Governance • steering committee • subcommittees • other planning committees	**Entry into service system** • response and referral line as an entry point
Management and operations • provision of funding at various levels • integrated data management systems	**Service planning** • formal establishment of case coordination for families with significant ongoing risk
Service array • none identified	**Service provision** • provision of culturally appropriate services to Aboriginal families
Quality monitoring • teams for quality assurance and review • a committee for system monitoring and improvement	

reported as helpful. However reasons for these conclusions were not clear based on the data presented. In addition, the evaluation also indicated that Safe at Home has had an impact on the number of child protection notifications with a large increase in child protection matters noted. Exact increases are not given, however, it was noted that Safe at Home was responsible for one-fifth to one-third of all child protection notifications, depending on the region. After the commencement of Safe at Home, there are suggestions for how to increase safety, for changes in service usage, and changes in referrals.

Strengths of the evaluation

- Multiple methods were used.
- Consultations were conducted with a large number of individuals.
- Considerable information about processes and implementation was presented.

Weaknesses of the evaluation

- Data appeared to be from the inception of the service and there did not appear to be a clear baseline.
- Little information was presented on child or family outcomes.
- There was a lack of quantitative, objective measures.

Northern Crisis and Advocacy Response Service (CARS), Victoria

The Northern Crisis and Advocacy Response Service (CARS) provides an integrated DFV service and supports for women and children in the northern suburbs of Melbourne, Australia (Frere, Ross, Healey, Humphreys, & Diemer, 2008). The objective of CARS was to establish a network of service providers to provide advocacy, counselling, information and support. Involved services included the police, domestic and family violence services, health, refuges and other family services. The Women's Domestic Violence Crisis Service (WDVCS) operates a 24/7 telephone line taking referrals from police or self-referrals from women. These workers conduct a risk-assessment, contact the on-call CARS worker and arrange an immediate service response in the community from other needed agencies in the health, refuge and other family service sectors. CARS was established following state-wide reform in Victoria to improve integrated services to DFV. The interagency components involved in this model are in Table 10 and the processes undertaken to facilitate the interface with child protection are in **_Processes undertaken by CARS to facilitate the interface with child protection_**.

Processes undertaken by CARS to facilitate the interface with child protection

- An interagency service protocol and memorandum of understanding to raise profile of work of own agencies, improve understanding, and work out ways to improve interrelations.
- Shared intake and referral forms.
- Shared service arrangements including a roster.
- CARS protocol prevailing over a given agency's procedures.

The evaluation

The post intervention only evaluation took place six months after the service commenced and involved document analysis, interviews with agency staff, and analysis of intake and referral data. Frere et al. (2008) reported that the model was working and cited the following strengths: better engagement with women; more flexibility; immediate responses; increased awareness and better integration of services; resource sharing; improved contact with and better response to police; more follow through; and improved services for culturally and linguistically diverse clients. Frere et al. (2008) also reported some improvements in interagency collaboration in the forms of visions, leadership and partnerships, communication and cooperation, and

information and data sharing (which was reported overall as working but with some areas for improvement). Some participants raised concerns that the needs of children were not considered, although the evaluation also reported that families at higher risk were more likely to receive legal support and referrals.

Strengths of the evaluation

- A multi-methods approach was used.
- Informative interview and process data were presented.
- Data about the client group were included.

Weaknesses of the evaluation

- There was a lack of baseline measures.
- There was a lack of objective, quantitative measures of child and family outcomes.

Table 10 Interagency working components of CARS

Infrastructure component	Service component
Governance • shared vision • development of a service protocol • development of a memorandum of understanding	**Entry into service system** • one central point for entry and referral
Management and operations • partial funding was provided • cross service training • meetings • planned telephone contact	**Service planning** • defined process for coordinated referrals • intake • information sharing • intervention
Service array • provision of 24/7 service to women • consistent coordinated contact to fill an identified gap **Quality monitoring** • implementation assessment	**Service provision** • immediacy of response • women's rights and advocacy centred • continuity of service • holistic and respectful • caters for children

Child protection centred models

Ten models that were led by or centred on child protection services were identified in this review. These are described below.

The Greenbook Initiative, United States

In 1999, the National Council of Juvenile and Family Court Judges Family Violence Department in the United States of America (USA) released a report known as *The Greenbook* (Schecter & Edelson, 1999). Acknowledging the links between co-occurrence of child maltreatment and DFV, and society's recognition that these are unacceptable, *The Greenbook* set out a series of policy and practice recommendations targeting DFV services, child protection and the courts. The crux of these recommendations was the need for collaboration between sectors, services and across the community to work towards improving outcomes for families. Subsequently the United States Department of Justice and the United States Department of Health and Human Services funded six sites in the USA to implement strategies to address the recommendations arising from *The Greenbook*, including a 5 year evaluation (the Greenbook National Evaluation Team, 2008). The six sites were: El Paso County, Colorado; Grafton County, New Hampshire; Lane County, Oregon; San Francisco County, California; Santa Clara County, California; and St Louis County, Missouri.

Actual components of interagency working employed by the six sites varied. However, components proposed by *The Greenbook* are in Table 11. The processes undertaken to facilitate the interface with child protection are in ***Processes undertaken by the Greenbook Initiative to facilitate the interface with child protection***.

> **Processes undertaken by the Greenbook Initiative to facilitate the interface with child protection**
>
> - Development of guidelines and recommendations regarding the need to work together, working together and ways to work together.
> - Provision of training on collaboration.
> - Funding to support interagency working.
> - Co-located child welfare advocates.
> - Agreements for resource sharing.
> - Protocols regarding child protection.
> - Training staff from other sectors on the child protection protocol.
> - Arrangements for all child maltreatment cases to be reviewed by the multidisciplinary teams.

The evaluations

This review identified four papers reporting the national evaluation of The Greenbook Initiative: one report (The Greenbook National Evaluation Team, 2008) and three journal articles (Banks, Landsverk, & Wang, 2008; Malik, Silverman, Wang, & Janczewski, 2008; Malik, Ward, & Janczewski, 2008). The Greenbook National Evaluation Team (2008) conducted surveys and interviews during the planning period (2001),

Table 11 Interagency working components of the Greenbrook Initiative

Infrastructure component	Service component
Governance • four of the six sites established committees, boards and working groups to oversee the changes	**Entry into service system** • increasing points of entry • assessment and screening protocols (only select cities)
Management and operations • training and capacity building	**Service planning** • aims to improve systems to increase collaboration and decrease fragmentation • multidisciplinary case response protocols across systems (only select cities)
Service array • none identified	**Service provision** • attend to diverse communities and families • cater for the specific needs of families • consider whole family – perpetrator, victim and children
Quality monitoring • implementation monitoring • outcomes assessment processes	

at the end of planning (2003) and after implementation (2005) using a pre-post intervention design. In addition, they reviewed case files of a random sample of substantiated cases of maltreatment during planning stages and after implementation and examined implementation activities at Greenbook sites. No comparisons were made to other, non-Greenbook, communities. Five of the six sites participated in baseline and follow-up evaluation.

Findings reported in all four publications indicated that while not every measure improved significantly from baseline (2001) to follow-up (2005), there were several statistically significant changes observed over time in the three sectors targeted: DFV, child welfare and the courts. These statistically significant changes included:

- an overall increase in the evidence of active screening for DFV in child welfare cases, from 54 percent at baseline to 62 percent at follow-up;
- an increase in the number of caseworkers in child protection that reported that their agency had developed written guidelines for reporting DFV, from 68 percent at baseline to 84 percent at follow-up;
- an increase in the number of staff reporting regular training on DFV and maltreatment, from 58 percent at baseline to 75 percent at follow-up;
- a decrease in co-occurrence of DFV and child maltreatment, from 23 percent of cases at baseline to 17 percent of cases at follow-up;
- an improvement in child welfare exchange of information with DFV service providers, with 71 percent of caseworkers agreeing they shared resources at follow-up, compared with 55 percent at baseline;
- an improvement in child welfare working closely with DFV services to address co-occurrence, from 66 percent at baseline to 83 percent at follow-up;
- an increase in child welfare agencies with written policies stating when children can remain with non-offending parents, from 45 percent at baseline to 68 percent at follow-up;
- an increase in referrals for victims of DFV found in child welfare case files, from 35 percent at baseline to 65 percent at follow-up; and
- an increase in referrals for batterers, from 29 percent at baseline to 53 percent at follow-up.

There were, however, no other statistically significant improvements in information sharing practices. While these and other system improvements were observed, no improvements in perpetrator, victim or child outcomes were assessed (Banks, Dutch, & Wang, 2008; Malik, Silverman, et al., 2008; Malik, Ward, et al., 2008; The Greenbook National Evaluation Team, 2008).

Strengths of the evaluation

- There was a large, multi-site evaluation.
- A multiple methods approach was used.
- Considerable process and implementation data were presented.
- Extensive details were presented on the initiative that guided the development of the model.
- There was use of quantitative, statistical data reporting system changes.
- There was use of baseline data.

Weaknesses of the evaluation

- There was a lack of reporting of child and family outcomes.
- There was a lack of comparison group data.

Bridgeport Safe Start Initiative, United States

The aim of the Bridgeport Safe Start Initiative (BSSI) in Connecticut, USA, is to provide integrated services for families with children aged birth to 6 years, who have been exposed to or who are at risk of DFV (Friedman et al., 2007). In doing so, the objective is to reduce fragmentation of services across settings and between services, increase collaboration and create a safe environment for children. The service sectors involved in this model included health care, social services, parent support and family services, child protection, foster care, public safety, judicial services and child care services. Specific roles for each sector were unclear in the study. The interagency components involved in this model are in Table 12 and the processes undertaken to facilitate the interface with child protection are in ***Processes undertaken by the Bridgeport Safe Start Initiative to facilitate the interface with child protection***.

The evaluation

To determine the effects of BSSI on interagency collaboration, Friedman et al. (2007) surveyed staff from 46 agencies servicing children and families in the Connecticut area at baseline (time one), 18 months (time two) and a further 18 months after that (time three), resulting in a pre to post intervention design. Respondents varied at different time periods. Focus groups were also held with key stakeholders including service providers, policy makers and parents.

Findings from survey results suggested that there was an increase over time in collaborative relationships in the network of agencies, with a statistically significant increase observed between baseline and time two, but not between times two and three. The number of relationships between agencies had increased from one-third of all possible relationships at time one,

to four-fifths by time two. A statistically significant increase in direct connection between agencies for the purpose of service entry was also observed. At time two, 19 of 25 agencies had direct connections with at least 75 percent of other agencies, an increase from four at baseline. Focus group findings indicated that there was little communication and collaboration between agencies at baseline, while these were reported to be strong at times two and three. The focus groups also indicated that there was a need to improve interagency collaboration and communication. These findings provided useful indicators of how the systems relevant to BSSI were moving toward collaboration overtime, however, the impact of this work on family outcomes has not been indicated.

Strengths of the evaluation

- The evaluation used baseline measures and follow-up data.
- The evaluation included quantitative, statistical data.
- There were detailed analyses of connections formed between agencies.

Weaknesses of the evaluation

- The impact of the model of child and family outcomes was not included.
- There was no comparison group data.

Processes undertaken by the Bridgeport Safe Start Initiative to facilitate the interface with child protection
• Development of a collaborative agreement between agencies. • Interagency training. • Cross-agency leadership.

Table 12 Interagency working components of Bridgeport Safe Start Initiative

Infrastructure component	Service component
Governance • policy-related activities • advisory groups to oversee planning and implementation	**Entry into service system** • allow families access to the service from any entry point by one of the network agencies
Management and operations • revised funding structures • staff training • cross-agency leadership activities	**Service planning** • interagency collaboration arrangements between several child and family serving organisation
Service array • continuum of services to avoid fragmentation across settings	**Service provision** • family involvement in services • improved access to services • improved quality of services • best practice services
Quality monitoring • implementation assessment	

Child Advocacy Centers, United States

Child Advocacy Centers (CACs) in the United States provide coordinated, multidisciplinary investigation and treatment in cases of child maltreatment, and care for various co-occurring issues (Thackeray, Scribano, & Rhoda, 2010). One of the requirements for accreditation as a CAC is to include representatives from law enforcement, child protection, victim advocates, medical and health services, and prosecution. The role of a CAC is to conduct multidisciplinary assessments for DFV in a child-friendly facility, and increase organisational capacity to provide the necessary services identified for the family. The interagency components involved in this model are in Table 13 and the processes undertaken to facilitate the interface with child protection are in *Processes undertaken by Child Advocacy Centers to facilitate the interface with child protection*.

The evaluation

Thackeray et al. (2010) evaluated the use of universal assessment of DFV in Child Advocacy Centers in the USA, as DFV is one of the co-occurring problems that Child Advocacy Centers are required to address. The current evaluation only focused on this aspect of CACs. It consisted of a post-intervention only design.

A survey was distributed to 11 CACs in Ohio, USA, and 376 surveys were completed. Just over half of the respondents indicated that they assess for DFV in female caregivers. Reasons for not assessing DFV and factors associated with assessment of DFV were indicated. Referrals arising from assessments were not reported, although this was an aspect of the survey.

Strengths of the evaluation
- There was a large sample size of survey respondents from various CACs.

Weaknesses of the evaluation
- The evaluation lacked service, family and child outcome data.
- The impact of low rates of DFV assessment was not considered.
- Outcomes of DFV assessment, when conducted, were not reported.
- Little information was presented that provided indication effects of the model.

Processes undertaken by Child Advocacy Centers to facilitate the interface with child protection
• Established accreditation standards. • Must have representatives from law enforcement, victim advocates, medical and health services and prosecution. • Must include child protective services.

Table 13 Interagency working components of Child Advocacy Centers

Infrastructure component	Service component
Governance • none identified	**Entry into service system** • none identified
Management and operations • none identified	**Service planning** • formal arrangements to bring together services involved with families where there is suspected maltreatment
Service array • range of services work together to cover all the potential co-occurring issues within families	**Service provision** • culturally competent services
Quality monitoring • none identified	

Multi-Agency Safeguarding Hubs (MASH), London, United Kingdom

Multi-Agency Safeguarding Hubs (MASH) are information hubs in which details of child protection cases from various avenues are stored and shared (Crockett et al., 2013). Cases are triaged and assessed using the collective information that may otherwise not have been accessible to all relevant agencies. The system is designed to enable decisions to be made with all available information. There are various MASH models in London, all with the same core elements: all child protection notifications go through the hub; professionals from core agencies are co-located; the hub is protected to ensure security; there is an agreed process for assessing risk level based on all available information with dissemination to appropriate agencies; and there is a process for identifying those at harm and providing appropriate supports accordingly. The objective of MASH is to help practitioners make accurate decisions by gathering all information; facilitating early intervention; identifying potential victims; improving services coordination, information sharing and communication; and reducing referrals to social care for those who do not qualify. Agencies involved include local authorities, children's social care, police, health services and education services. The interagency components involved in this model are in Table 14 and the processes undertaken to facilitate the interface with child protection are in *Processes undertaken by MASH to facilitate the interface with child protection*.

Processes undertaken by MASH to facilitate the interface with child protection
• Co-location of professionals from relevant agencies, including child protection.
• A hub on which to store and share information between child protection and other agencies.
• Formal agreements for dissemination and access of information on the hub including confidentiality considerations.
• A firewall on the hub to ensure confidentiality and security of information.
• Confidential record system to support the hub.
• Agreed processes for analysing and assessment risk.
• Agreed procedures for triaging and referring.

The evaluation

Using a pre to post-intervention design, the evaluation of MASH focused on four of the 15 London boroughs due for MASH implementation. Incomplete data existed for one site that was not fully implemented during follow-up (Crockett et al., 2013). Comparisons were also made to an established MASH that was thought to be an example of good practice. Interviews were conducted with staff and stakeholders, administrative data were analysed, and observations and site visits were conducted. Post-intervention data were collected at 2 months after the implementation of MASH. Findings reported the extent to which the newly implemented MASH sites were achieving the core elements.

After implementation of the MASH there was a decrease in turnaround time for referrals in some sites but the

Table 14 Interagency working components of Multi-Agency Safeguarding Hubs

Infrastructure component	Service component
Governance • co-location of representatives from relevant agencies	**Entry into service system** • notifications received from various sources are input into the hub where they are triaged and assessed centrally
Management and operations • none identified	**Service planning** • formal arrangements for the sharing of information that is deemed proportionate and relevant to share
Service array • none identified	**Service provision** • provide early intervention to prevent problems escalating • identify victims so that suitable interventions can be provided
Quality monitoring • implementation monitoring	

overall turnaround time did not change by much at post implementation. There was a statistically significant increase in the number of children referred for maltreatment from pre to post-intervention in two sites. Interviews with MASH staff suggested that participants were generally positive about MASH and the impact of MASH on children. Workloads and resourcing were the primary reported concerns. Referrers to MASH were initially concerned about information sharing. Referrers reported that services to children had improved, as had interagency working. These findings suggested that MASH has the potential to improve the way agencies work together, however, further outcome evaluation is required once these sites are more established (Crockett et al., 2013).

Strengths of the evaluation

- The evaluation included baseline measures.
- A multi-methods approach was used.
- Extensive implementation and process data were presented, including changes from pre to post.
- Informative interview data were included.

Weaknesses of the evaluation

- Evaluation was undertaken in the early stages and additional evaluation is needed when the MASH sites are more established.
- Comparison to non-MASH sites would be beneficial.
- There was a lack of reporting of child and family outcomes.

Reclaiming Social Work, London, United Kingdom

Reclaiming Social Work is more commonly known as the Hackney Model, as it was first established in Hackney Children's Services, London. This model takes a social-ecological or whole system approach to support for vulnerable children (Munro, 2011) or a systemic unit model (Forrester et al., 2013a). The whole systems approach recognises the interplay between the various systems involved in supporting families and children (Munro, 2011). The social work unit model involves management of a small unit by a consultant social worker. The unit consists of a social worker, child practitioner, unit coordinator and clinician. The family or child work in collaboration with the unit. Tasks are allocated to unit members based on availability, skill, knowledge and relationship to the family or allocated to external services as needed. The unit coordinator is responsible for organisation and liaison between unit members and the various services required (Forrester et al., 2013a). The interagency components involved in this model are in Table 15 and the processes undertaken to facilitate the interface with child protection are in *Processes undertaken by Reclaiming Social Work to facilitate the interface with child protection*.

Processes undertaken by Reclaiming Social Work to facilitate the interface with child protection

- Established teams (units) in which social workers from children's services (child protection) are members.
- Shared theoretical underpinning and framework of the model (systems approach) acknowledges the importance of the interplay between systems, including child protection.
- Co-location of team members.
- Alignment of goals and shared values in the team.
- Development of new aligned procedures and recording systems.
- Staff training to ensure the team has skills for systems approach.
- Scheduled team meetings for case discussions.
- Shared risk assessments.
- Shared responsibility for the development of plans for clients.
- Shared language.
- Clearly defined roles.

The evaluations

This review identified four papers that reported three evaluations of Reclaiming Social Work: Forrester et al. (2013a), Forrester et al. (2013b), Munro (2011) and Phillips (2013). Both papers by Forrester and colleagues (2013a;

2013b) related to the one evaluation in three different boroughs in England, with one paper providing a brief summary of the findings reported in the other paper. The Munro (2011) report included a case study of Hackney in an appendix. The Phillips (2013) paper reported on the co-location of Domestic Violence Intervention Projects with Hackney Children's Services.

The primary objective of the evaluation by Forrester and colleagues (2013a; 2013b) was not to report outcomes, but to describe processes involved in the model implemented in three local authorities in the UK. The evaluation involved observations, social worker interviews, recorded simulated practices with social workers, family surveys and social worker surveys. A post intervention only design was used. Some of the improved ways of working reported in this evaluation included increased discussion of cases, improved information sharing, a more systematic way of approaching cases, having a unit coordinator to oversee work, clarity of most roles, less stress for workers, greater confidence in assessments, more time spent with families and greater agreement about family issues. One of the problems cited in relation to children's services (child protection) was that if cases did not meet the threshold for involvement, social workers felt they could do little to support the families. However, parent ratings of the services they received were generally positive.

Strength of the evaluation

- The evaluation described the theoretical underpinnings of the model.
- A multi-methods approach was used.
- Detailed process information was provided.
- Extensive qualitative data in the form of case studies and interviews were presented.

Weaknesses of the evaluation

- There was no baseline measure.
- There was a lack of objective quantitative measures of family and child outcomes.

The comprehensive case study reported by Munro (2011) indicated that the shared approaches in the Hackney Model contributed to reduced stress; increased information sharing; encouragement of skill development; improved communication with other agencies; more complete consideration of all information available from various sources; improvements in filing electronic documents for easy location; less staff turnover; improved recording formats; and improved human resources and financial policies and processes. No quantitative data were given for these improvements. The impact of the Hackney Model on children and families was also reported as follows:

Table 15 Interagency working components of Reclaiming Social Work

Infrastructure component	Service component
Governance • clear vision • shared theoretical framework • shared strategies and procedures for service delivery • shared responsibility • co-location	**Entry into service system** • improved risk assessment processes
Management and operations • staff training and skills development • recruitment of new personnel • changed human resources and recruitment policies and processes	**Service planning** • formal arrangements for collaboration • information and resource sharing • making decisions about services
Service array • broader range of interventions **Quality monitoring** • regular meetings to monitor and review processes and cases	**Service provision** • use of evidence based interventions • theory underpinning practices • improved quality of services for families

a statistically significant reduction over time in looked after children, from 354 in 2008 to 276 in 2010; better coordinated support for children and families; use of evidence-based approaches; minimised delay in responses; increased placement stability; fewer children subject to subsequent protection plans; fewer children subject to a protection plan for 2 or more years; improved interactions with families; more consistent care; continuity of care; high quality of interventions; and appropriate services based on level of need.

Strengths of the evaluation

- The case study incorporated data and input from various sources.
- The case study included a range of service, family and child outcomes.
- The case study included direct links between reported changes in ways of working and how this impacts families and children.

Weaknesses of the evaluation

- There was not a clear indication of methodology and sources, and data were not presented; making this more of a snapshot than an evaluation.
- It was unclear if there were baseline measures for any of the outcomes.
- There was no comparison group.

The evaluation of co-location of the Domestic Violence Intervention Project (DVIP) within Hackney Children's Services (Phillips, 2013) was conducted using a pre to post intervention design. Evaluation methods involved the observation of staff interactions across agencies, observations of meetings, observation and evaluation of training by DVIP to Hackney Children's Services, questionnaires for staff, and interviews with key staff from both agencies. Findings indicated that staff confidence in identifying and addressing methods men use to avoid taking responsibility for violence generally increased, and in most cases was maintained at follow-up. Staff confidence also increased in the areas of understanding men's processes that may lead to violence, planning safety with men, understanding why some women remain in abusive relationships and working with those women. Evaluations of consultation processes between DVIP and Hackney staff were conducted. These indicated that staff believed co-location saved time and provided opportunity for ongoing feedback. Consultations also allowed staff to have better understanding of services and process for referral. Other reported benefits of co-location

were giving staff a sense of working towards the same objective, full communication, quicker decision making, and better understanding of perpetrators. Cultural changes within the agencies were also reported to have occurred where the other sector's knowledge and skills influenced views, resulting in more aligned ways of approaching work.

Strengths of the evaluation

- The evaluation used a baseline measure.
- A multi-methods approach was used.
- Informative qualitative information was presented.
- Evaluation of the training program was included.

Weaknesses of the evaluation

- There was a lack of objective, quantitative measures of the impact of the training and model on practice and child and family outcomes.
- There was a lack of comparison group data.

Safe and Together, United States

Safe and Together is an intensive training program focused on interagency working in the child welfare field. The model is suitable for delivery to any staff working in child protection, but also in agencies that intersect with child protection. The aim is to improve collaboration between child welfare and partner agencies and to build the capacity of staff to: develop common frameworks and approaches; conduct risk and safety assessments; identify DFV in child protection cases; work with families; develop safety plans; and document events correctly. Several training packages are offered depending on the audience. Technical assistance and implementation support can also be provided while sites are making changes to the way they are working. This review identified two papers reporting separate evaluations of this model: Chaney Jones and Steinman (2014) and David Mandel and Associates LLC (2010). The interagency components involved in this model are in Table 16 and the processes undertaken to facilitate the interface with child protection are in *Processes undertaken by Safe and Together to facilitate the interface with child protection*.

> **Processes undertaken by Safe and Together to facilitate the interface with child protection**
>
> - Intensive and in-depth training to various staff across sectors on interagency working, recognition of DFV in child maltreatment reports, competencies for delivering interventions, understanding DFV perpetrators, impact of DFV on children, safety planning, facilitation of communication and collaboration between child welfare and partners.
> - Wraparound training to staff in other sectors that may intersect with child protection.
> - Technical assistance to support staff from agencies to work together.
> - Support to implement the principles of interagency working within communities.

The evaluations

A 4 year program was rolled out in Ohio, with Safe and Together training provided in 2013 to local child protection agencies, domestic violence advocates and also other community agencies (Chaney Jones & Steinman, 2014). In a pre to post-intervention design, data were collected using surveys of child protection workers, semi-structured interviews, file reviews and reviews of written policies of counties who had attended training. The length of follow-up after attendance at training was unclear. Survey findings indicated that the child protection services providers assigned less blame to victims after training. On average, those who participated in training demonstrated a statistically significantly reduction in the rate at which they endorsed victim-blaming beliefs.

Table 16 Interagency working components of Safe and Together

Infrastructure component	Service component
Governance • none identified	**Entry into service system** • none identified
Management and operations • staff development activities such as intensive training, coaching, consultation, technical assistance and implementation support	**Service planning** • none identified
Service array • none identified	**Service provision** • none identified
Quality monitoring • none identified	

For instance, in one group this endorsement reduced from 26.2 percent to 12.9 percent. In addition, participants became more concerned about the effects on children of witnessing DFV. File reviews demonstrated that child protection service providers increased their documentation of effects of DFV on children from 50 percent to 80 percent after training. The remaining findings were mixed.

Strengths of the evaluation

- The evaluation used a baseline.
- A multi-methods approach with both qualitative and quantitative data was used.
- A multi-site evaluation was used.
- The evaluation used statistics to report changes in staff knowledge, attitudes and behaviour.

Weaknesses of the evaluation

- There was a lack of data on the impact of training on child or family outcomes.
- There was no comparison group data.

A pre to post intervention report on the delivery of Safe and Together training packages in Florida was also conducted. Training packages were delivered to different groups through the Florida Coalition Against Domestic Violence, beginning in 2008. Limited findings from the evaluation of this training were presented. However, the report indicated that there has been a gradual decline in judicial action and out-of-home placements from October 2007 to July 2010. The measures used for these changes are unclear. These changes have taken place in the context of wide foster care redesigns, so it is not possible to determine the impact of Safe and Together alone (David Mandel & Associates LLC, 2010).

Strengths of the evaluation

- The evaluation used baseline data.

Weaknesses of the evaluation

- Data on Safe and Together cannot be disentangled from other changes reported in the evaluation.
- Very limited information about methods and findings was presented.

Child and Family Services Reforms, Victoria

This review identified five papers associated with evaluation of changes following child and family services reforms in Victoria, Australia (KPMG, 2011a, 2011b, 2011c, 2011d, 2011e). These whole-of-government reforms aim to create better integrated services, increased accessibility to early intervention, and improve outcomes for children and families involved in child protection, placement and family services. There were five parts to the reform which encompassed integration and coordination of family services; more focus on protecting children from harm; information sharing provisions; and improving outcomes for children and families, including Aboriginal families. Services involved in this model included child protection, Aboriginal Community Controlled Organisations and Child and Family Services. Child and family information, referral and support teams were created. Within this team, the community based child protection worker acted as a central information point for child protection and other integrated family services to assist with referral and service access for families with complex needs. The interagency components involved in this model are in Table 17 and the processes undertaken to facilitate the interface with child protection are in *Processes undertaken by Child and Family Services Reforms in Victoria to facilitate the interface with child protection*.

Processes undertaken by Child and Family Services in Victoria to facilitate the interface with child protection

- Reform to support increased collaboration with child protection and shared responsibility.
- Establishment of alliances including child protection and other agencies to facilitate shared responsibility and coordinated delivery of services.
- Information sharing provision has been authorised with child protection.
- Co-location of child protection worker within agencies.
- Child protection authorised to collect information at any stage from community organisations or professionals.
- Alliance has shared vision and goals.
- Development of shared rules for sustainable relationships based on memorandum of understanding or protocols.

The evaluation

A mixed methods approach was used in the evaluation of the reforms (KPMG, 2011a, 2011b, 2011c, 2011d, 2011e), with study design varying for the different aspects of data collection. This included some comparisons to other jurisdictions in Australia not undertaking these reforms. Data arising from the activities of the various services were analysed, along with policy documents and frameworks. Service provider

surveys, interviews, workshops, forums and focus groups were conducted. Implementation took place between 2006 and 2007. Data were collected yearly over a 3 year period, from 2008-10. Data were also retrospectively analysed from the child protection system beginning in the 2005-06 reporting period.

Several improvements in the way agencies work together and services were provided were indicated in these 2011 evaluations by KPMG. For example, since the reforms, the number of protection reports, investigations and protective interventions has grown at a lower rate than in other jurisdictions. Comparisons were made to child protection reports, investigations and substantiations in other jurisdictions in Australia and it was found that reports increased by considerably less in Victoria than other jurisdictions throughout Australia. Victoria experienced a yearly increase of 3.4 percent between 2005-06, compared to an 8.5 percent yearly increase for the rest of Australia. There was a slight decline in investigations in Victoria, whereas there was more than a 50 percent growth in investigations in the rest of Australia. In addition, substantiations decreased in Victoria by 15 percent since 2005-06, whereas they remained about the same in the rest of Australia.

There have also been fewer children returning to child protection. Instead, services were reportedly targeting at risk families and providing earlier intervention to address potential harm and to support families. Use of kinship and foster care increased to 40 percent of all placements by June 2010, resulting in fewer children being placed into residential care and contingency placements. The authors also concluded that placement stability increased and there was a greater likelihood of reunification. However, data to support this were unclear (KPMG, 2011a, 2011b, 2011c, 2011d, 2011e).

Other reported steps forward were the establishment of an alliance, including child protection, and the creation of the Integrated Family Violence Partnerships. However, DFV services received little mention in the evaluations and several concerns were raised regarding child protection services. For instance, integration with child protection did not create statistically significant improvements due to differing perspectives on thresholds for statutory involvement and concepts of cumulative harm. There were reported information sharing problems between child protection and out-of-home care. Also, while child protection services were developing a better understanding of Aboriginal culture, this process was not yet fully embedded (KPMG, 2011a, 2011b, 2011c, 2011d, 2011e).

Strengths of the evaluation
- There was comparison of findings to data from other jurisdictions.
- A multi-methods approach was used.
- There was longitudinal data collection.
- The evaluation included quantitative outcomes data for children and families.
- Extensive details on implementation and processes were presented.

Weaknesses of the evaluation
- Little information was available regarding joining up between child protection and DFV services.
- At times it was difficult to determine which of the changes arising from the reform have resulted in changes in practice and outcomes.
- Data supporting findings were not always clearly presented.
- Further comparisons to other groups or jurisdictions would be beneficial.

Table 17 Interagency working components of Child and Family Services in Victoria

Infrastructure component	Service component
Governance • formation of alliances with representatives from several agencies.	**Entry into service system** • visible and accessible point of entry into family services
Management and operations • provision of funding • training	**Service planning** • integrated and collaborative services and partnerships with other sectors with sharing of information
Service array • none identified	**Service provision** • identification of individual and family risk of harm • provision of earlier intervention to prevent escalation • culturally relevant • focus on improving outcomes
Quality monitoring • ongoing monitoring of services	

One Day and Fellows DFV training programs, United States

Mills and Yoshihama (2002) reported an evaluation of two training programs for child protection staff: a One Day program and the Fellows program (6 monthly one day workshops). Both training programs, delivered in Los Angeles and Orange Counties, USA, involved content on understanding the complexities of work with families experiencing co-occurrence of DFV and child maltreatment. Skills for assessments and intervention were included in the training.

As this model only involved training, governance and operations was the only interagency component involved. Training was also the only process undertaken to facilitate the interface with child protection.

The evaluation

Single group pre to post-test evaluation by questionnaire, with 165 surveys for the One Day program and 14 for the Fellows program, was used to evaluate the programs. Both training programs resulted in significant improvements in attitudes and competency, with better scores for the Fellows program. The participants in the One Day program were significantly less tolerant of domestic violence and more likely to view domestic violence as a social problem. They were more likely to consider assessing whether the mother was being abused as one of their first tasks. They were significantly less likely to view women who have experienced domestic violence as incapable of protecting children and more likely to view women staying in abusive relationships due to their fear of losing custody of their children. Participants perceived themselves significantly more competent to respond to domestic violence cases following training. The Fellows were significantly less tolerant of domestic violence and reported a significantly higher level of competence at post test in their response to domestic violence cases.

Strengths of the evaluation

- Measures were taken before as well as after the training program.
- The evaluation used quantitative and statistical data.

Weaknesses of the evaluation

- The impact of training on practice and family outcomes was not reported.
- There were no comparison group data.

Interagency and interprofessional training in DFV, United Kingdom

Szilassy, Carpenter, Patsios, and Hackett (2013) evaluated short course interagency training delivered in England to a range of professionals in Safeguarding Children Boards (child protection). The training focused on the interrelationship between DFV and child protection together with interagency and interprofessional collaboration.

As with the previous training model, governance and operations was the only interagency component and training was the only process undertaken to facilitate the interface with child protection.

The evaluation

A single group repeated measures (with a double baseline) design was used, with measures taken upon course registration (6 weeks before the start of training), at the beginning of the course, at the end of the course and then 3 months after completion. Data were gathered by a 28 item questionnaire with data available for 26 participants returning both pre and post test questionnaires. Results demonstrated a statistically significant pre to post improvement in knowledge, self-confidence and attitudes.

Strengths of the evaluation

- The evaluation had a longitudinal design, with multiple assessment points.
- The evaluation used quantitative data and statistics.

Weaknesses of the evaluation

- The evaluation did not assess the impact of training on practice or family outcomes.
- There was no comparison group used.

Cross-disciplinary training, United States

Haas, Bauer-Leffler, and Turley (2011) assessed the impact of cross sector training for child protection workers in the USA, which consisted of content about co-occurrence, DFV, reporting of child maltreatment, DFV services, child protection services and the courts.

Similarly, governance and operations was the only interagency component and training was the only process undertaken to facilitate the interface with child protection.

The evaluation

Data to evaluate the impact of the training curriculum were collected by survey. The first sample of 75 participants completed the survey prior to the start of the first training module to establish baseline knowledge levels previous to training. This sample represented the study's comparison group, a sample of child protection workers not exposed to the training information. The survey was then mailed to the second post training sample of 71 participants 6 months after the training. This group represented the post training or treatment group, a group of child protection workers who were exposed to the training information.

Training did not result in statistically significant changes in participants' knowledge, attitudes and level of interagency collaboration. However, there was evidence that the training resulted in some improvements and that these changes varied across domestic violence advocates, law enforcement personnel, and court representatives.

Strengths of the evaluation
- The evaluation used a comparison group.
- The evaluation used quantitative and statistical data.

Weaknesses of the evaluation
- Only one measure was taken with each group, rather than both being assessed at baseline and both being assessed after the intervention.
- The impact of training on practice or family outcomes was not reported.

Family law centred models

This scoping review identified evaluations of five interagency models that centred on the court systems. Three of these were judge-led programs: Project Magellan in Victoria, Ada County Family Violence Program in the USA, and the Integrated Domestic Violence Court London in the United Kingdom.

Project Magellan, Victoria

Project Magellan is an inter-organisational program of the Family Court of Australia, in Victoria, for managing residence and contact disputes where there have been allegations of child maltreatment. This review identified three publications arising from two evaluations of the program: Brown (2002), Brown, Sheehan, Frederico, and Hewitt (2001) and Higgins (2007). The focus of Project Magellan is on the child rather than the parents who are presenting with disputes. Higgins (2007) described Magellan as a case-management pathway in the family court. A judge leads four court events and this includes pre-set interventions associated with each of the four events: 1) the judge explains the program, makes procedural and interim orders, orders representation for the child and orders child protection investigation; 2) if the case is unresolved, the judge receives the child protection report and orders a family report if needed; 3) 10 weeks later an informal pre-hearing is held with family, legal advisors and child protection, where discussion of reports and ongoing concerns are held and preparation for trial is made if no agreement is reached;

and 4) 10 weeks later a trial is held. The Magellan team also includes a case coordinator, judicial associates, a registrar and a manager of child dispute services. The team sits on a committee along with members of child protection, legal aid and the police. The interagency components involved in this model are in Table 18 and the processes undertaken to facilitate the interface with child protection are in ***Processes undertaken by Project Magellan to facilitate the interface with child protection***.

Processes undertaken by Project Magellan to facilitate the interface with child protection
• Formal referral process after first court event was established so that all abuse allegations were investigated by child protection.
• Scheduled meetings between child protection, counsellor and child's legal representative after the hearing to aid a holistic assessment.
• Procedures in place for when the child protection report would be available to the judge (second court event).
• Inclusion of child protection on the Magellan stakeholder committee.

Table 18 Interagency working components of Project Magellan

Infrastructure component	Service component
Governance • formation of a sponsoring committee to liaise with child protection workers	**Entry into service system** • none identified
Management and operations • provision of some funding • provision of legal aid for the child and mandated provision of child protection report for the court • leadership provided by Chief Justice and Chief Registrar	**Service planning** • none identified
Service array • none identified	**Service provision** • immediately attended to with a 5 week limit placed on the provision of a child protection report to the court • early intervention with the provision of resources from the beginning of the program • family involvement including seeking information from other relevant family members such as grandparents
Quality monitoring • outcomes evaluation and ongoing monitoring by the judge	

The evaluations

The evaluation reported by Brown (Brown, 2002; Brown et al., 2001) used multiple methods with a post intervention only design: examination of written files at the court, legal aid and the Department of Human Services; survey of participating families and legal practitioners; meetings with court staff; and observation of court cases. One hundred cases were involved in the evaluation. The end point of the evaluation was 6 months following the cessation of legal processes.

Findings of the evaluation (Brown, 2002; Brown et al., 2001) indicated that there was a statistically significant decrease in the time taken by child protection services to submit reports. There was also a change in the quality and extent of report completion. Reports were initially incomplete and involved only tick-box responses, whereas after Magellan, they were detailed reports with clear conclusions. Substantiation rates also more than doubled in Magellan, from 23 percent to 48 percent. However, the authors acknowledged that while this may have been a result of the improved procedures, it may also have been a result of the cases selected for Magellan being of serious abuse and therefore more likely to have higher substantiation rates. In addition, disputes in Magellan were resolved in less than half the usual time, of 8.7 months compared with 17.5 months, and the number of court interventions reduced from five to three. The authors reported that the stability of children's living arrangements was improved by Magellan. Fewer cases proceeded to trial than was usual (13% compared to 30%) and very few final orders broke down (5% compared to 37%). Cost per case was also lower than usual. Rates of child distress reported in case files was lower than is typical, however the authors noted that this may not be attributable to the program. All parties involved reported being satisfied with the program.

Strengths of the evaluation

- A multi-methods evaluation was used.
- The evaluation reported the impact of Magellan on child outcomes.
- The evaluation included data from Family Courts records, legal aid and child protection services.
- The evaluation used quantitative data.

Weaknesses of the evaluation

- Cases were selected to participate in the program, rather than being randomly assigned.
- No comparison group data were included.

Higgins (2007) reported a non-randomised comparison trial of Magellan in which data from 80 Magellan case files were compared to 80 files of similar cases in registries where Magellan was not operating. These cases were referred to as Magellan-like because, similar to Magellan cases, they related to allegations of abuse during parenting disputes. In these Magellan-like cases, there was no mandate for information to be given from child protection to the courts. Interviews and focus groups were conducted with key court personnel and agency professionals. Interviews were also conducted with judges and other key stakeholders in Magellan-like cases. The evaluation identified that the Magellan-like cases had a considerable amount of missing data in case files. In 89 percent of cases, no detail or evidence of notification history was given to the courts, even though these were cases of serious child maltreatment. Case duration was found to be shorter in Magellan than in the Magellan-like cases (3.4 month difference). Magellan cases had fewer separate court events with fewer different judicial officers, however, trial duration was no shorter in Magellan. Magellan cases had more expert reports and assessments. Magellan cases were reported to have greater child protection involvement than the Magellan-like cases.

Strengths of the evaluation

- The evaluation used a similar comparison group.
- The evaluation used quantitative measures including court records.
- A multi-methods approach was used.
- Details were reported regarding processes across sites.

Weaknesses of the evaluation

- There was a lack of data on the impact of the improved service processes on child outcomes.

Ada County Family Violence Program, United States

Ada County Family Violence Program is based in the Family Violence Court in the Rocky Mountain region of the USA. It provides intensive case management, coordinated treatment plans and intake assessments in cases of court-referred DFV, using a one family, one judge approach. Under this approach, all civil and criminal issues pertaining to a family are brought before the same judge (Coll & Stewart, 2007). The objective is to strengthen families where there are issues of DFV, child maltreatment and substance abuse, by providing collaborative and comprehensive services to address these multiple issues. A family violence court coordinator was the central point of contact for families and liaised between the families, courts, probation, health and welfare, children's services and various systems and services. Project oversight was provided by the Idaho Supreme Court, the Ada County Family Court Services and the Family Violence Court, including administering funds, administration, and evaluation activities. This review identified two papers related to two evaluations of this model: Coll and Stewart (2007) and Coll, Stewart, Morse, and Moe (2010). The interagency components involved in this model are in Table 19 and the processes undertaken to facilitate the interface with child protection are in *Processes undertaken by the Ada County Family Violence Program to facilitate the interface with child protection*.

Processes undertaken by the Ada County Family Violence Program to facilitate the interface with child protection
• Requests from the court for child protective investigation reports.
• Incorporation of recommendations from child protective investigation report into treatment plans.
• Other processes involved in the model that may have involved multiple agencies (such as child protection) are unclear but include establishing a protocol for administration of the project; development and approval processes for intake, assessment, data, measures, consents and releases; and information sharing agreements.

The evaluations

The evaluation by Coll and Stewart (2007) used a non-randomised comparison trial in which a group of families who were similar but did not participate in the program were compared to those participating in the Ada County Family Violence Program. The samples were not randomly allocated to program versus comparison groups. Methods used included questionnaires, analysis of documents, analysis of administrative data and interviews with service providers. Improved assessment and service planning processes and greater access to services were reported by interview participants. Parent surveys reported a decrease in conflict, and measures of conflict

Table 19 Interagency working components of the Ada County Family Violence Program

Infrastructure component	Service component
Governance • none identified	**Entry into service system** • a family violence coordinator was the central point responsible for all intake and assessments
Management and operations • funding provided for the project • development of data forms and communication process led by a coordinator	**Service planning** • agreements for information sharing • multidisciplinary team for reviewing cases and planning treatments
Service array • replace fragmented or redundant processes with a comprehensive multi-system model	**Service provision** • use of culturally specific interventions • individualised treatment plans • coordinators available to family whenever needed including after program exit • provision of effective co-parenting education as needed • coordinator facilitated access to community resources and service providers
Quality monitoring • monitoring of cases	

also indicated a statistically significant decrease from pre to post. Parental cooperation also demonstrated statistically significantly improvements, as did spousal risk assessments. The evaluation also found that no children in the program had substantiated re-reports during or 6 months after finishing the program. This was reported to be lower than the rates for Idaho and the national rates. Participants in the program group were also found to be statistically significantly less likely than the comparison group to have new or continued charges or court orders. Several other measures showed greater improvements for the program than the comparison group, but it is unclear if these were statistically significant.

Strengths of the evaluation

- The evaluation used comparison group data.
- The evaluation reported quantitative data regarding several service and family outcomes.
- The evaluation used statistical comparisons from pre to post.
- A multi-methods approach was used.
- The evaluation reported processes as well as outcomes.

Weaknesses of the evaluation

- There were limited comparisons made between the program and non-program groups.
- There was no randomisation to program and non-program groups.

Using a single group pre-intervention post design, the Coll et al. (2010) evaluation of 53 families found several statistically significant improvements, including: intimacy, positive parenting style, child wellbeing, danger, and parental severe conflict. Several systems level improvements were also noted including increased collaboration, communication, assessment and service planning and improved relationships between the program participants and the coordinator. Participants also indicated that they had improved access to services.

Strengths of the evaluation

- The evaluation used baseline data.
- The evaluation used standardised quantitative measures to assess family outcomes.
- The evaluation used statistical data including change scores.

Weaknesses of the evaluation

- There was a lack of a comparison group.
- The evaluation did not report impact on child outcomes.
- There were no follow-up data to see if changes were maintained.

Integrated Domestic Violence Court, London, United Kingdom

The Integrated Domestic Violence Court of London also took a one judge, one family approach (Hester, Pearce, & Westmarland, 2008) to cases, with both criminal elements and civil or Children's Act proceedings. A single judge was assigned to each family and heard all criminal matters related to that family to the point of conviction or acquittal, followed by civil matters. The objective of this was to ensure that all relevant information from various sources such as child protection and DFV services was considered by one person responsible for making decisions regarding the case. This was to ensure that the process was easier for the victims, to facilitate consideration of the children throughout the process, and to ensure that perpetrators were accountable. The interagency components involved in this model are in Table 20 and the processes undertaken to facilitate the interface with child protection are in *Processes undertaken by the Integrated Family Violence Court to facilitate the interface with child protection*.

Processes undertaken by the Integrated Domestic Violence Court to facilitate the interface with child protection
• Development of protocol agreements for relevant agencies.   • Operational manual.   • Information sharing framework agreed by partners.

The evaluation

Conducted by Hester et al. (2008) the evaluation reported on only five cases, as this was the number which came through the court during that year. The authors acknowledged that this limited the capacity of the evaluation to assess effectiveness. Interviews were held with stakeholders at two points in time, with 20 interviews followed by 18 interviews 18 months later from the same management group, three court users (from 2 cases) and eight legal representatives from four of the Integrated Domestic Violence Court cases. Court case files were analysed and proceedings were observed.

Very few outcomes were presented and they were varied based on the opinions of individuals. However, the overall impression indicated a mix of positive and negative impacts on the way the systems worked together. Even less was written regarding the potential benefits for individuals and families. However, there did not appear to be delays in handling cases and Witness Support appears to have been helpful in providing support and information to victims and witnesses.

It was suggested that given the low number of cases and the greater likelihood of separate cases regarding only criminal matters or only civil matters, this type of court system may not be in great demand (Hester et al., 2008).

Strengths of the evaluation
- Details of processes involved in the model were presented.
- Experiences of key personnel were presented.

Weaknesses of the evaluation
- Few outcomes were presented, particularly family outcomes.
- There was a very small sample size.
- There was a lack of quantitative data.
- There was a lack of baseline data.

Table 20 Interagency working components of the Integrated Domestic Violence Court

Infrastructure component	Service component
Governance • co-location of some services	**Entry into service system** • one point of entry through one judge
Management and operations • one judge to hear all matters to avoid repetition and potential gaps	**Service planning** • formal processes established for information sharing to the one judge responsible for each case
Service array • replace fragmented or redundant processes with a comprehensive multi-system model	**Service provision** • a whole family approach to ensure fairness in judgements
Quality monitoring • none identified	

Joondalup Family Violence Court, Western Australia

Joondalup Family Violence Court in Western Australia (JFVC) (Western Australia. Department of Justice and Western Australia Police Service, 2002) provided interagency sentencing for civil and criminal matters related to DFV. The key agencies involved with the JFVC were the Police Domestic Violence Investigation Unit responsible for investigating all reported family violence incidents, a specialist magistrate, prosecutor and defence counsel to deal with criminal law matters and restraining order hearings and a case management team responsible for the day-to-day implementation of the case management. The JFVC was responsible for the reporting, charging and prosecution of family violence matters; court assessments (bail, pre-sentence and risk) of defendants and victims; and the use of the full range of sentencing options. The objective was the systems interacting from early stages of court involvement, through to monitoring of behaviour and community supervision. Services were also provided to the victim and children through family and children's services. The interagency components involved in this model are in Table 21 and the processes undertaken to facilitate the interface with child protection are in *Processes undertaken by the Joondalup Family Violence Court to facilitate the interface with child protection.*

Processes undertaken by the Joondalup Family Violence Court to facilitate the interface with child protection
• Development of protocol agreements for relevant agencies. • Operational manual. • Information sharing framework agreed by partners.

The evaluation

The DJWAPS (2002) evaluation used a comparison group from two courts with people who committed a variety of offences (not just DFV), and were not involved in the JFVC. Data were obtained from police databases (domestic violence incidence reports), lower courts database (court appearances and outcomes), JFVC database (victim and applicant characteristics), community based services database (order compliance and program conditions on offenders), police investigation files and Court Services Division and Offender Management Division of the Department of Justice and Western Australian Police Service (staffing and offender program costs).

The authors noted several statistically significant demographic differences between the Joondalup and comparison group, for instance, the Joondalup group were less likely to be Aboriginal and more likely to live in a house. Details of the cases, individuals and results of their case were reported,

Table 21 Interagency working components of the Joondalup Family Violence Court

Infrastructure component	Service component
Governance • co-location of police, the justice complex and DFV investigations unit • shared goals of "working toward the reduction of family violence" (Western Australia. Department of Justice and Western Australia Police Service, 2002, p. 2) • establishment of a memorandum of understanding as a formal process for working together	**Entry into service system** • assessment upon entry into courts to determine if the matter relates to DFV and therefore where referrals need to be made
Management and operations • none identified	**Service planning** • formal arrangements for information and resource sharing
Service array • none identified	**Service provision** • holistic and appropriate responses to DFV • use of a written affidavit so that victims are not required to repeat their statements
Quality monitoring • none identified	

including some comparisons to the other courts. However, little in the way of system, individual or family outcomes were presented. Findings indicated that a higher percentage of charges were laid in the Joondalup courts than in other studies. The process of referring to Joondalup was reported as operating successfully. Joondalup cases were found to be more likely to see restraining orders dismissed and they were less likely to have interim orders than in the other courts. The authors speculated that this may be due to support, leading to improved home situations. A breach of orders was more likely in Joondalup than in the comparison courts, which was related to increased supervision in Joondalup.

Strengths of the evaluation
- The evaluation used a comparison group.
- There was information about processes and outcomes of court proceedings.

Weaknesses of the evaluation
- The comparison sample was very different demographically from the sample in Joondalup.
- Very few findings were presented about child protection.
- There was a lack of pre to post intervention measures.
- The impact of the model on long term outcomes for the men involved would have been informative.

Dependency Court Intervention Program for Family Violence, United States

The Dependency Court Intervention Program for Family Violence occurred in the Miami-Dade Courts, Florida, USA (Rivers, Maze, Hannah, & Lederman, 2007). It involved the implementation of screening families for DFV in the dependency court, with the objective of then engaging mothers in services designed to improve child safety. Trained advocates approached mothers during hearings at the dependency court, to discuss safety and to screen for DFV. Services were offered if the mother had experienced DFV within the previous year. Hearings were observed and case notes were also read by the advocates to make determinations about potential DFV. Referrals to supports were also made by the judge in open court. The interagency components involved in this model are in Table 22 and the processes undertaken to facilitate the interface with child protection are in ***Processes undertaken by the Dependency Court Intervention Program for Family Violence to facilitate the interface with child protection***.

Processes undertaken by the Dependency Court Intervention Program to facilitate the interface with child protection
- Implementation of a protocol for identifying DFV in families coming through the dependency courts or through the Department of Children and Families.

The evaluation

Conducted by Rivers et al. (2007), the evaluation of this model involved a review of client files, in which 236 mothers (with 301 children) were found to screen positive for DFV. Over half of these cases did not have indications of DFV allegations in their shelter petition, suggesting that they may not have otherwise been identified. Seventy-nine percent of recommended services were accepted by the mothers.

Strengths of the evaluation
- Information about the screening tool and process was provided.
- The evaluation considered the success of the screening in relation to awareness of DFV in the women's shelters.

Weaknesses of the evaluation
- The impact on outcomes, such as safety, was not reported.
- There was no comparison to a group of women who did not receive screening.

Table 22 Interagency working components of the Dependency Court Intervention Program for Family Violence

Infrastructure component	Service component
Governance • none identified	**Entry into service system** • none identified
Management and operations • training of advocates	**Service planning** • judge and advocate worked closely to share referrals
Service array • ensured that cases of DFV were not missed or overlooked and were addressed	**Service provision** • offered services to meet the needs of those identified as experiencing DFV
Quality monitoring • none identified	

Discussion

The purpose of this scoping review was to identify evaluations of the interface between child protection and DFV and/or family law. This section of the report draws together the findings of the review, considers implications of those findings and discusses the limitations of the review.

Summary of findings

The models

This review used systematic search and selection methods to identify models reporting evaluations of the interface between child protection services and DFV services and/or family law. Twenty-four models were found: nine centred on DFV services; ten centred on child protection services; and five on family law and the courts. Considerably more work has been undertaken in this area, however only a small number of models were found to meet the criteria for inclusion in this review.

The models included in this review were a mixture of perpetrator focused and victim focused models. The nature of the interface differed between these varying models, with a larger judicial system, police force and behaviour program focus in the models centred on perpetrators. Women's and children's safety services were the primary focus of models for victims. Some models provided an overlap between perpetrator and victims, taking a whole-of-family context approach to DFV.

Level of client risk for DFV and child protection involvement varied across the models. Some models were only for very high or high-risk clients, while others included variable levels of risk. Generally those with clients with variable risk levels were assessed and referred on as needed, or provided with differential responses.

While several models were identified, the extent of interagency working varied considerably from minimal (only including training or assessment) to a more wide scale interagency approach. Eleven of the 24 models employed most (up to 6 or 7) of the interagency components (refer to Appendix D for a matrix of interagency components). As four of the models included in this review were training-oriented (part of the management and operations components), it is unsurprising that this component was frequently involved in the models included in this review. Service provisions (efforts to improve the quality of the service) were the other most frequently cited component. Models tended to involve more of the service components (entry, planning, provision) than the infrastructure components (particularly service array and monitoring), with the fewest models involving the service array component. Given that the opposite of interagency

work is fragmented service provision with potential gaps and redundant or overlapping services, it is surprising that more models did not indicate that improving service array was involved, but perhaps this was assumed. Aside from provision of training as part or all of an interagency model, these models appeared to involve limited infrastructure components to support the interagency change processes.

The models included in this review referred to several processes that were undertaken to support the joining up of agencies. Some of these relate to ways that the interface with child protection was supported or facilitated, or to ways that the interface with a collection of agencies including child protection was facilitated. In the results section, these were listed according to each model. Here these processes are summarised to give a picture of commonly used processes that aim to facilitate the interface with child protection. Note that these processes have not been found to be effective or otherwise. Instead, these formed part of the way agencies aided the way they worked together.

Of the 24 models, 11 (5 DFV-centred, 4 child protection, 2 courts) made stronger attempts at the interagency process by requiring formal agreements regarding how they would work together or share information. Six of the models commenced their interagency work by developing and agreeing upon a memorandum of understanding, agreement or commitment regarding how they would work together. Similarly, six models used operation or service manuals as formal measures to aid interagency working. One model specifically indicated that the protocol established for that model overrides any existing protocols in the agencies. Another indicated that a shared theoretical framework underpinned the way agencies worked together, and guidelines for collaboration were indicated in another model. Two models indicated that shared goals and vision were key. Co-location of child protection with other agencies was reported in four models.

Protocols for information sharing were also used to ensure agreement and understanding about how and when information would be disseminated in seven of the models. Further to this, three of the models used specific data management systems for storing and accessing shared information. One model also emphasised security systems to enhance the safety and confidentiality of shared information.

Representation of child protection members at meetings and in committees was common to nine of the models. One model indicated that they had specific protocols established for who must attend meetings, including child protection. One model

specifically allocated funding to appoint a child protection representative. According to five models, such committees and meetings provided a forum for child protection and other personnel to share and collaborate. Three models referred to regularly scheduling meetings to facilitate the process. Many of the models included a coordinator of some form and one specifically indicated that their role was to liaise with representatives from various agencies and to facilitate collaboration. Three models indicated that having clearly defined roles was important here. Identifying the key contact person or representative and making their details available was reported to be important in one model.

Part of the committee and meeting processes typically involved case assessment, planning and review. Shared or agreed intake and referral forms or procedures were evident in four models and common or agreed risk assessments were also found in five models, all involving child protection. Three further models indicated that child protection was involved in assessment processes and six included child protection in planning services and treatments for clients. One model specified that case closure required joint agreement between agency representatives, including child protection.

Training on collaboration and interagency working for child protection and training about work within different sectors (cross sector training) was evident in seven models, with three of those only consisting of training. One model provided more than training to support interagency work, but also provided technical assistance and implementation support for working together. Cross-agency leadership with child protection was also reported in one model and training other agencies on the use of a child protection protocol was involved in one model.

In most instances, the work undertaken or planned for joining up agencies involved more than the strategies described above. Where there were sometimes additional strategies associated with the courts, these related more specifically to child protection. Some models in this review had a greater emphasis than others on the interface with child protection.

The findings of some evaluations indicated that there were challenges in the interface with child protection. For example, responses in MARACs indicated that only about half were consistently attended by children's and young peoples' services, despite having protocols indicating that child protection representatives are required at conferences. The IDVAs evaluation found that child protection did not always meet their obligations and that there was little

involvement with child protection. IDVAs were included in protocols regarding representation at MARACs, however the evaluation indicated that in practice IDVAs were not regularly involved in MARACs.

In the Safe at Home evaluation in Tasmania, there was a large percentage increase in child protection notifications for an unknown reason and this would be problematic if the notifications were unnecessary. Further, in the CARS evaluation in Victoria some parents reported that they were concerned that the needs of children were not being considered, suggesting a potential child protection or children's services problem.

Although a clear objective of the child and family services reform in Victoria was to improve outcomes for children in child protection, one of the concerns raised in the evaluation was the limited involvement with child protection due to differing perspectives regarding statutory thresholds. In addition, despite having an aligned theoretical framework and vision and clearly defined roles, some children's services staff in Reclaiming Social Work in London indicated that if a case did not meet the statutory threshold, they could do little to help the family because this would not fit their role. Issues related to differing positions on thresholds and criteria for child protection involvement present challenges in the way child protection and other agencies can work together, even in the presence of pre-agreed working arrangements.

The evaluations

Designs used in all of the included evaluations were not sufficiently rigorous to determine the effectiveness of the models. Only five evaluations, most of these court-centred models, compared findings to data from other samples that were not involved in the model. None were randomly assigned. The remaining designs used were case studies, pre and post-intervention assessments or assessments taken only after the intervention with no baseline.

Among the included models, the extent to which outcomes were reported was variable. Some studies reported considerable pre-intervention to post-intervention changes in service and people outcomes, including statistics and/or descriptive data. Other studies included minimal information about outcomes, with several leaning more toward reports of potential benefits instead of measurable change. On the whole, the evaluations were more likely to report processes involved in delivery, and this was often the primary purpose of the evaluation. Consistent with previous reviews on interagency working, the evaluations were more likely to report service rather than person outcomes.

In many instances, reporting of outcomes or potential benefits of the model was subjective. However there were evaluations that used less subjective measures such as police records, child protection notifications and out-of-home placements. More often than not, the evaluations relied on surveys, interviews, focus groups, analysis of files and data, and triangulation of data from various sources.

Findings of these evaluations were generally positive, with some improvements in interagency working noted, as well as some indications of potentially positive benefits for individuals or family members. While processes did not always run smoothly, the overall impression of these models is that most were well received by clients and that clients liked the service providers. Many studies reported recommendations for improvement.

For the five models evaluated using comparison group data, the findings were mixed. In the training model evaluated by Haas et al. (2011), providers receiving and not receiving the training (non-randomised) were compared at the post-training period only, with no differences observed between groups. Comparison to similar cases in the Higgins (2007) evaluation of Project Magellan in Victoria highlighted some process differences between the jurisdictions, as well as some potentially better outcomes for those involved in Magellan. In a similar court model, Ada County, some positive benefits were observed for participants compared to

a sample of non-participants, and also to national rates. The evaluation of Joondalup Family Violence Court in Western Australia included only five people in the model and their demographics varied considerably from the comparison sites. Little useful information about effectiveness can be gleaned from the findings presented. Evaluation of the child and family services reform in Victoria also compared findings to data from other jurisdictions and found some favourable results. However, there was little indication of improvements in working with child protection and there was very little indication of involvement with DFV services.

Based on the lack of rigorous evaluation designs, it remains unclear if any changes reported are the result of the model or chance. On the whole, comments in this report regarding findings arising from these evaluations provide descriptions of the elements used for interagency working, rather than an indication of model success.

Implications of the findings

From a social-ecological perspective, it seems logical that working together toward similar goals and for the same people, would help to improve processes that reduce fragmentation, gaps, overlaps and redundancies. However, this review of different models of interagency working in the child protection and domestic violence intervention context, highlights the complexity of the processes which are required. It is a point well made by Professor Claire Tilbury in relation to child protection interagency working more generally: it is "a maze of differing philosophies, eligibility thresholds, knowledge bases, service types, funding contract arrangements, and ethical and legal considerations" (Tilbury, 2013, p. 312).

The complexity of the service system is reflected in the parallel complexity of providing evidence of effective multi-agency working, at the interface between child protection, specialist domestic violence services and family law. It is particularly difficult to evaluate the interface between these complex systems.

The primary finding of this scoping review is that there is little definitive data on which clear suggestions for interagency working in this area can be made, as the evidence to suggest what works for the services and systems or for the individuals being served is not yet available. The implications from the review are therefore diluted by the lack of strong evaluative data about the different mechanisms which facilitate interagency practices, with the aim of strengthening the safety and wellbeing of women and children and the accountability of perpetrators of abuse. There are nevertheless some key findings which can be drawn from the review which point the way to areas of testing and development based on the experience of the different models. Key findings include:

- A stronger knowledge based is needed.
- Quality monitoring of interagency joining up is needed.
- Evidence for underlying practice is as important as evidence for interagency working.
- A common feature of the interagency models was the establishment of formal agreements.
- Training is a frequently used starting point in interagency working.
- Working with the court requires additional formal agreement considerations.
- Further consideration is needed regarding infrastructure to support models.
- There is an apparent lack of child protection presence.
- Evidence may be available in other fields of sectors.

A stronger knowledge base is needed

There is a requirement to invest in evaluation as well as in the resources to develop and implement new models of working.

The evaluations need to consider options for maximising design, providing at minimum pre-post data. Ideally evaluations would provide comparison samples, contemporaneous and either random or matched sites. However, meeting these criteria in complex systems may be difficult. There is also need to invest in work to help identify what constitutes rigorous evaluation, or the best possible options for rigorous evaluation in this context. Within this complex service context, impact needs to be considered across multiple levels and systems and multiple interrelated factors may influence outcomes. The outcome measures also require careful attention so that those changes which are important to women, children or to system change are appropriately measured. The long-term implications of the model and the changes for men, women and children in relation to safety, wellbeing and accountability may not be seen initially and therefore long-term evaluation data may be needed.

Quality monitoring of interagency joining up is needed

One of the gaps in this review was that few models reported processes for monitoring the implementation and quality of the changes. Monitoring needs to occur in order to assess whether changes are taking place as intended, if they are working in the desired way, and to determine if further adjustments are needed. Monitoring would allow providers to see, for example, if agreed representatives are participating in risk assessments, why they are not participating, and open the way for adjustments to the practices that may not be working.

Evidence for underlying practice is as important as evidence for interagency working

The review showed that the processes through which professionals came together to assess people and refer them to services were the main focus of the evaluations and models. Less focus was placed on the evidence for the service provided at the practice level. Most of the underlying services and supports already existed, with perhaps coordination services being an additional element. Evidence for how well these services and supports were already working may not have been determined and may require separate or linked evaluations.

A common feature of interagency models was the establishment of formal agreements

Unsurprisingly, one of the most common developments for interagency working lay with the development of protocols and agreements for ways of working together and information sharing. Given that child protection is a statutory service, any interface in relation to others in the DFV service system will require this foundational development. Nevertheless, some

models commented on limitations of the information sharing which provide important pointers for further development. Once protocols were established, in some models shared databases increased the level of service development in ways which were reported to be helpful. Information sharing is the precursor to risk assessment and risk management, as each agency often holds different knowledge of the level of severity, vulnerability and protective factors which may be present for each child in a family. A number of the models had developed shared or agreed risk assessments which contributed to service access and the intervention or management of the case. A particular challenge in this area is the lack of agreement about the risks to children from DFV and different perspectives on risk thresholds.

Training is a frequently used starting point in interagency working

Training in relation to attitudes, the knowledge base and practice development was a commonly identified initiative. Training appears to be the main component of infrastructure support. While foundational, it is insufficient on its own to support a major culture and service system change process. Evidence suggests that training alone has little impact on change (Mildon, Dickinson, & Shlonsky, 2014). Clearly, some of this training was much more in-depth in some of the models described. For example the Safe and Together model includes long-term technical and implementation support rather than one off training days. Much of the training also appeared to be single agency, where some of the compounding benefits of multi-agency training—such as getting to know other professionals, having different perspectives and developing institutional empathy—were not available to support the development of a stronger interface between child protection and specialist family violence services or family law professionals. In addition, issues of social and cultural diversity need to inform training as a way of embedding responsiveness to diversity in the policies and practices of interagency work.

Working with the court requires additional formal agreement considerations

Working with the family law system in Victoria is a complex matter, and includes the Federal Circuit Court, Family Law Court and dispute resolutions. Project Magellan highlighted the importance of formal arrangements for information sharing in the court process. Without a strong injunction or protocol, there is no information sharing regarding issues of risk for children. There may be a need for stronger governance or infrastructure arrangements to support this or serious risks to children may not be taken into account when decisions are being made about child living arrangements.

Limitations of this review

This scoping review employed systematic methods to search for and select studies, however some relevant work may have been missed. It was necessary to impose some limits on the methodology in order to streamline the processes: only English language papers were included; and books, theses and conference papers were not included.

Authors were not contacted to obtain other relevant studies, data or information about the models, and the review relied on the details available in the identified papers or reports. It is possible that additional studies exist or that additional components of interagency working were involved in the models that were not presented in the included evaluations.

This review did not include all evaluation of interagency working. There were some studies found that reported the extent of interagency working undertaken in various sectors, but these were exploratory and not in relation to a model of working together. Following the selection criteria, models were not included if an evaluation with outcomes was not reported and if child protection was not clearly involved.

As with all reviews, the evidence presented here is time-limited. In this case, the searches were completed in April 2015. In addition, given that some of the evaluations included in this review are several years old, it is likely that some of the models have been changed or superseded since the publication or dissemination of the evaluation reported here. Readers are advised to consider new evidence that may be available in the future.

A potential further limitation of this review is the challenge of determining the applicability of findings from across different jurisdictions in Australia, the United Kingdom and the United States given the variability in service contexts.

Further consideration is needed regarding infrastructure to support models

In addition to formal agreements and training, some of the infrastructure provided to support interagency work included co-location, committees to oversee work, appointment of agency representatives on committees, policy developments, funding, manuals and common frameworks. However, infrastructure components were less frequently cited in these models than service components. Where infrastructure components were used, some challenges still remained. For example, co-location or required representation on a committee did not necessarily result in people working together or being present as required, and engaged.

There is an apparent lack of child protection presence

Unsurprisingly, the interface with child protection presents several challenges. Given the well-established risks for children exposed to DFV, the potential high numbers of children exposed, and the very high risk posed by populations participating in these models, a greater child protection presence could be expected. Despite efforts to increase collaborations and some improvements noted in many models, there were several instances where child protection involvement and the interests of children were reported to be inadequate.

Evidence may be available in other fields or sectors

Evidence in this field is insufficient in order to determine what works in the interface between child protection and DFV and/or family law and previous reviews on interagency working provide little further guidance about effectiveness. There may, however, be evidence of promising models in other sectors, such as health, from which transferrable elements may be drawn. A recommendation of this review is that evidence for models of working together in other fields is sought. Elements of these models, such as interagency components and structures designed to support the interface between agencies, could be gleaned from models that have demonstrated success in both the way people work together and for improving outcomes for clients.

A way forward

This review presents the first step in the process of determining the nature of the interface between child protection and DFV services or family law. While little regarding effectiveness of models can be gained from this review, it does highlight some of the underlying practices that have been used in the past when joining up these sectors. In particular, some of the steps taken to work with child protection have been identified.

The key recommendations arising from this review are to invest more funding and support into evaluation and implementation of models, and to consider the evidence for models outside this field where there may have been more rigorous evaluations.

These findings, in conjunction with the analysis of administrative databases and case studies, will be used to inform decisions regarding how agencies can better work together to support the wellbeing and safety of women and children.

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Appendix A: Search strategy

Evaluations of interagency working between child protection services and domestic and family violence (DFV) services or family law were identified through four sources:
- academic databases;
- key organisation websites;
- literature recommended by expert colleagues; and
- reference list checks.

Academic database searches

The following academic databases were systematically searched for studies in April 2015:
- PsycINFO;
- MEDLINE;
- Embase Classic and Embase;
- Cumulative Index to Nursing and Allied Health Literature;
- Education Resources Information Center;
- Criminal Justice Abstracts;
- Social Work Abstracts;
- Sociological Abstracts; and
- Applied Social Sciences Index and Abstracts.

Search terms associated with child protection, DFV, family law and interagency working were developed. Terminology designed to identify evaluations was also used. Refer to Table 23 for search terms.

All search results were exported from databases into Endnote and duplicate entries were removed. Titles and abstracts of studies were screened to determine if they were eligible for inclusion in the review. The full text of each abstract that appeared relevant was then read to confirm inclusion in the review.

Organisation website searches

Published and unpublished literature that may not have been identified via the database searches was sought via the systematic search of key organisation websites as listed in Table 24.

Relevant studies not previously identified via academic database searches were screened for inclusion.

Expert recommendation documents

Studies on interagency working were sought from expert colleagues and these were screened for inclusion in the review.

Reference list checks

Citations and references appearing in papers included in the review were screened for related documents that may have reported further findings or model details.

Table 23 Search terms used to identify studies using PsycINFO database

1. ((domestic OR family OR interpersonal OR intimate OR Intimate partner OR ex-partner OR spous* OR wife OR relationship OR couple* OR partner or marital) adj3 (violen* OR abus* or conflict*)).mp.
2. (femicide or batterer or battered wom* or battered wi* or battered spouse* or battered partner* or battered female*).mp.
3. ((women* specialist service*) or (victim support service*) or (men* specialist service*) or (perpetrator program*) or (men* behaviour change program*)).mp.
4.((child protect*) OR (child welfare) or (CPS)) OR ((infan* or child* or minor* or toddler* or baby or babies or adolescent* or teen* or young person or youth or young people) adj3 (maltreat* or neglect* or abuse*)).mp.
5. (foster care or group home or group care or residential care or congregate care or kinship care or relative care or customary care or shelter care or temporary care or looked after child* or child place* or place* in care or out-of-home care or out of home care or foster child* or foster youth).mp.
6.((collaborat* or coalition* or network* or cooperat* or integrate* or partnership* or link* or coordinat* or streamlin* or work* or initiative* or align* or attune*) adj3 (work* or approach* or service* or practice* or care or intervention* or system* or initiative* or area-based or area based or locally-based or locally based or place-based or place based or community based or community-based or community response* or inter-agency or interagency or multiagency or multi-agency or multisite or multi-site)) OR ((coordinating council*) or (colocat*) or (co-locat*)).mp.
7.(randomi* OR random* control* OR RCT OR clinical trial* OR control group* OR evaluation stud* OR study design OR double-blind OR placebo OR meta-anal* OR meta anal* OR metaanal* OR systematic Review* OR econometric OR propensity score matching OR Heckman* OR instrumental variable* OR natural experiment OR Bayesian or comparison group* or treat* group* or wait* list* or wait*-list* or control* condition* or quasi-ex* or quasiex*or evaluation* or case control* or case-control* or cross sectional or cross-sectional or case study or case studies or synthesis of studies or study synthesis or evaluation* or studies or study or research or investigation* or trial* or statistical* significan*).mp.
8. or/1-3
9. 4 OR 5
10. 6 and 7 and 8 and 9

Table 24 Key organisation websites searched for relevant studies

Organisation	Website
ANROWS Resources Database	http://resourcesdb.anrows.org.au/ais/AccessItLibrary
Australian Institute of Family Studies – Child Family Community Australia	https://www3.aifs.gov.au/cfca/
Australian Institute of Health and Welfare	http://www.aihw.gov.au
California Evidence-Based Clearinghouse for Child Welfare	http://www.cebc4cw.org
Canadian Child Welfare Research Portal	http://cwrp.ca/
Centers for Disease Control	http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html
Child Protection Research Centre	http://www.childprotection.ed.ac.uk
Child Welfare Information Gateway	https://www.childwelfare.gov
David Mandel and Associates	http://endingviolence.com
Blueprints for Violence Preventions	http://www.blueprintsprograms.com

Appendix B: Study selection

To be included in this review, papers needed to report on an evaluation of a model of interagency working between child protection services (including services for child maltreatment and out-of-home care) and a domestic violence service (including services for both women and perpetrators) or family law or courts. The child or children involved needed to be aged between 0 and 18 years. The evaluations could have used any design or methods but results of the study needed to report on the impact of the model on child, parent, family, service provider or service outcomes.

Published and unpublished studies were eligible. Only English language papers were included and no limits were imposed on publication years.

The following were not included in this review:
- intimate partner violence in families or households without children up to age 18;
- elder abuse;
- carer abuse;
- violence by children or young people, including sibling violence;
- violence outside the family or domestic context, such as dating violence, or workplace violence;
- studies about adults that experience violence/abuse during childhood, if they have no children now; and
- books, book chapters, theses and conference papers.

Appendix C: Flow chart of studies and models included in the review

Figure 1 summarises the flow chart of studies and models included in the review.

Figure 1 Flow chart of studies and models included in the review
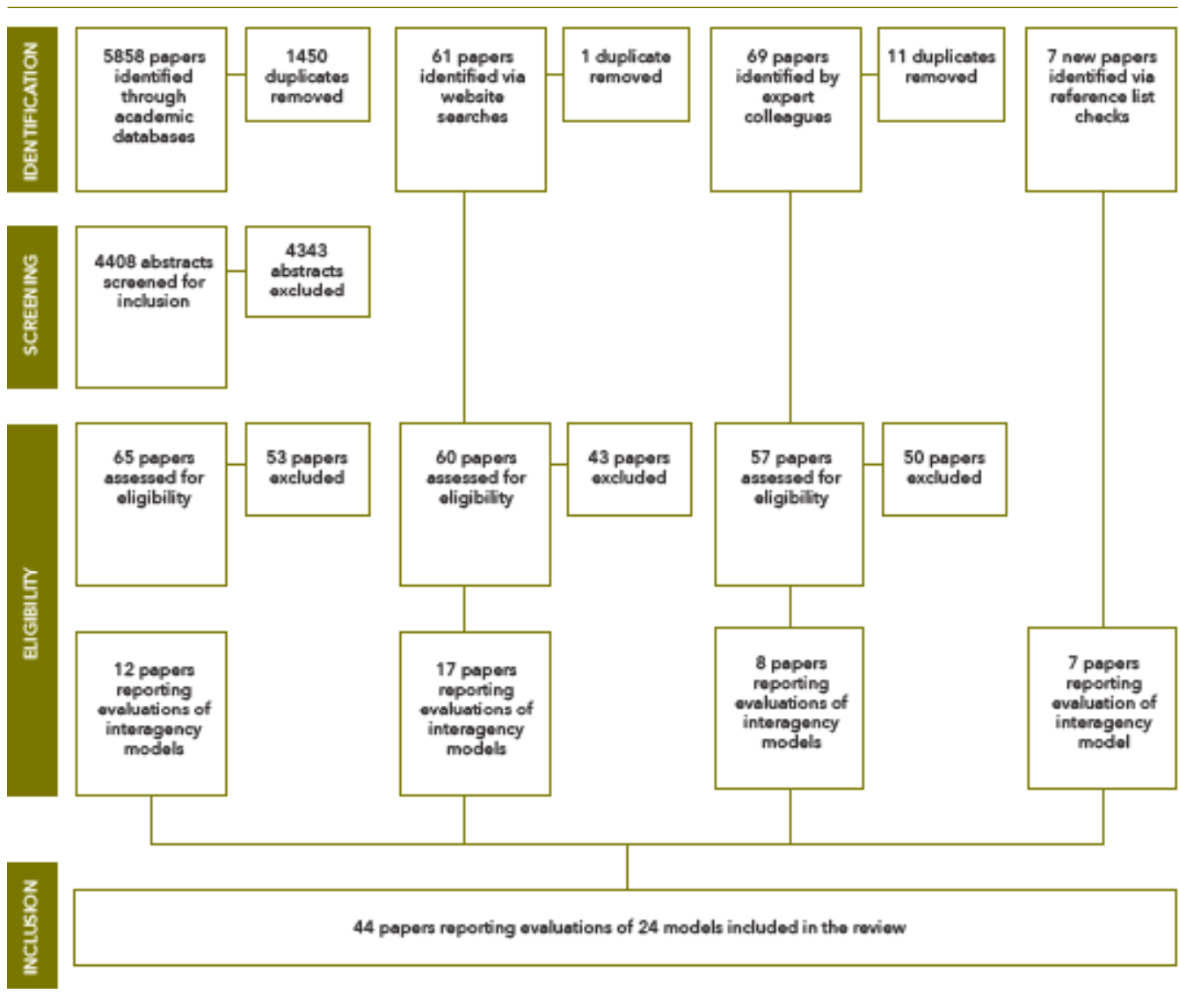
Appendix D: Matrix of interagency components

Table 25 summarises the interagency components of each of the 24 models.

Table 25 Matrix of interagency components

Model	Governance	Management & operations	Service array	Quality monitoring	Entry into service system	Service planning	Service provision	Total
Armadale Domestic Violence Intervention Project, Western Australia	✓	✓	✓	✓				4
Domestic Violence Prevention Programme, United Kingdom					✓		✓	2
Multi-Agency Risk Assessment Conferences (MARACs), United Kingdom					✓	✓	✓	3
Independent Domestic Violence Advocacy (IDVA) schemes, United Kingdom		✓			✓	✓	✓	4
Family Safety Framework, South Australia	✓	✓		✓	✓	✓	✓	6
Green Valley Liverpool Domestic Violence Services (GVLDVS), New South Wales	✓	✓	✓	✓	✓	✓	✓	7
Breaking the Cycle, Queensland	✓	✓			✓	✓	✓	5
Safe at Home, Tasmania	✓	✓			✓	✓	✓	5
Northern Crisis and Advocacy Response Service (CARS), Victoria	✓	✓	✓	✓	✓	✓	✓	7
The Greenbook Initiative, United States	✓	✓		✓	✓	✓	✓	6
Bridgeport Safe Start Initiative, United States	✓	✓	✓	✓	✓	✓	✓	7
Child Advocacy Centers, United States			✓			✓	✓	3
Multi-Agency Safeguarding Hubs (MASH), London, United Kingdom	✓			✓	✓	✓	✓	5
Reclaiming Social Work, London, United Kingdom	✓	✓	✓	✓	✓	✓	✓	7
Safe and Together, United States		✓						1
Child and Family Services, Victoria	✓	✓		✓	✓	✓	✓	6
One Day and Fellows DFV training programs, United States		✓						1
Interagency and interprofessional training in DFV, United Kingdom		✓						1
Cross-disciplinary training, United States		✓						1
Project Magellan, Victoria	✓	✓		✓			✓	4
Ada County Family Violence Program, United States		✓	✓	✓	✓	✓	✓	6
Integrated Domestic Violence Court London, United Kingdom	✓	✓	✓		✓	✓	✓	6
Joondalup Family Violence Court, Western Australia	✓				✓	✓	✓	4
Dependency Court Intervention Program for Family Violence, United States		✓	✓			✓	✓	4
Total	**14**	**19**	**9**	**12**	**16**	**17**	**19**	