



Violence prevention and early intervention for
mothers and children with disability:
Building promising practice
Key findings and future directions

ANROWS

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ANROWS Research to policy and practice papers are concise papers that summarise key findings of research on violence against women and their children, including research produced under ANROWS's research program, and provide advice on the implications for policy and practice.

This is an edited summary of key findings from ANROWS research "Violence prevention and early intervention for mothers and children with disability: Building promising practice". Please consult the ANROWS website for more information on this project and the full project report: Robinson, S., valentine, k., Newton, B. J., Smyth, C., & Parmenter, N. (2020). *Violence prevention and early intervention for mothers and children with disability: Building promising practice* (Research report, 16/2020). Sydney: ANROWS.

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ANROWS research contributes to the six National Outcomes of the *National Plan to Reduce Violence against Women and their Children 2010-2022*. This research addresses National Plan Outcome 4—Services meet the needs of women and their children experiencing violence.

Acknowledgement of Country

ANROWS acknowledges the Traditional Owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present, and future, and we value Aboriginal and Torres Strait Islander histories, cultures, and knowledge. We are committed to standing and working with Aboriginal and Torres Strait Islander peoples, honouring the truths set out in the [Warawarni-gu Guma Statement](#).

Acknowledgement of lived experiences of violence

ANROWS acknowledges the lives and experiences of the women and children affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include 1800 RESPECT—1800 737 732 and Lifeline—13 11 14.

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Violence prevention and early intervention for mothers and children with disability: Building promising practice

BACKGROUND

- The provision of integrated responses for women and children with multiple support needs is an emerging policy priority—in particular, support for people with disability. The current Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2019–2022) is anticipated to have major implications for existing and future disability policy and systems.
- Although the prevalence of violence against women with disability is difficult to measure, it is estimated that women with disability experience partner violence at rates higher than the wider population of women.
- Despite this, there is a lack of skilled knowledge in services to address the specific needs that arise from the intersection of disability and domestic and family violence (DFV).
- Early intervention services are key sites of intervention that could provide insights for positive practice across sectors. These are designed to take a holistic approach to identifying risks to the safety and wellbeing of parents and children and ensure that timely responses are delivered before risks escalate.

KEY FINDINGS

- A holistic approach to safety and a focus on barriers to support (rather than impairment) is key to responding to the needs of families where either mothers or children have disability.
- Many mothers interviewed in this study had difficulty accessing services they were entitled to, and had to navigate multiple service systems.
- Mothers in this study shared a broad concept of safety beyond the prevention of violence, which included access to supports, community resources and people to talk to.
- Although referrals and other supports for their children are often sought by mothers, children are not a target group for support.
- Positive practice principles include timely responses and scaffolded planning, personalised and flexible support, building and sustaining local sector relationships, improving service coordination and building cultural safety with Aboriginal families.
- Challenges to effective practice in early intervention included workers having a lack of confidence in speaking about disability, strained sector and inter-sector capacity, time-limited support and gaps in services and systems.

KEY RECOMMENDATIONS

- As recommendations are developed and implemented from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2019–2022), careful attention should be paid to bridging existing gaps between policies, strategies, funding arrangements and services that address DFV and those that address disability.
- Attention should also be paid to potential structural changes to service provision that would facilitate access to cross-sector, holistic support for women with disability who are experiencing or at risk of DFV.
- Practice design for DFV and early intervention services can be strengthened through building workforce capacity and training based on the principles for positive practice outlined here. Sufficient resourcing is required to enable services to implement and evaluate these practices.
- Service providers and funders can play a role in supporting increased understanding of, and skills regarding, disability. Building skills in workers and organisations would enable confident and appropriate responses to the needs of families with disability who are at risk of, or experiencing, violence.

Addressing and preventing violence against women with disability

Although the prevalence of violence against women with disability is difficult to measure, it is estimated that women with disability experience partner violence at rates higher than the wider population of women (Australian Bureau of Statistics, 2017). The real figure is likely greater as there are girls and women with disability who are unable to independently report violence and abuse, or do not come forward because they rely on the perpetrator for care. Data on experiences of domestic and family violence (DFV) for children with disability are even scarcer, though research suggests children with disability are at very high risk of abuse.

Women and children with disability who have experienced violence have historically not been well served by support systems. At a practice level, there are gaps between the disability and DFV support sectors. For women and children with disability who are experiencing, or are at risk of, DFV, there is a need for services that can address the specific needs that arise from the intersection of disability and violence.

Early intervention services

One aspect of addressing violence against women with disability is the role of early intervention services that respond to and prevent DFV. Early intervention services aim to identify risks to the safety and wellbeing of parents and children and ensure that timely responses are delivered before risks escalate. Historically, both families with disability and those where violence is present are at increased risk of statutory child protection intervention. Where these overlap, early intervention is especially important in preventing the escalation of risks that may trigger their involvement.

Many early intervention services do not provide direct services, but instead focus on provision of immediate relief and referrals to other services. All Australian jurisdictions have such models of support services or initiatives in place. In New South Wales, these are the state government-funded Family Referral Services (FRS), which were specifically established to enable access to services for families who are at risk of DFV, with statutory child protection bodies not involved.

This model of service provision has the potential to be incredibly beneficial in responding to and preventing DFV for families with disability. This is because there is a focus on generalised, holistic assistance based on a person's situation in its entirety, including their strengths and self-identified priorities, not just a person's experience of DFV or disability. Holistic support helps to move past the gap between disability and DFV services by addressing the specific needs that arise from the intersection of disability and violence.

“Violence prevention and early intervention for mothers and children with disability: Building promising practice” by Sally Robinson, kylie valentine, BJ Newton, Ciara Smyth, and Natalie Parmenter

This project explored effective practice in early intervention violence prevention and response, with a specific focus on the experiences and voices of women and children with disability (8–18 years) who are at risk of DFV. Disability exists when impairments (such as illness or injury) interact with social, physical or structural barriers and affect someone’s ability to participate in society on an equal basis with others (see United Nations, 2006). Involving an advisory group of four women with disability, the multi-method study comprised:

- a review of evidence of proven and promising responses to early intervention violence prevention for families with a child or parent with disability
- a review of DFV, child protection and wellbeing, and disability policy nationally (with a more detailed focus on New South Wales)
- qualitative research about the experience and implementation of early intervention services, using the Family Referral Services (FRS) in New South Wales as a case study.

The qualitative research was based in four FRS program sites and involved 74 interviews with mothers, children and young people, FRS workers and the FRS senior officers state group, other service providers and policy stakeholders.

In the families interviewed, some mothers identified as a person with disability, or described impairments that would give rise to disability; nearly all families had children with disability; and sometimes both mothers and children in the same family had disability. Ten of the 27 families were from urban locations and the remaining 17 lived in regional towns and outlying areas. Five of the 27 families identified as Aboriginal or Torres Strait Islander.

See anrows.org.au for the full report.

Key findings

Perspectives of mothers and their children

The below themes from interviews with mothers (and in some cases their children) contextualise the importance of the recommended features of positive practice for early intervention services. Although the below findings are based on interviews with clients of New South Wales FRS, they can also inform practice in other early intervention sites.

Safety means access to resources, support and community networks

When asked about what was most important to them, mothers' responses indicated that the priorities in their lives are closely linked with feeling safe, and ensuring their children were safe. Their concept of safety was more holistic than a focus on safety from violence. It was inextricably connected to access to resources (having basic needs met), supports, community networks and people to talk to.

Responsibility for finding support often falls on families, who have to make significant efforts to get the services they need and to which they are entitled

Mothers of children with disability spoke about occupying a role where they were both parents as well as advocates for their children. For example, mothers talked about having to personally advocate for their children in instances where they required additional support at school, which was either not approved or not resourced.

Children were absent as a target group for support

Currently, the FRS model means that children with disability are almost completely absent as a target group for support, although referrals and other support for their children are often sought by mothers. While the children interviewed were generally welcoming of additional support provided through FRS, they did not perceive their involvement with FRS as having an impact on the things that were most important to them, such as social engagement, friendship, and positive experiences in schools and other everyday spaces.

Principles of positive practice for early intervention

The project developed core principles of positive practice for early intervention services. These are not innovative, but are fundamental to effective service provision.

Timeliness and scaffolded planning

This principle, a way of providing case management, involves providing support through a scaffolding process. Like a physical scaffold, this involves working toward an end goal by breaking the process into steps, and laying the groundwork on each step to enable the next one. In early intervention, this means providing immediate initial responses to

families, and then supporting families to meet their urgent needs (especially to prevent people falling into crisis). From there, attention can then turn to referrals and longer-term planning.

As one FRS manager explained in this study, brokerage funds available through FRS mean the service can meet immediate needs by assisting with rent arrears or food hampers, which then provide the client and service provider with space to plan to meet longer-term needs.

Personalised support

The key to this principle is being and staying involved with families as referrals progress—that is, developing referral plans with families and making the many calls required to put them into action, staying in contact to keep families abreast of progress, and working to ensure that referrals were successfully implemented.

This is particularly important because when families are reluctant to use services—often characterised as “failure to engage”—it can actually be because of unaddressed barriers. Workers should seek to address these barriers by re-engaging, finding new alternatives and persisting with the referral.

Flexibility

Flexible support (rather than support specifically targeting one issue, or restricted to a specific program or package) is key: families should be able to seek advice or support on a large range of issues or be connected with a large range of organisations. It is important that no official diagnosis or identification of disability is needed in order to receive support. The complexity of families’ situations means that being flexible with timing is also important. Families have immediate needs to be addressed (such as housing or food) before other issues can be identified and supports put in place or referrals made. These other—often deeper or chronic—issues then require further support and time. Time limits on the provision of early intervention services assume that services being referred to are available and immediately accessible to families; however, this is rarely the case—for example, they may be geographically inaccessible or have long waiting lists.

Building and sustaining local sector relationships and improving service coordination

Relationship development and maintenance can occur on three complementary levels: interpersonal (individual workers), interagency (for example, through communities of practice) and structural (for example, co-location of services, such as intervention services in schools or maternity units).

Collaborative and coordinated service provision is essential. This can be achieved through the methods described above and can help foster a holistic response that encompasses the intersecting needs of families across different sectors.

Building cultural safety with Aboriginal families

This principle involves ensuring that Aboriginal workers are available to clients, including extended families in service provision, and focusing on culture as a way to engage in services. Given the histories and ongoing practices of punitive child protection responses to Aboriginal families, it is also important that use of early intervention services is voluntary. This study found that partnership with Aboriginal organisations is fundamental to community-based service referrals, particularly in remote areas. Additionally, it is important to build relationships with Aboriginal families before referring them to other services. Supported referrals are key to ensuring that the services connect with families and are culturally safe.

Remaining challenges identified by early intervention service providers

The research identified a number of challenges in meeting the needs of mothers or children with disability.

Workers expressed a lack of confidence, knowledge and awareness in speaking about disability

While there were some skilled practitioners confident in working with women and children with disability, there were many who expressed a lack of confidence, knowledge and awareness about how to speak with women about disability in the context of DFV, particularly intellectual disability. The study also highlighted that many workers had a narrow view of disability, which affected the way they engaged with clients.

Working across sectors presents challenges

Common crisis responses—such as moving house, or applying for Centrelink—often present barriers for women with disability. There is a lack of capacity in the broader service sector (for example, in housing, child protection, or Centrelink) in working with families with disability.

There are also difficulties in coordinating support for families with complex sets of needs across multiple sectors. This is compounded by the fact that few services are funded to work with clients on a long-term basis.

Gaps in services limit the effectiveness of early intervention

For a referral-based service system, delays caused by constrained resources and “thin markets” (where there are limited or no services to which to refer clients) impact the capacity for early intervention to be effective. This is particularly so in regional and remote areas, where there are less services, and often long waiting lists for those that are available.

While the National Disability Insurance Scheme (NDIS) can be an important tool in assisting with responding to violence, one key gap raised by mothers and FRS workers was that the services approved for NDIS funding often did not meet the families’ needs. For instance, one mother said that her daughter required monthly medical appointments several hours’ drive away, and while the family struggled to pay for the cost of the petrol to get there, this cost was ineligible for funding.

Positive practice case study

Laura (a pseudonym) is a woman with disability who has bipolar disorder and uses a wheelchair for mobility. She left a violent relationship a year ago. Her teenage daughter, who also has disability, is in her ex-partner’s care.

FRS provided support to Laura in finding refuge accommodation, food vouchers and advice on how to keep safe from a violent partner. When the violence was really bad, her FRS support worker gave her advice on seeking a family violence order (FVO).

FRS helped Laura to find permanent, safe accommodation and wrote letters of support for her rental agreement. Her FRS worker would check in with her daily, reminding her to take her bipolar medication and to see how she was going.

FRS helped her connect with the NDIS and helped her specify the things she needed addressed to live a good life: occupational therapy, art therapy, cleaning service, care workers, taxi and transport and wheelchair provisions. Laura said her request for the purchase of a mobility scooter under the NDIS had recently been declined.

Laura said the support she received was faultless and felt that FRS workers “went out of their way” to help. She would have liked it to continue longer so she could access shopping/food vouchers, support for getting an FVO and possibly even support for her ex-partner on how to deal with issues that lead to problematic alcohol and other drugs use and violent behaviour.

Implications for policy and practice

- As recommendations are developed and implemented from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2019–2022), careful attention should be paid to bridging existing gaps between policies, strategies, funding arrangements and services that address DFV and those that address disability.
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Further reading

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