IN THE MATTER OF THE ROYAL COMMISSION INTO FAMILY VIOLENCE

ATTACHMENT RF-3 TO STATEMENT OF ROCCO FONZI

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This is the attachment marked '**RF-3**' produced and shown to **ROCCO FONZI** at the time of signing his statement on 3 August 2015.

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Attachment RF-3

red tree

Consultants to government and the community, health and education sectors

Disability Family Violence Crisis Initiative December 2011 – November 2012

Evaluation

Confidential report to Service Development and Design Branch, Department of Human Services

31 January 2012

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Executive summary

About the initiative

The Disability Family Violence Crisis Response Initiative (DFVCRI) is intended to ensure that women and children with disabilities from across Victoria have access to timely, appropriate and effective service responses to their family violence crisis.

The state-wide initiative commenced on a pilot basis in December 2011, implemented by Disability Services in the former Eastern Metropolitan Region (EMR).[1] Two disability workers in the EMR intake team were allocated to the roles of disability family violence liaison officers (DFVLOs). These DFVLOs assist family violence and disability professionals to assess and meet the needs of women and children with a disability in relation to family violence.

The initiative may fund the purchase of disability-related goods and/or services, where there is no other way of funding them. Such purchases can be arranged by a family violence service or a DFVLO. The initiative is limited in the duration (usually 12 weeks) and value (usually up to $9,000) of support it can provide, although there is some room for discretion. Purchases are paid for by the family violence service and reimbursed via invoice.

Eligibility for the service is defined by three criteria. The client must require immediate protection (assessed via Family Violence Risk Assessment and Risk Management Framework); have a disability as defined by the *Disability Act 2006* (the Act); and require specific disability-related support to either access a family violence crisis accommodation response or remain safely in her home or community.

About the evaluation and this report

This evaluation was undertaken for the Department of Human Services (DHS) by Red Tree Consulting. It was planned and conducted retrospectively, commencing after 11 months of service provision. The evaluation framework and this report were structured using the RE-AIM model of evaluation, in which reach (to clients), efficacy and effectiveness, adoption (by referrers), implementation and maintenance are considered. The evaluation was primarily informed by qualitative data obtained from interviews with the DFVLOs, other DHS in management and direct service roles, and managers and workers in the family violence and disability sectors.

This report is written from the perspective of Red Tree Consulting, drawing on our observations and professional judgement as well as the data provided by informants.

The initiative's reach

The reach of the initiative was limited in its early stages, but increased significantly with promotional efforts in August 2012. In all, 15 families or a total of 18 clients (8 women and 10 children) received funding via the initiative. An equal, or perhaps greater, number of women and children might have benefited from the initiative had eligibility criteria been different. We found that many would-be clients required assistance with activities of daily living (for example, due to a mental health problem or other chronic health condition or injury) to be safe from family violence, but did not satisfy the definition set down in the Act. This was the source of considerable disquiet among evaluation informants, most of whom had not previously worked within the Act and had expected a larger cohort of women and children to be eligible for the initiative.

The initiative's efficacy and effectiveness

All family violence managers and workers whose clients had accessed the initiative believed it to be of significant value. They saw it as making a real difference in their clients' lives, and as providing an important stepping stone towards living in safety.

The disability-focused supplementary questionnaire greatly facilitated assessment of women and children with a disability and the initiative's guidelines permitted immediate expenditures for those who were eligible. This resulted in timely and appropriate responses in which women's and children's disability and safety needs (most frequently for transport and/or attendant/personal care) were generally met.

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[1] The Department of Human Services moved to a new organisational structure on 14 December 2012. This report uses the term 'region' when referring to the initiative's implementation in the context of the previous organisational structure. Recommendations and suggestions for the future are framed within the new structure.

The initiative is now located within the Eastern Division of DHS.

The strategy of brokerage employed by the initiative was generally very effective, although some managers of family violence services were concerned about the timeliness of reimbursements. The shortage of services available to assist with activities of daily living in some rural and regional areas was also of concern.

The initiative delivered many of the outcomes anticipated in the program logic (documented at the beginning of the evaluation period). It had additional value by virtue of its contributions to changed awareness and thinking about disability among family violence professionals and to collaboration between family violence and disability workers for ineligible women and children. If the initiative continues, this added value is likely to improve the service system's support of women and children beyond crisis periods.

The evidence collected in this evaluation suggests that the initiative has achieved its aim for its intended target group; women and children who have a disability as defined by the Disability Act (2006), and that there is potential for further positive impact in the future. While uptake of the initiative was relatively low in its first year, there is strong evidence that the initiative is needed and that uptake will grow as more workers become aware of its existence.

The initiative's adoption

Uptake of the initiative was very slow in the first half of the year, but picked up from August 2012. While family violence workers were more likely to refer successfully to the initiative, many workers in the disability sector also sought information and advice about the initiative via secondary consultations. While some attempts were made to promote the initiative, there is evidence to suggest that in the future, uptake would be assisted by more concerted and ongoing promotion.

The involvement of key stakeholders (for example, in the reference group and in redeveloping the assessment tool) has contributed to the initiative's relevance and uptake.

The initiative's implementation

The DFVLO role is regarded by family violence and disability professionals as a highly skilled one, requiring significant knowledge and understanding of family violence, risk assessment and risk management, as well as disability. A DFVLO is required to facilitate communication and collaboration between family violence and disability professionals – who do not usually work together and often have very disparate perspectives on family violence. The work associated with the initiative is very time consuming and the round-the-clock nature of family violence work means that the DFVLOs need to be readily available to respond to calls from workers. It is preferable that the DFVLO role is a stand-alone position, rather than integrated into a generalist intake role. It is also important for DHS to have in place arrangements to cover leave and ensure adequate professional development for any DFVLOs who come into the position without significant family violence work experience. If the DFVLO role is shared, there needs to be adequate time provision for information sharing between the DFVLOs.

The location of the initiative in the EMR enabled the DFVLOs to be placed within a clinical team, which is appropriate. However, basing the initiative in the EMR office was not without difficulties. Some prospective referrers were confused about the initiative's reach – believing it to be either an EMR or metropolitan initiative. In at least one case, it may have been harder for the DFVLOs to refer appropriately because they lacked local contacts and knowledge.

In general, the location of the DFVLO role within DHS has been successful. Many people see this as the best way of ensuring that family violence professionals can tap into the specialist knowledge, networks and experience of disability professionals.

In the short term, while uptake of the initiative is likely to be low but growing, division-based implementation seems the most practicable approach. However, promotion must focus on the statewide nature of the initiative. In the medium term, DHS could consider whether area-based DFVLOs would be more effective.

The initiative was implemented within a short timeframe and there were some early problems with communications and record-keeping systems. As it proceeded, these were mostly rectified, although there may still be a need for improvements.

The initiative's reference group met monthly for the duration of the initiative and the Disability and Family Violence Steering Group (for which the DFVCRI was a standing agenda item) met quarterly. Both groups comprised disability and family violence professionals from DHS and stakeholder agencies and were instrumental in the initiative's effectiveness and uptake. The swift implementation of the initiative meant that many details needed to be decided upon as implementation progressed. This was achieved by a high level of collaboration, in a process that built on existing goodwill and trust.

A range of structural enablers and barriers impacted on the initiative's implementation. Other activities, such as Common Risk Assessment Framework (CRAF) training for disability workers and funding for intensive case management in the family violence sector, contributed to an increased profile for the issue of family violence against women and

children with a disability. However, the paucity of funding for disability services and universally accessible accommodation mean that women and children are often reliant on perpetrator–carers or unable to leave them. It is widely acknowledged that many family violence and disability professionals lack awareness and information about the interface between family violence and disability. Furthermore, most disability workers lack awareness of safety and risk issues; this may have dangerous consequences for women and children. The lack of a common framework and language between the family violence and disability sectors poses a challenge for the initiative, although conversely, the initiative may be contributing to the development of these.

Maintaining and extending beyond the initiative

The initiative provides greatly needed funds with maximum flexibility and responsiveness, and also makes specialist knowledge available to family violence and disability workers. As such it should be maintained. Naturally, as in the early stages of any initiative, there are processes, systems and ways of working that could be strengthened or improved. The role of DFVLO needs careful consideration, as workers in this position provide a bridge between the family violence and disability sectors.

Many women and children who require assistance, aids or equipment for activities of daily living do not satisfy the criteria set down in the Disability Act. It is vital to identify a means to ensure they too receive an appropriate response in a family violence crisis. The Service Development and Design Branch could play a leadership role in mobilising various departmental and statutory stakeholders to develop a holistic response to these women and children.

There are also actions that could be taken beyond the initiative to address some of the structural barriers to responding to the needs of women and children with a disability in a time of family violence crisis. These include making provisions for extra time for assessment and case management and expanding the availability of accessible family violence crisis and long-term accommodation.

Conclusion

The DFVCRI is the first initiative of its kind in Australia, and possibly the world. By providing funds for purchase of goods and services that are beyond the resources of the family violence sector and by facilitating access to specialist knowledge, the initiative has made it possible for some women and children with a disability to be safer from family violence. In a context in which women and children with a disability are often very dependent on perpetrator–carers and greatly marginalised within the service system, this is a very significant outcome.

Red Tree Consulting recommends the retention of the initiative and suggests a range of measures to enhance its reach, workings, and monitoring and evaluation.

Summary of recommendations

Numbering and clustering of recommendations

This report contains a range of recommendations regarding the maintenance and enhancement of the DFVCRI. It also makes a number of recommendations for systems change, which if implemented, would help to ensure that women and children with disabilities from across Victoria have access to timely, appropriate and effective service responses to their family violence crisis. These two types of recommendations are labelled differently:

- Initiative rec # refers to recommendations directly pertaining to the initiative
- Systemic rec # refers to recommendations intended to achieve systems change.

Recommendations are numbered sequentially as they appear in the body of the report. For ease of reading in summary, recommendations for the initiative are grouped by theme below, with a reference to the page on which they appear.

Recommendations for the initiative

#	Recommendation	Page
	Maintaining the initiative	
27	Continue the Disability Family Violence Crisis Initiative.	46
	Extending the reach of the initiative	
1	Extend the initiative's criteria to include women who are caring for an adult son or daughter with a disability.	16
5	Investigate barriers to uptake of the initiative by Aboriginal women and children and implement strategies to address these.	21
6	Investigate barriers to uptake of the initiative by women and children from CALD communities and implement strategies to address these.	21
	Meeting women's and children's needs	
4	Maintain a flexible approach to expenditures under the initiative, in recognition of the diverse needs of women and children with a disability who experience family violence.	21
8	Develop a strategy to provide intensive family violence case management for clients of the initiative.	22
	Maintaining and enhancing workability of the initiative	
2	Retain the current brokerage model for directing funding to clients.	18
3	Maintain the policy of honouring commitments made under the initiative for the first five days of service delivery for women and children assessed as eligible.	19
25	Retain the Supplementary Questionnaire for assessing the disability-related needs of women and children with a disability.	42
	Locating and staffing the initiative	
13	Continue to locate the initiative within DHS rather than in the family violence sector.	36
14	Investigate whether it is desirable to move towards area-level implementation of the initiative and, if so, adopt workforce development strategies to ensure this is achievable in the medium term.	36
15	If the initiative continues to be implemented by one division for the whole state, make the statewide nature of the initiative apparent in the DFVLO title.	36
16	Maintain the role of DFVLO for the initiative and ensure that the full extent of their work, and the specialist family violence skills and experience required, are represented in its position description.	37

#	Recommendation	Page
18	Add community liaison to the regular DFVLO role to create a full time position for the next year of the initiative, in order to consolidate awareness of the initiative in the family violence and disability sectors and strengthen capacity among workers in both.	37
17	Provide all DFVLOs with meaningful, ongoing opportunities for professional development about family violence and ensure that any family violence agencies that provide training are recompensed for their time.	37
19	Ensure that there are at least two workers among DCS Intake staff who are skilled and knowledgeable to cover the DFVLO role during leave periods.	38
	Promoting the initiative	
9	Ensure the DFVLO has time and ongoing opportunities to promote the initiative to the family violence and disability sectors.	33
10	Ensure that information about the initiative is easily accessed via the DHS website.	33
11	Work with DHS communications professionals to develop a suite of promotional materials for the initiative, including non-standard forms of communication (such as email footers, links to the DHS website from other websites for family violence and disability professionals, and networking/social media).	33
	Improving administrative processes	
20	Review methods of keeping case notes for clients who are not registered with DCS, to ensure consistent and effective record keeping.	38
21	Review internal processes for reimbursing agencies for expenditures made under the DFVCRI to ensure monies are reimbursed as quickly as possible.	38
24	Confirm a person's eligibility for the initiative by letter to the referrer, providing the information set out in the evaluation report.	42
7	Ensure that the DFVLOs have good networks with public and private disability service providers in each region, so that they can easily locate relevant services in a timely fashion.	22
	Maintaining stakeholder engagement	
12	Continue to involve key family violence stakeholder organisations and individuals with relevant expertise in decision making about the initiative.	34
22	Maintain the guiding role for the reference group for the initiative.	38
23	Maintain the reference group at approximately the same membership and size, and seek other ways to engage and consult with stakeholders who are not currently involved.	38
	Monitoring and evaluation	
26	Develop a dataset for monitoring the initiative and a mechanism for collecting and analysing this data (see report for suggested data items for inclusion).	45

Summary of recommendations for systemic change

#	Recommendation	Page
1	Initiate work towards meeting the family violence crisis-related needs of all women and children who require assistance with activities of daily living, not only those who are currently eligible for the DFVCRI.	15
2	Investigate avenues to enhance responses to men with disabilities who experience family violence, in ways that affirm and support Victoria's gendered framework for responses to family violence.	17
3	Support family violence and disability agencies to develop local-level protocols for collaboration.	30
4	Continue to offer CRAF and other forms of family violence training for disability workers.	39
5	Develop and implement a strategy to increase the availability of universally accessible crisis accommodation for women and children and men with a disability.	40
6	Provide regional-level training about disability for family violence workers.	40
7	Work closely with the Victorian and interstate family violence sectors to urgently seek the inclusion of fields to record disability in the SHIP database.	45

Use of language and shortened forms

Use of language and shortened forms

Family violence is a gendered phenomenon and the language used in this report reflects that fact. We refer to perpetrators using the male gender, although we recognise that women can and do perpetrate violence against women and children with a disability, especially in their caring roles.

We use the term 'disability' in its most generic sense, rather than as defined by the *Disability Act 2006* (hereafter referred to as 'the Act'). Where we *do* use the Act's definition, we indicate this.

This report is about services provided to women and children when one or both has a disability. We use the term 'women and children with a disability' or simply 'women and children' to refer to these clients.

In some parts of this report, we use the term 'perpetrator–carer' to refer to a person who perpetrates violence against a family member they provide care for.

We recognise the professionalism of all who work in the family violence and disability sectors. For readability, we vary our use of terms such as worker and professional.

Acronyms

ABI	Acquired brain injury
ASD	Autism spectrum disorder
CALD	Culturally and linguistically diverse
CASA	Centre Against Sexual Assault
CRAF	Family Violence Risk Assessment and Risk Management Framework (usually referred to as the Common Risk Assessment Framework – CRAF)
DS	Disability Services
DCS	Disability Client Services (DHS)
DSR	Disability Support Register
DFVCRI	Disability Family Violence Crisis Response Initiative
DHS	Department of Human Services
DVO	Domestic violence outreach
EMR	Eastern Metropolitan Region (of DHS)
HACC	Home and Community Care
ISP	Individual support package
NDIS	National Disability Insurance Scheme
NGO	Non-government organisation
RE-AIM	Reach, effectiveness and efficacy, adoption, implementation and maintenance (evaluation framework)
RIC	Regional Integration Coordinator
SHIP	Specialist Homelessness Information Platform (the national homelessness services data collection tool)
SRS	Supported Residential Service
WDVCS	Women's Domestic Violence Crisis Service

About the initiative

Overview

The Disability and Family Violence Crisis Response Initiative (DFVCRI) is targeted towards women and children with a disability who are seeking safety from family violence. It provides immediate funds to support them to remain safe in the home or community or to access family violence crisis accommodation. The supports are provided for a maximum of 12 weeks, while other, more long-term, arrangements are put in place.

To access the initiative, a woman or her child must:

1. Have been assessed as 'requires immediate protection' (CRAF, Comprehensive Assessment) and be supported and referred by a Specialist Family Violence Service
2. Have a disability as defined by the *Disability Act 2006*. According to the Act, disability in relation to a person means:
    (a) a sensory, physical or neurological impairment or acquired brain injury or any combination thereof, which
        (i) is, or is likely to be, permanent; and
        (ii) causes a substantially reduced capacity in at least one of the areas of self care, self management, mobility or communication; and
        (iii) requires significant ongoing or long term episodic support; and
        (iv) is not related to ageing; or
    (b) an intellectual disability; or
    (c) a developmental delay

    The definition of disability does not include people who require support as a result of:

    Ageing

    Mental illness

    Drug and alcohol use

    Chronic health issues (e.g. severe asthma)

    An injury / illness that has temporarily caused the need for support unless there is a co-existing disability.
3. Require specific disability-related support to either access a family violence crisis accommodation response or remain safely in her home or community.

The DFVCRI commenced for a trial period on 1 December 2011 and is available to women and children across the state. During the period under evaluation, the initiative was coordinated by the EMR office of DHS. It is now coordinated within the Eastern Division.

The initiative has a small pool of funds that may be used to support a woman's or child's immediate disability-related needs for a short period, while longer-term accommodation and supports are explored. The funding is available to obtain a wide range of services and/or products, for example:

- attendant care support for disability-related needs such as personal care, shopping assistance, meal preparation or support in providing care of children
- hire of equipment (where own equipment cannot be accessed) or linkage with the statewide equipment program where appropriate
- sign/Auslan interpreting in cases where the DHS interpreter service is not available through the credit line
- transport costs related to disability.

Costs that are not related specifically to disability are met by the Family Violence sector.

Funding of up to $9,000 per person is available, with requests for funds over $9,000 managed on a case-by-case basis.

Program logic, aims and objectives

The DFVCRI was implemented to address an immediate concern about lack of access to family violence crisis services for women and children with a disability. Whilst no formal aims or documented program logic were in place at the commencement of the initiative, formal guidelines existed which outlined objectives and intended reach.

At the commencement of the evaluation process, Red Tree assisted the reference group to document the program logic for the initiative (see Appendix 1), and to set down an aim and objectives against which it might be evaluated.

The aim of the initiative is to ensure that women and children with disabilities from across Victoria have access to timely, appropriate and effective service responses to their family violence crisis.

Its objectives are:

- The family violence and disability sectors have capacity (time, resources, skills, knowledge, information, collaborative practices and enabling protocols) to contribute to timely, appropriate and effective service responses to women and children with a disability in family violence crises.
- Women and children with a disability have timely access to support and resources in a family violence crisis period.
- The support and resources that are offered are appropriate to women's and children's needs in the crisis period.
- The support and resources that are offered have the potential to contribute to women's and children's safety from family violence during or beyond the crisis period.

How the initiative operates

Suitability and eligibility for the initiative is assessed using the CRAF and a supplementary questionnaire. The latter document was developed at the beginning of the initiative and revised mid-2012, and contains a series of questions intended to assist workers to identify whether a woman and/or her child would be eligible for assistance via the initiative, and what kinds of assistance might be required.

The documented process for a family violence worker to access the initiative on behalf of a client is as follows:

- assess eligibility and need using the disability supplementary questionnaire
- contact the DFVLO in the EMR office of DHS (in business hours) or Women's Domestic Violence Crisis Service (WDVCS) (both business and after hours) to discuss making an application
- expend funds to obtain disability-related services or items that the client urgently needs in order to be safe (payments made in the first five days of service to a client will be honoured by the initiative, if the family violence agency can demonstrate that it assessed the person as eligible)
- fax or email the supplementary questionnaire to the DFVLO within five business days
- liaise with the DFVLO to identify, plan for and purchase (further) support and service provision over the next 12 weeks
- liaise with the DFVLO and other professionals as appropriate to plan for support and services beyond the initiative
- invoice EMR for all disability-related expenses incurred on behalf of the client or make arrangements with the DFVLO for direct procurement by DHS.

About the evaluation

Evaluation objectives

This evaluation sought to identify and explain:

- Reach — The clients reached by the initiative
- Effectiveness — The outcomes of the initiative in relation to individual women and children
  The effectiveness of strategies and activities
  The extent to which the initiative's objectives were met
  Unanticipated positive and negative impacts or outcomes that arose from the initiative
- Adoption — The adoption of the initiative by intervention agents (family violence and disability workers) and the appropriateness of the setting(s)
- Implementation — The extent to which the initiative was implemented as intended
  Implementation critical success factors and barriers
- Maintenance — The extent to which the initiative became institutionalised or part of routine organisational practice
  Critical factors in sustaining the initiative beyond the funding timeframe
  The long-term outcomes of the initiative for participants

The evaluation objectives above reflect the language and concepts embodied in an evaluation framework called RE-AIM (reach, effectiveness, adoption, implementation and maintenance). For more information about RE-AIM see www.re-aim.org.

Evaluation methodology

The initiative was retrospectively evaluated by Red Tree at the end of its first year (late 2012), using an evaluation framework and methodology we[2] developed for that purpose.

The evaluation is largely informed by qualitative data, drawn from phone and face-to-face interviews and meetings with the initiative's reference group.

Informants were selected because they had been:

- involved in the initiative in some way, and/or
- had referred, and/or
- had attempted to refer to the initiative, and/or
- had been recommended as a potential informant by a member of the reference group.

Informants were either called or emailed an invitation to contribute to the evaluation.

The DFVLOs collected a small amount of demographic and case data about service users and also an even more limited dataset about enquiries that did not proceed to referral (these were called secondary consultations and were defined as such if no supplementary CRAF was provided to Disability Client Services (DCS)). The initiative had a relatively low uptake in its first year, and so the number of service users and referrers was quite small. This precluded any meaningful statistical analysis of quantitative data collected by the DFVLOs, although the quantitative data did inform some of the questions asked in interviews as well as our observations about the initiative's reach. The data contained in this report was provided to Red Tree in November 2012.

[2] 'We' and 'our' in the context of this report refer to Red Tree Consulting.

Informants for the evaluation included:

- the initiative's liaison officers
- women's family violence and disability advocates
- managers of family violence crisis services
- family violence workers
- DHS staff in Disability Services and Housing and Community Building (from both central and EMR offices)
- regional integration coordinators.

In all, there were 34 individual informants to the evaluation, representing 20 organisations plus various departments and offices within DHS. Of these informants, 12 had actual experience of working with a client who had used the initiative and/or using the initiative for a secondary consultation.

The short timeframe available for the evaluation meant it was not possible to gather information directly from women and children about the impact of the initiative on their safety and wellbeing. DHS obtained consent from women to record and use de-identified personal information, and some of the professionals interviewed for the evaluation provided de-identified case studies to convey a range of client experiences.

About this report

This report has been written by Red Tree for readers within DHS. It is not intended for publication, although DHS may publish any or all of the report or disseminate it more broadly. The executive summary has been written for an audience including and beyond DHS and provides a useful overview of what has been learnt in the evaluation.

The report is structured on the evaluation framework, with a conclusion reflecting on the degree to which the initiative met its aims. We have provided several de-identified case studies to illustrate the impact of the initiative and/or the experience of women and children with a disability in relation to family violence. Quotes are also included where they were likely to enhance the reader's understanding of an issue or idea. We offered all interviewees anonymity, and so comments that are reported are not attributed to specific individuals or agencies.

Given the small sample of clients, in reporting on the initiative's reach we have judged it preferable to generalise some demographic data, rather than risk revealing clients' identities.

About our recommendations

Our recommendations stem from analysis of the evaluation data and suggestions generated by informants early in the process, which were subsequently tested out in later interviews. All recommendations were discussed with the initiative's reference group and endorsed by its members.

In conducting this evaluation, we have been highly cognisant of the imminent changes in DHS's structure and modes of service delivery. In general, we understand that most recommendations should be equally applicable in the new structure. In some instances, they may need to be implemented in spirit, rather than literally.

Reach

Who accessed the initiative

Eight of the initiative's clients were women and 10 were children, for a total of 18 clients. In most instances, only one person in a family had a disability, although three families each had two siblings with a disability. This means that 15 individual women or family units were served by the initiative.

DHS did not collect data on the perpetrator/s of the violence; however, anecdotes from family violence workers we interviewed suggest that they were usually a male family member (partner/father) and often an unpaid carer.

While typically an evaluation would discuss reach in relation to demographic indicators, DHS did not collect demographic data about the initiative's clients and data regarding whether a client was already registered with DS was patchy (see *Monitoring and evaluation* on page 44 for a discussion of evaluation data).

Table 1: Clients who accessed the initiative

Woman or child	Type of accommodation	Disability type
Child	Refuge	Autism spectrum disorder
Child	Refuge	Autism spectrum disorder
Child	Refuge	Autism spectrum disorder (Asperger's syndrome)
Child	Not recorded	Autism spectrum disorder (Asperger's syndrome)
Child	Safe at home	Autism spectrum disorder (Asperger's syndrome)
Child	Refuge	Autism spectrum disorder, sensory difficulties, intellectual disability
Child	Safe at home	Disorder affecting muscle tone/balance/coordination
Child	Safe at home	Disorder affecting muscle tone/balance/coordination
Child	Refuge	Cerebral palsy/Sensory difficulties
Child	Refuge	Muscular atrophy
Woman	Safe at home	Acquired brain injury
Woman	Refuge	Acquired brain injury
Woman	Refuge	Acquired brain injury
Woman	Refuge	Intellectual and physical disability
Woman	Transitional accommodation	Intellectual disability
Woman	Independent living	Intellectual disability
Woman	Transitional accommodation	Intellectual/neurological disability
Woman	Refuge	Acquired brain injury

More than two thirds of women and children who used the initiative remained in their home region (n=13), but only four had remained in their family home (with a possible fifth client, who was in some form of independent living arrangement). At least two thirds of the initiative's clients had left their usual place of residence (see Table 2).

Table 2: Place of residence while accessing the initiative

Place of residence while accessing the initiative	Number
Refuge	10
Safe at home	4
Transitional accommodation	2
Independent living	1
Crisis (unspecified)	1
Not recorded	1
Total	18

Ineligible clients

Establishing eligibility

Family violence workers reported that while the initiative's eligibility criteria were clearly documented, it was still very difficult for them to decide with complete confidence that a woman's or child's condition satisfied the initiative's definition of disability. One informant noted, "When you're on the phone, it's hard to know whether it's an intellectual disability, a mental health issue or both".

Reasons for ineligibility

In addition to collecting data on the initiative's clients, the DFVLOs also recorded data about clients whom professionals in the disability or family violence sectors sought to refer without success (see Table 3). This data – especially when combined with the narratives of interviewees – offers insights into cohorts of clients that professionals expected or hoped would be assisted by the initiative. It is important that the data is not construed as indicative of the level of demand for the initiative. It is reasonable to assume that most professionals who were aware of the eligibility criteria did not attempt to refer ineligible clients; this was borne out in our interviews.

Table 3 summarises reasons for ineligibility. Common reasons were:

- not satisfying the definition of disability set down in the *Disability Act 2006*
- being a man with a disability
- being a woman who is the full-time carer of a man with a disability
- not being in current contact with a family violence service and/or being regarded as 'post-crisis'
- living with or being in continued relationship with the perpetrator (this was not a barrier to eligibility if the prospective client was seeking help to escape/leave the violence).

Table 3: Reasons for not using the initiative

Person with the disability	Eligible on basis of age AND disability	Requires immediate protection	Family violence service involved	Requires disability-support to be safe	Documented reason for the person/family not using the initiative
Woman	×	✓	✓	✓	Not disability under the Act
Woman	✓	×	✓	?	Post-crisis
Woman	✓	×	✓	?	Still in relationship
Young woman (16)	✓	?	×	?	Not yet supported by family violence agency
Young men (14 & 17)	✓	×	?	?	Post-crisis
Woman	✓	✓	✓	×	No supports required
Woman	✓	?	×	?	Not yet supported by FV agency
Child	✓	?	?	?	Mother still in relationship or contact with perpetrator
Woman	×	?	×	?	Not disability under the Act
Woman	✓	?	×	?	Not yet supported by FV agency
Child	✓	×	×	?	Not yet supported by FV agency
Child	✓	×	×	?	Mother still in relationship with perpetrator
Woman	✓	×	✓	?	Post-crisis
Woman	✓	×	×	?	Still in relationship with perpetrator
Woman	✓	?	×	?	Still in relationship with perpetrator
Child	✓	?	✓	×	No supports required
Woman	✓	?	×	?	Not yet supported by FV agency
Man	×	?	×	?	Adult male with a disability
Man	×	?	×	?	Adult male with a disability
Woman	✓	×	✓	?	Post-crisis
Woman	×	✓	✓	✓	Not disability under the Act
Child	✓	×	×	?	Mother still in relationship with perpetrator
Woman	✓	?	✓	×	No supports required
Man#	×	✓	×	✓	Person with disability is not a child
Woman	✓	?	×	?	Not yet supported by FV agency

In care of a woman (mother) who was experiencing family violence

Not satisfying the definition of disability set down in the Act

Every professional we interviewed expressed intense frustration at what they perceived as a highly limited definition of disability utilised for the initiative's eligibility criteria.

> *When logically you know that the client does have a disability and is in desperate need and not coping, you just think, 'Get real guys!'*

This is not to say that these professionals did not value the initiative; however, they desperately hoped that its value could be extended to other people.

While the opportunities opened up by the initiative created a sense of optimism, several informants spoke of feeling deflated when they realised their clients would not meet the eligibility criteria despite their obvious needs.

All informants appreciated the need for Disability Services to have consistent eligibility criteria across all of its funded programs and initiatives. They called for urgent involvement by other state government entities – in particular Victoria's housing, aged care and mental health services, WorkCover, and the Transport Accident Commission – to ensure that all women and children can receive the response they need in a family violence crisis. Some informants noted that responses to family violence should also be within the remit of the National Disability Insurance Scheme (NDIS); they encouraged DHS to work with the Victorian NDIS Implementation Taskforce to accommodate the initiative.

There was widespread support for the idea that *need* rather than *(dis)ability* should be the key criterion for service provision. As a manager of a family violence service put it, "The woman just needs the care. At times of crisis, we should be absolutely confident that we can say, 'Yes, we can provide it'."

A needs-based approach would be less confusing for women and for workers. It would also provide a space in which family violence workers might acquire goods and services for the significant number of women who do not identify themselves (or their child) as having a disability.

Some workers and managers noted it might also be less expensive for the government to meet needs by expanding the initiative, rather than by tying up tertiary services. For example, one manager commented:

> *We have a young woman who's staying in our refuge; she's got serious mental health issues and she's basically got the perspective of 12 year-old. She's having a day procedure today and she's extremely distressed about it. We're trying to negotiate for overnight stay in hospital, even though it's not really warranted, because she's going to be too vulnerable to be alone. If she comes back tonight, we're going to need to bring in an overnight locum, which we don't really have the money for. We're going to have to take up a hospital bed – even though there's a desperate shortage of them – because we can't bring her back to her own bed in what she's calling home at the moment."*

The evaluation's informants uniformly believed that the initiative met the needs of those who satisfied the eligibility criteria, but noted that the needs of a broader cohort of women and children in relation to disability and family violence remained unmet.

Systemic rec. 1: Initiate work towards meeting the family violence crisis-related needs of all women and children who require assistance with activities of daily living, not only those who are currently eligible for the DFVCRI.

Kate's story - what can happen when a woman is ineligible

Kate has a seriously disabling psychiatric illness that affects many aspects of her daily life. She requires medication and constant support.

Kate was assessed as being at risk of serious violence, with workers suspecting that her partner was prostituting her. In addition, her illness meant she was completely unable to cope with activities of daily life.

Kate was initially accommodated in a refuge. When the extent of her mental health problems became apparent, the refuge arranged a carer paid for by a grant from a non-government organisation. Soon after, Kate was hospitalised; she was discharged to boarding house accommodation after a short stay, but re-admitted to hospital a week later.

The family violence workers who were trying to support Kate felt completely out of their depth given the seriousness of her psychiatric illness, but their repeated attempts to contact Kate's mental health worker for information and/or assistance were unsuccessful.

Kate was ineligible for assistance via the DFVCRI because her psychiatric condition, while disabling, is not covered under the Disability Act.

(Two very experienced family violence service managers raised Kate's story with us separately. Both described the situation as tragic and spoke of the trauma to workers in the three family violence agencies who were involved in Kate's case. While the family violence services had asked to be notified if and when Kate was discharged from hospital, at the time of the evaluation interviews, neither agency had been contacted.)

Cohabiting or being in relationship with the perpetrator of the violence

A significant proportion of women and children could not be helped by the initiative because the woman was still cohabiting or in relationship with the perpetrator of the violence. Informants spoke of the circularity of situations like these: women feel they cannot leave because they worry they will not be able to get help with activities of daily living, and because they will not leave, they cannot get help. Domestic violence outreach services are intended to provide support to women in these circumstances. Considering the extent to which they can and do fulfil this role for women and children with a disability was beyond the scope of this evaluation.

Not being in current contact with a family violence service

The DFVLOs received a number of calls from professionals making queries on behalf of a person who was not in contact with a family violence service. Sometimes these calls resulted in the person being linked with a family violence and applying for funds via the initiative. Other times, the caller did not wish to have contact with a family violence service. In those instances, the initial call was documented as a secondary consultation.

Given the initiative's primary purpose is to assist women and children in family violence crisis, almost all informants saw the involvement of a family violence service as a critical component of risk assessment and risk management.

Only one disability worker – who managed her young male clients' needs without support from the initiative or a family violence service – did not believe that family violence-specific support was always needed. This worker saw resources – most specifically crisis accommodation – as more critical.

Being regarded as 'post-crisis'

Most professionals believed that there needed to be some limits on the scope of the initiative and saw the 12 week-long definition of a crisis period as reasonable. However, many noted that the initiative is based on the presumption that other supports will be available at the conclusion of the funding period; this is not always the case (see *Meeting needs in the longer term* on page 22).

The woman is the carer of a man with a disability

Several professionals cited examples of women who were ineligible for the initiative because the person with a disability in their care was an adult, not a child. For these women, their caring role impacted on their experience of violence and their options for leaving the violence. Professionals saw it as only logical that the initiative should extend to women caring for an adult son or daughter.

Marlene and David - a story of violence against the carer of an adult son

Marlene is the full-time carer of her adult son, David, who has an intellectual disability and is a registered client of disability services.

Marlene's partner Greg (David's father) perpetrated violence against her for many years and she eventually obtained an intervention order against him. Greg ignored the order, and gained entry to Marlene's home several times by convincing David to open the door. Greg was taken into custody for breaching the conditions of the intervention order, but with court proceedings still pending, both Marlene and her family violence workers were seriously concerned about her safety should he be released.

Marlene wanted to leave her home, and possibly the region; but to go out and find a new place to live, she needed someone to look after David. Respite care would have been the best option, because Marlene would have been able to travel further afield to look for a new house. However, this was beyond the family's budget and Marlene's family violence worker assumed she would be ineligible for the DFVCRI, because David is an adult male. Instead, Marlene arranged for David to stay with nearby friends, while she sought a new home within an easy drive.

In the view of the family violence worker, having respite care for David during this crisis period would have made it much easier for Marlene to find a home in a place where she felt truly safe.

Initiative rec. 1: Extend the initiative's criteria to include women who are caring for an adult son or daughter with a disability.

The person being referred is a man (rather than a woman) with a disability

The evaluation identified at least two men with intellectual disabilities who would have benefited from eligibility for the initiative. These two men had each experienced serious and long-term emotional and financial abuse from their respective fathers, culminating in at least one episode of physical abuse. Both men needed help from DCS workers to relocate from one rural town to another.

While there is significant support for maintaining a strongly gendered understanding of family violence, family violence and disability professionals also recognise the higher prevalence of violence against men with a disability, especially men with intellectual disabilities.

There are many complexities inherent in extending the initiative to men with a disability. Not least of these is the fact that services are set up to respond to the *vast majority* of victims of family violence: women and children. There are no specialist services or resources for men with a disability who experience family violence. Rather, responses are made on an ad hoc basis, variously utilising individual support packages ISPs, DHS discretionary grants and (possibly) grants from non-government agencies.

Systemic rec. 2:	Investigate avenues to enhance responses to men with disabilities who experience family violence, in ways that affirm and support Victoria's gendered framework for responses to family violence.

Efficacy and effectiveness

The strategy of brokerage

The DFVCRI operates on a brokerage model, in which goods and services are purchased by the direct service provider and reimbursed by DHS. This model has been in common use in the disability sector for some time and is increasingly used in the family violence sector (for example, for Safe at Home and private rental subsidies).

In general, the initiative's brokerage model was endorsed by the family violence sector. It was seen as offering the most scope to innovate in service provision to women and children with a disability and to deliver services in a timely fashion. It also opens up a sense of possibility:

> *If brokerage can be relied on, then we can start to build up relationships with a set of carers and agencies. (Family violence worker)*

Initiative rec. 2: Retain the current brokerage model for directing funding to clients.

However, there were some concerns – especially among managers and the regional integration coordinators RICs – about the level of financial outlay that agencies were required to make up front, and the financial risk their service was exposed to. These informants noted that the sums of money being expended were not insignificant (there were four invoices over $4,000 and one family received support for two children at a total cost of $18,794).

In part, these concerns stemmed from issues about eligibility discussed above. While DHS has agreed to honour purchases made in the first five days of service provision, informants remained worried that in some circumstances, expenditure would not be honoured, or that it would only be honoured after considerable negotiation. They were also concerned about their position (and concurrently, their client's safety and wellbeing) if DHS did not agree to continue funding for an expenditure the agency had committed to in the first days of service.

> *If we get a woman in who needs personal care, we need to be able to assure her from the beginning that it's going to continue. Because if she thinks it's not, then she's going to go back to him straight away. Why would she risk losing her only carer? That puts us in a difficult position, because if DHS doesn't agree to foot the bill beyond the five days, what are we supposed to do? We don't have the money to keep funding personal care until we get something else sorted. $9,000 is a significant chunk of our overall budget. (Manager, family violence service)*

Most managers we spoke with expressed a significant sense of vulnerability on behalf of their agency regarding this issue; some also cited a sense of 'unease' among board members.

This is a question not only of money, but also of time. As one family violence worker (whose client was accepted into the initiative) pointed out:

> *It's a lot of additional paperwork and trauma [for nothing] if they are rejected. And you would be giving them false hope. In my client's case, it was tricky enough as it was. I was lucky she had already gone through half the process of applying for the DSR [Disability Support Register] ... There are so many forms, things to sign. I think I would have had a breakdown [if she hadn't been funded].*

The initiative has benefited significantly from the goodwill and trust of all stakeholders (see page 39) and it is likely that concerns of this nature will dissipate as the initiative progresses. Making funds available to a broader cohort of women and children would also go a considerable way towards alleviating concerns (see page 13).

It is important to point out that while there were concerns about financial vulnerability, the five-day grace period was still very much appreciated by informants:

> *The five days makes things feel possible ... it gives family violence workers a sense of confidence that they can say, 'We can give you four nights'. At least they have been able to provide an intervention for that time. (Family violence worker)*

Timeliness and appropriateness

Managers of family violence services and workers in direct family violence roles were unanimous in their appreciation of the fact that DHS would honour all commitments made under the initiative for the first five days of service delivery for women and children assessed as eligible. The concerns about financial exposure (see page 18) notwithstanding, this feature of the initiative was regarded as facilitating timely and appropriate responses to women's and children's needs.

While there were a few examples of communication breakdowns during the 12-month period, these were attributed to "teething problems" and informants were generally confident that any future referrals would be received and responded to in a timely fashion.

Initiative rec. 3: Maintain the policy of honouring commitments made under the initiative for the first five days of service delivery for women and children assessed as eligible.

Meeting disability and safety needs

Meeting disability-related safety needs in a family violence crisis

To be eligible for the initiative, women and children needed to require specific disability-related support to either access a family violence crisis accommodation response or remain safely in their home or community. Some of the needs most commonly met by the initiative were transport (usually taxis) and attendant/personal care – often for a few hours per day – to assist with activities of daily living (for all supports provided by the initiative, see Table 4).

In many cases, by meeting these needs, the initiative directly contributed to an individual's or family's safety from family violence, by lessening or removing their reliance on the perpetrator of the violence. While no formal data has been collected about outcomes, our interviews and feedback provided directly to the DFVLOs indicate that only one of the 17 individuals/families who accessed the initiative has returned to the perpetrator of the violence. This is a highly significant outcome, given that there is evidence that the majority of women leave and return to a perpetrator of violence many (up to seven) times before leaving permanently.[3]

> *She's gone back several times before, but not this time. I think the counselling [for her children with disabilities] has made a difference ... She can cope more. (Disability worker whose client has used the initiative)*

It is important to recognise that the initiative can have a positive effect for women even if they do return to a relationship with a perpetrator of violence. As one family violence professional noted, "This initiative has the potential to offer women the space to build some resilience to take with them to deal with the abuse [if it happens again]".

[3] K J Ferraro, 1997, Battered women: Strategies for survival, in A P Cardarelli (Ed.), *Violence between intimate partners: Patterns, causes, and effects*, Allyn and Bacon, Boston, pp. 124–140.

Table 4: Supports provided via the initiative

Woman or child	Type of supports provided via the initiative	Type of accommodation	Disability type
Child	Personal care support	Refuge	Autism spectrum disorder
Child	Personal care support, taxi vouchers	Refuge	Autism spectrum disorder
Child	Support/mileage/recreation activities	Refuge	Autism spectrum disorder (Asperger's syndrome)
Child	Psychology and therapy	Not recorded	Autism spectrum disorder (Asperger's syndrome)
Child	Psychology and therapy	Safe at home	Autism spectrum disorder (Asperger's syndrome)
Child	Equipment	Refuge	Autism spectrum disorder, sensory difficulties, intellectual disability
Child	Personal care support, shower wheelchair	Safe at home	Disorder affecting muscle tone/balance/coordination
Child	Personal care support, vehicle modification	Safe at home	Disorder affecting muscle tone/balance/coordination
Child	Equipment	Refuge	Cerebral palsy/Sensory difficulties
Child	Taxi vouchers, transport/ equipment, mileage, wheelchair modifications and repairs	Refuge	Muscular atrophy
Woman	Support for shopping, cleaning and gardening	Safe at home	Acquired brain injury
Woman	Support and mileage	Refuge	Acquired brain injury
Woman	Personal care, support and respite	Refuge	Acquired brain injury
Woman	Attendant support and e-tickets	Refuge	Intellectual and physical disability
Woman	Orientation support	Transitional accommodation	Intellectual disability
Woman	Attendant care	Independent living	Intellectual disability
Woman	Attendant care, mileage	Transitional accommodation	Intellectual/neurological disability
Woman	Personal care	Refuge	Acquired brain injury

Flexible use of the guidelines

The guidelines for the DFVCRI do not stipulate what the funds may be spent on. Informants say that this has permitted family violence workers and the DFVLOs to think laterally and creatively about what would best meet the needs of women and families. They believe this has resulted in better outcomes.

> *Through the initiative, we were able to pay for her disability worker to sleep over for a few nights so she could stay in her home and feel safe ... We wouldn't have been able to stretch that far. (Family violence worker whose client did not feel safe to remain at home despite a Family Violence Safety Notice)*

Given the diversity of women's and children's needs, flexibility will always be a prerequisite for successful implementation of the initiative. It is particularly critical for clients from Indigenous families, for whom safety must be considered in especially broad terms.

> *We need to be able to pay for small items quickly – for taxis, petrol, medication, personal alarms, phones with bigger keypads. These are fast turnover things, we shouldn't have to jump through hoops for them. (Family violence worker with experience in disability who has not yet used the initiative)*

Initiative rec. 4: Maintain a flexible approach to expenditures under the initiative, in recognition of the diverse needs of women and children with a disability who experience family violence.

Meeting needs that stem from identity or other demographic factors

Disability interacts with other demographic factors, such as identity and culture, in complex ways. As discussed on page 44, DHS did not collect demographic data about the women and children who used the initiative. This, combined with the small sample size, precludes any real analysis of interactions between disability and other needs.

At least two secondary consultations were for women from culturally and linguistically diverse (CALD) communities. These were for women who were not yet in contact with family violence services and in both instances the DFVLOs suggested their would-be referrers contact WDVCS.

We are aware that at least one client was Indigenous. Her Indigenous family violence worker liaised closely with a worker from a local Aboriginal organisation and reports that both were satisfied with the degree to which the initiative provided funds to address specific needs related to the disability. This woman ultimately returned to her partner, but her family violence worker does not believe that the initiative was in any way implicated in her decision making.

Identity and culture were not identified by other informants being factors in their clients' experience of the initiative. If, as it seems, almost all the initiative's clients were English speaking, non-Aboriginal, and from Anglo cultures, this would suggest more should be done to address the specific needs of:

- Aboriginal women and children, who are more likely to experience both family violence and disability than other Victorians
- women and children with a disability in Victoria's CALD communities.

Initiative rec. 5: Investigate barriers to uptake of the initiative by Aboriginal women and children and implement strategies to address these.

Initiative rec. 6: Investigate barriers to uptake of the initiative by women and children from CALD communities and implement strategies to address these.

Difficulties in meeting needs

> *The initiative is premised on the assumption that goods and services will be available to purchase. This is not always the case. In one situation, in a rural area, funding for personal support services (help with shopping and light housework) was agreed, but the DFVLOs were unable to find a suitable provider. RICs from rural areas hold ongoing concerns about the limitations on the initiative posed by the lack of disability service providers in their regions. The gardening is organised and that's working well, but we can't find a service to support her with the shopping. She's been taking the bus to and from the shops, and walking home with the shopping. I've been picking up heavy things for her. (Family violence worker whose client is using the initiative in a rural area)*

While the lack of providers is a community concern, given the speed with which the initiative commenced, it is possible that the DFVLOs lack information about those services that *do* exist in rural and regional areas. It may be helpful for them to have time and/or administrative assistance to build their knowledge and networks outside metropolitan Melbourne.

Initiative rec. 7: Ensure that the DFVLOs have good networks with public and private disability service providers in each region, so that they can easily locate relevant services in a timely fashion.

Mobilising disability services to respond appropriately to women's and children's needs also sometimes posed challenges. Early in the initiative, the fears or concerns of disability service providers about working with family violence were sometimes an issue. The DFVLOs experienced managers of several agencies holding occupational health and safety concerns and/or concerns about being held responsible for their clients' safety. These concerns were allayed by the DFVLOs through discussion; in some instances, it was helpful to provide the disability worker with the client's documented safety plan. Such discussions can be time consuming, and it is important to recognise them as a fundamental part of the DFVLOs' role (see page 36).

Needs for case management

Women and children with a disability are diverse in their experiences, identities and needs. Often, disability and safety needs are intertwined, especially when the perpetrator of violence is a carer. Many informants spoke of the complexity of some clients' situations, noting that they often experienced multiple forms of discrimination and marginalisation.

While there are some funds available for intensive case management (ICM) in the family violence sector, these are limited and not available within all family violence services. Several managers of family violence services pointed to a need for further support for ICM for women and children with a disability, to complement the DFVCRI.

> *There's an additional impost on case management when a woman has a disability, because her needs are so much higher. (Family violence service manager)*

The time-consuming nature of the work was also highlighted by disability workers, one of whom commented:

> *For that woman [who used the initiative], I have worked on nothing but her case for the last seven and a half weeks. Everything else is a blur. And that young man [who, as a man, was not eligible] ... I think that was five weeks of solid work before I could go back to general case management ... We're not resourced to do that. If we could have developed a plan and then had another service provider do the work, it would have taken the pressure off.*

While this evaluation did not explore in depth *who* should have responsibility for case management of clients with a disability in times of family violence crisis, the need for such was clearly established. Further work is required to establish how family violence services and disability services might share or take responsibility for case management. However, in any case, it is important that the focus of family violence interventions always includes safety and risk management. For this reason, we have used the term 'intensive family violence case management' in our recommendation, to differentiate it from the case management that a DCS client might otherwise receive.

Initiative rec. 8: Develop a strategy to provide intensive family violence case management for clients of the initiative.

Meeting needs in the longer term

The initiative is founded on the presumption that women and children are likely to need support in the medium and long term after a period of family violence crisis. While data about long-term case management or disability support was not formally recorded, our interviews with informants indicate that most clients required ongoing case management or some other form of disability support from a disability service provider.

Family violence workers generally reported success in making arrangements for some form of longer-term support for clients. When clients were already on the DSR, this process was much easier. In some circumstances, the DFVLOs needed to spend considerable time with DCS team leaders to prepare them to take a continuing case management role. Further, while ISPs can be renegotiated, this can be time consuming and satisfactory changes are not necessarily guaranteed. One disability worker whose client had used the initiative said:

DHS didn't want to pay for ongoing overnight supports because they said it would compromise her other supports – technically, her ISP is supposed to be used for recreation. That's fair enough, but she's not going to be able to use the recreation opportunities if she's not safe from the violence. She'll be okay for a while and then she starts feeling alone or vulnerable, and she lets him come back. She really needs someone there all the time, who can support her when she's feeling like that. She needs someone around the clock ... But she also really benefits from living independently. I don't think a group living situation would suit her.

Another disability worker said:

The initiative was fantastic for them but now that's finished. She's waiting for a bigger package but so are lots of other people. The funds in her ISP are running out and so there's no more money for the one-on-one respite. She can still access the facility-based care, but that's hard for her because some of the other clients have behaviours of concern. She really doesn't like it and she gets really upset. Mum doesn't want to be taking her daughter to court but she doesn't have other options.

One disability worker suggested that clients require support for four phases: crisis, interim, stabilisation and long term. She noted, "It can take months to work something out before you can start to stabilise the situation". This idea of meeting needs in the interim period – beyond 12 weeks but less than years – was echoed by a family violence worker, whose client used the initiative:

I'm not sure how the crisis moves into long term. If a woman has long-term needs, I'm not sure how they would be met and she might have to go back to the perpetrator ... ISPs take so long to set up, it's difficult for women in the interim.

While most women who received support via the initiative appear to have remained living apart from the perpetrator, it is important to recognise that there will always be women who return to a perpetrator of the violence, or are at risk of doing so. Domestic violence outreach services are intended to provide support to women in these circumstances; considering the extent to which they can and do fulfil this role for women and children with a disability was beyond the scope of this evaluation.

Addressing needs in other ways

The DFVLOs spoke with a number of family violence, disability and other professionals whose clients had support needs that could not be met by the initiative or were ineligible for the initiative. These professionals were usually provided with suggestions for alternative avenues of support and/or information, in most cases WDVCS. Table 5 documents the ways that needs were addressed via secondary consultations.

Table 5: How needs were addressed via secondary consultations

Person with the disability	Documented reason for the person/family not using the initiative	How needs were being addressed
Woman	Not disability under the Act	Admitted to acute mental health setting day after contact with DFVLO
Woman	Post-crisis	No support required
Woman	Still in relationship with perpetrator	Family violence service involved
Young woman (16)	Not yet supported by FV agency	WDVCS
Young men (14 & 17)	Post-crisis	Not recorded
Woman	No supports required	Supported residential services accommodation
Woman	Not yet supported by FV agency	Police to action as woman was currently at police station
Child	Mother still in relationship or contact with perpetrator	Referral to Child Protection, Housing services and WDVCS
Woman	Not disability under the Act	Case manager to contact WDVCS
Woman	Not yet supported by FV agency	Referral to WDVCS
Child	Not yet supported by FV agency	Referrals to HACC, Interchange and CASA
Child	Mother still in relationship with perpetrator	Referrals to WDVCS and DVRCV
Woman	Post-crisis	Mobilised CAT team and police for welfare check
Woman	Still in relationship with perpetrator	Sent list of SRSs and housing services
Woman	Still in relationship with perpetrator	Organised follow-up by Regional Disability Client Services Intake and Response; sent SRS list (maintaining open contact)
Child	No supports required	Local DVO to follow up on local supports if required
Woman	Not yet supported by FV agency	Referral to WDVCS
Man#	Person with disability is not a child	Referral to Disability Client Services and Office of Housing
Man#	Person with disability is not a child	Referral to Disability Client Services and Office of Housing
Woman	Post-crisis	Commonwealth Carer Respite Centre
Woman	Not disability under the Act	WDVCS for Indigenous funding
Child	Mother still in relationship with perpetrator	Referral to WDVCS
Woman	No supports required	Referral to Independent Third Party and WDVCS
Man#	Person with disability is not a child	Referral to Barwon Region intake
Woman	Not yet supported by FV agency	Organised follow-up by Regional Disability Client Services Intake and Response

In care of a woman (mother) who was experiencing family violence

Value of the initiative

Value to clients

All family violence managers and workers whose clients had accessed the initiative believed it to be of significant value. They perceived it as an important acknowledgement of the pervasiveness of family violence against women and children with a disability, and of the particular needs of this client group. They saw it as making a real difference in their clients' lives, and as providing an important stepping stone towards living in safety:

> *Having the money gives us the confidence to bring women in ... She rang us because she was confused about her meds, and the carer had only been gone half an hour. In her case, if the money wasn't there, we would have been hesitant to provide refuge ... It ended up being a very positive placement for that woman ... I seriously doubt that we would have been able to achieve that without having the specific support [of a paid carer]. (Manager, family violence service)*

> *It totally met her needs. Being a single parent of a disabled child is really difficult, but then when you throw into the mix that you need to attend court and legal appointments, it's even harder. [The initiative meant] she didn't have to worry when she was going off to appointments ... And the service was the same one that had provided it in the past, it wasn't strangers ... [So she had] continuity of care. (Family violence worker, speaking of a client who used the initiative)*

> *It was wonderful to be able to offer something to someone who could potentially go back to the perpetrator if there wasn't the support in place. (Family violence worker whose client used the initiative)*

> *You want the best for all your clients, and women with a disability are even more vulnerable. That's why the program is such a good thing. (Family violence worker whose client used the initiative)*

Ivy and Lucy - a story of a successful intervention

Ivy, who's five, has autism spectrum disorder. Like many children with ASD, routine and sensory aids are very important to her communication, learning and development. They also help her cope when she is feeling overwhelmed.

Lucy, Ivy's mum, first contacted WDVCS when she was thinking of leaving her partner, Ivy's dad. The violence of their situation meant that if she did leave, it would need to be fast and unplanned. There would be no time for gathering belongings, including Ivy's sensory aids.

The family violence worker who assessed Lucy talked with her about the DFVCRI and described the ways that the initiative might be able to help out, including by providing new sensory aids should the existing ones be left behind.

This conversation was a turning point for Lucy and, shortly afterwards, she and Ivy sought secure accommodation. They were housed in a unit, rather than a communal setting, which made the move considerably easier for Ivy. There was no possibility of retrieving their belongings in the short term.

The information gathered in the assessment process meant that Lucy and Ivy's family violence worker could be quickly apprised of Ivy's eligibility for the DFVCRI and her needs. The family violence worker contacted the DFVLO and received immediate permission to commence purchasing new sensory aids. Working with Lucy, and with Ivy's physio, she organised the purchase of textured play equipment, a sand and water play table, a mini trampoline and musical/sensory toys at a total cost of $380.

Ivy's new aids helped her to feel at home in a new environment and to manage the stress of her new situation. Without them, her and her mother's experience would have been intolerable. "It would have been awful," says the family violence worker. "They wouldn't have coped and they would have gone back. Knowing she [Lucy] could get what Ivy needed was a big part of being able to leave a really violent situation and stay away."

Lucy and Ivy are now living in privately rented accommodation and are being supported in the community by a range of services.

Added value

In addition to the initiative's direct benefits to clients in terms of funding, there have been gains in terms of practice. These benefit the initiative's clients, but also the broader cohort of women and children with a disability who experience family violence.

One family violence manager observed, "The initiative gave us language that we didn't have before. The supplementary questionnaire has helped us even in our initial discussions with women, before we've even started to assess them". Developments in awareness were also identified in the disability sector, with a coordinator from a direct service provider commenting:

> *It was a real eye-opener for the workers. I think if they ever came across a situation like that again, they'd know more about what to do ... They were worried at first, not sure what to expect. They went through a whole lot of worst case scenarios. But when they got in there, they realised it was not that different to their usual work ... But they really appreciated the chance to help someone who really needed it. They saw their work [for this client] as more valuable.*

Many informants expressed appreciation for the degree to which the initiative supported and promoted collaboration between the family violence and disability sectors. As one manager observed, "It's started a conversation between two very different sectors". This has been to the benefit of the initiative's clients, but has been equally important for clients who – for various reasons – were ineligible for the initiative or whose needs could be met in other ways. For example:

> Jenny has an acquired brain injury (ABI) that affects her memory. She presents as very able to manage on her own, but acknowledges that she needs support to remember to do things like take her medications and bathe regularly. Jenny's parents, who were her carers, were extremely verbally abusive and controlled all of her money.
>
> Jenny sought help from a local family violence service. The assessment process was difficult, because Jenny was unsure about which (if any) government departments or authorities were assisting her and gave several different accounts about how she had acquired the brain injury. Ultimately, it was established that Jenny was at risk from family violence and that she already had an ISP, which could be used to fund personal care for the period she was living in a refuge.
>
> Jenny was supported by a team of workers from three different family violence agencies (the local service, WDVCS and the refuge), as well as by her disability support worker. This meant that she experienced a high degree of continuity of support. The team arranged for her to move from the refuge into a community residential unit, where she felt – for the first time in years – that she had some control over her life. One of her workers observed, "She was so happy, she nearly made *me* cry".

Jenny's existing package of support meant that there was no need to tap into funds via the DFVCRI. But the seamless and person-focused support that Jenny received was attributed – by several of the professionals supporting her – to the partnerships, skills and awareness achieved by the initiative.

Family violence workers and managers are confident that many of the initiative's gains in collaboration between the family violence and disability sectors are likely to open up the service system's support of women and children beyond a crisis period.

Reflections on the program's outcomes and objectives

The program logic set out a trajectory by which the reference group hoped would result in all Victorian women and children being confident that they will receive the response they need in relation to family violence. The reference group identified a range of outputs that members believed would contribute to short-, medium- and long-term outcomes towards this goal.

We have commented on the extent to which these outputs were achieved in Table 6.

Table 6: Commentary on achievement of the program's outputs as anticipated by the program logic

Output	Commentary
Guidelines for assessment of disability-related family violence crisis and risk	Version 2 of the guidelines is generally seen as providing an acceptable level of information about the initiative.
Clarity about roles and responsibilities	Roles and responsibilities are documented in the guidelines and generally seen as clear.
Shared expectations regarding responses to family violence crisis	There is significant discrepancy between expectations of DHS and the family violence sector regarding who is eligible for the initiative. The latter had a broad definition of 'disability', best summarised as requiring assistance with activities of daily living. The framing of eligibility for the initiative within the definition used by the *Disability Act 2006* was a significant concern. The Department and the family violence sector were able to reach a shared agreement about their expectations about timeliness of responses; the 'five-day grace period' is the product of this agreement. The initiative has assisted some family violence workers to develop their language and thinking around disability.
Capacity to provide a direct and timely crisis response	The initiative has facilitated the capacity of family violence services to provide direct and timely responses to women and children in a family violence crisis period.
Appropriate assessment of disability-related needs for women and children in family violence crisis	The Supplementary Questionnaire developed for the initiative has facilitated appropriate assessment for women and children in family violence crisis. Some family violence workers have concerns about the lengthiness of the assessment process and/or about their skills/capacity to make an appropriate assessment.
Appropriate referral to the DFVCRI	By the second half of the initiative's first year, referrals to the initiative were appropriate in the sense that all were accepted. There were, however, a significant number of secondary consultations; it is unclear from the data how many of these professionals believed they would be able to make a referral via their contact with the initiative. It is possible that more needs to be done to ensure professionals are aware of the initiative's eligibility criteria.
Provision of services that are appropriate to women's and children's needs in a crisis period	Referrers generally reported that services required by women and children in family violence crisis had been provided by the initiative.
Uptake of secondary consultations	Secondary consultations increased after promotion of the initiative in August 2012.
Shared case information (following DHS good practice guidelines)	Case information was shared between referrers and the DFVLOs. Systems for recording information within DHS were improved over the first 12 months of the initiative.
Case collaboration between family violence and disability workers (and others as required)	There were examples of collaboration between family violence and disability workers; these included collaboration for women and children who were ineligible for the initiative.
Local linkages between family violence and disability services	In metropolitan areas, family violence workers were linked with disability services where this was relevant to meeting a client's needs. In at least one rural area, there was no disability service provider to provide the required support.

Output	Commentary
Shared information about the sectors and the service system	Family violence workers obtained information about the disability service system from the DFVLOs in the course of making a referral and/or secondary consultations. Disability workers received information about how to refer to family violence crisis services via secondary consultations.
Awareness of the importance of addressing disability in the family violence sector	The initiative has increased some family violence workers' sense of what is possible; this in turn has improved their confidence to seek new ways to address disability. The Supplementary Questionnaire has informed the language and thinking of some family violence workers and has structured their assessment of women and children with a disability.
Awareness of the importance of addressing family violence in the disability sector	The Victorian disability sector is huge and it is to be expected that only a tiny percentage of workers will have had any level of awareness of the initiative. Some disability workers, especially in intake roles, had opportunities to extend their awareness of family violence via contact with the DFVLOs; however, we were unable to ascertain the extent of their awareness. Other initiatives, such as CRAF training, also provided opportunities for disability workers.
Credible data about met and unmet needs	This evaluation has collected data about unmet needs of women and children who were ineligible for the initiative. Collection of demographic and service uptake data for eligible women and children was poor; this needs to be addressed for planning and evaluation in the future.
Profile for the issue of disability and family violence in governance of both sectors	There is general agreement among key stakeholders that the initiative has recognised that women and children with a disability have specific needs during a family violence crisis, and that these needs have not previously been met.

Reflections against the aim and objectives of the initiative

The initiative's four objectives provide a structure by which we can judge the degree to which various aspects of the aim have been attained. Each is discussed below, followed by a brief discussion of the initiative's aim.

The family violence and disability sectors have capacity (time, resources, skills, knowledge, information, collaborative practices and enabling protocols) to contribute to timely, appropriate and effective service responses to women and children with a disability in family violence crises

The *time* that family violence workers spend to provide information, support and other forms of assistance to women and children is funded by DHS via a range of service agreements. While arguably, these service agreements take into account the different levels of time it takes to meet women's and children's needs, many in the family violence sector believe that there is a shortfall. They note that responding to the needs of women and children with a disability in family violence crisis is a very time-consuming process, especially in terms of follow-up, assessment and case management. The family violence sector may lack *time* capacity to contribute to timely, appropriate and effective service responses to women and children with a disability in family violence crises.

Our contact with the disability sector was limited in this evaluation. The disability advocates we consulted believe there is a poor level of funding of the disability sector relative to need in the community; this was also a theme among family violence professionals, especially those in rural areas. This leads us to conclude that the disability sector may also lack *time* capacity.

The initiative is used to purchase disability-specific goods and services that women and children with a disability require to be safe. It was not intended to improve time capacity. However, by providing a contact point via which family violence and disability workers could obtain information and support to work with women and children with a disability, some time may have been conserved by the initiative.

In this evaluation, *resources* are assets other than time, skills, knowledge, collaborative practices and enabling protocols. Of the resources revealed in this evaluation:

- DHS's executive-level commitment to addressing the needs of women and children with a disability provides the family violence and disability sectors with both a mandate and a responsibility to take action.
- Some agencies in the family violence sector have stepped up to take a leadership role in relation to responses to family violence against women and children with a disability. In doing so, they have provided examples of excellence and inspiration; they have also shared their learning widely.
- There is considerable goodwill among workers from disparate sectors and professions to address the family violence-related needs of women and children with a disability. This is a foundation for the development of trusting professional relationships, collaboration and creative approaches to difficult situations.
- The funds to purchase goods and services required by women and children with a disability in family violence crisis are not obtainable from any other source and are generally beyond the financial capacity of family violence services. In a limited number of cases, family violence services might obtain grants from charitable sources to pay for goods and services for women and children who are ineligible for the initiative; however, this is unsustainable in the long term.
- The limited amount of accessible or universally accessible family violence crisis accommodation was critical to responding to women's and children's needs. Without this accommodation, fewer women and children would have been able to escape violence. More accessible accommodation is needed urgently if women and children with a disability are to have access to out-of-home accommodation, particularly in regional and rural areas.

There is evidence that the initiative has provided necessary funds, built on existing commitment and goodwill, and provided opportunities to show leadership, thereby improving the resources available to provide timely, appropriate and effective service responses. The initiative has highlighted the need for ongoing funding for goods and services to assist women and children in crisis, and also for accessible accommodation.

We found family violence and disability workers have varying levels of *skills and knowledge* to provide timely, appropriate and effective service responses to women and children with a disability. While family violence workers' generalist skills should serve them well in working with women and children with a disability, they are unlikely to have specialist skills such as using communication devices. Few family violence workers have knowledge of how the disability support system works, where to get information about disability and disability services, roles and skill sets of the various disability professions, or how to work around barriers to access. Some might not be aware of the myriad dimensions to safety for women and children with a disability.

Disability workers' level of knowledge about how the disability system works and disability services in their community vary according to their profession and professionalisation. They generally have limited awareness of the prevalence of family violence against women and children with a disability and of the risks these women and children face. Most disability workers have very limited knowledge of how to respond safely and appropriately when they know or suspect that a client is experiencing violence. Their skills to raise these issues with clients and identify the appropriate course of action are also often limited. CRAF training for disability workers may start to improve the skills and knowledge of disability workers to provide timely, appropriate and effective service responses to women and children with a disability.

To some extent, the DFVCRI relies on *collaboration* between professionals in the family violence and disability sectors. Purchases of goods can be undertaken by the DFVLOs with minimal interaction between the sectors; but when services are purchased, family violence and disability professionals need to work collaboratively to provide the necessary service response. This requires them to find a shared language and approach. Within the DFVCRI, the DFVLOs sometimes facilitated collaboration, for example by discussing safety plans with managers of disability services that were being contracted to provide care. Some family violence workers reported examples of collaboration with the disability sector for clients not funded by the initiative; they attributed these to the initiative's impact on their thinking, language and networks.

Some family violence workers have experienced difficulties mobilising responses for women and children with a disability who did not meet the initiative's eligibility criteria. In those instances, disability and/or mental health professionals may have perceived that they did not share responsibility for meeting the needs of a woman or child with a disability when she was experiencing family violence. This may or may not be attributable to lack of interest in collaboration; other explanations include their own eligibility criteria or lack of capacity (such as time or skills).

The initiative appears to have provided some positive examples of collaboration on which to build in the future.

The initiative's guidelines double as a *protocol* for responses to a subset of women and children with a disability. Before the initiative, there were no documented processes for:

- assessing women and children with a disability who have experienced family violence
- obtaining goods and services that can assist women and children with a disability to be safe
- working between the family violence and disability sectors.

These have – to some extent – been achieved by the initiative. Extending eligibility for the initiative would expand the reach of these protocols to the broader cohort of women and children who require assistance with activities of daily life.

At present, the initiative's guidelines are the only documented protocols between the disability and family violence sectors. A next step could be to assist family violence and disability organisations to develop their own localised protocols, particularly where there has already been collaboration via the initiative.

Systemic rec. 3: Support family violence and disability agencies to develop local-level protocols for collaboration.

Overall, there is evidence that family violence and disability sectors' capacity to provide timely, appropriate and effective service responses to women and children with a disability in family violence crisis has increased overall as a result of the initiative. There is still much to be achieved, but the initiative provides a strong base for building capacity from hereon.

Women and children with a disability have timely access to support and resources in a family violence crisis period

Prior to the initiative, women and children with a disability had no specific means of access to support and resources in a family violence crisis period. The initiative enabled family violence services to act *immediately* to address women's and children's needs, and to sustain their support over a period of months if needed.

The support and resources that are offered are appropriate to women's and children's needs in the crisis period

The Supplementary Questionnaire and support from the DFVLOs facilitated assessment of women's and children's needs in relation to disability and family violence. In most cases, these needs were subsequently met using funds from the initiative. The flexibility of the guidelines was an important factor in meeting women's and children's needs.

The support that is offered has the potential to contribute to women's and children's safety from family violence during or beyond the crisis period

The initiative made a significant difference to the experience and safety of the initiative's clients in the short term and possibly beyond by facilitating access to support and resources to meet their assessed needs and strengthening the capacity of family violence and disability services.

It is especially notable that many of the initiative's clients did not return to live with the perpetrator of the violence.

Some women and children require intensive case management, during and beyond a crisis period. This is not funded by the initiative and is not always available from a family violence or disability service. The lack of case management may affect women's and children's safety beyond the crisis period.

Achieving the initiative's aim

The initiative's aim is to ensure that women and children with disabilities from across Victoria have access to timely, appropriate and effective service responses to their family violence crisis. The evidence collected in this evaluation suggests that the initiative has achieved this aim for its intended target group, and that there is potential for further positive impact in the future. While uptake of the initiative was relatively low in its first year, there is strong evidence that it is needed and that uptake will grow as more workers become aware of its existence.

It is important to stress that the initiative's intended target group comprises only a sub-section of Victorian women and children with a disability. The eligibility criteria for the initiative are seen by many as undermining or contradicting its aim.

Unintended or unforeseen outcomes

In the most part, we did not identify any unintended or unforeseen outcomes on the part of DHS. However, it is important to point out that the family violence sector did not anticipate the impact of using the Act's definition of disability. As discussed elsewhere in this report (see page 15), this was a source of considerable disappointment and frustration.

Adoption

Adopters

We have used the term 'adopter' to describe an individual professional (usually, but not always, in the family violence or disability sector) who sought to use the initiative, regardless of whether or not they made a referral that was accepted. The dataset of information about adopters is significantly limited, and so there are few conclusions to be drawn.

The DFVCRI is a statewide initiative; however, adoption of the initiative was very uneven across the state. In general, there were more metropolitan adopters. Although this difference might be accounted for by differences in population density, we found evidence that some workers might have mistakenly believed that the initiative was for metropolitan clients only.

In total, there were 42 approaches to the initiative between December 2011 and November 2012, by 34 adopters (that is, several adopters made multiple referrals or enquiries). Most adopters were family violence workers (see Table 8); others included a Centrelink social worker and a worker from DCS. In at least one instance, while the family violence worker contacted DHS for information and advice, it was a DCS intake worker who connected the family violence worker with the initiative. This was counted as a referral from the disability sector.

In addition to adopters recorded by DHS, we encountered one disability professional who had attempted to refer to a family violence service to access the initiative, but who was unable to find someone within that service who was aware of the initiative's existence. This has been counted as an enquiry/secondary consultation.

Table 7: Region of adopter

Region	Referral	Enquiry/ secondary consultation	Total adopters
Barwon South West	1	1	2
Eastern Metropolitan	4	2	6
Gippsland	1	0	1
Grampians	1	0	1
Hume	0	0	0
Loddon Mallee	1	2	3
North West Metropolitan	1	6	7
Southern Metropolitan	2	6	8
Statewide service/other	1	5*	6*
Total	**12**	**22***	**34***

* Includes two attempted self-referrals, directed to the DFVLOs by DCS Intake

Table 8: Sector of adopters

Sector	Referral accepted	Enquiry/ secondary consultation	Total
Disability	2	11*	13
Family violence	9	7	16
Other	1	4	5
Total	**12**	**22***	**34***

* Includes two attempted self-referrals, directed to the DFVLOs by DCS Intake

Timing of adoption

Table 9 shows the months of adopters' first contact with the initiative.

Information about the initiative was distributed to all family violence agencies and DHS disability services immediately after its launch in December 2011, but uptake was extremely limited through the first half of 2012. In August 2012, a further promotions effort took place in the form of a mail-out to RICs for inclusion in their newsletters or bulletins for family violence services in their region. This may have been the reason for a significant increase in approaches to the initiative – more adopters adopted the initiative in the period August to October 2012 than in the previous eight months combined. Notably, approaches dropped off again towards the end of 2012, perhaps suggesting that ongoing efforts are needed to promote the initiative.

Table 9: Adopters' first contact with the initiative by month

Month	Referral	Enquiry/ secondary consultation	Total contact
December	0	2	2
January	1	0	1
February	0	2	2
March	0	2	2
April	1	1	2
May	1	1	2
June	0	1	1
July	1	0	1
August	1	6	7
September	2	4	6
October	4	1	5
November	1	2*	3*
Total	**12**	*	*

*Includes two attempted self-referrals, directed to the DFVLOs by DCS Intake

Factors in adoption

The initiative's reference group organised a range of promotional activities (see Table 10 on page 34), but there is general agreement among stakeholders that the number of women and children who would be eligible for assistance via the initiative massively exceeds the number of actual referrals. They attribute the relatively low uptake in the initiative's first 12 months to a low level of awareness of the initiative across the state.

We found evidence to support this idea. At the group interview we conducted with the RICs, at least four RICs were new to their positions and uninformed about the initiative. Others had believed (and in one case communicated and then corrected) that the initiative was for metropolitan services only or services in the EMR only. Some of our other informants – including those who had successfully referred to the initiative – were also unaware of key elements of the initiative, such as that they could request multiple forms of assistance or assistance over several episodes of support. Furthermore, our interviews revealed that some of these adopters did not deliberately set out to use the initiative. Rather, they were linked to the DFVLOs via DCS intake and only learnt of the initiative during their conversation with a DFVLO.

Many informants believed the initiative needed to be better promoted, and stressed the value of using multiple forms of communication, not just email and newsletters. In particular, they recommended: case presentations/discussions; documented case studies; presentations at meetings, conferences and forums; and word-of-mouth.

Our understanding is that the workload of the DFVLOs limits the time available for them to undertake promotional activities. The initiative has benefited from the efforts of its reference group members, many of whom have been vocal

and effective advocates for the initiative in a range of settings. While this active support will continue to be important, we also recommend that DHS strengthen its own efforts to promote the initiative.

Data we gathered suggests that promotional activities and materials should include:

- An FAQ sheet (essentially an abridged form of the Guidelines) for the family violence sector, with the following content:
  - Who is eligible for the initiative?
  - What can be funded by the initiative?
  - Can we purchase multiple items/services?
  - Can we purchase items/services for more than one episode of care?
  - What is the process to apply to the initiative?
  - How soon will we know the outcome of our application?
  - What is the process to requisition funds from the initiative?
  - When may we start spending money to meet an eligible client's needs?
  - Case story x 2
  - Sample of a completed Supplementary Questionnaire.
- A combined FAQ/tip sheet for the disability sector, with the following content:
  - What is family violence?
  - What should I do if I believe my client or their family member might be experiencing violence?
  - What if the perpetrator of violence is someone my client relies on for care?
  - What support is available to my client?
  - Who can I contact to talk these issues through?
  - Case story x 2
  - Sample of a completed Supplementary Questionnaire.

Initiative rec. 9:	Ensure the DFVLO has time and ongoing opportunities to promote the initiative to the family violence and disability sectors.
Initiative rec. 10:	Ensure that information about the initiative is easily accessed via the DHS website.
Initiative rec. 11:	Work with DHS communications professionals to develop a suite of promotional materials for the initiative, including non-standard forms of communication (such as email footers, links to the DHS website from other websites for family violence and disability professionals, and networking/social media).

Some RICs believed that some family violence workers saw it as simply "too difficult and time consuming" to apply for the initiative. We found no evidence of this sentiment among managers and direct service workers, although some did feel that process of applying was arduous. Informants who had not had a referral accepted were still appreciative of the opportunity to discuss their client's situation with the DFVLOs. To overcome the risk that some professionals might have disengaged from the initiative, messaging in promotional materials should:

- explain the value of using the Disability Supplementary Questionnaire to assess all clients with a disability, regardless of whether there is a likelihood of them being eligible for the initiative
- provide links and practical tips for workers whose clients are assessed as ineligible for the initiative
- encourage family violence professionals to contact the DFVLOs if they have questions or require assistance to complete the Disability Supplementary Questionnaire.

Table 10: Promotional activities

Target audience	Format
Statewide Intake and Response (Disability Services)	Discussion at statewide meeting
Disability Client Service Managers	Discussion at statewide meeting
Domestic Violence Victoria members	Discussion at statewide members' meeting
Family Violence Intensive Case Managers	Reference group members' participation in Forum on Disability
Staff of Women's Domestic Violence Crisis Service	Discussion at team meeting
Family Violence Liaison Officers (Police)	Presentation at Eastern Regional Forum for Victoria Police Family Violence Liaison Officers and Senior Sergeants
Family violence sector (Eastern Region)	Article in Eastern Regional Family Violence Partnership Newsletter
Disability sector	Article on disability and family violence in *The Advocate* newsletter distributed by Advocacy for Inclusion (ACT)
Family violence and disability sectors (statewide)	Sowing the Seeds of Change forum at DVRC
Indigenous family violence workers	Meeting between Indigenous Family Violence Regional Coordinator and DFVLO
Family violence sector	Mail-out to RICs for inclusion in their regional newsletters

Involvement of key stakeholders

The initiative has benefited from the commitment and very active involvement of the following stakeholders:

- Women with Disabilities Victoria
- Women's Domestic Violence Crisis Service
- Safer Futures Foundation
- Domestic Violence Victoria.

These non-DHS stakeholders saw themselves as having a key role to play in the initiative's implementation, and contributed by actively participating in its reference group, advocating for the initiative in family violence settings, providing significant clinical input into the revised Supplementary Guide and participating in the evaluation process.

All stakeholders felt heard and valued for their contributions, and greatly appreciated having multiple opportunities for involvement. They saw the initiative as extremely valuable, representing a significant turning point in support for women and children with a disability in Victoria. Several stakeholders noted that the initiative was an example of genuine innovation:

> *The UN special rapporteur on violence said to me, 'This is a national – maybe even global – lead. It's nowhere else in the world. It's setting the scene for what women should have'. (Manager of a family violence service)*

In turn, DHS staff valued the opportunity for the initiative to be informed by family violence professionals, seeing it as critical to its success. They recognised that stakeholder organisations – and individuals working within them – contributed a significant depth of practice wisdom regarding working with women and children with a disability in relation to family violence. Some family violence professionals are highly knowledgeable about the national and international context in which the work takes place, and were able to provide valuable information about what has been undertaken and learnt elsewhere.

Initiative rec. 12: Continue to involve key family violence stakeholder organisations and individuals with relevant expertise in decision making about the initiative.

DHS and the broader reference group have noted a number of stakeholders that have not yet been involved in the initiative:

- Indigenous organisations
- Regional integration coordinators
- Office of the Public Advocate
- Home and Community Care
- Department of Health
- Victims of Crime
- Acquired brain injury organisations.

There needs to be consideration given to how these stakeholders might be involved, and for what purpose. While the reference group has been an important consultative mechanism, its effectiveness might be compromised if its membership numbers increase appreciably. Other ways of involving this second layer of stakeholders and welcoming new perspectives include task-focused working groups, consultative meetings, focus groups, workshops and professional development forums. (For further discussion of the Reference Group see page 38).

Implementation

How the initiative was implemented

Location

The initiative was implemented by the EMR office of DHS. This means that the DFVLOs can be part of an intake team, which is appropriate to the clinical nature of *part* of their role. However, some family violence workers believed that the initiative was only for women and children residing in the Eastern region or in the metropolitan area.

The practice of locating the DFVLO within DCS intake was widely supported, although some RICs believed that locating the initiative within DHS made it less responsive and less accessible. Some RICs suggested that funds from the initiative would be better distributed among regional family violence services. We did not find support for that idea among managers and direct service workers. Most said it would be difficult to find a family violence worker who had enough knowledge of disability to dispense the funds well and to provide specialist advice on disability to other family violence workers. They also believed that locating the initiative within DHS strengthened the interface between the two sectors.

Depending on the structure of the reconfigured DHS, there may be merit in the idea of locating a DFVLO in each division or area office/team rather have a statewide initiative based in one division. As well as being less confusing, this might overcome some of the difficulties associated with the DFVLO not having a significant level of knowledge of services in rural and regional areas. We acknowledge the challenge in the short term of finding a sufficient number of disability workers with the requisite level of understanding of family violence issues to staff the initiative across the state. This may be an issue that training could address for the medium term.

In the short term, titling the DFVLO role to reflect its statewide nature might go some way towards addressing confusion about the geographic reach of the initiative.

Initiative rec. 13:	Continue to locate the initiative within DHS rather than in the family violence sector.
Initiative rec. 14:	Investigate whether it is desirable to move towards area-level implementation of the initiative and, if so, adopt workforce development strategies to ensure this is achievable in the medium term.
Initiative rec. 15:	If the initiative continues to be implemented by one division for the whole state, make the statewide nature of the initiative apparent in the DFVLO title.

The DFVLO role

The bulk of DHS's work in relation to the initiative is undertaken by two DHS Intake staff, in the role of DFVLO. Their work includes:

- assisting family violence workers to complete assessments and the initiative's documentation (if required)
- talking through assessment findings with the referring worker and considering what (if any) goods or services a woman or child might need
- identifying suitable goods and services (this can be time consuming, especially in rural and regional areas) to be purchased by the initiative
- liaising with providers of goods and services, including obtaining quotes
- keeping the family violence worker informed of progress towards acquiring goods and services
- participating in case conferences (if required)
- notifying the family violence worker of information or identified risk factors that may impact on the client's safety, especially where this information indicates increased risk
- assisting disability workers to understand and prepare for their role in providing a service to a woman or family in the context of family violence (this can also be time consuming)
- ensuring family violence workers have access to any information they require about aids, equipment or disability support roles purchased via the initiative
- facilitating relationships between family violence and disability workers as required

- working with the specialist family violence service to prepare a Disability Support Register (DSR) application for ongoing support (if required)
- liaising with regional intake staff (the initiative's guidelines state that clients should be linked back to DCS in their region of origin as soon as possible, to facilitate planning to meet medium- and long-term needs; this often took some time, and regional staff sometimes needed a considerable amount of information, support and coaching to take on this role)
- identifying alternative pathways and funding sources for women and children who are ineligible for the initiative
- receiving, managing and completing the internal documentation required to process applications and invoices
- promoting the initiative within DHS and externally – to the family violence and disability sectors.

Some family violence workers have much more skill and knowledge around disability issues than others and the circumstances of each case are unique; this means that the DFVLOs work differently in each individual case, negotiating their role according to the needs of both the client and their family violence service.

The role of DFVLO is regarded as a highly skilled one. Informants noted that a DFVLO needs to have a deep understanding of the myriad ways that family violence and disability might impact on women's and children's lives, as well as a comprehensive knowledge of the intricacies of the disability service system.

> *The worker was really open and we have lots of conversations. In the future I have no doubt that I can call her for secondary consult or if I just need information. (Family violence worker whose client used the initiative)*

> *Disability is a whole new area of expertise. Doing the research is hard – [often I'll see a] website that says 'You can have the earth'. But I just want to know about this particular patch of dirt. I don't necessarily even know what the client needs, let alone where and how to get it. I need someone who has detailed knowledge of things like the best taxis, alarms and phones. I want someone who can tell me if it is better to just use an iPhone app ... Often women can tell you what kind of carer they need; but if it's a client with an intellectual disability or who is elderly, they don't necessarily know. (Family violence worker with significant disability expertise, who has not yet used the initiative)*

Some informants from outside DHS were concerned that DHS might not fully appreciate the degree to which the DFVLO role is different to regular intake and were keen to ensure that the role is not 'absorbed' into all intake workers' roles. Rather, they believed it should be a dedicated, specialised role within DHS:

> *DHS has to recognise that these clients are at high, high risk. They are often women who have never accessed a service before. We should be able to get immediate support when we work with them ... The DFVLOs need immediate capacity, they shouldn't be doing this work on top of their other work. (Family violence manager)*

> *It definitely needs to be a separate role. They can't be doing this job on top of their other intake work. (Family violence worker)*

Initiative rec. 16: Maintain the role of DFVLO for the initiative and ensure that the full extent of their work, and the specialist family violence skills and experience required, are represented in its position description.

Initiative rec. 17: Provide all DFVLOs with meaningful, ongoing opportunities for professional development about family violence and ensure that any family violence agencies that provide training are recompensed for their time.

Even in relatively straightforward situations (which are rare), there is a considerable amount of work for the DFVLOs in responding to any referral or enquiry. Key stakeholders were concerned about the capacity of the DFVLOs to respond to enquiries and referrals in a timely fashion, should demand for the initiative increase.

As discussed on page 33, there is a need for considerably more work to promote the initiative, and also to strengthen capacity in the family violence and disability sectors. Some informants suggested that a full-time DFVLO might be well positioned to perform the initiative's intake role and promote the initiative in the community.

Initiative rec. 18: Add community liaison to the regular DFVLO role to create a full time position for the next year of the initiative, in order to consolidate awareness of the initiative in the family violence and disability sectors and strengthen capacity among workers in both.

Administration of the initiative

The administrative load on the DFVLO role is significant. Our impression is that capacity in this regard would be strengthened by making more use of administrative workers and IT professionals within the department, and investing in training to assist the DFVLOs to make better use of their Microsoft Office software (in particular, spreadsheets and forms/templates).

There were some communication breakdowns in the early days of the initiative, attributable to the hasty rollout of the initiative and the consequent lack of systems. Given the 24/7 nature of family violence work, some informants noted the importance of ensuring the DFVLO role is staffed every business day, to minimise response times. They sought assurance that the role would be covered during leave times (including sick leave). Our understanding is that such arrangements are now in place.

Initiative rec. 19: Ensure that there are at least two workers among DCS Intake staff who are skilled and knowledgeable to cover the DFVLO role during leave periods.

Some informants were also somewhat concerned about document management systems and speculated about whether there was a need for a more consistent and effective processes for documenting each case. Where the role is shared between two or more workers, they emphasised the need for time for information sharing between those workers.

Initiative rec. 20: Review methods of keeping case notes for clients who are not registered with DCS, to ensure consistent and effective record keeping.

The timeliness of reimbursements was a further concern for some informants, with some managers citing waits of more than a month for repayment. They saw it as very important that DHS reviews its internal processes in order to expedite reimbursements (especially of sums over $500).

Initiative rec. 21: Review internal processes for reimbursing agencies for expenditures made under the DFVCRI to ensure monies are reimbursed as quickly as possible.

The steering and reference groups

The initiative was guided by two separate consultative groups.

Firstly, the initiative was a standing agenda item for quarterly meetings of the Disability and Family Violence Steering Group, which is convened and chaired by Women with Disabilities Victoria. This group involves executive and senior officer level representatives from Department of Human Services and the family violence sector, including representatives from the Family Violence IDC. This group plays a lead role in identifying and recommending future directions and work priorities for DHS DS-FV work and was instrumental in securing funding and the developing the broad parameters of the initiative.

Secondly, a reference group consisting of staff from various parts of DHS and key stakeholders from the family violence sector met monthly for much of the initiative, to identify and address issues in its implementation.

Both groups are credited by many informants as being pivotal to the initiative's success. The involvement of key stakeholders (discussed on page 34) enabled DHS staff to tap into specialist knowledge and feedback from the family violence sector, to enhance the workings of the initiative.

Initiative rec. 22: Maintain the guiding role for the reference group for the initiative.

The level of trust and professional respect among reference group members was clearly evident to us in the course of the evaluation. The current composition appears to be working well, although all reference group members believed that the inclusion of a family violence professional/organisation without direct links to the EMR (preferably from a rural or regional area) might enhance the initiative's reach beyond the EMR.

We endorse the inclusion of another representative from a direct service delivery role, but otherwise suggest taking a cautious approach to expanding the size of the reference group, as there is a risk that adding significantly to its membership could compromise its effectiveness.

Initiative rec. 23: Maintain the reference group at approximately the same membership and size, and seek other ways to engage and consult with stakeholders who are not currently involved.

Key factors in implementation

Goodwill and trust

We found broad acknowledgement that implementation of the initiative was assisted by considerable goodwill on the part of DHS staff, key stakeholders, and managers and workers in the family violence and disability sectors. The initiative, in turn, was credited with contributing to further goodwill by facilitating positive interactions between the sectors and delivering good outcomes for clients. Support for the initiative at executive levels within DHS was seen by many informants as a critical component of both its initial funding and its speedy implementation. Key stakeholders were especially appreciative of this support.

The initiative commenced within a relatively short timeframe. This had some benefits in terms of the timeframe in which the funds became available to women; but it also presented some challenges. Most notable among these was the need for DHS staff and key stakeholders to arrive at shared understandings – about disability, crisis and safety. The goodwill and commitment of all reference group members were critical here, as many of these issues needed to be discussed and worked through speedily so that the initiative could proceed.

Trust was also critical here. As one informant noted:

> *Early on, I think there might have been some concern that family violence workers might be trying to manipulate the process so that women would be eligible. We explained that they just think what the rest of society thinks – that if you get a Centrelink disability payment, you are by definition 'disabled' ... DHS was willing to accept that referrals to the initiative were being made in good faith. That was really important.*

It seems that goodwill and trust increased over time, as reference group members got to know each other and the DFVLOs developed in their understanding of family violence and grew accustomed to their new role. Family violence workers reported having felt very cautious about the initiative in its early days; some cited a few cases that required considerable advocacy efforts to secure funding. These same informants reported feeling significantly more confident to refer in the later part of the year, although several noted that trust in family violence workers' judgements is something that will continue to grow over time.

Structural enablers

The DFVCRI's implementation was assisted by:

- other initiatives, such as intensive case management, which had already contributed to some degree of awareness among some family violence workers of the needs of women and children with a disability
- efforts by several crisis accommodation services to develop universally accessible or more accessible accommodation, which meant there were at least some options for housing women and children with a disability during a family violence crisis
- WDVCS's disability project and CRAF training for disability workers, which contributed to increased skills and awareness on the part of family violence and disability services respectively
- the existence and widespread use of the Family Violence Risk Assessment and Risk Management Framework, which ensures a consistent and evidence-based approach to family violence assessment across the state
- a clear mandate from DHS for information sharing between the family violence and disability sectors
- a strong policy framework for person-centred care across the Victorian disability service system.

The combined effect of all of these enablers has been to foster a sense of action towards a better service response to women and children with a disability. Informants, especially key stakeholders, stressed the importance of maintaining momentum in this regard.

Systemic rec. 4: Continue to offer CRAF and other forms of family violence training for disability workers.

Structural barriers

In the course of evaluation interviews, our informants noted a range of structural barriers to women and children with a disability getting the response they needed in a family violence crisis. Many of these were also identified in the course of developing the program logic. Commonly cited barriers included that:

- the lack of a comprehensive, statewide or national approach to disability care means that many women and children are reliant on a perpetrator of family violence for care
- in many areas of Victoria, there are serious shortages of disability service providers (such as personal care attendants)

- funding via this initiative is provided by DCS and therefore subject to its definition of disability
- not all women and children who require assistance with activities of daily living identify as having a disability
- most family violence crisis accommodation in Victoria is not suitable for women and children with a disability (this is not only about physical accessibility; for example, refuges featuring shared accommodation are unsuited to housing women with adolescent sons or children with autism spectrum disorder, sensory disorders or behavioural issues)
- there are no specialist services and very little appropriate crisis accommodation for men with a disability who experience family violence
- there is no culture or tradition of information sharing and coordination between disability and family violence services.

Systemic rec. 5: Develop and implement a strategy to increase the availability of universally accessible crisis accommodation for women and children and men with a disability.

Several informants from within the family violence sector believed that more needs to be done to assist family violence workers and agencies to develop their capacity to work effectively with women and children with a disability. One professional noted, "There are still quite a few services that aren't quite there yet. They need support to take up what the initiative has to offer". One manager of a family violence service was concerned about the level of risk to clients if they were referred to agencies that did not have the capacity to meet their needs. She hoped that recent funding to assist family violence services to develop disability action plans will make a difference in this regard.

The family violence workers we spoke with generally saw themselves and their colleagues as having no or very limited knowledge of disability and virtually no knowledge the disability service system. For these workers, the initiative assisted them, through information and advice, to respond to needs that they would have otherwise struggled to meet.

Likewise, while the training for disability workers being rolled out via CRAF training was seen as a step forward, most family violence professionals emphasised the need for widespread and multi-faceted approaches to raising awareness of family violence issues across the disability sector in both DCS and community settings. One manager commented, "Even in the Eastern Region ... if it's not Leonie or Chris on intake, they don't know what to do with family violence".

Another family violence worker reported giving up on trying to find a disability case management service for a client who was ineligible for the initiative but experiencing long-term abuse from both her carer–partner and an adult daughter. She observed of disability services:

> *"I get a sense that they're looking for the opportunity to cross you off. I've learnt that I need to be careful what I say. I want to give the story as it is, but the exclusion criteria are very powerful and they're hoping to hear an excuse not to take [the client] on."*

Some informants in the family violence sector had experienced disability workers significantly misunderstanding and/or underestimating risk, with potentially dangerous consequences for women and children. While not minimising these experiences, we do note that the disability workers we talked with spoke knowledgeably about risk and safety.

Systemic rec. 6: Provide regional-level training about disability for family violence workers.

Many informants perceived disability services in Australia to be poorly resourced. One disability worker noted that women give up a lot when they leave a perpetrator–carer, because "they will never get [a level of publicly funded] care to match that which he provided".

Workload in both sectors is a significant structural pressure. Asked what happens when a case occupies all of her time, a disability worker replied:

> *You just work more. But you don't do your job as well. And the waitlist blows out. The people who are already waitlisted just keep getting a phone call instead of a face to face.*

Marie's situation draws together many of the structural barriers to effective responses to women with a disability who experience family violence:

Marie is in her 50s and has a degenerative condition that affects her mobility and her breathing; she is also clinically depressed. She receives a disability pension from Centrelink but is not on the DSR. She can make her own way on public transport, but only just: she needs several days to recover from the effort. She lives with her partner, who's much older, and her two adult daughters.

Marie's husband is very controlling and rigid in his expectations. She suffers intense verbal abuse from both him and her younger daughter on a daily basis. She has no friends and life at home is extremely grim.

Marie has been hospitalised for the depression in the past, but until recently, no professional has been aware of the violence she experiences at home. It was fortuitous that when her GP referred her for counselling, that counsellor happened also to be a family violence worker.

The counselling process has uncovered the extent of the violence and despair Marie experiences; but the family violence worker has found it hard to assist her to identify a way forward. There are several significant blocks to Marie leaving. Firstly, she is deeply worried about being "a bad wife and mother" if she leaves the family home. Secondly, in the near future, her condition might worsen to the point that she requires more assistance with activities of daily living. Marie's GP and family violence worker are both concerned about what life will be like for Marie in five years.

Marie's risk of future violence is high, but her family violence worker does not think she is likely to attempt to leave the situation in the near future. Because her disability does not meet the definition set down in the Act, the DFVCRI would not be able to assist Marie even if she did want to leave.

Marie's family violence worker believes that Marie's situation is so complex that it requires case management. There is a need to work slowly and delicately with the whole family, to try to set in place relationships and care structures so that Marie is not stranded in a highly abusive home environment at some point in the future. Marie herself would like information about her housing options; her ideal is to live by herself in a place that her family can visit.

The family violence worker has tried to locate a suitable service that can work with Marie and her family, but to no avail. The agencies she has approached have told her they don't think they can help. She suspects that the family violence "scares them off" and says if she were to approach another service in the future, she would say less about the complexity of Marie's case. Meanwhile, she says, "I have spent an inordinate number of hours casting around for something for this woman".

Marie's situation is still unresolved. The family violence worker is a link between Marie and her community, and – in the absence of anything better – the counselling will continue indefinitely.

How the initiative was managed

Some informants saw the initiative as overly bureaucratic; we heard many references to 'red tape'. Workers and managers in the family violence sector believed that applications for funding needed to be approved at three levels within DHS (the DFVLO, the Unit Manager and the Manager of DCS) and some cited early experiences of delays.

Some informants from the family violence sector believed that the need for multiple levels of sign-off reflected poorly on their own professional judgement and that of the DFVLOs.

Upon clarification with reference group members, it seems possible that (although there *were* some communication and systems breakdowns early in the initiative) these concerns are attributable to misunderstandings about the application process. Providing better quality information before and after an application has been approved should help to alleviate these concerns.

Guidelines

The guidelines were generally implemented as intended and informants saw them as providing a useful structure for dispensing funds. One family violence service manager observed, "It can work really well and really easily – and it has".

Several workers (including within DHS) reported that they were unclear about how the process was supposed to unfold once their client had been approved to receive funds via the initiative. This included uncertainty about roles and responsibilities. The practice of communicating solely via email – rather than letter – was seen by some as being inadequate, as emails are more likely to be deleted and less likely to be printed and placed on a case file. Accordingly, we suggest that immediately upon confirming eligibility, referrers should be sent a letter that:

- confirms that the person is eligible for the initiative
- nominates the initial amount of money (estimated if necessary) to be expended by the initiative and the purpose of the expenditure
- describes the process and timeframe in which the funds will be requisitioned, and clearly states roles and responsibilities in this regard
- describes how and under what circumstances further funds may be mobilised
- proposes the DFVLO's role for this client and invites negotiation of roles and responsibilities of all parties
- provides contact details of all relevant agencies and workers
- reminds the referrer of the importance of commencing work towards establishing supports as required for the post-crisis period.

For clients who are already on the DSR, these details should also be entered as a case note.

Initiative rec. 24: Confirm a person's eligibility for the initiative by letter to the referrer, providing the information set out in the evaluation report.

Supplementary CRAF Questionnaire

The initiative's Supplementary CRAF Questionnaire was initially developed without significant input from specialist family violence professionals. The first iteration did not provide enough guidance and direction for family violence workers to assess eligibility; informants regarded the second iteration as considerably more useful.

Family violence workers reported that the process of assessment of women and children with a disability is more time consuming than for most other clients and often takes multiple sessions:

> *If you're working with a disabled client, it's very time consuming. The risk is higher. Even researching what they need is time consuming. (Family violence worker with long-term experience in the disability sector)*

Managers and family violence workers were keen to see increased recognition of this in funding arrangements.

Initiative rec. 25: Retain the Supplementary Questionnaire for assessing the disability-related needs of women and children with a disability.

Implementation of the activities set out in the program logic

Table 11: Activities set out in the program logic

Activity	Commentary
Develop guidelines for assessment of disability-related family violence crisis and risk	Achieved
Clarify roles and responsibilities of family violence and disability workers in relation to family violence crisis	Achieved
Assess the disability-related needs of women and children in family violence crisis	Achieved, although some family violence workers continue to find this difficult.
Broker services for women and children with a disability in family violence crisis	Achieved, although many women and children whom the community might identify as having a disability are ineligible under the initiative's existing criteria.
Share case information regarding family violence risk (following DHS good practice guidelines)	Achieved
Inform potential referrers of the existence of the DFVCRI and how to use it	Achieved to some extent, but a lot more needs to be done to raise awareness of the initiative in the family violence and disability sectors.
Facilitate collaboration between family violence and disability workers (and other service providers as required) on a case-by-case basis	Achieved
Improve DHS Intake Team Leaders' responsiveness to family violence	Achieved
Provide specialist disability advice and information to family violence workers via secondary consultations	Achieved
Facilitate access to specialist family violence advice and information for disability workers via secondary consultations	Achieved
Collect data about met and unmet needs	Very limited data has been collected about met needs.

Monitoring and evaluation

The initiative was monitored by the reference group, which received reports from the DFVLOs at each meeting. The DFVLOs maintained one spreadsheet to record current, past and prospective clients, and another to record secondary consultations. When utilising this data for evaluation, we noted a number of discrepancies. We attribute these to the difficulties of using one spreadsheet for several different purposes; although it is also possible that the staff responsible for extracting the relevant data would benefit from upskilling in the relevant software.

There is very little data about the women and children who used the initiative. The client dataset did not record information about whether a client was Indigenous, what her cultural identity was, whether she was a permanent resident, what her preferred language was, or (if she was an adult) whether she had children in her care. As a consequence, DHS currently has no way of measuring whether there are demographic and identity factors implicated in women's and children's uptake or use of the initiative, or in the service system's response to their family violence crisis.

Furthermore, while an evaluation of reach would typically consider the proportion of the target group that has used the service or program, this is impossible because the national homelessness sector's SHIP database does not have a field for disability. There is currently no way of knowing the number of women and children with a disability who utilise family violence services.

As demand for the initiative increases, there will be an urgent need to gather a better dataset about clients. Monitoring and evaluation would also be greatly strengthened by qualitative input from the initiative's direct users.

In the future, we suggest:

- quarterly monitoring of:
  - trends in demand for funding and secondary consultations over the year to date (and compared to previous years)
  - demographic indicators of clients
  - expenditure (per client and total)
- annual monitoring of:
  - trends in demand for funding and secondary consultations over the year compared to previous years
  - demographic indicators of clients
  - expenditure (per client and total)
  - satisfaction of referrers and professionals who have secondary consultations
- qualitative research in the second half of the second year of the initiative, involving a sample of women who used the initiative, to explore the impact of the initiative on them and their satisfaction with the system's response to their family violence crisis.

We propose that any dataset of demographic indicators include the following items:

- gender of the client
- Indigenous identity of the client
- cultural/ethnic identity of the client
- preferred language of the client
- the client's and referrer's need for an interpreter
- type of disability the client identifies
- level of impact the disability has on activities of daily living
- whether the perpetrator was a primary carer
- gender of the perpetrator
- whether the client is registered with DCS
- whether the client is in receipt of a Centrelink Disability Payment
- whether the client is in receipt of a Centrelink HealthCare Card
- (if the client is an adult) whether the client has children in their care, the ages of those children and the degree of assistance required to care for them
- number of attempts to leave the relationship before.

Initiative rec. 26:	Develop a dataset for monitoring the initiative and a mechanism for collecting and analysing this data (see report for suggested data items for inclusion).
Systemic rec. 7:	Work closely with the Victorian and interstate family violence sectors to urgently seek the inclusion of fields to record disability in the SHIP database.

Maintenance

Maintaining and enhancing the initiative

We found universal support for maintaining the initiative, largely in its current form. Informants especially valued:

- the availability of funding to meet the disability-related needs of women and children with a disability in times of family violence crisis
- the flexibility of the funding guidelines
- the availability of specialist disability workers who could advise and assist family violence workers providing services to women and children with a disability
- the degree to which the initiative supported them to make a real difference to women's and children's lives.

Initiative rec. 27: Continue the Disability Family Violence Crisis Initiative.

As discussed elsewhere in this report, informants felt the initiative would predominantly be enhanced by extending eligibility to other women and children for whom a disabling condition meant they required assistance, aids or equipment for activities of daily living. Finding ways to work around the shortage of workers in the rural and regional disability services workforce is also a priority.

Ensuring that DHS has efficient and effective internal processes for responding to applications and enquiries in a timely fashion is a further priority.

A full list of recommendations for maintaining and enhancing the initiative is provided on page 4.

Extending beyond the initiative

In the course of evaluation interviews, informants noted many actions that could be taken *beyond the initiative*. In the short term, these included:

- recognition by DHS of the extra time it takes to assess women and children with a disability
- expanding the availability of intensive case management for women and children with a disability
- expanding the availability of universally accessible accommodation for women and children with a disability.

The program logic identifies short-, medium- and long-term outcomes that would help to ensure that women and children with disabilities from across Victoria have access to timely, appropriate and effective service responses to their family violence crisis.

Conclusions

By providing funds for purchase of goods and services that are beyond the resources of the family violence sector and by facilitating access to specialist knowledge, the DFVCRI has made it possible for some women and children with a disability to be safer from family violence. In a context in which women and children with a disability are often very dependent on perpetrator–carers and greatly marginalised within the service system, this is a significant outcome.

While the initiative's direct reach was relatively small in this first year, the strategy of brokerage employed by the initiative has enabled timely responses to eligible women and children and the flexibility of the guidelines has ensured that these responses were effective and appropriate to women's and children's needs. While there is a to investigate barriers to and enablers of access for women and children with a disability who are Indigenous or from CALD communities, it is likely that the flexibility will be a key to them using the initiative.

There are many women and children who require assistance with activities of daily living to be safe from family violence, and the inability of the initiative to serve those who are not covered by the Act presents a significant challenge for government. The narrowness of the initiative is perceived as undermining the credibility of its core aim and has somewhat impacted on the morale of would-be referrers.

Despite these concerns, the initiative definitely has the goodwill and support of professionals across both the family violence and disability sectors. There is evidence that it has contributed indirectly to improved support for women and children with a disability who were not eligible for funding, for example by facilitating increased understanding and collaboration between the family violence and disability sectors.

The initiative takes place in the context of a range of other strategies and activities to improve system responses to women and children with a disability who experience family violence. These will continue to be critical to the initiative's success. For example, without opportunities to develop their skills, understanding, awareness and knowledge, family violence and disability workers will be limited in their capacity to assess and respond to women's and children's needs.

In the first year of the initiative, DHS and the family violence sector have jointly established a strong footing for the initiative's continued relevance and utility. Systems, processes and key relationships are firmly in place, although further work is needed to better define and consolidate the role of the DFVLOs. With a renewed focus on promoting the initiative in a systematic and professional fashion, the initiative is likely to be taken up by more professionals from around the state.

Should uptake increase, other structural factors may place limits on its success. For example, without more accessible crisis and transitional accommodation, there will be limited places for women and children with a disability to go if they need to leave their homes due to violence. Without increased funding for case management, family violence workers may be unable to follow up with women and children as promptly as might be desirable, or to spend as much time with them as they need. Issues such as these require urgent strategic attention by government.

Finally, it is very evident that the high level of commitment to the initiative – from executives, managers and staff within DHS and the family violence sector – has been instrumental in its success. This is a point of strength for the initiative, upon which DHS can build its work towards ensuring that women and children with disabilities from across Victoria have access to timely, appropriate and effective service responses to their family violence crisis.

Appendix 1: Program logic

Program Logic for the Victorian Disability Family Violence Crisis Initiative

Goal: All Victorian women and children can be confident that they will receive the response they need in relation to family violence.

SITUATION

Women and children with a disability experience high levels of family violence and are often especially vulnerable to its effects

Continued reliance on the perpetrator of family violence for care is a significant safety risk for many women and children with a disability

Funding for family violence crisis is not appropriate to needs and not immediately available

There is no coordination between disability and family violence services

There is no central point that family violence workers can contact for information or advice regarding clients with a disability

Workers in the family violence sector lack knowledge and understanding of the disability sector

Workers in the disability sector lack knowledge and understanding of the family violence sector

Disability services are not always easily transferable across regions

Both the family violence and disability sectors lack coordination with the various parts of the health sectors (including mental health, and primary and acute care)

There is no sense among workers that they share responsibility for working things out for clients

The above issues have been documented in Victoria and internationally

There is agreement in both sectors and at executive level within DHS that there is an acute need for a better response to women and children with a disability who experience family violence

The minister responsible for the portfolio is committed to achieving change

INPUTS

Money

Time (direct service)

Time (management and coordination)

Goodwill

Existing positive relationships

Skills in working around family violence

Skills in working around disability

Knowledge of family violence and disability issues, networks, national and international context

OUTPUTS

Activities

Develop guidelines for assessment of disability-related family violence crisis and risk

Clarify roles and responsibilities of family violence and disability workers in relation to family violence crisis

Assess the disability-related needs of women and children in family violence crisis

Broker services for women and children with a disability in family violence crisis

Share case information regarding family violence risk (following DHS good practice guidelines)

Inform potential referrers of the existence of the DFVCRI and how to use it

Facilitate collaboration between family violence and disability workers (and other service providers as required) on a case-by-case basis

Improve DHS Intake Team Leaders' responsiveness to family violence

Provide specialist disability advice and information to family violence workers via secondary consultations

Facilitate access to specialist family violence advice and information for disability workers via secondary consultations

Collect data about met and unmet needs

Participation

Women with a disability

Children with a disability

Mothers of children with a disability

Family violence workers, managers and agencies (government and non-government)

Disability workers, managers and agencies (government and non-government)

DFVCRI Reference Group members (collectively and as individual/ organisational stakeholders:

Disability Client Services (EMR)

Disability Partnerships and Service Planning

Disability Services Division (Children, Families & Carers)

Homelessness Services (EMR)

Housing and Community Building (Family Violence)

Safe Futures Foundation

Women with Disabilities Victoria

Women's Domestic Violence Crisis Service

Regional integration coordinators

Office of Public Advocate

Home & Community Care

Family Violence Interdepartmental Committee

Office of Women's Policy

Department of Health

Victims of Crime

Indigenous organisations

Acquired brain injury organisations

Outputs

Guidelines for assessment of disability-related family violence crisis and risk

Clarity about roles and responsibilities

Shared expectations regarding responses to family violence crisis

Capacity to provide a direct and timely crisis response

Appropriate assessment of disability-related needs for women and children in family violence crisis

Appropriate referral to the DFVCRI

Provision of services that are appropriate to women's and children's needs in a crisis period

Uptake of secondary consultations

Shared case information (following DHS good practice guidelines)

Case collaboration between family violence and disability workers (and others as required)

Local linkages between family violence and disability services

Shared information about the sectors and the service system

Awareness of the importance of addressing disability in the family violence sector

Awareness of the importance of addressing family violence in the disability sector

Credible data about met and unmet needs

Profile for the issue of disability and family violence in governance of both sectors

OUTCOMES - IMPACT

Short Term

There are resources available to respond to the disability-related needs of women and children with a disability who experience family violence

Family violence and disability are evident in all governance arrangements in both sectors (e.g. there is representation of disability sector in the Integrated Family Violence Committees)

Key players (stakeholders) in disability and family violence are identified and there is agreement about roles and responsibilities

There is capacity for collaboration between the disability and family violence sectors

Family violence workers are able to assess the disability-related needs of women and children with a disability

Family violence workers are aware of how and where to obtain information and advice about responding to the disability-related needs of women and children

Disability workers are aware of how and where to obtain information and advice about responding to the family violence-related needs of women and children

There is a culture of reflecting on learning from broader family violence integration efforts

Disability workers are aware of options to address women's and children's reliance on perpetrators of family violence

There are protocols in place to address a range of situations where a disability worker has family violence-related concerns about a client

There is data about the needs of women and children with a disability in relation to family violence and about service models/options that work

The value of dispersed models of housing is documented

Medium Term

There is a clear and coherent statewide policy to address the needs of women and children with a disability in relation to family violence

There is clear and unequivocal evidence that policy is being enacted in practice

There is generally a high skill level among family violence workers to identify, assess, understand and respond to the disability-related needs of women and children

Disability workers can identify, understand and respond appropriately to family violence crises

There is a consistent approach to family violence against women and children with a disability across the state and between sectors

There are resources – both financial and other – to respond to family violence crises

Victoria has a legal framework and practical infrastructure for women to choose from a range of options for safety, including remaining 'safe at home'

Intensive case managers have time to plan and support women

Information related to need and risk is shared between different parts of the service system, including between sectors

Family violence is incorporated into the National Disability Insurance Scheme

There is a recognition that services should be provided on the basis of need, not identity

There are resources for dedicated family violence crisis packages (so that women and children with a disability do not have to rely on a perpetrator of family violence for continued care)

Women and children can access packages in a timely fashion

There is a significant number of transitional homes that are suitable to women and children with a disability

Landlords are willing to modify homes for access

There is more universally accessible public and private housing stock

Services focus on assisting women and children to remain at home (where appropriate and safe)

There is realistic financial assistance for private rental and mortgages

Long Term

Women and children with a disability have timely access to appropriate family violence crisis response services

Women and children with a disability have access to appropriate disability support and care

Women and children with a disability have access to appropriate housing

ASSUMPTIONS

Family violence and disability workers share a commitment to working towards the best outcomes for women and children with a disability.

Family violence workers are skilled to respond to family violence crisis and disability workers are skilled to respond to disability-related needs; however, very few are skilled across both areas. The level of cross-sectoral skill and knowledge is highly variable and not even consistent within roles.

All workers in both sectors need to be able to identify and mobilise supports and know where to go/refer.

There is goodwill between workers and managers across both sectors.

Equity is desirable.

If we have the capacity to broker services, women and children will use them.

If we inform workers and managers of the availability of DFVCRI, they will use the initiative.

Increasing awareness of the issue of family violence against women and children with a disability at governance levels will ultimately improve service responses to individuals and families.

EXTERNAL PRESSURES

Disability State Action Plan

Organisational restructure of DHS

Multiple pathways, providers and funding bodies for disability care across Australia

Appendix 2: Evaluation framework

Disability Family Violence Crisis Initiative

Evaluation framework

Evaluation objectives

This evaluation seeks to identify and explain:

- **Reach** — The clients reached by the initiative
- **Effectiveness** — The outcomes of the initiative in relation to individual women and children
  The effectiveness of strategies and activities
  The extent to which the initiative's objectives were met
  Unanticipated positive and negative impacts or outcomes that arose from the initiative
- **Adoption** — The adoption of the initiative by intervention agents (family violence and disability workers) and the appropriateness of the setting(s)
- **Implementation** — The extent to which the initiative was implemented as intended
  Implementation critical success factors and barriers
- **Maintenance** — The extent to which the initiative became institutionalised or part of routine organisational practice
  Critical factors in sustaining the initiative beyond the funding timeframe
  The long-term outcomes of the initiative for participants

The evaluation objectives above reflect the language and concepts embodied in an evaluation framework called RE-AIM (reach, effectiveness, adoption, implementation and maintenance). For more information about REAIM see www.re-aim.org.

As the number of service users is quite small, the evaluation will not include statistical analysis of quantitative data; we will, however, note any themes that seem apparent in the limited quantitative data that does exist.

Aim and objectives of the initiative

Aim

The aim of the initiative is to ensure that women and children with disabilities from across Victoria have access to timely, appropriate and effective service responses to their family violence crisis

Objectives

- The family violence and disability sectors have capacity (time, resources, skills, knowledge, information, collaborative practices, and enabling protocols) to contribute to timely, appropriate and effective service responses to women and children with a disability in family violence crises
- Women and children with a disability have timely access to support and resources in a family violence crisis period
- The support and resources that are offered are appropriate to women's and children's needs in the crisis period
- The support and resources that are offered have the potential to contribute to women's and children's safety from family violence during or beyond the crisis period.

Key questions and data requirements

Key questions	What do we need to answer these questions?	How will this data be collected?
REACH		
What was the reach of the initiative?	User statistics	To be supplied by DCS
Did the initiative achieve its intended reach? Why/why not?	User statistics	To be supplied by DCS
Are there any themes apparent in the data about service users?	User statistics	To be supplied by DCS
How did the initiative's eligibility requirements impact on reach?	Information from would-be referrers	Interviews
EFFICACY AND EFFECTIVENESS		
Why was the strategy chosen?	Program logic	To be developed with Reference Group
Does the strategy of brokerage appear relevant to the target group? Why/not?	Qualitative data from workers and managers in family violence and disability sector	Interviews with: Reference Group members other disability and family violence workers and managers RICs
What are the strengths and weaknesses of the strategy of brokerage? Would any other strategies have been more efficacious or effective?		
What can we say about the timeliness of the initiative's responses to women and children?		
What can we say about the appropriateness of the initiative's responses?		
Which women and children are not being served by the initiative? What has been the effect of ineligibility?		
To what extent is the initiative meeting the disability-related needs of eligible women and children?		
To what extent is the initiative meeting the safety-related needs of eligible women and children?		
What has been the value of the initiative to eligible women and children?		
What opportunities has the initiative offered for collaborative practice between the disability and family violence sectors?		
To what extent has the initiative opened up or improved the service system's support of women and children beyond a crisis period?		
To what extent have the outcomes anticipated in the program logic been achieved?	Reflections against the program logic	Reference Group discussion
Have there been any unintended or unforeseen outcomes of the initiative?		
To what extent have the initiative's objectives been met?	Reflections against the initiative's objectives	Reference Group discussion Evaluator's analysis

Key questions	What do we need to answer these questions?	How will this data be collected?
ADOPTION		
To what extent has the initiative been adopted across the state?	User statistics	To be supplied by DCS
What might have influenced adoption of the initiative?	Worker feedback	Reference group meeting Interviews (RICs, crisis services)
Who were the stakeholders in the initiative?	List of stakeholders and nature of their "stake"	Interviews Documentation as supplied
How were stakeholders involved in the initiative?	Documentation of role of each stakeholder	Interviews Documentation as supplied
What was the outcome of this involvement?	Feedback from Reference Group	Reference group meeting
How satisfied with the initiative were stakeholders	Feedback from Reference Group	Reference group meeting Interviews with RG members
What has been the effect of the decision to locate this statewide initiative in the Eastern Metropolitan Region?	Feedback from Reference Group	Reference group meeting Interviews with RG members
IMPLEMENTATION		
How was the initiative implemented? Was it implemented as intended?	Feedback from Reference Group	Reference group meeting Interviews with RG members
What helped or hindered implementation?	Feedback from Reference Group	Reference group meeting Interviews with RG members
Were the guidelines implemented as intended?	Feedback from DCS staff	Interview
What factors influenced how the guidelines were implemented?	Qualitative data from workers and managers in family violence and disability sector	Interviews with: Reference Group members other disability and family violence workers and managers RICs
How has the initiative been monitored? What are the strengths and challenges of this approach to monitoring?	Reflections from DHS staff	Interview
How has the initiative been managed? What are the strengths and challenges of this approach to management?	Reflections from DHS staff	Interview
What structural barriers or enablers affected the service response to women and children?	Qualitative data from workers and managers in family violence and disability sector	Interviews with: Reference Group members other disability and family violence workers and managers RICs

Key questions	What do we need to answer these questions?	How will this data be collected?
MAINTENANCE		
What is required to maintain the initiative?	Feedback from Reference Group Feedback from stakeholders	Reference group meeting Interviews with RG members Interviews with stakeholders Interviews with RICs
What is required to enhance the initiative?	Feedback from Reference Group Feedback from stakeholders	Reference group meeting Interviews with RG members Interviews with stakeholders Interviews with RICs
What might need to be done *beyond the initiative* to ensure that women and children with disabilities from across Victoria have access to timely, appropriate and effective service responses to their family violence crisis?	Feedback from Reference Group Feedback from stakeholders Feedback from family violence workers and disability workers	Interviews with: Reference Group members other disability and family violence workers and managers RICs

Evaluation report

The report is not for publication. Readers will be from within DHS, although the client reserves the right to publish any or all of the report or disseminate it more broadly.

The report will take the form of an executive summary (up to 2 A4 pages), a description of the evaluation methodology and findings, and recommendations stemming from the evaluation findings. It may contain de-identified quotes from informants to illustrate key points.