



WITNESS STATEMENT OF MARIA HAGIAS

I, Maria Hagias, Executive Director of Central Domestic Violence Service (**CDVS**), Adelaide, in the State of South Australia, say as follows:

1. I am authorised by CDVS to make this statement on its behalf.
2. 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.

Current role

3. I am the Executive Director of CDVS.
4. CDVS provides services to women and children affected by domestic violence in the eastern and western metropolitan regions of Adelaide. We also recently won a tender to provide, as of 1 July 2015, the Women's Contact Program, which supports women whose partners have been mandated by the courts to attend behavioural change programs.
5. I am also the co-chair of the Coalition of Women's Domestic Violence Services, a peak body advocating for the elimination of violence against women and children.

Background and qualifications

6. I have worked in women's services for the past 20 years. After graduating from the University of South Australia, with a degree in Social Work, I began working as a bilingual staff member at the Migrant Women's Support Accommodation Service. I worked primarily with women from a Greek background.
7. From there I moved to the Southern Domestic Violence Service, to work as an Outreach Worker and then Manager. I then moved to CDVS, where I have been since 2003.

Service delivery in the domestic violence sector in South Australia

8. The domestic violence sector in South Australia refers to services funded under the National Affordable Housing Agreement (**NAHA**) and National Partnerships against Homelessness (**NPAH**). The sector's funding is administered through the Department of Communities and Social Inclusion Homelessness Strategy Division.
9. The domestic violence sector has the following characteristics:
 - 9.1. one state-wide entry point into the system – the Domestic Violence Crisis Service;
 - 9.2. one state-wide CALD specialist service – the Migrant Women's Support Service;
 - 9.3. 14 regional domestic violence services;
 - 9.4. three aboriginal specific domestic violence services; and
 - 9.5. a Stay Safe Stay Home Program, funding security upgrades and practical support for women to remain in their own home.
10. All domestic violence services within South Australia, including CDVS, deliver the following service elements:
 - 10.1. Risk Assessment – a risk assessment will be conducted for all women and children. The risk assessment tool is common to all government and non-government services. Attached to this statement and marked "**MH-1**" is a copy of the South Australian risk assessment tool. Women identified as high risk will be referred to Family Safety Meetings, which are located in all regions and include both government and non-government representatives to ensure appropriate interventions are put in place to promote safety and to hold men accountable. The NGO representatives are women's domestic violence service representatives from the regions.
 - 10.2. Supported Accommodation – all regions will provide crisis accommodation, transitional accommodation and longer term housing for women and families identified as complex. The number of accommodation options vary across regions. CDVS can accommodate 90 families at any given time.

- 10.3. Case Management – a case management response is provided to all women and children accessing services. This model involves the use of the “Homeless 2 Home” database, which provides a guide to assessment, case planning, implementing, coordinating and reviewing service delivery and decision making processes. The NAHA Case Management utilises holistic, systems and strengths based approaches in engaging clients and in determining case management and case work direction. CDVS’s case management response is informed by the service delivery model attached to this statement and marked “MH-2”.
- 10.4. A Gateway for Service – all women who present to the service, whether by phone or referral, will be considered potential clients of the service and will be assessed to identify their presenting crisis and long term needs. On presentation all service providers will ensure that an initial assessment is conducted, a risk assessment undertaken to determine the safety and security needs of the women and her children, and a referral made to the most appropriate service – which may be the service where initial contact was made. The purpose of this is to ensure that women do not need to repeat their stories and we respond to all women making initial contact based on their risk and needs.
- 10.5. Brokerage – brokerage money is provided to support families where there are gaps within the service system. This money is predominately used for interpreters and access to mental health professionals, particularly where there are long waiting lists. The funds are allocated to meet crisis needs and implementation of the case plan and achievement of goals.
- 10.6. Outreach Support – support to women wherever they are or whatever their situation at the time of referral. It might be, for instance, that a woman does not want or require accommodation, but rather information and support to meet her needs.
- 10.7. Early Intervention Outreach – support to women and children before they are able or willing to engage with services as registered clients. An example of this may arise through the court system, where a woman is attending to obtain an Intervention Order. The service providers have a presence in court to support women navigate the criminal justice system, and to provide information regarding domestic violence and the services that are available.

- 10.8. Waitlist Motel Support – the provision of outreach support to women and children placed in motel accommodation ensuring timely exit into appropriate and safe accommodation. These referrals come directly from the Domestic Violence Crisis Service, the entry point into the system.
- 10.9. Children’s support – all children entering services will be assessed and case managed individually.
11. As above, CDVS is the service provider for the eastern and western metropolitan areas of Adelaide. There are equivalent service providers in the northern and southern metropolitan areas, as well as in regional South Australia. The services provided by the various organisations are almost exactly the same.
12. This present model of service delivery follows substantial reviews and reforms in 1997 and then in 2009.

1997 review of the domestic violence sector

13. When I commenced working in women’s services in 1995, our model of accommodation and service delivery was very similar to the Victorian model as I understand it. The crisis accommodation available was primarily communal living, and these shelters were typically either three or four bedroom homes, in which three or four families would be accommodated. The shelters were high security and women would often have to relocate from their region to be entitled to access them.
14. In 1997, the sector determined, with the support of what is now the Department of Communities and Social Inclusion, that a review of the shelter system in South Australia was needed. The shelter system had not previously been reviewed, and there had been no consideration of how things might be done differently or improved. The review focused on the issues arising from communal living, as well as service model responses more broadly.
15. Domestic violence service providers were very much involved in that review: we participated in the development of the terms of reference, together with other key stakeholders, and were ultimately part of the process regarding implementation.
16. What the review found was that, in most shelters, boys over the age of 14 years, and sometimes as young as 12 or 13, could not be accommodated. The shelters also excluded women with mental health or drug or alcohol problems, and those who presented with challenging behaviours. Shelters similarly excluded women and

children from the local area because of security concerns. There were strict rules associated with living in a shelter, including curfews, set menus and household chores. This created problems around cultural sensitivities regarding food preferences, child rearing practices and customs, which led to discontent and a feeling of exclusion at the shelters. Women reported that they would rather not enter shelters because of communal living arrangements. The model was also very insular and relevant key stakeholders and service providers were not able to attend the refuges onsite to provide responses to families; families were required to receive services offsite.

17. The strong consensus was that this communal model was very far removed from the principles of the work that we do, particularly in relation to empowering women.
18. The review also considered rationalisation of the domestic violence services that existed. No money went out of the sector, however the question that was raised was whether we could put more of that money into service delivery, by rationalising administration costs. At that time I was part of the Southern Domestic Violence Service, and there was then an inner southern service and an outer southern service.
19. Following the 1997 review, those services were brought together. Each service provider went through a closed tender process with the government to receive funding, and to ensure that every regional service met the same standard. The outer and inner southern services tendered together, and they continue to be one service now. There was an acknowledgment by government and services that retaining women specialist services was critical and the process was not to set services up to compete against each other, but to support services to meet the required new service elements and continue the provision of services to women and children. There was a clear recognition of the expertise and knowledge of the sector and a commitment to retain it.

Core and cluster model of accommodation

20. Out of the 1997 review came a commitment to explore the core and cluster model.
21. The first core and cluster opened in the eastern metropolitan area in around 1998 and, most recently, a centre opened in the west last year. The model has now entirely replaced the previous shelter model: each region in South Australia now has a core and cluster model of accommodation.

22. A core and cluster is a set of individual units on a piece of land, together with office space or workers space, as well as communal activities areas for women and children. The format is very similar to that used at retirement villages; where you have independent living, and communal spaces as well, alongside comprehensive support services for both women and children. The core and cluster provides families the opportunity of privacy, and allows them to connect and be supported as they wish. Families effectively have their own home. It allows mothers and their children to reconnect after crisis and violence, and creates a private, consensual safe place for family. It is much more culturally appropriate and responsive than the previous model of accommodation. In the communal space we run comprehensive group programs for woman and children, that address domestic violence and its impact, build self-esteem and confidence, re-establish the mother and child bond and build women's capacity to attain financial independence to break the cycle of violence and poverty,.
23. All of these programs are provided in partnership with other regional government and non-government service providers. These partnerships are a critical component of building the women's capacity to connect with local community agencies once they disconnect with the regional domestic violence service. It also builds the capacity of our partners and our other service groups to understand and respond to domestic violence when they're faced with it in the community. We also specifically provide police cadet training, because it is critical that as front line service providers they are sensitive to domestic violence issues.
24. Services that visit the sites to assist women and children to meet their immediate and long term needs include:
- Centrelink;
 - Legal support;
 - Police;
 - Technical and Further Education services;
 - Children's services;
 - Psychologists; and
 - Health services.

25. There are also no specific rules in the core and cluster model that may exclude women due to individual circumstances. We don't have age limits for children, or curfews. We don't have rules around drug and alcohol, because when you design rules like that, what you're really doing is setting women up to fail. Inevitably some women using our services will present with mental health issues and drug and alcohol issues. Our role is to work with them and support them to address those issues. The only rules that we do have are based on behaviour. Women are required to engage with their domestic violence case manager regularly, and we don't tolerate violent, aggressive or intimidating conduct.
26. The security levels vary at the different sites. Our eastern site at the moment resembles a retirement village: it sits back off the road and there is a blue pool type fence that surrounds it. The women have a security code to come in and out and women can drive their cars into the complex, which keeps them off the street and provides another level of security. Whereas at our western site, all of our properties face the street and there are no high fences, although fences separate each property. Every unit at that site has a duress alarm that goes directly to a security company. We also have security screens on the external windows and doors.
27. In my experience, women who are at a high risk from partners actively trying to find them, are no more or less safe under the core and cluster model than they were under the refuge model. The cluster model still adopts precautions in relation to visitors, the address is confidential, and women use a PO Box in relation to their mail. However, this model allows some flexibility for women, and allows them to be directly supported by their family. We may negotiate, based on individual needs, for a parent or a sibling or aunt to be able to attend the property, and the way that the model is set up, this doesn't actually interfere with other families. What is critical is to not further isolate the woman. This doesn't lead to a corresponding decrease in women's safety.

Access to accommodation

28. Access to accommodation in South Australia is based on individual assessment, which includes risk assessment, and on a family's needs and support requirements.
29. When a woman requires accommodation in South Australia she will first make contact with the Domestic Violence Crisis Service, which is the entry point into the South

Australian system. I expand upon the framework of the domestic violence sector in South Australia in my statement below.

30. If there is not a property available for her and her family (which is more often than not), the family will be placed into a motel. An assessment will then be done with the woman to explore which region best fits that woman, considering where her supports are and her safety, before a referral is made to the appropriate domestic violence service. That service will then start working with the women until a vacancy becomes available, and this allows for a continuity and consistency of support for the woman and her children.
31. Families tend to reside in the cluster model for about six weeks before moving into transitional housing. Transitional housing is managed by external property providers or community housing providers. CDVS nominate who will be accommodated into that transitional housing, via the external service, within our region. So we have a number of transitional properties that are designated to us at CDVS, as do all regional DV services.
32. The government has also set up supported housing, which is a longer term option, designed for women who may face real barriers to accessing private rental. They include women with complex needs who face barriers in accessing and sustaining private rental. We continue to provide support services to women in that form of accommodation until that family is ready and able to access sustainable long term accommodation. We had found that when women came out of crisis or medium term accommodation, there were many challenges and barriers preventing them to access private rental, so we explored other pathways for women, and sustainable two year housing was created.

2009 reform of the domestic violence sector

33. The current model of domestic violence service provision in South Australia, and this uniformity in the services provided, has existed since a further reform of the sector in 2009.
34. The 2009 reforms were prompted by the Federal Government's release, one year earlier, of "The Road Home": a white paper on homelessness that led to significant reform of the homelessness sector more broadly. South Australia received an increase of \$15 million per year in recurrent funding for the homelessness sector, of which the domestic violence sector received \$3 million. The South Australian

government used this opportunity to look, with service providers, at the sector in its entirety. It was recognised that there were some real limitations for domestic violence services being funded under the homelessness banner, however it was decided that would not be changed. Instead we focused on shifting the Key Performance Indicators (**KPIs**) for the sector. We noted, for example, that under homelessness, a repeat user is seen is a negative outcome, whereas for domestic violence, that is actually a good outcome. It means that the woman is connecting with us and it gives us the opportunity to work with them to develop safety plans, to conduct risk assessments and to ensure that the appropriate services are wrapped around that family. The service responses and KPIs are designed around our understanding of domestic violence, its complexities and impact on families. We advocated strongly on the issue of quality versus quantity. If you were simply to count the number of beds that we have – and a three bedroom unit might have as many as six – we may not utilise all of those beds if a family with two children are accommodated, however that is an appropriate service and an appropriate response for that family.

35. South Australia decided to establish a partnership between the Department of Communities and Social Inclusion – Homelessness Division and the Office for Women, to ensure that domestic violence responses were linked to the South Australian Women's Safety Strategy agenda and to the National Plan. This ensured the sector was providing more than just a roof over women's heads. We have found that you do get better outcomes when you actually provide that real, holistic response. We were fortunate to work with great people in the Department and when we developed our KPIs, they agreed that our focus must be on quality outcomes, with strong case management and post crisis support. Ending the working relationship is informed by the family's needs and their risk and safety. The length of time we spend working with women varies from six months to two years.
36. The 2009 reforms advocated and implemented measures that enabled victims of domestic violence to remain in or return to their homes, and ensured equitable access to services, irrespective of location. One of the premises of the reform was to make sure that the system was as easy as possible for women.

A gateway to services

37. Service providers in South Australia are required to provide a gateway for women. There are multiple ways for a woman to find the most appropriate domestic violence service. CDVS provides a formal duty system every day from about 9.00am to 12.00

noon, and we promote our service within the region. When a woman does contact us, our role requires us to conduct a risk assessment with that woman to identify her risk and safety needs and an initial assessment to identify further issues requiring support. If that assessment means that she's referred into our service, or into a service in another area, then we ensure that we create a pathway for her to receive the most appropriate service through advocacy on her behalf. If she requires accommodation then we will also create a referral pathway, what is known as a warm referral, so that women don't have to repeat their story.

38. If a services provider is in contact with a woman, they are required to undertake a risk assessment. It is that tool that is then used as information for the Domestic Violence Crisis Service, and the basis of creating pathways for wherever a woman needs to go. In that way, we are able to minimise the amount of times a women has to repeat her story and provide her with a continuity of service. The risk assessment also informs the decision as to where the woman is best suited for a response.
39. If capacity issues arise, and CDVS is not able to see a woman on a one-to-one basis, and she is of a low risk, we might refer her into one of our groups, for instance. That provides a connection in another way. But we will continue to remain connected and assess her needs regularly. The purpose of this is to ensure that we continue to monitor risk and develop plans to support her being safe. If her risk changes, and she does become at high risk, then obviously the response needs to change as well. That is when we would refer the woman into a Family Safety Meeting, where all government and non-government organisations convene fortnightly at a minimum to actively implement measures that promote her safety.
40. The Family Safety Meetings has ensured that all government departments and non-government departments are working together and sharing information to support the safety of that woman and her children. This initiative ensures organisational accountability in supporting the safety of women and children and making men accountable for their behaviours. These measures have been possible due to the close working relationship between DCSI (our funders), OFW and the women's specialist sector.
41. Ultimately and ideally women and children should not be further victimised and marginalised due to the violence by their partner. Having to leave their home with their children and be homeless due to his behaviour requires further discussion and exploration. Measures that can support women and children to remain safely in their

homes must be considered, but this can only occur if the system which includes the criminal justice system provides victims the confidence, safety and support to do so. We must also acknowledge that this option is not for all women due to safety.



Maria Hagias

Dated: 7th July 2015