



RJU's Co convening model

November 2024



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- In the ACT community, victim advocacy groups and criminal justice stakeholders were invested in the development of a best practice approach to conferencing that ensured safety and empowerment
- In the years prior to the enactment, the RJU team, worked together to respond to community interest to provide a best practice model of convening family violence and sexual offence matters.
- Phase 3 was implemented on 1 November 2018.

Research Phase



RJU development of a hybrid model

GOALS

- The co-convening model in the RJU sought to use its resources to attend to the strengths of both models.
- Encourage access to the therapeutic community in the ACT to work in partnership with convenors to attend to therapeutic needs, prepare participants for conference and support them in a conference. In this way it hoped to provide an RJ+ level of additionally sensitive service to matters of more complex harm.
- To embed methods of work that encourage reflection, to limit influence of bias, resist invitations to collusion and promote models of power sharing work relationships

RESOLUTION

- To allocate two equal convenors to FV and SV matters
- Co-convenors have shared responsibility and decision making, like and for the same reasons as co-facilitation in the delivery of Family Violence and Sexual Offence intervention programs.
- They are expected to observe and analyse the dynamics of violence, methods of coercion, invitations to collude, and dynamics that support complicity within the community of care.
- The co-convenor will model power sharing; offer continuity of service – if one convenor is away, the other remains available; relational responsibility – if a participant responds better to one convenor than the other, convenors negotiate to give that convenor the lead when communicating with that participant.

TENSIONS

- The limitations of our information systems have created difficulties in how to record and track the allocation and convening of cases.
- This can easily lead to practice drift, where convenors conflate the administrative work-arounds with a real hierarchical difference in responsibility.
- Convenors, supported by the Case Reviewer, negotiate their roles and division of tasks when convening together on FV & SV matters.
- Limitations in frontline support services for DFV & SV result in delays in conferencing. Convenors will make referrals to support services that have long wait lists resulting in longer preparation periods before a conference can begin.
- Limitations in these services can also result in no support available. Young people committing DFV offences or sexually harmful behaviours have no specific service to support them.
- Most of our referrals involve people who cannot access Corrective Services programs and there are no community-based intervention opportunities in the ACT.

The role of the case reviewer

- The role of the case reviewer was identified and written into the phase 3 guidelines, as a further assurance to stakeholders and the community, acknowledging the seriousness and complexity of these types of matters.
- The additional supervisory oversight and sign-off throughout the process including assessment, preparation, conference and in post conference care and monitoring period was a key provision in the stakeholder feedback.
- Over time it has developed a normative and formative function, ensuring adherence with guidelines and practice manual, and as a forum of review and consolidation.

Initial case review

- Identify any risks, safety concerns and patterns based on the information in referral
- Identify any information gaps
- Develop a plan to fill information gaps with contact to the referring entity, AFP Informant, CYPS, DVCS & ACT Corrective Services (for example)
- Develop plans to make initial contact
- Negotiate the operation of the convening team and division of labour
- Agree on what will trigger the next case review

Follow up case reviews

- review risks, safety needs and behaviours convenors have identified and plan to address
- Discuss the methods of coercion observed, invitations to collude and dynamics of complicity in the community of care that support the use of violence.
- Identify and consolidate the suitability protective factors and risk mitigation to date
- Identify others or professionals supports who might be considered
- Address any points of difference in convenor observations and assessments.
- Review co-convening relationship
- Identify any internal or external supervision needed for either or both convenors

The co-convening model today

- When matters of FV and SV are allocated, there are two convenors of equal responsibility for the matter. They will be suitably trained and hold equal status in the convening of the referral.
- The case reviewer encourages convenors to consider their skills, practice strengths, learning needs, biases, practice limitations, and to negotiate these with each other (with coaching offered by the case reviewer).
- Tasks for the work of the referral are negotiated between the convenors based on capacity and dynamics of client responsiveness. For example, clients may appreciate female/male workers leading contact with female/male clients. But they may not. Convenors will observe if such dynamics exist and consult with clients if such divisions of labour are considered helpful.
- Both convenors are responsible for the administrative tasks of the referral and will negotiate the completion of tasks.
- Convening teams will negotiate among them who will take responsibility for the tasks within the action tree.



Case study

Specifics of the referral

- Police diversionary referral of distribution of intimate images.
- A YP was responsible for the offence and a YP was harmed.
- High degree of harm experienced by the YP harmed and their family.
- Early childhood trauma indicated for the YP responsible, and they experienced several characteristics of post-traumatic stress disorder.
- Ongoing risk-taking behaviour exhibited by the YP responsible.
- YPeople required referrals to additional support services.

Co-convening elements

- High frequency of contact for both families required due to the high degree of harm experienced and the high risk of further self-harm to each participant.
- Convenors and case reviewer planned and negotiated how to allocate their time to the needs of each family.
- Convenors worked interchangeably, so that the families had equal access to each convenor and with an understanding what the purpose of the contact would be.
- Both YP and their families were isolated from trusted supporters. Two Convenors shared the time-consuming work of developing relationships with the families and sourcing additional supports.
- Both convenors would attend client meetings to offer participants the opportunity to develop a relationship with the convenors together, and for convenors to share the attention required between speaking and attending to non-verbal communication and cues.
- Case reviewer monitored the progress of the matter, debriefed convenors to ensure dynamics of sexual violence were identified and risks were managed in bringing the families together for a conference.

Resolution

- Face to face conference required two convenors to assist the families manage physical and emotional safety.
- Conference used break time in separate breakout rooms to verbally process things said and heard in conference, convenors divided themselves between the families.
- Two convenors were able to co-lead the conference, dividing attention required to facilitate the sharing, and attention to non-verbal communication of the group.
- Conference lasted 5 hours. Convenors helped each other remain attentive to the needs of the group through sharing facilitation tasks.
- Referral took 9 months to bring to conference and an additional 3 months to monitor the conference agreement. Two convenors kept the referral progressing during periods of absence.