

# Working with Children & Young People in Western Australian Refuges

A comparative analysis between the role of Child Advocates and Child Support Workers in Western Australian refuge services

This report details the results from a state-wide consultation with Child Advocate and Child Support Worker staff to identify key areas of difference in service provision for children and young people accessing Refuges in Western Australia. It also compares data collected from 2009 to the current study.



Government of **Western Australia**  
Department for **Child Protection**  
and **Family Support**





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We would also like to acknowledge the unpredictability and under-resourced nature of refuge work, and the inability of some Child Advocates and Child Support Workers to complete the survey due to other commitments and priorities.



## Definitions

Child Advocate	Someone that actively advocates for the rights of the child, internally (within a service) and externally (outside of the service. i.e. to other agencies, to other people, to Government Departments etc.), works with the mother to strengthen the parent-child bond, case manages, safety plans, and works therapeutically with their young client via different methods (Eg. art, music or play).
Child Support Worker	Someone that supports the child or young person insofar as they make sure all of their basic needs are met, but might not be actively advocating for them within a service or to external agencies. They might not be emphasising safety planning, case management or working therapeutically with them as much as an advocate.
Child-Specific Staff	A collective descriptor for both Child Advocates and Child Support Workers.
Clinical Supervision	This is where a refuge staff member meets regularly with a professional who is trained in the skills of delivering supervision, to discuss casework and other professional issues in a structured way. The aim of clinical supervision is to assist the staff member to learn from her experiences and progress in expertise, as well as to ensure effective service delivery to her clients.
Confounding Variable	A variable that can negatively influence the relationship between the independent variable and dependent variable, potentially disrupting the data set/s.
Full Time Equivalent	A Full Time Equivalent (FTE) is unit of measurement that indicates the workload of a refuge employee. When a child-specific staff member is employed at 1.0FTE this indicates full-time employment. If they are employed at 0.5FTE this indicates a half-time workload. Usually full-time hours in WA are 38 hours per/week.
Parenting Advice	This refers to the Child Advocate or Child Support Worker directly providing parenting advice to the mother that is in refuge with her child/ren. This does not include providing referrals for women to attend external parenting programs.
Women's Refuge	Sometimes a refuge that supports <u>both</u> women and children will be referred to only as a 'Women's Refuge'. The refuges that refer to themselves as "Women's Refuges" but that actually support <u>both</u> women and their children can be found in <i>Table 1</i> . In the report "Women's Refuges" mean place of refuge for both women and their children.
Working Therapeutically	This refers to the Child Advocate or Child Support Worker interacting with their young client/s in a way that purposefully tries to engage them in therapeutic activities and healing. Eg. Where respondents replied that they simply 'played' with their young clients, this does not constitute working therapeutically. If they answered that they facilitated 'play therapy techniques' or 'unstructured child-led play', this was recorded as "working therapeutically".



## Executive Summary

In Western Australia (WA) there are 39 refuges for those escaping domestic and/or family violence. Thirty five provide supported accommodation for women and their accompanying children<sup>1</sup> and 4 provide refuge for single women only. The Keeping Kids Safe (KKS) Project run by the Women's Council for Domestic & Family Violence Services WA (WCDFVS) and funded through the Department for Child Protection & Family Support (DCPFS) aims to provide information, training and resources to refuge staff working with women and children to improve outcomes for children and young people who have grown up with domestic and family violence.

To inform the development of the KKS project, Child Advocates and Child Support Workers from WA refuges were surveyed in order to obtain insight to the nature of child focused work within the refuges (job role, qualifications, number of hours worked etc.), resources at hand, issues and challenges and the key differences in the two roles. Some of the survey data collected from the current study was assessed against data collected in a [2009 WCDFVS study](#) on child-specific refuge staff in WA.

Two confounding variables in the current were; that some respondents to the survey reported being employed as a Child Advocate as their everyday work was more advocacy-based, but they were in fact employed as Child Support Workers. Many refuge staff went above and beyond their Child Support role. The second confounding variable was that the data was collected over a three month period (beginning of July to the end of September 2014) due to the workload of Child Advocates and Child Support Workers and as a matter of priority when compared to other tasks. There is a possibility that circumstances in the refuge (eg. types of resources available, training opportunities, staff turnover etc.) may have changed over the three month period.

An overview of the survey outcomes are provided below:

### Child Advocates within Refuges

- Child Advocates made up 48% of all child-specific refuge staff in WA
- Of the 15 refuge staff that participated in the study, 9 were employed as Child Advocates
- Of those 9 Child Advocates, 8 were from metropolitan refuges and only 1 was from a rural/regional/remote refuge

### Child Support Workers within Refuges

- Child Support Workers made up 52% of all child-specific refuge staff WA.
- Of the 15 refuge staff that participated in the study, 6 were employed as Child Support Workers

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<sup>1</sup> Child defined broadly as a young person 0-18 years of age. Refuges vary in terms of the age of the children they will take e.g., some only take boys to 12 years.





- Of those 6 Child Support Worker, 5 were from rural/regional/remote refuges and only 1 was from a metropolitan refuge

### No Child Advocate or Child Support Worker

- Refuges do not receive funding specifically for the Child Advocate or Child Support Worker role, they must decide how to spend their core funding
- Of the 35 refuges in WA that support women and their children, during the time of the study, 13 refuges did not have a specific Child Advocate or Child Support Worker role
- Only 1 metropolitan refuge had no specific child worker
- Twelve rural/regional/remote refuges at the time of the survey had no specific child worker

### Experience of Child Advocates

- 4 Child Advocates had been in their positions for less than a year
- 0 had been in their position between one and two years
- 2 had been in their position between two and five years
- 3 had been in their position between for more than five years
- The range (15.6 years) of experience spans from 0.3 years to 16 years

### Experience of Child Support Workers

- 1 Child Support Worker has been in their positions for less than a year
- 0 had been in their position between one and two years
- 4 had been in their position between two and five years
- 1 had been in their position between for more than five years
- The range (11.5 years) of experience spans from 0.5 years to 12 years

### Child Advocate working hours

- Of the 6 respondents working full time, 3 were Child Advocates.
- Of the 9 respondents working part time, 6 were Child Advocates.
- At the Patricia Giles Centre and the Rebecca West House<sup>2</sup>, all Child Advocates were employed on a full time basis (2 Child Advocate's per refuge).
- Overall, the majority of Child Advocates worked part time and the average FTE for Child Advocates was 0.77.

### Child Support Worker working hours

- Of the 6 respondents working full time, 3 were Child Support Workers.

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<sup>2</sup> Rebecca West House is under the auspice of the Patricia Giles Centre.



- Of the 9 respondents working part time, 3 were Child Support Workers.
- Overall, the majority of Child Support Workers worked part time and the average FTE for Child Support Workers was 0.82.

### Child Advocate Background/Qualifications

- All of the 9 Child Advocates had Tertiary qualifications either studying at University (3) or TAFE (6)
- All Child Advocates had more than one qualification
- The highest level of qualification of any Child Advocate was a PhD in Psychology with a Masters in Early Childhood Teaching.

### Child Support Worker Background/Qualifications

- Five out of 6 Child Support Workers had Tertiary qualifications either studying at University (1) or TAFE (4)
- 3 Child Support Workers had more than one qualification
- The highest level of qualification of any Child Support Worker was a Bachelor Science (Psychology) with Honours.

### Child Advocacy & Child Support Worker Roles

- The Child Advocates & Child Support Workers all noted 8 key themes with respect to their roles (from most common role to least common role):
  1. Referrals to external agencies
  2. Therapeutically working with children and young people
  3. Case management/monitoring
  4. Parenting advice
  5. Liaising with DCPFS
  6. Teaching Protective Behaviours
  7. Facilitating mother-child bonding exercises
  8. Child care

### Differences in the roles

- The main difference in the roles between the Child Advocates and the Child Support Workers was:
  - The Child Advocate role involves mainly case management and ongoing monitoring of young client's wellbeing, and referring young clients to external services such as a children's counselling service or a general practitioner etc.
  - The Child Support Worker role involves mainly liaising with the DCPFS and providing parenting advice to mothers.



## Issues

- The key issues/challenges faced by the Child Advocates and Child Support Workers raised during the study were:
  1. Attraction and retention of staff
  2. Role definition/clarification
  3. Lack of adequate resources
  4. Working with the DCPFS
  5. Issues when working with clients
  6. Living arrangement

## Training Needs

- The training topics were:
  1. Therapeutic intervention skills
  2. Working with clients and supporting their needs
  3. Protective Behaviours
  4. Self-care
- The types of training were:
  1. Industry Conferences
  2. Funding for commencement and delivery of refuge's own Community programs
  3. Short courses delivered by local institutions (eg. Goldfields Institute of Technology)
  4. More rural/regional/remote specialised training

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## Background

In WA, there are 39 crisis accommodation services for those escaping domestic and family violence, 35 of these accommodate women and children, while 4 only support single women with no children. In 2013, 9,595 people made up the homeless population in WA. For 43.5% of these people, this was a result of domestic and family violence (Homelessness Australia, 2013). Children under 12 comprised of 15.6% of the homeless population and young people aged 12-18 years of age made up 9.7% of those homeless, totalling over a quarter (25.3%) of the homeless population (Homelessness Australia, 2013).

The Women's Council acknowledges that domestic and family violence continues to be the major driver of homelessness and that escaping violence is the most common reason provided by people who seek help from specialist homelessness services (22% of all requests for assistance and 55% of women with children do so to escape violence), and that many do not approach services for help at all (Australian Institute of Health and Welfare (AIHW), 2008). In fact, around 50% of women (and their accompanying children) who approach agencies to receive immediate accommodation on any one day in Australia are turned away (Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), 2008).

In recognition of the number of children accessing supported accommodation with their mother, the KKS Project aimed to provide information, training and resources to refuge staff, specifically Child Advocate and Child Support Worker staff, to enable them to better support children.

To inform the development of the KKS Project, Child Advocate and Child Support Worker staff within refuges participated in responding to surveys about the support provided to children and young people escaping domestic and family violence. Where two Child Advocates or Child Support Workers were employed at a service, both were asked to respond to the survey. The purpose of the consultation process was to obtain insight into the role, working conditions and experiences of children's and young people's workers and receive feedback regarding training needs, gaps in information and resources and challenges faced by staff working with children and young people. Comparisons were also drawn against data collected in the previous study in 2009.

Fifteen child-specific refuge staff from 12 refuges accommodating women and children in WA participated in this study.



**Table 1.** Metropolitan and Rural/Regional/Remote refuges in WA that support women and their children

	<b>Metro Refuge</b>	<b>Rural/Regional/Remote Refuge</b>
1	Orana House	Albany Women's Centre
2	Byanda/Graceville	Marnja Jarndu
3	Harmony Place (formerly Ruah)	South-West Refuge
4	Wooree Miya	Geographe Women's Refuge
5	Patricia Giles Centre	Gascoyne Women's Refuge
6	Kira House	Marnin Bowa Dumbara
7	Koolkuna	Esperance Crisis Accommodation Service
8	Rebecca West House	Marninwarntikura
9	Stirling	Chrysalis House
10	Nardine Wimmins Refuge	Ngaringga Ngurra
11	Mary Smith	Goldfields Women's Refuge
12	Warrawee	Salvation Army Karratha Women's Refuge
13	Starick House	Gawooleng Yawoodeng
14		Pat Thomas Memorial House
15		Djookanka House
16		Newman Women's Shelter
17		Magnolia Women's Centre (formally Waminda)
18		Hedland Women's Refuge
19		Lucy Saw Centre
20		Manga Tharndu Maya
21		Karijini Family Violence Prevention Service
22		Ngnowar Aerwah Safe House



## Number of Child Advocates and Child Support Workers in Refuges

Of the 35 women's and children's refuges contacted, 12 had a Child Support Worker and 11 had a Child Advocate. There were 12 refuges that did not either a Child Support Worker or a Child Advocate position. Out of the 35 refuges that supported women and child, 15 child-specific refuge staff from 12 refuges participated in the current study.

Of the 15 child-specific staff who responded:

- Six were employed on a full-time basis
- Nine were employed on a part-time basis
- Three sets of two were employed at the same refuge (two each at Koolkuna, Patricia Giles Centre & Harmony Place)<sup>3</sup>
- Four of the nine part-time child-specific staff shared their workload with another child-specific staff and were employed on a rotational basis

### Child Advocates working in WA Refuges

The Child Advocate role comprised of 60% of all child-specific refuge staff in the study (of the 15 refuge staff that participated in the study, 9 were employed as Child Advocates). Of the 9 Child Advocates, only 1 was from a regional refuge (Rockingham area). The majority of Child Advocates work in the metropolitan area.

### Child Support Workers working in WA Refuges

The Child Support Worker role comprised of 40% of all child-specific refuge staff (of the 15 refuge staff that participated in the study, 6 were employed as Child Support Workers). Of the 6 Child Support Workers, 5 were from rural/regional/remote refuges and only 1 was from a metropolitan refuge. The majority of Child Support Workers work in rural/regional/remote areas.

### No Child Advocate or Child Support Worker working in WA Refuges

The funding model for child-specific refuge staff has changed. In the past, and during the last study conducted in 2009, refuges used to receive funds from the DCPFS for child-specific worker/s. This was not part of their core funding. Now, refuges receive core funding where money is pooled. Refuges now have more financial autonomy in this regard, and can decide which areas should receive the funds.

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<sup>3</sup> The Patricia Giles Centre employed two full-time Child Advocates, where Koolkuna and Harmony Place employed two part-time Child Advocates each.



Therefore, now refuges do not receive funding specifically for the Child Advocate or Child Support Worker role, they must decide how to spend their core funding.

Of the 35 refuges in WA that support women and children during the time of the study, 13 refuges did not have a specific Child Advocate or Child Support Worker role. Only 1 metropolitan refuge had no specific-child worker, whereas half of all rural/regional/remote refuges (12) at the time of the survey had no specific child worker.

Data was collected on the number of Aboriginal and non-Aboriginal children in eighteen refuges across WA seeking refuge from 1<sup>st</sup> January – 30<sup>th</sup> June 2014. The number of Aboriginal children and young people in the eighteen refuges surveyed during this period made up 55% of all young clients in WA refuges (most being in the eight rural/regional/ remote refuges surveyed) (Stainton, 2014). The majority of refuges with no child specific staff are located in rural/regional/ remote areas of WA where Aboriginal people are much more likely to report that family violence is a neighbourhood problem (41% compared with 14% in non-remote areas) (Al-Yaman, Van Doeland & Wallis, 2006). In these remotes areas of WA, young Aboriginal clients need support from child-specific refuge staff. The only refuge not to have a Child Advocate in the metropolitan area was an Aboriginal service. Aboriginal families also need child-specific support.

**Table 2.** Comparison of child-specific positions in metropolitan and rural/regional/remote refuges

	Number of Refuges	Child Advocate staff	Child Support Worker staff	No Child Advocate or Child Support Worker position at the refuge
Metropolitan	13 (37%)	9 (82%)	3 (27%)	1* (8%)
Rural/Regional/Remote	22 (63%)	2 (18%)	8 (73%)	12# (92%)
Total	35 (100%)	11 (100%)	11 (100%)	13 (100%)

\* Wooree Miya

# Newman Women’s Shelter, Marnja Jarndu, Geographe House, Gascoyne Women's Refuge, Marnin Bowa Dumbara, Fitzroy Crossing Women's Shelter, Ngaringga Ngurra, Salvation Army Karratha Women's Refuge, Gawooleng Yawoodeng<sup>4</sup>, Manga Tharndu Maya, Karijini Family Violence Prevention Service & Ngnowar Aerwah Safe House.

<sup>4</sup> A “Family Support Worker” is employed here that works with both mother and child as clients, but not the child as their sole client.





## Background and Experience of Child Advocates and Child Support Workers

Child Advocates and Child Support Workers were asked whether they had completed any studies/certifications and how long they have worked in their child-specific roles at the refuge.

### Child Advocate Background/Qualifications

All of the 9 Child Advocates had tertiary qualifications either studying at University (3) or TAFE (6). All Child Advocates had more than one tertiary qualification and the highest level of qualification of any Child Advocate was from the Patricia Giles Centre (PhD in Psychology and a Masters in Early Childhood Teaching).

The most common qualification by the Child Advocate's was in the field of Education/Teaching (28%) followed by Community Services (22%), Child Care (22%), Psychology (11%), Youth Work/Children's Services (11%), and Other (6%)<sup>5</sup>.



**Figure 1.** *The most common qualification area for Child Advocates was education/teaching*

<sup>5</sup> "Other" was a qualification in a field of study not relevant to Child Advocacy work.





## Child Support Worker Background/Qualifications

Five out of 6 Child Support Workers had Tertiary qualifications either studying at University (1) or TAFE (4). Three Child Support Workers had more than one qualification and the highest level of qualification of any Child Support Worker was at Albany Women's Centre (Bachelor Science (Psychology) with Honours).

The most common qualification by the Child Support Workers's was in the field of Education/Teaching (37.5%) followed by Youth Work/Children's Services (25%), Child Care (12.5%), Psychology (12.5%), and Community Services (12.5%).



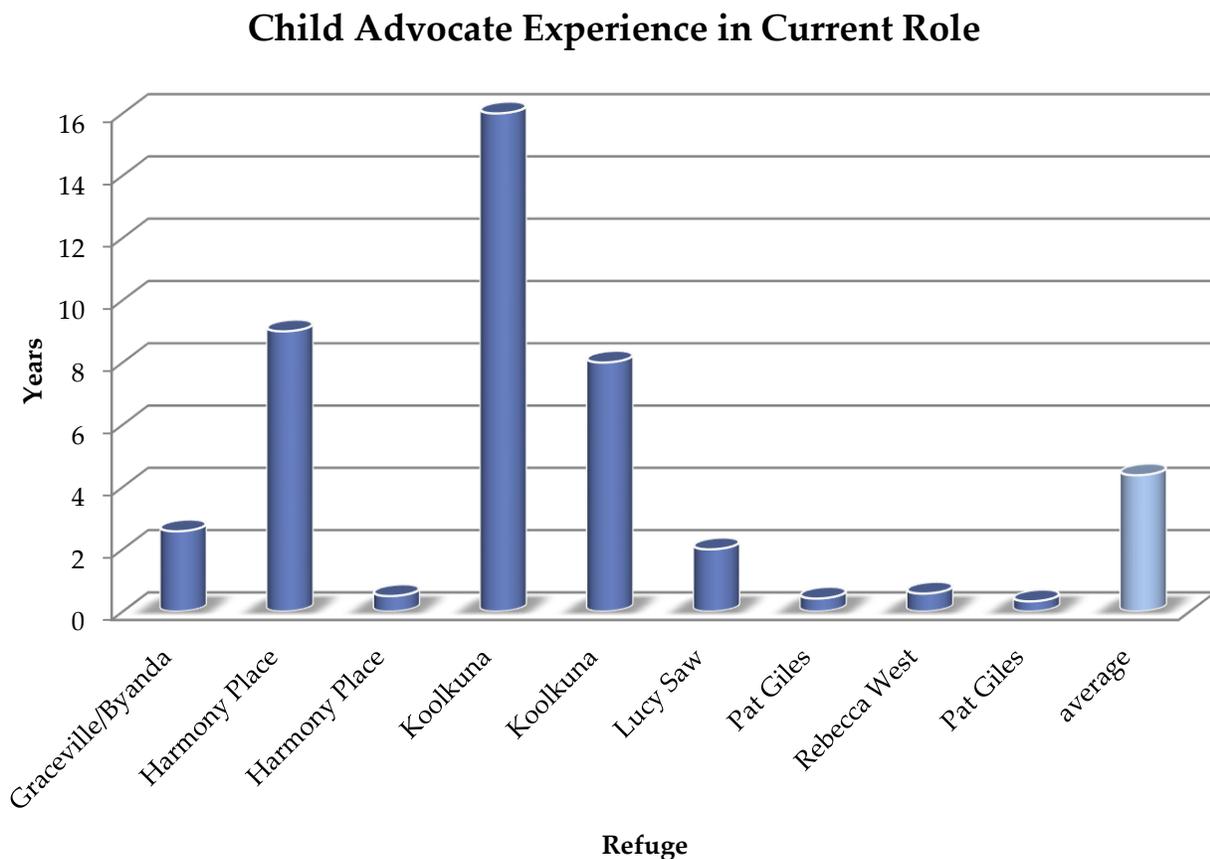
**Figure 2.** *The most common qualification area for Child Support Workers was also education/teaching*



### Refuge Work Experience of Child Advocates

Of the 9 Child Advocates, 4 had been in their positions for less than a year. None had been in their position between one and two years and 2 had been in their position between two and five years. Four Child Advocates had been in their position for more than five years.

In the case of one of the Child Advocates from Harmony Place, she had been in her role for 7 years from 1999 to 2006 and just returned again as a casual staff member in 2012 to resume her position as Child Advocate. At the end of the study the Child Advocate sent notice that she was no longer in her position at Harmony Place (*as recorded in Table 5*).



**Figure 3.** Child Advocate experience in their roles spanned from 0.3 years to 16 years

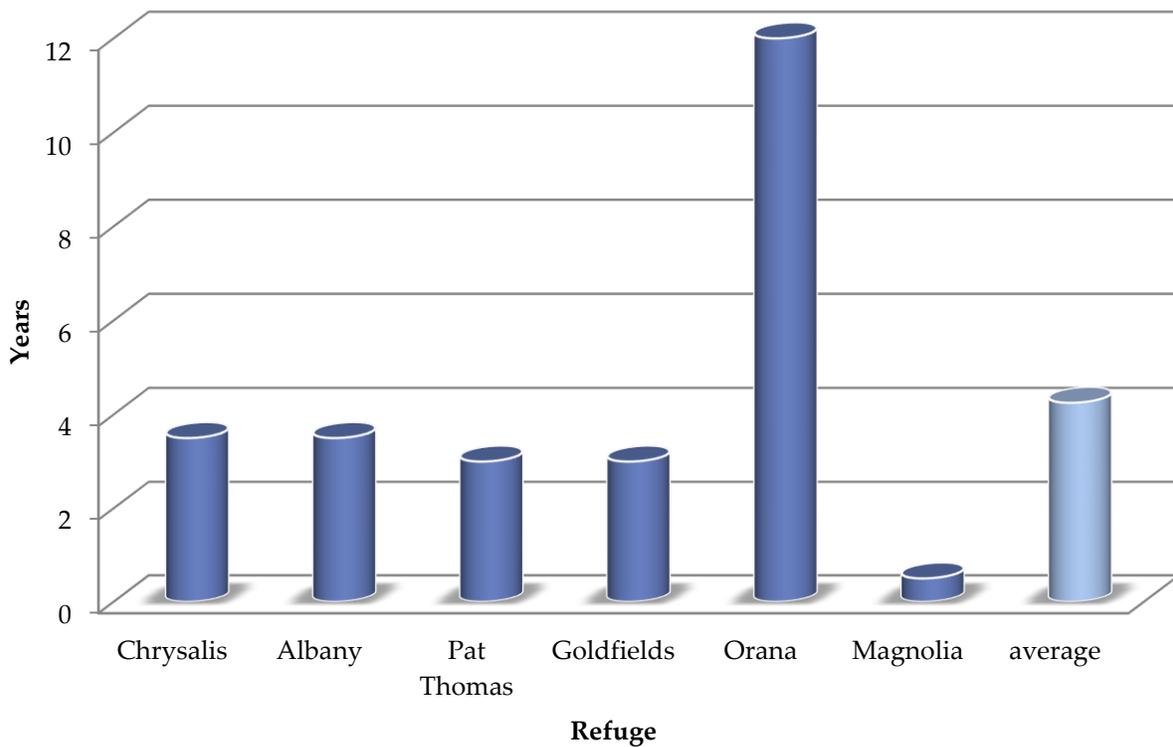




## Refuge Work Experience of Child Support Workers

Of the 6 Child Support Workers, 1 has been in their position for less than a year and none have been in their position between one and two years. Four had been in their position between two and five years and 1 had been in their position between for more than five years.

### Child Support Worker Experience in Current Role



**Figure 4.** Child Support Worker experience in their roles spanned from 0.5 years to 12 years

## Range

### Child Advocates

- The range of experience (15.6 years) spans from 0.3 years to 16 years

### Child Support Workers

- The range of experience (11.5 years) spans from 0.5 years to 12 years

The difference in range between Child Advocate sand Child Support Worker's experience in their roles was 4.1 years, with Child Advocate's having the greatest range.



## Average

### Child Advocates

- The average length of time spent in their roles was 4.38 years.

### Child Support Workers

- The average length of time spent in their roles was 4.25 years.

The difference in averages between Child Advocate and Child Support Worker's was minimal (0.31 years) with Child Advocate's having more work experience on average.

**Table 3 . Summary of Length of Time in the two positions**

Position	Length of time in position			
	Less than a year	Between one and two years	Between two and five years	Between for more than five years
Child Advocate (n = 9)	44% (4)	0% (0)	22% (2)	44% (4)
Child Support Worker (n = 6)	16% (1)	0% (0)	66% (4)	16% (1)
Total (n = 15)	33% (5)	0% (0)	40% (6)	33% (5)

The majority of Child Advocates and Child Support Workers have been in their current roles working with children and young people in the refuge from two to five years (40%). No child specific refuge staff member had been working in between one and two years in their current role.

There are short job tenures among Child Advocates and Child Support Workers compared to the overall job tenure in Australia. The average time spent in any one position in Australia is just over 7 years (van Wanrooy, Wright, Buchanan, Baldwin & Wilson, 2009). The average job tenure for child-specific staff is only 4.3 years, approximately 2.7 years difference.

There are a whole range of reasons why people change jobs, but essentially it comes down to the employee either losing a job or deciding to leave. In terms of an employee deciding to leave, the critical determinant will be whether they think they can get a better job elsewhere; and their concept of 'better' might relate to, among other things: job security, pay, relations with colleagues, working arrangements, geographical location, use of skills, and development opportunities (van Wanrooy *et al.*, 2009, p28).



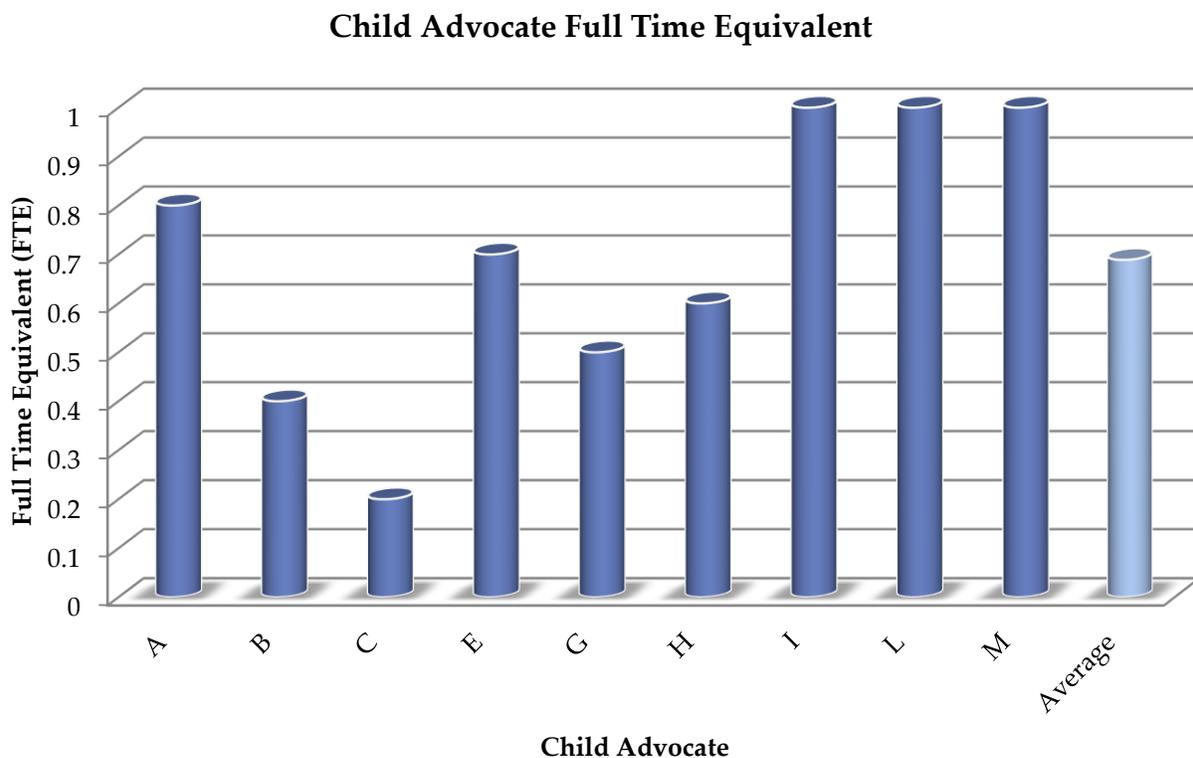


## Child Advocate and Child Support Worker Working Hours

The working hours of the child-specific staff in refuges differ greatly depending on which service they are employed at. Some are employed on a full-time basis while others are only employed on a part-time basis, as little as 0.2FTE (7.5 hours or one day per week).

### Child Advocate working hours

Of the 9 Child Advocates, only 3 (33.3%) were employed on a full time basis. At the Patricia Giles Centre and the Rebecca West House, all of the Child Advocates were employed on a full time basis. Overall, the majority of Child Advocates worked part time (66.6%) and the average FTE for Child Advocates was 0.68 (25.8 hours per/week). In Australia, the average number of hours worked per week is 32.8 hours. This was largely due to an increase in the number of people working in part time positions (ABS, 2010). Child Advocates worked 7 hours less per/week when compared to the national average.

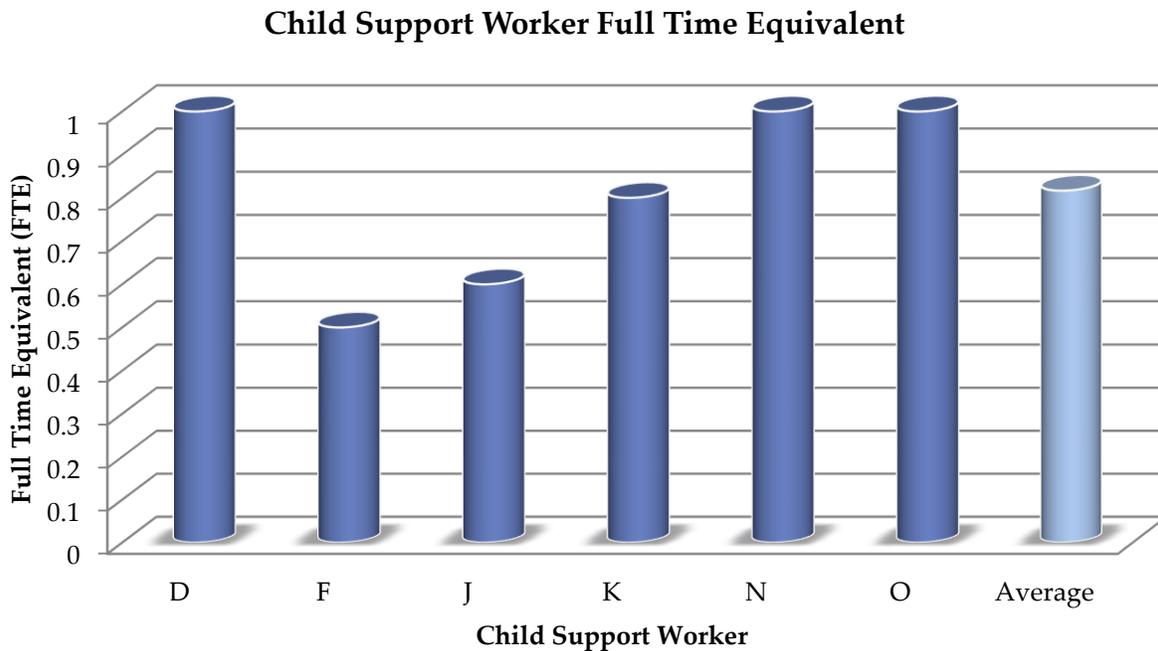


**Figure 5.** The average Child Advocate FTE was 0.68



### Child Support Worker working hours

Of the 6 Child Support Workers, 3 worked full time (50%) at Chrysalis, Orana and Magnolia Women’s Centre. The average FTE for Child Support Workers was 0.82 (31.2 hours per/week). Child Support Workers worked 1.6 hours less per/week when compared to the national average.



**Figure 6.** The average Child Support Worker FTE was 0.82

The overall average number of hours worked per/week by the surveyed child-specific staff was 28.5 hours (0.75FTE), 4.3 hours less than the national average.

Many child-specific staff in refuges are employed to work on the weekdays, from Monday to Friday, and some work weekend shifts. The most effective time to spend working with young clients is in non-school hours (after school and on the weekends). The working hours should reflect the most valuable time to spend safety planning, working therapeutically with young clients etc.





## Trends in Hours Worked

### *Comparing 2009 and 2014 trends in hours worked*

Five years ago in 2009, the Women's Council released a report similar to the current study on surveying Child Advocates and Child Support Workers from Western Australian refuges. Out of the 35 refuges that could have responded, 23 gave feedback for the 2009 study. The 2009 study documented that out of the 23 respondents, 39% worked full-time (1.0FTE) and 61% worked part-time (less than 1.0FTE). In the current study, the data reveals that trends in working hours for child-specific staff in refuges has not changed with 40% of the child-specific staff working full-time and 60% working part-time in the 2014 study.

Generally, a refuge will only have one child-specific worker. Although it is difficult to predict how many clients a refuge will have at one time, there is a strong case for the premise that only one (usually part-time) child-specific worker is not sufficient, especially as the needs for children of different ages are varied. The lack of this specialised employee can inadvertently continue the perception that children and young people are not clients in their own right.

**Table 4.** Comparison of working hours for child-specific staff that responded to the study.

Refuge	1.0FTE (full-time)	Less than 1.0FTE (Part-time)
<b>2009</b>		
Metropolitan (n = 15)	40% (6)	60% (9)
Rural/Regional/Remote (n = 8)	37.5% (3)	62.5% (5)
Total (n = 23)	39% (9)	61% (14)
<b>2014</b>		
Metropolitan (n = 9)	44.5% (4)	55.5% (5)
Rural/Regional/Remote (n = 6)	33.5% (2)	66.5% (4)
Total (n = 15)	40% (6)	60% (9)



## Child Advocate and Child Support Worker Staffing

In mid-2013, the following list of Child Advocate and Child Support Worker staff were still employed at their services. Since the end of 2013 and the beginning of 2014, all of the listed refuges have had their child-specific staff resign or were made redundant. In the period between resignation/redundancy and finding new staff, some refuges had temporary workers to support children. Some waiting times to fill positions were greater than others and usually, the refuge staff that did not have temporary workers got the refuge staff that work with women primarily, to fill the role in the interim.

**Table 5.** Refuge service, child-specific refuge staff that resigned/were made redundant 2013 – 2014 and current filled position.

Refuge Service	Position Resigned	Position Currently Filled
Patricia Giles Centre	Child Advocate	Yes
	Child Advocate	Yes
Harmony Place	Child Advocate	Yes
	Child Advocate	Yes
Warrawee	Child Advocate	Yes
Rebecca West House	Child Advocate	Yes
Chrysalis	Child Advocate	No
Stirling	Child Support Worker	Yes
Marnja Jarndu	Child Support Worker	No
Nardine Wimmins	Child Support Worker	Yes
Magnolia Women's Centre	Child Support Worker	Yes

It is assumed that Child Advocate and Child Support Worker staff left their positions for a variety of different reasons. One remarked however, that they did not see child-specific refuge work as a viable career option for them, and needed some respite and time to have a 'break' for a while:

*"I'm off to study (yes, going back again) as well as to find out what the alternative career world has to offer. Not quite sure yet what career that may be at this stage... but I think simply a break will be enough in the short term..."*

*– Child-specific refuge staff member that resigned at the end of 2013 – beginning of 2014 period.*



## Trends in Staffing

### Comparing 2009 and 2014 staffing trends

In the 2009 study, it was found that the majority of child-specific staff in refuges were Child Support Workers (83%) while only 4 filled an Advocacy role (17%). Out of the 23 refuges that responded, there were 12 refuges that had no Child Support Worker or Child Advocacy role during the time of the 2009 study.

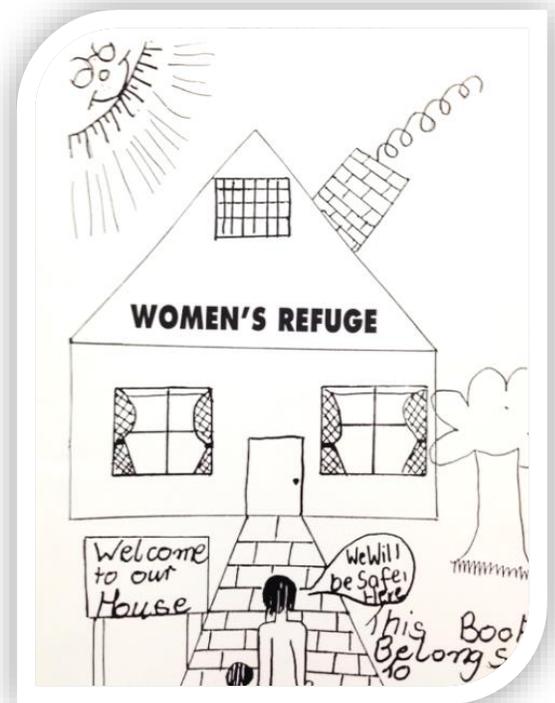
Of the 12 refuges that had no Child Support Worker or Child Advocacy role, for 3 of them it was a result of the position not being filled at the time of the study, but for 9 refuges it was a result of there being no position to fill. The 9 refuges that did not have a Child Support Worker or Child Advocacy role in 2009 were: Damara House (now the Rebecca West House), Lucy Saw Centre, Kira House, Albany Women's Refuge, Onslow Women's Refuge<sup>6</sup>, Newman Women's Shelter, Karijini Family Violence Prevention Service, Marninwarntikura and Ngaringga Ngurra.

Results from the current study reveal that figures have not changed over the past five years. The Child Support Worker and Child Advocacy position is still not being filled in 12 refuges. The refuges that still do not have a Child Support Worker or Child Advocacy position are: Karijini Family Violence Prevention Service, Marninwarntikura, and Ngaringga Ngurra. However, when assessing the differences between the amount of Child Support Workers or Child Advocates employed, it is clear that the focus of child-related work is shifting.

When comparing trends from 2009 to 2014, there is evidence to suggest that refuge staffing specific to child-related work is shifting towards an advocacy-based practice. As attitudes and understandings about the ways in which outcomes of domestic and family violence can manifest themselves in children and young people over time, so do the types of roles in refuges. Traditionally, the key focus was on the children's mother as the primary client of the service in

*An old child's welcome book about living in the refuge shows a picture of the refuge, but it is referred to as the "Women's Refuge" when children & young people are known to be the largest cohort of clients.*

*Changing this language will hopefully reiterate the message that children and young people are clients in their own right and need specialised care from a child-specific refuge staff member.*



<sup>6</sup> Since 2009 the Onslow refuge has closed.



need of support and assistance. Therefore, the child/ren were seen as secondary concerns. This understanding translated into there being very few child-focused staff. Now, literature on the impacts of domestic and family violence on children and young people has assisted in the understanding that children and young people are impacted by violence and do need specialised support from child-focused refuge staff. Young clients of refuge services should not be considered secondary clients and they are certainly not ‘silent witnesses’ of violence or passive recipients of violence. It should not follow that child-specific staff are also viewed as less valuable at the service either.

It is well known that children and young people do experience violence and they resist violence in a variety of tactical, logical and deliberate ways. This understanding has led to a decrease in the somewhat limited Child Support role, and an increase in the more specialised and dynamic role of the Child Advocate in refuges across WA.

**Table 6.** Comparing data collected from 2009 & 2014 on the roles of child-specific staff in WA Refuges

Position	Refuges that have a Child Advocate or Child Support Worker
<i>2009</i>	
Child Advocate	4 (11%)
Child Support Worker	19 (54%)
Total number of CAs & CSWs	23 (66%)
No CA/CSW	12 (34%)
<i>2014</i>	
Child Advocate	11 (31%)
Child Support Worker	11 (31%)
Total number of CAs & CSWs	22 (63%)
No CA/CSW	13 (38%)

When assessing differences in the data sets, in 2009 only 11% of refuges had a Child Advocate and over half (54%) had a Child Support Worker. Twenty-three (66%) refuges had some position specific to child-related work where 34% of refuges had no such role.

Five years later in 2014, around one third (31%) of refuges had a Child Advocate and the same number (31%) had a Child Support Worker. The statistics on the number of refuges that had a role specific to child-related work when compared to refuges that do not, decreased slightly since 2009 (63% and 38% respectively).

If trends continue, the number of Child Advocates working in WA refuges will surpass those of Child Support Workers.



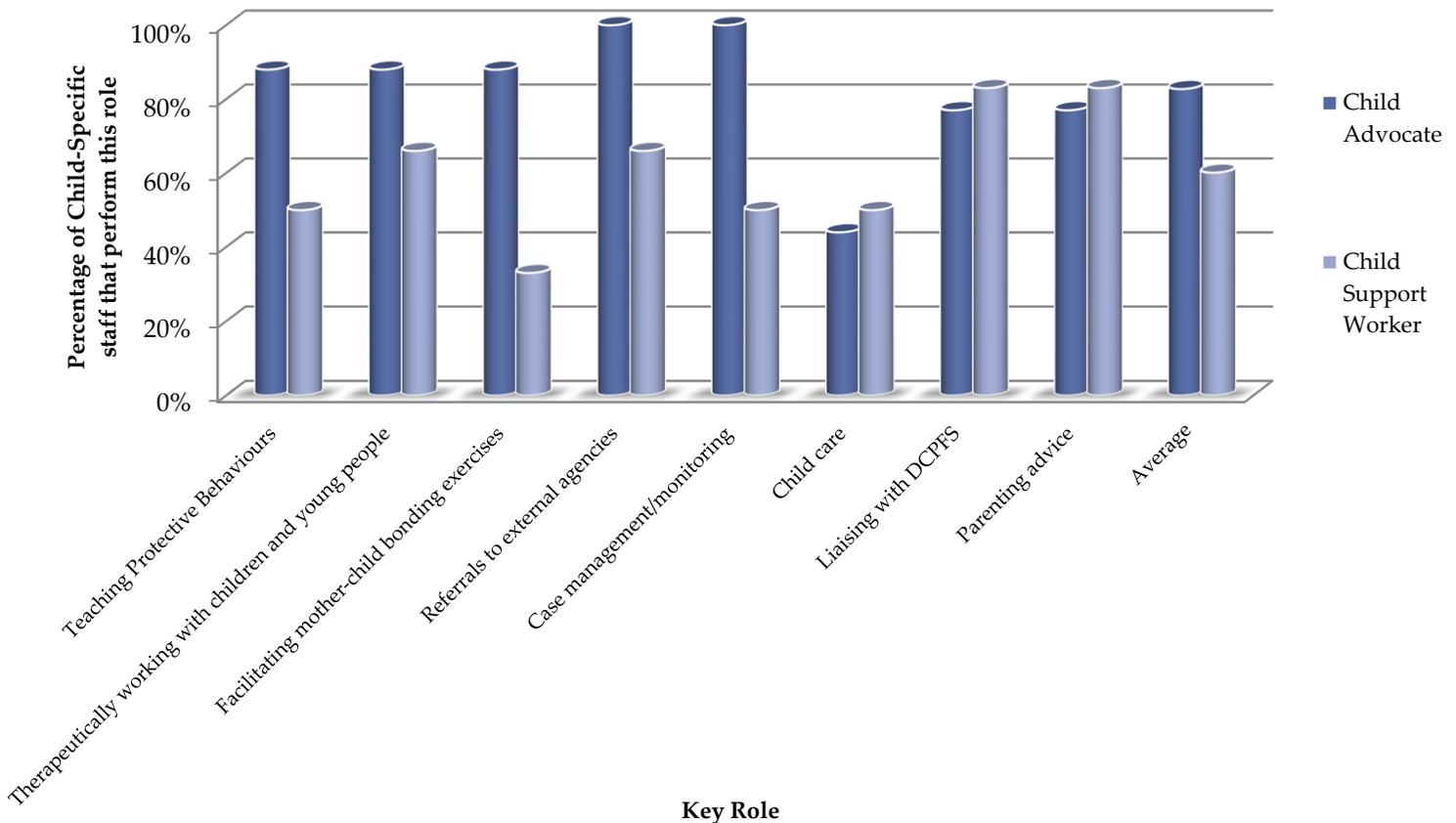


## Comparing the Child Advocate/Child Support Worker Role

Respondents were asked to describe the nature of the role generally and the types of activities and programs that they facilitated when working with their young clients. The respondents gave several answers, most of which could be divided into 8 categories:

1. Referrals to external agencies
2. Therapeutically working with children and young people
3. Case management/monitoring
4. Parenting advice
5. Liaising with DCPFS
6. Teaching Protective Behaviours
7. Facilitating mother-child bonding exercises
8. Child care

**Key Roles as Identified by Child Advocates and Child Support Workers**



**Figure 7.** Comparing the roles of Child Advocates and Child Support Workers





Interestingly, only 4 out of the 15 child-specific staff (26.5%) commented that Safety Planning was a key area and a main responsibility when working with children and young people. Above all else, when clients enter a refuge their immediate safety is the major concern (assessing other basic needs such as hunger, hygiene, whether they are cold etc. should also be a priority). Children and young people need to be empowered to make their own Safety Plans, with the assistance of their mother/carer, to plan on how to be safe for when they no longer live in the refuge service. Safety Planning is critical.

### Child Advocacy Role

The Child Advocate role involves mainly case management and ongoing monitoring of young client's wellbeing, and referring young clients to external services such as a children's counselling service or a general practitioner etc. Other key roles involve teaching children Protective Behaviours, therapeutically working with children and young people and facilitating mother-child bonding exercises e.g. running music programs/groups for mothers and their children. The least identified role was child care (44%).

Out of the 8 key roles as identified by all respondents, 83% of Child Advocates stated that all of them were responsibilities and part of their role when working with their young clients.

### Child Support Worker Role

The Child Support Worker role involves mainly liaising with the DCPFS and providing parenting advice to mothers. Other areas were working therapeutically working with children and young people and giving referrals to external agencies. The least identified role was facilitating mother-child bonding exercises (33%).

Out of the 8 key roles as identified by all respondents, 62% of Child Support Workers stated that all of them were responsibilities and part of their role when working with their young clients.



**Table 7.** Comparison of the role of Child Advocate and Child Support Workers when asked what their key roles were.

Location	Role							
	Teaching Protective Behaviours	Therapeutically working with children and young people	Facilitating mother-child bonding exercises	Referrals to external agencies	Case Management/Monitoring	Child care	Liaising with DCPFS	Parenting advice
<b>Child Advocate (n = 9)</b>								
Metro (n = 8)	100% (8)	100% (8)	100% (8)	100% (8)	100% (8)	50% (4)	75% (6)	87.5% (7)
Rural/Regional/Remote (n = 1)	0% (1)	0% (1)	0% (1)	100% (1)	100% (1)	0% (1)	100% (1)	0% (1)
Child Advocate Total (n = 9)	88% (8)	88% (8)	88% (8)	100% (9)	100% (9)	44% (4)	77% (7)	77% (7)
<b>Child Support Worker (n = 6)</b>								
Metro (n = 1)	0% (1)	100% (1)	100% (1)	100% (1)	100% (1)	0% (1)	100% (1)	100% (1)
Rural/Regional/Remote (n = 5)	60% (3)	60% (3)	20% (1)	60% (3)	40% (2)	60% (3)	80% (4)	80% (4)
Child Support Worker Total (n = 6)	50% (3)	66% (4)	33% (2)	66% (4)	50% (3)	50% (3)	83% (5)	83% (5)
<b>Child Advocate &amp; Child Support Worker (n = 15)</b>								
Overall Total (n = 15)	73% (11)	80% (12)	66% (10)	86% (13)	80% (12)	46% (7)	80% (12)	80% (12)



## Assessment & other Forms Used

Respondents were asked to cite the various types of forms they used to assess a client when working with the children and young people in refuge. There was no prescribed list to choose from and respondents could list as many forms as they liked. They gave several answers, most of which could be divided into the following 5 categories:

1. No formal refuge assessment forms
2. Child intake assessment form
3. Use DCPFS SHIP system to assess and track goals
4. Child case management plan
5. Other (*see Additional Forms Used*)

## Child Advocate use of assessment & other forms

The majority of Child Advocates reported using a child intake assessment form (66%) followed by a child case management plan (55%). Data shows that only 22% of Child Advocates refer to the Specialist Homelessness Information Platform (SHIP)<sup>7</sup> system which feeds data back to the Australian Institute of Health & Welfare, and is accessible to the WA child protection department DCPFS<sup>8</sup>.

## Child Support Worker use of assessment & other forms

Half of the Child Support Workers reported using a child intake assessment form (50%). Thirty-three percent said that they used the SHIP system to assess and track goals. Equally, 33% stated that they used a child case management plan and 33% did not state any formal refuge assessment forms to use with children and young people.

## Additional Forms Used

In addition to the assessment and other forms used, child-specific staff recorded that they also used various other forms that did not fit into the five main categories:

- Parent Interview form
- Patricia Giles Centre Children's Counselling Service referral form
- Recording Outcomes form
- Ongoing Monitoring of Behaviours/Observation forms (eg. playroom sessions)
- Ages and Stages Development Questionnaire form
- Child Consent form
- Mother Feedback form

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<sup>7</sup> The SHIP client management system replaced the SAAP Management and Reporting Tool (SMART) on the 1 July 2011.

<sup>8</sup> One refuge that was surveyed (Graceville/Byanda) does not input data into the SHIP system as they have their own database.



**Table 8.** Comparison of the forms/systems used by Child Advocates and Child Support Workers

Position	Forms/Systems Used			
	No formal refuge assessment forms	Child intake assessment form	Use SHIP system to assess and track goals	Child case management plan
Child Advocate (n = 9)	0% (0)	66% (6)	22% (2)	55% (5)
Child Support Worker (n = 6)	33% (2)	50% (3)	33% (2)	33% (2)
Total (n = 15)	13% (2)	60% (9)	26% (4)	46% (7)

More than half of the child-specific staff use the Child intake assessment form (60%) and less than half use the Child case management plan (64%) and the DCPFS SHIP system to assess and track goals (26%), where 13% use no formal refuge assessment forms. Formal processes to assess young clients upon intake are important. Not only for writing case notes in the context of possible legal proceedings, but also to use as a baseline to track the progress and welling of a young client throughout their journey at the refuge and beyond.





### *The change in roles from 2009 compared to 2014*

During the 2009 survey, four Child Advocates and nineteen Child Support Workers responded to the question about the nature of their work and defining their role in the refuge. The overarching or more common descriptions of their work were divided into 7 main areas. Keeping in mind that out of the 23 child-specific staff in 2009, 19 were Child Support Workers (82.5%), the two main roles as identified by the child-specific refuge staff (apart from addressing any pragmatics needs of the young clients<sup>9</sup>), was to provide parenting advice and to provide child care (child minding). The least common answer was to engage in case management followed closely by providing therapeutic intervention.

Child Advocate/  
Child Support  
Worker Roles in  
2009

Addressing Pragmatic Needs (100%)

Providing Parenting Advice (74%)

Child Minding (74%)

Protective Behaviours and Safety Planning (56%)

Liaising with Department for Child Protection (47%)

Therapeutic Intervention (35%)

Case Management (30%)

**Figure 8.** *The role of the Child Advocate/Child Support Worker in 2009*

Over a five year period, the direction of child-focused work in Refuges has changed somewhat. Now, there are more Child Advocates than there were in 2009, and with this, there has been more of an emphasis on case management and working therapeutically with children and young people. While not all child-specific Refuge staff focus on including case management and therapeutic work in their daily practice, trends do reveal that if conditions continue to change in the future (more Child Advocates staff being employed, having more focus on the child or young person as a client in their

<sup>9</sup> In addition to the responsibilities listed above, all respondents referred to addressing pragmatic needs of the children as an important part of their role such as, providing a safe place to sleep, toys or other items to make them feel at home, getting the children enrolled at school and organising school uniforms, and addressing health needs as they arise.





own right), the refuge experience will be a more enriching and therapeutic one for young clients and their mothers.

Child Advocate/ Child Support Worker Roles in 2014	Addressing Basic Needs (100%)
	Case Management (80%)
	Therapeutic Intervention (80%)
	Liaising with Department for Child Protection & Family Support (80%)
	Providing Parenting Advice (80%)
	Protective Behaviours (73%)
	Child Minding (46%)

**Figure 9.** *The role of the Child Advocate/Child Support Worker in 2014*

When listing the work of the Child Advocates and the Child Support Workers in 2014, this study shows that all were Addressing Basic Needs (100%), and 12 out of the 15 respondents (80%) were involved in Case Management, Therapeutic Intervention, Liaising with Department for Child Protection & Family Support, and were Providing Parenting Advice. Eleven out of the 15 respondents (73%) were teaching Protective Behaviours. While Child Minding is important to an extent, it is not a key focus of child advocacy work. Compared to the 74% of respondents in 2009 that listed this as a significant area of work, in 2014, this decreased to around half (47%).

Not included in *Figure 9.*(to keep commonalities between both figures 8 & 9) was the second least common role; ‘Facilitatng mother-child bonding exercises’ (66%). This is partly due to only 33% of Child Support Workers engaging in this. Also not listed in *Figure 9.* was the most common role of the child-specific refuge staff worker; to make ‘Referrals to external agencies’ (86%). As women and their children sometimes only stay in a refuge service for one night, it is vital to be able to refer clients to other services to seek help. Expanding their support network will help in delivering better outcomes.





## Facilities, Resources & Programs

During the consultation, respondents were asked about the facilities available to children and young people at the refuge (a playroom, outdoor playground etc.), what therapeutic resources they used to help support children e.g., protective behaviours or safety related story books, feelings cards, safety plans etc. and what programs their refuges were engaged in. A combination of using appropriate facilities, resources and programs will help to promote positive outcomes for young clients.

### Facilities

All respondents noted having at least one type of designated area for children and young people. In some cases, there was more than one child-focused area. The extent of how large the area was and also how populated the areas were with toys etc. was vast, from small playrooms to large outdoor play equipment areas. Some areas were targeted at younger children and other were more focused on the needs of older children and young adults. Below is a list of the types of child-specific refuge areas:

- Large outdoor play area with a sandpit, slides and a sail shade
- Outside play area which has play equipment and a cubby house
- Large indoor play room with separate bathroom and a large storage cupboard (musical instruments, chalk boards, books, toys, chairs, tables, art supplies and more).
- Activity room for older children (computer access, educational games, play station console, board games).
- Crèche for young children
- Small playroom with books, toys, arts and crafts etc.
- An outdoor sports court for children of all ages

### Resources

All respondents remarked that they used a variety of resources with their young clients however; some were more therapeutic than others. Nearly all Child Advocates (88%) and half of the Child Support Workers (50%) reported teaching their young clients Protective Behaviours. In addition to this, like Protective Behaviours, there were also other personal body safety resources used. Child-specific staff used a variety of therapy-based resources based mainly on using art and music. The resources mentioned in the survey are as listed:

- Protective behaviours
- Safe from the start resources (Salvation Army)
- Body puzzle (identifying body parts i.e. focus on naming genitalia)
- Puzzles
- Feelings Poster
- Feelings/Emotions cards



- The use of animals (guinea pigs) as a resource to facilitate a child's learning about how to be gentle, kind and patient
- Welcome children's colouring in book
- Alannah & Madeline bags on intake
- Art therapy resources
- Music therapy resources

While the child-specific staff may not necessarily have qualifications in various therapies such as art, play or music therapy, it is suggested that they still be encouraged to run these programs with the mother's/carer's and their child/ren. These art, play and music therapy-like resources used help to teach children and young people social skills, they learn how to manage emotions and very importantly, it helps them to reconnect with their mothers where bonds may have been compromised due to a perpetrator's use of violence.

### Programs

Respondents from the Perth Metropolitan area documented more examples of programs they used with their young clients than those in rural/regional/remote areas of WA. Many child-specific workers used programs external to their refuge, such as:

- Children's Counselling Service programs
- Uniting Care West children's and Family counselling programs
- St. Vincent De Paul camps
- Camps W.A
- W.A Parenting programs
- CentreCare programs
- Local library for their story-time program
- PCYC Kindy Gym program
- Aboriginal Early Years (best start program for Aboriginal families)
- Best Beginners Program (DCPFS)

While many child-specific staff used externally-run programs, many used internally-run programs and some ran programs that they themselves developed. The following are programs aimed at benefiting the child or young person:

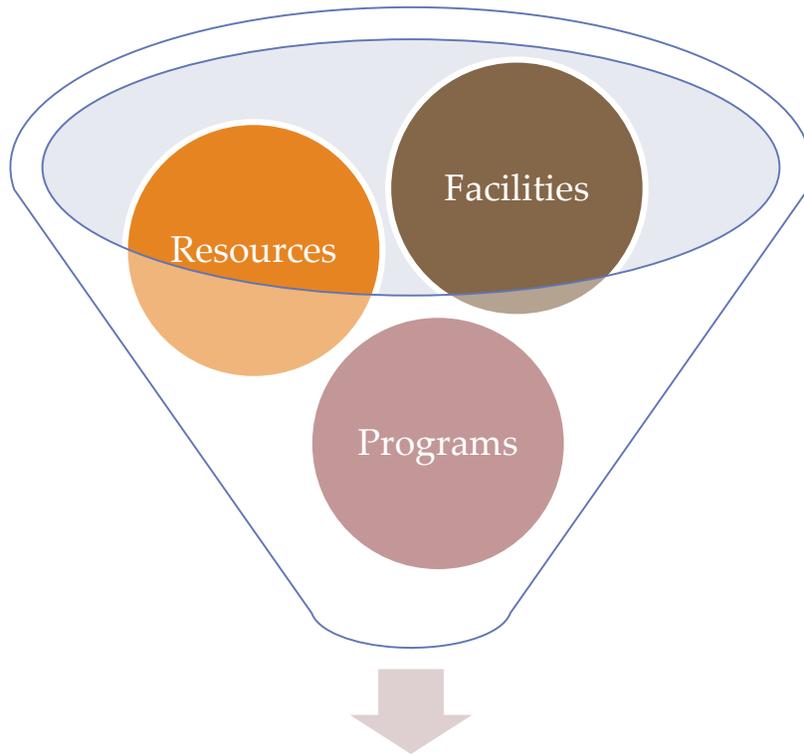
- School holiday programs
- Healthy eating program

In addition to these, there were other programs noted that were aimed at strengthening the mother-child bonds, benefiting both the child and their mother/carer:

- Family fun program



- Family rhyme-time program
- Family music program



## Better Outcomes for Children & Young People

**Figure 10.** *If Child Advocates and Child Support Workers can work with children and young people, using appropriate facilities and effective resources and programs (helping the individual child's wellbeing and the wellbeing of their mother through strengthening parent-child bonds), it will increase the likelihood of positive outcomes for refuge clients.*



## Issues and Challenges

During the survey child-specific staff were asked to document any issues or challenges faced. This question was open-ended and allowed for the respondents to answer about the issues and challenges that they personally faced when carrying out their roles in the refuge, but also any issues and challenges that the young clients or their mother's/carer's faced while in refuge. The following sections have been divided into the responses given in the 2009 survey and the answers provided in the current study.

### Issues and Challenges in 2009

During the 2009 survey there were five main issues that arose in the survey responses. These included:

1. Role definition/clarification
2. Lack of adequate space and resources
3. Working with the DCPFS
4. Attraction and retention of staff
5. Short-stay clients

*Note: The following paragraphs have been taken from the 2009 report.*

#### Role definition/clarification

Many child-specific staff described their role as not clearly defined or described. This lack of clarity has created the following issues for some workers: a) Uncertainty about their role; b) Difficulty obtaining an effective balance between addressing a child's pragmatic needs and working specifically to support the child to deal with their exposure to domestic and family violence (many workers focus on immediate needs such as school, health and childcare therefore missing opportunities to discuss safety and the impacts of violence on the child); c) becoming a 'catch all' within the organisation, responsible for odd jobs e.g., tasks and activities that do not fall under the purview of any specific role/worker; and d) a feeling of isolation in the organisation and creation of a hierarchy in which child support is seen to be 'lower than' or less important than work undertaken with women.

#### Lack of adequate space and resources

Many Child Support Workers do not have a designated space or area in which to work with children and/or lack resources to facilitate therapeutic conversations. This significantly affects workers' ability to provide support for children as they lack a safe and quiet space to do the work effectively.

#### Working with the Department for Child Protection

Many refuge workers described difficulties/frustrations in regards to communicating with Department for Child Protection staff, namely, difficulty tracking down case workers (e.g., leaving multiple messages with no reply) and the feeling that there was a one way stream of information (e.g., that they were often asked to provide information about their clients but often were unable to obtain information about the progress of welfare concern reports that they had filed/lodged). This issue seems to be further



compounded by changeover in workers both at refuges and Department for Child Protection, particularly in country WA.

Further to this, was the perception from some staff that there are Department for Child Protection workers who do not understand the role of Women's Refuges: expecting refuges to accommodate homeless women, or bringing women and children to the refuge and then, perhaps viewing the risk to be minimised, withdrawing their support. These actions, particularly the latter, are perceived as a lack of understanding of the role of Women's Refuges and the nature of domestic and family violence.

Further to this, some refuge staff commented that there seemed to be a lack of cultural awareness of Aboriginal and Torres Strait Islander people from some Department staff, with Indigenous women and their parenting practices compared against the workers own values and belief systems.

#### Attraction and retention of staff

The high turnover of child workers is indicative of a broader issue in the sector in retaining staff caused mainly by low wages and limited opportunities for advancement. This is particularly so for Child Support Workers and Child Advocates who in many organisations are paid less than refuge Support Workers. This means that experienced Child Support Workers may seek 'promotion' to refuge support roles in order to increase their salary or 'advance' within the organisation. This imbalance in pay and status creates a hierarchy within refuges that places the child workers role lower or less important than refuge support, therefore also relegating children's needs and experiences of violence as less significant or less important than women's.

Further to this, the funding that is made available for Child Support Workers means that tertiary trained or experienced staff (e.g., people who have previously worked in the domestic and family violence sector) are difficult to attract, in turn, affecting the role that the Child Support Worker or Child Advocate can undertake and the degree of therapeutic support that can be safely provided.

#### Short-stay clients

This was raised as an issue, mainly in remote areas. Women and children may only stay in the refuge for one night which leads to uncertainty around what you can do to safely support a child in such a short space of time.

## Issues and Challenges in 2014

During the current study, there were six main issues that arose in the survey responses. It seems as though the main issues present in 2009 are also the contemporary issues in working in refuges in WA in 2014. The six key issues included:

1. Attraction and retention of staff
2. Role definition/clarification
3. Lack of adequate resources
4. Working with the DCPFS
5. Issues when working with clients
  - a. High needs clients
  - b. Working with difficult families
  - c. Working with a diverse client-base
6. Refuge living arrangements

### Attraction and retention of staff

Child-specific staff commented on how, while the refuge may claim that they are child-focused or view the child or young person as a client in their own right, daily constraints make this difficult in practice. These constraints involved the attraction of qualified staff, the number of staff that the refuge is willing to employ, and the retention of already employed child-specific staff. With the lack of full-time staff, working part-time and trying to 'catch-up' or to fulfil multiple tasks means that the qualified child-specific staff end up not utilizing their skills and knowledge in practice as they are pre-occupied with focusing on childcare, not advocacy work. This leads to their roles not being appreciated and potentially viewed as not as important as other roles in the refuge.

While roles might be advertised as 'advocacy' positions, there are factors that lead to the role being more of a childcare position. If this trend continues, qualified people that would make excellent Child Advocates will be deterred from working in refuges with children and young people.

*"I felt that I was not utilising my skills and abilities the best I could" – Child Advocate that resigned at the end of 2013 – beginning of 2014 period.*

While the child-advocacy-turned-childcare role may be seen as the least valuable in the refuge and cause less of an appreciation for child-specific staff members, refuge staff might also feel unappreciative when advocates are actually performing their roles too. One Child Advocate remarked that while she is engaging in child-led unstructured play (empowering the young client to possess some sense of control), other refuge staff think that she is 'slacking-off' or being paid to just 'play-around' with the children. The lack of understanding of the advocacy role and the therapeutic benefits of play (and art and music) for children also leads to the feeling of unappreciation by child-specific refuge staff. This has serious implications for staff retention.



In addition to an unsatisfactory role in childcare-related work due to the feeling of being underemployed and underappreciated or the lack of understanding about the advocacy role, there are also additional stresses in daily refuge practices. Due to the difficulty in meeting all obligations when only working part-time i.e. being client-focused while also attending Child Advocate/Child Support Worker meetings, attending professional development courses, networking with other refuge staff etc. The frustration of not being effective as a child-specific worker also came through in discussion about working part-time and not being able to really engage, build trust and support the young clients.

*"[I have a] limited ability to make an impact on some clients when only working part time" – Child-specific refuge worker*

### Role definition/clarification

The lack of clarity around a Child Advocate's or Child Support Worker's role can lead to dissatisfaction in employment and confusion about how to work with young clients. Working part-time, focusing on multiple tasks at once, picking up other refuge staff members tasks, providing childcare etc. all lead to role confusion and an unclear definition of what they are employed to do. While job descriptions might indicate expectations of the role clearly, the way child-specific staff are influenced to work in the refuge might differ greatly.

Being 'child-focused' or working in a 'child-centered service' might be difficult in practice as mentioned above. Many child-specific staff end up carrying out childcare and other non-advocacy-related tasks. While they will try to work with the child as if they were a client in their own right (as in refuge policy and job description) it may not actually happen in practice. Other non-child-specific refuge staff must also understand that children and young people are clients of the Child Advocates and Child Support Workers.

Another element of role confusion is when the child-specific staff member grows close to a mother and her children and may form a personal relationship. While the mother might need a friend and the child/ren might want to trust and get close to another adult, there must be a healthy distance between staff and clients. This role confusion arises where the Child Advocate's or Child Support Worker's personal identity overlaps with their professional identify.

The key comments made in the survey on this issue were that some found it a struggle to remain somewhat objective when working with clients. This was especially the case when hearing stories about the abuse some children have experienced and then having their young clients return to the perpetrator with their mother.

The expectations of refuge managers and other staff members of the child-specific role may also differ between refuges, making collective efforts to discuss the aims of the role between them confusing.



### Lack of adequate resources

During the study the respondents noted that there was a lack of adequate resources that they could access to support their young clients. A highly sought after but scarce resource was training for the Child Advocates and Child Support Worker so that they can develop their skills and work with the children and young people more effectively. Nearly 20% of those surveyed did not attend any training in 2013<sup>10</sup> (see Table 9). There was also a need for more child-focused services in the community. Respondents reported long waiting lists for child-focused services or a lack of services altogether.

*“Services like Young Hearts have enormous waiting lists with no priority given to refuge clients. There are no services in our region other than the group I run that assist with anger management strategies etc. to prevent children perpetrating against mother and siblings.”*

*– Child-specific refuge worker who runs her own group*

#### Case Study 1

One Child Support Worker needed to access anger management programs for her young clients to attend. However, no such programs existed in her regional area. Instead of letting the issue pass, she was proactive in establishing and running her own program. As she needs to fulfill multiple other tasks and has many young clients to support, there is a real need for this program to exist in the community to support children and young people.

Other programs and resources such as the Big Brother, Big Sister mentoring program also had very long waiting lists. Some Child Advocates and Child Support Workers commented on the need for young boys to have positive male role models, but that it can be difficult to negotiate in a female-dominated sector<sup>11</sup>.

#### Case Study 2

One Child Support Worker was looking for a service to support her young client’s mother and provide parenting advice. While parenting programs do exist in her area, they will not help her young client’s mother while she is living in refuge.

### Working with the DCPFS

Please see *“Working with the Department for Child Protection & Family Support”* on Page 49

<sup>10</sup> This was not due to the WCDVFS not offering any but because they could not attend. WCDVFS online training is now available for members.

<sup>11</sup> Some Child Advocates and Child Support Workers noted that when male gardeners and tradesmen visit the refuge, young children, especially boys, will try to speak with the male workmen as they get little male contact in refuge.



## Issues when working with clients

There were three main areas of concern for Child Advocates and Child Support Workers when working with clients:

### 1. Working with clients with high needs

If there is a lack of training and understanding around working with high needs clients, some refuge staff might find it a struggle and feel unable to provide enough support. As there is sometimes a tripartite relationship between domestic and family violence, drug and alcohol misuse, and mental health, refuge staff need to be able to have the appropriate knowledge and skills to work with high needs clients. It was a frustration expressed by some respondents that they were not able to effectively work with their high needs clients, even though they needed the most support. Working with children and young people that have been sexually, physically &/or emotionally abused and have high needs was also an issue that arose.

### 2. Working with difficult families

#### a. Mother/Carer

##### i. Parenting Skills

Working with young clients intrinsically involves working with their mother/carer. Child Advocates and Child Support Workers commented on the lack of parenting skills by the mother/carer and how this can lead to difficulties in the refuge. The lack of parenting skills of some mothers makes it extremely difficult for others<sup>12</sup>.

##### ii. Drugs (including Alcohol)

Some mother's/carer's that enter into refuge with their children have a drug/s addiction and need substances to cope with their experiences of violence. This can cause unrest in the refuge and impact on other families<sup>13</sup>.

##### iii. Denial

Engaging and working with women who are exhibiting denial can be difficult for refuge staff (e.g. staff try to highlight that children's exposure to abuse is abuse in itself etc.). Staff not only try to help the women accept their feelings, but also their children's feelings about being in refuge. Some mothers are very reluctant to engage with staff and refuse any support with their children.

#### b. Siblings that fight (among themselves and with others)

Respondents noted the difficulties when working with aggressive young clients. Some would fight with their siblings and some would fight with the other children in refuge. Again, there is a need for appropriate training for refuge staff, access to parenting programs for women, positive male role models and non-communal living environments.

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<sup>12</sup> When it is clear that mothers that have limited parenting skills, they are referred onto parenting programs for support.

<sup>13</sup> Women that misuse a drug/s are referred to counselling &/or rehab as soon as possible for support with their addiction.



3. Working with a diverse client-base

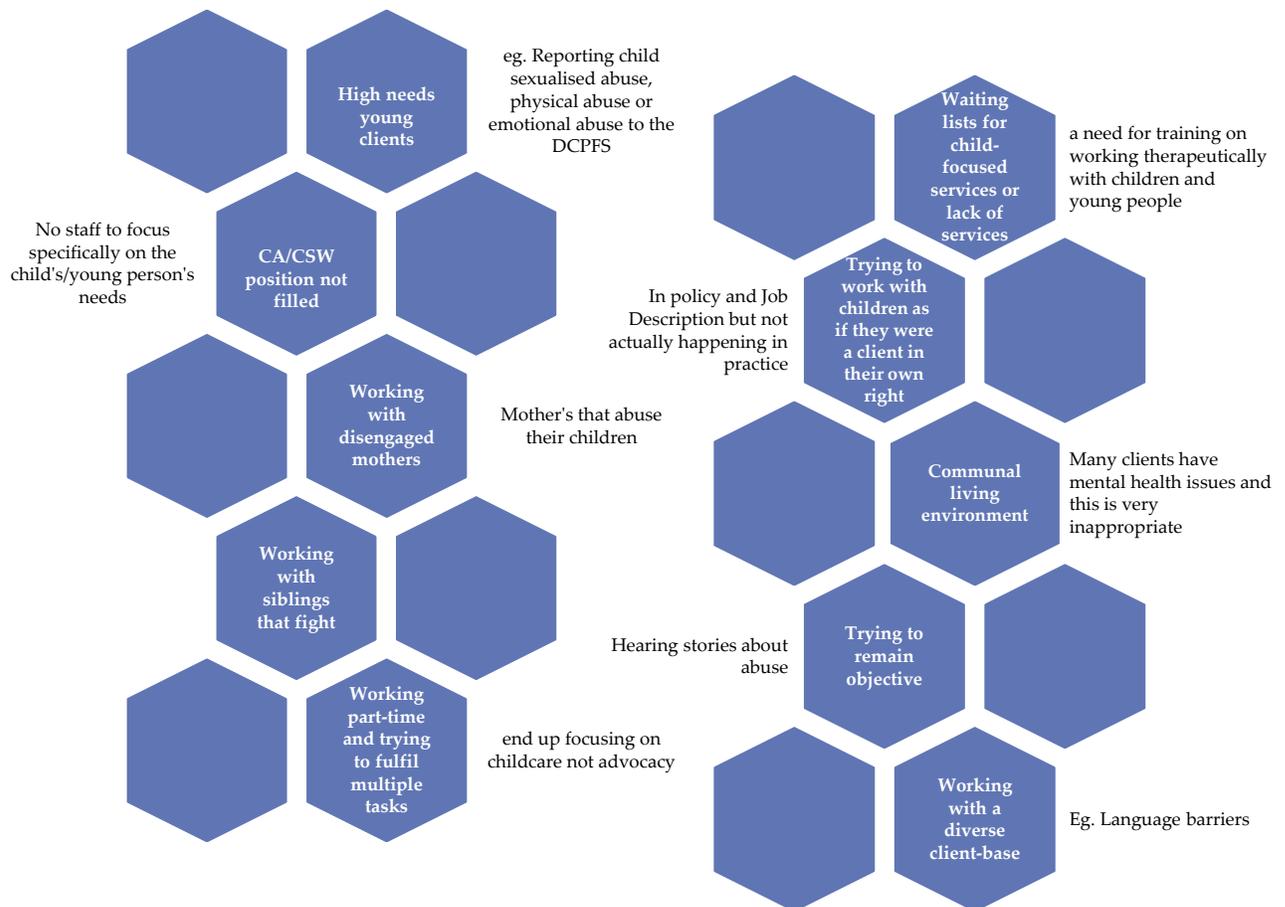
a. Eg. Language barriers

During the study respondents anecdotally provided evidence that over the past couple of years more culturally and linguistically diverse clients are entering into the refuge system in WA. With this brings additional barriers to providing an effective service to clients. A major issue has been with language barriers and interpretation of meaning (e.g. not reporting physical abuse as this was only understood as 'punching').

Refuge living arrangement

While some refuges have separate areas for mothers and children, others have communal living arrangements whereby all clients are living in close proximity and trying to work through any issues that they might have (drug and alcohol, mental health etc.) as a result of the abuse perpetrated against them. Respondents also noted that the lack of privacy can be an issue leading to tension between clients. This type of living arrangement can be distressing and inappropriate for victims of domestic and family violence.

*"[the] communal living environment is very inappropriate for women and children living in crisis"*



**Figure 11.** Issues and challenges as identified by child-specific staff in 2014





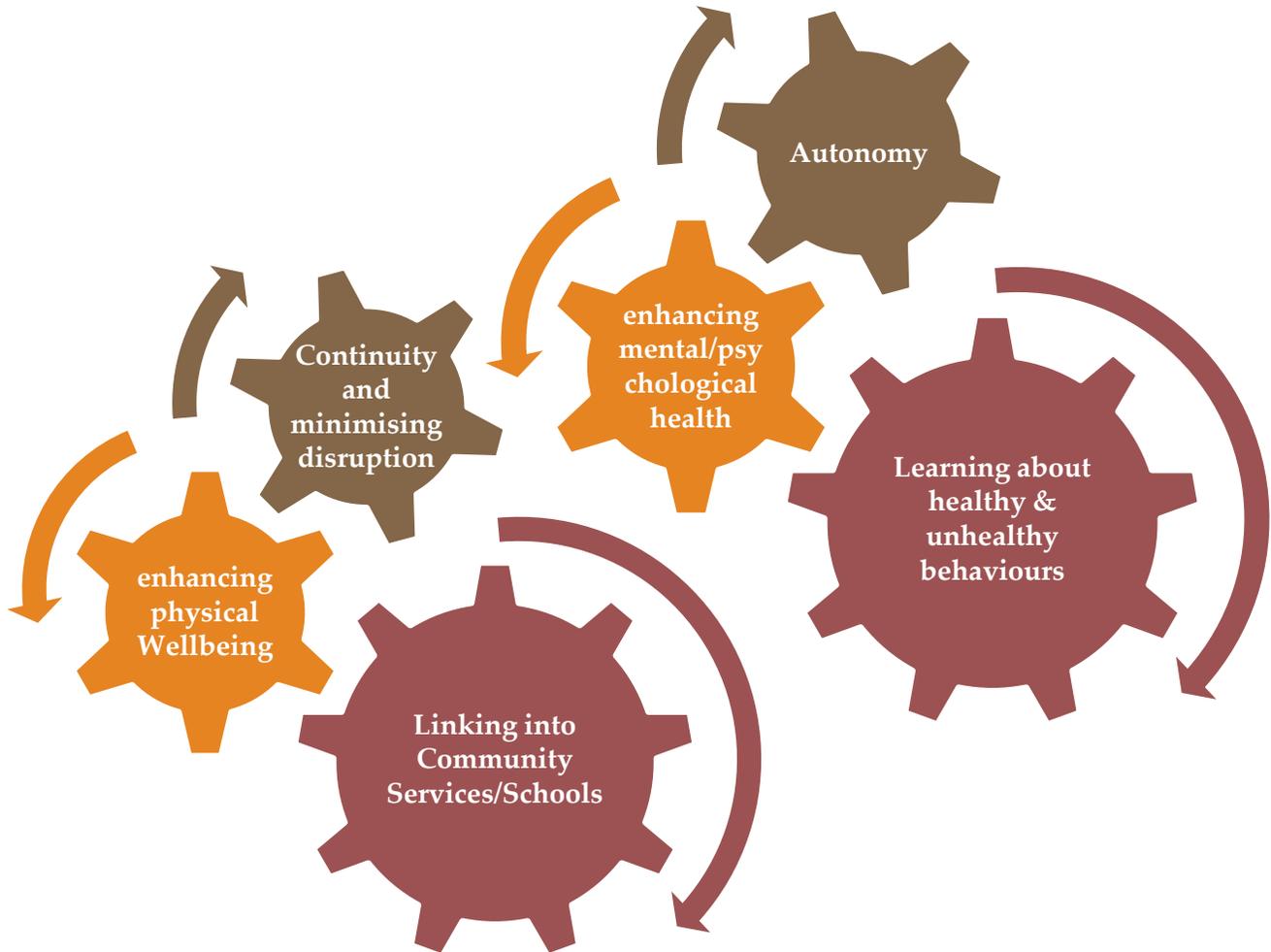
## *Children and Young People's Needs*

Respondents were asked about what they felt were the needs of children and young people. Some gave generalised responses such as love, happiness and safety. Others gave very specific answers such as learning about healthy male role models and being able to actively engage with their surrounding environments through play in a child-led and empowering way. The answers were divided into six main categories. Some of the key needs of children and young people as identified by the Child Advocates and Child Support Workers were:

- Continuity and minimising disruption
  - long term housing
  - consistent schooling
  - lasting friendships
- Enhancing physical wellbeing
  - immunisations
  - health and development checks
  - sport and recreation
  - personal hygiene
- Enhancing mental/psychological health
  - healthy boundaries
  - being happy
  - feeling safe
  - being treated with respect
  - actively explore their environment and learn
  - counselling
  - develop close satisfying relationships
  - someone to talk through their experiences and feelings with
  - rapport building with advocate
  - support with attachment issues
  - supervision and someone to monitor their well-being and development if and when mum is not able to be fully present
- Learning about healthy and unhealthy behaviours
  - for boys to learn from healthy role model about boyhood-manhood
  - protective behaviours
  - learning social skills
- Autonomy
  - allowed to have a voice
    - to be heard and validated
    - child-centered play



- Linking into community services/schools
  - access to services
  - school enrolments
  - re-schooling or tutoring



**Figure 12.** Some key needs of children and young people as identified by the child advocates and child support workers

*“Ongoing Therapeutic intervention that includes mentoring, counselling and anger management strategies etc, there seems to be a massive gap between need for this and the services available. A lot of children have behavioural issues that are due to multiple things (witnessing/experiencing DV, lack of structured parenting underlying health issues, lack of stability) and often get dismissed as naughty or diagnosed with ADHA instead of what is needed.”*

*– Child-specific refuge worker*

## Working with Children & Young People in Western Australian Refuges



*“Children need tutoring due to moving/missing school the older the child gets the less likely to engage at school because they don't know what's going on and feel stupid. They often need mum to get support with parenting so roles within the family are what they should be and mum can reconnect with her child/ren.”*

*– Child-specific refuge worker*

*“They [children and young people] are usually scared, confused, hurt. They need to learn how to keep themselves safe”*

*– Child-specific refuge worker*



*Clockwise from left: Toys donate to WA refuges for children and young people in WA refuge at the Variety Toybank event, June 2014. Toybank banner with photos of some child advocate/child support worker staff collecting toys. A doll donated at the Toybank event for child fleeing violence.*



## Professional Development

Child-specific staff were asked about the professional development opportunities they had been given in 2013. Most metropolitan staff has been able to attend training (86%), and over half of the rural/regional/remote child-specific refuge staff (66.5%). The follow list contains the types of training seminars the child-specific staff attended in 2013. Collectively, six training sessions were attended. They have been divided into 3 categories:

### Policy & Practice

- DCPFS Common Risk Assessment & Risk Management Framework training
- Response-based Practice with Dr. Allan Wade training
- Best practice for victims of domestic violence training
- Communicating effectively with Aboriginal clients training

### Psychology/Mental Health

- What's in the box: Understanding Trauma & Positive Behaviour Support Strategies

### Disorders

- Fetal Alcohol Spectrum Disorder training

*"This year no training has taken place as there has been limited training offered."*

*- Rural/regional/remote child-specific refuge staff member*



**Figure 13.** *Eight Child Advocate and Child Support Worker staff attended the Fetal Alcohol Spectrum Disorder (FASD) training in February 2014*



“Professional Development is available; however being in a regional area restricts attendance.”

- Rural/regional/remote child-specific refuge staff member



**Figure 14.** Child Advocate and Child Support Worker staff attended the Response-based Practice with Dr. Allan Wade training in April 2014. Some had also previously attended Dr. Wade’s training in 2013.

Rural/regional/remote child-specific refuge staff noted their frustrations in the scarcity of available training in their areas. Some also mentioned that their training budgets were not bountiful, which limits their chances to travel to Perth to attend training, or pay for expensive training in their area. All metropolitan staff had training whereas two out of the five rural/remote/regional staff did not.

**Table 9.** Professional Development for Child Advocates and Child Support Workers

Location/Position	Did you receive any professional development in 2013?	
	Yes	No
<i>Metropolitan</i>		
Child Advocate (n = 6)	100% (6)	0% (0)
Child Support Worker (n = 1)	0% (0)	100% (1)
Total *(n = 7)	86% (6)	14% (1)
<i>Rural/Regional/Remote</i>		
Child Advocate (n = 1)	100% (1)	0% (0)
Child Support Worker (n = 5)	60% (3)	40% (2)
Total (n = 6)	66.5% (4)	33.5% (2)
Overall Total (n = 13)	77% (10)	23% (3)

\* Two Child Advocate staff did not reply to this question.

## Professional Development Needs in the Future

Child-specific refuge staff were consulted about their professional development needs in the future. Some gave feedback about the topics that they would like to see covered in training sessions, while others gave suggestions about the types of training seminars they would enjoy attending in the future.

### *Training topics*

There were several responses to this question. Overall, the answers can be categorised into four sections:

1. Therapeutic intervention skills
  - a. Counselling skills
  - b. Play therapy
  - c. Art therapy
2. Working with clients and supporting their needs
  - a. Needs of children with trauma
  - b. Needs of Aboriginal children
  - c. Needs of CaLD clients
  - d. Needs of teenagers with an emphasis on male clients
  - e. Working with young male clients in a female dominated workforce and the need for positive male roles models
3. Protective Behaviours
4. Self-care
  - a. Working through vicarious trauma

### *Types of training*

There were four key suggestions for the types of training child-specific staff would like to attend in the future:

1. Industry Conferences<sup>14</sup>
2. Funding for commencement and delivery of our own Community programs
3. Short courses delivered by local institutions (eg. Goldfields Institute of Technology)
4. More rural/regional/remote specialised training

*"Much more training needs to be made available to regional Children Services workers in the way of attending Industry conferences and training in the city of Perth, continuous improvement is essential for the ongoing growth of the refuge and to best facilitate the children entering the refuge. We cannot hope to remain current without regular training in this field."*

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<sup>14</sup> The *Supporting Children & Young People who have Experienced Domestic and Family Violence* state-wide conference for refuge and other staff that work with disadvantaged young clients is being held on 25<sup>th</sup> & 26<sup>th</sup> March 2015.



## Supervision Arrangements

Supervision is important in the helping professions for practitioners to work effectively with their clients. Child Advocates and Child Support Workers were asked about whether they received any supervision, other than the clinical supervision that the WCDFVS provides once every 2-3 months<sup>15</sup>. There were five main categories for their answers given:

1. No supervision
2. Supervision, but not by a qualified counsellor
  - a) With CEO and other services
  - b) With manager (every 6 months)
  - c) By a team senior
3. Highly infrequent supervision
4. External supervision offered but not utilised
5. Supervision available monthly

**Table 10.** Supervision for Child Advocates and Child Support Workers

Location/Position	Do you receive supervision (besides through the Women's Council)?	
	Yes	No
<i>Metropolitan</i>		
Child Advocate (n = 8)	62.5% (5)	37.5% (3)
Child Support Worker (n = 1)	0% (0)	100% (1)
Total (n = 9)	55% (5)	44% (4)
<i>Rural/Regional/Remote</i>		
Child Advocate (n = 1)	100% (1)	0% (0)
Child Support Worker (n = 5)	60% (3)	40% (2)
Total (n = 6)	66.5% (4)	33.5% (2)
<b>Total (n = 15)</b>	<b>60% (9)</b>	<b>40% (6)</b>

<sup>15</sup> Clinical supervision is offered in a group setting between Child Advocates, Child Support Workers and a qualified counsellor. Usually, only a maximum of 10 Child Advocates and Child Support Workers from the Perth metropolitan area attend the group supervision sessions.

### Quotes on Supervision corresponding with one of the five categories



1. "No Supervision offered, solely through Women's Council."
2. "The full-time Child Advocate will receive supervision by the team senior worker of the refuge. Both current Child Advocates are provided with support by the team senior and fellow team members"
3. "Not regularly- only once in the past 12 months"
4. "Yes, external supervision with the onus on us to arrange it and fit it into our work time."
5. "Presently performance/task oriented supervision once per month. The refuge is negotiating for Support Workers to receive Clinical Supervision. If successful, the aim is to have this once every six weeks. A consultant will also be providing Group Supervision four times per year."





## Working with the Department for Child Protection & Family Support

### Data Collection Methods

The DCPFS require refuges to record data on the clients they serve; this data is then sent to AIHW in Canberra. To better support agencies in reporting for the new Specialist Homelessness Services (SHS) collection, the Specialist Homelessness Information Platform (SHIP) client management system replaced the SAAP Management and Reporting Tool (SMART) from 1 July 2011. The SHIP system is a data collection database that allows refuges (and other crisis accommodation services) to record client information. It includes recording case notes, case plans and client goals. Refuges can also compile and extract data to help manage their service and their clients' needs (AIHW, 2013).

Currently, most refuges in WA use the SHIP system. Those that do not (for example Byanda/Graceville) have their own data input systems. Respondents were asked whether they thought that the SHIP data collection methods were relevant, if the process was easy/straightforward and whether the amount/type of questions were sufficient.

The following points were made, with some respondents finding the SHIP system easy to use and others finding issues with it:

- It has straight forward and relevant questions
- It is easy to use – happy with the outcomes based method
- The system is relatively easy to navigate, although it is extremely time consuming
- There could be different profiles/support for children under 18
- There could be more specific with questions relating to children in relation to the types of support provided
- When trying to generate reports with relevant data it can be quite difficult (not straightforward)

*“Regarding the data/details collected relating to child protection...This is only collected at the point of completing Status Updates – we feel this is important information that should form part of the intake. We have brought up this issue before at SHIP training and have been told that DCPFS collect their own data. While this is obviously true, our data could add considerably in providing information about which clients of theirs are in refuges. Also, the data collected about child protection only relates to cases when children have been placed in care or under some form of order. Many of our clients are open/recent cases with DCPFS or have a history but we can only select not applicable at this question because most are not under DCPFS orders”*



**Table 11.** Child-specific staffs experiences of the SHIP system

Category	Percentage
Easy/Straightforward	46.5% (7)
Confusing/Difficult/Time-Consuming	20% (3)
Do not use SHIP	26.5% (4)
No data provided	7% (1)

*“Relatively easy to navigate although extremely time consuming. Maybe have different profiles/support for under 18’s. Could be more specific with questions relating to children in relation to support provided. Trying to generate reports with relevant data can be quite difficult.”*

### Not part of the CA/CSW role

For four (26.5%) child-specific refuge staff, assessing and logging data into the SHIP system is not a task associated with their position. They do not access the SHIP system to identify trends in intake or access the data to use in reports etc. They could therefore not provide an answer on this question.

### Relationship with the DCPFS

Child Support Workers and Child Advocates were asked about their working relationship with the Department for Child Protection & Family Support. All respondents replied to the question. The common themes in refuge staff respondents were:

*Good Relationship:* Strong affiliation and connection, assistance when required/asked for, fantastic source of advice and client resource. DCPFS intervene appropriately and refer parents to training services.

*“We have a fairly good relationship with our local DCPFS. Perhaps because we are in a regional area there is a little more familiarity with staff. We take every opportunity to support clients with SOS meetings etc. which not only supports the client but gives us the opportunity to get to know DCPFS staff and for them to get to know us. Agencies meet for informal “Chat and Chomp” lunches so we endeavor to attend these as much as possible.”*

*Need to work on reducing stigma around child protection:* Some clients in the refuges across WA might be afraid of the DCPFS taking their children from them. While the Signs of Safety<sup>16</sup> model seeks to

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<sup>16</sup> Signs of Safety is a strengths-based and safety-focused approach to child protection work, grounded in partnership and collaboration.





maintain the family structure and only take children into state care if it is absolutely required, there is still a stigma around the DCPFS leaving mothers without their children.

*“As a child advocate I have no working relationship with the DCPFS. Women’s support workers maintain all contact. I believe in an effort to ‘protect’ families nervous about DCPFS contact. Perception among many mothers that anything a child expresses in the CAU will be ‘used against’ them. Some children have been directly excluded from accessing the CAU on the basis of this belief. I see this changing through greater collaboration between women and children’s workers, to attempt a cultural shift with an emphasis of team work for ALL clients, adult or child”*

**Need more support:** There needs to be a genuine interest from the DCPFS into the wellbeing of the client, even when they are temporarily supported in crisis accommodation. DCPFS policies need to improve too in the context of ensuring reasonable response-times to refuge staff enquiring about a client.

*“Often our clients are from a different area which makes working with DCPFS sometimes difficult as can take 1-2 weeks to get a response from the case worker in the meantime client might give up and leave. I have found that when working with clients they [the DCPFS] make certain demands but offer very little in the way of practical support, sometimes having no contact with client once in the refuge only wanting to know if they leave.”*

*“Usually very strong working relationships in the beginning, then left to own devices after one to two weeks in the refuge.”*

**Worker dependent:** While the intentions of the DCPFS may be very positive in wanting to protect children and young people from domestic and family violence, in practice, this relies upon the motivations and behaviours of specific DCPFS staff working with refuge staff on cases.

*“The relationship can be either good or bad depending on the DCPFS worker involved in a case.”*

**Double-standards:** It seems as though there is a double-standard around information sharing and communications between refuges and the DCPFS.

*“When DCPFS ask for information they expect the refuges to inform them, but then when the refuge asks for information they are not so giving.”*

### *Not part of the CA/CSW role*

Three out of the 15 child-specific staff (20%) stated that they had no direct contact with the DCPFS in their roles; whereas the other 12 (80%) stated they did have some relationship.

## How could the relationship be improved in your opinion?

### *Increased communication & information sharing*

- Communication needs to be bilateral

*“Generally the DCPFS are keen to refer clients to the refuge, but once here we find it difficult to get information and to continue their involvement on a regular basis with the family”*

- Communication on a regular basis is needed, not simply when refuges ask for it.

*“Need increased regular communication between the DCPFS and refuge, not just when refuges ask for help. It would be good to see the DCPFS engage more with refuges.”*

*“It can be hard sometimes to get the DCPFS to respond to our requests”*

- Reports back to the refuge that all concerns have been dealt with so refuges can then take appropriate action.

*“Once reporting data is entered it would be good to get feedback from the DCPFS that our concerns have been assessed and any actions the refuge can take to implement any safety strategies.”*

- There needs to be a sense of transparency with refuge-DCPFS communications.

*“[There is a need to] develop a transparent basis of communication between DCPFS and refuge for the welfare of the children”*

### *New programs/processes*

- New programs to assist in streamlining the transition for children and young people entering the refuge
- New therapeutic programs run by the DCPFS

*“It would be great if DCPFS were able to offer mentoring to parents and children and ongoing therapeutic intervention for children.”*

### *An induction period for new DCPFS and Refuge Staff*

- A period of time dedicated to learning about the DCPFS and vice versa. This induction period could include touring offices, meeting case workers and managers, being provided with manuals or documents outlining the DCPFS expectations, roles and responsibilities in the context of working alongside refuges.

*“As I have suggested before, if all CSW's/CA's were given the opportunity to engage in a placement within DCPFS as part of their training/induction I feel this would lead to a greater mutual understanding of how each service works, how they can work together and would enhance networking between the refuges and their local DCP offices.”*



*More engaged DCPFS case workers*

- Case co-ordination on a regular basis is need between DCPFS and refuges

*“If DCPFS case workers would work together with us in case managing mutual clients it would be far more beneficial.”*

- Invites from the DCPFS case worker to attending meetings
- Having a central contact person and being able to speak with that person freely (a need to build the relationship with the DCPFS case worker)

*More Aboriginal DCPFS workers*

- As refuges have many Aboriginal clients, it would be highly beneficial to be working alongside an Aboriginal DCPFS staff member



## General Feedback from Child Advocates and Child Support Workers

Participants in the study were asked to provide some general feedback about anything they would like to comment on; from their position as an advocate or support worker, to the refuge service they work at, the DCPFS, the Women's Council for Domestic & Family Violence Services (WA) etc. The following statements were made by the surveyed Child Advocate and Child Support Worker refuge staff:

- More support is needed for the Child Advocates and Child Support Workers

*"This role needs much more support. It needs 1.5 or 2 full time positions to cope with the work load. Eg; 5 Mothers = 10-15 children."*

- Some Child Advocates were motivated to enhance their role in Western Australia

*"I am keen to continue increasing the professionalism of the child advocate role and becoming part of the child advocate network"*

- Several Child Advocates and Child Support Workers stated that more team work, collaboration and appreciation in refuges is needed between child-focused staff and women-focused staff

*"The support of the whole team in the refuge is essential for the CA/CSW to function at its best"*

*"The role of the Child Advocate is a specialised role and it varies greatly between all the refuges. It should be recognised by all staff and managers for the complexity involved in this role and the flexibility we need to do his job. We work with the children and the mothers and I feel more support should be shown by workers to enable us to empower the parent and re-connect them as a family."*

- Child Advocates and Child Support Workers commented on the Women's Council for Domestic & Family Violence Services (WA) Keeping Kids Safe project and highly valued the support to both the refuge clients and refuge staff

*"I enjoy my job very much. It is a demanding position but very rewarding. I have a supportive team and I appreciate all of the support of the Women's Council and all the training they have provided"*

*"Well done to the WCDFVS for focusing on the CA/CSW role and supporting the needs of children in refuges."*



## Recommendations

The review of the study and the key messages raised throughout, prompt recommendations to be made for the benefit of refuges, practitioners and clients alike.

### 1. **Supporting Aboriginal clients**

Out of all refuges not to have a child-specific worker, 92% were from rural/regional/remote areas of WA that support many Aboriginal clients. The only refuge in the Perth metropolitan area not to have a child-specific staff member was at an Aboriginal service. More focus needs to be on supporting Aboriginal clients.

### 2. **Case management, therapeutic intervention, safety planning and mother-child bonding**

It is recommended that case management, therapeutic intervention, safety planning and mother-child bonding need to be considered key responsibilities of the Child Advocate and Child Support Worker role. While trends have shown that there has been a shift in the main areas of child-related refuge work over the past five years, there still needs to be an emphasis on these activities. As the focus moves from a mother-centred- child-minding practice to a more holistic child-centred-therapeutic practice, the future of Child Advocacy and enhancing outcomes for children and young people that have experienced domestic and family violence in WA is promising.

### 3. **Encouraging the use of therapeutic activities**

Although no child-specific staff claimed to possess qualifications in specific treatment modalities such as; art, music or play therapy, initiative in developing and/or running programs that focus on these mediums is recommended. Creativity by the children and young people through art, music and play should be encouraged, especially where it aims at strengthening mother-child bonding.

### 4. **Child minding should not be considered the key role of the child-specific positions**

While child-minding is important and provides the mother/carer with respite or allows her to attend meetings and appointments, this should not be considered a key aspect of the role.

### 5. **Upskilling child-specific workers**

In achieving *Recommendation 2*, child-specific refuge staff need to be up-skilled and focus more on advocacy. Refuge management should allow the professional development of their staff to learn about effective case management, strategies for therapeutic intervention and safety planning methods. The Children's and Young Person's Advocate position should take priority.

### 6. **Promotion**

Some Child Support Workers are already providing an advocacy role that seems to be beyond the scope of the "support" role. In this case, Child Support Workers should be promoted.



**7. Protective behaviours & safety planning**

Children and young people should be taught about Protective Behaviours and have an opportunity to safety plan with their mother/carer while in refuge. Levels 1, 2 & 3 Protective Behaviours training are recommended for child-specific refuge staff working in WA refuges.

**8. Accessing the SHIP System**

Child-specific staff should learn to use and access the SHIP system to track goals and extract data for reports etc. This will not only benefit clients, but also expand the workers knowledge around statistics, report writing and, computer and administrative skills. In the case that refuges do not use SHIP, the equivalent should be made accessible.

**9. Using refuge assessment forms upon client intake**

Three of the surveyed child-specific staff claimed to not have any formal assessment process established in their refuges. Client assessment is important not only for case notes in the context of legal matters, but also to use as a baseline to track the progress and wellbeing of a young client.

**10. Refuges require greater funding**

Refuges require greater funding. Children and young people are now understood as clients in their own right and active agents in their unique experiences violence (receiving abuse and responding to it accordingly). If funds were available, they would surely be spent on employing child-specific staff to work effectively with their young clients. Specific funding, as opposed to core funding, should be available for refuges to employ two full-time Children's & Young Person's Advocates.

**11. Greater working hours**

Following on from *Recommendation 10*, child-specific refuge staff need greater working hours. The amount of time spent in the positions weekly is less than the national working average. In order to most effectively work with the young clients, staff need to be employed full-time.

**12. The roles need to be defined to other refuge staff**

The two roles need to be clearly defined to other staff members in the refuge. The Child Advocate and Child Support Worker positions are critical in supporting young clients in potentially one of the most vulnerable times in their lives. The worth of these positions seems obvious, but unfortunately, this might not appear to be the case in practice.

**13. Child-specific positions need to be viewed as career options**

The turnover rate of child-specific refuge staff is far greater than the national average. The nature of refuge work can be overbearing, however, if enough support is provided (when clinical supervision is offered, adequate training is provided etc.) the role can be seen as a career option.



## Conclusion

The Child Advocate and Child Support Worker roles seem to differ quite significantly. The Child Advocate role involves mainly case management and ongoing monitoring of young client's wellbeing, and referring young clients to external services such as a children's counselling service or a general practitioner etc. Whereas the Child Support Worker role involves mainly liaising with the DCPFS and providing parenting advice to mothers. Therefore, the Child Advocacy role needs to be a priority in refuges across WA.

Trends have shown the move away from a mother-centred-child-minding practice to a more holistic child-centred-therapeutic practice over the past five years since the last study in 2009. If trends continue along the same trajectories, the professional profile of the Child Advocacy position will be lifted. With this may come more financial resources; more opportunity for professional development, more resources, more child-specific areas in the refuge for young clients, more working hours, more clinical supervision etc. Better still; the child or young person will be seen as a client in their own right deserving of specialised care.

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## Appendix A: Refuges that Participated

The child-specific refuge staff that participated in the study were from:

### **Metropolitan Refuges**

Byanda/Graceville

Harmony Place (formerly Ruah)

Koolkuna

Orana

Patricia Giles Centre

Rebecca West House

### **Rural/Regional/Remote Refuges**

Albany Women's Centre

Chrysalis House

Goldfields Women's Refuge

Lucy Saw Centre

Magnolia Women's Centre (formerly Waminda)

Pat Thomas Memorial House

## Appendix B: Table Summary of Participant feedback

Child-specific Refuge Staff Member	Refuge	Position (CA = 1, CSW = 2)	FTE	Experience in current role (months)	Highest level of education (University Bachelors or higher = 1, TAFE Diploma or Certificate = 2, Other = 3)	DCPFS funding (yes = 1, no = 2)	Purpose facility for children (yes = 1, no = 2)	Internal Professional Development? (yes = 1, no = 2)	Internal Supervision? (yes = 1, no = 2)	Data Collection (easy = 1, confusing = 2, not completed by CA/CSW = 3)
A	Graceville/ Byanda	1	0.8	31	2	1	1	1	1	1
B	Ruah	1	0.4	108	1	1	1	No data	2	1
C	Ruah	1	0.2	6	2	1	1	No data	2	1
D	Chrysalis	2	1.0	42	2	1	1	1	2	No data
E	Koolkuna	1	0.7	192	2	1	1	1	1	3
F	Albany	2	0.5	42	1	1	1	1	1	2
G	Koolkuna	1	0.5	96	2	1	1	1	1	3
H	Lucy Saw	1	0.6	24	2	1	1	1	1	1
I	Pat Giles	1	1.0	5	2	1	1	1	1	3
J	Pat Thomas	2	0.6	36	2	1	1	2	2	2
K	Goldfields	2	0.8	36	2	1	1	2	1	1
L	Rebecca West	1	1.0	7	1	1	1	1	2	1
M	Pat Giles	1	1.0	4	1	1	1	1	1	3
N	Orana	2	1.0	144	2	1	1	2	2	1
O	Magnolia	2	1.0	6	3	1	1	1	1	1

## Appendix C: Child Advocates & Child Support Workers Qualifications

### University

PhD Psychology (Curtin)

Masters Primary Teaching (UWA)

Graduate Diploma Early Childhood Studies

Bachelor Arts (Primary Teaching)

Diploma (Teacher's Assistant )

Bachelor Science (Psychology) Honours

Bachelor Counselling

Advanced Diploma In Diagnostic Radiography

### TAFE

Certificate IV (Education Assistant)

Certificate IV (Children's Services)

Diploma (Children's Services)

Associate Diploma Social Science (Childcare)

Diploma (Early Years Practice & Education)

Associate Diploma Social Science (Childcare)

Certificates III & IV (Community Service)

Certificate IV (Training & Assessment)

Certificate III (Human Services)

Diploma (Youth Work)

### Other

First Aid

Working with Children & Young People in Western Australian Refuges



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