



Royal Commission
into Family Violence

WITNESS STATEMENT OF FIONA MARGARET MCCORMACK AND ALISON VINA MACDONALD

I, Fiona Margaret McCormack, Chief Executive Officer, and I, Alison Vina Macdonald, Policy and Program Manager, of Domestic Violence Victoria (**DV Vic**), Melbourne in the State of Victoria, say as follows:

1 We are authorised by DV Vic to make this statement of its behalf. We make this statement on the basis of our own knowledge, save where otherwise stated. Where we make statements based on information provided by others, we believe such information to be true.

Fiona McCormack - current role and background

2 I, Fiona McCormack, have made a previous statement to the Royal Commission into Family Violence (**Royal Commission**), dated 29 July 2015. I refer to paragraphs 5 to 12 of that statement which set out my current role and background.

Alison Macdonald - current role and background

3 I, Alison Macdonald, am currently the Policy and Program Manager at DV Vic. In this role I manage DV Vic's policy and advocacy work. I supervise DV Vic's project staff and oversee the operational functions of the organisation. I have been in this position for approximately two years. I was the Policy Officer at DV Vic for the six years prior to that.

4 My background is in women's health policy. I have held various policy and project management roles in sexual and reproductive health and community housing non-government organisations.

5 I hold a Bachelor of Community Education (Health Promotion) from the University of Canberra. I have also commenced a Master of Community and Health Development.

DV Vic

6 In respect of the work DV Vic carries out, we refer to paragraphs 13 to 16 of Fiona McCormack's statement dated 29 July 2015.

7 DV Vic made a submission to the Royal Commission into Family Violence dated 19 June 2015 titled 'Specialist Family Violence Services: The Heart of an Effective System' (**Submission**). We refer to and adopt that submission. Attached to this statement and marked **DV-1** is a copy of that Submission.

Family violence services – current system

8 DV Vic has 51 full member organisations which comprise all of Victoria's specialist women and children's family violence services. Our associate membership category includes organisations and individuals who are not specialist family violence providers but who have an interest in family/domestic violence and who endorse the purpose, objectives and work of DV Vic. The 14 Regional Family Violence Integration Coordinators are also members of DV Vic in their own right.

9 DV Vic's Code of Practice for Specialist Women and Children's Family Violence Services (**Code of Practice**) establishes the standards of practice by which specialist agencies are expected to adhere and which is referred to in the Department of Health and Human Services Funding and Service Agreements. Attached to this statement and marked **DV-2** is a copy of the Code of Practice.

10 Although the Code of Practice continues to provide a valuable framework for guiding specialist service delivery and practice, it is now a decade since it was developed. There is an obvious need to update the Code of Practice in line with contemporary practice, policy and legislation.

11 While there are some family violence specific service standards and program guidelines which aim to drive consistency in service delivery, the family violence sector is also characterised by significant variation in the way in which victims of family violence in Victoria might receive a response.

12 This reflects a service system that has evolved and adapted over decades in response to the growing and changing needs of women and children experiencing family violence and unprecedented demand in the absence of a coherent and consistent policy platform and appropriate funding. Despite this, the family violence sector has participated in some significant reforms and built capacity in skills and practice to meet the increasing demand for services which should not be disregarded by the Royal Commission.

13 DV Vic's Submission on specialist family violence services makes a series of recommendations around strengthening best practice standards and consistency across services. These include establishing a comprehensive quality assurance framework which will set out minimum standards and accreditation processes for

family violence services covering service delivery, operational process and workforce standards.

- 14 DV Vic also recommends the establishment of an independent statutory regulatory body with oversight of the family violence system, including service accreditation.

Service models

- 15 Family violence services operate in Victoria on a range of models. Some operate as refuges, others as outreach services and others as a combination of both.
- 16 Specialist family violence services might operate as an independent agency, or may be embedded within a larger organisation such as the Salvation Army. There are approximately 20 family violence programs that operate within generalist community service providers which can include a range of other programs, such as mental health, housing, drug and alcohol support, financial counselling and legal services.

Initial contact with services

- 17 There is a range of ways that a woman might have initial contact with a family violence service. It is very common for women to contact their local outreach service directly. The woman can contact safe steps or the 1800 RESPECT hotline and she will be put into contact with the local agency in her area. In practice, more and more women are searching online for information on how to access services. It is critical that information is made readily available to members of the public on how to get help and what to expect from the service system.
- 18 There is no central website for Victoria that tells women where to go or whom to contact, although the 1800 RESPECT site does this at the national level. The Domestic Violence Resource Centre Victoria and DV Vic run a site called 'The Lookout' which provides a gateway to the integrated family violence system and to the regions. However, this was originally funded by the Victorian Government in 2013 as a portal for professionals in the family violence sector and as a result, it is limited in terms of how much assistance it can provide to individual women. It has been designed in recognition that women and their families and friends seeking support will use it despite not being the primary audience, however there is significant scope to build upon its original design to cater much more for women and others seeking information about topics such as how to access support, what to expect through the legal system and their rights under Australian law.
- 19 After attendance by police at an incident of family violence, a woman might receive an informal referral to a service from Victoria Police; alternatively, she may

be contacted directly by a family violence service as a result of a formal referral by Victoria Police using the Family Violence Risk Assessment and Management Report (L17).

- 20 She may also be referred to a family violence service by another professional, such as a GP, maternal and child health nurse, housing worker, drug and alcohol worker, Centrelink social worker, financial counsellor or lawyer.

Response

- 21 The focus of specialist family violence services is reducing the risk to women and children who experience family violence. Most of Victoria's family violence service capacity is in outreach services which provide case managed responses to women and their children. There are also refuge services for women and children who are fleeing high risk family violence, some of which also provide an outreach response.
- 22 Specialist family violence services work with women to facilitate access to various options that may increase their level of safety, and they provide information and support that allows women to make decisions about their future. Often women face practical barriers to finding safety and require assistance with income support, financial advice, housing or employment. Most women require information and time spent discussing their situation to understand how the dynamics of family violence impacts on their options. Some women have multiple and complex needs such as mental health or substance abuse issues and family violence services will work with women to manage these, sometimes with the assistance of other specialist services.
- 23 Specialist family violence services are underpinned at every point of contact with a client by ongoing risk assessment and risk management processes. In a family violence context, risk management is a dynamic process. Risks change over time, can shift suddenly and are usually outside the woman's control. This means that her journey throughout the service system is unlikely to be linear. Specialist family violence services provide a continuous response of ongoing risk assessment, safety planning and risk management so that services are responsive to the woman's and her children's safety needs at any point in the process.
- 24 Family violence outreach services provide a case managed response. However, they generally lack sufficient capacity to meet demand for these services and must therefore triage clients according to their level of risk. As outreach services are solely responsible for delivering the specialist response to their local area, they may provide support by telephone to women who are waiting to be allocated a case worker. Once a case worker is allocated, they will develop a case plan

with the woman which includes a risk assessment, an assessment of support needs for the woman and her children, provide information about her options and an agreed set of goals that are focused on increasing the woman's and her children's level of safety. Some identified support needs may require referral to another service for specialised assistance, however the outreach service will continue to case manage a woman and her children and will coordinate or co-case manage delivery of services with other agencies.

- 25 Specialist family violence services also provide advocacy services. This work most commonly involves assisting women to navigate the legal system and to work with Child Protection services. Women often find these complex systems difficult to understand and stressful to engage with. Effective advocacy can enable a woman to pursue legal remedies or to work productively with Child Protection to achieve safety for herself and her children. Without effective advocacy many women will not persist in seeking safety using the legal system and will find it difficult to work collaboratively in the interests of their children's safety with Child Protection services.
- 26 As mentioned above, women may access an outreach service in a range of ways, including contacting their local area service directly, visiting the service in person, or referral via Safe Steps, 1800 RESPECT or Victoria Police via the L17. Specialist family violence services endeavour to contact all women named in L17 reports by telephone and offer them assistance. Women's refuge services are accessible through Safe Steps for women and their children who are at serious and imminent risk of family violence and require high-security accommodation.
- 27 Depending on the needs of the individual woman and her children, the provision of case managed assistance by specialist family violence services may include such things as: obtaining housing; obtaining legal advice or information; liaison with police, court staff, lawyers, counsellors and Child Protection case workers; increasing security in a property (Safe at Home is a program that provides and installs security devices on homes and is funded through the Commonwealth National Partnerships on Homelessness and is due to expire in June 2017); assistance with mental health issues, drug and alcohol issues and financial management issues; assistance with parenting; and assistance for children with counselling and education.
- 28 Often specialist services are unable to provide a full case managed suite of responses to women as they are limited by the current imbalance between their capacity and the demand on their resources. This is demonstrated by what we understand are 6,000 funded outreach targets per annum across the state

compared to the reported 69,442 (close to 70,000) family violence incident reports to Victoria Police to March this year alone.

- 29 Attached to this statement and marked **DV-3** is a copy of a case study which outlines the typical work of a family violence outreach worker. This case study demonstrates the nature and scope of specialist family violence practice as well as the dynamism of a woman's situation, her changing levels of risk and the worker's response to it.

Integration with other services

- 30 Integration of the family violence service system is a complex and dynamic process that involves a cohesive policy platform and whole of government commitment and focus, an effective and responsive statewide governance structure, and a suite of practice models that can accommodate the different needs of women and children experiencing family violence as they navigate the system. Effective integration requires shared processes, information and understanding of practice issues and approaches. This is important for integration across family violence services, including police and courts and for integration of other specialist services such as drug and alcohol and mental health services with family violence services.
- 31 Integration of the family violence system was originally driven by governance structures at the statewide level. However, this oversight has lapsed in recent years. Consequently, a decentralised approach developed which, while allowing for local variance and differentiation, has also created significant inconsistency in practice between the regions. Moreover, there has been a proliferation of place-based initiatives in regions. These have been developed without necessarily considering family violence policy or practice at a statewide level. Approaches to service integration with broader sectors, including drug and alcohol, mental health and other parts of the health system have not been developed consistently across the state.
- 32 The Family Violence Risk Assessment and Risk Management Framework (**CRAF**) provides a valuable tool for system integration. The CRAF was developed to be the key tool for assessing and responding to family violence risk in Victoria and to provide a foundation and guide for consistent approaches to family violence risk assessment and risk management. Sharing the CRAF content through the training program was intended to support the development of an integrated family violence system in Victoria. This goal has not been fully realised.
- 33 DV Vic understands that there are inconsistencies in the way that services and other stakeholders use CRAF, with many services and agencies reporting that

they use a substantially altered CRAF to address gaps and emerging issues. DV Vic believes the CRAF remains an important element of a strong and integrated family violence system, however, it needs to be responsive to changing needs and emerging issues within the sector. To that end, DV Vic supports DVRCV's recommendations that CRAF should be revised and updated and then regularly reviewed to maintain currency and its use mandated for all core services in the family violence service system

- 34 In many cases a woman will present at a service with issues that require additional responses, such as drug and alcohol abuse issues or mental health problems. The integration that exists between specialist family violence services and other services varies widely. Each service, however, would generally have established referral pathways to local services they rely on depending on the particular issue. The service might alternatively deal with the issue in-house if they have the capacity and expertise to do so. Many outreach services operate within a broader generalist agency such as the Salvation Army or a women's health service, so they may offer other services. There are a number, however, that are standalone family violence services.
- 35 For example, if a woman was assessed at an outreach service as requiring assistance with substance abuse issues, the outreach service would develop a case plan that included co-case management (or coordinated case management) with a drug and alcohol service.

Models for systems integration

- 36 As is set out in Part 4.4 of our Submission, a fully integrated family violence system requires multi-agency collaboration, information sharing and a collective understanding of purpose, process and outcomes at the level of state-wide governance and at the service delivery level.
- 37 The advantages of greater integration are well established: better information sharing leads to speedier and more accurate assessment and management of risks, streamlined processes, timely and appropriate support, and continuous systems evaluation.
- 38 The challenges to integration across the family violence system, however, are significant. They include: the complex range of agencies and services involved, the different and, at times, conflicting professional approaches, which can be informed by different statutory frameworks, organisational culture, protocols and practices; diverse objectives and timeframes; access to and collation of different data-sets; and legislative requirements around privacy and confidentiality.

- 39 In the absence of a government-driven, structured, state-wide approach to multi-agency integration, family violence services have adopted a range of different collaborative working arrangements with different agencies to strengthen their work with clients, as we have set out above.
- 40 During consultations carried out by DV Vic in preparation for writing submissions to the Royal Commission, DV Vic identified successful examples of working relationships with police, child protection and courts in different locations. However, these processes are often reliant on positive relationships between individuals, which have to be re-created when staff leave or are rotated into new positions. Because of this fragmented and localised approach, there is limited evaluation and information sharing about programs, making it difficult to develop system-wide best practice processes and procedures and placing an emphasis on local-level solutions to systemic problems.
- 41 Our consultation processes have canvassed three service delivery integration models: multi-agency co-location; embedded workers and women's advocates. We make the case that all three approaches are needed to facilitate effective integration across the system and maximise the positive outcomes for women and children. One model alone cannot cater to the different needs that exist within the community.

Co-location of multiple agencies

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

the NJC. Evaluation of the Centre indicate positive results in a reduction of re-offending, increased offender compliance and community work and better administration of justice. Evaluation of the Centre indicate positive results in a reduction of re-offending, increased offender compliance and community work and better administration of justice.

44 The advantages of multi-agency co-location include the accessibility of a range of services and the relative ease of communication between agencies. Co-location increases opportunities for agencies to gain greater understanding of each other's conceptual and practice framework. From the workers' perspective, the convenience of proximity can increase productively and timely service delivery.

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

46 Services Connect is another example of a multi-disciplinary approach. We understand that the model constitutes eight Services Connect Partnerships bringing together groups of community service providers to deliver integrated child and family support, mental health, alcohol and drug treatment, family violence, homelessness, housing, disability and Aboriginal specific services. The thinking behind this model is sound; it is very difficult for individuals to navigate a whole series of different agencies and responses and there are significant benefits, as we set out above, to having multiple agencies co-located. However, there are some concerns with the implementation of the Services Connect model, one of the key ones being that this model is set up to deal with a very wide range of issues. It deals with the general population; it is not focussed on people at risk. Women and children experiencing family violence face a particular form of risk that requires a specialised response. Currently, the Services Connect model does not reflect the necessary specialist expertise to deal with family violence.

47 DV Vic has heard significant concerns from our member organisations in regards to the Services Connect pilots not having clearly articulated their connection to the integrated family violence system during implementation. This has led to inconsistencies from area to area in the responses women and children experiencing family violence receive. There is potential for Services Connect to be an effective complement to the family violence system if its role were clearly articulated.

- 48 The need to focus on perpetrator behaviour, rather than solely on the victim, necessitates close links with the justice system when dealing with family violence in this kind of model. In our view, one of the key drawbacks of the Services Connect model is its lack of integration with the justice system and the limitations of an exclusively human services response.
- 49 In saying that, however, the MDCs that include a justice response in the context of family violence can be a disincentive for many of the women and children who use the services. The concept of multi-agency co-location was canvassed with DV Vic members in our consultation process, drawing a mixed response. While members were positive about the advantages of service co-location to create 'institutional empathy' (which they considered to be critical for child protection and family violence workers), and timely information sharing, they raised concerns that co-locating family violence services with these agencies could deter many women and children from accessing services. They noted in particular that Aboriginal and Torres Strait Islander women, and many women who were refugees or asylum seekers, would be unlikely to seek services in a setting that included police and child protection agencies. And in general, many women making their first contact with family violence services for information or initial support may be fearful of inadvertently bringing their situation to the attention of police or child protection.
- 50 When the focus of co-location is on the perspective of the women and children using the services, the agencies co-locating may be different. It may be that a multi-disciplinary hub containing family violence services alongside other services that women and children experiencing family violence need, such as housing, financial counsellors, drug and alcohol, mental health, disability support and legal, would be an effective model.
- 51 Many family violence agencies are located within larger organisations that provide a variety of services. Positive examples of agency co-location include family violence services within health and homelessness services, where early intervention opportunities through risk identification by GPs and other service providers facilitate contacts with specialist services, such as the Salvation Army Crisis Centre in St Kilda and Berry Street. Because women are generally safe to visit doctors for themselves and their children, they are more likely to respond well to co-location within these settings.
- 52 It is clear, in any case, that a range of different models are required. A multi-disciplinary centre which includes a justice response is not the only answer. Nor, however, is a multi-disciplinary centre which contains only health and human services.

Embedded practitioner model

- 53 There are a number of examples of improved integration in service delivery where a family violence worker is 'embedded' in other agencies. Berry Street, for example, has family violence workers based in the Neighbourhood Justice Centre and the Ballarat Magistrates' Court, as well as outreach workers in other universal services such as community centres, Centrelink, hospitals and the Hume Communities for Children. A Berry Street family violence worker is also involved in the Yarra and Whittlesea Police Partnership Project.
- 54 Another project trialling the embedded practitioner model is Taskforce Alexis in the Southern Metro Region. This project brings together a multi-agency team of workers from Victoria Police Family Violence Unit based in Moorabbin, specialist mental health (Monash Health) and specialist family violence services (Salvation Army Family Violence Outreach in St Kilda). The Alexis Taskforce provides an integrated response to family violence and is focused on recidivist cases, defined as addresses at which police have attended three or more family incidents in the last twelve months.
- 55 There are a number of elements to the Taskforce Alexis model that are critical to its effectiveness. These highlight the advantages of the embedded model over co-location:
- 55.1 the worker is fully accepted as a member of (and not separate to) the team
 - 55.2 decisions are made jointly prior to taking action, and with full information
 - 55.3 client management systems are accessible, and
 - 55.4 information can be shared.
- 56 Specifically, the family violence worker is fully embedded within the police; her permanent work base is there, she has a designated desk, attends staff meetings and is included as a full member of the team. She works in partnership with the police officer to review and triage the daily L17 cases and, in consultation with the family violence service and police, provides joined-up assertive outreach for early intervention.
- 57 Equally important to the effectiveness of the Taskforce Alexis model is the governance structure supporting the work. The daily operations of the Taskforce are supported by a Coordination Team and Executive Group, which meet monthly and quarterly, respectively. These comprise full and associate members who are senior members of their organisations, with authority to make resourcing decisions and a collective commitment to the process.

Women's advocates as integrative agents

- 58 Comprehensive case coordination and active advocacy for the woman are the key elements of family violence specialist work. Workers support women to navigate complex systems which may include child protection, liaison with police, courts, immigration and income support. They may also provide advocacy support for women in dealing with the health, education, employment and housing systems.
- 59 The women's advocate model has the advantage of flexibility, as they can be 'activated' as needed by the agency or the woman herself at different times and stages through the process. Importantly, through assertive advocacy in managing risks for the woman through her interactions with the system, the woman's advocate also drives the integration process and facilitates continuous quality improvement of the systems. An advocate can play an essential role in getting the system to provide what the victim needs in the way she needs it, when she needs it. Advocates not only help victims but also assist the system to be both efficient and effective. In this way, the women's advocate role can get the system to be responsive to the needs of the woman who is experiencing family violence at the same time working to promote the accountability of perpetrators through the follow up of cases in the legal system.
- 60 DV Vic believes that valuing, formalising and funding women's advocate positions is another useful tool in strengthening the family violence system, in combination with multi-agency co-location and embedded workers in particular settings, such as child protection and police.
- 61 In order for specialist family violence services to effectively deliver individual and systemic advocacy services, this role and its interface with other core services in the integrated family violence system must be articulated and authorised by the Victorian Government within funding and service agreements and within interagency agreements between the integrated services. Specialist services would require resourcing to provide enhanced advocacy services and to establish internal data gathering and analysis processes to both respond effectively and consistently on an individual basis to monitor the system response.

Information sharing

- 62 The fundamental component driving integration is full, timely and appropriate information sharing between agencies. There are some significant barriers to this which undermine all efforts for a fully integrated system. These include agencies using different data collection methods and incompatible data systems, confidentiality embedded in codes of practice, including therapeutic care and importantly, restrictions created by lack of clarity around privacy legislation.

- 63 The current legislative framework in Victoria creates serious barriers to information sharing across agencies, which must be addressed for innovative and effective approaches to risk management to succeed. Legislative change to exclude family violence where there is a risk of serious and imminent harm, and family violence exemptions across professional codes of practice, protocols and practice frameworks is urgently required.



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Fiona Margaret McCormack

Dated: 12 August 2015



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Alison Vina Macdonald

Dated: 12 August 2015