

Community of Practice Evaluation: 2020

DFV Specialists within FACC and IFS Services



DFV Specialists within FACC and IFS

Background

The Queensland Centre for Domestic and Family Violence Research (QCDFVR) is commissioned by the Department of Child Safety, Youth and Women (the Department) to provide a Community of Practice (CoP) for the specialist domestic and family violence (DFV) workers employed in the Family and Child Connect (FaCC) and Intensive Family Support (IFS) Services. The purpose of the Community of Practice is “to support the implementation of domestic and family violence informed practice delivered by specialist workers in FACC and IFS services to assist continuous Improvement and to provide domestic and family violence peer support.”

On an annual basis, the specialists are contacted to ascertain how well the CoP is meeting their needs and to inform future planning. In 2020, an online survey was developed and promoted extensively through emails, and during presentations.

The initial email to invite participation in the evaluation was sent on the 23rd October by CoP Project Officer Ms Elizabeth (Liz) Boardman requesting responses by the close of business on Friday 6th November (see Appendix A).

This year saw a relatively stable number of services in the 63 sites eligible to be part of the CoP, including one service that was originally indicated as an Indigenous service in Brisbane South and South-West that no longer seems to be an eligible service. Thirty-two separate organisations were involved across both FACC and IFS Services, employing 65 specialist practitioners, some of whom worked across multiple regions and some across both programs. While most of these positions are filled, there remain approximately six positions that are currently not filled.



DFV Specialists within FACC and IFS

New initiatives supporting CoP members

Dedicated CoP Project Officer

While the CoP had been progressively developing over the past two years it was felt that to optimise the benefits for practitioners a dedicated Project Officer was warranted. With the addition of this position for the CoP, administration of the participant list became more manageable, with participants often informing the Project Officer of changes in staff and introducing the new practitioners through sharing contact details voluntarily. The Project Officer, Liz Boardman, made a significant contribution to the development of the CoP and support offered to members by introducing new initiatives as outlined below:

Members' Site:

This year saw the introduction of a specialist Members' Site hosted on the QCDFVR website. This provides a place for CoP members to access recordings of previous presentations, relevant articles, and forthcoming training opportunities. Almost 90% of participants in the survey reported having accessed the site in the last year, 47% for the intent of viewing missed CoP presentations and 41% for exploring training opportunities.

QCDFVR collected statistics from the website regarding the Members' Sites from 1st May to 30th November 2020 (statistics were collected following the transition to a new website in April 2020) to gauge the usefulness of the sites. A statistical report shows 360 members accessed either the FACC/IFS Members' Site or the Women's Health and Well Being Members' Site during this six-month period. (It is likely that the majority were visiting the FACC/IFS Members' Site but a differentiation between visitors cannot be made at this point between the two sites). However,



DFV Specialists within FACC and IFS

it does illustrate that the Member's Sites are fulfilling their intent to support practitioners outside the scheduled meetings.

Peer Support Sessions

A further addition in 2020 was the introduction of an informal session (between the scheduled quarterly CoP presentations) focused on building connection between regions and offering a place for practitioners to share and learn from their peers. There was an attempt to hold these *Peer Support CoP's* monthly (excluding months when a CoP presentation was already scheduled). Consequently, since the 2019 Evaluation Report the following CoP activity occurred

1. November 2019: Kathryn Reid – Unintended Consequences to victims of DFV seeking protection through Civil Courts Presentation
2. February 2020: *Initial Peer Support CoP – What is it all about?*
3. February 2020: Dr Brian Sullivan – Working with Men who use violence Presentation
4. March 2020: *Peer Support CoP – Engaging Men who use violence*
5. April 2020: *Peer Support CoP - Risk Assessment, A critical review*
6. May 2020: Stephanie Chen – Reproductive Coercion Presentation
7. June 2020: Special event. Dr Ron Frey – Working with couples with intergenerational Trauma Presentation
8. July 2020: *Peer Support CoP - Vicarious trauma and Self care*
9. September 2020: Prof. Hilary Haldane – Workers' Worlds on the Frontline Presentation
10. October 2020: *Peer Support CoP – Attachment Theory and Parenting in DFV.*

Mindfulness Exercise

Lastly a regular mindfulness exercise at the beginning of every CoP session was introduced. This was designed to enable participants to separate from their work, relax and focus on time for themselves and the session ahead. Informally, practitioners reported great enthusiasm for its inclusion, and many commented on the calming nature of this activity. As well, a few practitioners



DFV Specialists within FACC and IFS

have requested a particular mindfulness resource be shared for use in their own professional practice.

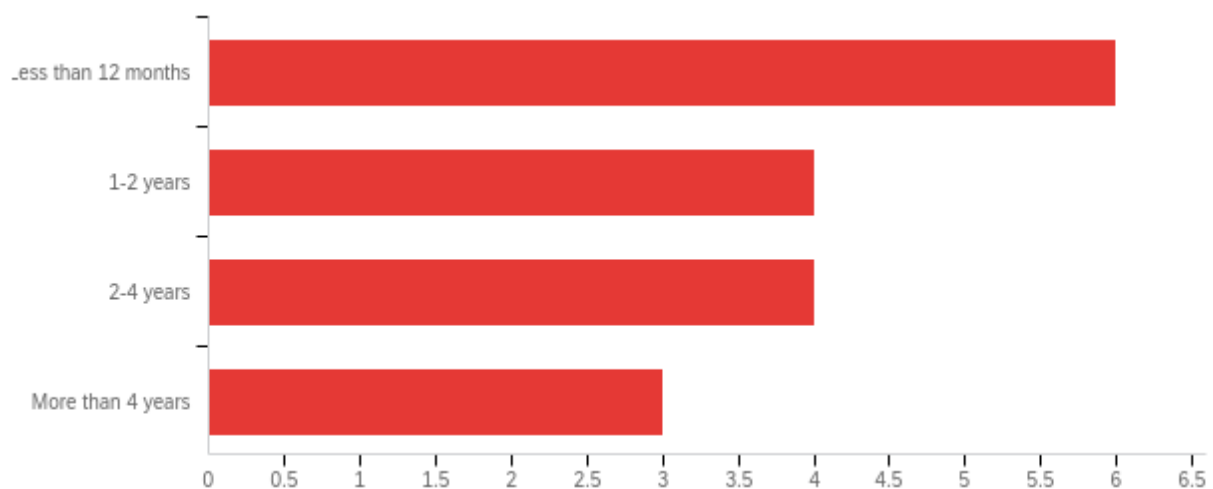
2020 Survey results

This report presents feedback from the 2020 online survey (see Appendix B) and a summative reflection from the Community of Practice (CoP) Facilitator of the year in review. There were 17 respondents to the survey who hold the DFV specialist position in a FACC or IFS Service within Queensland. Of these, six worked in a FACC Service, 10 in an IFS Service and one worked in both service types.

Workload spread

Over a third of participants (35%) indicated that they had been in the role of DFV specialist for less than 12 months, suggesting that there still is a high turnover in these positions. Fewer than half (41%) of the respondents had been in the role for more than two years (see Graph 1).

Graph 1.



DFV Specialists within FACC and IFS

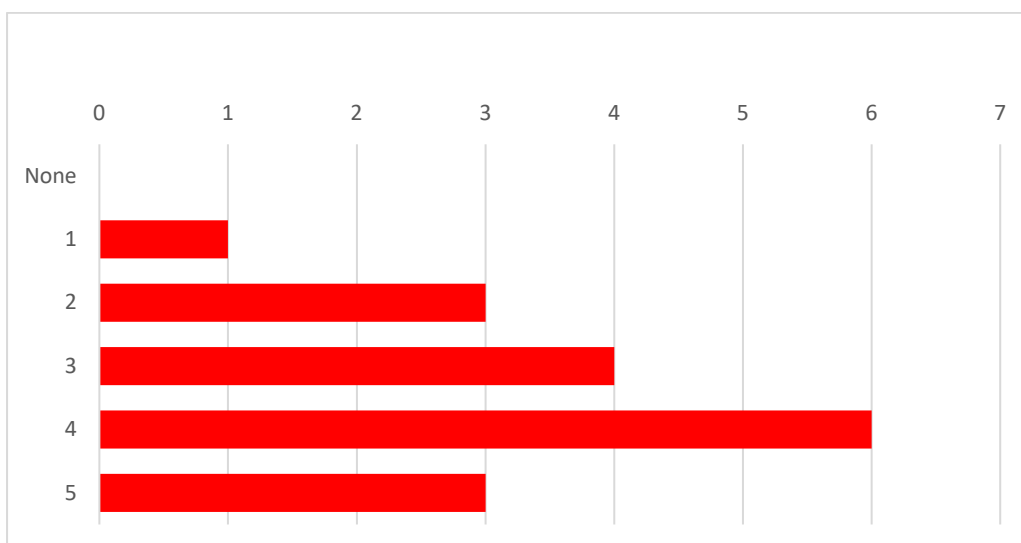
Work type distribution

Participants were asked about the type of work they focused on during an “average week” and to rank their tasks from occupying the most amount of time to the least amount of time. Over half (53%) stated that the biggest part of their work was their *client load* which was both DFV specific and generalist. Just over 70% of respondents identified *Face to Face DFV contact with clients* as accounting for the second biggest portion of their time. Almost half (47%) of the respondents nominated *Case consultations* as their third priority, with 76% ranking *training of staff around DFV* as a lower priority. *Other tasks* (not specified) were rated as the lowest priority by more than 76% of respondents.

Attendance

All participants who completed this survey had attended at least one CoP presentation session since September 2019, with over 76% having attended three or more sessions.

Table 2. Q5 - How many CoP sessions have you attended since October 2019?



DFV Specialists within FACC and IFS

When asked about which were the most valuable or interesting (participants were able to select more than one option), Dr Brian Sullivan's presentation on *Working with Men as Perpetrators* was favoured by 65% of respondents. Forty-seven percent of respondents rated two presentations equally: Stephanie Chen's *Reproductive Coercion* and Professor Hilary Haldane's *Workers' Worlds on the Frontline*.

Peer Support sessions were also well attended, with over 76% of respondents having attended three or more Peer Support sessions over the year.

Participants unanimously reported satisfaction with the frequency and duration of the presentation CoP sessions (100%). The majority (88%) were also satisfied with the frequency and duration of the Peer Support sessions, with only one participant indicating these sessions were not needed monthly. When asked about the suitability of the facilitation platform used for all sessions, there was near consensus (94%) on the use of Zoom, with participants reporting *ease of access* and *flexibility* as some of the benefits.

Barriers to attending sessions

As with last year's report, workload pressures continue to impact on participation in this CoP. This was identified by 65% of respondents as the main reason they were unable to attend a CoP session. Often workers had allocated specific time to attend the session, but a situation would arise that required a crisis response. Where possible, the practitioner would inform the CoP Project Officer of their non-attendance. On other occasions, participants had to decline invitations to the CoP sessions as they had been rostered to provide client facing services at the allocated time.

Much of this group (76%) had attended two or more sessions over the year. Besides workload being a barrier to attending CoP sessions, the other factor identified by a few participants was



DFV Specialists within FACC and IFS

that the time of day, or day of the week, was inconvenient for the practitioner to attend. This finding is an improvement on the results of the 2019 Evaluation, where more than a quarter of respondents (26%) could not attend because of the scheduling. This improvement could be attributed to the 2020 approach of offering different days and times of the day throughout the year, to allow more participants to have a better chance of attending one of the sessions. One participant identified the irrelevance of the specific topic as the barrier to them attending.

Meeting goals

Once again, this year, participants were asked about how well the CoP was meeting its goals as set out in the Terms of Reference:

1. Building workforce capacity in the broader domestic and family violence sector through professional development opportunities
2. Enhancing peer support to ensure workers are not operating in isolation
3. Enabling connectedness to contemporary practice in the domestic and family violence field.
4. Creating opportunities for sharing problem-solving and innovative practice

All four goals were rated at being *entirely met* by over 70% of respondents. This is a massive improvement over last year's evaluation where goals were *entirely met* by between 8% and 25% of respondents¹. The full outcomes are displayed in the table below.

Table 3 CoP Goals

#	Question	Entirely met	Somewhat met	Not met	Total
1	Building workforce capacity in the broader domestic and family violence sector through professional development opportunities	88.24% 15	5.88% 1	5.88% 1	17

¹2019 Evaluation, Goals met entirely: Goal 1 = 8%, Goal 2 = 16.6%, Goal 3 = 25% and Goal 4 = 20%.



DFV Specialists within FACC and IFS

2	Enhancing peer support to ensure workers are not operating in isolation	76.47%	13	23.53%	4	0.00%	0	17
3	Enabling connectedness to contemporary practice in the domestic and family violence field.	76.47%	13	17.65%	3	5.88%	1	17
4	Creating opportunities for sharing problem-solving and innovative practice	70.59%	12	23.53%	4	5.88%	1	17

Suggestions and Feedback

Participants were asked to make suggestions for improving the CoP in the future, including what topics/presentations they would like to explore.

Presenters/Topics

There were common themes that emerged when respondents suggested presenters/topics for next year:

- Working with perpetrators
- Working with perpetrators as fathers
- Working with children (safety planning, sexual abuse)
- Adolescent to parent violence
- Strangulation
- The narrative approach to DFV
- Power of language (sanitising men's IPV)
- New/alternative approaches to eliminating violence
- Prison and DFV
- Magistrates and the legal system
- Risk assessments and case notes



DFV Specialists within FACC and IFS

One participant specifically requested Paul Montgomery and information around a narrative style approach to DFV. The full table of responses can be found in Appendix C.

General Suggestions

Participants were invited to offer feedback on the CoP as a whole and suggestions for improvement. Again, this year, it was suggested by a participant that face-to-face gatherings could be included². There were some comments about technical and organisational issues such as *comments in the chat section not being seen by all [participants] immediately or seeking feedback from participants about desired presentation topics*. It was also noted that *sessions need to start and end on time*. Another participant commented on the value of having a *dedicated practitioner space to talk freely about issues without the presence of management*. The introduction of a dedicated resource to facilitate the CoP sessions and Members' Site was noted by some as a benefit to the CoP. The full table of these responses can be found in Appendix D.

Limitations

The greatest limitation in this evaluation was low uptake of the survey: 17 of a potential 65 practitioners (approximately a quarter) completed the questionnaire. This could be attributed to a short timeframe for the administration of the survey (two weeks) and not individually contacting practitioners (this occurred in 2019).

It is also speculated that the impact of COVID-19 has influenced the group's capacity to complete the survey. Anecdotally the Project Officer is aware that over the course of the year many services have been invited to participate in online surveys and "survey burnout" is a feature of many workers' lives. Personal stress, increased demand for emergency services, flexible working

² At the beginning of 2020, plans to explore an in-person Community of Practice session began but due to unprecedented circumstances (COVID-19 and social distancing restrictions) this was not possible.



DFV Specialists within FACC and IFS

arrangements and job instability are just some of the factors that may have also impacted on practitioners' ability to participate in not just CoP, but this evaluation as well.

Concluding comments and implications

Reflections by CoP Project Worker

QCDFVR considered final reflections from Liz would add further insight into attendance and these are offered below:

- Regions where there are pre-existing community of practice groups among DFV specialists across organisations (such as Beenleigh and the Gold Coast) generally had lower participation levels across the year. Their existing resources and supports meant that their involvement in this group was not as consistent.
- Smaller, independent services had lower attendance rates. This may be because smaller organisations have fewer staff and therefore less flexibility in attending training. Larger organisations seemed to attend more often, except where there are already existing internal resources and support (e.g. Churches of Christ Care and Act 4 Kids are known by the Project Officer to have organisational communities of practice currently in place.)
- Participation by practitioners in the sessions was warm and generous, they contributed professional experiences and freely sharing tools, tips, and techniques with their fellow colleagues. Numerous emails were sent by practitioners thanking QCDFVR for the CoP presentations and the Peer Support sessions.
- Participants also expressed disappointment if they were unable to attend due to scheduling or workload conflicts. On numerous occasions participants reported their use of the Members' Site to access previous presentations.



DFV Specialists within FACC and IFS

- Many practitioners personally thanked Liz for the CoP and what it offers them. They expressed gratitude for the opportunity to connect with colleagues that they would otherwise not get to meet, as well as a source of information they would otherwise not have. Some spoke about small training budgets or limited training options due to their remoteness and how the CoP assisted with professional development. One practitioner wrote

“Thank you for your support over this tumultuous year. It has been greatly appreciated by myself and co-workers in this field.”

Overall, feedback received formally and informally was positive from those who had attended CoP sessions since October 2019. The introduction of the Members’ Site allowed practitioners to catch up on missed sessions and anecdotally, practitioners reported accessing this tool and statistics confirm a good uptake number.

Prior to the practice of recording sessions, QCDFVR staff expressed concern that practitioners may not have an incentive to participate in the “live” CoP if the session was to be made available as a recording later. However, this fear was unfounded, and participation appears to have increased with most CoP sessions seeing a minimum of 15 participants and one attracting 24 participants. Peer Support sessions also saw attendance increase over the year, with a maximum of 22 participants in July.

As of November 2020, in response to this Evaluation, a presentation by Mr David Burck has been scheduled for early March to cover the Adolescent to Parent Violence topic, as requested, and reported in these findings.



DFV Specialists within FACC and IFS

In terms of data gathering in the future, the Project Officer will note that the annual evaluation in 2021 will require the provision of invitations to participate in a survey (or similar) with a longer lead time and through a range of mechanisms.



DFV Specialists within FACC and IFS

APPENDIX A

From: Elizabeth Boardman

Sent: 23/10/2020

Hello FACC and IFSS DFV specialist practitioners,

I can't believe it was a year ago that I first met this amazing group of practitioners! In that time, I have learnt so much from this Community of Practice and I am very honoured to be in a position to support people who do such critical work. Since then, we have had wonderful presenters and incredible discussions amongst colleagues. For some this has been a very new experience, and I want to thank everyone who participated across the year for their generosity and their trust in the process. Together we have shared knowledge and support, and I am hoping that in the future we will be able to reinforce and grow this group and explore new opportunities together.

To keep this quality of engagement, and as a part of our funding agreement with Department of Child Safety, Youth and Women, I have a request. I ask that you to take five minutes out of your busy day to complete a [brief survey](#) about the Community of Practice, as it is and how you want it to be.

The [survey](#) will be anonymous, and results will be compiled into a report that will be uploaded onto the members' site and shared with relevant stakeholders in the Community of Practice, including our funder.

I am busy planning the second half of our financial year and can't wait to hear your ideas for 2021, whatever that may look like.

*I respectfully ask that you **complete the survey by close of business Friday 7th November.***

Survey link: https://cqu.syd1.qualtrics.com/jfe/form/SV_ea4rnWaqXTI8TOd

All the best and thank-you for your time.

Liz Boardman

COP Project Officer



DFV Specialists within FACC and IFS

APPENDIX B

Survey for FACC/ IFS Services 2020

1. Do you work in a FACC or an IFS Service? Please select.

- FACC
- IFS
- Both

2. How long have you been working as a DFV specialist within FACC or IFS?

- a. Less than 12 months
- b. 1-2 years
- c. 2-4 years
- d. More than 4 years

3. Thinking of your work across an 'average' week, what your main activities?

Please number 1 to 5, with 1 representing activities with the most time, and 5 representing activities taking least time.

- a. Client load (DFV and Non-DFV)
- b. Case consultations (DFV only)
- c. Specialist interventions (Face to Face DFV contact)
- d. Training of Staff around DFV
- e. Other (*leave blank for comment*)

4. Have you accessed the Members' website?

- a. Yes, for missed Presentations
- b. Yes, for training opportunities
- c. No
- d. What members' site?

5. How many CoP's have you attended overall (NOT including Peer Support Groups) since October 2019?

- a. None
- b. 1
- c. 2
- d. 3
- e. 4



DFV Specialists within FACC and IFS

f. 5

6. How many Peer Support CoP's have you attended since October 2019?

- a. None
- b. 1
- c. 2
- d. 3
- e. 4

If you answered none to both questions 5 and 6, skip to Question 12

7. What presentations do you recall as being valuable/ interesting? *Select as many as applicable.*

- a. Kathryn Reid – Unintended Consequences to victims of DFV seeking protection through Civil Courts.
- b. Dr Brian Sullivan – Working with Men who use violence
- c. Stephanie Chen – Reproductive Coercion
- d. Dr Ron Frey – Working with couples with intergenerational Trauma
- e. Prof. Hilary Haldane – Workers Worlds on the Frontline

Please Comment (Optional)

11. Are you satisfied with the frequency and duration of COP's (once a quarter) and Peer support sessions (once a month)?

- a. Yes
- b. No
- c. Comments

8. Is the current technology (Zoom) useful for the purpose of the COP?

- . Yes (*Optional*) why?
- a. No (*Optional*) Why?

12. Which of the following Community of Practice goals and been met, and to what extent?

	<i>Entirely met</i>	<i>Somewhat met</i>	<i>Not met</i>
--	---------------------	---------------------	----------------



DFV Specialists within FACC and IFS

<i>Building workforce capacity in the broader domestic and family violence sector through professional development opportunities</i>			
<i>Enhancing peer support to ensure workers are not operating in isolation</i>			
<i>Enabling connectedness to contemporary practice in the domestic and family violence field.</i>			
<i>Creating opportunities for sharing problem-solving and innovative practice</i>			

(Optional) Comments

13. What have you found most helpful about the CoP? Select all that apply

- a. The guest presenters
- b. The peer Support sessions
- c. Information and events shared with the group by QCDFVR
- d. Other (leave blank for comment)

14. What, if any, have been your barriers to attending the COP's at all/ on a regular basis? Select as many as applicable.

- a. The time/day was not convenient
- b. Workload
- c. Technology issues
- d. Chose not to attend because the content was not relevant
- e. Other (leave blank for comment)

15. Do you have any suggestions for improvements to the organisation/ facilitation etc. of the Community of Practice? Please tell us.



DFV Specialists within FACC and IFS

(comment box)

16. Are there any topics or presenters you would like to cover in next year's CoP?

(Comment box)

17. Do you have any other comments or suggestions?

(Comment Box)



APPENDIX C

Survey for FACC/IFS Services 2020

Are there any topics or presenters you would like to cover in next year's Community of Practice sessions?

- mens line, encouraging fathers to engage in community supports,
- Safety planning with children
- Sexual abuse in children
- I would like Adolescent violence towards parents ,laws around strangulation when its is children strangulating adults
- I like the variety and different topics.
- For my part more on Perpetrator engagement as this is the area I want to increase my practice
- paul montgomery and narrative approach to dfv
- Use of Language - e.g. sanitising Mens Violence to generic terms - DV FV; how effective are Women Change Agents in Men's Spaces when discussing misuse of power with dynamics of patriarchy in play etc... One way punitive approaches to eliminating violence and abuse isn't working - what are the alternatives? Women are not your Rehab type session :)
- Holding Men accountable, Relationship between Prison and DFV, Magistrates becoming more accountable, How to hold traumatised children whilst waiting counselling
- risk assessment. how to write a great case notes that capture DFV
- Mor Liz
- fd



APPENDIX D

Survey for FACC/IFS Services 2020

Do you have any suggestions for improvements to the organisation/ facilitation etc. of the Community of Practice? Please tell us.

- Being able to see questions/comments when they come up straight away. Time delay sometimes misses the comments with some not having access to video/voice responses
- At least twice a year - face to face COP peer session
- No not at this stage
- It's a very good platform for all the DVFP's to come together and be able to learn and develop their skills and practice in this field. I'm enjoying all that knowledge and information through our monthly and quarterly meetings. Though due to workload I'm unable to attend most of them I do still go back to the website to watch the missed ones.
- COP membership is well, I am finding the peer support sessions not needed on monthly basis and find I don't attend due to work load. If sessions are booked starting and ending on time is important.
- My understanding is the COP can come together to discuss issues without the presence of management. This can be very useful space to be open and frank in a positive way about our issues.
- Seek feedback from participants regarding desired training topics
- Great job this year
- Keep Liz around, she is amazing



DFV Specialists within FACC and IFS

Do you have any other comments or suggestions?


- I've enjoyed the presentations and appreciate the effort going into providing these. Keep up the great work! Thankyou!
- thank you i have enjoyed being part of this COP
- No
- I'm very grateful to Elizabeth who has been trying hard to make sure that she is doing her best in supporting us learn and develop ourselves. She is fantastic and a good presenter.
- no more at this time.
- Elizabeth has created a very supportive space for us
- I like to thank ElisabethB for her generosity of spirit and providing a space that is informative and constructive
- Liz is the best!
- fd





www.noviolence.org.au



 CQUniversity Australia
Building 6, City Campus, Sydney Street
Mackay, QLD, 4740

 07 4940 3320

 qcdfvronline@cqu.edu.au

