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| Good Practice Bulletin |
| Spotlight on Family Violence  Office of Professional Practice, Issue 2, March 2017 |

# Chief Practitioner’s welcome

Welcome to the second issue of the Good practice bulletin. In this issue, we focus on the challenge of effectively addressing family violence in our practice. Each day we work with families who are affected by (often) intergenerational patterns of family violence. Effective intervention relies on us to articulate the pattern of violence being used within a family and the potential impact this violence has on child and family functioning. In our interactions, it is vital that victim/survivors are not blamed for their partner’s choice to use violence. We must understand the strength it takes to safety plan within these dynamics. There is a strong evidence base that tells us a woman leaving a violent relationship does not equate to safety for herself or her children.

Our practice has moved beyond the ‘failure to protect’ paradigm where responsibility (and often blame) is placed on the mother**.** Our practice must enact a more perpetrator-oriented model, where accountability for stopping the violence rests solely with the perpetrator. We recognise women and children’s attempts to resist the violence equate to modes of survival.

I would like to thank you all for your strong commitment to the children and families with whom you work and hope that this bulletin supports your continued professional growth.

Tracy Beaton

# Focus on analysis and planning

In each practice bulletin, as well as putting the spotlight on a particular area of practice, we will also focus on one component of the Best Interests Case Practice Model. This edition we focus on analysis and planning.

Analysis is critical to effective child protection practice as it allows us to form an assessment of the family strengths and difficulties and the level of risk. While research and experience show there is usually a great deal of information available about a child and family, there is often insufficient shared analysis of the information to evidence sound clinical reasoning and provide the basis of a good plan to work with the family.

## Case study

*The following exercise can be used to prompt discussion within supervision, peer supervision and reflective practice sessions.*

David is an 11 year old Aboriginal boy who has been the subject of 10 reports to child protection; the first was made when he was 8 months old. Protective concerns reported over his lifetime have remained consistent, including: family violence (perpetrated by his father towards his mother, often requiring medical treatment); parental substance abuse; maternal mental health issues; paternal incarceration due to violent crimes (including armed robberies).

David is the middle child of three and mostly resided with his parents and siblings, however he has also spent time in the care of extended family and two unplanned foster care placements. Contact with David’s parents by child protection has been met with aggression and anger including death threats made by the father towards practitioners.

On starting school, David was described as ‘a happy boy, keen to learn and make friends’. At 9 years of age, David was diagnosed by a GP with ADHD and post-traumatic stress disorder. By 10 years of age, David’s school attendance was less than 50% and one report to child protection raised concerns about David’s risk taking behaviours, including alcohol and drug use, suspected gang involvement and suicidal ideation.

In early 2017, child protection received the 11th report in relation to 11 year old David. Protective concerns include David refusing to reside with either of his parents (who were separated at the time of the report) and concerns that he presented as alcohol affected at school and was involved in a violent altercation with another student. It is reported that he threatened self-harm following this incident. At the time the report was made his whereabouts were unknown.

## Discussion prompts

Consider the following in your analysis of the above case study:

1. Use a genogram to visualise the key people in David’s life.
2. In your opinion, what are the issues which have resulted in David and his family coming to CP attention?
3. As we are focusing on analysis, list the relevant a) static (unchangeable) and dynamic (changeable) risk factors.
4. As you will be aware, the dynamic (changeable) risk factors should become the targets of your intervention. Discuss one dynamic risk factor identified and how you could commence CP involvement designed to make positive change.
5. Discuss the potential strengths based factors you see in David’s story (if any). If you do not see many, consider what might be strength based factors within a) Aboriginal communities in general, b) in family situations in general and c) within the child themselves (in general).

Extension analysis question:

1. How might you assess this family in the context of David’s 13 month old sister.

# Focus on analysis and planning in the Best Interests Case Practice Model

Comment 1) The report as provided above indicated that when David commenced schooling, he was a “…happy boy, keen to learn and make friends”. The report then indicates a rapid decline in school attendance, general behavior, and risk taking in particular. Formulate a **one paragraph** analysis which links known risk factors in the reports to the outcomes being reported (hint – you may need to look at the FV literature, Aboriginal outcomes data and literature and trauma literature). What has happened to David over time? What has this caused?

Comment 2) For a court report, formulate a **one paragraph***(*small) portion of a general case plan of a do-able intervention to target the dynamic risk factors identified in your response to comment 1. What could be done to improve David’s life?

Would you like **more information or guidance**? See the following resources

Child Protection Practice Manual, specifically

* + Aboriginal children – advice section
  + Early years science – brain development
  + Assessing parental capability (Family reunification advice section)
  + Family violence services including men’s behaviour change services

Specialist practice resources including:

* Best interests case practice model summary guide
* Infants and their families
* Child development and trauma
* Cumulative harm
* Working with families where an adult is violent
* Families with multiple and complex needs
* Adolescents and their families
* Trauma-informed services and trauma-specific care for Indigenous Australian children: <http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Publications/2013/ctg-rs21.pdf>
* The Safe and Together Model (David Mandel & Associates),: www.endingviolence.com

This model is perpetrator pattern based, child centered, survivor strengths approach to working with family violence.

* Adverse Childhood Experiences: <https://www.cdc.gov/violenceprevention/acestudy/>

The Adverse Childhood Experiences (ACE) study is a landmark study that has informed practice reform in paediatric settings across the United States. It uses a simple scoring method to assist practitioners to predict the potential impact of childhood vulnerability on health and mental health outcomes.

# Working with families where an adult is violent, some learnings from recent reviews and significant incidents

*-* Remain child focused in your assessment; engage with the child/ren and recognise the impact of risk factors including family violence, parental substance abuse and mental health issues and the cumulative impact of harm.

-Children should be supported to remain safe and together with the non-offending parent as a priority.

*-* The safety of children cannot be achieved if the non-offending parent is unsafe.

- Every effort must be made to engage perpetrators and new partners

*-* When an Aboriginal child is unsafe at home due to family violence, every placement option must be explored with Aboriginal extended family and relatives in accordance with the Aboriginal Child Placement Principle and an Aboriginal Family Decision Making conference held to support the placement.

- Assessments must be culturally appropriate and long term case planning must prioritise placement stability and connection to Aboriginal kin, community and culture.

- Assessment must consider the often significant impact of intergeneration trauma, particularly for Aboriginal children, and the impact of cumulative harm.

We hope you have found this issue of the practice bulletin useful and engaging. If you have any feedback about this e-newsletter, or ideas about what you would find useful to include, email officeofprofessionalpractice@dhhs.vic.gov.au

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