

# Two-Thirds Of The Clients Are Children

An evaluation of the Southern Domestic Violence Service's  
work with children and young people

Commissioned by the Southern Domestic Violence Service Incorporated



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## Executive Summary

The staff and Board of the Southern Domestic Violence Service (SDVS) place a very high value on caring for children's needs. The fact that two-thirds of their clients are children motivates staff to be as inclusive of children and young people in their practice as possible. This evaluation was commissioned to:

- ✚ Monitor the Service's work with children and young people;
- ✚ Provide feedback from clients, staff and the Board about the current work of the Service with children and young people;
- ✚ Situate the Service's work with children in the field of practice; and
- ✚ Identify directions for continuing improvement.

Using interviews and focus groups with staff and caregivers, and age-appropriate evaluation tools with children and young people, this evaluation is evidence-based. I have used a monitoring (Owen 2006:52) form of evaluation within an utilisation approach. The evaluation used the same methodology across both sites. I received advice from staff, including the children's worker at the Ninko Kurtangga Patpangga' (NKP) site, about the appropriateness of the questions for children. Constraints on the evaluation include the very small numbers of participants, and the limited data available on outcomes from previous evaluations of children's services in a domestic violence service setting. Given these constraints, it is useful to consider this evaluation as providing a 'snapshot' of the work of the SDVS with children and young people during the month of June 2007 (Gevers1999b).

Overall the work of the Service sits comfortably within the practice standards established in the *Point of Contact* and other practice standards. In particular, there is strong coherence between the awareness among the staff of the elements of best practice and the elements laid out in the practice standards. In discussion with staff, they enunciated all the characteristics of good practice with children and young people found in the literature. Caregivers who participated were extremely grateful for the work of the Service and the assistance it has provided to them and to their children.

This evaluation has however, identified a gap between knowledge and some practices in the Service. This report makes recommendations about areas that could be strengthened to create a stronger fit between the desired outcomes and the actual work of the service.

The Southern Domestic Violence Service can be congratulated for the significant and vital difference it makes to the lives of the women and children it serves. The dedication of staff was very evident in the way they participated in the evaluation as well as in their feedback. The main challenge for the Service lies in strengthening the implementation of existing policies, procedures and programs to meet the practice standards it sets as its goal even more effectively.

It has been common to hear from staff that a 'happy mother is a happy child'. Consequently caregivers have been the key focus of the Service's time, resources and energy. It is the contention of this report that a shift in focus to meet the needs of two-thirds of the clients (children and young people), may also reveal that 'a happy child is a less-stressed and supported mother'. This report proffers a shift in thinking from a caregiver focus to a more child-focused service, supporting and empowering children, young people and caregivers to move into healthier and stronger family futures. The particular importance of community connections for the NKP women, children and young people has given rise to recommendations from the Board regarding the maintenance of some community connection that does not compromise safety for the clients of the Service.

Recommendations are presented at the end of the report. The main recommendations cover policies and procedures for working with children as they enter the Service, and the development of more comprehensive programs that will meet their needs while they are living in the Service.

## Introduction

The evaluation took place over the month of June 2007. Commissioned by the SDVS Manager, Ms Megan Hughes, I was asked to address two main objectives:

- ✚ To provide feedback to the SDVS on the work of the Service with children and young people based on the *Point of Contact* guidelines and evidence-based research in the field, and
- ✚ To assist the SDVS to clarify the direction the service could take in its work with children and families in the future.

## Methodology

A search for previous examples of evaluations with children in a domestic violence service produced little hard data of effective outcomes. Researchers in the field support the lack of available research material (Laing 2003:1 & Groves 1999:4). The challenge of working with vulnerable people when they are in a period of crisis and the fact that staff often have only short term access to clients, make establishing clear measures of best practice, difficult to achieve.

*...domestic violence service programs provide multiple services with difficult-to-measure outcomes...services (can be) for extremely short periods (Sullivan in Laing 2003:3).*

The role of the evaluator was to clarify best practice of a service dedicated to families in crisis, and in particular, to identify practice that would benefit children and young people. It was important, as the evaluator, to gain the confidence of the staff, and their goodwill towards this evaluation must be noted.

To achieve the goals of this evaluation four forms of data collection were used:

- 1) Enabling the direct voices of children, young people and their caregivers to be heard;
- 2) Creating a rating system for elements of the Service by children/young people and staff;

- 3) Discussions with Board members; and
- 4) A literature-search situating the work of the SDVS within the field.

Age-appropriate methods were used to facilitate the participation of children and young people. The children and young people rated statements by using coloured dots (concrete materials) to clarify their thoughts before they spoke (Fetterman & Wandersman 2005). This tool also provided triangulation of the evidence, since the children provided two pieces of data, concrete and verbal. Participants were advised that any information given would be confidential – with no identifying information supplied to the Service. As a member of the Australasian Evaluation Society I am bound to honour that undertaking and I ensured the confidentiality of clients' feedback.

As a registered teacher who meets the requirements of the Teachers Registration Board of South Australia, I was able to meet directly with children and young people without the presence of their caregiver or staff member. Children and young people were interviewed after obtaining the permission of the mother and child or young person.

In the spirit of empowerment evaluation, and in keeping with the feminist principles of the SDVS, the evaluation was based upon the assumption that those most closely connected with the service for children are best placed to provide data to the service. The focus group provided an opportunity for the women who participated to talk together about being caregivers both in the shelter and in transitional housing, to share how the Service has helped them as caregivers, and to identify what would be useful for them and for others who will use the SDVS in the future. The experience of meeting with the caregivers was very positive, and it created a sense of solidarity among the women involved in the Morphett Vale site. The numbers at the Ninko Kurtangga Patpangga' (NKP) site were too small to have this added effect. Women who were new to the Service gained insights from others who had come through and were building lives for themselves and their children.

Although the samples in this evaluation are too small to be considered valid data, as a 'snapshot' of the Service at this point in time, the participants' voices are

significant and worthy of respect (Gevers 1999b:46). A focus group of staff, a meeting with the Board and interviews with the Children's workers added significant dimensions to the material gained from clients directly. The collated data is used to provide a personal voice to the evidence gathered from the literature.

The data management methods used are in keeping with the literature on conducting evaluations of domestic violence services (Sullivan & Alexy 2004).

## **Limits to the Evaluation**

Literature in the field of evaluation of domestic violence services identifies the difficulties of conducting research with a target group in crisis. The nature of the work of SDVS means that it deals in short term programs and supports for children, young people and women. Measuring the impact of the service on children and young people was not possible. Acting on advice from staff I only invited families currently in the shelter or who had recently shifted to transitional housing to avoid re-traumatising families who had moved on. This is consistent with the guidelines for evaluating Domestic Violence programs (Gondolf & Langford in Laing 2003:7).

A more serious limitation is the lack of response from clients to the invitation to participate in the evaluation. It may be that the form of invitation did not maximise the response. It is more likely that the lack of response confirms the premise that accessing people who are in crisis, creates challenges for evaluating domestic violence services (Gevers 1999b). The extremely low-response rate of communicating with children reflects, in part, the fact that many of the children actually in the Service at the time of the evaluation were of pre-school age and therefore could not participate. Perhaps the low take-up rate at Ninko Kurtungga Patpangga' was due to limited personal contact from the evaluator before the women were asked to participate. The Service may wish to employ the strategy of making more focussed contact for future evaluations. This might also serve to build a greater degree of confidence among the clients in the confidentiality of any critical feedback they may provide.

Further research in to why people do not take the opportunity to participate in the evaluation, and why some families do not access children's services will need to be carried out in order to identify those voices not included in this evaluation and the factors that prevent participation.

The evaluation did not seek to determine *impact* of the children's services in the SDVS since it was not possible to talk to any clients who had already been through the Service. This evaluation sought to *monitor* the work of the Service in relation to children and young people as a 'snapshot in time' against the Service's own goals and best practice in the field.

## **Section I: Evidence in the literature**

A search of the literature identified a number of papers that present guidelines for services working with children who have experienced domestic violence. These papers include two major references. *Practice Standards for Working With Children and Young People Who Have Lived With Domestic Violence* (Gevers 1999a) sets out ten principles that provide clear directions for practice. *Point of Contact, Partnership Against Domestic Violence*, Ralfs, Cunningham & Jennings (2004), also specifies clear principles for action as well as practical suggestions for working with children and young people. These resources are frequently referred to in the report and do not require a synopsis.

### **Impact of domestic violence on children and young people**

One area where there is evidence emerging in the literature, is the impact of domestic violence on children and young people (Groves 1999). There is a high degree of consensus that witnessing or experiencing domestic violence can have serious implications for children from as young as a few months old (Ibid:1-2). It is also true that this does not mean *all* children will necessarily suffer learning or emotional difficulties after living with domestic violence. Some children do not fare any worse than their non domestic violence-exposed counterparts (Ibid:10 & Laing 2000:4). The focus of this report is not the impact of DV on children, but it is significant to note that studies have shown that rapid intervention, which creates a sense of safety and helps reconnect children with stability, can improve the potential long-term recovery of children. When children and young people present at the SDVS in a state of trauma, the immediate responses can make a significant difference to the child.

*Point of Contact: Responding to children living with family and domestic violence* (Ralfs, Cunningham & Jennings et al 2004), suggests that there are three discrete stages for frontline response to domestic violence. These stages are *key moments* of response to children who are in trauma and include:

1. Immediate post-trauma period – requires ‘psychological first aid’ in the first 24-48 hours;
2. Helping children debrief / talk about what has occurred – within 2-3 days of arriving and beyond; and
3. Ongoing recovery - the timeframe during which children are in contact with the service as well as supports established for children and young people that they can access after they have moved out (Ibid:52).

The possibility of immediate impact on children’s long term well-being suggested in this resource impels a service working with vulnerable children to maximise their impact in these key moments.

## **Effective treatments for youth trauma**

Some effective methods for treating youth trauma have been identified by the National Child Traumatic Stress Network (2003). Therapies identified as effective include:

- Teaching children stress management and relaxation skills – to deal with unpleasant memories or feelings;
- Talking about the traumatic event at the child’s pace;
- Using storytelling to assist the child to create their story of the event – this can give them a mastery over the event;
- Ensuring that children are not holding inaccurate or distorted ideas about what happened – this enables the child to be free from misconceptions that can hold them in the grip of the event;
- Ensuring that children recognise they are not responsible; and
- Involving parents – who can help young people practise new therapeutic strategies at home.

The paper recommends *dialectic behaviour therapy* for young people affected with ongoing challenges. This form of therapy can be individual or group work that assists young people to learn ways to manage their feelings and make the choices that will give them good outcomes.

*Interventions that are tailored to individuals, that involved families, and that take place in communities rather than separate settings have been shown to be effective with children and families who suffer from ongoing exposure to trauma and life stress (2003:3).*

## **Service delivery**

A report discussing the program of a SAAP service similar to SDVS, provides useful insights into improving service practices for children and young people. The report documents the aims and strategies of the program, but as yet there is no published evidence on the outcomes of this approach. Some initial findings are offered in *What to Replicate and What to Avoid* (McNamara & McClelland 1999:9-11). This report opens with the same concerns that gave rise to this evaluation:

*Traditionally resources have been poured into families, often focusing on the parent(s), on the assumption that the needs of children are being met if the needs of the parent(s) are being met. This is not necessarily the case. (McNamara & McClelland 1999:3)*

They argue that the needs of children/young people are not being adequately addressed in many Supported Accommodation Assistance Program (SAAP) services. Gaps identified in the provision of services for children/young people include: *Insufficient provision for the support of children; a lack of range of models for working with children (Ibid:4).*

The **Merri Housing Service** in Victoria, has been resourced to document their good practice to add to the body of knowledge on supporting children and young people affected by family violence. This material is the basis of the McNamara & McClelland report.

Their program includes:

- 🌈 A dedicated children's support worker who networks with other children's services;

- monthly evaluation sheets for children and parents that enable the worker to consistently improve or identify effective practice and which give parents an important role in assessing their child's needs;
- provision of a separate and specialised advocate to assist children and represent them when their needs are in conflict with their parents;
- dedicated plans for each child/young person created with the child and parent;
- a dedicated children-only space, as well as ensuring that all other spaces are safe for children;
- play therapy sessions in the home and in the Service. Programs for children aged 0-18 months focus on play that increases bonding and gross motor development. Programs for children aged 18-36 months focus on playful imitation of the world around them and include a range of activity choices, Programs for children aged 3-6 years focus on activities that develop cognitive ability, creativity, hand-eye coordination, social, emotional and domestic play. The support worker provides an access and information role for children aged 7-17. Activities are directed by children's interests and linked to networked services.

The therapeutic benefits of play are emphasised with calming water play, music and movement as well as rigorous activities that can release anger and frustration.

The report offers a cautionary observation about the potential for confusion between the role of the adult case-worker and the role of the children's support worker. The role of each worker needs to be well-defined and clearly explained to the client and to other agencies to prevent confusion (Ibid:11).

### **Involving parents in the services for children and young people**

While children and young people may need individual attention and specially targeted programs, it is also true that children/young people need the involvement and care of their primary caregiver to flourish. *Learning from Families: Identifying Service Strategies for Success*, (Worthington, Hernandez & Friedman et al 2001) provides a study of effective practice from the perspective of families.

Two main themes emerged as critical to effective interventions: parents' perceptions of services, and the development of parent/professional relationships (Ibid:22).

Overwhelmingly parents perceived a good program to be one that included two important components:

- the intervention took the parent and the child seriously, treated them with respect and dignity and the staff were perceived to be pleasant, warm people, and
- the staff/professional services were perceived to know what they were doing and to be competent at their jobs.

Eight professional abilities were identified:

- creating a supportive environment;
- demonstrating total commitment to the family;
- establishing rapport with the family;
- reinforcing positive aspects of the child;
- demonstrating sensitivity to family issues;
- sharing information and building parent's confidence;
- clarifying team members' expectations; and
- listening and responding to parents. (Ibid:24)

A degree of informality was also important, as was the recognition that parents have a unique knowledge of their children (ibid:27).

## **Domestic violence and child protection**

*One of the main reasons for women finding it difficult to seek help and disclose their experience of domestic violence ...is their fear that their children will be removed (Parkinson, Stanley 1997 in Laing 2000:17).*

Cathy Humphreys (2007) raises some concerning issues about what is emerging as unintended consequences for families of increased Child Protection legislation. In her paper on child protection and domestic violence, Humphreys discusses the

different histories and 'logics' of community-based domestic violence services and statutory child protection services, and the different emphasis placed by each on parent/child relationships. The paper does not dispute the paramount rights of children to safety, but identifies the increasing challenges for services mandated to report while at the same time seeking to empower women who have experienced abuse (Ibid:6). The paper recommends the following three-part hierarchy to guide the response of a service:

- 1) Safety and protection for children;
- 2) Empowerment and safety for women; and
- 3) Responsibility and accountability of perpetrators of violence (Ibid:7).

## **Indigenous Community Services**

A paper considering services for Indigenous communities in the United States, Canada and New Zealand offers evidence-based research for effective practices in dealing with child abuse and children suffering trauma. *Child welfare approaches for Indigenous communities: international perspectives* (Libesman 2004) emphasises the importance of a 'whole of community' response to the issues of vulnerable children identifying programs that use community strengths and healing processes. While the major focus of this paper is on child protection, there are some illustrations of best practice that could inform the work of the SDVS.

Key elements for service delivery include:

-  Indigenous collaboration, community development and participation;
-  Respect for relationship of individual as part of a community – not only as an individual;
-  Culturally competent service delivery ;
-  Coordinating resources with other programs and services;
-  An objective of restoring balance – programs that are positive and life-enhancing;
-  Storytelling, as part of therapeutic programming;
-  Use of Indigenous symbols, language and rituals;
-  Staff and client relationships are characterised by openness and informality;

- 🌈 Development of partnerships, and informing clients of these partnerships;  
and
- 🌈 Natural community supports employed;
- 🌈 Home visits are more effective than having clients come to the service;
- 🌈 Strengths perspective, empowerment, healing from within, collaboration are all effective approaches to service delivery;
- 🌈 Family-group conferencing; and
- 🌈 Early intervention programs including cultural values and activities.

The paper ends with a caution that a 'one size fits all approach' is not appropriate in service provision for Indigenous communities. Community consultation is essential to identify whether these elements of effective practices would be useful in their context.

## **Education and children**

*Children in Crisis: Advocates for Children's Domestic Violence Education Advocacy Project*, (Advocates for Children of New York – ACNC 2004) presents a study of individual advocacy for children exposed to domestic violence who may experience difficulties at school. The researchers quickly identified that the educational and learning difficulties of the children could not be dealt with until their trauma-related illnesses were treated (ibid:1). One consequence of this misdiagnosis of children's learning and behavioural issues was a high incidence of children placed in special education programs, perhaps inappropriately (Ibid:27). The paper suggests that service providers who have expertise in educational issues could provide support for children suffering violence-related trauma. If the child's trauma was recognised and treated, the learning needs of the child could then be properly addressed.

The report recommendations cover a number of issues relating to mental health services and school programs. They also include some recommendations for service providers related to domestic violence.

The three key recommendations for the purposes of this report are:

- *Build the capacity of domestic violence service providers to effectively identify and address children's educational issues;*
- *Build the capacity of ...service providers to understand the impact of trauma on learning (2004:3); and*
- *Build partnerships between domestic violence service providers, trauma specialists, special education personnel and schools.*

## **Conclusion**

The aims of the Southern Domestic Violence Service' and its work with children and young people sit comfortably within the literature and practices of other agencies working in the field. The literature offers perspectives that confirm the work of the Service. In addition it offers new directions that could be pursued by the Service in the desire of staff to work more effectively with children and young people.

## **Section II: Practice Standards and Findings**

The *Practice Standards for Working With Children and Young People Who Have Lived With Domestic Violence* (Gevers 1999a), provide ten principles that set out clear directions for the practice of service providers such as the SDVS. These principles have been used in conjunction with the *Point of Contact* practice standards, as the benchmarks for evaluating the SDVS' work with children and young people.

For the purposes of this report, each area will be commented upon as it connects with the data collected from the communication with different stakeholders. The majority of the findings concentrate on principles 1, 3 & 4.

### **Principle 1: Service providers work within a framework of domestic violence which acknowledges power and gender issues.**

**Findings:** Data from staff, caregivers and the Board all expressed the importance of providing information and knowledge about domestic violence, and enabling women to gain power over their experiences. Some of the women who were interviewed had attended the Southern Women's Health Service courses on Domestic Violence. They stated in very strong terms, the impact of understanding the nature of domestic violence. The course "*Knowledge is everything*" was cited as being especially helpful.

Accompanying this was a commitment to ensure that as women entered the service their privacy be respected and they experience themselves as valued and capable women. A potential unintended consequence of this approach is that access to children and young people in the Service is through the caregiver, who may not always recognise the impact of the violence on her children (Groves 1999: 6). It is also possible that some women may not ask for help but may access a program if it is readily available to them. A consistent comment from many of the women interviewed from both sites was the feeling that they had been left to their own devices a little too long. They felt lonely, had no supports and were in constant

contact with children also under duress. They expressed interest in being part of something during the day that would give some respite from their young children. Although a desire to participate may not mean that they would take up the offer, it is clear that organised opportunities to meet others and provide activities for their children would be appreciated. It is clear, however, that simply offering more activities will not necessarily make a difference to participation rates.

The quality, frequency and purpose of those activities and programs and how they sit within an overall child/young person well-being approach are important aspects to consider. However, the key influence will be the way the clients are invited into the Service and what it might offer them as individuals who have different needs.

Processes seeking to empower women in 'bite size' pieces of information may be one way to create a sense of belonging somewhere rather than the current feeling of being in an 'interrupted space' waiting for life to take a new shape, as some women suggested in their feedback. This was particularly noticeable in the two women interviewed from Ninko Kurtangga Patpangga (NKP). They expressed a sense of life being 'on hold', and they were waiting for action about housing and education for their children, in particular. This does raise questions about whether a more active program provided when families enter the service, with timelines attached to outcomes, may help create a sense of agency for the women to be able to get on with their lives, and take some control.

One very practical suggestion from the women at Morphett Vale was that an orientation kit could be placed in each room, providing basic information about local transport, schools, shops, and other appropriate services.

A common theme expressed by the women who were interviewed was the appreciation of any opportunities that had been offered them. Specifically mentioned were the NKP weekly lunches (although one family was not aware of these after being in the Service for three weeks). Isolation from community is even more challenging for Indigenous women, children and young people, and having the opportunities to make contact with others were seen as valuable. In discussions with the Board it was suggested that one or two Indigenous women other than staff,

could be asked to be 'a presence' on site. The role of the person or persons would include being available for the women to talk to and for children and young people to identify with. This form of support from the Indigenous community may help alleviate the strong sense of isolation from family, community and cultural life. Resource people from the Indigenous community could also help increase access to programs with gentle encouragement. This would be in keeping with the evidence on the importance of community links and cultural healing practices provided earlier (Libesman 2004).

Craft groups at Morphett Vale were appreciated as they gave women an opportunity to talk to other women about their experiences, and get advice from each other and feel less isolated. They also provided an opportunity for children to play together. Women commented that it is very hard to get to know other women in the Service. Some had used the strategy of sitting outside waiting for someone to come by, but even this did not always work! A recent arrival to the Service had felt extremely isolated for the four days she had been on site. The focus group for this evaluation created the opportunity for her to meet with other women who are at different stages of making their new lives. The opportunity to share and be connected was very important for her. The advice and solidarity she received from the other women was powerful to observe.

The small sample size makes these findings in need of verification. However, it is interesting that all but one of the women interviewed felt that activities during the day with and without their children would be helpful during their time on site and in transitional housing. The literature also identifies group activities as being important for children/young people. They can also provide caregivers with support and parenting assistance.

It is noteworthy that in discussions with caregivers at both sites, individuals talked about personality clashes they had experienced in shelters. It was reported that the staff members at SDVS manage conflict well when it occurs. However it is worth noting that while women and children may express a desire to be with others, the complexity of their own emotional states can make such activities difficult in a time of vulnerability. However in the light of the feminist, emancipatory foundation of the

SDVS, it seems appropriate to explore possible avenues for women to strengthen each other, as well as having a case worker with whom they relate. In discussions with staff it is clear that in an earlier period such activities took place very successfully.

## **Principle 2: Services are culturally relevant**

**Findings:** The specialist service for Indigenous children, young people and women provides culturally appropriate services for the Indigenous community. As identified in the literature (Libesman 2004) there is evidence to suggest that links between the individual family and the Indigenous community should be maintained as much as possible, and that services be available in people's homes. Other significant factors were that cultural practices of healing, storytelling and activities could form the basis of services for Indigenous families. Another effective practice identified was the example of services that form partnerships with other agencies. Sharing some programs with other Indigenous domestic violence or youth services may be beneficial for the clients and it would enable the SDVS to provide best practice in this area.

The SDVS staff identified the need to be more aware of clients with non-Indigenous cultural backgrounds. The issue was not raised by any of the clients consulted. As cultural diversity continues to grow in South Australia, it may be wise to consider cultural diversity training for staff in the near future to support the needs of women from culturally and linguistically diverse (CALD) communities.

## **Principle 3: Services are accessible**

**Findings:** The two young people interviewed were very interested in having someone to talk to about what was happening to them. Although both children's workers were available on site, neither of the young people had accessed them for personal conversation. After the interview they each made contact with Julie for an individual conversation. This anomaly could suggest that personalising information

and invitations to young people about programs as they enter the Service may support young people to access the available programmes. There is no data to confirm this hypothesis, however Gevers recommends that

*It is... important that young people have good access to a range of services that can meet their individual needs. These include informal services such as support and youth work services, as well as therapeutic services. (Gevers 1999:45).*

Another aspect of *Principle 3* is that the opening hours of the Service need to ensure maximum accessibility to clients. Observing the young people interviewed and their keenness to participate in some form of activities around their needs and interests, raises a question about keeping the Service open on a couple of nights a week from 7 – 9pm specifically for young people. This initiative would meet a number of objectives. For example, it would recognise that young people are individuals with their own needs, hopes and interests. It would provide staff with an opportunity to talk with young people in more relaxed settings rather than in a formal after-school group session, and it could create some respite for the young people from their younger siblings. There are many specially designed websites created for young people who have experienced domestic violence. Providing them with computer access to explore information for themselves which they can then talk about with others, if they so choose, would increase a sense of their capacity to be agents for their own education and healing.

#### **Principle 4: Services have a child-centred focus**

*To have a child-centred focus means that staff have an appreciation of and respect for the needs of children/young people and understand that their needs are not always consistent with the needs of their family, or the needs of the organization...family relationships remain very important for children and young people. In some cases maintaining a child focus can be achieved by having different advocates for the child and for the caregivers. Where possible services work with the caregiver, to assist her to support her children. (Gevers 1999:48)*

**Findings:** Staff expressed a deep concern for the children they encounter in the Service. In discussion, they showed a desire for an increased focus on children and young people. In their rating statements they identified that they speak and behave respectfully with the children and young people they encounter in the service. The child interviewed gave very high ratings to being known personally. The two young people from NKP however, gave a low rating to feeling welcome. Both also expressed a desire to feel more welcomed. One of the respondents had been in the service for three weeks and had not had contact with anyone as an individual (notwithstanding the kindness of staff, notices advertising Julie's presence and the opportunity for access to a children's worker). As noted earlier, there may be complex reasons for this lack of utilisation, but it is an indication that although the Service recognises the importance of being child and young person friendly, additional procedures and programs are required to help maximise that goal.

Policies relating to children and young people did not rate highly in the staff feedback and only four respondents named elements of the policy. The evidence that frontline workers can make a significant difference to children and young people when they are in trauma, (Laing 2000:52) suggests that this area is in need of clarification in the Service. New policies and practices need to be developed and all staff inducted into these policies.

The physical environment was an issue at NKP where there is no children's playground or equipment. Women in the focus group appreciated the playground at the Morphett Vale site. One woman said her children had enjoyed their time on site and had treated it as a holiday house! The freedom of being safe with her children at the Service and making a new start, was very evident in her responses. The lack of toys available in the room was an issue for all the caregivers. Children often arrive with none or few of their possessions, and some toys to play with would make them feel more secure as well as supporting their caregivers.

A young person interviewed had been in the service for three weeks and had not heard any feedback on her request to staff to attend TAFE or take up a traineeship instead of attending school. Since nothing had happened, she had not attended school for that time, and was instead effectively caring for her pre-school siblings.

Information given to this young woman and her mother for their own action may have been preferable than waiting for busy staff to follow up their request. In their feedback, staff rated attending school as one of the three key goals for children and young people so this particular situation may have been a 'glitch'. It does, however, raise the need for consistency with child-focused policies in delivering the goals of the Service.

The educational needs of children moving into a new school during a time of upheaval and dislocation were raised a number of times in discussions. For some children the move straight into school was successful and settling for them. This was not the case for every child. The evidence that children and young people can be traumatised by their experience of violence and that this trauma must be dealt with before educational and learning challenges can be worked on, indicates that a greater connection between the Service and children's schooling could improve their educational outcomes. If the Service strengthens its educational advocacy and can provide some educational support for children and young people, the evidence suggests that this would increase the educational success outcomes for their young clients (ACNY 2004:30-32).

Discussion with the Board raised the needs of adolescent boys, particularly at NKP, who might benefit from adult male role models. This could be explored by identifying existing Indigenous programs that these youths could connect with.

If the Service wishes to become child and young person *centred*, it will require rethinking policy, practices, staffing and the physical environment to create a space and forms of communication that are effective for children and young people. In my visits to the service, I was aware that children had no toys in their rooms and yet the toys in the children's room were under-utilised. Appreciation was expressed for the hamper that women receive when they enter the Service, but some of the women who were interviewed observed that some children and young people did not receive a welcome bag. A more child-centred approach might consist of:

- 🌈 A greater emphasis being placed on responding to the children/young people at their first encounter with staff;

- Inducting children and young people into the life of the Service, including the organization of specific activities for them and making toys and books available for borrowing; and
- Providing information that is child and young person friendly thereby increasing utilisation of services that are currently available but under-accessed.

## **Principle 5: Services ensure the safety of children and young people**

**Findings:** It is interesting to note that all three of the young people interviewed gave 'feeling safe' a low rating. All of the staff placed children feeling safe in the Service as their first goal. While there is no available evidence to understand the low ratings, when asked why they had made this rating, the child expressed that she *likes the staff, but this is not where she wants to be*. The two young people confirmed that view. They do not feel safe away from everything they know and that is familiar. They may feel physically safe, but the fact that they are living in a shelter, by definition, means they are not safe *as people*. The venue may not be what makes a child feel safe. Their relationships and familiar surroundings may be more important than the withdrawal of the threat for increasing a sense of safety. Further research on this matter could help the Service create a greater sense of familiarity and safety for the children and young people who use it. All the women interviewed talked about the whole family sleeping together in their early weeks at the Service to increase their sense of safety. At the NKP site, the lack of monitoring cameras at night was an issue for the women.

The inherent tension between child protection legislation, empowering caregivers and the needs of children discussed in the paper by Cathy Humphreys, recommends increased collaboration between services such as SDVS who consider the child in the context of family and child protection services who place the child's need for safety above all other considerations. This evaluation did not research the practice of the SDVS; however, in discussion with the Manager and children's workers there was clarity about their responsibility to ensure the safety of children

and at the same time every effort made to empower caregivers so children and young people can be both safe and in their family.

## **Principle 6: Service providers respect clients' rights**

**Findings:** A deep respect for the women, children and young people who come into contact with the Service is evident through the discussions with the staff of the SDVS. This respect acknowledges that children and young people must be accessed through the caregiver. Sometimes access is difficult for the children's workers because the parent or caregiver will not allow access. This refusal may be based upon a fear of losing control or a fear of mandatory reporting procedures. (Laing, 2000:17) The challenge to meet the needs of young people while respecting their rights and the rights of the caregiver to refuse help is a difficult one. At the same time, the Service is in a unique situation in that it can offer intensive and comprehensive care for children and young people for a period of weeks and perhaps months. The family sessions offered by the individual children's worker sit well within the literature on engaging parents in the healing of their children. (Worthington, Hernandez, Friendman et al 2001). *Point of Contact* recommends a children's resident meeting to provide children and young people with a voice for feedback to the service and to build their capacity to advocate for themselves. (Ralfs, Cunningham & Jennings et al 2004:Booklet 8:38).

## **Principle 7:Service providers coordinate with other relevant agencies**

**Findings:** The staff gave high ratings for the way the Service co-ordinates with other agencies. Some women in the focus groups also were grateful for the assistance they had received from staff in accessing services for themselves and their children.

Since the main focus of this evaluation is the experience for children and young people of being in the Service, no data was collected about the quality of the work of the SDVS with other agencies. Evidence in the literature repeatedly identifies that

strong networks and partnerships between agencies increase positive outcomes for clients. SDVS is involved in training point-of-contact educators and others in working with families who have experienced domestic violence. It may also be beneficial for the service if networks are formed with other service providers such as those established for Indigenous young people, in order to avoid duplication of such services (Libesman 2004:39).

## **Principle 8: Services are effectively managed**

**Findings:** Documentation and policy were two areas identified by staff as being in need of improvement in the Service. Other issues defined by staff were coordination of services as well as improved communication. If a child-focused policy and procedures were implemented, then these issues would be addressed as part of that process.

Some concerns were raised by four of the women interviewed about the time taken, in some instances, to receive specific information they had requested from staff. Giving each family a regular update even when there is nothing to report, might allay fears that nothing is happening.

## **Principle 9: Services have effective staff**

**Findings:** In the surveys of parents with children suffering from trauma, strong evidence exists that a critical factor in parental involvement in their child's recovery is the quality of the services that they encounter. The competence and personal interest shown by staff in those services are identified as major attributes of that quality. The particular form of an intervention was less important than feeling cared about, and having confidence in the competence of the service provider. Parents wanted outcomes but they also wanted to be listened to, included and to feel that the services offered were from skilled and capable people.

The staff members in the Service express dedication to their task, and it is evident in observing their encounters with women and young people with whom they relate with warmth and ease when they see them. The two children's workers were very articulate about the needs of children and young people and eager to be of assistance. Their skills and understanding of the ways to work with children and of the issues for children/young people were very evident. Both children's workers expressed a degree of frustration that the Service did not have a more coordinated and systematic program for children and young people, and this is an indication of a desire for change. While the young people interviewed rated highly the opportunity to have someone to talk to, there is concern if the children/young people do not respond to the invitations to participate which results in limited access to them. This conundrum may be improved by new orientation processes as well as a more child-focused climate, where toys, activities, and respite for caregivers may alleviate some of their reticence in taking up the services offered.

## **Principle 10: Services are continually improving**

**Findings:** Commissioning this evaluation reveals a clear desire for continuous improvement in the Service's work with children and young people. The staff and Board's open conversation and participation in the evaluation provide evidence of the Service's commitment to the women, children and young people they serve. The interest of staff in learning from other experiences and hearing from their clients is further evidence of the Service's commitment to quality outcomes for their target group.

## **Summary of Findings**

The findings from this evaluation confirm the Southern Domestic Violence Service as a dedicated service working within the Practice Standards with children and young people. The staff members demonstrate a strong commitment to continuing to explore their practices for continuous improvement. The women in the focus groups expressed their deep gratitude for the staff and the opportunity the Service provides for them to escape violence and oppression and begin a new life with their children.

The Service is in a unique position with presenting families. It can maximise the family's resources for the next stage of their lives. It is rare that people with high and complex needs, especially children and young people, can have access to comprehensive services consistently over a period of weeks or perhaps months. Discussions in this evaluation with women and the young people, while not a statistical sample, did provide some useful feedback about the need to break down their isolation and loneliness while they are without their normal support systems. The current practices of encouraging take-up of programs while respecting parent's space and need for time, may not produce the best use of opportunities available to them. As the literature has identified, caregivers who are themselves, traumatised, may not recognise or be able to deal with their children's trauma (Groves 1999).

It is incumbent on the Service to create orientation processes that include early participation in the life of the Service through playgroups, structured activities for young people and sessions for caregivers. Also identified by the women and young people is the uncomfortable intensity of living together without any of the external supports or freedom of movement they had in their homes. This intensity can create extra stress. Creating a child-centred service would create space in each day when members of the family could be apart. For young women who help care for their younger siblings, time away from the family may be even more important. It is important to note that this is not a coercive practice, but one that seeks to maximise the benefits to the family unit of formative opportunities during this 'transition period' of their lives. A child-friendly service in itself may entice people to access the opportunities offered on arrival. An initial visit from the Child worker in the family's unit would be in keeping with Libeson's research (2004:39).

There are areas for improvement, and opportunities for change that have been identified in this evaluation. The following recommendations have emerged in discussions with young people, women, staff, the Board and the Manager of the SDVS, as well as from the literature.

## Section III Recommendations

A child-centred Service means that the children are the primary focus of the service and that all activities, space, staff resources and training are considered through that lens. The foundational assumption is that children are two-thirds of the Service and are under-resourced. At the same time, these recommendations also acknowledge that children's best interests are served by strengthening their family life. Based upon these two guiding principles the following recommendations are made.

### **Theme 1 Child-centred practice, principles, policies and practices**

#### ***Recommendation 1.1***

That children and young people become a central focus for the work of the Service, recognising that they need the support of their families, as well as opportunities for individual attention and activities.

#### ***Recommendation 1.2***

That policies be developed that will sharpen the focus of the whole SDVS program for children and young people from their first encounter with the Service until a child/young person leaves.

Such a policy would include:

- 🌈 A checklist for orienting a family which ensures that children and young people are spoken to and informed of the programs which they can access
- 🌈 Staff training and an audit of the child-friendliness of all the spaces in the Service
- 🌈 Regular reviews of the policy, checking on implementation and any improvements that can be made.
- 🌈 A children's worker to have responsibility for developing, staff training and reviewing the policy and its implementation

#### ***Recommendation 1.3***

That the Service review its staffing and funding options to employ a dedicated children's and young people's worker at each site. These workers will be responsible for the overall coordination of children/young people in the Service by:

- 🌈 Assisting the Service to become even more child-focused

- 🌈 Providing children's programs - including play groups using therapeutic play for 0-5.
- 🌈 At the NKP site, to develop culturally appropriate programs that enhance and strengthen community bonds for children and young people
- 🌈 Provide opportunities for caregivers to increase their parenting skills using programs such as the Happi program and other resources that can be brought onsite
- 🌈 Provide individual and group work and liaison with other services to keep learning about the best quality child-centred practices.

***Recommendation 1.4***

That in defining the work of the Children/young people's worker, careful attention is given to clarifying the way in which this position relates to the adult case workers and external agencies.

***Recommendation 1.5***

That an advocate for children be contracted to provide advocacy for children when required. This approach would take a mediation methodology with children/young people, their caregivers and any other relevant agencies.

**Theme 2 Activities and programs for children and young people**

***Recommendation 2.1***

That orientation of families into the Service includes information about the activities that families can participate in as part of their living onsite.

***Recommendation 2.2***

That the welcome bag and child's orientation pack be check-listed as having been given to each child/young person. (This could include a map with the service, playgrounds and shops on it, and the bus stop - perhaps a colouring in activity sheet). An appointment for the children's worker to meet with the family in their unit to explain the service and meet the family is made at the point of orientation when the family arrive onsite. A flyer with a picture of the children's worker and some basic information about the first appointment with the family may be helpful in allaying any fears about this visit.

### ***Recommendation 2.3***

That age-appropriate programs be strengthened and 'normalised' as a part of the life of the Service including:

- Establishing a toy library to maximise the use of the toys at the service and to create an interest for a child in coming to borrow / return a toy;
- Offering a play group for one hour daily where therapeutic play is provided for children and that opportunities for 0-2 go have supported play with caregivers;
- Providing the materials for each child to make a "ME box" when they arrive (this could be made in their units). A sheet with ideas of information to include could be provided – such as what I like to eat, watch on television, do, colours, music, people in my life (nanna), cars, and dolls... This can then be used for a new child to introduce him/herself at a group activity session, when they feel ready.
- Creating informal opportunities eg. cooking pancakes and taking them outside for afternoon tea where children are playing as a way of building connections with them;
- A quiet space be created at each site, that is always quiet, specifically decorated (for example, a cave in a jungle, or at NKP a desert or coastal scene). This space can encourage children to be still, to meditate, learn to manage emotions and can also be used as a counselling room.

### ***Recommendation 2.4***

That the use of the outside area be improved:

- At NKP it would be beneficial to create a useful outside space for children to play together, where programs that cannot be accommodated internally can be run.
- Both sites would be enhanced by including a close-over sandpit, which can be brought out for special activities similarly water-play, equipment, music and movement for children.
- That the 'eat well be active' program be contacted to explore resources that could assist the service engage clients in increasing health and wellbeing.

**Recommendation 2.5**

That a new program dedicated to young people be developed with an evening timeslot for two evenings a week. Activities could include:

- Access to computers to gain their own information about domestic violence through the many excellent resources available on the web.
- Time just to play and have fun, make friends
- Bringing in speakers / discussions around issues encountered by these young people
- At NKP to strengthen and maintain a connection with the Indigenous community through access to or participation in youth projects which may be provided by other agencies.

**Recommendation 2.6**

That the Service enter discussions with DECS for funding for a pilot school program on site for the mornings of the first two weeks of a child/young person's entry into the Service. This school could be modelled on the school at the Women and Children's Hospital.

The role of the teacher would be to:

- Create an educative therapeutic program for children when they first arrive.
- Evaluate a child/young person's learning capabilities and needs;
- Create normalcy in attending school for part of every day, while also allowing some space for children/young people who are in a new place to gain a sense of equilibrium and to have had some support before they attend a regular local school;
- Liaise with the local schools providing a transition pathway for a child/young person into their new school environment;
- Encourage children/young people to participate in after-school programs when they have left the on site school; and
- Work closely with the children's worker to develop age-appropriate programs and activities.

## **Theme 3 Strengthening families and supporting caregivers**

### ***Recommendation 3.1***

That the Service provides opportunities for mutual capacity-building among the parents who use the centre through the following:

- Offer face-to-face invitations to women to meet other women over a cup of coffee / or activity such as cooking tea together to take back to their families.
- Present opportunities to discuss topics that caregivers may be dealing with while in the Service, eg. parenting children in trauma or more practical topics such as managing temper tantrums.
- Provide a child-care session for a period of each day where children have therapeutic play and caregivers get some respite and or company

### ***Recommendation 3.2***

That the Service strengthens NKP's connection with the Indigenous community through activities such as:

- Establishing an elder or community member presence on site;
- Providing culturally strengthening activities for NKP children and young people through holiday activities such as those available for children in Elder Park during the recent Referendum Anniversary celebrations; and
- Identifying Indigenous youth services for NKP young people to gain access to these services.

### ***Recommendation 3.3***

That the Service investigate empowering programs for caregivers as short-term 'bite sized' opportunities for clients.

### ***Recommendation 3.4***

That the Service provides practices that are community-building and healing. These could include:

- Providing massage and other healing services to assist in stress relief of caregivers, who may then use these strategies with their children, and

- 🌈 Establishing the practice of eating together outside once a week in order to build connections between people, and create a sense of welcome and belonging to clients as well as simply being enjoyable!

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**Some useful websites for young people:**

[www.reachout.com.au](http://www.reachout.com.au)

[www.cyh.sa.gov.au](http://www.cyh.sa.gov.au)

kids health <http://www.cyh.com/SubDefault.aspx?p=255>

Office for Youth [www.maze.sa.gov.au](http://www.maze.sa.gov.au)