

ANROWS

Connecting the dots

A strengths-based practice framework for responding to the needs and priorities of children and young people with disability who experience domestic and family violence

Children and young people with disability fall between service cracks when they experience domestic and family violence. They report a range of unmet service needs during these times.

It is not the responsibility of any one practitioner to resolve these issues – these are complex systemic problems. However, there are key steps that can be taken by all practitioners to help make sure these children and young people get help when they need it.

This framework outlines key principles and elements for strengths-based practice with children and young people with disability who experience domestic and family violence. It can be used to guide thinking and reflection alongside other risk and safety frameworks.

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ANROWS

AUSTRALIA'S NATIONAL RESEARCH
ORGANISATION FOR WOMEN'S SAFETY
to Reduce Violence against Women & their Children

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This practice framework was produced with funding from the Australian Government and the Australian state and territory governments. ANROWS gratefully acknowledges the financial and other support it has received from these governments, without which this work would not have been possible. The findings and views reported in this document are those of the authors and cannot be attributed to the Australian Government, or any Australian state or territory government.

Foreword

Children and young people with disability tend to fall between service cracks when they experience domestic and family violence

They can have a range of unmet service needs during these times. This stems from layered issues around how practice in these settings is funded, organised and delivered.

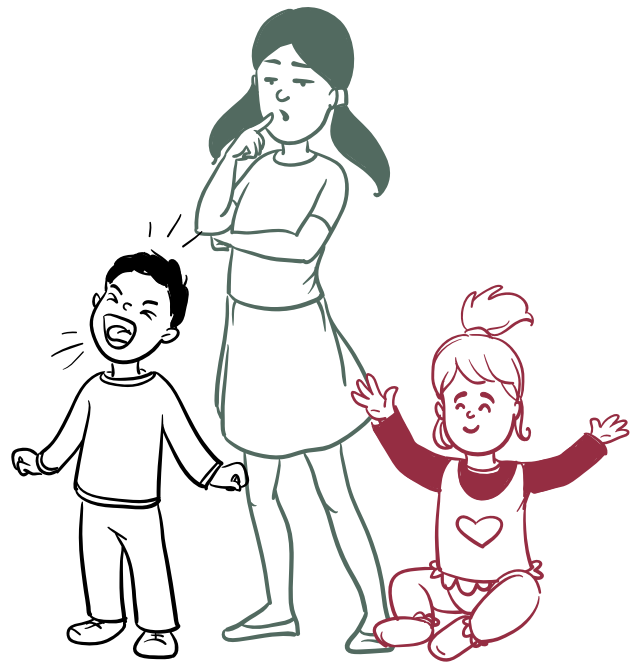
Crisis-response services typically take a family-focused approach (e.g. homelessness, justice, women's empowerment), where children and young people are not direct service recipients but benefit from services provided to support the primary caregiver.

In our research, practitioners in these settings identified that even if they recognised unmet service needs, there was little they could do. They also reported feeling poorly equipped to communicate effectively with children and young people who have significant disability.

Services that work more directly with children (e.g. disability, health, education) were often unable to reach them and felt unprepared about how to support them when the children are experiencing domestic and family violence.

It is not the responsibility of any one practitioner, service or system to resolve these issues. They require consideration at policy and planning levels as well as collective shifts in practice and workforce coordination.

However, there are key things practitioners can do to support the needs of children and young people with disability who experience domestic and family violence.



This practice framework outlines key principles and elements for strengths-based work with these children and young people

The framework has been developed from a large, multi-phase research project,¹ and shares knowledge from data and literature along with insights from children and young people² with disability who have experienced violence, their families, and practitioners from different sectors.

This means the **Connecting the dots** practice framework integrates evidence from research, practice theories, ethical principles and the knowledge that comes from experience.

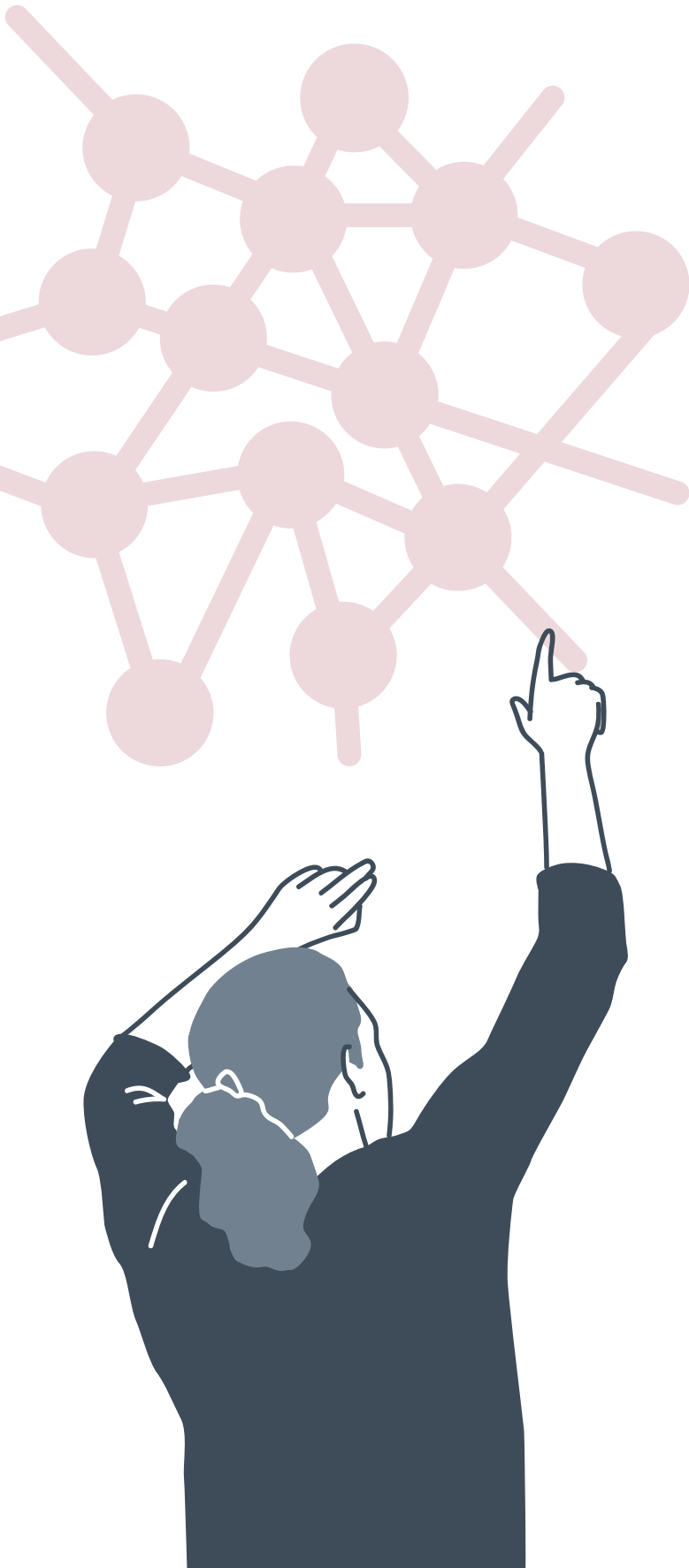
If you want to understand more about the research which has given rise to this framework, you can read the research reports and journal article.³

1 See <https://www.anrows.org.au/project/connecting-the-dots-understanding-the-dfv-experiences-of-children-and-young-people-with-disability-within-and-across-sectors/>

2 See <https://www.anrows.org.au/resources/connecting-what-matters-children-and-young-people-with-disability-and-their-families-share-their-views-on-how-services-can-help-when-they-experience-domestic-and-family-violence/>

3 See <https://link.springer.com/article/10.1007/s10896-023-00496-9>

Foreword



How to use this practice framework

The **Connecting the dots** practice framework can be used alongside other tools to help identify and respond to the needs and priorities of children and young people with disability during times of violence.

Rather than set out procedures or instructions, the practice framework is a tool to guide thinking and reflection about how to centre the perspectives and priorities of children and young people with disability when they experience domestic and family violence. It can also be used to focus on practice within and across service settings.

Our aim in developing it was to provide practitioners who work with children and young people across a wide range of settings with some ideas about how they can respond to the priorities, needs and preferences of the young people they support at a difficult time in their lives. Because it is aimed at practitioners in many settings, the ideas can be applied in a range of different contexts.

This practice framework is **not** a safety or risk assessment framework.

Safety and risk assessments should be used alongside this framework as outlined by service and sector governance requirements.

How the framework was developed

The Connecting the Dots research project

The project aimed to gather a comprehensive understanding of the experiences of children and young people with disability who experience domestic and family violence. We used a strengths-based approach to undertake the research, which involved seeking input from children and young people as well as their family members and service providers (including disability, crisis and education services).

We have integrated this research with existing evidence and theory to set out six interconnected key principles to guide strengths-based practice with children and young people with disability who experience domestic and family violence (see Figure 1).

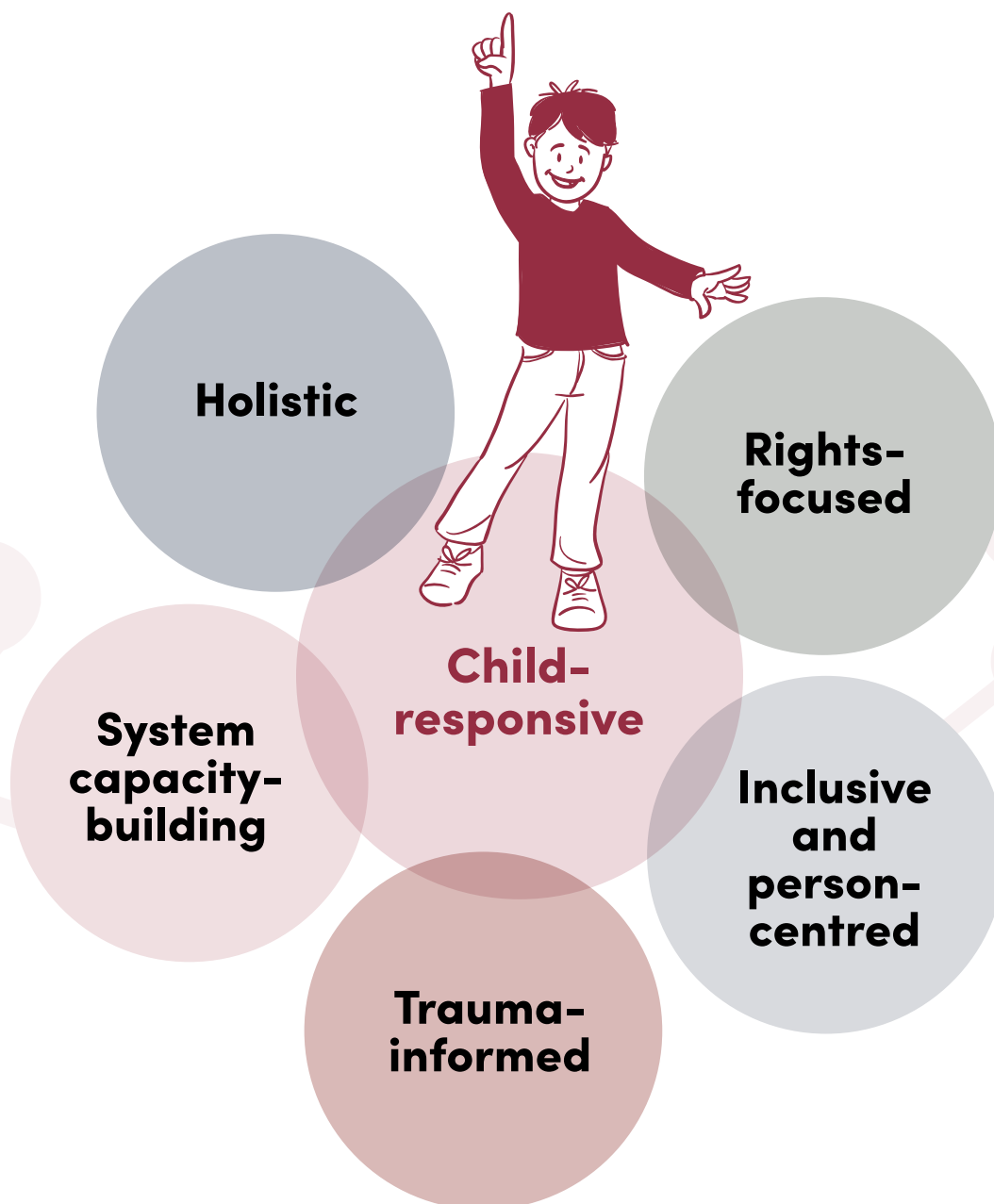


Figure 1: Interconnected key principles for strengths-based practice

Sitting underneath the framework

The situational vulnerability of children and young people with disability who experience domestic and family violence

This practice framework is based on what we know about childhood, disability and vulnerability, and a strengths-based approach to situational vulnerability that views every interaction with a practitioner as an opportunity to respond to the perspectives and priorities of children and young people. The framework reflects the widely varying contexts in which children and young people with disability live, and their diverse situations, needs, preferences and ways of communicating and expressing these.

Children and young people with disability are often thought of as vulnerable – especially in relation to violence – but their vulnerability is linked directly to their situation: they are vulnerable because of the contexts they are in, not simply because they have disabilities. Our research shows that during times of violence their insights can support their own safety, as well as that of siblings and caregivers.

Yet the opportunities for disabled children and young people to act on what is important to them are often constrained. They can become socially isolated, feel alone, and believe that no one cares.

We have mapped out some key features which influence the situational vulnerability of children and young people during times of violence (see Figure 2) – which is also intertwined with family members and practitioner support.

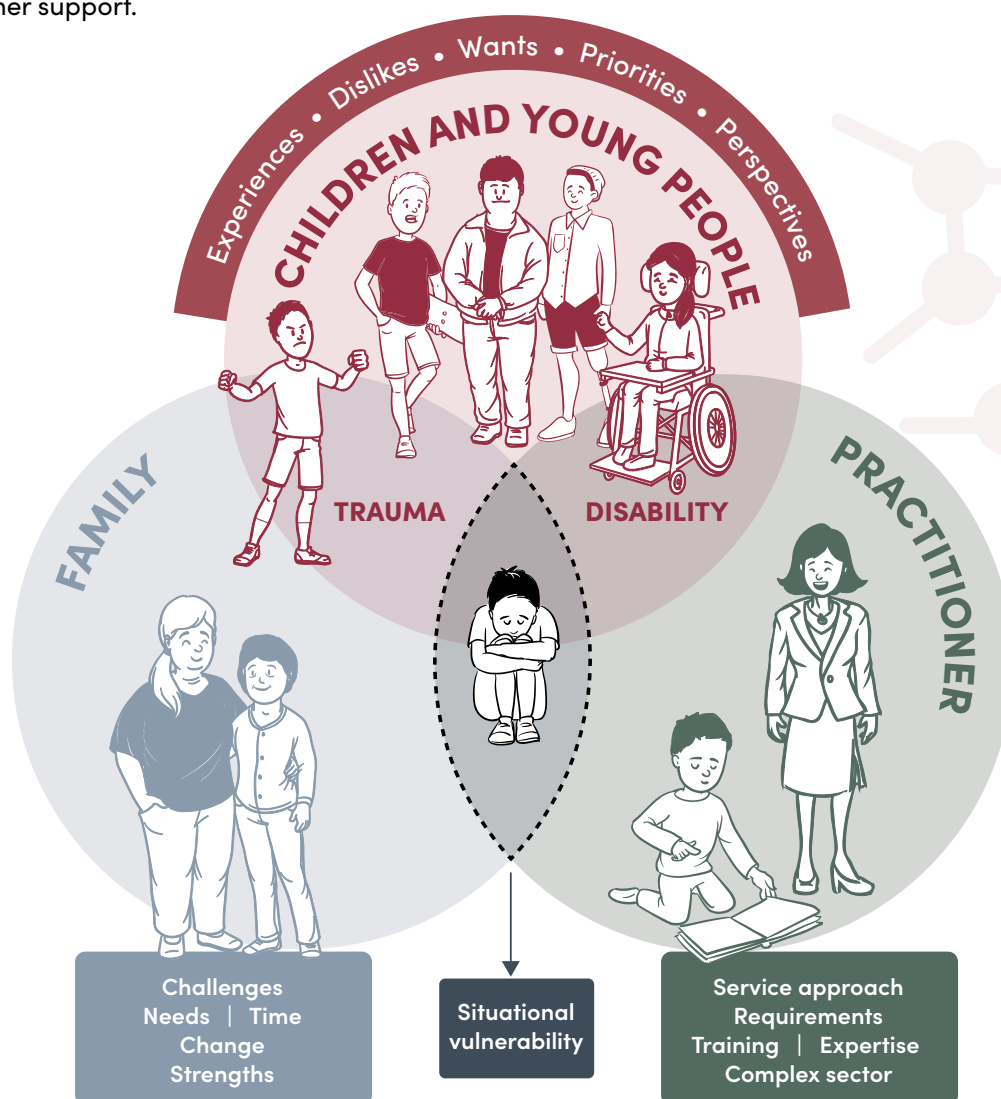


Figure 2: Features affecting children and young people’s capacity to act

Sitting underneath the framework

There are some intentional ways we have chosen to draw this diagram which emerged from our research:

- **Children and young people are in the centre.** Who they are and what they can do is influenced by their disability, their family configuration, experiences of trauma, and engagements with practitioners, yet also extends beyond these. Children and young people always have autonomy and self-determination outside of these influences, but are not always able to communicate about or act on these because their environment/s are disabling (as articulated by the social model of disability; Patel & Brown, 2017).
- Throughout, we use the term **developmental trajectories** to consider and respond to the experiences of children and young people that might be encountered during practice. We recognise that what children and young people need can change depending on their age and development and that many children develop at different times and different ways to others.
- **Children and young people with disability** who experience domestic and family violence describe their family relationships as being very important to them, even when they are not living with family members. This is why we have chosen to “overlap” family so significantly with children and young people.
- **Practitioners and family members** overlap because they may need to liaise directly with each other to keep children and young people safe. However, it should not be presumed or reported that this is meeting the needs or preferences of children and young people. Children and young people should be included in decisions about services wherever possible and the needs of children and young people should always be recorded in service-level documentation.
- **The situational vulnerability** of each child or young person is unique and affected by their developmental trajectory and family configuration and the practitioner support they receive. A change (large or small) in one of these areas can create change in other domains, to the benefit or detriment of children and young people. A common example is the effect on children with disability if they have disrupted access to therapies, support and equipment when their family moves area after leaving violence in the family home.
- **Childhood/age, youth, disability, trauma and violence** as categories each have their own criteria and implications. Children and young people at the intersection of these experiences require a multidimensional perspective that recognises and responds to the compounding effects of these intersections.



The practice framework

The practice framework promotes a strengths-based approach to guide thinking about how to support children and young people with disability when they experience violence at home

It foregrounds the multiple and overlapping contexts influencing their lives, communication and possibilities for action, nested within the six key principles.

We explain the principles in turn below and outline some ideas for applying the framework to practice. In each principle there are ideas for actions you can take immediately that don't need resources or extensive time. Suggestions for further information about each area are provided.

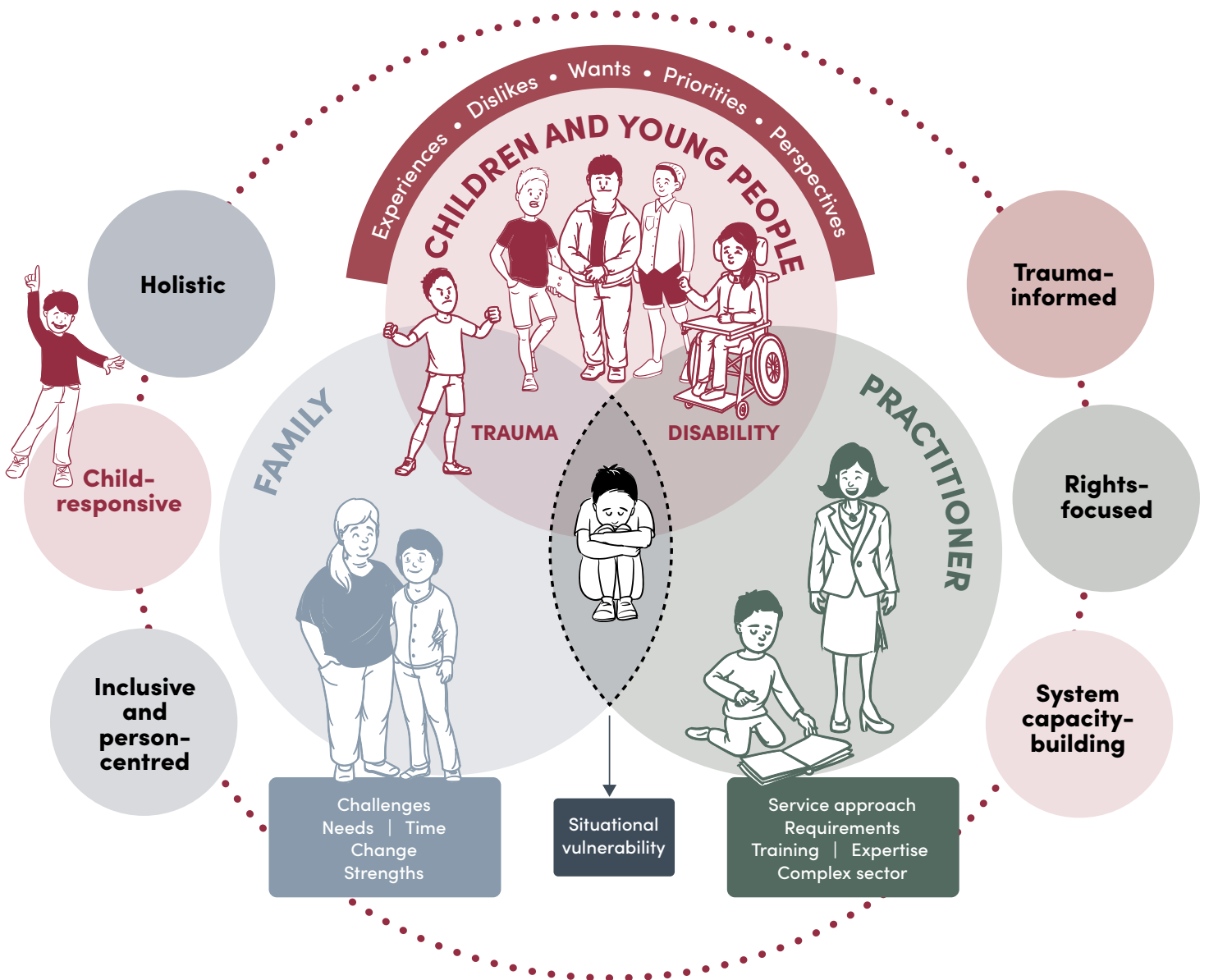


Figure 3: Connecting the dots practice framework

PRINCIPLE 1:

Child-responsive

In the framework, we use the term “child-responsive” to emphasise the importance of identifying and responding to children and young people’s needs and preferences

We recognise that not all services during times of violence are child-focused, and in some cases this may not be appropriate. Sometimes the practice to best respond to children and young people’s critical needs is described as “child-aware” or “child-sensitive”.

The scope and depth of skill to support children and young people on different developmental trajectories – such as children who might communicate without words, and for whom trauma might influence communication – requires disability-informed and trauma-informed strategies.

During our research we talked to children and young people who **have** experienced practice that is trauma-informed, disability-informed and child-responsive. They reported that it:

- established and built trust and capacity
- centred their perspectives
- found ways to prioritise what mattered to them
- created a circle of communication so children knew what to expect in their relationships at a time of crisis or afterwards
- adequately met their needs.



Apart from police, they've never had an opportunity to talk, and the police were more, "What did your father do?" not, "How can we help you?"
(Tracy, mother)



My question has been "What was it that you didn't get out of it?" It's just always been the connection with the workers, because if they click – and they use the word "vibe" – if they haven't vibed with their workers, they just refuse attending and they will just delay, cancel their sessions.
(Youth services practitioner)

Practice that is child-responsive:

Prioritises children and situates them within their family context

This can include:

- Actively thinking about children, their needs and wishes and taking steps to ensure that their views are taken into consideration – even if they are not present.
- Speaking with children, including them in visits and discussions, and accommodating children’s support needs in these discussions.
- Ensuring in your actions that children and young people are known, respected, and valued for their unique contributions.
- Recognising children and young people as independent people, as well as part of their families.
- Knowing that family members are also likely to be experiencing trauma. They may also have their own experiences and situational vulnerability, because of disability, race, age and rurality for some families. This will affect the way their family works.



Prioritises children's needs

(particularly for safety and protection from harm). This can include:

- Ensuring practices are in place to act early to minimise (additional) harm and trauma.
- Tailoring your practice to be responsive to the individual child's unique developmental, support and growth needs matters. For example, rather than using age-based, medical-model disability approaches, using developmental trajectories or trauma measures can help frame practice.
- Collaborating, building on and galvanising the child and their family's formal and informal support networks.
- Collaborating within your own organisation and with practitioners in other sectors to meet children and young people's needs and priorities.
- For young adults with disability, recognising and responding to the effects of intimate partner violence in their lives, which may be happening along with family violence.
- Recognising that it might take time to build trust – for example, making repeated and consistent visits to children and young people who have unconventional communication so you can learn how the child or young person shares information about their life.

[Disability support workers] don't know if they need to put an incident report or how to approach the information they get from kids. I would say at least every other day, they're coming and saying "Oh, the kids have disclosed some information. I don't know what to do." Or their mum was shouting, or they did some picture drawing and things, and it doesn't look quite right. Or kids will say "I'm scared of mum", based on that drawing.

(Disability services practitioner)



Things you can do right now

- Make time in a team meeting to share ideas about how you recognise and respond to children and young people with disability in family visits.
-
- Put together a visiting pack with sensory toys (fidget spinners etc.), paper and textas so you have a ready way to draw or play with children who do not communicate in standard ways when you meet them at crisis points.
-
- Read the research report to find out what was important to children and young people with disability when their families experienced domestic and family violence, and think about how you can use their ideas for your own practice.

Further information and resources which may help are available on page 22.

We left home because of someone that was our dad at the time ... and Isaac [brother] somehow misses that piece of poo. How can you miss a piece of poo?

(Sam, aged 8-11)



PRINCIPLE 2: Rights-focused

Children have both human rights and children's rights. Usually, human rights are ones that need to be sought or exercised, while many children's rights oblige others to do things to ensure that children's needs are met

For example, children have the human right to self-expression (which they can choose to exercise) and the right to be listened to and for their views to be taken into consideration (which requires adults and organisations to respond).

Some of the key children's rights include the right to be protected from harm, to be treated fairly, to be supported to live and grow up healthy and, importantly, to inform decisions that affect their lives. Children and young people also have rights enshrined in the Convention on the Rights of Persons with Disability.

When the human rights of children and young people are recognised, it follows that their expertise about their own lives must be valued and acted on. Every child and young person deserves to have their needs met and to be protected from harm. This means that any practitioner who encounters a child or young person with disability needs to help connect them to the right services and supports.

This might involve **liaising** with other service practitioners about specific situations and recurring practice issues, or **proactively developing service-level capacity** in identifying and meeting the needs of children and young people with disability when they experience violence.

The rights of children and young people to participate in decisions made about them must be supported in practice

During our research, children and young people suggested things that mattered to them, which can form an important starting point:

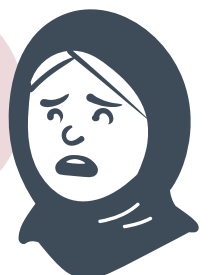
- They want to be known and valued as people.
- They want support to have their material needs met through help for their family members.
- They want their behaviour to be understood. i.e. when they protest against decisions they did not agree with, like being forced to spend time with parents who were violent towards them and their mothers. Time and resources must be allocated to understand these behaviours as communication rather than seeing them as manifestations of disability, trauma or a combination of both.
- They want trusting relationships, advice and reassurance from people they know and feel safe with, and access to a range of trustworthy people to turn to with worries and concerns.
- They want disruption in their lives to be minimised, and stress to be reduced so they do not feel so anxious.



We ran a basketball group for children that were in the child protection space who had NDIS plans. And for a lot of them, there was trauma, there was domestic violence involved. That whole boys' group, we kept asking them for decision-making, they named the group, and we had some behavioural strategies, and they were very much involved in all of that. I think we did that, made sure that the boys came up with group norms and that worked really, really well.

(Social worker)

My family makes me feel safe.
(Aadi, aged 8-11)

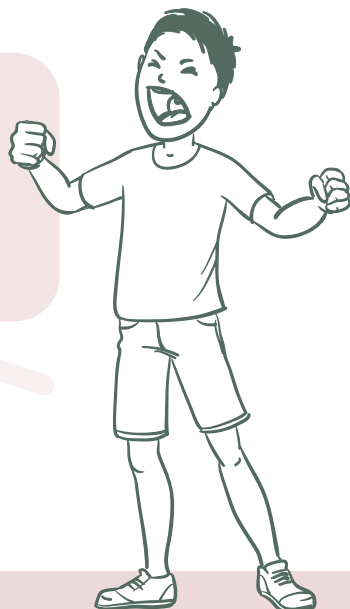




Focusing on rights at a practice level means that you respond to the individual priorities and needs of children and young people by:

- Working to **build confidence and supported decision-making, authority and capacity in children and young people**. This can involve proactively and consistently seeking to **develop rapport** with children and young people within and beyond their family, and demonstrating trustworthiness over time. These strategies should be appropriate for and responsive to their individual developmental trajectory.
- Using multiple ways to listen carefully and well to children and young people with disability in all the ways they communicate.
- Demonstrating that you trust and believe children and young people's accounts of their lives and priorities.
- Using systematic ways to record children and young people's priorities.
- Communicating clearly with children and their families about actions taken to respond to priorities and needs, and liaising with other practitioners when relevant.
- Recognising that communication may happen without words – it might be through a drawing, walking together, or playing a game. You can plan and prepare when and how to ask children about what they feel is important – including safe spaces and appropriate activities.

Being treated as a human punching bag isn't fun. Guess what I do, use them as a human punching bag back. He deserves it.
(Sam, aged 8-11)



Things you can do right now

- Explore how children or young people's behaviour can be added to service documentation in a way that considers what they are trying to communicate in context, rather than attributing it to trauma or disability.
- Use consistent practitioners with children and young people where possible, to enable them to become familiar with key workers as a way of working towards trust.
- Consider developing activity groups for children or young people with disability who have experienced domestic and family violence that support a wide participation agenda with multiple entry points, to enable children and young people with different abilities to be involved in some way.
- Talk with colleagues about what resources or activities may be beneficial for communication and trust, when visiting children or young people with disability. When you interact with a child or young person, notice anything they talk about or ask their caregivers what they enjoy doing or are interested in. Document this information so that the next practitioner has a lead-in to show the child or young person that they were remembered.
- Check in with families that they have the contact numbers and email addresses for services that they need, in a format that is accessible for them.
- Test and extend your own practice regularly with an "accountability partner" – a trusted colleague with whom you can share ideas and strategies to respond to challenging situations.

Further information and resources which may help are available on page 22.

PRINCIPLE 3: Trauma-informed

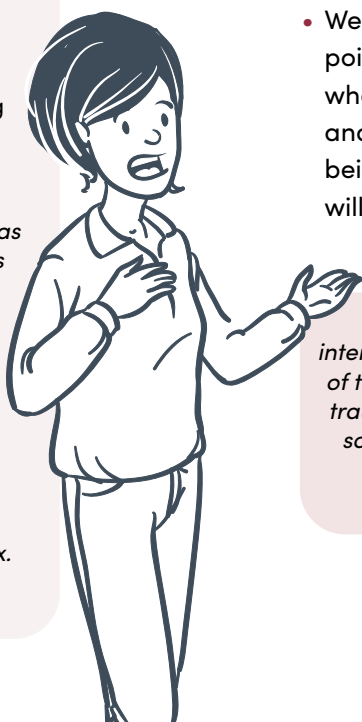
Trauma-informed practice refers to a culture and approach which prioritises emotional and physical safety, relationships and trustworthiness, choice and person-centredness, collaboration, empowerment, and respect for diversity

It recognises that people who have experienced traumatic events or who have lived with trauma are affected by that trauma. It aims to prevent future trauma and considers ways in which people can recover, heal and grow. At a system level, trauma-informed practice:

- Realises the widespread impact of trauma and understands potential paths for recovery.
- Recognises the signs and symptoms of trauma in children and young people, families, staff, and others involved with the system.
- Responds by fully integrating knowledge about trauma into policies, procedures and practices, and seeks to actively resist re-traumatisation (Jackson & Waters, 2015; Keesler, 2014, 2020; Mental Health Coordinating Council, 2013).

Emily related her efforts to get her son Wayne's accommodation provider staff to share accessible stories with him about why his circumstances had changed, in the hopes that it would help with his distress and challenging behaviour:

We can talk more to Wayne through social stories, through understanding why the family has broken up and just simple things like that. I was the one creating social stories, nobody else. There was no support. He has got language. He has got understanding and meeting where he's at and work through that ... He's really difficult. He's got a severe disability. This is what we're going to do. He's not a box.
(Emily, mother)



Effects of trauma in children and young people are interwoven with disability, and when children experience significant trauma caused by domestic and family and violence they can struggle to progress in their lives.

Some useful points from our research were:

- Children and young people spoke about practice in a personal and relational way, talking about the things and people that helped them to feel safe and with whom they could share their ideas.
- Many family members had a sophisticated understanding of trauma-informed practice, and used this to evaluate how services and practitioners approached practice for their child in their context of domestic and family violence.
- Family members (including children) are likely to be managing their own trauma while also caring for others.
- We learnt from parents that important starting points for trauma-informed practice are doing what is possible to make environments calm and relaxed for children and young people and being prepared to spend time building trust and willing to listen to their needs.

My repeated experience is that however well intended the people in the services are, that because of these issues of ableism and stigma and lacking a trauma-informed approach – you need all of them sorted, not just one. Many of these services have actually actively retraumatised us.

(Lindsay, mother)



Trauma-informed practice approaches for children and young people with disability in this context include:

- Recognising and understanding common behaviours of trauma responses as adaptive behaviours.
- Understanding that trauma responses are not always expected or predicted. If children and young people are behaving in ways that you were not expecting or have not seen before, this may be because they are experiencing trauma.
- Supporting family members to learn and apply trauma-informed knowledge to their care.
- Ensuring children and young people have meaningful opportunities to express and explore their feelings, share their perspectives, show what matters to them, be heard and be respected.
- Promoting physical and social environments which support a sense of safety and calm, and de-escalation for clients and staff.
- Providing multiple ways for children and young people to develop safe support and therapeutic relationships.
- Prioritising continuity of care wherever possible, and planning ahead and preparing young people for change of workers to minimise the impact of change.
- Providing services in a culture grounded in safety, relationships, collaboration, choice, voice and person-centred practice. Ensuring organisational structures and practices are in place to support staff through skills and knowledge; policies and procedures; environment and resources; and leadership and culture (Jackson & Waters 2015).
- Working with others to ensure that children and young people are getting the support that they need to recover, heal and grow from their trauma.
- Encouraging opportunities for practitioners to get to know one other through interagency and networking activities so that, together, they can meet children and young people's safety and therapeutic needs.

Things you can do right now

- Introduce yourself to children and young people you encounter, in a way that helps them understand your purpose and role in their care and support of their family.
-
- If children and young people are coming to your service regularly, ensure there is artwork, games or activities at the service that are of interest to them, and possibly positioned at children's eye level rather than adults.
-
- Take time to consider the environments (offices, homes, clinics) in which you meet children and young people and their families, and if these environments could affect trauma responses, for example because of noise or light.
-
- Share resources, practices and strategies for trauma informed care with your colleagues and networks. Learn about the different ways that practitioners experience trauma behaviours from a wide range of children and young people and family members, and how they have responded to these behaviours.
-
- Identify other workers and services that are available in your area who can support children, young people and families get the support they need to recover, heal and grow.

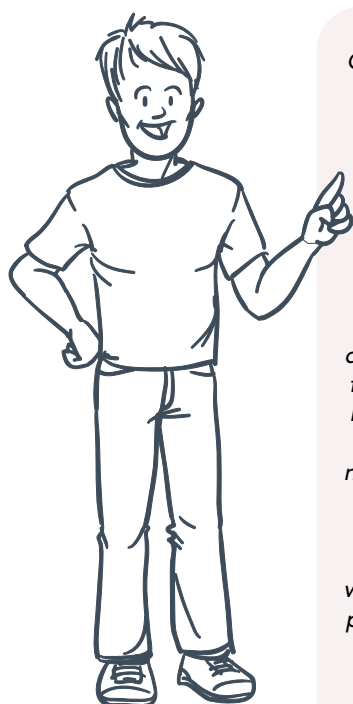
Further information and resources which may help are available on page 23.

PRINCIPLE 4:

Inclusive and person-centred

Disability can bring strengths and contributions along with needs for support, and on its own should not be a reason for referral away from generalist services into specialist systems

As a concept, disability is "complex, dynamic, multidimensional and contested" (World Health Organization, 2011). There is no consensus on how disability is defined, and people differ in how they view or identify their own disability. The most effective practices are based on inclusive approaches to disability that recognise this complexity and are individual and person-centred.



Quite often, they've lived lives [where] it actually doesn't matter what they say or do, their voices aren't heard ... adults are making the decisions and even when you ask, "In an ideal world, what would you have?," I've found historically it's been almost impossible for them to really answer that question because they've never had to or never had the opportunity to. [Even when asked], they've had so many adults, so many support workers, so many case managers. It was pretty difficult for them at the time to know who did what or what was the point in even answering these questions anymore.

(Youth services practitioner and advocate)

I've got a client who has a psychologist, and they do a lot of drawing, and [together] she brings them to our meetings.

(Disability practitioner)



Supported decision-making

Using a supported decision-making approach can help children and young people with diverse developmental trajectories participate in identifying and accessing what is important to them. For children, this might include (adapted from the IncludED@OSCH project, 2021):

- Presenting two or three clear and simple options to respond to specific questions.
- Using stickers, pictures or movement as well as words to communicate – let children pick what their preferences are, recognising this might be not to communicate.
- Allowing plenty of time to explore different options together, and being prepared to give more time to understand and process the options presented.
- Adopting the practices of effective support people in conversations and decision-making, which are creativity, honesty, open-mindedness, positivity, common sense and perseverance (Collings et al., 2015).

Working with family members to build their capacity and confidence to support their child to express their needs and have them met is important for improving the quality of daily caregiving to children. It also helps you establish a relationship of trust that maintains access to the child or young person you need to see regularly in order to effectively support. This can be difficult in crisis situations or when time is constrained. Recognising the significance of the relationship but also the distinct needs of the child and family member is a starting place.



The preferences of young people to be acknowledged and respected in accordance with their age and as emerging young adults was reflected clearly in the research

It can be a delicate balance for practitioners working with some families in keeping communication with family members open while building rapport and strengths-based practice opportunities directly with young people. Young people may also be facing intimate partner violence issues of their own.

Recognising that a significant proportion of children and young people who experience violence at home have disability means that crisis-response services need skill and capacity in their workforce to respond effectively to this client group. Alongside individual responses to children and young people, this might involve:

- Having a working group that collates ideas and proven ways of developing rapport and finding out what is important to children and young people with disability. This might include drawing together, taking a walk, spending time playing a game, or learning what young people need to be able to have their say.
- Championing and investing in practitioners who are skilled and passionate about this area and resourcing them so they can share their expertise in working with children and young people with disability when they experience violence, such as through case study examples.
- Documenting unmet service needs in the lives of children and young people when they occur and including the reasons why service needs cannot be met, and then using this data for quality improvement planning.
- Building data collection on children and young people with disability into service frameworks (reporting, governance and accountability) so that the needs and perspectives of children and young people are understood and acted on.

Things you can do right now

- Try asking children and young people what they consider is safe and less safe. Use their views about what helps them feel safe and secure in risk assessments and planning.
-
- Think together with a colleague to brainstorm ideas about what could be done to support children and young people with disability to better access your service. Talk to your other colleagues and management to share this information with your service.
-
- Share stories of engagement with children and young people with disability at case meetings, to help raise awareness and understanding of how to support children and any needed support or training to do so.

Further information and resources which may help are available on page 23.

*You know the tiniest things,
I worry about them.*
(Jessie, aged 8-11)



PRINCIPLE 5: Holistic

Holistic approaches to practice are grounded in working with children and young people and their families to identify their most important and immediate needs

A holistic approach doesn't require individual workers or agencies to meet all of the child or family's needs but does require them to collaborate with others. Practitioners and services can work together to meet those needs, both within their own services and across services and sectors.

In the research, practitioners were strongly supportive of the need for practice improvement, and eager for guidance about how they could contribute to improving service systems.

They readily acknowledged the need for children and young people with disability to have better access to a baseline level of quality in service provision, across sectors, when they experience violence at home.

A collective approach to working holistically responds to:

- The evidence that children and young people with disability use services in all sectors, and most services will have children and young people with disability as clients.
- The urgency of need for support to respond to domestic and family violence and disability.
- The priorities identified by children and young people themselves to be heard, known and responded to.
- Families' preferences for working alongside key workers.





Holistic practice by practitioners can include:

- Ensuring services have capacity to work with children and young people and their families to identify their most important and immediate needs, and working proactively and collaboratively together.
- Ensuring service approaches are as flexible as possible and include multiple entry points and “no wrong door” for children, young people and their families.
- Coordinating support and streamlining service provision to minimise the number of times children and young people and their families need to tell their stories.
- Routinely providing support to the child or young person and their family to navigate systems and move across systems.
- Ensuring services collect, record and share information in the best interests of children and young people.
- Making warm referrals between services, which include contact between practitioners and follow-up to ensure the referral has been useful to the child or young person and their family.
- Consulting with community groups and community leaders in service planning and identifying needs.

Systems are needed to help services enact these collective approaches. Evidence shows there is strong commitment to the principles which underpin quality practice, but a gap between those principles and practice.

Resourcing for workers to work across sectors is critical to activating this, as well as interagency and inter-professional networks to support effective referral pathways for children and young people with their families when needed.

Things you can do right now

- **Work with your organisation to ensure that intake and referral processes are focused on identifying children and family need, inclusive of disability.**

If you don't know how you would go about responding to people's answers to these questions (e.g. do you need any mobility support?) then do some research or brainstorm with colleagues to explore how your organisation can respond well.

- **Work with your own organisation, and the other organisations in your area that children and families use most, to ensure that referral pathways are smooth for families, respect their privacy, and minimise duplication.**

- **Develop a map of other services that you might draw on to support children and young people with disability when they experience violence at home that are specific to your local catchment area. Proactively contact them to discuss how to support children and young people in particular situations.**

- **If you are in a leadership position, read and discuss this framework with your team. Work together to identify areas of skill and examples of good practice you share. Find a priority you can jointly work on to build capacity.**

Further information and resources which may help are available on page 23.

Principle 6:

System capacity-building

Strong systems support and invest in well-skilled practitioners and services that can centre the perspectives and priorities of children and young people with disability who experience violence.

Adopting a strengths-based approach to practice supports services and sectors to prioritise harm prevention and early intervention.

A focus on building system capacity enables practitioners and service providers to:

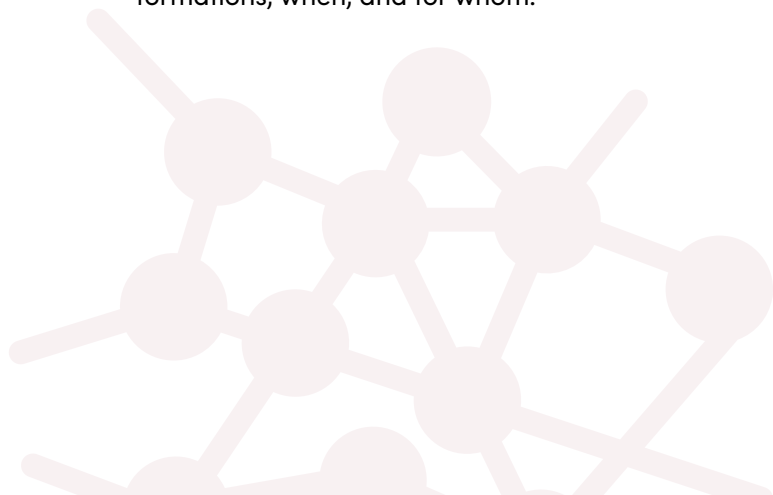
- Prioritise prevention and early intervention for children and young people with disability and their families.
- Proactively build interagency networks to support referral pathways, multi-disciplinary practice and unmet service needs in real time.
- Communicate and report about positive practice and unmet service needs in relation to service aims and objectives.
- Identify any gaps in services and supports and work with others to advocate for more child-centred, family-inclusive, trauma-informed assistance.
- Use reporting pathways to communicate to policymakers and industry stakeholders about what needs are unmet in current service formations, when, and for whom.

At the same time that these principles can guide practice, a strengths-based approach at policy and industry levels is important in setting the conditions in which practice takes place.

This might include:

- Investing in skill and knowledge development in practitioners.
- Ensuring leadership which prioritises a culture which respects and values children's participation and rights and which takes an inclusive approach to fully include children and young people with disability.
- Holding systems collectively accountable for action to improve children's lives.
- Developing strategies which operate at multiple levels.
- Cultivating governance standards which cohere around a child-responsive approach, and seeing and measuring outcomes in these terms – at the level of the whole person, rather than their trauma or disability.

Recognising that a significant proportion of children and young people who experience violence at home have disability means that crisis-response services need skill and capacity in their workforce to respond effectively to this client group.





Alongside individual responses to children and young people, this might involve:

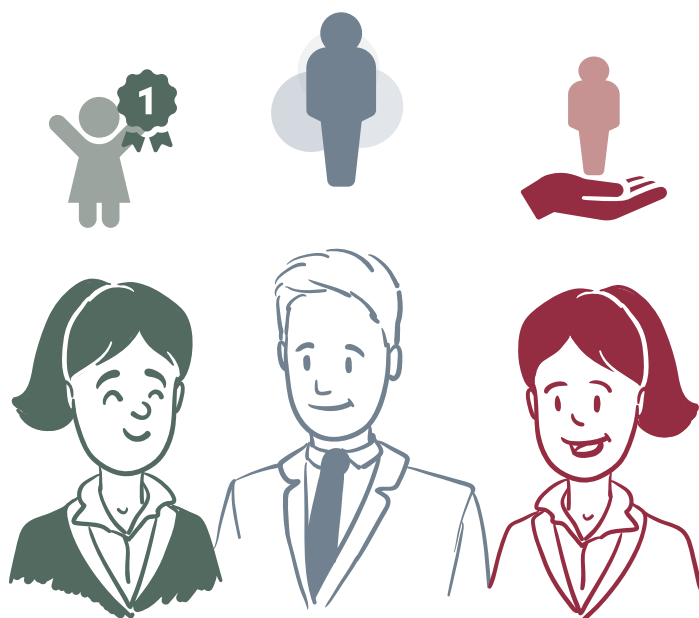
- Having a working group that collates ideas and proven ways of developing rapport and finding out what is important to children and young people with disability. This might include drawing together, taking a walk, spending time playing a game, or learning what young people need to be able to have their say.
- Championing and investing in practitioners passionate about this area and resourcing them so they can share their expertise in working with children and young people with disability when they experience violence, such as through case study examples.
- Documenting unmet service needs in the lives of children and young people when they occur and including the reasons why service needs cannot be met, and then using this data for quality improvement planning.
- Building data collection on children and young people with disability into service frameworks (reporting, governance and accountability) so that the needs and perspectives of children and young people are understood and acted on.

Things you can do right now

- If you feel like you lack skills in one of the areas outlined within this framework, contact your line manager to discuss how your training in this area could be resourced.

-
- Identify who the relevant policy and institutional actors are. Communicate with relevant political members about the needs of children and young people in their area.

Further information and resources which may help are available on page 23.



Summary: Positive practice for impact

Children and young people with disability who experience domestic and family violence must be given the resources and time they need to communicate their needs and preferences

You can do this by using a strengths-based approach that considers the contextual features of their lives, and considering every interaction as an opportunity to understand more about how to meet the needs of each individual as well as this group of people as a whole.

When practice unfolds within a shared commitment to be child-responsive, rights-focused, trauma-informed, holistic, inclusive and person-centred, each practitioner can play a part in connecting what matters for these children and young people during hard times.

This practice framework is generated from research with children and young people with disability who have experienced domestic and family violence and the people who support them. We thank everyone involved for their insights and generosity. As our colleague and community researcher Jala Burton reflected:

These topics can be very challenging for people to talk about, but this collaboration was so important, because all the stakeholders had a shared purpose. We all want life to be better and make improvements, and this only happens if everyone works together.

Some key practices unfold from this Connecting what dots practice framework. These cut across all six principles. We leave you with these as core practices to support your work.

Positive practice with children and young people with disability who experience violence at home:

- Values and actively pursues children and young people's priorities and perspectives about the things that help them feel safe and supported.
- Responds to what is important to children and young people, and seeks a wide range of information and resources to help understand their priorities and how they express them.
- Supports their participation in decision-making in a wide variety of ways and a range of settings.
- Respects children and young people's ideas and uses them to inform service- and sector-level planning.
- Scaffolds children and young people's participation into governance structures (for example through an advisory group of children and young people that is appropriately resourced).
- Builds collaboration and multidisciplinary partnerships at multiple levels to explore and respond to the needs of children and young people with disability when they experience violence at home.
- Is supported with strong organisational and policy frameworks to sustain and support resilient workers.



Further information and resources

PRINCIPLE 1

- *Towards child aware practice: Mapping the use of related terms and approaches in the existing literature.*

<https://childaware.org.au/wp-content/uploads/sites/3/2016/05/Child-Aware-Scoping-Study.pdf>

This report provides many examples of ways that services have approached practice with children in sensitive contexts to include them.

- *The Commonwealth Child Safe Framework.*
<https://www.childsafety.gov.au/our-work/lead-commonwealth-child-safe-framework>
- *Practice strategies for working with children with disability* [Webinar].
https://emergingminds.com.au/resources/practice-strategies-for-working-with-children-with-disability/C9xBOGFw3TsFRYMRxoCc2sQAvD_BwE&gclid=C9xBOGFw3TsFRYMRxoCc2sQAvD_BwE&gclsrc=aw.ds

PRINCIPLE 2

- *UN Convention on the Rights of the Child*
https://www.unicef.org.au/united-nations-convention-on-the-rights-of-the-child?&mkwid=&pcrid=&pkw=&pmt=&pdv=c&plid=&gclid=CjwKCAjwxr2iBhBJEiwAdXECw8Na1ztzRjHHggp-eSVsFPr4YoX9i3JaU9vl_C9xBOGFw3TsFRYMRxoCc2sQAvD_BwE&gclsrc=aw.ds

- *Communication Bill of Rights*
https://www.scopeaust.org.au/wp-content/uploads/2022/11/Bill-of-rights-2017_a4-new.pdf

The Communication Bill of Rights ensures the basic rights of people with disabilities to communication to take part in their own lives. It shows clearly that rights are not only for people who speak.

- *UN Convention on the Rights of Persons with Disabilities*
<https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>
- *Safe and Supported: The National Framework for Protecting Australia's Children*
https://www.dss.gov.au/sites/default/files/documents/12_2021/dess5016-national-framework-protecting-childrenaccessible.pdf



Further information and resources

PRINCIPLE 3

- *Taking time: Trauma-informed informed framework for supporting people with intellectual disability.*
<https://www.berrystreet.org.au/shop/products/taking-time-literature-review-and-framework>
- National Disability Services trauma-informed support short films
<https://www.nds.org.au/zero-tolerance-framework/considering-additional-risk>
- Beacon House
<https://beaconhouse.org.uk/resources/>
Beacon House is a specialist trauma service for children and families in the United Kingdom. It has an extensive catalogue of free resources, including practice tools to support trauma-responsive practice with children and young people across a wide spectrum.
- Safe Hands, Thinking Minds
<http://www.safehandsthinkingminds.co.uk/books-cards-worksheets/>
Safe Hands, Thinking Minds has a wide range of resources available to purchase which are focused on supporting children and families through trauma and grief.
- *In focus: Trauma-informed care for children*
<https://emergingminds.com.au/resources/in-focus-trauma-informed-care>
- *Trauma-informed care in child/family welfare services*
<https://aifs.gov.au/resources/policy-and-practice-papers/trauma-informed-care-childfamily-welfare-services>
- *Guidelines for trauma-informed practice: Supporting people with disability who have experienced complex trauma*
<https://blueknot.org.au/product/guidelines-for-trauma-informed-practice-disability-digital-download/>

PRINCIPLE 4

- Intellectual Disability Mental Health Connect
<https://idmhconnect.health/>
This evidence-based website is packed with information, resources and advice about how to communicate, support and assist people with intellectual disability who have mental health concerns.
- National Standards for Disability Practice
<https://www.dss.gov.au/our-responsibilities/disability-and-carers/standards-and-quality-assurance/national-standards-for-disability-services>
- Allied Health Capability Framework
<https://www.health.vic.gov.au/allied-health-workforce/allied-health-capability-framework-disability-and-complex-support-needs>
- *IncludED@OSHC information package*
<https://www.education.vic.gov.au/school/teachers/profdev/Pages/included-oshc.aspx>
Aimed at educators, this website has lots of useful practice tips about supporting children to be included.
- My Rights: Supported Decision-Making
<https://supporteddecisionmaking.com.au/>
My Rights: Supported Decision-Making has an extensive list of information and practice resources you can use with people with cognitive disability of all ages. It will help build your knowledge and practice skills in supporting decision-making.
- Inclusion Australia
<https://www.inclusionaustralia.org.au/topic/supported-decision-making/>
Inclusion Australia has a great list of resources on supported decision-making.

PRINCIPLE 5

- *Working differently together: Progressing a one workforce approach [Toolkit]*
https://www.hee.nhs.uk/sites/default/files/documents/HEE_MDT_Toolkit_V1.1.pdf

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Suggested citation:

Foley, K., Robinson, S., valentine, k., Burton, J., Marshall, A., Smith, R., & Moore, T. (2023). *Connecting the dots* [Practice framework]. ANROWS.

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