ATTACHMENT "CP-3"

This is the attachment marked **"CP-3"** referred to in the witness statement of Catherine Mary Plunkett dated 20 July 2015.

Domestic Violence Victoria

Peak body for domestic violence
services for women & children

Specialist Family Violence Services: The Heart of an Effective System

Domestic Violence Victoria Submission to the Victorian Royal Commission into Family Violence

19 June 2015

Acknowledgements

DV Vic would like to acknowledge the many women in Victoria who have experienced family violence, and whose courage and determination should be honoured. Enhancing the rights of these women and their children is at the heart of DV Vic's advocacy for an effective family violence system. DV Vic would also like to acknowledge the work of specialist family violence practitioners, and our members in particular. DV Vic members have been extremely generous in sharing their vast experience and thoughtful insights, all of which have informed our submissions and recommendations.

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About Domestic Violence Victoria (DV Vic)

As the peak body for family violence services in Victoria, DV Vic has a broad membership of over 60 state-wide and regional family violence agencies across Victoria, which provide a variety of responses to women and children who have experienced family violence, including every specialist family violence service in Victoria, community and women's health agencies, some Local Governments and other community service agencies. DV Vic holds a central position in the Victorian integrated family violence system and its governance structures.

Since our establishment in 2002, DV Vic has been a leader in driving innovative policy to strengthen sectoral and system responses to family violence as well as building workforce capacity and representing the family violence sector at all levels of government. DV Vic provides policy advice and advocacy to the Victorian Government about family violence prevention and response. DV Vic also plays a coordinating role in Victoria's work to prevent violence against women, particularly in our work with the media, through the former EVA media awards and the development of a framework for reporting on violence against women.

DV Vic represents the Victorian family violence sector on the current Ministerial Advisory Group on Family Violence and the Statewide Violence against Women and Children Forum; and has sat on numerous other advisory mechanisms with oversight of responses to family violence, violence against women, homelessness and community services of the state and federal governments over the past ten years.

List of Recommendations

Recommendation 1
That the skills, knowledge and practice framework of family violence specialists should inform every aspect of the family violence system for it to be fully effective in increasing safety and wellbeing and reducing harm to women and children. This is critical to service delivery and agency responses across the sector, informing policy, service delivery, multi-agency collaboration and governance arrangements.

Recommendation 2
That the family violence system is funded through a designated, guaranteed, recurrent Commonwealth Prevention of Violence against Women budget stream. The funding must reflect the level of demand across the system from crisis responses, early intervention, post-crisis recovery and primary prevention. Funding for family violence should protected in legislation from changing governments and policy agendas at commonwealth and state levels.

Recommendation 3
That the Royal Commission commissions modelling to determine a recurrent budget for family violence services that appropriately reflects demands and outputs of service delivery, and additional funding associated with building and retaining the family violence workforce.

Recommendation 4
That to be effective in tackling family violence, the work of both primary prevention and responses are critically and equally important and this must be reinforced with each having distinct and separate policy platforms.

Recommendation 5

That the specialised skills, knowledge and expertise that informs best practice in family violence service delivery is recognised as essential to driving an effective family violence system, and this specialist knowledge and practice framework should central to all components of the system.

Recommendation 6

That the family violence system is resourced to provide specialised age appropriate and culturally specific support services to meet the needs of women from diverse groups across the community. This should be both through dedicated services and through specifically trained, culturally sensitive, specialist workers in family violence services.

Recommendation 7

That post-crisis and recovery responses to mitigate the longer term impacts of family violence on women and children are integrated into the family violence system with appropriate resourcing.

Recommendation 8

That measures required to evaluate the effectiveness of the family violence system are developed in consultation with the sector to ensure they are appropriately targeted with matching data systems capability. This will require funding to address the current lack of data and incompatibility of data collection systems.

Recommendation 9

That a comprehensive review of the Victorian family violence crisis accommodation system is urgently undertaken to ensure that it is resourced for infrastructure and staffing to provide a range of accommodation options appropriate to the needs of the diverse client base, and in line with contemporary expectations.

Recommendation 10

Supporting women and children to remain safely in their own home has many obvious advantages. To maximise these benefits, a standards and quality assurance framework should be developed to establish consistent standards for the design and implementation of Safe at Home programs across the state taking into account the different models required in metropolitan and regional settings.

Recommendation 11

That a statewide strategic framework is developed to support early intervention efforts across the family violence system that includes piloting test projects across the state in a range of different sites, with Regional Integration Committees resourced to provide oversight for project implementation.

Recommendation 12

That an implementation strategy for early intervention includes building capacity in early intervention approaches including gender literacy and the social model of health across the sector, including within relevant government departments.

Recommendation 13

That the Common Risk Assessment and Risk Management Framework (CRAF) is revised to explicitly strengthen early intervention capacity to ensure a co-ordinated and consistent response across multiple agencies.

Recommendation 14

That the Victorian Government undertakes a comprehensive review of the Family Violence Risk Assessment and Risk Management Framework (CRAF) to include: mapping current use; addressing content gaps and providing additional guidance; establishment of an effective authorising environment to support consistent implementation.

Recommendation 15

That the Family Violence Risk Assessment and Risk Management Framework is reviewed regularly to ensure currency and its use mandated for all core services in the family violence service system.

Recommendation 16

That a statewide model for family violence system integration should incorporate best practice models of multi-agency co-location, embedded family violence workers and family violence specialist women's advocates.

Recommendation 17

That an urgent review of all legislation pertinent to the family violence sector is undertaken to ensure that information sharing between agencies and Courts is legal, consistent and timely, and that amendments are made to relevant legislation accordingly.

Recommendation 18

That the important role of peak bodies for the family violence sector, including Domestic Violence Victoria (DV Vic), to drive best practice and policy innovation, is recognised by committed, recurrent funding.

Recommendation 19

That a comprehensive quality assurance framework is developed to establish minimum standards and accreditation processes for family violence services across the state. The quality framework should cover service delivery, organisational process and workforce standards.

Recommendation 20

That the establishment of an independent statutory authorising body responsible for oversight of the family violence system, with a function for regulation, including service accreditation.

Recommendation 21

That DV Victoria is commissioned to update the Code of Practice for Specialist Family Violence Services for Women and Children in line with contemporary best practice, system reforms, and current policy and legislation.

Recommendation 22

That a Workforce Development Strategy is developed for the Victorian Family Violence sector.

Recommendation 23

That units on understanding violence against women and family violence are mandatory the core curriculum undergraduate courses, including social work, psychology, education, nursing, medicine and other relevant degrees for social work, psychology, education, nursing and other relevant degrees.

Recommendation 24

That funding is reinstated for DV Vic to play an ongoing role in sector development, including developing and implementing a revised Code of Practice for Specialist Family Violence services.

Introduction

DV Vic welcomes the opportunity created by the Royal Commission into Family Violence to interrogate and strengthen the family violence system in Victoria. We believe that a stronger, more effective system will improve the safety and well-being of women and children experiencing family violence and reduce the incidence of serious harm through more effective and earlier interventions. It would also address the social and structural causes of violence against women through community prevention and policy and legislative reforms for gender inequality.

There is little doubt that a comprehensive review of the Victorian family violence sector is urgently required. Notwithstanding the well-acknowledged and serious limitations on accurate family violence data, the available statistics paint a dire picture of the prevalence of family violence in Victoria. There were 68,134 police incident reports in 2014, an increase of 82.2 per cent since 2010.[1] Over 25,104 women and children sought help from homelessness services in 2013-14 as a result of family violence.[2] Contacts to family violence services report dramatic increases, community legal services are unable to meet the increasing demand for family violence-related matters, and the national referral and counselling service is unable to meet demand, reporting over 18,000 calls going unanswered this year. And this is a very partial reflection of the true extent of family violence. It does not capture self-referrals to family violence services, women who do not require homelessness services nor the numbers of women who haven't been in contact with any services about family violence.

Unsurprisingly, the family violence system – specialist family violence services, legal services, the police, the courts, corrections, child protection – is struggling to cope under the weight of this unprecedented and growing demand. As community awareness about family violence increases, so do the pressures on the system to provide safety and future security for those experiencing it. There is reasonable community expectation that the family violence system is able to provide timely and effective responses but the evidence is overwhelming to show that it currently cannot.

DV Vic does not believe that this is evidence of a system that is 'broken', rather it reflects a system that has evolved and adapted over decades in response to the growing and changing needs of women and children experiencing family violence, in the absence of a coherent and consistent policy platform and appropriate funding. Despite this, the family violence sector has achieved some significant reforms and built capacity in skills and practice to meet the increasing demand for services which should not be disregarded by the Commission.

That said, DV Vic is acutely aware of gaps, barriers and concerns about the ways the family violence system responds to the safety and long-term well-being of women and children. In particular we recognise that there is a gaping hole in relation to perpetrator accountability across the system. However, we argue that the important and innovative sectoral reforms developed through the comprehensive and collaborative processes from 2002-2010 under the previous Labor government are not disregarded. These reforms were not fully implemented, being sidelined a by the incoming Coalition government. In our view, it is critical that these reforms are used as the basis to build future reforms of the system. That reform process involved a collaborative critical examination of the system and generated a variety of strategies to address identified gaps and barriers. DV Vic believes that these strategies remain highly pertinent to the work of the Royal Commission.

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[1]'Family incidents' Crime Statistics Agency,
http://www.crimestatistics.vic.gov.au/home/crime+statistics/year+ending+31+december+2014/family+incidents
[2]AIHW, 2014 Specialist Homelessness Services:2013-14, Victorian Supplementary Tables, Cat. No: HOU 276. AIHW, Canberra

This submission focuses exclusively on the nature and role of family violence specialist services within the system. It makes the case that to be fully effective, the skills, knowledge and practice framework of family violence specialists should inform every aspect of the family violence system. This is critical to service delivery and agency responses across the sector. It should be built on evidence-based best practice and consistency through a quality standards framework across service delivery, governance arrangements and policy.

This submission is one of four submissions which focus on the key areas identified by DV Vic members. These include 1) *Considerations for Governance of Family Violence in Victoria; 2) The interface between Family Violence services and Police; 3) Working with Children.* Our submissions are informed by consultation with DV Vic member organisations, including specific topic-based focus groups and a series of roundtable meetings.

While we limit our recommendations to these specific areas, DV Vic refers the Commission to submissions by other members of the No More Deaths Alliance, which address other critical components of the family violence system including: the legal system (Women's Legal Service Victoria and the Federation of Community Legal Centres), perpetrator accountability (No To Violence) and the specific issues facing women from culturally and linguistically diverse communities (InTouch Multicultural Centre Against Family Violence), women from Aboriginal and Torres Strait Islander communities (Aboriginal Family Violence Prevention and Legal Service) and women with disabilities (Women with Disabilities Victoria). We also refer the Commission to *Principles Framework for Family Violence System Reforms*, a joint statement of the No More Deaths Alliance (Attachment A).

Part 1: Preventing Violence against Women Funding Model and Primary Prevention – Essential elements for a better family violence system

Two key elements underpin DV Vic's contribution to the Royal Commission:

1. the fundamental importance of addressing the societal causes of violence against women through primary prevention; and
2. the urgent need for funding reform to ensure effectiveness, accountability and transparency in family violence services.

1.1   Prevention of violence against women

Building a stronger and more responsive family violence service system is the focus of DV Vic's four submissions, however, it is important to state that until the underlying causes of violence against women are addressed the response system will continue to be overwhelmed by demand. The critical work of primary prevention includes community-based programs which challenge violence-supporting attitudes, values and norms that devalue women, as well as governments leading by changing policies and laws that entrench gender inequality across society. Evidence shows social structures that reinforce the unequal distribution of power and resources between men and women are drivers for violence against women and an effective response to family violence must therefore be underpinned by this understanding and a commitment to social change.[3]

For family violence to be addressed effectively, it must be tackled at its primary causes and in responses to the women and children who are experiencing it. Both prevention and response work must be recognised as equally important in addressing the national epidemic of family violence. Victoria's highly commended plan to prevent violence against women *The Right to Respect* in 2009 set out a policy platform to 2020 for primary prevention work. This plan was disregarded and replaced by the incoming Coalition government, but it staked important claims. It established the need for distinct and separate policy platforms for primary prevention and responses to family violence. DV Vic believes it is critical to maintain this distinction in order to ensure that investment in each part of the system is prioritised in its own right and to avoid competition between frontline services and primary prevention initiatives. We reiterate the point that prevention and responses are of equal importance in the battle to end violence against women, and both aspects of this work should be appropriately and securely funded.

1.2   Funding reform for family violence services

The family violence 'system' has evolved in a broadly ad hoc and fragmented way; the result of responding to crisis points and system gaps as they arose. Specialist women and children's family violence services have worked with key agencies across the sector to adapt, improve and innovate in order to meet the growing demand and understanding of the problem over a period of fifty years since the first government policy response to fund women's refuges in the 1970s. Further, legislative and policy reforms In Victoria from 2002-2010 has resulted in unprecedented demand on the system without commensurate investment in the service system to meet the escalating demand.

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[3] Wall, L. 2014 Gender equality and violence against women: What's the connection? ACSSA, Melbourne
http://www.aifs.gov.au/acssa/pubs/researchsummary/ressum7/ressum7.pdf

This legacy of fragmentation continues to be reflected in a number of critical ways. Family violence services, and indeed the system broadly, are funded as though family violence is an individual, incidental and temporary problem – a marginal and private issue - rather than the complex, long-term and widespread social problem that it is. Funding for family violence services comes primarily through state government homelessness programs (the Specialist Homelessness Services System) and through a range of other community services budgets for project-based funding. This means that family violence funding is insecure, short-term, cyclical and subject to the vagaries of changing governments and policy agendas. This year, for example, family violence services were at risk when the Commonwealth Government threatened significant funding cuts to the National Partnership Agreement on Homelessness. Community legal services providing vital services to those experiencing in family violence are continually (and presently) fighting against funding cuts.

The family violence system is chronically under-resourced and unable to meet growing demand. Just one example of this is the woefully inadequate funding for family violence services that receive police L17 referrals as part of Victoria Police's family violence incident report. Currently DHHS funds agencies to meet set targets for L17s that are unrealistic and do not reflect the nature and extent of family violence. On average, agencies are funded for around 70 L17 referrals per year. Services report that they are receiving approximately 160 referrals per month. Clearly the costs of administration and service provision for each referral are being carried by already under-funded agencies. This diminishes service capacity to meet the support needs of women and children experiencing family violence. This issue is covered in detail in the DV Vic submission on *The interface between Family Violence services and Police.*

Inevitably, the combination of growing demand and under-resourcing of services inevitably impacts on capacity and the quality of service delivery. Family violence services are in constant competition over scarce resources as the demand increases exponentially. Much of the time of peak bodies, such as DV Vic, is diverted into the struggle to maintain current funding levels rather than the critical work of policy development, building service capacity, advocating for women and children to build a better system.

Notably, these inadequate funding arrangements create a range of problems which undermine the family violence system:

- Uncertain, inadequate and short-term funding promotes fragmented, localised service responses rather than a consistent, comprehensive and best practice response that supports statewide system integration.

- Under-funding results in services rationalising limited resources. This creates a perverse incentive in which women are unable to access crisis services until their need is assessed as sufficiently pressing. This process is not only dangerous it is more cost intensive than earlier interventions.

- Funding through budget programs that are not family violence-specific results in funding agreements on outputs – and therefore, most importantly, collected data – does not match the work family violence specialist services actually do. Funding and service agreements based on homelessness measure outcomes against preventing women and children from becoming homeless but do not address the range of other resource-intensive service supports women and children experiencing family violence need. Failure to adequately capture this need through the data results in the continuation of inadequate funding and system overload.

- Additionally, because the SHIP database is a homelessness platform and therefore does not capture full and relevant data for family violence, particularly the information relevant to risk. Data collected by

agencies in this format wildly underrepresents the work that they are doing, and the opportunity to build a body of evidence about demand on the 'system' is missed. This makes it impossible to assess the effectiveness of the system in general. In particular, although the SHIP system counts the number of children housed, it does not count children as clients, which means that services are not funded for the therapeutic and other needs of children. This is point is addressed in DV Vic's *Working with Children* submission. Furthermore, forcing FV into a homelessness framework skews the data on homelessness.

– Funding uncertainty means that services divert limited time and staff resources to chasing funding through tenders and philanthropy.

– Programs are often short-term and project-based with insufficient time for proper evaluation or the capacity of successful programs to be continued, frustrating and demoralising both clients and workers.

– Limits workforce development, recruitment and retention. This funding environment means that the family violence workforce is insecure and the sector generally, is poorly paid.

Recommendation 1

That the skills, knowledge and practice framework of family violence specialists should inform every aspect of the family violence system for it to be fully effective in increasing safety and wellbeing and reducing harm to women and children. This is critical to service delivery and agency responses across the sector, informing policy, service delivery, multi-agency collaboration and governance arrangements.

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That the family violence system is funded through a designated, guaranteed, recurrent Commonwealth Prevention of Violence against Women budget stream. The funding must reflect the level of demand across the system from crisis responses, early intervention, post-crisis recovery and primary prevention. Funding for family violence should protected in legislation from changing governments and policy agendas at commonwealth and state levels.

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That the Royal Commission commissions modelling to determine a recurrent budget for family violence services that appropriately reflects demands and outputs of service delivery, and additional funding associated with building and retaining the family violence workforce.

Recommendation 4

That to be effective in tackling family violence, the work of both primary prevention and responses are *critically and* equally important and this must be reinforced with each having distinct and separate policy platforms.

Part 2: Understanding family violence: Women's lived experience

Understanding the lived experiences of women and children who experience family violence must be at the centre of any system responses and reforms. This knowledge and understanding underpins the specialist work of family violence services and informs specialist family violence practice, described in Part 3. The safety and well-being of women and children can be seriously comprised when responses are not informed by this approach or this knowledge and understanding is disregarded. For this reason, DV Vic has included this section in our submission to reinforce to the Commission this fundamental proposition: the family violence system must be understood from women's and children's perspective.

The specialised practice of family violence services within the sector is informed by a comprehensive understanding of the dynamics, nature and impact of family violence. DV Vic argues that this expert knowledge and practice should be at the centre of the family violence system: in direct service delivery, in partnerships with other agencies, such as police, courts and child protection and in collaboration with universal services including health, education and social support to facilitate early intervention opportunities.

Specialist knowledge of family violence is built on the following understandings:

2.1   The characteristics, dynamics and impact of family violence

— While every woman's experience is unique, for the majority of women experiencing family violence, it involves an escalating spiral of violence, rather than a one-off incident.

— Violence is a choice. Men choose to use coercive controlling behaviours and violence out of a privilege-based sense of entitlement, believing that his partner is responsible for meeting all his needs and expectations, their feelings of anger, jealousy, frustration and (paradoxically) powerlessness.

— Women may experience a range of different types of violence but emotional and psychological abuse is the common thread with most women reporting verbal abused, constant put downs and being blamed for the violence they experience.

— Family violence include a range of behaviours including physical and sexual violence, as well as psychological, emotional and financial abuse designed to intimidate, undermine, isolate and control. This can include violence and /or threats of violence against children, other family members and pets.

— Family violence often starts with an intimate partner's apparent love and involvement transforming into jealous and controlling behaviour that isolates the woman from friends and family. Physical violence often does not occur until the relationship is well established, and for many women, remains a terrifying threat.

— Coercive control involves a range of controlling tactics and behaviours in which the perpetrator creates a world in which the victim is constantly monitored and criticized; every move is measured against an

unpredictable, ever-changing and unknowable 'rule book'.[4] It can include forced isolation, degradation and monitoring and regulating everyday activities such as phone calls, social interaction and dress. Surveillance continues when the perpetrator is not present, and is facilitated by new forms of technology.[5]

— Pregnancy is a risk factor for family violence. Women often experience their first assault during pregnancy, or experience an increase in the form or intensity of violence.[6] This is a time when women are more vulnerable because they are less able to leave and are more likely to be financially and otherwise dependent upon their partner.

— Abuse experienced during pregnancy is the point where family violence also becomes an attack on the mother-child relationship. The undermining of women's relationships with their children both directly (through undermining her parenting and modelling abusive and disrespectful behaviour towards her in front of the children) and indirectly (through physically or emotionally disabling her so that she is unable to be available to mother her children) are also damaging characteristics of family violence.

2.2   Barriers to leaving violent relationships

Leaving a violent relationship is difficult. Generally, women will attempt to leave an abusive relationship a number of times before a final separation. Women do not report or leave violent partners for a range of reasons[7]:
— Fear for their safety. Violence escalates when a woman leaves, with increased risk of assault, stalking and even murder post-separation.
— Many women don't have faith that the system will protect them and their children.
— Lack of safe and affordable housing options.
— Financial concerns – many women who have experienced financial abuse will have no access to money or other resources. If a woman has to be relocated for her own safety, she may be required to leave her job.
— Concerns about disrupting her children' lives, education, links to community and family.
— She may feel ashamed about the violence or believe that it is her fault. It is a common tactic for perpetrators to blame victims for the violence perpetrated against them. If she is not experiencing physical abuse, she may not recognise herself to be in an abusive relationship.
— Isolation from friends and family, and exhaustion, low self-esteem, loss of confidence in decision-making decisions and her own judgement. Many women question their own reality when her partner blames her for causing him to be violent toward her, and those messages are echoed or tolerated in the community.
— Victim-blaming messages from the community and the media.

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[4] See for example, Stark, E. 2007 Coercive control: How men entrap women in personal life. Oxford University Press, Oxford.
[5] DVRCV & WLSV, 2013, Serious Invasions of Privacy in the Digital Era, Submission to the Australian Law Reform Commission Review
http://www.alrc.gov.au/sites/default/files/subs/48._org__womens_legal_service_victoria_wlsv_and_domestic_violence_resource_centre_victoria_dvrcv.pdf
[6] Taft, A. 2002, Violence against women in pregnancy and after childbirth: Current knowledge and issues in health care responses Issues Paper: 6 Australian Domestic & Family Violence Clearinghouse, UNSW, Sydney
http://www.adfvc.unsw.edu.au/PDF%20files/Issuespaper6.pdf
[7] Barrett Meyering, I. 2012 Staying/leaving: Barriers to ending violent relationships Fast Facts:7 Australian Domestic & Family Violence Clearinghouse The University of New South Wales, Sydney
http://www.adfvc.unsw.edu.au/PDF%20files/Fast_Facts_7.pdf

- She may still care for her partner and hope that they will change (many women don't necessarily want to leave the relationship; they just want the violence to stop).
- Women with disabilities may lose their care packages or specially adapted homes.
- Women from Aboriginal communities may lose their relationship with their kinship and family networks as well as the relationship with their land.
- Other women may lose their entitlements to residency.
- The belief that it is in her children's best interests to stay (e.g. wanting a father for her children, financial security, avoiding the stigma associated with being a single parent).

2.3   The impact of family violence on children and young people

DV Vic's submission on *Working with children* addresses this issue in detail. In the context of outlining the specialist family violence knowledge base, some key issues will be briefly covered.

The Family Violence Protection Act 2008 recognises that children are adversely affected by family violence if they "hear, witness or otherwise [are] exposed to the effects". The impact of family violence on children, and on women, is cumulative. Children are living in most homes where family violence is present, with 61 per cent of women having children in their care when the violence occurred and 48 per cent of those children having witnessed the violence.

Children who are exposed to family violence experience a range of psychological and behavioural impacts including: depression, anxiety, trauma symptoms such as presence of pervasive fear, increased aggression and anti-social behaviour, lower social competence, low self-esteem, school difficulties, peer conflict, impaired cognitive functioning and increased likelihood of substance abuse. Eating disorders, teenage pregnancy, leaving school early and suicide attempts are also cited effects. Consequently, this means that young people who have had this experience often have poor education outcomes that affect employment prospects and lifelong socio-economic security. It also affects their intimate relationships in later life, with research showing that boys who have been exposed to family violence are more likely to become perpetrators themselves, while girls may be either more accepting or highly intolerant of intimate partner violence.[8]

The relationship and attachment between the parent who is the victim of family violence (usually the mother) and their children can also be adversely impacted by family violence. As Humphreys et al. state, 'the mother-child bond after family violence needs to be strengthened as the perpetrator's abusive tactics involve the undermining of the mother–child relationship'.[9] This requires specialist therapeutic interventions, working with mother and child together and individually to deal with the trauma they have experienced.

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[8] Flood, M. & Fergus, L. 2008 An Assault on Our Future: The impact of violence on young people and their relationships, White Ribbon Foundation, Sydney
http://www.whiteribbon.org.au/uploads/media/Research_series/An_assault_on_our_future_FULL_Flood__Fergus_2010.pdf;
Richards K 2011 Children's exposure to domestic violence in Australia, Australian Institute of Criminology, Trends & Issues in Crime and Criminal Justice No: 419, June http://aic.gov.au/publications/current%20series/tandi/401-420/tandi419.html
[9] Humphreys, R Thiara & A Skamballis *Readiness to change: Mother-Child Relationship and Domestic Violence Intervention*, British Journal of Social Work, vol. 44, (2010) p.167

2.4   First response: What women need when they first disclose or seek support to leave a violent relationship

As outlined above, the dynamics of family violence are complex and multidimensional. This highlights the critical importance of first responses when women contact services or disclose family violence. Evidence shows that when women's first contacts, whether it is with friends or family or services, are met by an uninformed response, they can be reluctant to seek support again, significantly increasing their risk of harm.[10]

It is now widely recognised that first responses to women and children should ensure that:
- She will be believed and her experiences taken seriously
- Her rights will be upheld and her safety protected
- She will have accessible options and will be supported to make safe changes for herself and her children
- She will not be judged or experience any disadvantage if she chooses to return to her violent relationship
- She will have timely access to resources and support they will need to leave safely which may include: money, housing, help with moving, transport, access to legal assistance and ongoing police protection, legal, income and emotional support.

The quality of the support a woman receives when she reaches out is likely to have a significant influence on her decision-making. Sometimes women will make several attempts to leave before they actually leave permanently and safely. Regardless of her decision, it is important that the support a woman receives enables her to increase her and her children's safety irrespective of the choices she makes about her relationship to the abuser.

It is important to note that access to culturally specific or specialised support is required for women from culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander women, lesbians, disabled women, refugees, asylum seekers and women with an insecure immigration status and young women. These women may face a range of additional barriers to seeking help, including cultural beliefs and experiences, physical barriers, language, poverty and discrimination.

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[10] For example, Bagshaw, D. Chung, D. Couch, M. Lilburn, S & Wadham, B. 2000 *Reshaping Responses to Domestic Violence: Final Report*, University of South Australia, Adelaide http://wesnet.org.au/wp-content/uploads/2012/07/PADV-Reshaping-responses.pdf, pp 33-36

Part 3: Specialist family violence services

This part of the submission details the skills, knowledge and expert practice of family violence specialist services. These specialist skills have developed over time in response to advances in evidence-based practice and integration of new and emerging theoretical models, informed by a framework of principles, all underpinned by an understanding and approach to family violence. DV Vic argues that family violence specialist services are the heart of the family violence system, but too often this expertise is minimised or sidelined by many decision-makers. The historical context of this may lie in the marginality of family violence as an issue and the under-valuing of 'women's work' in general. However, DV Vic, as the peak body for specialist women and children's family violence services, believes it is important for our submission to the Royal Commission to detail what is meant by 'specialisation' in family violence service delivery. What follows is not a description of what is happening uniformly across the sector, rather it outlines the key elements of best practice in specialist family violence service delivery. Part 4 of this submission discusses where there are gaps and problems in service delivery and makes recommendations to strengthen current practice so better meet the needs of women and children.

Dedicated, specialist family violence services provide front line support for women and children in dangerous and abusive family situations – their key focus is women and children's safety. These services provide the safe spaces that allow women and their children to seek safety and support for the physical, sexual, emotional, financial and psychological violence they endure at the hands of their partners and families.

When women and children experiencing family violence contact specialist services they require support, information and advocacy to help them navigate the complex systems they must go through to re-establish a life free from violence. Specialist services place the needs of women and children at the centre of their practice. Three key principles underpin the practice of specialist family violence services, and the family violence system broadly: prioritising the safety of women and children, women and children's agency and perpetrator accountability.

DV Vic members are family violence specialist services with extensive expertise in recognising and responding to the signs of violence, the associated risk factors and the dynamics of violence. Response to risk is a critical aspect of this work. When a woman makes the decision to report, the first response to her disclosure is critical because it may be the only time she reaches out for help. On the other hand, women may also reach out numerous times, so the consistency of the response she receives is vital. Women and children can be put at greater risk if they seek support and are failed therefore the service to which a woman discloses must hold expertise to protect her safety and that of her children, conduct a full risk assessment, and build trust that her disclosure is taken seriously.

Using their specialist expertise in identifying risk and preparing safety plans with women, family violence services work collaboratively with police and other services to manage that risk. Working directly to support women and their children in situations of violence and to address their concomitant issues, family violence practitioners tailor responses to clients' specific needs and assist them to achieve identified outcomes.

There are a diverse range of specialist family violence services in Victoria including small stand-alone women's services, medium sized specialist services offering a suite of responses, and specialist services located within large community support agencies.

Support provided by specialist family violence services includes:

- Information on options and safety planning for women who are thinking of leaving or have recently left a violent relationship
- Responding to referrals from Victoria Police (L17s)
- Crisis responses in collaboration with Victoria Police
- Case management for women and their children
- Crisis accommodation for women and children seeking refuge from violent perpetrators
- Telephone support lines including after-hours services
- Tailoring responses for women with disabilities
- Culturally appropriate service provision for women from culturally and linguistically diverse backgrounds and for Aboriginal women
- Attendance at court and support to access legal assistance
- Assistance to find safe and affordable housing and re-locate, including private rental brokerage assistance
- Assistance to find employment, education and training
- Therapeutic programs including individual and group counselling
- assistance to remain safely in the family home and have the perpetrator removed
- Therapeutic and practical support for children affected by family violence
- Shelter for pets affected by family violence
- Support for women whose partners are attending Men's Behaviour Change Programs ('partner support')
- Assistance for women transitioning out of prison.
- Advocacy for women as they navigate institutional barriers to their safety in a complex legal and service system that is often insufficiently sensitive to the dynamics of family violence.

Specialist family violence services practice in Victoria is informed by the 2006 Domestic Violence Victoria Code of Practice for Specialist Family Violence Services for Women and Children.

Although the Code of Practice continues to provide a valuable framework for guiding specialist service delivery and practice, and is written into departmental funding and service agreements, it is now a decade since it was developed. There is an obvious need to update the Code of Practice in line with contemporary practice, policy and legislation. This, and the need for complementary Codes of Practice across the sector to build system integration, is addressed in detail in Part 4 of this submission.

This section provides a detailed outline of specialist family violence service practice. Specifically, it discusses the following key elements:

1. Expert understanding of family violence
2. Risk assessment and management
3. Trauma-informed practice
4. Family violence specialist workers as women's advocates
5. Responding to diversity
6. Early intervention
7. Post crisis and recovery

3.1   Practice informed by expert knowledge and understanding of family violence

Human rights and gendered lens

Specialist family violence practice works through a human rights and gendered lens. Women are overwhelming the victims of intimate partner violence at the hands of male perpetrators[11] and issues of power and control are its drivers. This evidence-based approach understands the underlying gendered causes of violence against women embedded in a complex web of social, cultural and economic factors.[12] The unequal distribution of power and resources between men and women is recognised as a key determinant of family violence. This is reflected in structural inequalities such as the gender pay gap, rigid gender stereotypes that devalue women and the work they do and privilege the role and work of men. These attitudes and beliefs foster a broader culture of violence and violence-supporting behaviours. Specialist women's services have a long and influential history of advocating women's rights; promoting the status of women; challenging sexism and community attitudes that support violence against women and children, on the basis that it is human right to live free from violence. Understanding power and control in the context of family violence informs specialist practice across diverse settings – between same-sex couples, people with disabilities and their carers, older people and their abusers.

The impacts of coercive control and violence on victims

As outlined in Part 2, specialist family violence services work from the position of understanding of the dynamics, context, underlying structural causes and the consequences of family violence. This is more than a practice philosophy, it is critical to quality service delivery as it provides a framework for women to have their experiences validated, their strengths recognised and their needs met. Family violence specialist practitioners have specific skills to elicit women's trust to disclose their experience of violence. They are trained to 'have the conversation' with women, who may be fearful, ashamed or unaware that they are experiencing family violence and work with her to navigate the process of separation and rebuilding her life. This is often a lengthy and difficult process for women, often in traumatic and dangerous circumstances. Specialist workers recognise the inherently disempowering experience of victims of violence and work with women and their children to redress the loss of personal power by prioritising her agency in decision-making, restoring self-respect and confidence to build their own future. This perspective assumes that the woman is the best judge of her situation and provides her with support and information on her options.

Systems knowledge

Their comprehensive understanding of family violence enables specialists to work with women through the process of separation and rebuilding. Their work includes intervening and supporting women and children experiencing or at risk of violence, preventing or minimising the impacts of violence, such as homelessness, job loss, disrupted schooling, and damage to mental and physical health and the re-occurrence of violence. Specialist services have expert knowledge across systems and are able to support women through liaison with police, the court process and other legal needs as well as dealing with government agencies such as Centrelink, Immigration, DHSCS (the former child support agency) and the effects of financial abuse.

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[11] ANROWS 2014 Violence against women key statistics citing 2012 ABS Personal Safety Survey
http://www.anrows.org.au/sites/default/files/Violence-Against-Australian-Women-Key-Statistics.pdf
[12] Wall, L. 2014 Gender equality and violence against women: What's the connection? ACSSA, Melbourne
http://www.aifs.gov.au/acssa/pubs/researchsummary/ressum7/ressum7.pdf

3.2   Specialised risk assessment and risk management

Specialist family violence services offer women and their children services underpinned at every point by ongoing risk assessment and management. In a family violence context, risk management is a dynamic process. Risks change over time, can shift suddenly and are usually outside the woman's control. This means her journey through the service system is unlikely to be linear. Specialist family violence services provide a continuous process of ongoing risk assessment, safety planning and risk management so that services are responsive to the woman's and her children's safety needs at any point in the process.

A core function of the specialist family violence sector is to undertake sophisticated risk assessment and management for which they are uniquely trained.   This approach is embedded in the Family Violence Risk Assessment and Risk Management Framework (known as CRAF) which is based on three pillars:
1. Evidence based individual risk factors.
2. The victim's own assessment of the level of risk to herself and other family members.
3. Practitioner's judgement based on a sophisticated understanding of the context and dynamics of family violence.

More than a practice tool, the CRAF was initially intended also as a tool for integration across the various sectors of the family violence system in Victoria. The use of CRAF was intended to establish a shared understanding and approach, not only to risk assessment and risk management, but also to responses to family violence in general. . It is a key driver of an effective family violence system, supporting women and children's safety and violent men to be held accountable. Participants in our consultation process identified the need for the CRAF to be reviewed and updated to ensure it remains an effective tool for common use, as well as providing a sufficiently comprehensive approach for specialist family violence services. We refer the Commission to the detailed analysis of the CRAF is covered in the submission of NMD Alliance member organisation the Domestic Violence Resource Centre Victoria (DVRCV).

While awareness of CRAF has been notably effective in improving the response to family violence in many non-specialist services that formally had a haphazard approach, the use of CRAF and its application within and across sectors is inconsistent. Clear direction and operational advice is required to ensure that CRAF is truly a tool for integration and that women receive an equitable and safe service.

Risk assessment and risk management processes conducted by specialist services demand a particularly sophisticated understanding of family violence, and its dynamics and impact. Many women come to realise the extent of the risk they face only through the process of risk assessment as it is conducted by a highly skilled specialist.

A key component of the CRAF risk assessment is the woman's own assessment of her level of risk, and the evidence shows that this is critical to accurately assessing risk. However, women at the highest levels of risk often face the greatest barriers to recognising and disclosing their level of risk. A woman will not disclose her experience of violence, or end the relationship, unless she is confident that the system will keep her safe. Women in violent relationships often minimise or excuse violence as a coping mechanism, through self-blame, or as a way of managing their own fears and perceptions of risk. Specialists work with women to understand how the perpetrator blames the victim for his violence, as an expression of his own violence-supporting narratives and justification for controlling her actions or punishing her is essential to ensure appropriate risk assessments can be made. Specialists

are attuned to the presentation of women who are reluctant or feel unable to make full disclosures, and are skilled at assisting those women to explore and understand their level of risk and the options available to them.

DV Vic strenuously argues that this specialised risk assessment and risk management process for women and children whose safety is in question is critical. It cannot be left to the 'best efforts' of non-specialist agencies. High risk and crisis situations are not the same but can easily be confused. Women may seek housing or financial support, as symptoms of their undisclosed family violence. Though their exposure to family violence may be detected through an initial needs assessment, women at high risk are unlikely to be identified at this point as most are reluctant or unable to disclose the extent of their risk to a service provider who lacks the specialist skills and knowledge to recognise and respond to the complexity of their situation.

For women at high risk of experiencing severe or repeated family violence at the hands of dangerous men, consistently proscribed and monitored risk assessment and management practices must be in place throughout the state, with each level of service provision clearly articulated. Specialist family violence case workers are far more effective when supported by regional integrated and agreed systems and processes. Negotiating individual arrangements on a case by case basis at an individual worker level is unsafe and reasonable. The Risk Assessment Management Panels (RAMP) model, based on Multi Agency Risk Assessment Committees (MARAC) in the United Kingdom, is currently being rolled out across Victoria in response to women at serious and imminent risk. Consistent use of a shared risk assessment tool by services throughout Victoria will be critical to determining eligibility of cases to be considered by RAMPs and for consistency in the approach to the management of high risk cases.

A fundamental element of risk assessment and management for women and children is the need to monitor, disrupt and manage the perpetrator's behaviours. This is not the principal work of family violence specialist services, and will not be addressed in the submission. However, DV Vic notes the fundamental need for the service systems to 'keep the perpetrator in view' and held to account for their behaviours. We refer the Commission to the submission of NMD Alliance member organisation, No to Violence, and to The Centre for Innovative Justice report, *Opportunities for Early Intervention: Bringing Perpetrators of family violence into view*[13], along with the submissions of other experts in this area.

3.3   Trauma Informed Practice

A key element of specialist family violence service delivery is trauma-informed practice. Kezelman describes trauma-informed practice in the following way: "Just as traumatic experiences have potentially negative impacts on brain development, structure and functioning, so too, new and positive experiences can aid recovery. As the original trauma occurred in the context of relationships, the types of relationships encountered in systems of care are pivotal. While negative relational experiences, including those with services, compound emotional and psychological problems, positive relational experiences have great healing potential and enable integration within the brain".[14]

This is a strengths-based approach to understanding and responding to the impact of trauma on women and children. It draws on an understanding of the neurological effects of trauma and the range of adaptive responses

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[13] CIJ 2015 http://mams.rmit.edu.au/r3qx75qh2913.pdf

[14] Kezelman, C. 2013 "Trauma-informed practice: how important is this for domestic violence services" Newsletter 52, Autumn, Australian Domestic and Family Violence Clearinghouse, UNSW, Sydney http://www.adfvc.unsw.edu.au/documents/Newsletter_52.pdf pp3-5

and patterns, conscious and unconscious, developed to cope. The need for physical, psychological and emotional safety of women and children is prioritised along with their need to establish a sense of control in their lives.

In summary, the key elements of trauma-informed specialist family violence practice are:
- A safe environment
- A strengths-based framework that creates opportunities to rebuild a sense of power and control
- Taking time to build trust through information sharing and mutually agreed boundaries; and
- An understanding of the impact and responsiveness to the impact of family violence-related trauma, which means that women and children who have experienced violence are not blamed or pathologised for the ways that they manage their traumatic stress. It supports women and children to understand why they behave in certain ways.

This practice model is built on the premise that services can replicate the power and control experienced in abuse relationships, thereby re-traumatising those in the process of seeking support so the practice extends to organisational culture of the services that deliver it. This means recognising and responding to the effects of vicarious (or work-induced) trauma experienced by many workers in the family violence sector.

3.4   Family violence specialist workers as women's advocates

Comprehensive case coordination and active advocacy for the woman are the key element of family violence specialist work. Workers support women to navigate complex systems which may include child protection, liaison with police, courts, immigration and income support. They may also provide advocacy support for women in dealing with the health, education, employment and housing and systems.

Assertive advocacy is an intrinsic part of case-management in managing risks for the woman throughout the process and driving integration of the family violence system. Importantly, advocates can facilitate continuous quality improvement of the systems. Through their work with individual women, advocates are uniquely well placed to identify gaps, barriers and bad practice at the systems-level. Specialist family violence case workers are the only professionals within the integrated family violence system whose focus is solely on women and children and their experience of violence. They have a bird's-eye view of the service system as they accompany women through it. Next to the women encountering the service system, specialist family violence workers have (arguably) the most information about the system response at each point of service provision or response.

The most well-known examples of women's advocacy services in an integrated family violence system is the Duluth Abuse Intervention Program in the USA. This program has been hugely influential over decades and replicated in sites around the world including the Independent Domestic Violence Advisor (IDVA) in the United Kingdom. Currently, the system does not allow for women's advocates to work at this level and there is a significantly missed opportunity to embed this function into the core of the family violence system. DV Vic believes that strengthening the advocacy role of family violence specialist, with appropriate resourcing, creates opportunities to improve women's experiences of the family violence system at an individual level as well as building a more effective and better integrated system overall. A mechanism within the system to enable a formal feedback loop would generate a self-correcting process, leading to better responses and outcomes for women and children more quickly.

3.5   Responding better to women's diversity

The Terms of Reference identify the importance of the family violence system being sensitive and responsive to the diversity of women experiencing family violence and the specific needs of different groups. This includes Aboriginal women, women with disabilities, women from culturally and linguistically diverse communities, including asylum seekers and refugees, women living in rural and remote areas, young and older women and LGBTI people. It is well recognised that there is a range of additional cultural, geographical, language and access issues, as well as factors such as visa status and poverty, which create barriers to services.

DV Vic believes that it is essential for the family violence sector to offer specialised and culturally specific support services to meet the needs of women in these groups. This should be both through dedicated services and through specifically trained, culturally competent specialist workers in family violence services. Rather than provide a detailed analysis in this submission, we refer you to the submissions of specialist organisations and place-based organisations which specifically address these issues in expert detail.

Recommendation 5
That the specialised skills, knowledge and expertise that informs best practice in family violence service delivery is recognised as essential to driving an effective family violence system, and this specialist knowledge and practice framework should central to all components of the system.

Recommendation 6
That the family violence system is resourced to provide specialised age appropriate and culturally specific support services to meet the needs of women from diverse groups across the community. This should be both through dedicated services and through specifically trained, culturally sensitive, specialist workers in family violence services.

3.6   Early intervention with women and children

Family violence specialist services work across the spectrum of responses from crisis support to early intervention of violence against women. Early intervention responses should be an important component of this work, offering significant opportunities to intervene effectively when violence is first identified, avoiding an escalation into crisis. However, there is currently no policy platform or clear articulation of a definition of early intervention practice in the family violence context, and it is contested terrain within the sector. This is largely a result of demand pressures which keeps services necessarily focused on crisis responses.

To build early intervention into the core the business of specialist family violence services across the state requires a capacity for services to partner with 'first to see' professionals and agencies, such as GPs, schools and early child education and child care agencies in a context that authorises that collaboration and supports the sharing of specialist knowledge. There are clearly cost benefits and other advantages of resourcing and formalising early intervention work with mainstream and family violence services are manifest: mitigation of the risks of harm through escalating violence; avoiding the psychological and economic costs of homelessness and associated

disadvantages as well as avoiding the higher costs of crisis responses. Early intervention approaches with children experiencing family violence are covered specifically in the DV Vic *Working with Children* submission.

Early intervention in the family violence context
Early intervention means different things for different sectors – for child protection, it means keeping children out of the child protection system; for homelessness services, it means preventing people becoming homeless, for family violence services, it means earlier identification and mitigation of the effects of violence as well as stopping men from continuing to use violence. For the women and children experiencing family violence, it means being safe or safer than they would have been, averting crisis situations, and having access to supports so they can live their lives in safety and with dignity.

For the family violence sector, early intervention means 'widening the net' for people to report and access support; involving more people, sectors and communities to be able to effectively intervene when they know or suspect a woman or her children are in danger from a family member. There are a wide range of professionals who come into contact with women and children experiencing, or at risk of family violence routinely in their work and there are many settings where women and their children experiencing family violence can be engaged before they reach crisis points. For example, research indicates that women experiencing family violence visit health services with their children more frequently than other women.[15] There is a strong case for building 'upstream' interventions.

Like members of broader society, people who work in service delivery agencies, including health professionals, educational institutions and child care facilities commonly have little understanding of the nature and impact of living with family violence. For this reason, the key signals and indicators of family violence are often not recognised by people working outside the family violence sector. Given that many women who are experiencing family violence do not identify themselves as experiencing violence, they are unlikely to raise concerns about what is happening in their relationship with service providers, family violence is often invisible in mainstream settings.

Additionally, workers in mainstream agencies may share many of views about violence against women and children that are not based on fact and take a simplistic and uninformed approach to the issue. In seeking support from mainstream and other services, women often encounter the attitudes that reflect these views. These include attitudes that blame women for the violence they experience, blame her for leaving, blame her for returning, blame her for not protecting her children, blame her for trying to protect children from contact arrangements where they may experience re-abuse, blame her for moving away from schools or communities. Women can be unintentionally re-traumatised by their interactions with services and stop seeking their support to live a safer life. For these reasons it is critical that there is a shared understanding and risk assessment between all agencies involved in early identification and management of family violence.

Early intervention partnerships – collaboration with mainstream services
There is a strong case for building capacity for 'upstream' intervention, however to date there has been little work to develop a systematic approach to early intervention for family violence within universal services. Settings such as schools, general practice, hospitals, maternal and child health and child care centres, Centrelink, financial institutions, gambling support, alcohol and other drug programs and generalist community services, create opportunities to screen for and identify family violence, provide information and make appropriate referrals. These opportunities have been largely under-utilised for a range of reasons, including:

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[15] Rivara FP, Anderson ML, Fishman P, Bonomi AE, Reid RJ, Carrell D, Thompson RS. Healthcare Utilization and Costs for Women with a History of Intimate Partner Violence. American Journal of Preventive Medicine. 2007; 32(2):89–96.

- lack of support, resources and family violence training result in mainstream services feeling overwhelmed and unwilling to be responsible for 'another' issue
- lack of capacity in specialist family violence services to develop partnerships with mainstream services
- the resourcing and time commitment to build family violence competency in mainstream services; and
- the need for an authorising environment that acknowledges the specialist skills and knowledge of family violence services. For example, while different professional groups have developed resources to assist their workforce to identify and intervene with clients/patients affected by family violence, the interventions will be less effective without collaborative partnerships with specialists. While there is a gradual recognition of the need for collaboration with family violence specialists in the development of materials - for example, DV Vic will be collaborating with the Victorian AMA to develop new materials for their membership – this has to be reinforced across all sectors.

Consequently, early intervention requires a whole of government and multi-sectoral approach. However, there is still much work to do to build vision and strategy encompassing early intervention. We do know that better integrated and strengthened early intervention efforts are essential if there is to be any long term, sustainable reduction of family violence in our communities. Recommendations for a co-ordinated and consistent approach to early interventions for family violence are outlined in Part 4 of this submission.

3.7   Supporting women in post crisis and recovery

While support needs for women and children experiencing family violence are most intensive in the crisis phase when they leave, there is strong evidence that, for many women, effective support in the post-crisis and recovery stage after the major crisis period has passed, is equally important to their longer-term stability. There is a notable lack of capacity to provide post crisis support for women and children and yet, it is well recognised that the impact and trauma of family violence can impact on women and children for years after they leave the violent situation. The adverse consequences can include lifelong financial insecurity and poverty, housing instability and homelessness and long term physical and mental health outcomes. The rationale for the family violence system to provide timely and targeted support as required in the recovery period can reduce the longer term effects on women and children.

The long term support needs of women and children who have experienced family violence are well recognised in Aboriginal and Torres Strait Islander community responses. The *Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities, 10 year plan* includes specific actions around system responses that link 'Indigenous women and children… to a range of longer term supports and services including counselling' and strategies to ensure that strategies to ensure that Healing and Time Out Services are part of a continuum of support that includes crisis responses, access to counselling and longer term healing opportunities.'[16] This approach is built into responses, according to feedback from Aboriginal services, where women are routinely provided with intensive case management for two years after the initial crisis period. Women work in closed groups to assist with their emotional recovery and their connection with community. This approach to the longer term needs and recovery of women and children has potential to enhance system responses across the sector.

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[16] Aboriginal Affairs Victoria, Department of Planning and Community Development (2008) Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities, 10 year plan (Second Edition) http://www.dhs.vic.gov.au/__data/assets/pdf_file/0012/620202/Final_10_Year_Plan_Oct08_2nd_Edition.pdf

As a member of the project reference group, DV Vic strongly supports the post-crisis service model (Integrated Post Crisis Response Service (IPCRS)) developed in 2011 by Good Shepherd Youth and Family Services and McAuley Community Services for Women in consultation with key service providers and stakeholders. DV Vic commends this report[17] to the Commission (see footnote), and therefore outlines the model only briefly here. This model defines the objective of post-crisis support as 'to prevent women from returning to violent relationships and environments due to lack of support/assistance and to prevent their re-entry back into the crisis homelessness and/or family violence service system'. It identifies the need for systemic support for some women and children, who will need a 'support safeguard', that is, support 'where it is needed for as long as it is needed.' Noting that the intensity of assistance is likely to lessen over the support period, the model specifically refers to support to:

- maintain stable housing
- overcome financial hardship
- find avenues of on-going emotional support
- re-connect with family and community
- build resilience and self-determination
- address mental health and physical wellbeing issues; and
- increase social and economic participation.

The IPCRS is designed to complement family violence outreach services, provide a range of flexible service packages to eligible women and children and work collaboratively with other agencies and organisations to support the family as needed. It recommends dedicated post crisis case management support for up to two years to be delivered as needed, when needed (ie. multiple support periods over time); brokerage funds to provide flexible packages, peer and group work. Eligibility for IPCRS is based on women having experienced family violence in the past 12 months but the crisis period has passed; who are not living in a violent situation and whose safety requirements can be met in their current housing situation. In other words, women and children who are on the way to re-establishing their lives.

Flexible brokerage
A key element of this model is flexible brokerage which focuses on the provision of timely financial assistance when no other resources are available. For example, brokerage dollars are also used to purchase additional and specialist supports and services to meet the unique needs of women and children. Key tasks of this component include assistance to:

- meet rent or mortgage arrears to avert the threat of eviction, followed by the development of a practical plan and budget built on maintaining suitable housing and which incorporates regular arrears repayments where needed
- access asset building services and ensuring income maximisation
- meet arrears for debts to utility companies to avert 'cut-off's' and negotiating a further repayment schedule to fit the family budget
- to move house and urgent home repairs/maintenance
- support children and young people to remain at school or to participate in community recreational and personal development activities; and

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[17] Desmond, K. 2011 Filling the Gap: Service Model Integrated post crisis response for women and children who have experienced family violence Good Shepherd Youth & Family Service and McAuley Community Services for Women, Collingwood http://www.goodshepvic.org.au/Assets/Files/FTG%20Service%20Model%20FINAL%20PP%20_26-03-11__cp_edit_FINAL.pdf

    – access specialist supports and services (for women and their children) such as parenting programs, specialist counselling services.

DV Vic is highly supportive of this model of flexible brokerage. Women and children currently have few options for financial assistance to cover the range of needs that might arise in this context. For example, the yet to be implemented DHHS *Family Violence Flexible Support Packages*, which provide 1000 individual packages up to $7,000 (an average amount of $3,000) to eligible women, are directed to transition from crisis rather than the longer term focus of flexible packages in the IPCRS. Service providers report that the Victims of Crime compensation can be hard to access due to very restrictive eligibility criteria, that it is time-limited and is a relatively small amount.

Recommendation 7
That post-crisis and recovery responses to mitigate the longer term impacts of family violence on women and children are integrated into the family violence system with appropriate resourcing.

Part 4: Strengthening the family violence system

The purpose of the family violence system is to protect the safety, reduce the risks of harm and increase the well-being of women and children experiencing family violence. To do this effectively requires high quality service delivery from specialist family violence services, resourcing that ensures that all agencies across the sector, specialist services, police, community legal services, courts, child protection and family services, meet the needs of women and children in a timely, flexible and responsive way. In a fully effective system, perpetrators will be held accountable: the system will keep them in view, monitor their behaviours and invoke appropriate penalties, when breaches occur. The system will facilitate transparency and information sharing to ensure that women and children can move through the system smoothly and speedily. This system will have the capacity to respond appropriately and sensitively to the needs of diverse client groups.

As argued in the introduction to this submission, DV Vic does not support the proposition that the family violence system is broken, rather we argue that the system demonstrably has flaws and weaknesses which undermine and limit its ability to fulfil its core function: maximising the safety and well-being of women and children experiencing family violence and minimises harm. To this end, this section sets out a number of areas with recommendations to strengthen the Victorian family violence system, build on existing practice where it is working and identify innovative approaches.

This section covers the following key areas:

1. Measuring a fully functioning, integrated and effective family violence system
2. Safe, accessible and appropriate housing options from crisis accommodation to safe at home
3. Early intervention – a statewide approach to collaborative partnerships with mainstream services
4. Models for system integration and information sharing
5. A robust and effective peak body
6. A system-wide quality assurance framework: minimum standards, regulation and accreditation
7. Workforce issues in family violence services

4.1. Measuring a fully functioning, integrated and effective family violence system

How will we know if the Victorian family violence system is working to maximum effectiveness? There are many measures which could be used to test this, and some have been identified in the Government's proposed Family Violence Index. DV Vic believes it is critical that measures are developed in consultation with the family violence sector to ensure that they are appropriately targeted and matched by data systems capability. DV Vic's consultation identified the following key indicators to be included:

- A reduction in the numbers of women and children having to leave home
- A reduction in the numbers of women and children in refuge
- An increase in women and children's feelings of safety – about choosing to leave and when they do leave
- A reduction of the numbers of children going into out of home care
- Reduction of family violence related deaths of women and children
- Increased numbers of women who are satisfied with parenting arrangements

- Reduction of children required to change schools or have their education disrupted; and
- Reduced demand across the system as the incidence of violence reduced due to effective early intervention and primary prevention work.

Recommendation 8

That measures required to evaluate the effectiveness of the family violence system are developed in consultation with the sector to ensure they are appropriately targeted with matching data systems capability. This will require funding to address the current lack of data and incompatibility of data collection systems.

4.2   Safe, accessible and appropriate housing options from crisis accommodation to safe at home

Preserving the safety of women and children while they are living with and/or leaving family violence is the fundamental work of the family violence service system. Ensuring there are safe accommodation options is a vital part of this work. Many women require immediate crisis accommodation, with short and longer term accommodation needs, and others might need support and safety procedures to keep her safe in her own home or community. Providing safe and appropriate housing options, from crisis accommodation to transitional housing to longer term affordable housing is increasingly difficult. The growth in demand for public housing far outstrips availability and the private rental market is unaffordable for the majority of women.[18] As the Council for Homeless Persons (CHP) argue in their submission, homelessness is a major consequence of family violence for women and children, and young people. We refer the Commission to the CHP and Justice Connect recommendations to expand availability of affordable housing options for women and children experiencing family violence. However, DV Vic maintains that while it is critical to providing appropriate housing support for women and children experiencing family violence, it is not only about addressing homelessness. There has been a significant shift in response more recently towards supporting women and children to stay in their homes when it safe to do so, while perpetrators seek alternative accommodation with an exclusion order in place.

4.2.1   The historical legacy of women's shelters – funding and services

Family violence services are currently able to provide limited crisis accommodation options for women, children and young people who have no choice but to leave their family violence situation – refuges and short term motel accommodation. Family violence refuge accommodation has been a central platform of the Victorian family violence system since the first responses to family violence were partially funded by the state government in the early 1980s. Although significant changes have occurred over the past 15 years, the legacy of the original refuge/women's shelter model continues to influence contemporary models. Workers in many refuges continue to provide support for women through court processes, counselling, and assistance to transition to permanent housing. Historically, removing women from their own region and maintaining the secrecy of the refuge location was the only way in which the safety of women and children could be preserved. This meant that strict rules to maintain secrecy of

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[18] http://www.theage.com.au/victoria/women-fleeing-violence-only-able-to-afford-one-suburb-in-melbourne-melton-20150429-1mubm4.html

refuge locations were applied to clients, many of which remain in place today. There was little flexibility in the system to adapt to the needs and circumstances of individual women.

Funding for family crisis accommodation reflects another historical legacy. The emergence of women's shelters was the result of community action, not funded by government until the shelters were well-established, and then funding was partial, ad hoc and inadequate. The community groups were able to secure housing from councils, churches and through real estate agents, where houses were available for short-term lease or due for demolition. Government funding primarily covered the rent and salaries of case workers and part time administration but there was no funding for service management, asset replacement, property maintenance or worker entitlements such as long service leave. When properties were purchased the rental component of the funding was used for maintenance purposes although it was highly inadequate. For a brief period, one- of grants were available to replace white goods, for vehicles and car seats but this was discontinued in the 1990's. Notably, operational funds for refuges covered the women only, their children were 'looked after' but were not considered to be clients themselves. Despite an increase in salary for one case worker to a management role in the 2000's, this is funding model for refuges continues today, with no effective increase to base funding other than CPI adjustments.

Refuge services have sought to innovate and adapt to the changing needs of their clients, notwithstanding the failure to increase base funding or adapt the funding model in line with contemporary needs and approaches. Refuge services also face the challenges of increasing demand and technological advances. While this model of high-security supported accommodation may remain necessary for some women and children at high risk, there is a need for a range of accommodation options that meets the diverse needs of women seeking crisis support.

4.2.2   Issues affecting the effectiveness of the family violence crisis accommodation system

DV Vic's consultations identified concerns about inconsistent practices across refuge services; lack of accessibility and constraints on the capacity of workers to provide the support needs of women and their children, due to their increasingly complex needs and inadequate funding. Broadly, DV Vic members raised concerns about how effectively the refuge model as it currently operates is able to meet the diverse needs of their current client base.

The following issues have been specifically raised by DV Vic members:

- There is a general lack of family violence crisis accommodation facilities across the state. The number of refuges across the state – 6 in the Eastern Region; 4 in the North; 4 in the South East and 2 in the West – has remained static for years. The location of refuges reflects the historical need to relocate women and children out of their home location, rather than on local need. Our consultations identified concerns about the lack of refuge beds and in particular, that there are insufficient refuge places where the population, and consequently, demand is growing, for example in the western metropolitan region. There is a strong argument for capital works spending for 'bricks and mortar' for new crisis accommodation facilities to meet this demand. It is worth noting that $44m of capital expenditure, earmarked for refuges, was cut from the federal homelessness budget in 2014 (within the National Partnership Agreement on Homelessness) and has not been reinstated.

- Many Victorian crisis refuges are not accessible for families with disabilities.

- Lack of affordable housing means that it is increasingly difficult to support women and children to move forward and 'exit' refuge. Waiting lists for public and social housing can be years-long and, despite prioritising women and children experiencing family violence, create a 'bottleneck' in the system. Service providers say that the average stay is now between 4 – 6 months, although the model is set up and funded for stays of 4 – 6 weeks.

- It is now common practice to provide women with emergency accommodation in motels because of lack of access to refuges, due to lack of places and failure to meet eligibility criteria. Women may have to stay in motels for weeks or move between a number of motels as they wait for refuge places or longer term housing to become available. While services do their best to support women in motels, it is clear that this is a significantly sub-optimal response. For example, it is difficult to maintain normality for children by cooking meals; she may feel isolated and vulnerable with only outreach support available; and motel staff and other guests may inadvertently increase her risks. All these factors could increase her risk of returning to her abuser.

- Inadequate funding and increasing demand has forced services to tighten the eligibility criteria for crisis accommodation to focus on those at highest risk, and there is an over-emphasis on homelessness as the trigger point. This creates a perverse incentive where women, who have no other options, are forced to stay in violent relationships until the violence escalates to crisis point. In many cases, women in this situation are able to access outreach support, but failing to provide a woman with an appropriate response when she makes first contact can result in reluctance to seek help again.

- The communal model of many refuges combined with limited funding means that refuges may not have the flexibility to respond to the range of needs of women and children. For example, accommodating women with large families, adolescent sons, or complex behaviours caused by mental illness and alcohol and other drug use. Similarly the communal model is not suitable for young women, older women and many women from culturally and linguistically diverse backgrounds.

- Refuges are constantly trying to balance the tensions between security, communality and individuals' rights to privacy and confidentiality and ensuring that every woman is supported to assume agency and autonomy in her and her children's lives. At times, this can result in women and children being excluded from refuges or choosing not to take up refuge places themselves.

- There is evidence that in some cases, the rules and restrictions governing clients in refuge accommodation, intended for safety and risk managements, result in women feeling that their autonomy is compromised and their own and their children's lives are disrupted more than necessary.

- Refuge services are not funded directly to work with children which means that children in this stressful, confusing and crisis situation are not receiving any child-specific therapeutic care. This is another lasting legacy from the early years of the refuge model. (This is addressed in the DV Vic *Working with Children* submission).

Notwithstanding the problems associated with the communal refuge model of crisis accommodation, the fundamental barrier for existing services to adapt and innovate to respond to their clients' needs is the funding

model, which continues to frame family violence as an ad hoc, incidental and temporary experience that is primarily about avoiding homelessness. Until this is addressed, existing services will be unable to be responsive to the diverse, complex and ongoing needs of women and children experiencing family violence.

It is also important to stress that in a fully integrated and effective family violence system, women and children's safety would not need to be protected by rigid location secrecy and restrictions on their autonomy. Rather the system would focus on monitoring and continuous assessment of perpetrators, with commensurate resourcing to ensure the risks were avoided at the cause.

4.2.3   Alternative accommodation models – cluster housing and dispersed housing

DV Vic believes that the crisis accommodation system should provide women with a range of options to meet their needs. In some cases, the communal model proves to be very beneficial for women who may have previously been isolated. There is evidence that the cluster housing model, where women have their own private space as well as shared communal spaces, meets the needs of most clients.

Models of dispersed and cluster housing have been operating as alternatives to communal refuge in Victoria since the early 2000's. For example, in recognition that the communal model was not meeting clients' needs, Brenda House developed a model that included separate living spaces in one location with communal meeting areas. It reflected the view that women and children should be able to, and had a right to, be safe in their own communities, a shift away from secrecy to community accountability. In this model, women were supported to assess their own risks and develop personal safety plans. Brenda House further expanded this model into dispersed crisis accommodation across four properties with an external office from which outreach support was provided. This model proved the value of clients taking control of their own situations, accessing support of other clients if they chose, without having to juggle communal living. It was as much a change of thinking as a changed accommodation model, according to those involved in its development.[19]

There is widespread recognition that these alternative models can better meet women and children's needs, offering the option of peer support with private space. There are innovative examples of this accommodation model in Victoria, including units with shared kitchen and communal spaces. In South Australia, the "core and cluster" model has completely replaced traditional refuges. In Victoria, the funding model has not adjusted to innovation and this continues to be the major barrier to changing models for crisis accommodation to a uniformly responsive system.

The South Australian crisis accommodation system provides some useful insights for Victoria:
- They offer 90 accommodation places, including transitional and supportive accommodation for women with longer term, complex needs, who have difficulty accessing private accommodation, accepting the public housing is no longer a viable exit option.
- There are no rules to restrict women's movements however expectations around behaviour are enforced around alcohol and drug use; there is zero tolerance for intimidating and violent behaviour and women will be assisted to find other accommodation if this occurs.
- There are no age restrictions but each family is individually assessed.

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[19] Wendy Austin, former Manager of Brenda House (now incorporated into the Safe Futures Foundation Personal communication 8 June 2015. See Attachment B for an historical account of family violence crisis accommodation in Victoria.

More flexible and responsive accommodations options should include purpose built independent units on new or existing crisis accommodation properties, designed to be modified for a range of family groupings from single clients to large families. Additionally, the model that provides mainstream services on site, for example, Centrelink, health, legal, cultural and education support as a link to future outcomes, as obvious benefits for women and children.

4.2.4   Safe at Home Models

Safe at Home is an innovative accommodation option, initially offered as a legal and practical response to women and children wanting to safely maintain their own housing with an Intervention Order that excluded the perpetrator. The Commonwealth Government's 2008 Homelessness White Paper heralded a shift to supporting women and their children to remaining safely in their homes as a key 'turning off the tap' strategy to prevent homelessness in Australia. However, similar to other family violence accommodation options, the funding for *Safe at Home* programs has been ad hoc, subject to competitive tendering and inadequate to fully implement the model across the state. *Safe at Home* Programs are currently funded through the National Partnership Agreement on Homelessness, which is due to expire in 2017 and has been subject to funding insecurity since its inception in 2008.

Currently the brokerage monies attached to these programs can fund whatever interventions are required to keep women and children at home such as changing locks, installing security cameras, paying arrears generated through financial abuse, covering rent or mortgage payments temporarily until she is in a position to do so. To be effective, *Safe at Home* programs must be supported by a strong and well-resourced family violence support system that is linked to justice responses. Without this, the program is potentially reduced to technological fixes which in themselves cannot provide women with the security they need to remain in their homes. To date the experience of *Safe at Home* programs is that that they are working when the service system response is well-coordinated and cooperative. The most important element, without which women are not able to exercise their right to remain safely at home, is guaranteed legal and police protection, particularly in relation to the power to exclude perpetrators from the home, and this again, is an issue of adequate police resources. Once protection orders are in place, police need to act swiftly when breaches occur and followed by appropriate penalties. To be an effective accommodation option across the state, this model must be supported by co-operative partnerships with police, and importantly, service capacity from specialist services and police. Beyond mitigating the immediate safety risks to women and children in this setting, ongoing case management is essential to ensure that broader supports are accessed as needed. Other elements necessary for the success of these programs include the provision of services to those men who are excluded from the family home such as supported accommodation options and effective perpetrator programs.

Safe at Home models have to date been established in Victoria on an inconsistent basis and without reference to program standards. Approaches to *Safe at Home* programs vary greatly in design and implementation and there is a lack of information sharing which would help to develop best practice around this option. Some *Safe at Home* programs have generated significant interest in the media and broader community. This can be problematic without reference to common underpinning principles and guidelines as certain models gain popular traction which don't necessarily have applicability to the broader integrated family violence system.

DV Vic believes that all family violence crisis accommodation services should be part of a broader system of response to family violence that acknowledges but is not solely focussed on housing issues. All accommodation services should be underpinned by the following principles:
  – Women's rights are recognised

- Women are provided safety and security, with freedom of movement and to live self-determined lives
- They able to choose from a range of housing options, with her safety assessment sitting with the woman herself, allowing her to determine the level of secrecy she requires
- They are able to maintain their existing support networks (family and friends) to minimise the disruption to their lives
- Women's independence is supported, for example, by remaining in employment
- Women and children are provided with a range of therapeutic and other services.

Recommendation 9

That a comprehensive review of the Victorian family violence crisis accommodation system is urgently undertaken to ensure that it is resourced for infrastructure and staffing to provide a range of accommodation options appropriate to the needs of the diverse client base, and in line with contemporary expectations.

Recommendation 10

Supporting women and children to remain safely in their own home has many obvious advantages. To maximise these benefits, a standards and quality assurance framework should be developed to establish consistent standards for the design and implementation of Safe at Home programs across the state taking into account the different models required in metropolitan and regional settings.

4.3 Early intervention – a statewide approach to collaborative partnerships with mainstream services

As outlined in Part 3, early intervention in the family violence context is identified as an area with significant potential to reduce the risk of harm to women and children. DV Vic members view their role in leading early intervention partnerships as a critical component of an effective family violence system. Although references are routinely made about early intervention, in fact, the work in this area has been limited and DV Vic believes there is a strong argument to build the evidence base.

4.3.1 First steps for building systemic approach to early intervention

There have been Initial steps towards a systemic response to early intervention taken as part of sectoral reforms and there are pockets of innovation across Victoria. However, to date, the approach to early intervention responses has been fragmented and ad hoc. Successful, ongoing examples of early interventions include the work with Maternal and Child Health nurses to embed family violence risk assessment into their health check processes.[20] The *Families@Home* program at Kildonan Uniting Care, originally funded through the Victorian Innovation Action Projects in 2011, is another early intervention project developing collaborative partnerships to support women and

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[20] http://www.latrobe.edu.au/jlc/research/reducing-violence-against-women-and-children

children to remain safely at home. The positive evaluations of this project have resulted in a commitment for ongoing funding in the recent State Budget..[21]

DV Vic's consultation with our member organisations raised the following issues from the specialist family violence services perspective:

– The need for a clear, shared definition of early intervention in the family violence context, guidelines and Code of Practice to ensure a consistent comprehensive approach.

– Early intervention is a whole of community responsibility. The first step is to prioritise 'first to know' agencies.

– Capacity within specialist family violence services, in terms of staffing, resources and time, is required to embed skills and tools for mainstream frontline workers to identify family violence earlier. It was noted that any expansion of early intervention would have to be accompanied by significant growth in funding for specialist agencies, as the existing capacity constraints in the family violence sector would preclude agencies from being able to accept additional referrals coming in from mainstream agencies.

– The framework and strategies for early intervention must be underpinned by the CRAF. Comprehensive training across the community sector will be a fundamental to this first step. Specialist family violence services have a key role in sharing and passing on that knowledge to broader service system, given their level of expertise.

– Early interventions in the pre-natal and post-natal period should be expanded upon. This juncture in a woman's life is ideal for early interventions because of the evidence about first instances of violence often occurring in pregnancy and soon after birth.[22] This period can also be the first time in a woman's life that she has consistent contact with a health care provider (through pre-natal care and the Maternal and Child Health system), providing an ideal point of opportunistic intervention.

– Partnering with Centrelink has been trialled by a number of family violence agencies with family violence workers regularly visiting in Centrelink offices. Anecdotal reports indicate that this is highly effective site for early intervention, as women may be in the early stages of attempting to leave a violent situation when they seek Centrelink information or support. Given the role that decisions about finances play in a woman's decision about leaving a violent relationship, Centrelink may be her first attempt to seek support.

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[21] Families at Home – Kildonan UnitingCare and partner agencies Salvation Army Crossroads and HomeGround. This project focuses on the safety of women and children with an emphasis on early intervention to enable more women and children to remain safely at home. The project identifies and targets families where there are escalating signs of risk associated with family violence through a collaborative network approach of partner providers including health services, Maternal and Child Health services, mental health, drug and alcohol services and courts. https://www.kildonan.org.au/programs-and-services/child-youth-and-family-support/family-violence/families-at-home/

[22] Taft, A. 2002 Violence against women in pregnancy and after childbirth: Current knowledge and issues in health care responses, Australian Domestic and Family Violence Clearinghouse Issues Paper 6, UNSW, Sydney http://www.adfvc.unsw.edu.au/PDF%20files/Issuespaper6.pdf

- While it is important that mainstream services increase their expertise and capacity to assess and manage risk to intervene earlier, this must not be at the expense of dedicated specialist family violence services. Dedicated services are fundamentally important to find a safe spaces for women.

4.3.2   A statewide framework for early intervention approaches

It is clear that early intervention in family violence has great potential to enhance the work of specialist family violence services and mainstream agencies already occurring. As with all responses to family violence across the system, early intervention approaches must be co-ordinated to ensure consistency and quality assurance in practice. A strategic framework is needed to drive early intervention work across the state. Given the limited work in this area to date, in the initial phase it would be useful to conduct a series of broadly based pilots in selected, high priority areas to inform the development of the best practice framework. Through these projects, partnerships guidelines with relevant agencies, family violence risk assessment training and protocols and other referral and practice issues could be developed and tested. Short and longer term project evaluation will be important as the effectiveness of early intervention will only become apparent over time and will require improved collection and data analysis of data across all relevant sectors.

Existing governance mechanisms within the family violence service system can be used to support early intervention work. Statewide and regional governance arrangements typically include a diverse range of agencies, a number of which also work to prevent men's violence against women and children. For early intervention work, these committees could be augmented to include mainstream agencies, including representation from schools, health care agencies and others as appropriate.

In the United Kingdom, early intervention approaches are further progressed. In England and Wales for example, the Common Assessment Framework (CAF) is used as an early intervention assessment tool for children 'where there are concerns' but who do not meet the child protection threshold. The CAF is described as 'an interagency mechanism for assessing risk at a lower level' although it draws on the same elements used to assess higher level assessments.[23] The CAF is shared between education professionals, community nurses and voluntary sector staff. A similar assessment framework could be used to drive a co-ordinated and consistent approach to early intervention in family violence in Victoria.

DV Vic, as the peak body, is well placed to drive the development the statewide strategic framework for family violence services in early intervention practice. Specialist family violence agencies play a key role in moving their service provision 'upstream' and working with mainstream agencies to identify family violence. This work would complement and integrate wider early intervention efforts across the Victorian human service system, and build on the work of the family violence reforms as a launch pad. Approaching early intervention in a strategic and coordinated way, the efficiency and effectiveness work can be maximised. This will in effect, expand the integrated family violence system.

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[23] Cited in Stanley, N & Humphreys, C. 2014 'Multi-agency risk assessment and management for children and families experiencing domestic violence', *Children and Youth Services Review* 47:1:78-85 pp82

> **Recommendation 11**
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> That a statewide strategic framework is developed to support early intervention efforts across the family violence system that includes piloting test projects across the state in a range of different sites, with Regional Integration Committees resourced to provide oversight for project implementation.
>
> **Recommendation 12**
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> That an implementation strategy for early intervention includes building capacity in early intervention approaches including gender literacy and the social model of health across the sector, including within relevant government departments.
>
> **Recommendation 13**
>
> That the Common Risk Assessment and Risk Management Framework (CRAF) is revised to explicitly strengthen early intervention capacity to ensure a co-ordinated and consistent response across multiple agencies.

4.4   Models for system integration and information sharing

A fully integrated family violence system requires multi-agency collaboration, information sharing and a collective understanding of purpose, process and outcomes at the level of statewide governance and at the service delivery level. DV Vic's submission, *Consideration for Governance of Family Violence in Victoria* provides detailed recommendations for regional and statewide governance arrangements for the optimum functioning of the system. This section outlines integrated models to enhance service delivery through effective information sharing and collaborative decision-making. These models are designed to streamline responses but also, importantly to break down barriers in agencies' purpose, practice protocols and conceptual frameworks, leading to better outcomes for women and children.[24]

It is important to note that the extensive sectoral reform processes conducted under the Labor government, resulting in the 2005 report, *Reforming the Family Violence System in Victoria*[25], identified key points for multi-agency collaboration and information sharing essential for a fully integrated family violence system. Although the incoming Coalition Government effectively sidelined the recommended reforms, the essential elements required to strengthen shared understandings and practice approaches and information sharing identified through that reform process remain unchanged, awaiting the attention and commitment from government to bring them into action.

The advantages of greater integration are well established: better information sharing leads to speedier and more accurate assessment and management of risks, streamlining processes, timely and appropriate support, and continuous systems evaluation. The challenges to integration across the family violence system are significant. They include: the complex range of agencies and services involved, the different and, at times, conflicting professional approaches, which can be informed by different statutory frameworks, organisational culture, protocols and

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[24] For example, Stanley, N & Humphreys, C. 2014 'Multi-agency risk assessment and management for children and families experiencing domestic violence', *Children and Youth Services Review* 47:1:78-85

[25] http://www.dhs.vic.gov.au/__data/assets/pdf_file/0020/643124/reforming_family_violence.pdf

practices; diverse objectives and timeframes; access to and collation of different data-sets and legislative requirements around privacy and confidentiality.

In the absence of a government-driven, structured, statewide approach to multi-agency integration, family violence services have adopted a range of different collaborative working arrangements with different agencies to strengthen their work with clients. DV Vic's consultations have identified successful working relationships with police, child protection and courts in different locations, however these processes are largely build on positive relationships between individuals which have to be re-created when staff leave or are rotated into new positions. Because of this fragmented and localised approach, there is limited evaluation and information sharing about programs making it difficult to develop system-wide best practice processes and procedures. Our consultation processes have canvassed three service delivery integration models: multi-agency co-location; embedded workers and women's advocates. We make the case that all three approaches are needed to facilitate effective integration across the system and maximise the positive outcomes for women and children.

4.4.1   The CRAF – risk assessment, risk management and interagency collaboration – a tool for integration

The Family Violence Risk Assessment and Risk Management Framework (CRAF) was developed to be the key tool for assessing and responding to family violence risk in Victoria. Its purpose was to provide a foundation and guide for consistent approaches to family violence risk assessment and risk management, as well as to support the development of an integrated family violence system in Victoria through content, implementation and training program. The need for this consistent approach and understanding of family violence is highlighted by the following quote:

 "…[t]he extent to which different organisations draw on differently constructed and constituted forms of information is often under-recognised in practice." Although referring to risk assessments in context of child protection, Stanley and Humphreys highlight the critical point in relation to multi-agency collaboration. They further identify the value of 'institutional empathy', which they describe as "an appreciation of the context shaping the work of another agency – in other words, an understanding of professional and agency difference. Professionals need to spend time together working on joint tasks in order to understand the nature of these differences and bridge them."

Since its implementation, the CRAF has played an important role in developing the necessary shared understandings and responses across the system. However, as noted in DVRCV's submission, and supported by DV Vic's consultation with members, there are inconsistencies in the way that services use CRAF, with many services and agencies reporting that they use a substantially altered CRAF to address gaps and emerging issues. DV Vic believes the CRAF remains an important element of a strong and integrated family violence system, however, it needs to be responsive to changing needs and emerging issues within the sector. To that end, DV Vic supports DVRCV's recommendations that CRAF should be regularly reviewed to maintain currency and its use mandated for all core services in the family violence service system

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Recommendation 14

That the Victorian Government undertakes a comprehensive review of the Family Violence Risk Assessment and Risk Management Framework (CRAF) to include: mapping current use; addressing

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content gaps and providing additional guidance; establishment of an effective authorising environment to support consistent implementation.

Recommendation 15

That the Family Violence Risk Assessment and Risk Management Framework is reviewed regularly to ensure currency and its use mandated for all core services in the family violence service system.

4.4.2   Multi-agency co-location models

Co-location of multiple agencies is one option for integration of the family violence system. Currently, different agencies are co-locating in various locations and settings, including projects which trial co-location with family violence services and community legal services, but there are few established, long term evaluated examples of this model in Australia. One long term and successful example of co-location is the Neighbourhood Justice Centre (NJC) in the City of Yarra. Established in 2007, it remains the only community justice centre in Australia. The NJC includes a variety of agencies providing a legal assistance, family violence support services, mental health and alcohol and other drug services and counselling, as well as a multijurisdictional court that sits as a Magistrates' Court, Children's Court, Victorian Civil and Administrative Tribunal (VCAT) and a Victims of Crime Assistance Tribunal (VOCAT). In co-locating support services and community initiatives, the NJC focuses on addressing the underlying causes of harmful behaviours and social disadvantage. Community engagement is central to the work of the Centre, which includes a café and community art gallery and hosts a range of community activities in the City of Yarra. Agencies such as Berry Street provide family violence support services at the NJC. Evaluation of the Centre indicate positive results in a reduction of re-offending, increased offender compliance and community work and better administration of justice.[26]

Another model of co-location that has been proposed is to extend the four Multi-Disciplinary Centres (MDCs) for sexual offences to include family violence services. Currently the MDCs, in Dandenong, Frankston, Geelong and Mildura, co-locate child protection practitioners with specialist police investigators and Centre Against Sexual Assault (CASA) counsellors and advocates, with forensic medical practitioner linked in.

The advantages of multi-agency colocation include the accessibility of a range of services and the relative ease of communication between agencies, enabling the provision of wrap-around services for women and children. Co-location increases opportunities for agencies to gain greater understanding of each other conceptual and practice framework. From the workers' perspective the convenience of proximity can increase productively and timely service delivery. However, the co-location of agencies in the context of family violence can be a disincentive for many of the women and children who use the services.

The concept of multi-agency co-location was canvassed with DV Vic members in our consultation process, drawing a mixed response. While members were positive about the advantages of service co-location to create 'institutional empathy' (which they considered to be critical for child protection and family violence workers), and timely information sharing, they raised concerns that co-locating family violence services with these agencies could deter many women and children from accessing services. They noted in particular that Aboriginal and Torres Strait Islander women and many women who were refugees or asylum seekers, would be unlikely to seek services in a

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[26] http://library.bsl.org.au/jspui/bitstream/1/3713/1/njc_evaluation_main_document.pdf

setting that included police and child protection agencies. And in general, many women making their first contact with family violence services for information or initial support may be fearful of inadvertently bringing their situation to the attention of police or child protection.

There are examples where the co-location of family violence and child protection services have produced very positive outcomes and these are linked to stringent interagency training programs. For example, David Mandel's *'Safe & Together'* model based in the US provides intensive training with certification for the co-located family violence and child protection workers to change their approaches to risk in families experiencing family violence. The training 'pivots' the focus to the source of the risk to both mothers and children, that is, the behaviour patterns of the perpetrator. This shifts the responsibility to the role of perpetrator, altering the way the both sets of practitioners work with the mother. This approach has resulted in a 50 per cent reduction of children in out of home care.[27]

When the focus of co-location shifts from improving agency interactions to the perspective of the women and children using the services, the agencies co-locating are different. Positive examples of agency co-location include family violence services within health and homelessness services, where early intervention opportunities through risk identification by GPs and other service providers facilitate contacts with specialist services, such as the Salvation Army Crisis Centre in St Kilda. Because women are generally safe to visit doctors for themselves and their children, they are more likely to respond well to co-location within these settings.

DV Vic believes that when the perspectives and needs of women and children experiencing family violence are the primary consideration of multi-agency co-location models, the types of services and agencies includes will be different from a rationale with the primary consideration of interagency communication and accessibility.

4.4.3   Embedded practitioner model

There are a number of examples of improved integration in service delivery where a family violence worker is 'embedded' in other agencies. Berry Street, for example, has family violence workers based in the Neighbourhood Justice Centre and the Ballarat Magistrates Court as well as outreach workers in other universal services, such as community centres, Centrelink, hospitals and the Hume Communities for Children. A Berry Street family violence worker is also involved in the Yarra and Whittlesea Police Partnership Project.

Another project trialling the embedded practitioner model is Taskforce Alexis in the Southern Metro Region. This project brings together a multi-agency team of workers from Victoria Police Family Violence Unit based in Moorabbin, specialist mental health (Monash Health) and specialist family violence services (Salvation Army Family Violence Outreach in St Kilda). The Taskforce provides an integrated response to family violence and is focused on high risk and recidivist cases, defined as addresses at which police have attended three or more family incidents in the last twelve months.

There are a number of elements to the Taskforce Alexis model that are critical to its effectiveness. These highlight the advantages of the embedded model over co-location:
   – The worker is fully accepted as a member of (and not separate to) the team

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[27] http://endingviolence.com/wp-content/uploads/2014/12/2014-Safe-and-Together-Model-Advocacy-Institute-Report-FINAL-12-9-14.pdf; http://www.noviolence.com.au/public/seminarpapers/davidmandel/davidmandel.pdf

- Decisions are made jointly prior to taking action, and with full information
- Client management systems are accessible, and
- Information can be shared.

Specifically, the family violence worker is fully embedded within the Police; her permanent work base is there, she has a designated desk, attends staff meetings and is included as a full member of the team. She works in partnership with the police officer to review and triage the daily L17 cases, with full access to the Police LEAP database and, in consultation with the family violence service and police, she provides joined-up assertive outreach for early intervention.

Equally important to the effectiveness of the Taskforce Alexis model is the governance structure supporting the work. The daily operations of the Taskforce are supported by a Coordination Team and Executive Group, which meet monthly and quarterly, respectively. These comprise full and associate members who are senior members of their organisations, with authority to make resourcing decisions and a collective commitment to the process.

4.4.4   Women's advocates as integrative agents

As outlined in Part 3, women's advocacy is an important component of the specialist family violence workforce skill set, involving comprehensive case coordination and active advocacy for the woman and her children. The women's advocate model has the advantage of flexibility, as they can be 'activated' as needed by the woman herself or agency at different times and stages through the process. Importantly, through assertive advocacy in managing risks for the woman through her interactions with the system, the woman advocate also drives the integration process and facilitates continuous quality improvement of the systems. This role of women's advocates is described as "An advocate can play an essential role in getting the system to provide what the victim needs in the way she needs it. Advocates not only help victims but also assist the system to be both efficient and effective."[28]

DV Vic believes that valuing, formalising and funding women's advocate positions is another useful tool in strengthening the family violence system, in combination with multi-agency co-location and embedded workers in particular settings, such as child protection and police.

In order for specialist family violence services to effectively deliver individual and systemic advocacy services, this role and its interface with other core services in the integrated family violence system must be articulated and authorised by the Victorian Government within funding and service agreements and within interagency agreements between the integrated services. Specialist services would require resourcing to provide enhanced advocacy services and to establish internal data gathering and analysis processes to monitor the system response.

Recommendation 16

That a statewide model for family violence system integration should incorporate best practice models of multi-agency co-location, embedded family violence workers and family violence specialist women's advocates.

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[28] Davies, JM & Lyon, E. 2014 Domestic Violence Advocacy: Complex Lives/Difficult Choices Second Edition, Sage Publications, London

4.4.5   Interagency Information sharing

The fundamental component driving integration is full, timely and appropriate information sharing between agencies. There are some significant barriers to this which undermine all efforts for a fully integrated system. These include agencies using different data collection methods and incompatible data systems, confidentiality embedded in codes of practice, including therapeutic care and importantly, restrictions imposed by privacy legislation. Legislative change to exclude family violence where there is a risk of serious and imminent harm, and family violence exemptions across professional codes of practice, protocols and practice frameworks is urgently needed.

The current legislative framework in Victoria creates serious barriers to information sharing across agencies, which must be addressed for innovative and effective approaches to risk management to succeed. One example where legislated privacy provisions are hampering program implementation is the establishment of seventeen Risk Assessment and Risk Management Panels (RAMPs), to identify and manage family violence cases where the risk is serious and imminent. Based on the Multi Agency Risk Assessment Committees (MARACs) model in the United Kingdom, this approach has been piloted in two sites and funded for roll out across the state since late 2014. Staff have been appointed and training materials developed and tested, but the program has been on hold for months because of privacy constraints over information sharing, which is obviously fundamental to this process. There are concerns that these issues have significant implications for information sharing across the family violence system and DV Vic is urging the Victorian government to immediately amend the relevant legislation, including the *Family Violence Protection Act 2008* and the *Privacy and Data Protection Act 2014*, and any other Acts which inform the sector to address this problem. This issue highlights the need for consistency and explicit family violence clauses, if necessary, across the full family violence system legislative framework.

Recommendation 17

That an urgent review of all legislation pertinent to the family violence sector is undertaken to ensure that information sharing between agencies and Courts is legal, consistent and timely, and that amendments are made to relevant legislation accordingly.

4.5   A robust and independent peak body

The value and role of the specialist family violence services system is supported by having an independent and sector-specific peak body. Since its formal incorporation in 2004, DV Vic has provided leadership to the Victorian family violence sector, representing the interests of women and children experiencing family violence and the services they use to the Victorian Government. The family violence sector has been through significant reform during this period and the presence of a peak body – free from vested interest in service delivery – has enabled a continued focus on keeping the best interests of women and children experiencing family violence central to decision-making.

DV Vic plays a central role in the integrated family violence system and its governance structures. Informed by regular consultation with our membership body, we provide policy advice to government and an 'ear to the ground' in regards to the functioning of the family violence system. We also act as a sounding board for the government of the day and its respective ministers in regards to new legislative and policy developments, the implementation of

various programs and initiatives, and emerging trends and issues in the field. A fundamental aspect of our role, as the peak body, is our ability to advocate at all levels of government, bureaucracy and the broader community across the range of family violence-related issues. As a strong and credible voice, a robust peak body can be most effective in challenging and promoting ideas in the interests of women and children affected by family violence and preventing violence against women. Robust and effective advocacy is essential to a functioning democracy and improves the outcomes across the whole community.

DV Vic has been very successful in elevating the profile of family violence in the media recent years. We are frequently called upon to speak on behalf of the family violence sector in the media and have broad support from our membership in this role. This increased media profile has not developed by accident, but over years of concerted work with journalists and media outlets to improve the quality and consistency of reporting on violence against women.

DV Vic works in collaboration with a number of allied peak and statewide agencies with a stake in Victoria's family violence system. We routinely undertake joint-advocacy where initiatives of relevance to the integrated family violence system and the legal system are under consultation. These collaborative endeavours not only create efficiencies, but provide Governments with robust, evidence-based and comprehensive advice. Through undertaking future joint-strategic planning, our collaborative work with partner agencies will benefit from identifying and working towards shared objectives, which recognize the respective and unique roles of the members of particular alliances, but which establish collective positions on important issues.

Recommendation 18

That the important role of peak bodies for the family violence sector, including Domestic Violence Victoria (DV Vic), to drive best practice and policy innovation, is recognised by committed, recurrent funding.

4.6   A system-wide quality assurance framework: minimum standards, regulation and accreditation

The need for a statewide family violence system quality assurance framework with established standards, regulation and a system-wide accreditation process was strongly endorsed by DV Vic member agencies. Members believe that a quality framework, that encompasses service delivery, organisational processes and workforce standards, is essential to ensuring that women and children affected by family violence are provided with the best services possible to achieve optimal outcomes.

As this submission has documented, the family violence system has evolved in an ad hoc, responsive and un-coordinated way, as services and governments sought to respond to crisis issues as they have arisen. This has resulted in a system that provides localised, at times idiosyncratic and inconsistent responses across the state. While all agencies endeavour to provide the best service they can, there is no doubt, that service delivery can be described as patchy. Importantly, the opportunity to share information and learn from each other is largely unavailable. It is worth noting that from 2007 to 2013 DV Vic was funded for a position to support sector development, including building workforce capacity and strengthening practice, but without the additional funding the organisation has

been unable to continue this critical work. As the peak body, DV Vic is ideally placed to drive the consultation and development of a quality assurance framework for family violence services.

Currently family violence agencies funded through the Department of Health and Human Services are required to be accredited under the Human Services Standards and undertake an accreditation review every three years. These standards replaced the previous program-specific Homelessness Assistance Services Standards (HASS) to under which family violence agencies had operated since 2008. The current accreditation scheme, in place since 2012, was implemented in order to reduce red tape and streamline processes. Where the previous HASS standards required adherence to the DV Vic Code of Practice, the new standards do not.

The current standards are set and gazetted by government. The Human Services Standards promote a generic approach to human service delivery that aims to ensure that people experience the same quality of service no matter which service provider they access. While acknowledging the principles that underpin this approach, DV Vic believes that there is scope for a quality framework specifically required for best practice in specialist family violence service delivery which reflects the particular skills and competencies required for family violence work, as outlined in previous sections of this submission. For example, the DV Vic Code of Practice, discussed in more detail below, was developed in 2006 to this end and involved an extensive research and consultation process with the specialist family violence sector to develop agreed best practice standards. The document is very much 'owned' by the specialist sector because of the participatory nature of its development.

In addition to enhancing the standards and accreditation schemes detailed above, further elements of a quality assurance framework for family violence services should include:

– **A consumer charter** to set out the rights and responsibilities of clients in the family violence system.

– **A service charter** – a public statement about the services that are provided by specialist family violence services and what clients can expect from that service.

– **A complaints management system** is an integral part of any quality framework which assesses, manages and responds to client complaints and concerns and which is an important part of contributing to improving quality service provision. At present family violence clients are referred to the Council to Homeless Person's Homelessness Assistance Service (HAS) which acts as a complaints mechanism for specialist homelessness services system-funded agencies (and thus includes most family violence agencies). This system does not facilitate feedback on the wider range of services offered by family violence services beyond crisis accommodation. Clients can also make complaints about Government funded programs through the Victorian Ombudsman's Office. Neither of these complaint mechanisms are widely known or understood by clients in the family violence system and there is a lack of information about where they can take any concerns or complaints.

– **Standards** which sit above the generic human service standards and describe the expected outcomes, processes and performance. Standards should cover operational issues including all aspects of an organisation's business and service delivery as well organisational management and governance practices. Established standards for the sector not only clarifies consumers' expectations around family violence service delivery but standardises service delivery across the state, building consistency of practice and quality of performance.

- **Quality assurance** (or minimum quality) is a critically important process of determining whether family violence services meet expectations. This process identifies the requirements for service delivery and organisational processes and verifies that those requirements have been met. Combined with the process of Continuous quality improvement (CQI) there is an ongoing cyclical process of self-assessment, performance improvement and review.

- **Consumer/client participation** – women who have been clients of family violence services have critical insights and knowledge of service and system gaps as well as evidence of best practice from their experiences. Their participation in quality assurance processes, as well as decision-making and policy development is invaluable and formal participation opportunities should be built into quality framework at every level.

Under the current limited scheme, the accreditation process is outsourced to a number of different independent quality assurance review bodies. In our submission on governance for the family violence sector, DV Vic is recommending consideration of an independent statutory authorising body responsible for oversight of the system. It is feasible that one of the functions of the body would be regulatory, with responsibility for undertaking statewide family violence service accreditation. This approach would build coherence and consistency across the system. The DV Vic submission on system governance structures elaborates on this point.

> **Recommendation 19**
>
> That a comprehensive quality assurance framework is developed to establish minimum standards and accreditation processes for family violence services across the state. The quality framework should cover service delivery, organisational process and workforce standards.
>
> **Recommendation 20**
>
> That the establishment of an independent statutory authorising body responsible for oversight of the family violence system, with a function for regulation, including service accreditation.

4.6.1 Code of Practice for Specialist Family Violence Services for Women and Children

In its broadest sense the Code of Practice provides the standards by which family violence services should adhere when providing a response to women and also provides external stakeholders with information on what women should expect to receive when accessing family violence services. Further, the development of interlinked and complementary Codes of Practice across all family violence sector agencies would create a system framework of accountability for system integration.

The DV Vic Code of Practice for Specialist Family Violence Services for Women and Children (CoP) aims to enhance the safety of women and children in Victoria by:
- Providing a model of best practice for services in Victoria which provide a specialist response to women and children experiencing family violence
- Providing a foundation for ongoing reflection about how practice is undertaken and outline an optimum approach to practice

- Ensuring consistent, transparent and accountable practice across services providing specialist family violence support to women and children experiencing family violence
- Providing guidance for effective integration and collaboration with other community service providers and agencies engaged in providing responses to women and their children experiencing family violence.

The CoP is referred to in a number of departmental policies and frameworks such as funding and service agreements for DHHS funded family violence services, the Family Violence Common Risk Assessment and Risk Management Framework and Practice Guidelines: Women's and Children's Family Violence Counselling and Support Programs and the draft Risk Assessment and Risk Management Panel Guidelines. It is worth noting as well that the CoP has been translated to Korean and is used in family violence services in South Korea. As the first document of its kind it has been used as a model Code by other jurisdictions in Australia and internationally.

Since 2006 there have been major changes in policy and legislation in Victoria and many new programs and practice-approaches developed; revision and update of the Code of Practice is now urgently required. The Code predates the *Family Violence Protection Act 2008*, the *Family Violence Risk Assessment and Risk Management Framework*, the *National Plan to Reduce Violence against Women and their Children* and many other key policy and legal documents relevant to family violence service delivery. A revision of the Code would also enable new areas of practice to be included, such as cultural competency; early intervention; post-crisis support; disability accessibility; reference to new and emerging programmatic responses, such as a section on supporting women and children to remain safely in their own homes. DV Vic has not had the resources to fund an update, and while we have made a number of submissions to the Victorian Government and to philanthropic donors from 2009 onwards seeking funding to enable the revision and re-publication of the Code, we have been unsuccessful. Without revision the Code of Practice risks obsolescence.

The Royal Commission into Family Violence provides an ideal opportunity to review the purpose of the Code of Practice for Specialist Family Violence services and to reaffirm the Code's role in supporting best practice in family violence service delivery in Victoria.

Recommendation 21

That DV Victoria is commissioned to update the Code of Practice for Specialist Family Violence Services for Women and Children in line with contemporary best practice, system reforms, and current policy and legislation.

4.7   Workforce issues in specialist family violence service

The family violence sector in Victoria has always operated in an environment of extremely constrained and uncertain funding arrangements. This has had a significant impact on the breadth and flexibility of services that can be offered, but also on the capacity of agencies to offer staff adequate employment packages, professional development and career pathways. While the Equal Remuneration Order pertaining to the social services sector is a positive step, there remains significant cause for concern about the long-term sustainability of the sector's workforce.

4.7.1   Profile of specialist family violence workforce

Low pay and few opportunities for professional development are not the only challenges facing the specialist family violence workforce. There are significant concerns around recruitment and retention. In 2007 the Department of Human Services commissioned KPMG to undertake a survey of the Victorian community-managed housing and support workforce capacity.[29] By disaggregating the results by sub-sector this survey found that workers in the family violence sector are:

– ageing (the average age of women in the sector is between 45 and 54 years)
– almost exclusively female (most family violence services have EEO exemptions to employ only women)
– predominantly employed part-time (fewer than half are employed on a permanent full time basis)
– undertake significant amounts of unpaid overtime; and
– 26 per cent indicated they would be leaving the sector in the subsequent two years.

We have a largely highly skilled and professional workforce that has adapted to the increased expectations of the Victorian family violence and a range of other interrelated reforms. The integration of the family violence system has placed increased expectation on family violence workers to perform duties beyond the scope of their positions with little or no additional funding to support this activity. Examples of the skills required for family violence service provision include the ability to: assess and manage significant risk; appropriately respond to clients who are traumatised; work with children who have witnessed and / or experienced violence; participate in regional integration and referral pathways; engage and develop formal protocols with a broad range of relevant stakeholders outside the sector ie the health care system, courts, police; network and work collaboratively with partner agencies including providing secondary consultation; support women through the court system with a working knowledge of relevant legislation and judicial processes and provide evidence in court. Each of these responsibilities requires particular skill sets and expertise, and there is little recognition of this in both remuneration levels and recognition of skills. Staff in the family violence sector require highly developed skills in order to meet the range of client complexity they encounter. As discussed in detail in Section 2, this includes areas that are less tangible than those listed above including building trust relationships, emotional support, and respect afforded to clients.

4.7.2   Recruitment and retention of staff

Family violence work is by nature stressful, emotional and fatiguing work. Family violence workers can experience burn-out, vicarious trauma, understaffing and high workloads. The challenges of their core work involve difficulty accessing services and resources for clients, difficulty responding to the complexities of client need, lack of time to complete these tasks (most work part-time) and limited access to supervision. The majority of people working in this sector do so because of their personal commitment to address violence against women and this increases their personal investment in the work they do with individual women. This increases the risk of vicarious trauma for specialist family violence workers and the need for organisational support and professional supervision.

Consultations with DV Vic members indicate that agencies are having increasing difficulty recruiting and retaining staff. Services across the state indicate that they are now considering candidates for positions who would not have been deemed appropriately qualified or skilled as recently as three years ago. Concerns were expressed that new social work graduates are inadequately prepared for work in the sector and that managers taking on new staff are

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[29] KPMG 2008, Department of Human Services Survey of the Community Managed Housing and Support Workforce: Summary Report, KPMG, Melbourne

required to invest significant amounts of time providing them with training and supporting them with considerable supervision and support when they begin work.

Member agencies also report that staff at all levels are indicating their intentions to leave the family violence field. We are facing a situation of significant loss of corporate knowledge and practice wisdom from the sector. Without the capacity to provide fair and appropriate employment packages, succession planning, and the corresponding intake of skilled staff to replace these positions, is an increasingly challenging task.

4.7.3   Family Violence Workforce Development Strategy

As the peak body for family violence services, DV Vic has a role in supporting and providing leadership in practice development and critical best practice in service delivery to women and children experiencing family violence. Processes of reflection and self-assessment in accreditation and continuous quality improvement need to be embedded into family violence organisations. This provides structure and opportunities for organisations to integrate thinking and planning about workforce development needs and goals into their strategic and work plans. As we build on the early work of developing the integrated family violence system post the Royal Commission, this role for the peak will be critical, both in terms of the support it provides to individual agencies, and in the benefits of a sector that unites around quality issues. DV Vic can facilitate a collective approach to workforce planning and development.

Elements to include in a workforce development strategy:
  – Professional development – education and training,
  – Employment packages that ensure fair and adequate remuneration for workers and flexible working conditions.
  – Mandatory units on understanding violence against women and family violence as part of the core curriculum for social work, psychology, education, nursing and other relevant degrees.
  – Attraction and recruitment of suitably qualified graduates and identifying strategies to ensure that working in the family violence sector is seen as a desirable career choice. Provision of student field work placements and establishment of relationships with tertiary institutions will be considerations here.
  – Retention of experienced practitioners.
  – Worker competencies, skills and training – including a focus on the multidisciplinary skills required to meet the demands of clients with complex needs. For example, the possibility of transferring existing professional development and training courses, such as Introduction to Domestic Violence offered by DVRC, to meet Certificate, Diploma and Bachelor level qualification requirements must be given attention.
  – Opportunities for continuing and relevant professional development.
  – Career pathways within and across sectors.
  – Supervision and other staff support mechanisms
  – Provision for management structures to be built into organisations where this has not historically been funded. Peer support and mentoring structures and opportunities for women in managerial positions would strengthen the support and skills of these women in the sector and contribute to their decisions to remain in the sector.
  – Ensuring robust organisations via strengthened governance arrangements and clear and articulated strategic planning processes.
  – Built in evaluation to assess the impact of workforce development strategies on work practice and service outcomes.

Recommendation 22

That a Workforce Development Strategy is developed for the Victorian Family Violence sector.

Recommendation 23

That units on understanding violence against women and family violence are mandatory the core curriculum undergraduate courses, including social work, psychology, education, nursing, medicine and other relevant degrees for social work, psychology, education, nursing and other relevant degrees.

Recommendation 24

That funding is reinstated for DV Vic to play an ongoing role in sector development, including developing and implementing a revised Code of Practice for Specialist Family Violence services.

References

Aboriginal Affairs Victoria, Department of Planning and Community Development (2008) Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities, 10 year plan (Second Edition) http://www.dhs.vic.gov.au/__data/assets/pdf_file/0012/620202/Final_10_Year_Plan_Oct08_2nd_Edition.pdf

AIHW, 2014 Specialist Homelessness Services: 2013-14, Victorian Supplementary Tables, Cat. No: HOU 276. AIHW, Canberra

ANROWS 2014 Violence against women key statistics citing 2012 ABS Personal Safety Survey http://www.anrows.org.au/sites/default/files/Violence-Against-Australian-Women-Key-Statistics.pdf

Bagshaw, D. Chung, D. Couch, M. Lilburn, S & Wadham, B. 2000 *Reshaping Responses to Domestic Violence: Final Report*, University of South Australia, Adelaide http://wesnet.org.au/wp-content/uploads/2012/07/PADV-Reshaping-responses.pdf, pp 33-36

Barrett Meyering, I. 2012 Staying/leaving: Barriers to ending violent relationships Fast Facts:7, Australian Domestic & Family Violence Clearinghouse The University of New South Wales, Sydney http://www.adfvc.unsw.edu.au/PDF%20files/Fast_Facts_7.pdf

Brotherhood of St Laurence, 2010 Evaluating the Neighbourhood Justice Centre in Yarra, 2007 – 2009 BSL, Collingwood http://library.bsl.org.au/jspui/bitstream/1/3713/1/njc_evaluation_main_document.pdf

Centre for Innovative Justice, 2015 Opportunities for Early Intervention: Bringing perpetrators of family violence into view, CIJ, RMIT http://mams.rmit.edu.au/r3qx75qh2913.pdf

Crime Statistics Agency, 'Family incidents' http://www.crimestatistics.vic.gov.au/home/crime+statistics/year+ending+31+december+2014/family+incidents

Davies, JM & Lyon, E. 2014 Domestic Violence Advocacy: Complex Lives/Difficult Choices Second Edition, Sage Publications, London

Desmond, K. 2011 Filling the Gap: Service Model Integrated post crisis response for women and children who have experienced family violence Good Shepherd Youth & Family Service and McAuley Community Services for Women, Collingwood http://www.goodshepvic.org.au/Assets/Files/FTG%20Service%20Model%20FINAL%20PP%20_26-03-11__cp_edit_FINAL.pdf

DVRCV & WLSV, 2013, Serious Invasions of Privacy in the Digital Era, Submission to the Australian Law Reform Commission Review http://www.alrc.gov.au/sites/default/files/subs/48._org__womens_legal_service_victoria_wlsv_and_domestic_violence_resource_centre_victoria_dvrcv.pdf

Flood, M. & Fergus, L. 2008 An Assault on Our Future: The impact of violence on young people and their relationships, White Ribbon Foundation, Sydney http://www.whiteribbon.org.au/uploads/media/Research_series/An_assault_on_our_future_FULL_Flood__Fergus_2010.pdf

Humphreys, R Thiara & A Skamballis *Readiness to change: Mother-Child Relationship and Domestic Violence Intervention*, British Journal of Social Work, vol. 44, (2010) p.167

Kezelman, C. 2013 "Trauma-informed practice: how important is this for domestic violence services" Newsletter 52, Autumn, Australian Domestic and Family Violence Clearinghouse, UNSW, Sydney http://www.adfvc.unsw.edu.au/documents/Newsletter_52.pdf pp3-5

KPMG 2008, Department of Human Services Survey of the Community Managed Housing and Support Workforce: Summary Report, KPMG, Melbourne

Mandel, D. 2013 The Safe & Together model: Making good decisions for children impacted by domestic and family violence: Background and Research. David Mandel and Associates, Connecticut http://www.noviolence.com.au/public/seminarpapers/davidmandel/davidmandel.pdf

Office of Women's Policy 2005 Reforming the Family Violence System in Victoria: report of the Statewide Steering Committee to Reduce Family Violence, Department for Victorian Communities, Melbourne http://www.dhs.vic.gov.au/__data/assets/pdf_file/0020/643124/reforming_family_violence.pdf

Perkins, M. 2015 "Women fleeing violence only able to afford one suburb in Melbourne: Melton The Age 29 April http://www.theage.com.au/victoria/women-fleeing-violence-only-able-to-afford-one-suburb-in-melbourne-melton-20150429-1mubm4.html

Richards K 2011 Children's exposure to domestic violence in Australia, Australian Institute of Criminology, Trends & Issues in Crime and Criminal Justice No: 419, June http://aic.gov.au/publications/current%20series/tandi/401-420/tandi419.html

Rivara FP, Anderson ML, Fishman P, Bonomi AE, Reid RJ, Carrell D, Thompson RS. Healthcare Utilization and Costs for Women with a History of Intimate Partner Violence. American Journal of Preventive Medicine. 2007; 32(2):89–96

Safe & Together, 2014 Safe & Together Advocacy Institute Summary Report, December 2014, David Mandel and Associates, Connecticut http://endingviolence.com/wp-content/uploads/2014/12/2014-Safe-and-Together-Model-Advocacy-Institute-Report-FINAL-12-9-14.pdf

Stanley, N & Humphreys, C. 2014 'Multi-agency risk assessment and management for children and families experiencing domestic violence', *Children and Youth Services Review* 47:1:78-85

Stark, E. 2007 Coercive control: How men entrap women in personal life. Oxford University Press, Oxford

Taft, A. 2002, Violence against women in pregnancy and after childbirth: Current knowledge and issues in health care responses Issues Paper: 6 Australian Domestic & Family Violence Clearinghouse, UNSW, Sydney http://www.adfvc.unsw.edu.au/PDF%20files/Issuespaper6.pdf

Wall, L. 2014 Gender equality and violence against women: What's the connection? ACSSA, Melbourne http://www.aifs.gov.au/acssa/pubs/researchsummary/ressum7/ressum7.pdf

Attachment A – *No More Deaths Alliance*: Principles Framework

PRINCIPLES FRAMEWORK FOR FAMILY VIOLENCE SYSTEM REFORMS

The No More Death Alliance organisations believe that the Victorian Family Violence system should be built on these fundamental principles:

1. Freedom from violence is a basic human right and women and children have a right to live self-determined lives and reach their full potential.

2. Family violence is gendered - it is most frequently and most severely perpetrated by men against women and children.

3. The primary cause of family violence is structural gender inequality and the unequal distribution of power and resources between men and women.

4. The use of violence is a choice.

5. Violence is preventable.

6. Family violence services and systems are informed by and responsive to the lived experiences of women in all their diversity.

7. The system delivers effective responses to family violence across the continuum from primary prevention and early intervention to crisis responses and post-crisis recovery.

8. The needs of women and children and ensuring their safety and well-being underpins all aspects of the family violence system.

9. Effective responses for women and children from groups and communities at highest risk of family violence are led with those groups and communities. For example, Aboriginal and Torres Strait Islander women, women from culturally and linguistically diverse communities, women with disabilities and women in rural and regional areas and other marginalised groups.

10. The family violence system is fully integrated and barrier free across sectors.

11. The family violence system is safe, respectful, responsive, consistent, affordable, efficient and tailored to individual needs. It maintains a consistent standard of service quality and a skilled and professional specialised workforce.

12. All aspects of society including governments at all levels, communities, systems, services and perpetrators are responsible and accountable for ensuring that women and children's lives are free from violence.

13. The family violence system, particularly the justice system, keeps perpetrators in view and holds them responsible for their behaviour.

14. Family violence is not incidental or temporary; it is an ongoing, serious and pervasive societal problem. Policies and funding models must reflect this.

Architecture needed for a family violence system built on these principles include:

1. Commonwealth and state government funding arrangements that reflect the serious, complex, cross-sectoral and endemic nature of family violence. This requires a dedicated, guaranteed and recurrent family violence funding stream through Commonwealth and state governments that is protected by legislation, for services across the family violence continuum – crisis support, early intervention, post-crisis recovery and prevention.

2. Minimum standards that apply across every aspect of the family violence system tied to funding and accreditation. These should be informed by best practice across operations, policy, tools, training, governance, cultural competency, disability access, data collection and evaluation.

3. A family violence workforce with specialist skills and expertise which meet recognised standards of certification and continuous workforce development; and generalist services that meet minimum standards for responding to family violence.

4. A Common Risk Assessment and Risk Management Framework for responding to family violence, used consistently across sectors and settings in Victoria.

5. Family violence and risk assessment training, including cross-cultural competency and disability access, for all staff working in services and systems across the sector, including mainstream services and intersecting systems, such as, family services, child protection, health and education.

6. Statewide and regional governance structures and processes based on collaboration, evidence, sustainability and longevity.

7. Structures within government, community agencies and the justice system and dedicated funding to support women who have experienced family violence to formally participate in decision-making in an ongoing way.

8. A legal system that includes access to independent, specialist, free legal advice; family violence specialist support at every point; and courts and court processes that are responsive to the dynamics, impacts and risks of family violence.

9. Effective, transparent family violence death review processes, to inform continuous improvement in systems responses.

10. Consistent, relevant data collection, research and program evaluation to inform continuous improvement of the family violence system.

11. Long term, comprehensive primary prevention work across the community that is evidence-based and appropriately resourced, complemented by whole of government policies to address structural gender inequality.

Attachment B – Sequence of development of Refuges

This attachment is a personal communication received by DV Vic and prepared by Wendy Austin. Wendy has 36 years' experience in the family violence sector in Victoria, including as former Manager of Brenda House. Wendy is an authority on working with women and children experiencing family violence, particularly through the provision of refuge, having worked continuously in this sector since the inception of high security crisis accommodation in the 1970s through to the reforms of recent years.

Mid 1970s-1980s: Statewide high security crisis accommodation focus

- At this time women and children living with violence had no choice but to flee their homes in order to be safe; there was no adequate police or legal response; family violence was 'shameful' and personal and no-one left until it was critical; many stayed;
- Refuges offering crisis accommodation to women and children were community based, started individually by grass-roots groups that saw the need and met it – community agencies, church groups, feminist groups, political activists etc.; it was not a government program in any sense;
- Housing was secured (read 'scrounged') from councils, churches, real estate agents, community groups, usually houses that were due to be demolished shortly or others that were on a very short-term lease; no-one wanted a refuge next door;
- In the early stages there was no government funding at all supporting these initiatives;
- As refuges emerged across the state their location was very ad hoc, simply based on local groups; due to socio-economic circumstances at the time and the general secrecy and shame of family violence, women with access to financial assets often funded their own removal while others needed assistance;
- For this reason and because women and children needed to be removed from their situations in order to keep them safe (highly patriarchal society, men had 'ownership' rights), more refuges emerged in the eastern region (6) than other metro regions (2-3) and others emerged sporadically in rural areas; it was never based on local need across the state and these general locations largely remain the same today;
- Intake for all these services was statewide and refuges did not accept clients from their own regions because they could not guarantee client and worker safety with the legal system of the day;
- In order to meet this need and support clients, plus the equal need for broad advocacy and political impact, services from across the state gathered in a very disparate statewide network from the late 1970's in a bid to secure government funding – the glue was the focus on women and kids living with violence;
- At the time all services were largely voluntary and relied on locally secured housing – ordinary 3-4 bedroom houses, one family to each room, were the norm;
- Some just had a group of volunteer workers, others had a loose committee structure, all contributed as they were able;
- A broad framework was agreed, statewide network discussion occurred with government (not regions) and services applied individually (and in competition) for base funding, a maximum of 12 months at that stage;
- By their own admission (in the 1990's when agencies went back to government for long service leave funds) the state government did not expect family violence services to last; when funding submissions went in, the need was hard to deny and minimal funding was provided one by one with annually leftover health, homelessness and child welfare funds – it was cobbled, not planned, and FV was not an issue in its own right;

- Due to safety issues the address of services was not revealed to government and there were basically no realistic checks and balances in place (other than the DHS address holder protocol); refuges largely operated in isolation from their local areas and the funding body;

- The model funded in the early 1980's was based on collectivity at the demand of the emerging sector – women walking equally with women, redressing the imbalance of lives lived with violence;

- Some individual statewide resource services were developed by the network and received some funding at this time – focus on today's crisis referral services (now Safe Steps), DVIRC (now DVRCV), Refuge Ethnic Workers Program (now InTouch), WIRE and statewide women's housing;

- Crisis accommodation funding was initially for 3.5 case workers, 1.0 children's worker (child minding focus) and 0.5 case management admin; there was no funding for service management, asset replacement, long service leave, property maintenance etc; at this time premises were largely rented and services moved often; a rent component ($6000 pa then) was provided and this became a maintenance component when refuges were purchased from the late 1980's, highly inadequate;

- The funded model was for a high security communal setting, with one client family per room; funding was for a four to six-week crisis period with the intention that public housing would then be available, which it was initially but not for long; services often had 4-5 women and up to 20 children on site at any one time; operational funds covered the women only, the kids were 'looked after' but were not clients themselves;

- One–off grants (end of year surplus funds) were made available for white good replacements, vehicles, car seats, etc but this was stopped in the mid 1990's with no additional base funds to compensate;

- This remains the funding base today!! One of the case management salaries has been enhanced and called management (early 2000's) but there has been no effective increase to base funds, other than CPI, for the last 15 years;

- Current property maintenance funding is still based on $6-8000 per annum with services given the opportunity to be reimbursed, with approval, for major one-off maintenance expenses. The maintenance required for a property of the age of the most refuge sites, and subject to a regular turnover of crisis clients, is far greater than available funds; titles are mainly in the name of services so regular responsive maintenance is not provided by DHHS (as for a DHHS owned and managed asset) and it has been very difficult to secure refurbishment funds;

- Over the years refuge / crisis accommodation services have achieved charity and Deductible Gift Recipient (DGR) status and use this to secure community support, philanthropic grants, have council rates waived etc; as family violence has become better recognised, many have also applied for pilot or short-term funding for new programs;

- To keep women and kids safe in a communal environment in an era where community and legal support was minimal and stay in refuge was largely short (max 6 weeks prior to public housing allocation), refuges imposed rules to keep their addresses secret that included women and kids leaving their region of origin, kids changing schools with no trace to the previous school, women needing to take a leave of absence from work and education, boys not accepted from puberty onwards (12-13 y.o.). There were no funded security measures, safety /risk was managed by establishing geographical, on the ground distance;

- Over this period escaping violence was to hide from violence, then seek to reestablish safely in another place;

- The communal nature of living was both supportive to those who were previously isolated and was/is a delicate balance of need that resulted in rules around behaviour and interaction. Further comment in next section.

Late 1980's – 2000 – emergence of family violence outreach, transitional housing and regional support

– By the late 1980's 30+ refuges had emerged across the state and services, all funded centrally by the forerunner to DHHS, kept in touch and advocated together from monthly network meetings; these services shared practice developments and broader policy advocacy;

– During this period the complexity of clients accessing refuge services escalated, commensurate with a growing awareness and visibility of family violence, the development of Australia as a multi-cultural country (70s-80s we first saw Eastern European clients, 1990's we first saw Asian clients and 2000+ we first saw African women and kids) and the reduction and lack of structured support for those living with disability, mental health and / or drug and alcohol addiction. In a model of a heavily populated and often-changing communal environment, away from the area with which clients were familiar and with a focus on safety, risk management and client self-determination, services found it necessary to impose some rules around rights, responsibilities and behaviour; these were often difficult to juggle on a daily basis when the focus was on individual case management; this will remain an issue while the communal funded model is in place;

– Lack of affordable public and private housing also became a major issue over this period, together with client complexity and a growing evidence base that women and kids needed a longer support period than the 4-6 week funded model provided. To address this issue individual services submitted for individual DHS houses to use as ¾ houses – the next step on from crisis refuge with continued transitional support on an outreach basis, (workers were not on site as in refuge); these houses were the forerunner of the Transitional Housing Management (THM) Services that emerged in the mid-1990s. Refuges continued to support clients in their ¾ houses with no increase in funds. DHS houses allocated for this purpose were often shared between families; some had separate units on the block (eg. bedsit for singles, house for families); because they were not run by a DHS program directly, these houses fell through the cracks when it came to property maintenance, again supported by services with no extra funds – services ran on the smell of an oily rag and lots on voluntary ingenuity (partners with paintbrushes etc);

– Comprehensive individual supports were provided on the ground with some excellent outcomes but which were 'band aids' in the overall fight against family violence; the political and community battle occurred largely through the voluntary statewide network, the forerunner of today's DV Vic – a 15+ year effort by on the ground services until peak body funding was first allocated on a 0.8 EFT one year project base in 2003; government largely were not ready to address this bigger picture or the gendered analysis of violence and the need to hold perpetrators accountable;

– The network self-imposed accountabilities and service standards (written by the sector and later adopted by the department); all this was possible while services had a full view of family violence across the state and were considered to offer a statewide response;

– Recognising that women and children deserved to be supported in their own areas without leaving home, the network / refuge system applied for funds for an outreach response from the late 1980's. Many services sourced workers from their midst and developed and supported regional outreach services. For example, in the East, Inner East Outreach was begun by Brenda House (BH) and Outer East Outreach by Maroondah Halfway House (MHWH). These outreach services later combined to become today's Eastern Domestic Violence Outreach Service (EDVOS). This growth was replicated in other regions across the 1990's;

– Through the late 80's and early 90's government introduced greater accounting and reporting standards and undertook individual services reviews that were to be repeated on a three-year basis. There was no

commensurate increase in funds, still based in homelessness as 'one of the causes of homelessness', rather than a crime and a power and control issue in its own right;

– DHS was well aware of the cobbled nature of funding and started three reviews of the base funding model over this period – the writer was a sector representative on all of these. As it became obvious that the injection of funds required to properly fund an accommodated crisis response to family violence was well beyond budget capacity, each of the reviews was halted. Therefore, later reform, largely funded only on a pilot basis, was added to a funding base that had a seriously flawed foundation;

– A funding requirement added at this time was the establishment of Wider Collectives i.e. community based management groups that took responsibility for DHS funds accountability; this role was largely taken on by the worker groups until this time, reflecting the ad hoc nature of funding development and often based on service provision rather than service management. Wider Collectives were a halfway point to boards, recognising the flat structure of women's services;

– In the mid-1990's DHS effectively watered down the influence of the statewide network by a) reviewing all refuge funding to the point of closing services – crisis accommodation was deemed to be the 'Rolls Royce' funding option (DHS words) due to the capital costs and potential asset maintenance of buildings, and b) allocating funding for the statewide refuge system to be administered by DHS regions. This had the effect of increasing the invisibility of statewide services in regions since they were not providing services to the women of the region in which they were located, and also did not benefit from local community support (more likely to be shunned than supported at that stage as those benefitting were not from the local region). Refuges achieved a lot over this period, but often in isolation. There was also tension between the statewide crisis accommodation model and the more visible regional outreach model – outreach was also much cheaper than providing accommodation and this became quite contentious;

– Some of the sector achievements of this period, largely unfunded, was the ad hoc and limited trial of providing a regional crisis accommodation response to women and children needing to escape from violence and wanting to stay in their area. Some outreach services accessed units to temporarily house regional women needing safe accommodation but deemed to be at a lower level of risk; these addresses were also confidential. However a regional response to full crisis need was not in place, except in some rural areas. One example in the writer's experience of a metro response was applications by Brenda House for two houses over this period, one with separate living areas front and back and the other stand alone. With the complexity of communal refuges growing it was also clear that women and kids deserved their own space while dealing with their crisis but that access to other families on the same property in similar situations had advantages (units, separate areas);

– Because of the additional ¾ house and 2 regional support house initiatives, Brenda House worked with a mix of communal (refuge property with a 3BR house and a 2BR unit on site = 5 client families) and more separate spaces (3BR unshared house and one single bedsit on ¾ house site; 2 families in separate living areas in one regional property and largely unshared 3BR house on the other). This was achieved with base communal model funding, philanthropic support and small charges to clients in receipt of income to cover additional utilities. This overall model meant BH could accept larger families and clients with high complexity and needing longer-term support; it soon became apparent that clients both deserved and achieved their goals better with privacy but with accessibility to mutual support if they wished. The model developed was directed by client need, and was less of an imposed system. While properties were physically secure, and property address security was still required, largely the safety of the woman depended on her analysis of need and her own safety plan developed and adjusted through case management processes;

– Over the latter part of this period the statewide network (crisis, outreach, statewide resource services) was less active politically as most services were simply struggling to survive, were reacting to government

changes and were in emerging competition with each other (crisis v outreach due to cost factors) and emerging mainstream responses such as transitional housing services. The base funding issue was never addressed.

2000 - 2006

- This broader sector reactivity and crisis and outreach struggle to cope with increasing demand and client complexity broadly continued in the early 2000s;
- As noted earlier, the many years of advocacy for secretariat / peak family violence funding finally bore fruit in ~2003 with a 12-month funded 0.8 EFT policy position, the beginning of what is now DV Vic. This was very welcome but in itself added the complexity of the sector needing to 'give over' bit by bit some of the control of the very active voluntary network to an employed worker. Then that role required a management component, which was provided by a Coordinating Collective (non-official board) that was drawn from membership. This was also unfunded and added another layer and a degree of competition between services (see Jacqui Theobald thesis);
- On the ground services were coping in their own way and reacting to the demands / focus of regional DHS management and options. Responses to the ever-escalating demand for family violence support across the state, the increasing visibility and awareness of family violence by government and the community and the ever-increasing complexity of clients were dependent on the on-the-ground strategic thinking of community management groups and staff and sheer physical capacity with no additional funds. Services were increasingly seeing the need and being required to operate as small businesses and to be accountable to business practices and reporting. This was undertaken with the same funding limitations, including the lack of a management role. On this basis there was no choice but to seek outside support and/or reduce case management positions to fund management;
- The writer can provide personal experience of the example of the BH response at this time. BH was certainly not alone in looking outside the square but this was one of the more innovative ones; many services did not develop / have the capacity, vision or drive to broaden their responses, providing even greater disparity on the ground. Many were / are severely limited by the historical communal model;
- The ability of BH to respond was definitely assisted by access to multiple houses (see previous section) and reflected a view that women and kids should be able to, and had the right to, be safe in their own communities. It was less about secrecy and more about community accountability. It happened as follows:
  - o By 2000 it was clear that the communal, sharing model did not serve the breadth of experience and flexible options deserved by women and children living with violence and the emerging community acknowledgement of all aspects of family violence;
  - o The journey of the BH expanded model had proved that crisis accomm in separate living spaces on one block, with common areas available to meet or run groups, affords a better response;
  - o It also showed that many women could be safe in their own communities (not homes at this stage) with crisis property security and tailored personal safety plans;
  - o It also placed a higher emphasis on the needs of children living with violence, as they were more visible in their own right and not just part of a large bunch of kids;
  - o In late 1999 regional DHS asked BH to provide financial services to another refuge, with their agreement. This emerged as a five-year agreement (later ten) with a charge to the other service;
  - o This change provided the opportunity to vary the BH model fully from communal to dispersed crisis accommodation across the four properties and to create an external office that included public outreach support;
  - o BH absorbed the work of the extra financial management, used the funds gained to rent external office space (together with the other agency), moved the service management to this space and

began an outreach service and a lesbian support focus. The previous office space at the communal refuge was changed to a bedsit;

- o The four properties therefore provided crisis support to statewide and regional women as follows – previous communal refuge had one large house (could accommodate up to 6 kids), the bed sit and a 2BR unit; the ¾ house had a large 3BR house (6 kids) and a bedsit; the regional house with separate living spaces was divided to two 2BR units; the other house was a standalone 3BR (6 kids) that worked for women that wished to be alone and/or highly complex families where sharing was a problem. It was cobbled but offered 8 separate crisis living spaces over four properties that accommodated a wide variety of family configurations. It meant BH could offer support to 8 families while funded for 4-5. The next step on from refuge was then the transitional houses (3 month stay) provided by the THM program established in the mid 1990's – also fraught as longer support was always needed and affordable public / private housing post THM was very slow;
- o Workers attended the houses by appointment or at time of need, based on the clients requirements. Clients drove their outcomes through the case management process; workers and the service provided systems based options, resources, networks etc.;
- o The model proved the value of clients taking control of their own situations, accessing support of other clients if they chose, without having to juggle communal living. It was as much a change of thinking and focus as a changed accommodation model;
- In 2005 – 2006 BH could see the systemic inadequacy of poorly funded crisis accommodation services into the future and the lack of ability to plan a sustainable future. At this time BH approached the other FV services located in Eastern Metro with a suggestion to create a Joint Venture and reduce back office duplications but this was not supported at that time – potential job losses, losing past history etc. It was to be examined further after accreditation.

2006 – today – reform period

- FV was becoming a government reform focus and involved a whole of government approach; integration of services and regional partnerships was deemed to be the key to offering a better response to violence; the lack of consistency of response and the inability to meet demand across the state was recognised but the systemic flawed funding and model platform was not acknowledged;
- Regional family violence partnerships were developed via funded RICs (Regional Integration Coordinators) based in auspice agencies. FV crisis services were required to participate as well as provide a statewide response; there was no funding for services to participate in the extensive demands of partnership, especially where partnership grew to include other services over time – health, housing, police, courts, disability, legal services, corrections, MBC, children's services, family services etc;
- The major flaw in this process was the lack of a statewide template / structure to inform / guide regional development. The RFV Partnership configuration in every region was different and there was very limited consistency across regions achieved. DV Vic stepped in to help RICs at this time but the system did not improve until a full governance review took place a few years ago. This was not the first time – a crisis support framework was loosely introduced around 2003 to work toward FV consistency but again, there was no central framework and it failed;
- This era also bought increased accountability through first time accreditation for FV services. In 2006 outreach services were basically defunded and had to apply for funds on a more consistent model basis; refuges were not able to be included as there were major legal impediments attached to their 'ownership' on refuge titles (DHS funds provided to purchase crisis accommodation services in name of agencies in late 1980's; a caveat was applied to recognise DHS interest but all DHS records were not made public when DHS

offices moved so no evidence was at hand); government openly suggested that refuges might give up funding or merge rather than small services meet accreditation standards but this largely did no occur;

– Accreditation occurred over time, sometimes with services working together in group projects, and was largely completed in 2009; an ongoing condition of funding was accreditation and also a management, rather than collective, structure. Many services moved to a formal management role with a board at that time. However, transition is still occurring as services were largely community based with an operational as well as management focus and it was difficult for agencies to transfer to a truly governance model with the Board managing the CEO and being formally responsible for strategic direction, risk, financial management etc. Again, no financial support was available to assist this transition;

– On the ground there were no major changes to existing crisis accommodation models but there escalating community demand and client complexity as FV awareness grew;

– A number of short-term pilot options were made available through various state and federal Govt initiatives. Some examples are the initial Intensive Case Management roles, auspiced by housing. These were not intended for FV but BH and MHWH secured a shared role that was funded for two years and was the forerunner of today's ICM roles – it was for longer term support to keep clients safe and out of homelessness and a return to the system. Others were A Place to Call Home (APTCH), intended to keep women and kids in the transitional house they were occupying long-term with a change of status to public housing – good idea but major maintenance and standards issues and the FV houses were rarely replaced as transitional houses; and Safe at Home;

– Safe at Home was initially offered as a legal and practical response to women and kids wanting to safely maintain their own housing with an Intervention Order that excluded the perpetrator. Funding was for a two week period that addressed the legal processes and practicalities like lock changes, security lights etc. Again, a step in the right direction but no case management was attached. Funding was for 2EFT per region and $16000 brokerage over 4 years; it was never going to be adequate. In the East BH and MHWH partnered with EDVOS for this funding;

– In time BH and MHWH worked separately to create another SaH model, with the agreement of DHS. It was premised on the increasing need to offer support to women and kids to remain safely in their own homes or communities, rather than go through the crisis accommodation system; it also recognised that many other services were 'first to know' and were in a position to identify violence at a much earlier stage in a client's experience. For this reason we partnered with Centrelink in the East and provided training to Centrelink social workers to be aware of more subtle forms of family violence – financial, social, cultural – and to offer clients a connection with our service. This was amazingly successful and resulted in women and kids accessing intensive FV support at a much earlier stage;

– As this emerged there was investigation and great interest from maternal and child health, ambulance services, maternity units etc. for this sort of support i.e. the many 'first to notice' services that connect with families at a point of change or crisis and may notice overt or subtle family violence but have nowhere to go with it; this included the police;

– BH also took a number of steps over this period to enhance and broaden the accommodation and support options available to clients:

    o After 15 years of application DHS finally found funds to knock down the previous ¾ house and replace with units built to disability standards. The building process was complicated and took some time but for the first time we could offer crisis housing to women and kids also living with a disability;

    o Again acknowledging the probable lack of sustainability of the existing model and the need to offer improved breadth to regional and statewide clients, the discussion about formal collaboration of services continued. This resulted in a formal merger in 2012 that cobbled the

innovations of both BH and MHWH to provide a much broader physical and service delivery base that ranged from early intervention (SaH), a cluster model of short term intensive assessment and support with a school on-site, a dispersed model of secure crisis accommodation, support of transitional houses and longer term intensive case management for some clients. The support options increased when two other family violence services became a part of this model.

Considerations for Governance of Family Violence in Victoria

Domestic Violence Victoria Submission to the Victorian Royal Commission into Family Violence

19 June 2015

Acknowledgements

DV Vic would like to acknowledge the many women in Victoria who have experienced family violence, and whose courage and determination should be honoured. Enhancing the rights of these women and their children is at the heart of DV Vic's advocacy for an effective family violence system. DV Vic would also like to acknowledge the work of specialist family violence practitioners in general, and our members in particular. DV Vic members have been extremely generous in sharing their vast experience and thoughtful insights, all of which have informed our submissions and recommendations.

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About Domestic Violence Victoria (DV Vic)

As the peak body for family violence services in Victoria, DV Vic has a broad membership of over 60 state-wide and regional family violence agencies across Victoria, which provide a variety of responses to women and children who have experienced family violence, including every specialist family violence service in Victoria, community and women's health agencies, some Local Governments and other community service agencies. DV Vic holds a central position in the Victorian integrated family violence system and its governance structures.

Since our establishment in 2002, DV Vic has been a leader in driving innovative policy to strengthen sectoral and system responses to family violence as well as building workforce capacity and representing the family violence sector at all levels of government. DV Vic provides policy advice and advocacy to the Victorian Government about family violence prevention and response. DV Vic also plays a coordinating role in Victoria's work to prevent violence against women, particularly in our work through the media, though the former EVA media awards and the development of a framework for reporting on violence against women.

DV Vic represents the Victorian family violence sector on the current Ministerial Advisory Group on Family Violence and the Statewide Violence against Women and Children Forum; and has sat on numerous other advisory mechanisms with oversight of responses to family violence, violence against women, homelessness and community services of the state and federal governments over the past ten years.

List of Recommendations

Recommendation 1.
The original guiding principles that underpin the integrated family violence system should be reaffirmed and be re-established as the yardstick for all decision-making and policy development: the safety of women and children; the accountability of men who use violence; and the agency of women.

Recommendation 2.
That an independent statutory authority with oversight responsibilities for the family violence system be established as a key element of the statewide governance structure, to facilitate integration, best practice and quality assurance across the family violence system.

Recommendation 3.
That the Royal Commission considers models and functions of independent statutory bodies to recommend the best option for the Victorian family violence system.

Recommendation 4.
That the Royal Commission defines the role of peaks bodies and their role in the integrated family violence system.

Recommendation 5.
That the work to build a functioning integrated family violence system (across government and non-government partners) – including a focus on effective risk assessment and management platforms, sustaining a skilled workforce, improved data collection, management and analysis - is prioritised and appropriately resourced.

Recommendation 6.

That the Royal Commission defines the portfolios relevant to the whole of government approach to family violence (under the purview of the Minister for the Prevention of Family Violence) including: Women's Affairs; Children, Youth and Families; Attorney General; Corrections; Community Services; Police; Local Government; Aboriginal Affairs and Housing. It should also define the roles and responsibilities of portfolios not historically included in the integrated family violence system such as Education and Health.

Recommendation 7.

That effective governance structures and processes at a statewide and regional level are defined and resourced to ensure that the systems issues are prioritised, and that there are clear lines of accountability for delivering them.

Recommendation 8.

That the governance structures for a fully effective and integrated family violence system are informed by specialist family violence knowledge and practice framework.

Recommendation 9.

That a review is conducted of the roles and responsibilities of the Family Violence Integration Committees and the Regional Family Violence Integration Coordinators with a view to strengthening consistency and alignment across regions.

Recommendation 10.

That the Regional Family Violence Integration Model is further developed to a Practice Framework for RICs to include protocols and practice standards on information sharing between RICS, community and agency engagement, recruitment and reporting.

Recommendation 11.

That the Practice Framework sets out specific objectives for family violence as it relates to other regional committees with overlapping stakes in the local family violence response including: Crime Prevention, Services Connect, Children's Partnerships and other relevant bodies, to ensure governance alignment.

Recommendation 12.

That professionals working in the integrated family violence system, including within government departments are mandated/supported to undertake 'introduction to family violence' training in order to ensure consistent levels of understanding of the issue.

Recommendation 13.

That gender literacy training is made compulsory for all public service positions, parliamentarian and their staff, to ensure that all policy, programs and legislation routinely subjected to a gender analysis.

Recommendation 14.

That the Victorian Government undertakes a comprehensive review of the Family Violence Risk Assessment and Risk Management Framework (CRAF) to include: mapping current use; addressing content gaps and providing additional guidance; establishment of an effective authorising environment to support consistent implementation.

Recommendation 15.

That the Family Violence Risk Assessment and Risk Management Framework is reviewed regularly to ensure currency and its use mandated for all core services in the family violence service system.

Recommendation 16.

That the Royal Commission analyses the current data challenges for the integrated family violence system in Victoria – including gaps in information – and provides solutions.

Recommendation 17.

That the Royal Commission provides solutions to better integrate existing data sources used by different parts of the family violence system

Recommendation 18.

Consider the creation of new data collection platforms that capture relevant information for family violence.

Recommendation 19.

That any new measures required to evaluate the effectiveness of the family violence system are developed in consultation with the sector to ensure they are appropriately targeted with matching data systems capability.

Introduction

DV Vic welcomes the opportunity created by the Royal Commission into Family Violence to interrogate and strengthen the family violence system in Victoria. We believe that a stronger, more effective system will improve the safety and well-being of women and children experiencing family violence and reduce the incidence of serious harm through more effective early interventions. It would also address the social and structural causes of violence against women through community prevention and policy and legislative reforms for gender inequality.

This submission, which focuses on the principles for governance of the Victorian family violence system, is one of four submissions focused on the key priority areas identified by our members: 1) Specialist Family Violence Services: the heart of an effective system; 2) the interface between family violence services and Police; 3) working with children.

This submission draws on evidence from national and international research and the experience of the DV Vic, its membership and the Regional Family Violence Integration Committees over the past decade. It recommends that the principles to underpin governance family violence policy and practice in Victoria should include:
- – A shared vision
- – A systems approach
- – A partnership approach
- – Clear roles and responsibilities
- – Evidence and expertise.

Part 1: Background and context of family violence governance arrangements

What we have learnt

1.1   Reforming Family Violence Responses

Having recognised the imperative of improving responses to family violence in Victoria in the early 2000s, the Brumby government embarked on an ambitious process of systemic reforms. The family violence reform process was superseded in 2012 by the Baillieu Government's decision to apply the lens of violence against women and children to the issue of family violence, with the announcement of *Victoria's Action Plan to Address Violence Against Women and Children 2012-2015*.

 – *Attachment A is the DHHS Regional Family Violence Integration Model*
 – *Attachment B is a case study developed by the Australia and New Zealand School of Government (ANSZOG) Victoria's integrated family violence system: from stalling to renewal, which tells the story of the family violence reforms.*

The architects of the family violence reform processes had to answer the following questions:
 – What was the vision?
 – Who was responsible for implementing it?
 – Who should be involved?
 – How would people know what their role was?
 – How would we know if it was working?

The role of governance structures was central to answering all of these questions and in implementing the reforms; we refer to 'governance' as the structures, processes, rules and traditions through which decision-making was exercised.[1]

As family violence touches so many aspects of life, unravelling the answers to all of these questions delved into wide ranging fields – from criminology, to sociology, psychology, health and mental health, and so on. What was clear from the outset was that looking through the lens of traditional government governance approaches – discrete ministerial and departmental portfolios tackling discrete problems – was not going to work.

At each point of reform, a genuine whole of government approach has been critical – both at a statewide level, where vision, policy and budgets are decided, as well as at regional and local levels, where the intended impacts of those decisions were to be implemented and their intent realised.

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[1] It is important to note that governance and systems accountability is not the same, though accountability can be manifested through governance processes.

For the reform process to deliver, it was recognised that shared leadership and responsibility at every level of action was needed – from ministerial leadership across portfolios, to shared and complementary risk assessment and management practice amongst frontline workers who come into contact with women experiencing family violence.

1.1.1   The Family Violence Reform Period

A governance structure was established that incorporated statewide leadership and collaboration in support of a whole of government approach, which had explicit two-way consultation with a regional governance structure.
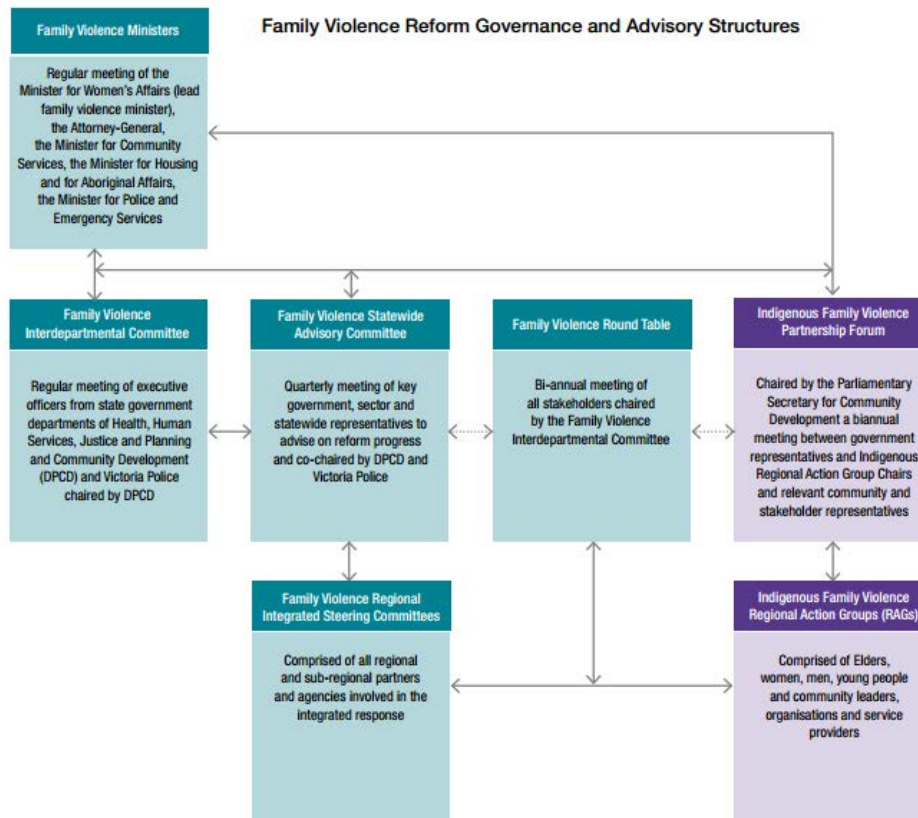

Figure 1: Governance and Advisory Structure – A Right to Safety and Justice 2010-2020

When the Victorian Family Violence Reform strategy was launched in 2005 'whole of government' leadership was driven by a group of five Ministers representing the portfolios of Police and emergency services; Attorney General; Community Services; Housing and Local Government; Aboriginal Affairs; Children; and Women. This group of five met quarterly to review progress against the reform objectives.

Supporting the Minister's group was a Family Violence Interdepartmental Committee, co-Chaired by the then Department of Community Development and Planning (DPCD) and Victoria Police, which was in turn supported by a Family Violence Coordination Unit (within the Office of Women's Policy, DPCD), with a mandate to drive integration. These structures also formally linked to the governance and advisory structures for the Indigenous ten-year plan.

1.1.2   The role of community – the early days

A critical aspect of the family violence reform was the collective effort by government and community sector leaders. At the request of government, community sector leaders who were part of Family Violence Statewide Advisory Committee (FVSAC) provided advice to government in the ground breaking report *Reforming the Family Violence System in Victoria* (2005). This document paved the way for the reforms. Key elements included: a guiding set of principles; a focus on integration across the three main systems – police, justice and the family violence service system, and developing common practices and processes to ensure consistent responses by individual agencies.

The Indigenous Family Violence Ten Year Plan Strong Culture, Strong Peoples, Strong Families: towards a safer future for Indigenous families and communities was launched in June 2008 and was developed separately to the mainstream family violence reforms in recognition that family violence in Indigenous communities has unique dynamics and characteristics that intersect with the history of colonisation and dispossession, and in recognition of Indigenous family and kinship networks.

The Indigenous Family Violence Partnership Forum, established in 2005, continues to oversee implementation of the Ten Year Plan. It is a community–government partnership to address family violence in Indigenous communities and remains in operation.

1.1.3   Statewide Governance

Having contributed to policy direction, the FVSAC became a key source of advice to the Victorian Government to shape, drive and evaluate the family violence reform program. It informed the Interdepartmental Committee on Family

> *"Indeed, it could be argued that whole of government processes are likely to be most effective where they involve the development of new values systems or the development of networks and partnerships that cross existing agency and service boundaries, allowing the development of political influence and policy consistency across what was previously a decentralised, autonomous but politically marginal and uncoordinated service sector."*
>
> Ross, Stuart, Frere, Marion, Healey, Lucy & Humphreys, Cathy. (2011) 'A whole of government strategy for family violence reform'. Australian Journal of Public Administration 70 (2): 131-142. doi:10.1111/j.1467-8500.2011.00717.x p. 141.

Violence about identified gaps and challenges in the integrated system and worked in partnership with government to meet those challenges. FVSAC included representation from regions and the Indigenous Family Violence Partnership Forum, along with other key family violence stakeholders.

1.1.4   Regional Governance

At a regional level, Regional Integration Committees, bringing together local representatives of the sectors that made up the integrated family violence system, were established across Victoria. Each Regional Integrated Committee[2] was, and continues to be, overseen by a Regional Integration Chair[3] and supported by a Family Violence Regional Integration Co-ordinator (RIC). These roles provide critical leadership to support continued development of

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[2] In some regions there are sub-regional committees in operation.

[3] The position of Chair may be elected or appointed.

the integrated system on the ground. They were responsible for developing regional plans based on family violence reform priorities. The Regional Integration Committees were represented on the Family Violence Statewide Advisory Committee to advise on regional perspectives and experience in implementation.

Composition of Regional Integration Committees varies across the state, but they seek to bring together expertise from women's, children's and men's family violence services, family services, women's health services, police, Corrections, child protection, court services, Aboriginal services, community legal services, sexual assault services, homelessness services, schools, youth services, disability, CALD services, local governments, health services and other services relevant to the regional response.

While there are differences across regions, they have provided a forum to innovate, develop and resource practical responses to local issues. For example, a number of regions in Victoria have trialled (and evaluated) different approaches to managing high-risk cases. Others have focused on issues such as improving responses to children experiencing family violence, through the adoption of Think Child Partnership Agreements and developing the Safe and Secure Framework for Working with Children. Depending on regional priorities and needs, others have undertaken considerable work in earlier intervention and primary prevention of violence against women.

1.1.5   Regional Integration Coordinators

The role of the Regional Integration Coordinator (RIC) is one of strategic leadership in steering integration initiatives and activities that support the achievement of the Regional Integration Committee priorities. RIC work is directed by the Regional Integration Committee's Strategic Plan. Broadly the role of the RICs is to facilitate the development of relationships that support integration between regional family violence services (women, children and men's services) and other key sectors and services, such as Child FIRST/Family Services, child protection, mental health services, homelessness services, housing services, Courts, Police and the Indigenous Family Violence Regional Action Group.

1.1.6   Indigenous Family Violence Regional Action Groups

Indigenous Family Violence Regional Action Groups (RAGs) were established in 2003 and have a leadership role in implementing community-led responses that educate, prevent, reduce and respond to family violence in Indigenous communities.

The Regional Integration Committees and RAGs work with each other to progress projects and initiatives to support responses to family violence in Indigenous communities. Whilst the mechanisms for these collaborations vary across the state, these relationships are critical for developing culturally competent practice[4] across the system in responding to Aboriginal women, children and men affected by family violence.

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[4] Objective 1 of Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities 10-year Plan is cultural safety described as 'respects and empowers Indigenous communities to be involved in services which affect their health and wellbeing. It acknowledges the need of mainstream service providers and governments to analyse their culture and stop negative impacts this may have on the cultural rights of Indigenous communities' (35). Cultural safety is an underpinning of culturally competent practice and service.

1.1.7   State-wide coordination whole of government activity

The Family Violence Interdepartmental Committee had a broad membership, and was co-chaired by a Deputy Secretary of the Department of Planning and Community Development and senior police representation. It had senior and collective responsibility for driving the reform work across government.

Prior to the 2010 election, the then Family Violence Reform Co-ordination Unit was located in the Office of Women's Policy in the Department of Planning and Community Development (DPCD) – it was the coordinating body for the reform process. OWP had no direct service provision responsibility. This independence from service funding responsibility was regarded as a critical success factor. It has a clear mandate to drive the reform process without existing interests as a direct service provider.

It acted as an honest broker to get good whole of government outcomes and maintain a clear systems focus and was regarded as critical to the success of the reforms.[5] It provided a platform to build trust to develop a successful whole of government Expenditure Review Committee (ERC) proposal in 2005-06 launch the long term reform process.

1.2   Policy Hiatus

Following the 2010 election, the incoming government considered policy and governance directions for family violence Consultations about these directions took place in early 2012, with *Victoria's Action Plan to Address Violence Against Women and their Children 2012-2015* (Action Plan) being announced in September 2012.

The long silence from government about its intentions for family violence reform from the end of 2010 to September 2012, and the delays in establishing new governance processes, cost the reform process direction and momentum.

The Action Plan brought together the previous work areas – the family violence reforms, primary prevention work, and sexual assault reform into a single work plan. This, along with the loss of an overarching vision and focus on this work, resulted in the dilution of the work in all of these areas to support women's safety, recovery, justice and respect.

This was particularly reflected in the governance structures leading the Action Plan. From 2010 to 2014, the issue was overseen by the Minister for Community Affairs, with no formal involvement of ministerial colleagues. The Minister established a new level of governance – a Ministerial Advisory Group on Violence against Women and Children - which provided advice to ministers about issues relating to violence against women and their children, family violence and sexual assault. This group met biannually.

The Action Plan lacked an overarching social and justice policy framework. At a policy level, the Action Plan was not integrated with the other relevant social policy areas that were under review within DHS at the time, such as housing and homelessness reforms, mental health, alcohol and other drug and Child Protection. There were no linkages made at a governance or practice level.

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[5] Ross, Stuart, Frere, Marion, Healey, Lucy & Humphreys, Cathy. (2011) 'A whole of government strategy for family violence reform'. Australian Journal of Public Administration 70 (2): 131-142. doi:10.1111/j.1467-8500.2011.00717.x, p.139

In the meantime Services Connect models have been rolled out which aim to offer a 'one-stop-shop' for human services in a region, premised on the idea of breaking down silos of service delivery and dealing with the range of presenting issues for which a client or family group may seek help from DHHS funded services.

Services Connect models are currently being implemented and Children and Youth Area Partnerships have been established in some regions. DV Vic is aware that at the time of making this submission, our members across the state are experiencing the practical effects of these, which have been developed without any consistent understanding of, or indeed any requirement to have any regard for the nature and dynamics of family violence, in their work, nor the specialist role of family violence agencies. This puts women and children's safety at risk.

The vision and clarity of purpose to uphold women's safety must be reasserted. It is a fundamental human right which women across our state do not have.

Focusing government on women and children's safety to organise its work and its investments is the only way we will reach our objectives to reduce the harm and suffering of thousands of women in Victoria.

1.2.2   Reversion to Portfolio Interests

As part of the Action Plan, the Minister for Community Affairs established an independent Ministerial Advisory Group on Violence Against Women and Children in 2013. The promise of this forum to strengthen whole of government support and accountability from other ministers or their departments was not realised. At a departmental level, DHS and Victoria Police co-chaired the Ministerial Advisory Group on Violence Against Women and their Children which met to discuss issues but the group had no formal advisory role and had no influence on government policy.

The Action Plan included a number of initiatives that were welcomed. However, the sector was concerned that some initiatives were not supported by the evidence on responses to women and children experiencing family violence, or holding men accountable for their use of violence. While some departments undertook discrete consultations about those issues – such as the Failure to Protect legislation, Services Connect, the Vulnerable Children's Strategy – the consultation process did not engage existing whole of government governance and consultation mechanisms. This meant that the important conversations about the impact of one part of the system on others did not occur, and ministers and departments retreated to their 'home silo'.

In summary, the strong statewide governance arrangements that had led and supported the family violence reform withered in recent years, as did genuine community consultation at a statewide level.

1.2.3   Impact on Regional Governance and the work of integration

Consequently, the state has provided little leadership and shown limited ambition for regional governance arrangements on family violence systems issues in recent years. The connection between statewide and regional governance processes has all but disappeared.

The decentralised approach, while allowing for local variance and differentiation also created significant inconsistency in practice between the regions. This remains the situation today. There are significant differences in

roles and approaches to family violence from region to region. This has also translated to a marked difference in the roles and responsibilities of Regional Integration Coordinators between regions.

In 2013, The Department of Human Services issued the Regional Family Violence Integration Governance Model [Attachment A] which was welcomed by the regions. Following a consultation process supported by DHS, this document provided guidance about the internal functioning of the Regional Family Violence Committees, roles and responsibilities – drawing on good practice that had emerged across the State, and seeking to build more consistency in the model. This was welcomed by the regions as an important step to build an integrated family violence system that provides consistent, evidence- based responses to women and children experiencing family violence. However, without statewide leadership – it is unlikely that this consistency and standardisation will be achieved.

Moreover, there has been a proliferation of place-based initiatives in regions, most notably Services Connect. These have been developed without consideration of family violence at a policy or practice level at a statewide level. The implications of this are now rippling through the regions – where women and children live and where justice and services are accessed.

At the same time, a number of family violence Regional Integration Committees have continued to build on the evidence on the need for systems approaches to address family violence in their regions. Regional Integration Committees are involved in planning, developing and implementing a range of innovative programs with potential for replication across the state.

For example, one metropolitan region has developed the following initiatives: in evidence and practice through initiatives such as these examples from the one metropolitan region:
  – **Counselling and Support Alliance:** A coordinated regional framework for the planning, implementation and evaluation of family violence counselling and group work via community health services and key family violence services.
  – **Mental Health and Family Violence Partnership Project:** Over a 10 year period, brought mental health (both clinical and community services), family violence and sexual assault services together to work towards better cross-sector collaboration.
  – **Families@Home:** A multidisciplinary, early intervention initiative to keep women and their children safe and secure in their homes.
  – **Whittlesea Community Connections:** An integrated place-based family violence prevention and response model, tailored to the multicultural community of City of Whittlesea.
  – **Costing case study:** Research by Dr Kristin Diemer and factsheet highlight that the long-term cost of a crisis-driven model is almost twice that of a best-practice service response.

Tools for integration:
  – **Family Violence Help Cards:** Business card sized resources with information to help a woman who is experiencing family violence (women's help card) or a man who is perpetrating violence (men's help card). The help cards have been translated into 14 community languages and have been adapted for the Aboriginal community.

Regional induction: Bi-annual induction sessions for workers who are new to the region or to the family violence sector.

- **Integration forums:** Quarterly forums to explore and strengthen integrated responses in a range of priority areas (eg children, responding to men)
- **Intake pathways and governance mapping:** Documentation of pathways into the family violence system for women, children and men and mapping of regional governance arrangements.
- **Identifying family violence training:** For generalist workers to increase their understanding and recognition of family violence, gain strategies to respond to disclosures and learn about appropriate referrals.
- **Week Without Violence:** A worldwide campaign which aims to raise community awareness of family violence. Services in Melbourne's northern metropolitan region are resourced to facilitate events for women, children, men and their communities in the third week of October.
- **Website:** A hub of information for workers supporting women's and children's safety in Melbourne's northern metropolitan region. The website features a service, events and training, intake pathways and resources for working with particular client groups.

Reflections

Victoria has had the benefit of a concerted, collaborative reform process. Where it worked well, it was effective in driving substantial and constructive change in Victoria. At the same time, it was substantially reliant on a collaborative good will. At departmental level, whole of government coordination to implement the government agenda was dependent on the capacity and mandate of the Office of Women's Policy to negotiate across portfolios.

In 2005-6, a successful whole of government budget bid was submitted which underpinned substantial aspects of the family violence reforms. Other important aspects of reform were undertaken by individual portfolios in consultation with the whole of government approach.

Ultimately however, there was a need for a single point of accountability for this work. The term 'accountability' is used here to reflect the pressures or parameters within which decisions must be made, requiring that there is a holding to account (compliance), giving an account (transparency) and taking account of prescribed issues or incidents (responsiveness).

There are a range of models and approaches that might be considered to create a single point of accountability for family violence responses in Victoria. These might include legislative and statutory approaches the set out clear expectations, roles and accountabilities for all portfolios. It would be important to any model to embed accountability carefully to ensure that the intended accountability would not be eroded.

The recent appointment of Australia's first Minister for the Prevention of Family Violence in Victoria is a very welcome first step in building a more robust accountability structure. This new Ministerial role however requires clear authority in respect to the whole of government approach to family violence including a decision-making role in funding services and programs that fall within the family violence remit.

Part 2: Considerations for governance

Based on the experience of DV Vic's members and engagement throughout the family violence reform period, this submission proposes the following:

2.1   A shared vision – The need for clarity at all levels of governance

In essence, the aim of the reform process, as first proposed by the Family Violence Statewide Advisory Committee in Reforming the Family Violence System in Victoria 2005 was to increase safety for women and children; to improve accountability for those who use violence; and to uphold the agency of women.

> The system's first accountability is to the women and children of Victoria who have and are experiencing family violence. Political will and funding must back that accountability.

The way in which this was to be achieved was to build a system of multi-agency and integrated response to family violence – in Victoria, this has become known as the integrated family violence system. These aims remain as relevant today as they were a decade ago.

We are at a point where the Victorian Government and partners must re-commit to building the integrity of responses to family violence in Victoria. Over recent years, work to provide seamless responses has been diluted through a lack of government focus and leadership. At the same time, lack of attention to this system in recent years, combined with high levels of family violence incidents are currently overwhelming the family violence system. This has dire consequences for the ways we manage the risks facing women and children living in danger, and dangerous men.

A clear and unequivocal statement about family violence including its gendered nature, and its causes, is critical to informing how we address it. To address and ultimately reduce family violence, we must maintain a disciplined focus on its determinants and a singular emphasis on managing risk to enhance safety.

A driving purpose and vision is needed to guide strong ministerial leadership and accountability. The accountability must extend beyond human services and traditional justice responses. The recent experience in Service Connect pilots provides convincing evidence that individual portfolios must be accountable to uphold and promote this vision. Tinkering with specific services or programs without regard for their implications for the wider system cannot happen. Too much is at stake.

This vision and the need for accountability should inform the structure and role of statewide and regional governance arrangements.

Recommendation 1.
The original guiding principles that underpin the integrated family violence system should be reaffirmed and be re-established as the yardstick for all decision-making and policy development: the safety of women and children; the accountability of men who use violence; and the agency of women.

2.2   An Independent Authority

Oversight and monitoring of the family violence system is an issue of perennial consideration for those involved in the system's governance. In the early days of family violence reform, this responsibility was established to sit with the relevant Ministers with responsibility for whole-of-government coordination provided by the Office for Women's Policy. However, more recently and largely due to the policy hiatus since 2010, this function has fallen away and resulted in ambiguous lines of accountability and a lack of system oversight.

In context of this year's Royal Commission ideas about an independent statutory authority responsible for the oversight of the family violence system have been proposed. Critically, this independent body would be protected through legislation from changing governments and their relative prioritization of family violence.

From DV Vic's perspective the purpose of establishing an independent authorising body would be to set the standards and key performance indicators by which all aspects of family violence prevention and response would be measured. It would monitor and evaluate the operation and effectiveness of the system and advise the government and other stakeholders accordingly. Having such an authority in place would also serve to introduce specialist and evidence-based family violence expertise into decision-making processes, build in long-term sustainability and guard against the vagaries of shifting political agendas and administrations.

In the current system, peak bodies including DV Vic provide some of this function, through leadership, advocacy and representation and ensuring a continued focus on the best interests of women and children in decision-making. Peak bodies set the practice standards by which their respective members should adhere, however they do not have a regulatory or compliance monitoring relationship with member agencies and no capacity to formally monitor or oversee practice nor collect data. An independent body would be able to establish a regulatory function that is currently not present in the family violence system.

DV Vic supports the need for such an independent statutory body. We are aware of two suggested models for such a body: a Women's Safety Commission and an independently funded statutory authority similar to the Victorian Traffic Accident Commission (TAC) and believe that both merit consideration.

However, we strongly believe that it is important that the establishment of an independent family violence oversight body, irrespective of form does not obviate government's role in adequately funding services across the system and its responsibility to keep women and children safe and hold perpetrators accountable for their use of violence. It should not replace, but complement the role of peak bodies whose role it is to represent and advocate for the best interests of women and children experiencing family violence and the agencies that support them.

Importantly the establishment of any such entity should be informed by broad consultation with the family violence sector, as its role should be to enhance and support quality practice - not to police the system.

> ### Recommendation 2.
> That an independent statutory authority with oversight responsibilities for the family violence system be established as a key element of the statewide governance structure, to facilitate integration, best practice and quality assurance across the family violence system.

> **Recommendation 3.**
>
> That the Royal Commission considers models and functions of independent statutory bodies to recommend the best option for the Victorian family violence system.
>
> **Recommendation 4.**
>
> That the Royal Commission defines the role of peaks bodies and their role in the integrated family violence system.

2.3   A Systems Approach

In Victoria, the family violence reform aimed, over time, to make "any door the right door" for a woman experiencing family violence to seek support, whatever her situation and wherever she lives.

The intention of the reform process was to build an integrated system so that the woman did not need to navigate her way around a service and justice system, to retell her story to each service provider, but that a client focused, wrap around service supported her to live a safer life.

Early in reform efforts, work began to build what became known as the integrated family violence system. This system had three broad key entry points for women to report their experience of family violence.

Justice and Statutory Services	Specialist Family Violence Services	Mainstream Services
Police intervention	Case management	Education
Court	Practical support and counselling	Health care and mental health services
Correctional services	Housing	Drug and alcohol services
Child Protection services	Peer support	Family services
Legal services	Healing centres/Indigenous family violence initiatives	Disability services
Victims' support services	Men's Referral Service	Centrelink
	Men's Behaviour Change	Immigration services

During the reforms, the integrated family violence sector predominately comprised Victoria Police, Courts, specialist family violence sector, housing, family services, and Child Protection. Other allied agencies such as Aboriginal services, community legal, and homelessness services were also involved.

Participating in designing and implementing the new system, at a state and regional level, reform brought together justice and human services.[6] These ranged from women's services, men's services, CALD agencies, children's and young people's services, and service provided for Aboriginal communities by Indigenous organisations and agencies. Police and the Courts have been central players in the integrated system at a state and regional level.

> *"Integrated systems build jurisdiction-wide models that encompass multiple tiers of management, changes to core agency practice, diverse aspects of service delivery, shared protocols and, often, integrated courts and a legislative base. Integrated systems are exemplified by the state-wide strategies established in Victoria…"*
>
> Understanding Domestic Violence and Integration in the NSW Context: A Literature Review, prepared on behalf of UNSW Global Pty Limited by the Australian Domestic and *Family Violence Clearinghouse*

Whichever agency or service a woman reported to, it was expected that it would have an appropriate understanding of family violence, knowledge of risk assessment and management, and make referral decisions based on an accurate understanding of the risk she faced.

DV Vic's submission on family violence specialisation discusses the role of specialist services working in partnership with universal services to develop effective early intervention approaches. This involves ensuring that universal services such as community health, hospitals, schools, Centrelink and ambulance services, are working from a specialist knowledge and practice framework.). Work is needed to develop a strategic statewide framework for early intervention that encompasses knowledge, systems, capacity and accountabilities across all sectors that work with women and children experiencing family violence.

In building a systems approach, responsibility for integration must be held by all involved and at all levels – from ministers to front line workers – individually and collectively.

During the family violence reform period, this saw legislative changes, policy, standards and protocols, practice and funding models. In simple terms, these changes were the beginning of a reform process to make it everyone's 'job' to integrate. From the perspective of government and community organisations providing responses to women experiencing family violence, 'integration' is a critical concept.

> *"Integration of services is more than co-ordinated service delivery – it is a whole new service. Co-location of agencies, agreed protocols and codes of practice, joint service delivery, agencies reconstituting or realigning their core business to confront the challenges posed by a broadened conception of the problem: these are the key indicators of an integrated response."*
>
> Family Violence Statewide Advisory Group, Reforming the Family Violence System in Victoria 2005

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[6] A range of policies and guidance documents have been developed to support this implementation. In particular, the document Guiding Integrated Family Violence Service Reform 2006-2009 effectively served to guide and support the work of the regional partnerships as they implemented the new approach to family violence over the previous three years. It provided a statewide framework within which local changes to services were planned, developed and implemented.

In its report for the NSW Government, UNSW Global said "A final barrier to effective integrated responses is a lack of additional resourcing. Although agencies drawn into initiatives are in general already involved in responding to domestic violence, collaboration takes time and requires support. Furthermore, although in the long-term the incidence of abuse and, therefore, demand for services declines, in the short-term the provision of improved responses should, and in general does, increase detection, reporting and responses to domestic violence, which puts additional demand on services. Even initiatives such as multi-agency risk assessment strategies which operate through regular meetings between existing services draw heavily on resources and flounder without additional resources (Robinson 2006; Marshall, Ziersch et al. 2008). It has been noted that even relatively modest injections of resources can make the difference to a strategy's ability to achieve real gains (Gondolf 2009)."

Understanding Domestic Violence and Integration in the NSW Context: A Literature Review, prepared on behalf of UNSW Global Pty Limited by the Australian Domestic and Family Violence Clearinghouse 19 October 2010, p.18

Building an integrated system is critically dependent on policy, legislation, guidelines and practice across the service system agreeing on what that means, how to implement it, and who was responsible for what to achieve safety and accountability outcomes.

It is important to get the balance and timing between the changes to the overall policy and legislative environment, and practice reform on the other. Both are needed and interdependent.

The experience from previous family violence reforms showed that system integration requires resourcing committed and continuous leadership time.

These are prerequisites to develop relationships and build shared vision, shared work and shared responsibility, collect and share data, and continuously re-focus people on the system, rather than their piece of it. This is work is time consuming as it cuts across people's 'day jobs'. This is true at every level of activity, from senior statewide whole of government engagement to the everyday work of Regional Family Violence Integration Coordinators. To build a sustainable system, this vision cannot rely on good will alone.

Recommendation 5.

That the work to build a functioning integrated family violence system (across government and non-government partners) – including a focus on effective risk assessment and management platforms, sustaining a skilled workforce, improved data collection, management and analysis - is prioritised and appropriately resourced.

Recommendation 6.

That the Royal Commission defines the portfolios relevant to the whole of government approach to family violence (under the purview of the Minister for the Prevention of Family Violence) including: Women's Affairs; Children, Youth and Families; Attorney General; Corrections; Community Services;

Police; Local Government; Aboriginal Affairs and Housing. It should also define the roles and responsibilities of portfolios not historically included in the integrated family violence system such as Education and Health.

Recommendation 7.
That effective governance structures and processes at a statewide and regional level are defined and resourced to ensure that the systems issues are prioritised, and that there are clear lines of accountability for delivering them.

2.4   A Partnership approach built on expertise and evidence

At a systems level, the role of specialist family violence expertise is critical in the wider system and governance structures alike. Their expertise on family violence, as well as their experience of 'what works', is critical to realised fully integrated and effective family violence system. Risk and crisis situations are not the same but are often easily confused by non-specialist service providers – this has implications for where specialisation sits in at the statewide level, and how it is engaged at the regional level in both governance and practice.

Bringing together diverse sectors and government agencies to prioritise the safety of women and children has been a significant achievement has been the core business for the specialist family violence sector.

The specialist sector has a role to maintain a critical watch over the system, to monitor its gaps, themes and challenges, and to push for continuous improvement. This requires enormous energy and commitment.

In particular, women's services exist because they support traditionally neglected, marginalised groups. It takes time and resources for specialist organisations, including Aboriginal and Torres Strait Islander and CALD services and programs, to build trust within communities and support women to engage with these services despite significant barriers and often generations of traumatic experiences with the services and justice system. It is due to this advocacy for women and children experiencing family violence that specialist services influence systems-level thinking.

Collaborative forms of government and shared accountability need different decision making processes, different levels of consultation, negotiation of shared understandings at all levels of policy deliberations. These reforms must be resourced and prioritised through clear accountability and performance management at every level.

Recommendation 8.
That the governance structures for a fully effective and integrated family violence system are informed by specialist family violence knowledge and practice framework.

2.5   Clear roles and Responsibilities

In addition to the need for a single point of accountability, DV Vic offers the following reflections on the levels at which responsibilities have been assumed.

2.5.1   Systems Accountability

Clear roles and responsibilities for governance at the statewide and regional levels are critical. This is equally important for cross portfolio issues including data collection and analysis, information sharing to manage risk, workforce development and so on. Throughout the reform process, no one 'owned' these issues. There have been collaborative attempts to address them, such as the Department of Justice support for the Victorian Family Violence Database, contributions to the SAFER Research Program, amongst others, but there is no single point of accountability for addressing them in Victoria.

In the absence of state government focus on systems issues in recent years, Regional Integration Committees have continued to work on these issues at a local and regional level, however, many of them are beyond the influence of regions.

Without the state assuming responsibility for shared issues, inconsistencies across regions will be inevitable and ensuring the uptake of good practice will be ad hoc. This in turn, will undermine consistent risk management practice across the state.

2.5.2   Regional Accountabilities

Strong partnership at a regional level has been a critical factor in building integrated family violence systems. It is at the regional level that integration is made a reality in the front line of services and justice provision. Regional innovation driven by the Regional Family Violence Integration Committees has been critical in building evidence and practice throughout the reform process.

It is DV Vic's view that the focus must now be on building statewide consistency to ensure that risks for women and children are identified and managed effectively where ever they live.

Regional Integration Committees across the state have brought together expertise from women's and men's family violence services, family services, women's health services, police, Corrections, court services, Aboriginal health services, community legal services, homelessness services, youth services, disability, CALD services, and local governments. Some have worked more strategically than others and achieved more; but all have been affected by the 'drift' in government focus on a strong systems approach to family violence.

Regional Integration Committees have overseen the development of information sharing, cross sectoral professional development, referral pathways, innovated and developed joint and complementary practices – all with the aim of improving the safety of women who live in their regions.

DV Vic believes it would be strategically sound to use these existing structures to build consistency of risk management across the state. We can leverage off the current governance bodies to strengthen place based service provision and provide the right platforms to consider the next steps for the state-wide high risk models under development, or indeed any initiative that has implications for any aspect of risk management.

It cannot be left to the persuasiveness of various RICs or other individuals in regions as to how engaged other players are in the region on systems issues. Integrated state endorsed platforms to support women and children's safety and perpetrator accountability, require articulated standards for agencies and regional groups to act and be accountable within the integrated family violence system. These must be clearly stated in policy, guidelines and protocols for service providers. Responsibility at a regional level must be shared. Funding and commissioning of services must be managed with clear performance measures that produce the collaborative systems outcomes needed.

Recommendation 9.
That a review is conducted of the roles and responsibilities of the Family Violence Integration Committees and the Regional Family Violence Integration Coordinators with a view to strengthening consistency and alignment across regions.

Recommendation 10.
That the Regional Family Violence Integration Model is further developed to a Practice Framework for RICs to include protocols and practice standards on information sharing between RICS, community and agency engagement, recruitment and reporting.

Recommendation 11.
That the Practice Framework sets out specific objectives for family violence as it relates to other regional committees with overlapping stakes in the local family violence response including: Crime Prevention, Services Connect, Children's Partnerships and other relevant bodies, to ensure governance alignment.

2.5.3   Portfolio Accountabilities

Learning from the family violence reform process, integration cannot be left to chance if we are to have consistent approaches across the state.

In recent years, the State has stepped back from driving the family violence reform process. At the same time, there has been a decentralisation of a wide range of government services and decision making. In the family violence area, this has been accompanied by a reversion from whole of government to individual portfolio approaches – most notably by the then Department of Human Services and the Department of Justice. Decentralisation of key portfolios has not always been accompanied by expertise or understanding of family violence issues. This has been further exacerbated by the rationing of the public sector over recent years and which has resulted in a significant loss of relevant corporate knowledge.

The Royal Commission provides an opportunity to consider building in accountability mechanisms to funding and commissioning models to support good safety outcomes for women. Government commissioning of services through Funding and Service Agreements should proscribe adherence to minimum standards and build in sustainable levels of specialist expertise in responding to family violence, as well as clear and specific requirement

for systems wide collaboration (please see Section 4.6 of DV Vic's submission – *Specialist Family Violence Services: the heart of an effective system* for our recommendations on standards and quality assurance).

Moreover, the accountability structure for funding and commissioning decisions must accommodate the diverse needs of women and children experiencing family violence, in particular those cohorts of women known to experience higher rates of family violence.

Recommendation 12.
That professionals working in the integrated family violence system, including within government departments are mandated/supported to undertake 'introduction to family violence' training in order to ensure consistent levels of understanding of the issue.

Recommendation 13.
That gender literacy training is made compulsory for all public service positions, parliamentarian and their staff, to ensure that all policy, programs and legislation routinely subjected to a gender analysis.

2.6   Risk as an organising principle

More than a practice tool, the Family Violence Risk Assessment and Risk Management Framework (CRAF) has provided a solid platform for integration across the various sectors comprising the integrated family violence system in Victoria. It is underpinned by a strong evidence base and robust consultation process. It has provided the basis for a shared understanding and approach to assessing levels risk across a diverse range of sectors that address risk factors associated with family violence.[7]

The CRAF has been regarded as a practice tool rather than the Framework it was initially designed as. The Framework elements of it underpinned the development of the 10 Year Strategy A Right to Safety and Justice 2010-2020 which merits revisiting.

While the CRAF is frequently upheld as one of key successes of the family violence reform, seven years after its introduction in Victoria there are concerns about the patchiness of its implementation across the sector, with many services adapting CRAF and/or using alternative risk assessment tools. This risks the original intention of CRAF: to guide consistent approaches to family violence risk assessment and risk management, as well as supporting the process of integration. It is our view that this cannot be left to go unchecked; the occasion of a Royal Commission provides opportunity to reaffirm CRAF as the common framework for Victoria and to indeed mandate and embed its use.

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[7] In Victoria, the integrated family violence system is comprised of Specialist services including, but not limited to family violence case management, practical support and counselling services, homelessness and housing (SHS), peer support, healing centres/Indigenous services, children's services, sexual assault services and men's referral service. Mainstream or universal services include, but are not limited to, education, healthcare, mental health services, drug and alcohol services, legal services, family services, disability services. Refer to the Common Risk Assessment and Risk Management Framework for more detail.

However, it is critical that CRAF is reviewed to remain current and relevant to emerging trends and changing environments. DV Vic frequently hears that content gaps and lack of up-to-date evidence risk CRAF's relevance and currency. We therefore support calls for a comprehensive review of the CRAF, with focus on both content gaps and implementation across the state. This needs to start with mapping its implementation – to establish which sectors and agencies are using CRAF; the extent to which CRAF has been embedded into those areas; and to consider whether the CRAF's three levels of risk assessment are appropriately pitched at different professional groups.

Further, DV Vic supports the recommendations of Domestic Violence Resource Centre Victoria (DVRCV) for the development of family violence risk assessment benchmarks and core competencies across relevant sectors and professional groups. By building these measures into accreditation systems it will over time ensure greater quality, consistency and accountability for all professionals engaged in family violence service delivery.

Recommendation 14.
That the Victorian Government undertakes a comprehensive review of the Family Violence Risk Assessment and Risk Management Framework (CRAF) to include: mapping current use; addressing content gaps and providing additional guidance; establishment of an effective authorising environment to support consistent implementation.

Recommendation 15.
That the Family Violence Risk Assessment and Risk Management Framework is reviewed regularly to ensure currency and its use mandated for all core services in the family violence service system.

2.7   Data Collection and Sharing

Data collection and sharing is a key issue for governance of the family violence system. The capabilities of the present data collection and data sharing arrangements across the family violence field in Victoria are extremely limited. This is widely recognized as a significant shortcoming in the state's response to family violence and requires urgent attention. It is difficult to achieve a comprehensive picture, or cross-sectoral view of family violence in Victoria, both at a systemic level and for individual clients.

At a systems level, the current approach means that there is lack of access to real time, meaningful and comparable data about how the integrated family violence system is working, where the bottlenecks, gaps and greatest needs are, and how this compares across regions.

Different sectors utilise different data collection systems and reporting mechanisms; for example, specialist family violence services are required to use the SHIP, a homelessness platform, which fails to capture critical information about family violence risk. There are compatibility issues between the system's respective databases where data cannot be shared across Police, Courts, and DHHS funded services. This results in silos of isolated data that are not able to be shared easily, if at all, for the purpose of protecting women and children's safety and monitoring perpetrators.

The Victorian Family Violence Database Trend Analyses undertaken by the Department of Justice attempts to broach these data divides and it has been a very welcome resources in the absence of a unified data collection system. However the deficits in the current system have restricted its scope as well. Victoria's Minister for the Prevention of Family Violence has also sought to tackle this issue by commissioning work on the development of a Family Violence Index, which aims to bring together existing data sources to establish a cohesive picture of family violence. DV Vic commends the intention of the Family Violence Index, however, the mechanisms for the collection of data by services at a local level and how this data will inform the Index and vice versa, will need to be examined.

While it is critically important to investigate mechanisms to make existing data system compatible, the development of a universal data system that has information about family violence risk as its operational centre and can be utilized by all parts of the family violence system, would be a ground breaking. The Royal Commission provides an excellent opportunity to drive the development of such a family violence data system.

Recommendation 16.
That the Royal Commission analyses the current data challenges for the integrated family violence system in Victoria – including gaps in information – and provides solutions.

Recommendation 17.
That the Royal Commission provides solutions to better integrate existing data sources used by different parts of the family violence system

Recommendation 18.
Consider the creation of new data collection platforms that capture relevant information for family violence.

Recommendation 19.
That any new measures required to evaluate the effectiveness of the family violence system are developed in consultation with the sector to ensure they are appropriately targeted with matching data systems capability.

Attachment A – DHS Regional Family Violence Integration Governance Model

Attachment B – ANZSOG Case Study

Regional Family Violence Integration Governance Model

Introduction

Family Violence Regional Integration Committees provide regional leadership on service integration and planning.

This governance model is intended to improve clarity about the roles and responsibilities of Family Violence Integration Committees, committee members (including chairs), Regional Integration Coordinators and auspice agencies.

The governance model aims to describe the key elements of each of the roles and responsibilities in sufficient detail so that these functions can be carried out in a consistent way across the integrated family violence system. Seeking the right balance between consistency overall and maintaining sufficient flexibility to accommodate different circumstances, such as those of rural and metropolitan regions, has been a key consideration in the development of the governance model.

Family Violence Regional Integration Committees will identify their preferred approach to regional coordination. In some areas this role will be coordinated through sub-regional partnerships. Each Family Violence Regional Integration Committee has an identified auspice agency to employ the Family Violence Regional Integration Coordinator (RIC) and act as fund holder for the Family Violence Regional Integration Committee.

Regional Integration Committees identify and prioritise local and regional family violence issues within the state-wide policy reform framework and focus on regional work to achieve improved integration of family violence services and coordination with other key sector services.

Key elements of the regional governance model are as follows:

1. Provisions to be included within the Memorandum of Understanding.

2. Provisions to be included within terms of reference for Family Violence Regional Integration Committees.

3. Role statements for the positions of Family Violence Regional Integration Coordinator and Family Violence Regional Integration Committee Chair.

4. Role statements for committee members, auspice agencies and DHS regions.

5. A communications matrix.

6. Provisions to be included in the terms of reference for Family Violence Regional Integration Leadership meetings.

7. Family Violence Regional Integration Leadership meetings.

Department of Human Services

1. Provisions to be included within the Memorandum of Understanding

It is expected that all Regional Integration Committees will have a Memorandum of Understanding (MOU) in place that has been agreed and signed by member agencies of the Regional Integration Committee. The MOU should act as the key partnership document for the Committee, outlining how the regional partnership (and committee) will function and the responsibilities of signatory agencies.

At a minimum, the MOU should include the following:-

- Background to the MOU.

- Purpose and scope of the MOU. This should include a statement regarding the overarching values, objectives and principles agreed by the signatory agencies.

- Definitions.

- Membership of the committee.

- Responsibilities of partner agencies. This should include the following provisions:-

    - Commitment of agencies to the development, implementation and review of the regional strategic plan.
    - Commitment of the agencies to attendance at the Regional Integration Committee. This should include a commitment to ensuring that agency representatives on the Committee are of sufficient seniority to make decisions on behalf of the agency.
    - Information-sharing (e.g. in relation to the provision of anonymised agency data to support the strategic planning process) and communication between signatory agencies.
    - Reporting and linkage responsibilities that individual agencies have adopted in relation to other key sector networks, forums in partnerships (e.g. Child and Family Alliances). These roles may be included as an addendum to the MOU.

- Structure, function and purpose of the Regional Integration Committee. This should include the following provisions:-

    - Communication processes between the regional committee and any sub-regional or working groups that form part of the committee structure
    - Role of the Chair, the process for selecting the Chair, the period of tenure and the induction process for new Chairs
    - Role of the RIC
    - Outline of the meeting structure (as outlined in Section 2 below)

- Education and sustaining the MOU. This should include a process for communicating the provision of the MOU to relevant staff within signatory agencies and the inclusion of the MOU in the induction pack for new Regional Integration Committee members.

- Dispute resolution process. This should include the following provisions:-

    - Process for resolving conflicts of interest involving the Chair of the Regional Committee and committee members (both conflicts of interest self-identified and those identified by other committee members)
    - The role of the Deputy Chair of the Regional Committee if the conflict of interest relates to the Chair also representing the Auspice agency

- Terms of understanding (e.g. duration of the MOU, process for termination)

- Annual review and performance monitoring process, in relation to the functioning of the MOU. This should outline the indicators for the successful implementation of the MOU.

- Annual review of the functioning of the Committee, utilising a partnerships analysis tool (e.g. partnerships matrix developed by the SAFER partnership)

2. Provisions to be included in the terms of reference for Family Violence Regional Integration Committees

Purpose of the Committees

Victoria's Action Plan to Address Violence Against Women and Children – Everyone has a responsibility to act provides the policy context and *Guiding Integrated Family Violence Service Reform 2006-2009* the guidelines for state-wide family violence reform priorities.

The purpose of Regional Integration Committees is to identify and prioritise local regional issues within the state-wide reform framework and develop an agreed Strategic Plan and Action Plan (as defined in *Guiding Integrated Family Violence Service Reform 2006-2009)* focusing on and leading regional work to achieve its priorities to drive greater integration of family violence services.

Structure of Regional Integration Committees

Structures should reflect the right balance between DHS funded service representatives and other key service and sector representatives. Regional Integration Committees should adopt meeting processes that gain commitment and meaningful contribution from all agency representatives.

Structures should also have the capacity to focus on specific components of committee business, including strategic planning, identifying and addressing operational service system issues, and supporting and promoting coordinated practice.

Accordingly, executive, sub-regional groups and working groups should have a clearly defined purpose, a description of the scope of decision making for each group, and a clearly described process for the intersection and communication between these groups within its structure.

Structures should be reviewed as part of the broader annual review of the Memorandum of Understanding to ensure they facilitate the purpose of Regional Integration Committees.

Membership

Regional Integration Committees should ensure strategic planning is grounded in practice reality through an appropriate balance in committee membership (i.e. the representation of all funded family violence service providers and other key service and sector representation).

Members must have sufficient seniority and capacity to represent their agency position, to make commitments to partnership arrangements and to drive Regional Integration Committee priorities within their organisation.

Selection of the Chair

A process for selecting a Chair and Deputy Chair should reflect the decision-making mechanism agreed upon by the Committee members and should be outlined in the MOU. The parameters for who can be selected as Chair are further detailed in section 4 below.

Core members

Core members should include the following:-

- Women and children's and men's family violence services
- DHS – Local Connections Unit Manager (or delegate) and Child Protection representative
- RICs (executive member in a non-voting advisory capacity).
- The RIC auspice/employer agency representative
- Child FIRST and Integrated Family Services (Child and Family Alliance)
- Victoria Police

- Court representatives (Magistrates, Children's and Family)
- Indigenous Family Violence Regional Action Group representative (this could be the Chair, the Regional Coordinator for the Regional Indigenous Family Violence Strategy or a nominated representative from the Group)

Key sector representatives

Key sector representatives should include, but not be limited to the following organisations:-

- CASA
- Disability service providers
- Community Legal Centres
- Housing information and referral providers
- Other services – housing services, schools, CALD services, community and acute health services representatives

Supporting effective representation and contribution

In seeking the ongoing commitment of all members, it is critical to consider how best to support the participation and contribution of other sector representatives. It is important that the right people are at the table for specific planning and decision making relating to their particular sector. A strategic approach is required, particularly in rural areas where managers may sit on several similar coordination bodies.

The challenge is to make membership meaningful in terms of opportunity to contribute and method of participation. Some options for Regional Integration Committees to consider, in addition to conventional representation of committee members, are:

- Inviting nominated members representing other key sectors to meetings where the agenda concerns strategic matters directly related to that sector (i.e. having formal membership status as a sector representative but attending important and relevant meetings by specific invitation). This approach assumes pro-active, timely and strategic use of agenda planning.
- Convening joint sessions with other coordination/integration bodies such as Child and Family Services Alliances etc., as determined by strategic priorities. These sessions may have a strategic, operational or practice focus.
- Giving a portfolio responsibility to Regional Integration Committee members who sit on other key groups/bodies. These members should then provide a linkage with that group and report to and from each group/committee. Where this approach is employed, the portfolio role should be clearly documented as an addendum to the MOU, with the portfolio roles updated as part of the annual MOU review. A standing agenda item at all Regional Integration Committee meetings should then be established to enable members with key portfolios to report back to the Committee regarding meetings they have attended and to seek input into future meetings.

Role of committee members

The role of a committee member is to provide leadership within their organisation (and sector) on the priorities identified within the Regional Integration Committee's Strategic Plan. The role of the representative of the auspice agency is no different to other committee members and has no more or less influence on Regional Integration Committee decisions than any other member.

Individual Committee members have a responsibility to:

- Contribute knowledge and expertise about their service/service sector and any specific issues experienced by that sector
- Provide relevant organisational data in support of the Committee's strategic planning process (and in line with the Memorandum of Understanding)

- Inform approaches to improving service system responses
- Advise on practice and operational issues impacting on services
- Identify opportunities for addressing emerging issues and trends
- Implement relevant actions in the strategic plan

Members should be active participants in the work of the Regional Committee, with member agencies committed to maintaining consistency in representation.

Representing the Regional Integration Committee at cross sectoral and other forums and events will be shared across committee members. Members should be nominated as representatives so as to capitalise on their specialist knowledge and expertise.

Communication

Details of communication processes between groups (e.g. sub-regional groups) that form part of Regional Integration Committee structures should be documented in the MOU.

Schedule of meetings

The scheduling of meetings should align, wherever possible, with state-wide Family Violence Regional Integration Leadership meetings so as to inform the RIC's and Chair's input into these meetings and to enable the RIC and the Chair to inform committee members of state-wide developments.

An annual schedule of meetings should be distributed prior to the commencement of each year.

Standing items

Standing items should include the following:-

- Report from State-wide RICs and Joint RICs and Chairs Meeting
- Key sector portfolio reports
- Other standing items as identified by the Regional Integration Committee

3. Role statements for the role of Regional Integration Coordinator and Chair of the Regional Integration Committee

3.1 Role statement - Family Violence Regional Integration Coordinator

Leadership

The role of the Regional Integration Coordinator (RIC) is one of strategic leadership in steering integration initiatives and activities that support the achievement of the Regional Integration Committee priorities as set out in the Strategic Plan and the Action Plan. As such, all RIC work is directed by the Regional Integration Committee's Strategic Plan. As a minimum, the role of the RIC's is:

- To facilitate the development of relationships that support key agreements and protocols between regional family violence services (women, children and men's services) and other key sectors and services, such as Child FIRST/Family Services, child protection, mental health services, homelessness services, housing services, Courts, Police and the Indigenous Family Violence Regional Action Group.

- To forge and maintain effective formal links with other regional service system coordinators, forums and networks.

The overall objective of these functions is to move cross-system coordination beyond representation on sector groups and networking, taking collaboration to the next level of driving operational and practice coordination. This should then result in demonstrable outcomes and products, such as joint training sessions and reflective practice sessions based on shared sector issues and identified challenges on integrated service delivery.

Governance and committee operations

Communicate and drive the development and maintenance of the structures, processes and relationships that promote the achievement of regional strategic priorities, inclusive of:

- Convening meetings
- Organising joint activities and training
- Informing the Regional Integration Committee of state-wide policy and principles, so that regional strategic outcomes are consistent with state-wide priorities
- Working collaboratively and in association with other key sectors to create shared ownership of joint initiatives around Strategic Plan priorities
- Coordinating and maintaining partnership agreements and work
- Documenting key arrangements on behalf of the Regional Integration Committee
- Providing advice to the Regional Integration Committee to ensure agreements are feasible and remain dynamic
- Acting as a delegate for the Chair or committee, when required by the Regional Integration Committee

Strategic Planning

The development phase of the strategic planning process is supported by the RIC, with the Regional Integration Committee then deciding on regional strategic priorities and actions that align with state-wide priorities and regionally identified needs. Some Regional Integration Committees also have associated sub-regional action plans. Specific tasks within these will form the documented RICs work plan for the twelve month Action Plan period. This work may be represented as a subset of the strategic plan.

It is understood that the RIC is not solely responsible for achieving the whole of the strategic plan. Some priorities are likely to encompass work that partnership organisations are undertaking, either individually or collaboratively, as part of the Strategic Plan. The RIC should:

- Collate regional data that identifies emerging themes and trends across family violence and related key sectors, support of the strategic planning process. This aggregated data should be presented to the Regional Integration Committee in an accessible format.
- Support the annual formal review of the Strategic Plan.
- Support the development and subsequent annual reviews of the Regional Integration Committee MOU and ToR.
- Provide an induction kit comprised of an up-to-date MOU, ToR, position descriptions and other relevant documents to all new Regional Integration Committee members.

Reporting and accountabilities

These include:

- Collating for the Regional Integration Committee the material and evidence for state government required reporting and associated templates.
- Coordinating the report to the Regional Integration Committee on the progress of the Strategic Plan and Action Plan.
- Reporting to the Regional Integration Committee on the progress of key tasks in RIC work plan.

Communications and representation

The RIC plays a key role in promoting a shared understanding and context across key sectors in relation to family violence and in coordinating an integrated system response to family violence. This involves identifying (in association with the Regional Integration Committee) training and development gaps and methods of addressing these. The RIC also serves as a regional coordination point for relevant state-wide initiatives.

The provision and delivery of training by the RIC will depend on relative strategic work plan priorities as defined by the Regional Integration Committee through its Strategic Plan. Generally, the RIC will be instrumental in the coordination of training and development rather than its delivery.

The RIC will:

- Act as a conduit for communication and information flow within the regional/sub-regional partnerships, as well as with other key service sectors.
- Represent the Regional Integration Committee at forums and with other key sectors as nominated by the Regional Integration Committee.

3.2   Role statement - Chair, Family Violence Regional Integration Committee

Introduction

There is variation in the ways that the role of Chair can be carried out and these differences can have benefits for the Regional Integration Committee and its work. The approach taken will be determined by the needs and circumstances of the Committee, as well as by the local conditions it is operating in.

A number of approaches can be used to selecting a Chair, including the following:

- selecting a Chair who also represents the auspice agency of the RIC,
- selecting an 'independent' Chair not representative of any of the partner organisations, or,
- selecting a Chair who is drawn from any member organisation excepting the auspice agency.

It is desirable that representatives of DHS do not take on the role of Chair, except as part of a transition arrangement. The Chair, as a representative of the Committee, is accountable to DHS for the activities of the Committee, and therefore it is seen as a blurring of this line of accountability.

Whilst the principle of flexibility is understood to be important in selecting a Chair, it should not be prioritised above principles associated with good governance and accountability (including the safeguards described below).

The Chair should have a sound knowledge of the family violence service system, as well as strong facilitation and leadership skills that will enable them to undertake the key responsibilities of the role (as outlined below). Alternatively a specific induction process will be designed to address any areas requiring development. The Regional Integration Committee MOU should set out the process for selecting the chair, the period of tenure and the induction process for new Chairs.

In taking on the role of Chair, it is expected that the Chair will have sufficient time allocated by their agency to undertaking the tasks required of them, including meeting preparation, strategic planning and attendance at meetings with DHS and the auspice agency.

The key responsibilities of the Chair are:

Leadership

- To provide regional leadership on state-wide family violence priorities, identifying and prioritising regional strategic goals and focusing the work of the Committee on achieving these goals regional work to achieve these identified priorities.
- To harness the leadership strengths and knowledge of committee members, drawing on their knowledge of regional systems, relationships and processes.
- To plan and chair the Regional Committee meetings. This includes preparing an agenda, supported by the RIC, that focuses on progressing the achievement of strategic priorities as identified in the Regional Integration Committee Strategic Plan and Action Plan.

Strategic planning

- To lead the Regional Integration Committee in identifying the most significant regional issues to be addressed and the ways an integrated partnership approach can have the greatest impact.
- To ensure the Regional Integration Committee is developing and implementing its regional strategic plan in line with and informed by state-wide priorities and reform objectives.
- To ensure regular review of progress made against the Regional Integration Committee Strategic Plan and Action Plan (at a minimum every six months) and oversee any required adjustment (in collaboration with the Auspice agency and the RIC) to the RIC's work plan if regional priorities change.

Accountabilities and oversight

- To ensure the Regional Integration Committee's accountabilities are met through reporting on the progress of the Regional Integration Committee Strategic Plan and Action Plan at regional and state-wide levels.
- To maintain strategic oversight of the alignment of the RIC's work plan with the Regional Integration Committee Strategic Plan and the key tasks set out in the Action Plan. This includes high level discussion with the auspice agency and the RIC about the focus of work to be undertaken by the RIC within the twelve month timeframe of the Action Plan. This process should ensure there is consideration given to the capacity of the RIC (i.e. workload, experience and skill sets) when identifying key pieces of work.

Governance and committee operations

- To ensure that there is a regular review of the Regional Integration Committee MOU and Terms of Reference (ToR). This should occur, at a minimum, on annual basis. The aim of the review process is to ensure committee structures and arrangements are adapted to meet changing conditions.
- To ensure that incoming Chairs are provided with a standard induction kit (inclusive of the Regional Integration Committee MOU, ToR and other relevant governance material), as part of the transition process. This information should also be provided by the Chair to new committee members, inclusive of government representatives and new RICs.

Communication and representation

- To represent, in all internal and external committee communications, the collective view and position of the Regional Integration Committee rather than his or her individual perspective or that of the agency he or she is representing.
- To represent the Regional Integration Committee's view on strategic and policy matters to state-wide bodies and key groups and report back to the Committee. There may be circumstances where this responsibility is delegated to a suitable committee member, making use of the specialist skills and knowledge of individual committee members.

Attendance at meetings

- To attend quarterly meetings with the RIC and the Auspice agency line manager (as documented in the MOU). The purpose of this meeting is to collectively review the RIC work plan (within the context of Regional Integration Committee's Strategic Plan and Action Plan) and to provide a forum to address and resolve any potential issues impacting upon the work of the RIC (e.g. government policy developments that may impact on RIC work plan).
- To attend bi-annual meetings with the Auspice agency, the RIC and the DHS Local Connections Unit Manager (or their delegate).

4. Statements describing responsibilities of auspice agency and DHS local areas

4.1 RIC auspice/employer agency

Introduction

The auspice agency manages a range of important functions associated with the employment of the RIC on behalf of the Regional Integration Committee.

Supervision and staff management

The line management and supervision of the RIC is undertaken by the auspice agency as a means of facilitating the implementation of the Regional Committee's strategic priorities. The work of the RIC will be managed through a work plan that is endorsed by the Regional Integration Committee, and implemented by the RIC under the supervision of the RIC's line manager within the auspice agency. The priorities and tasks should be directly derived from the Regional Integration Committee Strategic Plan.

Staff management is undertaken by the auspice agency and, at a minimum, should be inclusive of occupational health and safety management, training and professional development.

The auspice agency is financially accountability to DHS through its service agreement that incorporates funding for the RIC position and related project funds.

Coordination between the Regional Integration Committee and auspice agency

A scheduled meeting should be held every three months between the RIC, the auspice agency line manager and the Chair. The purpose of this meeting is to ensure alignment between the strategic direction of the Regional Integration Committee and the supervision provided by the auspice agency to the RIC. At this meeting, the progress made by the RIC in relation to their work plan should be reviewed and any issues arising for the RIC (e.g. competing priorities impacting on the RIC's workload capacity and any areas of conflict) should be addressed. In circumstances where the Chair is also the line manager of the RIC, then the Deputy Chair or a delegate of the Regional Integration Committee should also attend this meeting.

Recruitment of the RIC

The auspice agency will manage the recruitment process and include the Chair of the Regional Integration Committee on the selection panel. Where deemed appropriate, sub-regional Chairs may also be included on the selection panel. Where the auspice agency representative and Chair are the same person, then the Deputy Chair should represent the Regional Integration Committee.

4.2 Role of DHS local areas

Facilitating local system integration

DHS Area offices work across a number of service systems and reform agendas. Local area leadership and facilitation of these agendas is viewed as an important function in promoting integration between systems. Local area processes may be already in place, the intention is to consolidate area coordination efforts rather than duplicate these.

DHS areas could facilitate local forums to bring together the area coordinators whose role is to promote and facilitate service coordination across service systems such as RIC, Child & Family Services Alliance Coordinator, Indigenous Family Violence Regional Action Group Coordinator, Early Years Coordinator, FaPMI Coordinator, and Homeless Services Coordinator. Some of these coordinators may already meet; the aim is to promote a systemic regional approach. The purpose of forums/meetings is to provide an understanding of other

systems work as well identify areas of common interest, potential joint initiatives and minimise duplication of effort.

The key aspects of the DHS local area role are in relation to:

Supporting strategic planning

The key strategic planning functions of the DHS area are to:-

- Contribute to the development of strategic planning through the provision of divisional and area service system knowledge and planning data.
- Provide aggregated service provider data at divisional and area level from the DHS IRIS system, as well as Victoria Police and other available data.
- Ensure Regional Integration Committee strategic planning is consistent with state-wide policy priorities and objectives.
- Guide a more comprehensive understanding of and consistency of approach around capacity and demand issues of local family violence services
- Draw on regional family violence service system themes from the One DHS Standards review process and provide these for the consideration of the Regional Integration Committee.

Coordination

The DHS local area will to convene six monthly meetings between the Local Connections Unit Manager (or their delegate), the Chair, the RIC and the auspice agency representative to review the progress of the Strategic Plan and related system issues. The purpose of these meetings is to focus on local system issues and the progress of the Regional Integrated Family Violence Strategic Plan, and Action Plan. These meetings can also include any matters relating to funding for projects allocated to the Regional Integration Committees. These meetings are intended to promote greater accountability and clarity of the respective roles and relationships of the agencies. This is not a duplication of or to be confused with service agreement meetings held between DHS areas and individual DHS funded service providers.

Communication

In order to ensure the timely communication of state-wide information to local areas, the DHS Local Connections Unit is responsible for the maintenance of an up-to-date email list for the RICs, Chairs and auspice agencies, senior responsible manager. The Across-Systems Responses Unit (at DHS central office) should be alerted to any changes so that an up-to-date, state-wide list for the Family Violence Regional Integration Committees can be maintained.

5. Communications matrix for the Regional Integrated Family Violence Governance Model

Communication Between	Mechanism	Purpose
State Government - and - Family Violence Regional Integration Committees	Violence Against Women and Children Forum - two RICS and two Chairs nominated by Combined RICs and Chairs Leadership meeting Representation by RICs, Chairs or Committee delegates on specific state-wide project and advisory groups	**To represent the collective position of regional integration committees on family violence issues at a state-wide level**
DHS and other Government departments - and – Family Violence Regional Integration Committees	Leadership meetings:- • RICs meetings • Combined RICs and Chairs meetings	**To provide a forum for consultation between RICs, Chairs and government representatives** **To inform (through DHS representatives) the Violence Against Women and Children Forum agenda of regional themes** **To enable RICs and Chairs to present local perspective to government representatives, thereby building a state-wide leadership perspective**
Chair - and – Auspice agency	Quarterly coordination meeting between the Chair, RIC and auspice agency	**To ensure alignment of the RIC work plan with the Regional Strategic Plan and resolve any issues arising for the RIC in undertaking their work**
DHS local area - and – Family Violence Regional Integration Committee	Chair, RIC and DHS local area representative meet on bi-annual basis.	**To focus on local system issues and progress of Regional Strategic Plan and Action Plan**
Family Violence Regional Integration Committee - and **Cross sector stakeholders**	**Round table forums**	**To develop integrated practice approaches and facilitate problem solving across service systems**

6. Family Violence Regional Integration Leadership meetings

6.1 Regional Integration Coordinator (RICs) meetings and Combined RIC and Regional Integration Chair meetings

Purpose of the meetings

The overall purpose of the meetings is to bring together in a state-wide forum each region's RIC and Chair in order to share information on the development and implementation of integrated family violence responses and identify common state-wide themes to better inform integration across regions and the state-wide family violence system.

Format for the meetings

In order to support RICs in carrying out their regional role and to consolidate the alignment between RICs and Chairs, the following separate but interlinked meetings should be held:

- RICs meeting
- Combined Chairs and RICs meeting

Facilitation of the meetings

The CEO of DV Vic will facilitate and chair the meetings, conditional upon their capacity to do so. It is an expectation that RICs are individual members of DV Vic, acting as a representative of their Regional Integration Committee at these meetings, rather than of their auspice/employing agency.

Administration of meetings

The final agenda for the meetings will be distributed via email by DVVic. Action notes detailing key decisions and actions to be taken will be recorded and distributed via email by RICs, on a revolving basis. The action notes will inform each RIC's and Chair's report back to their respective Regional Integration Committee.

6.2 RICs Meetings

Purpose

The RICs meeting will provide a forum for RICs to:

- Utilise a joint problem solving approach to addressing specific regional challenges
- Share information regarding regional integration activities, processes, approaches and resources
- Participate in professional development activities
- Provide peer support and mentoring of new RICs by experienced RICs

Membership

All Regional Integration Coordinators are required to attend RICs meetings to better inform integration within their regions and the broader state-wide family violence system.

Schedule of meetings

Meetings should be held on a quarterly basis, with one of the quarterly meetings held over a two day period to allow for identified professional development sessions and extended presentations on regional approaches. An annual schedule of meetings will be distributed prior to the commencement of the year.

Agenda setting

Items for the agenda should be identified at the previous meeting. Agenda items identified after the meeting by individual members should be agreed via email consultation between the RICs and the DV Vic facilitator.

6.3 Combined Chairs and RICs Meetings

Purpose

The combined Chairs and RICs meeting will:

- Identify common themes and practice issues that are impacting on service delivery and enable the communication of a shared view to government, where these issues have implications for family violence policy, programs and system response.
- Provide a forum for initial consultation and information sharing with Regional Integration Committees by government representatives and other key stakeholders regarding specific policy or practice initiatives. This does not substitute for regional consultation, where appropriate. The meeting provides an opportunity for consultation and feedback from an integrated regional leadership perspective, at both strategic and operational levels.
- Strengthen the voice of regional integration committees in arriving at a state-wide perspective on key issues.
- Identify common issues and agreed items to inform the agenda of the Violence Against Women and Children Forum.

Membership

Attendance is by the RICs and Regional Integration Committee Chairs. The Chairs attend on behalf of their Committee and will have delegation to speak on its behalf. RICs may be specifically delegated by their Committee to take on this role in the absence of their Chair. This delegated authority should be declared at the start of the meeting.

Frequency of meetings

The combined RICs and Chairs meeting will be held bi-annually following on from two of four of the scheduled RICs meetings.

Scheduling of meetings

These meetings will be scheduled to occur prior to Violence Against Women and Children Forum meetings so as to enable the group to input into the agenda of the Forum.

Agenda setting

Items for the agenda should be identified at the previous meeting or by email request to the meeting facilitator.

Standing item for the meeting

Update by representatives to the Violence Against Women and Children Forum.

6.4   Link with Violence Against Women and Children Forum

At any one time, two RIC representatives and two Chair representations will be members of the Violence Against Women and Children Forum.

Nominations and responsibilities of representatives to the Forum

Two RIC representatives and two Chair representatives will be nominated at the Combined RICs and Chairs meetings. The representatives are to be drawn from different regions and with equal representation between metropolitan and rural regions.

As a principle, the tenure of representatives should not all conclude at the same time but be staggered to maintain consistency, continuity and quality of representation to the Violence Against Women and Children Forum.

The responsibilities of nominated representatives are:

- To canvass their constituency (RICs and Chairs) at the leadership meetings to identify important collective issues and emerging themes relevant to the state-wide agenda.
- To represent the collective responses of their constituency at Violence Against Women and Children Forum meetings.
- To report back to the Leadership meetings the key issues and agenda items discussed at the Forum.

Victoria's integrated family violence system: from stalling to renewal

"It was a reforming time"

Nine years after the roll-out of Victoria's integrated approach to family violence Rachael Green, Manager Policy and Strategy at the Department of Human Services' (DHS) Office of Women's Affairs, reflected on the 'extraordinary' conditions that led to the $35.1 million service integration reforms. Strong and committed leadership from the Chief Commissioner, the courts and public servants, a reformist Attorney General, and effective advocacy from the service sector all played a part in the genesis and implementation of a family violence response system that was seen as 'a model' for other states.

But in 2014, family violence was back on the state (and national) agenda as never before. Incident reporting had skyrocketed, services and courts had become overwhelmed, and despite the best efforts of a dedicated service sector, people were still slipping through the cracks. VicHealth research released in September of that year showed that the prevalence and causes of family violence were still poorly understood by much of the Australian public, and there were in fact some "concerning negative findings".[1]

A state election loomed in November, and family violence for the first time gained a top spot in campaign platforms on both major sides of politics. Victorian Opposition Leader Daniel Andrews had promised a Royal Commission into Family Violence,[2] and Premier Denis Napthine had launched a $150 million package to tackle family violence on a number of levels, including prevention campaigns, increased crisis accommodation, and men's behaviour change programs.[3]

So why, nine years after such significant reforms, were there still such marked problems in the family violence response system? How had the issue come back so prominently on the public agenda? What new leadership challenges had arisen by late 2014, and how could

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[1] Several items measuring support for gender equality and understanding of family violence had actually declined since the previous iteration of the VicHealth survey in 2009. For example, only 71% of people understood that family violence is mainly perpetrated by men, down from 74% in 2009 and 86% in 2005. See https://www.vichealth.vic.gov.au/media-and-resources/publications/2013-national-community-attitudes-towards-violence-against-women-survey.

[2] https://www.viclabor.com.au/media-releases/labor-to-establish-royal-commission-into-family-violence/

[3] http://www.marywooldridge.com/Media_Detail.asp?ID=628

sector veterans Rachael Green and colleagues make sure the unique opportunity to reboot the family violence response system would not be squandered?

The end of the Statewide Steering Committee

In 2006, shortly after its report had led to a successful bid for reform funding, the Statewide Steering Committee to Reduce Family Violence[4] became the Statewide Family Violence Advisory Committee, and met much less frequently. Policy development entered a new phase; the CEOs stepped back: it was now seen as a matter for consistent implementation in the trenches. Former Steering Committee member Magistrate Anne Goldsbrough observed:

> The 'flavour' of the committee changed around this time. It could be said the Committee became more bureaucratic in many ways. There was noticeably less of a 'problem solving' environment and more of a government executives 'reporting back' to members approach.[5]

The eclipse of the Committee robbed the sector of a platform where shared understandings were forged between leaders of very different organisations. Turnover of key staff and the loss of casual discussions surrounding Steering Committee meetings had led to a falling off of these painstakingly built relationships and understandings. While many of the relationships endured outside the committee, the momentum was interrupted.[6]

But on the other hand, said Green:

> …there needed to be a stepping back. Meeting three hours a month for CEOs was such an enormous investment, and it couldn't have been maintained. Already people were dropping off. It was an enormous amount of work for people.

According to Rodney Vlais, Acting CEO of male family violence prevention organisation No To Violence, the Steering Committee arrangement did need to evolve, but there was much more to talk about that never got addressed:

> Some of it was about shared meanings and understandings, some of it was around accountability to children's needs and experiences and exposure of children to family violence... And some was also about the very long implementation time required to turn a principle into a practice.

Vlais also felt the possibility of putting women's organisations at the 'hub' of a coordinated approach, awarding them most of the community services money, and deciding collectively with clear leadership from government about how to spend it, was an important issue that was never discussed:

> Around 2006-07, what we really needed was not only for government and non-government opportunities to thrash out some of these issues to continue, but spaces for NGOs to come together and make some decisions around these things.

Political buffeting also came in for its share of criticism, as regular meetings at the ministerial level petered out after the Coalition was voted in at the 2010 Victorian election:

> One of the things about the integrated reforms that was seen as quite innovative was that we had multi-ministerial leadership under [the previous Labor government] – the women's portfolio, community services, child protection, Attorney-General's and the Police Minister

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[4] For full Steering Committee membership, see p. 62 of *Reforming Family Violence in Victoria*, available at http://www.dhs.vic.gov.au/__data/assets/pdf_file/0020/643124/reforming_family_violence.pdf.
[5] Magistrate Anne Goldsbrough, personal communication.
[6] Ibid.

were all involved… They came together quarterly for joint oversight and ownership, and it was quite effective. That unravelled under the last government.[7]

Vlais concurred, adding "There's no doubt about it, there was a lot of inertia. Things stalled."

Implementation and consolidation

For Green, people around the Steering Committee table "got to a real depth of shared understanding. But the rest of the state …hadn't been on that journey." Goldsbrough felt that while the Committee had been a key driver in the planning and design of the reforms, the format of the Committee had changed before it could apply the same rigour to implementation.

From July 2006, 20 purpose-built Family Violence Regional Partnerships in DHS local areas had begun to implement aspects of the integrated approach. They were overseen by Regional Integrated Family Violence Committees whose purpose was to drive service integration at a local level.[8] Unfortunately, according to Vlais, the governance structures to support implementation of the Partnerships were lacking:

> That governance level really broke down, the reason being that [Regional Integration Coordinators or RICs] really had no power or authority. The role of governance ideally is for the Regional Integration Coordinator to actually have some power to network enough to bring departmental managers of correction, or child protection, or police, together to nut out how the reforms are going to occur in that particular region.

The RICs, often employed by women's services who weren't at the hub of family violence systems, didn't have "enough teeth" to make the many disparate service providers (including but not limited to police, child protection, corrections, men's services, alcohol and other drugs) sit in a room together and develop coordinated practices and MOUs, talk about shadowing each other, or collect and share data. "They were hampered", remembered Domestic Violence Victoria (DV Vic) CEO Fiona McCormack:

> We had ongoing turnover of women of great calibre in those positions because [roles and responsibilities] weren't clear. And it was difficult then embedding consistency across the state because there was such variation from region to region depending on personalities.

"It's like the government dipped its toes into a regional governance model but didn't really give it what was needed," commented Vlais.

Green concurred that more could have been invested in making partnerships work at a local level. The funding model was changing dramatically, and the sector was wary – DHS was working to consolidate the 'buckets' of funding (for example counselling, outreach and men's behaviour change programs) through regional partnerships. Large partnerships (upward of seven organisations) were now bidding to run family violence services in regions of 60,000-400,000 people, and there was "a lot of push-back" from organisations within the sector worried about loss of specialisation, and about not being able to compete with larger agencies.

Decentralisation, while driving innovation and locally-tailored solutions, also drove sizeable inconsistencies in practice between different regions. This was exacerbated by a funding

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[7] Alison Macdonald, Policy and Program Manager, Domestic Violence Victoria. Quoted in Donaldson, D. (2015) "How Victoria is taking some responsibility for family violence". *The Mandarin*, 28 January. Available at http://www.themandarin.com.au/18713-family-violence-victoria-must-keep-reforming-say-advocates/.
[8] DHS (2010) *Preventing and responding to violence against women: Milestones in Victoria*. Available at http://www.dhs.vic.gov.au/__data/assets/pdf_file/0015/643101/Range_of_reforms_resize7.pdf.

model that directed funding through partnership agreements, each in a different local area. Inevitably, silos formed.

Said Vlais:

> You'd have a Magistrate's Court over here that works really well in protecting women, and terribly over there. You'd have child protection practitioners who were doing these good initiatives over here, but nowhere else in the state… the inconsistencies were horrific. And still are.

Not all the news was bad. Some aspects of the reforms worked well and were effectively embedded. Green singled out the Family Violence Risk Assessment and Risk Management Framework (the 'CRAF') as a success story. The CRAF was developed for use by a range of professionals, including specialist family violence service providers, and the courts.[9] According to Victoria Police Senior Policy Officer Ross Porter, the CRAF is also designed to spread out to allied non-core family violence services, and is "simple enough that it sets up key risk indicators that any social worker can flick through and go 'OK there's a number of red flags here that I may not have been able to identify otherwise'". It builds a common understanding of evidence based risk factors, and is supported by various DHS-funded tailored training packages. Victoria Police, who had already begun using a risk assessment framework in their 2004 Code of Practice for the Investigation of Family Violence, use a streamlined version of the CRAF as part of their reporting requirements for each family violence incident.

Continuing justice reform

In Victoria Police, reforms begun in the mid-2000s continued apace. Since the introduction of the Code of Practice for the Investigation of Family Violence in 2004, a watershed moment for family violence response within the force, Victoria Police's policies had undergone constant evolution. Rod Jouning, Detective Superintendent in charge of Sexual and Family Violence, acknowledged that although police members had taken some time to fully embrace the Code of Practice, there had since been a "really large cultural shift". Members had begun

> …using the tools that the legislation provided around intervention orders, safety notices. They actually started to hold the perpetrators to account far more. And had a lot more interest for the victims. That has resulted in our reporting rate progressively increasing over that period of time.

Dedicated family violence services were also being developed and launched in the courts. They had already developed extensive internal protocols for the processing, listing and hearing of family violence applications, under the stewardship of Supervising Magistrate Anne Goldsbrough. Then in June 2005, the Family Violence Court Division of the Magistrates' Court commenced operation in two pilot locations of Ballarat and Heidelberg. It comprised specially assigned Magistrates, trained applicant and respondent support workers, family violence outreach workers, additional legal services from Victoria Legal Aid and Community Legal Centres, dedicated prosecutors, and additional security officers. Through this Division, magistrates could order perpetrators to attend behavioural change programs, sentence on family violence related crimes and make some family law orders for the one family (termed the one magistrate one family model). Similar but reduced services were soon operating in four additional courts.

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[9] Domestic Violence Resource Centre Victoria (nd) "CRAF". Available at
http://www.dvrcv.org.au/training/family-violence-risk-assessment-craf

In 2006, legislative changes (Holding Powers) gave police the power to remove offenders from the scene of family violence incidents where their behaviour was considered to be family violence but didn't meet the criminal standards for arrest. This was a civil law tool complementing police's often more unwieldy criminal law powers. According to Claire Waterman (Policy and Projects Manager in Victoria Police's Sexual and Family Violence team):

> It was one of those gaps in legislation where the poor woman would think that police could take him, and they actually couldn't. So we got the power to do that while we applied for an Intervention Order... it was great for police because it meant that they also saw that gaps they'd identified were translating on a state-wide level to the actual tools they needed in legislation.

This was a prelude to far greater legislative reforms. In 2008 the Family Violence Protection Act made sweeping changes to police powers, and even to the definition of family violence in civil and criminal law. Four of the biggest changes were that family violence was now broadened to include emotional and psychological abuse, as well as economic abuse; the exposure of children to family violence was now considered a family violence offence; the definition of 'family members' was broadened; and police were now able to serve on-the-spot Family Violence Safety Notices (FVSNs).[10]

These could be issued by police members of sergeant or higher rank outside of court hours, and also served as applications for Family Violence Intervention Orders (FVIOs). Effectively, they also allowed police to remove offenders from the scene of an incident for at least 72 hours, against the wishes of the affected family member/s if necessary, until an FVIO could be issued by a court (to which the FVSN acted as a summons). FVSNs were a civil option, but contravening them constituted a criminal offence. Achieving and then implementing these changes was a "huge undertaking", said Waterman, because

> …it wasn't necessarily popular with the courts in some regards, and the services and NGOs too. We had to fight for it. There was a concern that we were giving police additional powers they might misuse, but they also wanted to make sure that people being affected and the respondents had time to get legal advice.

Sensitive to these fears, in 2009 Victoria Police commissioned an evaluation of Family Violence Safety Notices. It found overall that FVSNs had contributed to an improved after hours response, and gone some way to improving victim safety. Importantly, it concluded that although members were now more confident in their ability to act for victim safety out of hours, they were also applying FVSNs with "appropriate discretion".[11] Victoria Police accompanied the roll-out of these changes with a full day of force-wide training, which in the context of only two days of training per year helped to reinforce the message that police leadership took the family violence response very seriously.

Concerns about FVSNs remained, however, as they left much 'critical information gathering' in the hands of police, some of whom had relatively little family violence training compared to court staff who had previously assisted with the applications. According to Goldsbrough:

> The quality of the information contained in the FV application through a FVSN was and still can be highly variable. Whilst this is steadily improving …if the information – the evidence – is not correct or is incomplete, for example children are not included, no information about other court orders or firearms licences, or the history of violence …then there can be

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[10] Magistrate Anne Goldsbrough notes that in practice, the majority of FVSNs are served at the police station after members have used holding powers to remove the offender from the scene.

[11] Thomson Goodall (2010) *Final Report to Victoria Police FVSN Evaluation Committee*, p. 89.

challenges to obtaining a protection order, especially at a contested hearing. Some of these are mandatory considerations for a magistrate to make an order.

Subsequent policy changes included a major 2010 re-write of the Code of Practice to bring it in line with the Family Violence Protection Act,[12] and an Enhanced Family Violence Service Delivery Model in 2011 that had "a focus on looking at our repeat victims and recidivist offenders. It was shifting from that initial response to proactively starting to work with some of these families that we're going to regularly."[13] The Service Delivery Model was supported by an increase of specialist family violence teams across the state, from the original seven in 2011 to 32 by November 2014.[14]

Victims of their own success?

The efforts of government, the sector, courts and police soon had begun to pay an ambiguous dividend: from 2004-2014, family violence reporting more than doubled (see Exhibit 1). As community awareness grew, victims became aware of the support services available to them, and felt more comfortable coming forward. Police were generally more diligent in responding to and following up family violence incidents. As the figures continued to rise, police began to realise that reporting would not plateau in 2015, the year when the level of reporting had been expected to match the level of offending.[15]

The mandatory action required by the Victoria Police Code of Practice meant that both civil referrals and criminal prosecutions dramatically increased: "pre-Code [2004] to now", said Waterman, "we're talking about 800 percent increases in criminal charges". The courts were struggling, and services only had time to engage with clients who were quick to respond. As Jouning explained:

> [Services have] so many of these referrals that they just can't cope. So what tends to happen, particularly around perpetrators, is they don't engage. If they do, they don't do it well, there's no follow-up and no accountability around that.

Added Waterman: "It's a prioritisation thing. If [services] don't get an immediate response or engagement by [the client], they move to the next one. We're victims of our own success, in a way."

In the courts, Goldsbrough and her colleagues on the Family Violence and Family Law Portfolio Committee sought ideas and changed practices to try and deal with the demand and unpredictability of their caseload:

> Lists of intervention order cases of 60-70-80+ are not unheard of and in fact have become the norm. These numbers – most of them extremely urgent – meant clients were receiving often brief legal advice and support, stretching legal and support services to the limit. Many are adjourned to another day, creating a 'churn'. The court has created additional family violence lists days at most courts, yet the numbers keep on increasing.

Added to the service fragmentation described earlier, this often presented a less than welcoming service landscape for victims, who could wind up underserved by an increasingly stretched system.

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[12] It subsequently underwent several more minor updates; see Exhibit 1 for the 2014 Code of Practice.
[13] Claire Waterman interview.
[14] Claire Waterman interview.
[15] Bucci, N. (2013) "Police chief warns on rising cases". *The Age*, 22 April. Available at http://www.theage.com.au/victoria/police-chief-warns-on-rising-cases-20130421-2i8f8.html

Jouning reflected that there had probably been "over-compliance" by police members in making referrals to services, but he and his team were now thinking about how to adjust the system in light of these developments:

> …there is a better opportunity to triage through a three-tiered risk assessment process. …We reckon what'll happen there is that all this really low risk stuff will be treated as low risk, it won't necessarily result in referrals. So that's going to take a lot of pressure off support services. A lot of the stuff won't go before the courts, and take the pressure off the courts.

Another piece of work being undertaken by the Sexual Assault and Family Violence team was ensuring that family violence was represented in the police tasking and coordination process, traditionally focused on how to place resources to deal with 'volume crime' such as burglaries and car theft. Key to this, explained Waterman, was a fundamental reconfiguration of crime statistics, to disaggregate somewhat hidden family violence-related offences from their individual crime themes:

> So what we did was shift our crime reporting last year so that in the crime stats release it identifies of all the major crime themes, what proportion of that is family violence. It didn't used to be separated.…[Now] we're actually providing that information to the public, saying "this many of our assaults directly arose from family violence incidents, this many sexual assaults, this many children were present. In abductions and kidnaps, this is how many of them were in a family violence context". It's putting that major crime lens on.

At 42 percent of all crimes against the person, 34 percent of all rape offences, 42 percent of abduction/kidnap offences, 16 percent of property damage offences, and 47 percent of harassment offences,[16] the data clearly indicated that family violence warranted a place around the tasking and coordination table along with burglaries and car theft. It also proved a useful communication tool for police, who were able to demonstrate that although the official crime rate was increasing, this was almost entirely due to family violence-related offences. But the data also raised other questions. Did this reflect an increase in reporting only? Or was it somehow an indicator of an underlying increase in the incidence of family violence?

Why this, why now?

In September 2014, Victoria Police Chief Commissioner Ken Lay was hopeful about retaining public momentum in the fight against family violence: "For the first time ever, we're approaching the state election and both sides are talking about family violence reform".[17] Melbourne newspaper *The Herald Sun* was running a sustained campaign "to confront the scourge of family violence in our community".[18] And in the Sexual and Family Violence team at Victoria Police, Rod Jouning and Claire Waterman were finding their job easier because they could talk about the gendered nature of family violence without being accused of bias against men: "I don't have to spend my day worrying about that and dealing with fallout from that language choice, but I did have to five years ago."

For Victoria's family violence leaders, a combination of leadership, hard work and tragedy had catapulted family violence to the top of the political and public agenda. According to Vlais, many advocates from the service sector had spent a lot of time working with the media

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[16] Victoria Police (2014) *Crime Statistics 2013/2014*. Available at
http://www.police.vic.gov.au/content.asp?a=internetBridgingPage&Media_ID=72176.
[17] Ferrier, S. (2014) "One in five Australians believe drunk women 'partly responsible' for rape: survey". *ABC News*, 18 September. Available at http://www.abc.net.au/news/2014-09-17/one-in-five-believe-drunk-women-partly-responsible-for-rape/5749088
[18] Herald Sun editorial (2013) "Family violence must end". *Herald Sun*, 22 July. Available at
http://www.heraldsun.com.au/news/opinion/family-violence-must-end/story-fni0ffsx-1226682797077

to lift their standard of practice when it came to reporting family violence. His organisation No to Violence had partnered with peak body DV Vic and others to deliver a media awards event known as the EVAs. For DV Vic CEO Fiona McCormack, the key had been to realise that they needed proactive and not punitive strategies to work with the media: "our approach before had been bashing… and it never works". Instead, "you bring people along. You acknowledge their good work… honestly the EVA media nights are the best fun". More than six years on from the first EVAs, reporting had improved both in quality and quantity, and competition for the awards was stiff (see *Exhibit* 3 for an award-winning article with the judge's comments).

A series of shocking, high profile family violence cases had also gripped the state.[19] The most well-publicised of these cases, the 2014 murder of 11-year-old Luke Batty by his father, raised his articulate, dignified and passionately motivated mother Rosie to a national stage; she became an advocate of increasing prominence, culminating in her being named the 2015 Australian of the Year. The impact of her advocacy was felt not just in Victoria but across Australia, where other states had been facing similarly challenging conditions. "She's an incredible person", said McCormack, who reflected that Batty had challenged family violence myths "right from the get go":

> It's very commonly believed that women use the courts to separate their children or punish the father. With Rosie coming out and saying "nobody loved Luke more than his dad", and saying those things about the man who had just murdered her son, I think she's captured people's attention because she's challenging that myth. …And the other thing is people trust her, so she can say things that people think "yeah that's sound", so having her, particularly coupled with Ken [Lay], coming out and giving family violence a profile at a national level... That's what she's done.

What next?

For DHS Policy and Strategy Manager Rachael Green, the lack of community understanding highlighted by the VicHealth research was a sign that the root causes of violence against women needed to be better tackled through prevention strategies:

> …we need to make sure all of our training and resourcing includes understanding of family violence dynamics, all of that sort of stuff. And have as its core some of those causal and contributing factors. I think that's a question about training and continuing to embed.

Access to data was the other big gap identified by Jouning and his team at Victoria Police:

> We need systems that talk to each other, IT systems. We just operate entirely in isolation in many senses. …Particularly between us, DHS, Department of Health, we really don't play at all. And the Courts, including Family Court. …they operate very much in isolation from the Magistrate's Court. We don't have visibility of them, and it's such a risk factor to us.

With data connections, fairly static point-in-time risk assessments could be seen in context, providing a bank of information that could escalate or de-escalate risk for front-line services. Courts too could benefit from data sharing, as a respondent "can have an intervention order application go before the court, and at the same time, that respondent may have other relevant criminal matters operating through the system"[20] that the court doesn't know about.

For Vlais, data sharing could also help police and prosecutors bring perpetrators to justice,

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[19] Robert Farquharson murdered his three sons by driving them into a dam in 2005; Darcey Freeman was thrown off the West Gate Bridge by her father in 2009. The 2012 street murder of ABC employee Jill Meagher, while not family violence-related, also contributed to the public discussion of violence against women as well as the capacity of the justice system to make effective use of data sharing.

[20] Rod Jouning interview.

because often the best body of evidence around a man's use of violence is from the women's service who've interviewed her, yet women's services have never been connected into perpetrator accountability systems. Of course there's a whole lot of issues to work through in terms of being able to work closely with police prosecutors etc ...but it's bread and butter in strong coordinated community responses in the US.

November 2014 brought a decisive victory for the Labor party, and with it a Royal Commission into Family Violence. Its Terms of Reference promised a wide-ranging inquiry into prevention, early intervention, victim support, and perpetrator accountability.[21] Rachael Green and the women's portfolio were moved from the Department of Human Services to the Department of Premier and Cabinet after the election, and Premier Daniel Andrews appointed Victoria's (and indeed Australia's) first ever Minister for Family Violence. Soon after, Assistant Commissioner Dean McWhirter was appointed leader of the first Family Violence Command in an Australian police jurisdiction. The signal was unambiguous: the political masters of the day were ready to match strong rhetoric with strong action on family violence in Victoria.

The issue's extraordinary public prominence also brought new challenges. One was to sustain professionalism and coherence in the face of a myriad of new initiatives. As DV Vic CEO McCormack observed:

What we've got now, family violence is like the flavour of the day, and we get every man and his dog claiming "oh yes we do prevention, we do prevention". We get civic groups saying: "We're starting a website, we're doing this for women, or we're doing this for men". People who have absolutely no qualifications, expertise, they're people in the community. If we're going to prevent violence against women we actually need the community, but without a policy framework that says "in Victoria this is what informs our approach, and this is where we're heading", it's very difficult to hold those organisations to account, or even bring them in under the umbrella, in the fold, which is what is needed.

Victoria's family violence sector was now faced with a unique opportunity to take advantage of strong election commitments, and to conduct a public self-examination and agenda-setting exercise. In this new strategic environment, how could it institutionalise and capitalise on the newfound momentum? What leadership was necessary, and how was it going to be provided?

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[21] *Victoria Government Gazette*, No. S 31, 22 February 2015. Available at http://www.gazette.vic.gov.au/gazette/Gazettes2015/GG2015S031.pdf.
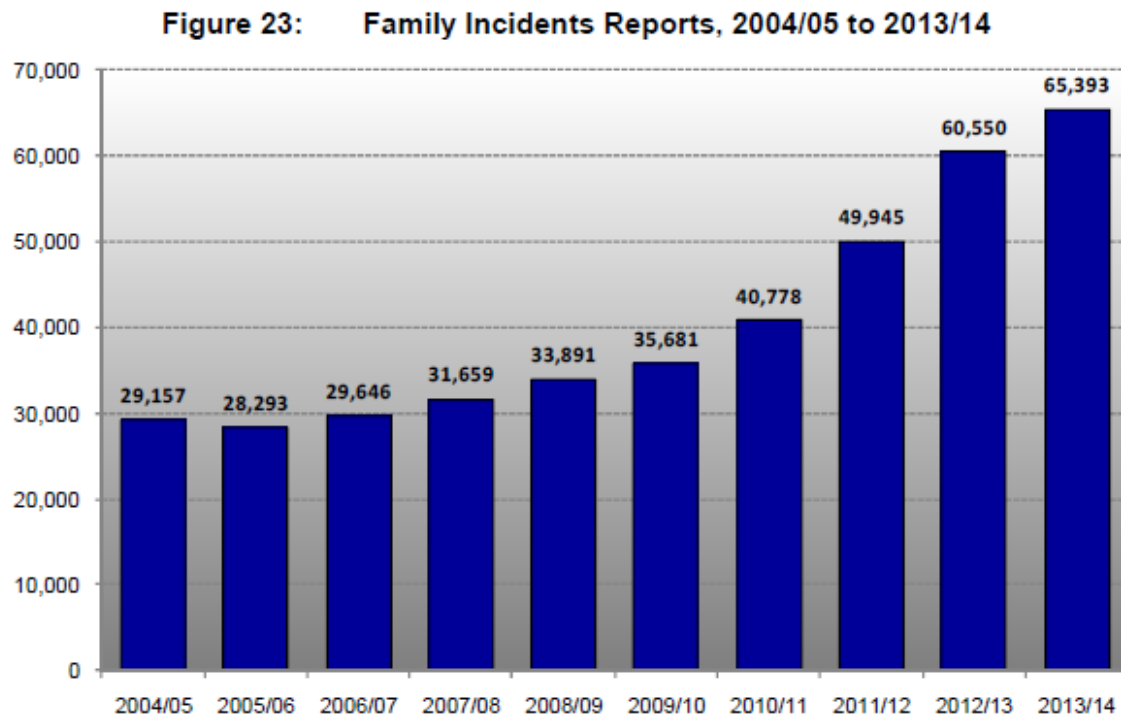
Exhibit 1. Code of Practice for the Investigation of Family Violence, June 2014

VICTORIA POLICE OPTIONS MODEL
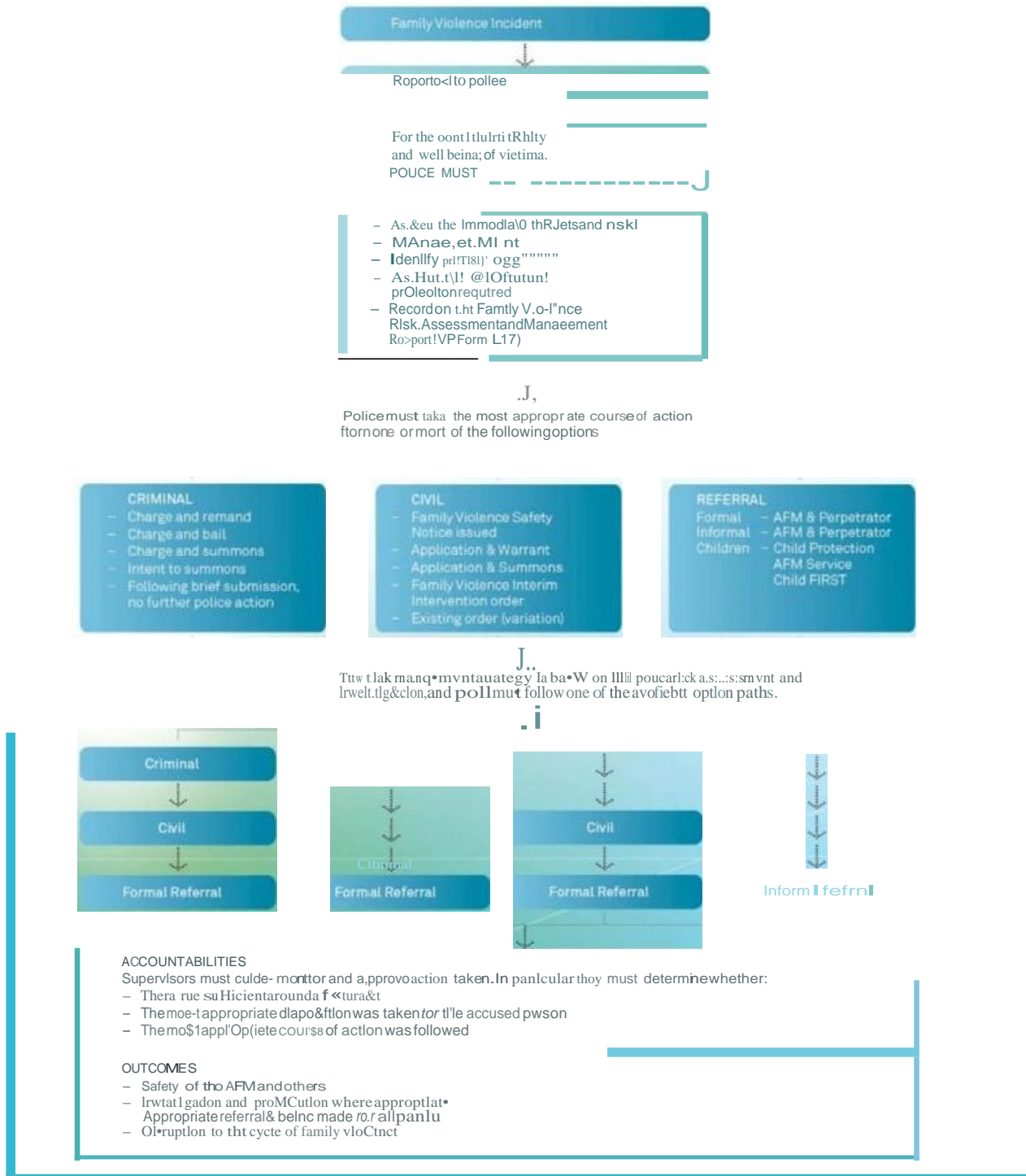
Source Victoria Police (2014) Code of Practice for the Investigation of Family Violence, June, p 21.

Exhibit 2. Family violence police reports

Figure 23:   Family Incidents Reports, 2004/05 to 2013/14

Source: Victoria Police (2014) Crime Statistics 2013/2014. Available at
http://www.police.vic.gov.au/content.asp?a=internetBridgingPage&Media_ID=72176.

11

Exhibit 3. EVA winner for Best Suburban Report in Print

MORELAND

Stop the violence

FAMILY VIOLENCE REPORTS HAVE GONE UP BY 36 PER CENT IN THE PAST FIVE YEARS IN MORELAND. IN RESPONSE, A LEGAL CLINIC FOR MUSLIM WOMEN IS OPENING. TESSA HOFFMAN REPORTS

SAFIYA never imagined marriage would come with so many bruises.

Her husband began beating her as soon as the newlyweds arrived in Moreland from Pakistan and for close to a decade she endured almost daily abuse until he filed for divorce.

Safiya, whose name has been changed to protect her identity, has now sought help from Moreland Community Legal Centre to secure sole custody and child support payments and an intervention order against her husband.

Speaking through an interpreter, she said she would not have sought help had her husband not initiated divorce.

Family violence reports to police have gone up 36 per cent to 1118 incidents in 2011-12 across Moreland in the past five years.

The epidemic crosses all cultural and social demographics and there are many barriers preventing victims seeking help.

For newly arrived migrants, those barriers are so numerous they can be almost insurmountable, according to a 2010 paper by the Australian Domestic and Family Violence Clearing House. These include language barriers, illiteracy, financial dependence, unemployment, cultural differences, lack of legal knowledge and mistrust of government agencies.

There are scant resources set up to target this problem, according to the Australian Muslim Women's Centre for Human Rights.

Moreland Community Legal Centre is hoping to help fill the gap by establishing a legal clinic exclusively for Muslim women who are victims of family violence.

The project, believed to be a first in Victoria, is spearheaded by solicitor and Muslim Mehernaz Sadafi.

Ms Sadafi said the project would respond to the growing number of women coming through their doors who have no money, no English and little or no social support. She said it was incredibly hard for these women to speak out against their aggressors and "it helps coming into our office speaking to a Muslim female who can appreciate their history, their culture, their religion".

Australian Muslim Women's Centre for Human Rights executive director Joumanah El-Matrah welcomed the move.

She said more Muslim women were now reporting domestic violence, but a diminishing number of smaller service providers left them fewer places to seek help.

"An Anglo-Saxon woman has a multitude of options available to her, whereas if you're an immigrant woman, you don't have that choice," Ms El-Matrah said.

"Often you're just lucky if you can find someone who understands your language."

When it came to barriers to seeking help, religion was a "key difference" for Muslim women.

"It's much easier to explain to a Muslim woman why you can't leave the relationship because of what you perceive to be your religious obligation than it is to try to explain it to someone who doesn't come from that tradition," Ms El-Matrah said.

"That is knowledge mainstream providers just don't have, and can't acquire, because it's religious information."

Safiya said she endured her husband's abuse in order to give her children a "proper family" and always hoped one day it would stop.

But looking back "if I would know after eight long years I would get nothing but a divorce, I would (have left)".

She encouraged women in the same situation to seek help.

"I have tolerated so many things. Up to the last stage I was believing in myself and keep trying to make things normal, but now he has given me the divorce and everything has been history, but I am still under that trauma," Safiya said. "If I would take one of these steps, when things started, then things definitely would have changed."

WHERE TO GO FOR HELP

■ Women's Domestic Violence Crisis Service (24 hours) 1800 015 188
■ Men's Referral Service 1800 065 973 (Mon-Fri, 9am-9pm) anonymous confidential telephone service for men who want to stop abusing
■ Kids' Helpline 1800 551 800, national 24-hr helpline for children and young people (Mon-Fri, 9am-5pm)
■ Australian Muslim Women's Centre for Human Rights:
9481 3000 (Mon-Fri, 9am-5pm)
■ inTouch Multicultural Centre Against Family Violence 1800 755 988 (Mon-Fri, 9am-5pm)
■ Berry Street Victoria northern region 9450 4700 (Mon-Fri, 9am-5pm)
■ Immigrant Women's Domestic Violence Service 1800 755 988 (Mon-Fri, 9am-5pm)
■ Mary Anderson Family Violence Service 9353 1013

Judge's remarks

Tessa Hoffman's article highlights the importance of cultural and religious understanding in the provision of family violence services. Tessa gives voice to women's experiences of family violence compounded by cultural misunderstanding in Australia. Safiya's comments of her experiences are frank and give insight into why women don't and can't leave violent situations. The piece importantly includes broader suburban statistics and makes it apparent that this is an extensive community problem. The 'Where to go for help' box is excellent in both content and placement.

Source: http://www.evas.org.au/index.php/evas-winners/2013