



Royal Commission
into Family Violence

WITNESS STATEMENT OF JOANNE CAROL HOWARD

I, Joanne Carol Howard, Executive Manager Child, Youth and Family Services at Kildonan UnitingCare, of 1 Gold St, Collingwood in the State of Victoria, say as follows:

1. I am authorised by Kildonan UnitingCare (**Kildonan**) to make this statement on its behalf.
2. I refer to and rely on Kildonan's submission to the Victorian Royal Commission into Family Violence (**Royal Commission**) dated May 2015, which sets out 22 recommendations addressing the following specific areas and questions articulated in the Royal Commission's Issues Paper 2015:
 - (a) gaps and improvements in the current service system;
 - (b) barriers to service integration and coordination – practical changes;
 - (c) accountability and changing behaviour of men that have used violence; and
 - (d) intervention and behaviour change with violent adolescents.

A copy of that submission is attached to this statement and marked '**JH 1**'.

3. I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

Kildonan

4. Kildonan is an innovative organisation within the Uniting Church that is rapidly gaining a reputation for delivering some of the most relevant community services in Victoria.
5. In 2014 – 2015, Kildonan provided services to over 20,000 individuals and families across Victoria.
6. Kildonan has service hubs in Reservoir, Heidelberg, Broadmeadows, Collingwood, Coburg, Epping, Shepparton and Cobram.

7. Kildonan's key service streams include:
 - (a) Child, Youth and Family Services – people experiencing personal and family issues including violence;
 - (b) Social and Financial Inclusion - people with financial issues, facing economic hardship or struggling to pay their bills;
 - (c) New Arrival Support Services – people settling in the community from migrant, refugee backgrounds and seeking asylum; and
 - (d) Enterprise Partnerships and Development – social enterprises including training and consulting for organisations and corporate businesses dealing working with vulnerable customers.

8. Kildonan services target individuals (children, young people and adults), families, and the community. They include family strengthening programs, programs for vulnerable youth including Aboriginal youth, financial counselling, budgeting and utility support, GLBTI programs, settlement services, family violence services (for men, women and children), child placement, prevention and education linkage programs.

Current role

9. I am the Executive Manager Child, Youth and Family Services at Kildonan. I have held this position since January 2014. In this position I am responsible for oversight of child, youth, family and family violence services at an executive level.

10. My role also includes oversight of Department of Justice, Department of Health & Human Services, and Corrections Victoria funded Men's Behavioural Change Programs. These programs are discussed in further detail below.

Background and qualifications

11. I am a qualified social worker and qualified family therapist. I have a Bachelor of Education majoring in psychology, a Graduate Diploma in Family Therapy and a Masters in Public Policy and Management.

12. I have over 30 years' experience working in the family violence sector.

13. I have worked across service delivery with families and family violence in clinical practice and supervision, management and policy, including work with children, adolescents, perpetrators and victims; both men and women. I have also been employed to manage child, youth and family services, family violence services and drug and alcohol services.
14. From 2009 – 2010, I worked as a Senior Policy Advisor in the then Department of Human Services, advising on the development of government policy in relation to children, young people and families.
15. Some of my other previous roles include Manager, Community and Family Services at Inner South Community Health Service and Manager, Drug and Alcohol and Youth Programs at Peninsula Health Community Health.
16. In January 2014, I commenced work as Executive Manager Child, Youth & Family Services at Kildonan.
17. I have undertaken extensive research in relation to family violence, presented at conferences in Victoria and internationally (United States of America (**USA**) and England), written various academic papers, chapters in books and books, and designed programs to respond to family violence, particularly regarding adolescent family violence.
18. I have had a particular interest in the issues around adolescents who use violence against their family members, for which there are limited services. I was heavily involved in the development and implementation of the first adolescent violence in the home programs funded by the Department of Health and Human Services. These programs are discussed in further detail below.
19. In 2009, I was awarded a Winston Churchill Fellowship to undertake research in the USA and Canada as to how to circumvent the use of violence by adolescents against their parents. On 14 August 2010, I submitted a Fellowship Paper entitled 'Adolescent Violence to Parents: Current Interventions in the United States and Canada and Implications for Australia.' A copy of that paper is attached to this statement and marked '**JH 2**'.

Kildonan's Family Violence Programs

20. Kildonan's current family violence programs include:

Men's Behavioural Change Programs – Department of Justice, Department of Health & Human Services, Corrections Victoria (2012 - 14)

21. Kildonan's Men's Behaviour Change Program provides individual and group counselling for men who use violence against their families. It is the largest Men's Behaviour Change Program provider in the north and west metropolitan region of Melbourne.
22. The program involves 22 weekly sessions to support men to take responsibility for their violence and abuse. It also provides support to those affected by the violence such as children, partners, ex-partners and other family members.
23. Kildonan attracts a high number of referrals, particularly from Local Courts/Department of Justice, Victoria Police, Corrections, local community agencies and self-referrals. Kildonan has a strong working relationship with Heidelberg Magistrates Court, routinely accepting referrals for men to participate in the MBCP.
24. Kildonan's annual target for Men's Behaviour Change Programs is over 211 men, with services provided to more than 340 men (1 July 2014 – 30 June 2015) in order to meet the demand for program participation. We are also committed to ensuring the wellbeing and safety of partners and children of men that enter the program, through individual support or referral to other agencies and other Kildonan group programs.
25. Kildonan's Men's Behaviour Change Programs include a South Asian (the first culturally specific program for South Asian men in this region to be introduced in Victoria) and an Arabic speaking program.

Active Fathers

26. Kildonan partners with City of Moreland, City of Hume and Merri Community Health to deliver the Active Fathers program to families living in City of Hume and Moreland to engage new parents, and particularly fathers, in group programs to discuss infant needs, the impact of a new baby on parents' relationship and dealing with the challenges of new parenting.
27. Active Fathers has a focus on promoting respectful and equitable relationships between parents and promoting optimal infant development and wellbeing.

Families@Home

28. The Families@Home program has supported 393 families since its inception in November 2012.
29. An integrated response to family violence, the program secures suitable and safe housing and offers financial counselling, energy visits and support to address family issues and engaging men in behavioural change.

Adolescent Family Violence

30. This program provides therapeutic intervention and casework where adolescents (aged 10 – 18 years) use violence and abuse against parents and other family members. It undertakes safety planning, active referral and supports parents and adolescents through court processes including intervention orders. It also provides consultation in relation to adolescent family violence to other Integrated Family Workers across North East Metro. Referrals are received through Child FIRST, North East Metro.

Safe Dads

31. Kildonan has also recently gained funding from the SHARE Appeal for a specific program, Safe Dads, targeted at younger male family violence offenders. The final agreement is currently being processed.
32. This program was developed because research indicates that approximately 15% of all offenders attending Kildonan's Men's Behavioural Change Programs are between 18 – 25 years of age. Many of those young men are already fathers, or have partners who are pregnant, so require specific focus on fathering and the impact of family violence on children.
33. Further, there are significant differences between the programs for adolescents who use violence and those for adult men. The program for adolescents is trauma and developmentally informed and recognises the impact of childhood experiences of violence and maltreatment, and seeks to address a range of factors that are identified as contributing to the violence. However, a very different approach, focusing on violence cessation, but without recourse to reflection on men's own history, is adopted as soon as the young man turns 18.

34. The Safe Dads program is planned to commence in September 2015, dependent on final funding. Men between 18 – 25 years of age will be streamlined into this program. Program delivery will be guided by a curriculum that meets 'No To Violence' Standards and is also broadened to explore men's own childhood experience, trauma and development, as well as the impact of peers, fathering and relationships with children.

Working with families that remain intact despite family violence

35. Kildonan recognises that it is overwhelmingly women and children who are impacted by family violence, and men who use violence against them. Kildonan recognises that the use of violence towards a partner stems from power and control and that family violence is 'gendered'.
36. As a sector, family violence workers are strongly influenced by the Standards of Practice set by 'No to Violence', the Victorian peak body of organisations working with men to end their violence against family members, when working with male perpetrators. This correctly reinforces the gendered view of family violence.
37. Whilst holding a strong gendered lens in the work Kildonan undertakes in relation to family violence prevention, Kildonan welcomes the opportunity provided by the Royal Commission to question and reflect on current approaches and practice frameworks and whether there is room for change and improvement.
38. The family violence sector has historically been segregated, with men's services operating almost completely independently from women's and children's services. In reality, most women seek to have their relationships remain intact (and for the violence and abuse to stop) - even those requiring police involvement or intervention orders. This has ramifications for child protection and child safety work.
39. Even if a violent relationship does end, both parents will generally continue to have contact with the child. This also has ramifications for child protection and child safety work.
40. Despite most families remaining intact (for some time), the family violence system largely operates as if they don't. The historical divide between men's, women's and children's family services therefore does not reflect the reality of family lives nor the desires of those who turn to the family violence system for assistance. It does little to support the safety needs of children who live with or have contact with, both

parents where family violence continues, despite statutory and criminal justice intervention and/or separation.

41. It is vital that the family violence sector reflects reality and works with both the mother and father in the interests of what is best for the child.
42. Evidenced based examples of where this works could be adapted to an Australian context. Programs exist in the USA, United Kingdom and even Australia that are taking a whole of family approach in responding to family violence.

Men's Behaviour Change Programs - Accountability and changing the behaviour of men who have used violence

43. Across the family violence sector, little work is undertaken with males within a family context, even when children are at risk. This is despite increasing evidence that men are best engaged in the change process when the focus is on the impact of their violence on their child. Whilst some Men's Behaviour Change Programs focus on fathering, this is the exception rather than the rule.
44. A significant amount of research as to the effectiveness of Men's Behaviour Change Programs relates to increased safety of women and children. Much of that research has been contradictory. For example, change is often present because the physical violence has reduced but emotional and psychological abuse may then increase or remain (Mirabel Evaluation, UK). Partners also comment that change may wane over time, with men returning to original patterns of abuse and violence. Sustaining change is a considerable challenge to those working in this sector.
45. Kildonan is of the view that if delivered correctly, Men's Behaviour Change Programs can play an improved role in addressing family violence, including in some circumstances where families remain intact. In our experience, current Men's Behaviour Change Programs are not sufficiently long enough to bring about meaningful change. A 22 week program of one or two hours per week will generally not lead to change in a lifetime of entrenched attitudes, beliefs and behaviours. In our experience, some men will engage and make changes during this short period of time but many will not.
46. Acknowledging the reality that most families remain intact despite family violence, Kildonan has a strong focus on fathering in our work with family violence prevention and response. We seek to engage fathers to consider the impact of their violence

on children and to leverage empathy of fathers wanting a close and loving relationship with their child as a catalyst for change.

47. Our observation is that whilst men unfortunately may not have initial empathy for their intimate partner, most men want their children to be safe and secure. The biggest motivation for men to change is their children. Understanding the impacts of their violence on their children and on the mother/child relationship has supported men to be accountable, and take responsibility, for their use of violence.
48. Adopting a child-centred approach can also have benefits for intimate partner relationships. By focusing on the child, the man has to recognise that if he wants improved outcomes for the child he also needs to change his relationship with his partner because the child is also witness to, and experiences those behaviours. A child-centred approach therefore has the benefit of improving both the man's relationship with his child and his intimate partner.
49. It is important to note that many practitioners working with men's violence may only have completed the Graduate Diploma in Social Science – Men's Family Violence. They may not necessarily have other experience. There is a need to adequately resource training and capacity building for those working with violent men to ensure they can work from a trauma informed, developmental and family focused lens.
50. Kildonan is of the view that it is timely to consider new paradigms and models for working with perpetrators and with parents. Current practice frameworks for working with violent men that were developed historically have not been reviewed or challenged and should be. This is particularly so given increasing evidence about trauma informed approaches. It is timely to consider new paradigms and models for working with perpetrators and with parents, both where there has been separation and where the relationship remains intact
51. Any work with couples and dyadic work (men and children and women and children) needs to be consistently underpinned and contextualised by a rigorous approach to monitoring and enhancing safety. The Caledonian Model (Scotland) may be a useful model to pilot to an Australian context.

Adolescent violence in the home

52. Kildonan wishes to raise the importance of intervention with adolescents who use violence against parents and other family members. Intervening with this cohort

provides a means to prevent the intergenerational transmission of violence, through engaging with offenders and challenging their attitudes, values and behaviours around the use of violence.

53. Adolescent violence in the home is a newly emerging issue across the developed and developing world. Agencies across Australia are raising the need for inclusion of this form of violence into early intervention and prevention responses to adult family violence.
54. Adolescent violence in the home has a gendered manifestation – the majority of victims are women (frequently sole mothers) and two thirds of offenders are male (Howard 2011). Male offenders have frequently experienced growing up in the context of family violence with their attitudes to women and behaviours reflecting those of their violent father's. Whilst not all male adolescents who experience adult family violence will grow up to use violence against their mothers, there seems a likely correlation. There is a higher risk that, without intervention, some will 'graduate' to the use of violence against intimate partners.
55. Practitioners delivering adolescent violence in the home programs note the high incidence of adolescent boys having been a victim of family violence themselves.
56. Male adolescents who use violence against their mothers are also likely to use it against siblings, particularly younger and/or female siblings. The victims of this male adolescent violence are therefore frequently victims of violence from not just their father. The offending behaviour is taken up when the parental relationship ends, this time by another family member (the son).
57. Women and children are re-traumatized by male adolescent violence in the home. Children may have experienced their father's violence only to have their brother 'step into' this role when their father leaves. A common Child Protection response is to remove the child victim. However, this does not address the male adolescent's violence nor support the mother's safety.
58. There are no standards of practice nor practice frameworks in working with adolescent family violence. Whilst a Common Risk Assessment Framework (**CRAF**) exists in relation to safety in heterosexual adult family violence, there is little guidance in relation to risk assessment and safety planning with adolescent violence in the home.

59. Lack of knowledge about the issue and lack of services that can respond, particularly in a whole of family approach, also means these families fall through the gaps and adolescents continue to be unaccountable for their use of violence.
60. If adolescent family violence was understood as a form of family violence and police L17s were issued, and responded to, where adolescent family violence occurred, families could get the support they require and adolescents could be linked into programs to stop their violence.
61. Evidence (Step Up, Seattle) suggests the best response is where the offender and victim are supported to make change in the family relationships. This response differs from that used with adult men. A framework which is developmentally appropriate must be considered and articulated in a response to adolescent family violence offenders.
62. Involvement with the criminal justice system should be a last, and not first, resort and where at all possible, adolescent violence in the home should be responded to therapeutically, rather than through a justice response.
63. A research report, The Last Resort, published in 2013 by myself and Lisa Abbott, highlights adolescents' and parents' experiences of the criminal justice system as a result of adolescent family violence.

Programs working with adolescent perpetrators

64. Kildonan strongly advocates for the use of trauma informed approaches when dealing with adolescent perpetrators due to the success of such approaches both internationally and in our own experiences.
65. In 2008, Ms Naomi Rottem, Social Worker and Family Therapist, and I conducted research into male adolescents' abuse and violence to their sole parent mothers. The study gathered qualitative data from 10 women from a range of cultural backgrounds to gain a comprehensive understanding of their experiences of the abuse and violence from their sons. The women had a total of 14 male children, between 13 and 19 years of age; 12 of whom were identified as violent.
66. The research highlighted intra-generational and intergenerational issues relating to family violence. Most women and their ex-partners had grown up in families where they had experienced harsh discipline and/or the abuse of women and children. The sons' violence towards their mothers, siblings and others included physical,

emotional, verbal, psychological and financial abuse. The impact of sons' abuse and violence to siblings was profound and severe.

67. On 23 September 2008, Ms Rottem and I published a report on our research entitled 'It All Starts at Home: Male Adolescent Violence to Mothers'. A copy of that report is attached to this statement and marked 'JH 3'.
68. The research shows a strong link between perpetrators and their own experiences with family violence. Many perpetrators experienced family violence themselves and have been affected by it. Working with male perpetrators to educate through psycho-education and to teach skills such as self-soothing, winding down techniques, emotional regulation and calming has proved to be successful in these circumstances.
69. At the same time, men must learn that violence cessation requires the relinquishing of power and control.

Trauma informed approaches to working with adolescent perpetrators

70. Programs working with perpetrators must send a clear message that violence is not acceptable and that their own experience of violence is not an excuse. Capacity for men to connect with their own experiences and the impacts of the violence on, for example, the relationship they had with their fathers, can support their understanding of children's need and increase their motivation to have a different, safe and trusting relationship with their children. This is when real change will happen.
71. There is currently some sector interest to explore trauma informed approaches and incorporate these with the 'No to Violence' Standards of Practice. The family violence sector can struggle with a 'both/and' approach – that children can be victims of family violence as well as offenders (adolescent violence in the home). This struggle and the methodology of separating 'perpetrators' from 'victims' means families where an adolescent is violent frequently struggle to access an adequate form of service support.
72. The model that the family violence sector currently utilises for children aged 0 – 18 years old focuses on perpetrators connecting with their own experiences in order to make sense of what is going on for them. This may include psycho-education on brain development and the impact of trauma (Bruce Perry, 2010). Once the

perpetrator turns 18 however, the approach suddenly changes and that focus is removed.

73. Kildonan has been funded to deliver a program to implement change for perpetrators aged 18 – 25 years old and to incorporate aspects of trauma informed approaches and a greater focus on fathering.
74. Part of the work that Kildonan undertakes is teaching and developing de-escalation, communication and conflict resolution skills and working on the adolescents' relationship with their mother. How the mother responds to violence towards them is equally as important in these situations.
75. Because of inter-generational trauma, mothers are often approaching parenting from their own background of child abuse and/or family violence. They need to be helped to overcome that and we can start to do that through, for example, discussing the stages of child development, the developing needs of the child, the impact of family violence on her parenting and the mother/child relationship and exploring how the mother deals with conflict. We model good communication skills and teach mothers to be assertive (whilst being mindful of safety considerations) and how to respond in a way that is productive, positive and supports the adolescent, whilst also addressing her own safety and wellbeing issues.
76. We work with mothers, individually and through group work, to develop an approach to parenting that is proactive rather than reactive. We focus on being clear around expectations for behaviour. This ensures that the mother is thinking about her rights and reasonable expectations and supports the adolescent to take responsibility for their own actions.
77. Whilst there is a rightful focus on children as victims of family violence, there needs to be acknowledgement that children may be both victims and perpetrators/offenders or perpetrators. Many adolescent family violence perpetrators have themselves experienced family violence.
78. In 2012, I was quite instrumental in encouraging the Victorian Government to fund the first program to address adolescent violence in the home. There are now three programs funded across Victoria in Frankston, Ballarat and Geelong. It is important that these programs are replicated to give greater support to Victorian families.

79. These programs are strongly informed by an evidence based program, 'Step Up', which is delivered across nine states in the USA and which I researched as part of my Winston Churchill Fellowship.
80. Step Up is a youth justice diversionary approach to adolescent family violence that is run in nine US states, with referrals into the program received from the Youth Court and self-referrals. Step Up consists of a 21 session parent and adolescent group work program that largely utilises a cognitive-behavioural approach to help young people stop their use of violent behaviours and teaches nonviolent, respectful ways of communicating and resolving conflict with family members. The group program is delivered concurrently to young people and their parents/carers.
81. Step Up has been evaluated several times and found to support violence cessation, reduce adolescent recidivism, restore fractured family relationships and contribute to other positive outcomes for adolescents. Organizational Research Services, an independent research and evaluation firm, worked closely with the King County Superior Court Juvenile Court Services division in evaluating the impacts of the King County Step-Up program on shorter term behaviours among teen and parent participants and long term criminal recidivism among teen participants.
82. The evaluation found, for example:
- Evidence of differences in long term recidivism between the Step-Up Juvenile Probation Counsellor and the Comparison Juvenile Probation Counsellor youth at both 12 and 18 months;
 - In particular, the average number of felony referrals is significantly higher for the Comparison youth and the effect of the intervention remains significant in the multivariate regression model;
 - Lower rates of domestic violence referrals and domestic violence filings among participant youth;
 - Step-Up interventions have lower recidivism rates than youth who did not complete the intervention or dropped out prior to the completion of the curriculum;
 - At 18 months the rates of referrals, filings, domestic violence referrals and domestic violence filings are substantially lower for those who complete the

curriculum. In fact, the average number of domestic violence referrals and domestic violence filings is less than half that of those who don't complete; and

- Significant improvements in attitudes, skills and behaviours over the course of the intervention. Specifically, the assessment of the teen behaviour scales related to different types of behaviour indicated significant declines in the extent to which youth engaged in such behaviours in family situations.
83. The three Victorian adolescent family violence programs (which are strongly informed by Step Up) are currently being evaluated by the Australian Institute of Criminology.
84. Kildonan recommends that the Victorian Government fund more of these programs to address adolescent violence in the home as there is a need to assist families to access support, training and capacity building in working with this issue and public awareness raising. Programs should be available in every Department of Health and Human Services catchment as a starting point. I consider that if we do not address the issue while the young person is an adolescent, and while we have the leverage of the parent-child relationship, there is a high risk that the young person will go on to commit violence in their dating and intimate relationships (which may well already be occurring).

Using trauma informed approaches for adult male perpetrators

85. Although adolescent programs focus on developmental and trauma informed approaches, when working with adult male perpetrators the lens is much more (rightly so) focused on safety of women and children and we don't at all look at the circumstances of the men, including their own experiences with trauma. It is worth considering why our current practice is that when a perpetrator reaches the age of 18, the focus suddenly shifts to a completely different approach. In my view a focus on safety does not have to preclude a trauma informed approach.
86. Kildonan is of the view that the family violence sector would benefit greatly from bringing some of the adolescent frameworks to our work with Men's Behaviour Change Programs, whilst still holding the safety of women and children paramount. Programs need to reiterate the fact that men are accountable for their own use of violence and not provide excuses for perpetrators.

87. Kildonan has previously worked with Monash Link Community Health Service to trial the delivery of four fathering sessions as an additional component of the 22 week Men's Behaviour Change Programs. Those sessions incorporated trauma informed approaches and were delivered over a three year period in recognition that the majority of men participating in the MBCPs were fathers or had contact with children in a familial setting.
88. Many men involved in those programs had traumatic childhood experiences involving child abuse and/or family violence, and 50% of one cohort had been placed in out of home care programs. It was very powerful for those men to connect with the impact of their experiences with grief, loss and trauma and to then consider their own behaviour and the impact that it had on their children.
89. Essentially, most fathers want their children to have happy and healthy lives. This provides leverage for behavioural change through working with men to help them to take responsibility for their relationship with their children and to understand that their relationship with their partner will also have a significant effect on their children. This is not easy work, as men still need to give up the power and control they have over family members.
90. Violent men may not always have empathy for their partners but they almost always will have some empathy for their children. It is the strong emotional connection, rather than telling perpetrators that violence is a crime and is unacceptable, that makes a difference in terms of changing behaviours and attitudes.
91. They also need to be supported to understand the serious impact of their violence on their children as they may have empathy for their child at the same time as minimising the impact of their violence and using harsh punishment.
92. Kildonan also delivers a Fathering Program in partnership with the City of Hume and Moreland. This program builds capacity in maternal and child health nurses to identify and respond to family violence and to engage with new fathers in order to support gender equity and respect in relationships. Early findings show that it is rare for men to have any involvement with maternal and child health nurses (sometimes for good reasons such as work commitments). There is a window of opportunity to work with new fathers/fathers to be and provide education about the challenges of new parenting and the importance of safe and secure attachment for infants, as part of an early intervention approach.

93. These two interventions highlight the need to more actively engage with fathers in family violence prevention, not just when they are perpetrators. Men who are fathers are motivated to change by learning about the impacts of violence on their children and through reflecting on their own experience of fathering and what they want to be different for their own children. Men who are not yet fathers can benefit from programs that raise awareness of infant needs and of the important role that fathers play in supporting infant wellbeing and development.
94. Kildonan passionately believes that the family violence sector needs to examine its approach to working with male perpetrators and that men can be engaged whilst still maintaining accountability to women and children and worker safety.

Integration and coordination of services

95. Whilst positive change has occurred across some sectors in relation to family violence prevention and response, most notably with child and family services, the family violence service system remains fairly siloed. The men's and women's/children's service response is fairly siloed with little information sharing, planning and communication.
96. Non-family violence specific services, including mental health and alcohol and drugs, do not clearly focus on the needs of children and on a family violence response. They are focused on supporting their client; if the client is a male perpetrator they can (inadvertently or otherwise) collude with him in his use of violence to achieve the outcomes that he seeks, for example opposing an application for an intervention order.
97. Although women's and children's services that respond to family violence have closer integration, as evidenced by L17 triage for example, as discussed above, there is almost no integration and coordination between women's and children's and men's services.
98. This is in part due to historical and ideological differences, perceived and real, from women's services to men's services. These historical differences mean that some women's family violence services are suspicious of the intentions of men's programs (such as men's behavioural changes programs) and consequently fear

working with men's service providers could jeopardise the safety of women and children.

99. The outcome of this divide means information is not shared and family centred planning does not occur, despite the fact that most couple's relationships remain intact, even when police involvement occurs.
100. Kildonan estimates that approximately 80% of all families referred to ChildFIRST where a police involvement has occurred and the couple are not already separated and an L17 has been initiated by police, result in parents remaining in the relationship. Where cases are high risk, a family centred approach does occur through the Risk Assessment Management Program (**RAMP**), however this does not translate into an integrated and family centred approach at the coalface where men's and women's service delivery remains siloed.
101. Ideological differences and differences in practice frameworks also prevent greater collaboration and integration between family violence services and services like alcohol and drug services. Drug and alcohol practice frameworks stress client advocacy, for example when clients have criminal justice or statutory involvement. Whilst this is important, it can result in service splitting when family violence is involved and the male offender is also an alcohol and drug client. The alcohol and drug worker may advocate for the male client, therefore compromising the safety of the women and children and not addressing the use of violence. Similarly, the alcohol and drug worker may advocate for a woman client who is a mother, without necessarily taking into account safety implications for the children, against the recommendations of Child Protection (who are frequently seen as 'the enemy').
102. We therefore need to address how to respond if the woman wants to stay in the relationship and stop the violence. We need to have men's, women's and children's workers co-located, communicating and working together. We need to hold the important safety lens but find creative and innovative ways to work with families that remain intact, when it is safe to do so. The Centre for Non Violence in Bendigo is one agency that has been operating under this model for some time, with positive outcomes.
103. In its submission, Kildonan recommends four practical approaches to help overcome barriers to integration and coordination present in the family violence service system:

- financial inclusion;
 - Families@Home;
 - Integrated and co-located L17 response; and
 - generalist worker support.
104. Each of those approaches will be discussed below.

Financial inclusion

105. Kildonan provides a range of community based financial support services that are essential in supporting women to leave violent partner and rebuild her life after separation. These services include:
- Financial counselling – including general, utility and hospital based financial counselling, as well as a specialised service for the indigenous community (with several partners);
 - *CareRing* – Kildonan’s holistic and innovative model providing customers of partners such as Yarra Valley Water, South East Water, Western Water and ANZ with a range of support services through one centralised, co-ordinated point;
 - Utility education and support programs– including home energy audits, Koorie Energy Efficiency Project , Geelong and Surf Coast Council Heatwaves and Sustainability Project, Lend Lease Energy Sustainability program; and
 - Financial literacy and microfinance programs – including Money Minded and NILS (with a program specifically for people leaving a violent relationship).
106. In terms of service integration, Kildonan has a key focus on profiling awareness of economic and financial abuse across the community, and particularly in our work with corporate entities over the last 15 years.
107. Essential service providers, such as utility and phone companies, have an important role to play in family violence prevention. Kildonan is working with a range of corporate partners to enhance their capacity to respond to women who have experienced family violence. Debt collection staff from utility providers and banks participate in training to better understand family violence and its impacts and learn

how to more appropriately and sensitively work with women who have experienced family violence and face financial and economic hardship in relation to utility and other payments. They have clearly identified family violence as an issue in which that they want to establish greater understanding, capability and prevention.

108. Training participants report an interest in learning about family violence, significant increase in knowledge about family violence and a willingness to be more responsive when working with women who experience family violence. They are also clearer about referral pathways when women and children experience family violence and the confidence to refer women on. Whilst outcomes have not been evaluated at this stage, Kildonan envisages that women experiencing family violence and facing financial and economic hardship will have improved outcomes when dealing with corporates. A multi sectorial opportunity exists to align corporate, government and community organisational efforts in addressing family violence.
109. Kildonan's extensive experience collaborating with organisations in other industries has culminated in the development of the Kildonan *CareRing* model. *CareRing* takes a holistic approach to vulnerable customers with an early intervention focus to address both the immediate and obvious issues that can result in an inability to pay the bills, while also identifying and addressing interlinked factors that can contribute further to a family's difficulties.
110. This innovative partnership between corporate services (utility companies and banks) and Kildonan provides a 'wraparound' support to customers facing financial hardship, such as meeting utility payments.
111. In the first five months of operation, *CareRing* assisted 320 clients. The top four issues of concern for corporate customers experiencing financial hardship were recorded as unemployment, family violence (current or past), accident/illness and separation/divorce. This clearly demonstrates the need for professionals to work together across a service team and to provide greater focus on supporting financial hardship when women leave family violence situations and to consider how corporates such as utility companies and banks can more consistently and proactively support their customers.

Families@Home

112. The Families@Home program is funded as a Victorian Government Innovation Action Project (IAP), to trial new approaches to intervening early and preventing homelessness. The program supports women financially to establish and/or maintain tenancies. Many of these women would have no alternative but to enter the refuge system or emergency and transitional accommodation to seek safety from family violence.
113. Families@Home is a successful example of a program utilising service integration, family focused practice and a successful combination of worker roles and specialist skill. Referrals are received from a range of agencies including family violence, Child Protection, family services, culturally specific and housing services.
114. The program was initially funded to support 245 clients from October 2013 to June 2015. By the end of January 2015 the program had received 419 referrals with services provided to 393 clients. In May 2015, Kildonan was advised that the Victorian Government would extend funding for the program indefinitely.
115. It is based in the north east growth corridor of Melbourne (Whittlesea area) where rates of family violence are high. Kildonan partners with the City of Whittlesea, Heidelberg Court and the Rotary Club of Melbourne Inc. to deliver this program.
116. The program was formulated around the fact that many women and children experiencing family violence were also dealing with housing issues. The idea of a multi-disciplinary team of support workers addressing a wide range of issues including family violence, housing, parenting, mental health issues and financial assistance was then formed and the program was piloted in the City of Whittlesea with a dual lens of family violence and other support.
117. Families@Home aims to keep family members safe and secure in their homes through coordinating access to a range of early intervention services such as;
- Financial counselling, assistance and support
 - Help with managing bills and energy use
 - Relationship support
 - Parenting assistance
 - Help to obtain or maintain suitable and safe housing

- Family violence counselling
 - Support for children through school and / or community programs
 - Assistance to access education or employment
 - Support for men through Men's Behaviour Change Programs
 - Access to funding for men's housing
118. A care team facilitate a joint intake with the client then one worker is assigned to be the key contact for that family, connecting them with a specialist financial counsellor where needed.
119. The program also has dedicated men's and children's workers.
120. Sometimes the work with the man is around separating and supporting him to gain housing and support too. The more that workers can reduce the man's resentment about leaving the relationship (for example, he is not left homeless and without an income or support), the less likely there is to be escalation of violence and abuse against his partner and/or child.
121. The children's workers focus a lot on developmental and trauma informed practice and mother/child attachment through group work and one on one and dyadic sessions. Ideally, we would like to have a family therapist as part of the team also in order to apply a more therapeutic lens to interactions with the child.
122. Another early innovation in the Families@Home program was to have a community engagement role in the team. In the first 6 – 12 months of program, the worker in that role engaged with, for example, real estate agents, regarding family violence and homelessness so that there was a broadening out of who families might be presenting to rather than just focusing on the usual government and health services. We carefully considered who else might be in contact with these very vulnerable families and who else needs to be engaged.
123. The program is operating under a different model to the service sector as it is integrating men's, women's and children's workers. To date, the feedback has been really positive. Clients are responding well to the whole of family approach, they like the fact that they can get assistance with a range of issues including housing, finances and utilities and find it to be a really approachable system.

124. We also have a brokerage component to the program which is really important because many families have financial pressures which can be a contributing factor to family violence. Through this component we may support a tenancy – for example, we may pay a bond, buy a refrigerator, help someone to study. We have had really positive outcomes with the approach of engaging the adults in education, learning or work in order to focus on sustainable outcomes.
125. The main component missing from the program is a clinical family therapist to undertake therapeutic work with a couple (where safe and appropriate) and around the child. Family violence occurs in the context of a relationship. We have to hold men accountable and not excuse the violence while at the same time acknowledging that they are in a relationship where a child is involved.
126. Employing a clinical family therapist would add value as it would enable to man to hear from the woman what her experience is of his violence and the woman to hear how the man hears her experience of his violence. This would not be appropriate for all family violence cases, particularly where there is physical violence. It must not in any way compromise the woman's safety. It can't happen in all case of family violence but it can happen to some degree and where it can, it is a very useful tool.
127. Kildonan strongly believes that there is capacity work with families as a whole even if there is violence. Families@Home is innovative, integrative and has the ability to engage with men. Workers obviously need to be extremely careful and safety must always guide the intervention, but they should also explore where the family wants to go, where they see themselves if the violence continues, and ways for moving forward.
128. The service system has developed in a very segmented way and now needs to change in order to mirror what happens in a family rather than treating each person separately and as if the relationship will end.
129. The sector needs to carefully consider the model of working in a more joined up and integrated way because family violence referrals are only going to continue to grow and the issues that families are presenting with are now much more multifaceted and complex.

Integrated L17 response

130. L17s were implemented to support a referral pathway for police who are called to family violence incidents. Three types of L17s are delivered – to women, men and children.
131. Whilst the establishment of formal protocols from police to community agencies is a positive step, there is little coordination between men's, women's and children's services, doubling up across women's and children's services, and also inefficient use of resources. A lack of sharing of information is also concerning.
132. When police take out L17s for adolescent family violence (and this approach is not consistent), adolescents may be referred to Child Protection or family violence services; neither of which often believe they have a mandate to respond. Adolescent offenders/perpetrators therefore fall through the service system gap. Victims of adolescent family violence may be referred to family violence services, but these may not respond if an adolescent is an offender (rather than an intimate partner) and if the offender is female i.e. daughter.
133. An integrated L17 response would see all L17s sent to one service location and an individual or family plan developed which includes prioritising women's and children's safety and engaging men in violence cessation. Where children are involved, Child Protection would be notified and involved only in exceptional circumstances such as significant safety concerns and family not engaging where there are considerable safety concerns. It is useful to consider that significant numbers of women referred through L17s remain in the relationship with their partner.
134. Home Moreland Child FIRST estimates 80% of couples referred stay together, frequently in spite of exclusion and intervention orders being made.
135. Kildonan's experience of L17 delivery in relation to children highlights that only the minority of women will engage in relation to their children. This may be because Child FIRST is seen as an arm of Child Protection and women may be concerned that service involvement could result in their children being removed. It may also be for other reasons including the couple wishing to remain in the relationship. A response to children should be incorporated into the women's response with workers trained to assess risk and safety to children. These workers should work with the best interest of the child first and foremost of any intervention. This

approach would reduce duplication that now occurs across ChildFIRST and women's family violence services.

136. Greater integration across men's and women's service providers for L17s would also support greater cross referral to better ascertain safety risks and inform work with women. Risk Assessment Management Programs currently operate this way. A high level of confidentiality would be required as would building a culture that is comfortable to share information.
137. Because men are often mandated to attend Men's Behavioural Change Programs, there is an opportunity to engage women partners through partner contact. Women partners may be more likely to engage with the service system through partner contact than through an L17 call. An integrated service system response can leverage from L17 men's referrals to gain access to women (and therefore children).
138. Kildonan is aware that the rates of engagement with L17s for men are abysmal with less than 2% of referrals achieving any outcome in terms of the man committing to participate in a Men's Behaviour Change Program. This evidences a lot of work for very little outcome. The huge volumes of L17 referrals of men and lack of resources to engage men in behavioural change contributes to this.
139. In contrast to L17, Kildonan leads the Services Connect Hume Moreland program, which was previously granted funding by the Victorian Liberal Government to the end of October 2016. This program, discussed in further detail below, generates a significant number of family violence referrals and has so far received very positive feedback.

Building generalist skills in working with family violence

140. Family violence service provision is often seen as a specialist field, with workers requiring specialist skills in order to support women and children. This 'specialisation' prevents non-family violence workers from taking action in relation to the safety of women and children and instead referring to specialist family violence agencies. Wait times can be lengthy and women may disengage before they receive a service.
141. Kildonan is of the view that the Victorian Government must support capacity building across all sectors to build generalist skills in working with family violence.

142. Whilst there is a need for specialist workers across a range of areas, including family violence and in particular high risk cases, most clients of services face multiple issues including family violence, drug and alcohol, mental health, housing and homelessness and financial hardship.
143. In times of significant demand there is an urgent need for increased capacity for all agencies to have knowledge about family violence and practice frameworks to guide responses that prioritise the safety of women and children. We can't solely rely on specialists.
144. Generalist workers don't necessarily need to have very high level family violence skills to intervene and create safety for families. Building capacity in a general workforce involves family violence training (i.e. understanding that family violence is about power and control), understanding risk assessment frameworks and safety planning and understanding the role of police and courts in family violence prevention and how best to work with these systems to ensure the safety of women and children.
145. Generalist workers can be supported to enhance their capacity to identify and respond to family violence indicators. For example, Kildonan has been working with maternal health nurses in this capacity, focusing on an early intervention response. Those involved in the training have shown improved confidence to undertake base level intervention work and refer to family violence specialists where necessary.
146. Women who experience family violence may not engage with a family violence service as first port of call. Often in fact the issue of family violence is identified and addressed through GPs, housing services, family and parenting services, mental health and drug and alcohol services.
147. Employing workers who can case manage all of these issues, as with Kildonan's Families@Home model and Services Connect, enables women to have their issues dealt with holistically. The focus is very much around allowing the client to set the agenda for their goals and what they want to achieve, rather than what the services sectors tells them they need. It is likely this results in improved outcomes for the whole family.
148. The Service Connect model of one key worker and generalist service provision is new and so far untested in terms of evaluation of outcomes from this different model of working. Kildonan supports the view that generalist workers, trained in

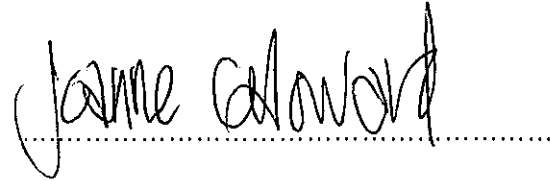
working across a number of issues, can support families who experience family violence. Whilst some areas of family violence work requires specialist skill, particularly that involving high risk families, most workers have the ability, with additional training, to provide family violence support (as per the Services Connect model). The key worker model is helpful to women who may be in crisis as it reduces the numbers of 'professionals' women need to deal with, addresses co-occurring issues and reduces the need for multiple service intervention.

149. Essentially, Services Connect operates as a community based client focused multi-disciplinary centre. Services Connect provides a generalist workforce supported by cross-organisational capacity with workers trained in family violence and family sensitive practice and able to work with a range of presenting issues.
150. The Hume-Moreland Service Connect centre which Kildonan is working with has 15 staff co-located from a broad range of services including drug and alcohol counsellors, housing, disability, Aboriginal services and migrant services. If a client wants a family violence response, Services Connect, one worker can support that client to devise a safety plan, locate alternative housing, apply for an intervention order, liaise with child protection workers and seek financial assistance. Workers will also liaise with police and courts as required.
151. Every client has one initial assessment, formulates one care plan to address all of their issues, articulates which goals they want to address and how, and the goals are measured using the Outcomes Star™. The Outcomes Star both measures and supports progress towards self-reliance or other goals. The Stars are sector wide tools and different versions of the Star include homelessness, mental health and young people. All versions consists of a number of scales based on an explicit model of change which creates coherence across the whole tool and a Star Chart onto which the client and worker plot where the client is on their journey. The attitudes and behaviour expected at each of the points on each scale are clearly defined, usually in detailed scale descriptions, summary ladders or a quiz format.
152. An Outcomes Star reading is taken by the worker and client at or near the beginning of their time with the project. Using the ladders or other scale descriptions, they identify together where on their ladder of change the client is for each outcome area. Each step on the ladder is associated with a numerical score so at the end of the process the scores can be plotted onto the client's Star. The process is then repeated at regular intervals (every three, six or 12 months

- depending on the project) to track progress. The data can be used to track the progress of an individual client, to measure the outcomes achieved by a whole project and to benchmark with a national average for similar projects and client groups.
153. The early feedback that we are receiving is that clients really like the Services Connect approach because they feel very much empowered to direct the type of service and care they get and they don't need to see a whole raft of different workers.
 154. Kildonan is of the view that it is important to have a generalist approach in an environment where most clients now present with a range of issues around drug and alcohol abuse, mental health issues, financial hardship and family violence. Consequently, there is a need for workers to have generalist skills so that rather than four different services and sectors working to address those issues, we can provide one worker who is highly trained to deal with all four.
 155. We need to shift more towards the child being at the centre of all issues. This helps to build a platform of commonality so that all agencies are coming from the same place. In a sector where resources are severely limited and issues co-occur in most cases, moving to a more generalist and integrated approach seems like the obvious natural progression.
 156. Another reason for moving to a generalist approach is to ensure that those families experiencing family violence are actually getting the help that they need. Many women do not engage with the family violence sector directly. When women seek help for drug and alcohol issues, many of those women also experience family violence but may not seek help in relation to that issue.
 157. If we are able to build our capacity to respond to family violence in those sectors, we will be able to undertake some really positive work to promote the safety of women and children in a generalist way. If we employ the right people with the right skills it doesn't matter which sector they're in, they can engage the woman and help her to disclose family violence.
 158. A generalist approach will also result in the capacity to reach women other than those in really high risk situations. By building capacity across the board (for example, call centre workers and financial counsellors) with those four main issues

that co-exist, workers will be trained to identify and respond to family violence indicators.

- 159. Kildonan recommends that the Services Connect platform be supported as a platform to respond to family violence.

A handwritten signature in black ink, reading "Joanne Carol Howard", written over a horizontal dotted line.

Joanne Carol Howard

Dated: 8 July 2015